## A CLIENT CARE MODULE:

# HELPING WITH ACTIVITIES OF DAILY LIVING (ADLS)

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We hope you enjoy this inservice prepared by registered nurses especially for caregivers like you!

*A Client Care Module:*

**HELPING WITH ACTIVITIES OF DAILY LIVING**

## About this Course:

Helping with activities of daily living (ADLs) is an important part of every caregivers' job. This course provides an overview of bathing, oral hygiene, toileting, dressing, grooming, eating and transferring. It also emphasizes the importance of accurately documenting ADLs for each client.

**Audience:** Home Health Aide; Hospice Aide; Nurse Assistant - CNA; Personal Care Aide

**Teaching Method:** Classroom-based, instructor-led training.

For California, please indicate the teaching method used: ☐ Lecture ☐ Group Discussion ☐ Other (please specify) ____________

**CE Credit:** 1 hour

**Evaluation:** The learner must achieve 80% or higher on the post-test to receive credit.

**Disclosures:** The authors, planners and reviewers of this educational activity declare no conflicts of interest with this activity. There are no commercial interests or sponsorships related to this educational activity.

**Note to Instructors:** Please see the Instructor's Guide for classroom activity suggestions, teambuilding activities, discussion questions, worksheets, quiz answer key, and a post-course survey for learners.

If you have comments and/or suggestions for improving this inservice, email In the Know at feedback@knowingmore.com.

**THANK YOU!**

### COURSE OBJECTIVES

*List five common ADLs.*

*Discuss the importance of maintaining independence with ADLs.*

*List at least three ways each to help clients with bathing, toileting, dressing and grooming.*

*Assess a client's abilities and encourage maximum participation in ADLs based on those abilities.*

*Perform accurate documentation of the most important aspects of helping clients with ADLs.*

### COURSE OUTLINE





*A Client Care Module:*

**Helping with Activities of Daily Living**

## BUILDING A BRIDGE TO INDEPENDENCE

Imagine that life is a series of islands. One island is called the **Island of Dependence.** This is where babies are born, completely dependent upon their parents. Another island is the **Island of Independence.** This is where people go when they have the knowledge, skills and means to take care of themselves.

Traveling from the Island of Dependence to the Island of Independence requires a bridge! Having the skills to perform ***activities of daily living (ADLs)*** makes up the support columns of the bridge. Having the ability to take care of ***instrumental activities of daily living (IADLs)*** paves the road and makes the bridge passable.

**Sadly, for some people, the bridge is broken.**

- A chronic illness in childhood may keep a person from building his bridge.
- A quick cross back may be needed after an illness, fall or accident. It's possible to become *temporarily* dependent, but maintain the ability to return to independence after some hard work.
- And finally, there are those that cross back and become stranded. These are the clients that need your "total care." The longer a person is stranded, the less likely it is that he or she can cross back.

In all cases, your goal is to determine just how much help your client needs to build his bridge toward independence, and then *to do just that!* Some people may only need your encouragement. Others may need your help with "set up." Some may need to work together with you. Others may need you to do all the work! The trick for you is to know the difference!

***In this inservice, you'll learn all about the ADLs. You'll explore the different levels of functioning your client may have and how you can help each client <u>maintain</u> or <u>regain</u> independence. Be sure to look for the companion inservice, Helping with IADLs, to learn all about instrumental activities of daily living!***



## WHAT EXACTLY ARE ADLs AND IADLs?

**THE SUPPORT COLUMNS OF THE BRIDGE:** ***ADLs, or Activities of Daily Living,*** are all those basic self-care activities that people without an illness or injury normally do for themselves.

| THE ACTIVITIES | WHAT'S EXPECTED? |
|---|---|
| **Bathing & Personal Hygiene** | Bathing, showering, washing hair and oral care. |
| **Bowel/Bladder Control and Toilet Hygiene** | Recognizing the need to relieve oneself, getting to the bathroom or commode, completing the act and wiping, as needed. |
| **Dressing & Grooming** | Putting on and removing clothing, brushing hair, shaving and applying make-up. |
| **Eating** | Setting up food, using utensils to bring food to mouth, chewing and swallowing. |
| **Functional mobility** | Transfer and ambulation from one place to another while performing activities |

**THE ROAD THAT MAKES THE BRIDGE PASSABLE:** ***IADLs, or Instrumental Activities of Daily Living,*** are activities that go beyond basic needs. IADLs allow the person to be independent at home and in the community.

| THE ACTIVITIES | WHAT'S EXPECTED? |
|---|---|
| **Housework** | Keeping one's environment clean, including doing laundry and dishes. |
| **Meal preparation** | Planning and preparing healthy meals and snacks. |
| **Taking Medications as Prescribed** | Understanding what medications are prescribed, why they are needed, how and when to take them and possible side effects. |
| **Shopping** | Navigating around a store, finding desired items and making purchases. |
| **Using the telephone** | Locating and dialing a number, then carrying out a conversation with the person called. |
| **Transportation within the Community** | Driving, asking a friend or family member to drive or using public transportation to get where needed. |

### There's More!

In this inservice, you will learn a ***little bit*** about a lot of things!

If you want more, in-depth training on any of the ADLs covered in this lesson, check our catalog for full topics on:

- Bathing Tips
- Toileting Tips
- Handling Incontinence and UTIs
- Dressing & Grooming Tips
- Performing Mouth Care
- Feeding Your Clients
- Mealtime Tips
- Helping Clients with Mobility
- Performing Safe Transfers

Ask your supervisor if these topics are already part of your In the Know library.

If you are a CNA who purchases your own continuing education, many of these topics may be available for online self-study for $8.50/each. Go to www.knowingmore.com to learn more!

# FOCUS ON BATHING & ORAL HYGIENE

***Bathing is important because it prevents infection, controls body odor, promotes comfort and stimulates circulation. Depending on yours client's abilities and care plan, you may give a:***

**Full or Partial Bed Bath:** Although this is the most "dependent" type of bathing, you can still encourage the client to *assist* as much as possible.

- ***Best Practices:*** *Gather all your supplies ahead of time and have them within reach of the bed. Close any doors or windows to avoid drafts. To ensure both warmth and privacy, cover the client with a light cotton blanket. Uncover, wash and dry only a small part of the body at a time.*

**Tub Bath:** Tub baths place clients at a high risk for falls, burns and drowning and should be reserved for clients with good posture, balance and mental alertness.

- ***Best Practices:*** *Never give a tub bath unless it is ordered in the client's care plan. Don't attempt to help a client in or out of a tub unless you feel secure about your ability and/or you have the proper equipment (like a lift or slide board). Tub baths can dry the skin, so shouldn't last longer than 20 minutes.*

**Shower:** A shower is appropriate for the most "independent" clients only. It can be done standing or by using a shower chair, if ordered.

- ***Best Practices:*** *Be sure to place a rubber mat on the shower floor—but don't cover the drain opening. Stand close by, while still providing privacy, if you are unsure of your client's ability to shower independently.*

## MOUTH CARE AND ORAL HYGIENE

***Having a healthy mouth helps clients feel better, have a heartier appetite and eat a more balanced diet. Depending on yours client's abilities and care plan, you may need to:***

**Encourage or Remind:** Your most independent client may just need a reminder to brush his teeth or take care of his dentures independently.

- ***Best Practices:*** *Remind clients to brush at least once a day using a soft toothbrush. It's even better to brush after every meal!*

**Set-up Supplies:** A client with mobility problems may need you to set up and arrange her toothbrush, toothpaste, water and towel within easy reach.

- ***Best Practices:*** *If help is needed, wet the toothbrush with water and put the toothpaste on the toothbrush. Provide a basin for the person to spit.*

**Total Care:** A client who is confused, completely immobile, in a coma or in the end stages of life will need you to perform the oral care tasks for him.

- ***Best Practices:*** *An unconscious person may need oral care every 2 hours. Gently swab the teeth, gums, inside of cheeks and tongue with a soft brush or a "toothette," if available.*

**Denture Care:** Dentures need to be removed from the mouth, rinsed, brushed with a denture brush and denture paste and soaked over night.

## WHAT EXCITES YOU?

**ROBOT AND FRANK**

The award winning film, Robot and Frank *(get it on DVD)* tells a tale of how the adult children of an aging baby boomer hire a robot to keep their father from having to go into a nursing home.

Sound like far-fetched science fiction? It may not be that far from becoming a reality!

Just Google the term "robot caregiver" to learn about all the research and development happening in this budding field!

***How do you feel about the idea of robots being involved in human care?***

***If you could design a robot to care for humans, what would you want it to be able to do?***

***Do you think your clients would be willing to be cared for by a robot? Why or why not?***



# BATHING AND ORAL HYGIENE SKILL CHECK!

## GIVING A BED BATH

*Use these steps for giving a partial or complete bed bath. A complete bed bath involves washing the entire body. A partial bed bath includes only the face, hands, underarms and perineal area.*

**What you'll need:**

| | | |
|---|---|---|
| Basin | Towels | Clean clothes |
| Bath blanket | Mild soap | |
| Washcloths | Lotion, if desired | |

**Procedure:**

1. Put on clean gloves.
2. Fill a clean basin with warm water that is between 105 and 115 degrees.
3. ***Provide privacy.***
4. Remove client's top linen or bedspread and cover her body with a bath blanket. *(A bath blanket can be any soft, absorbent blanket or towel that covers the entire body.)*
5. Remove the client's clothing, keeping her body covered by the bath blanket.
6. ***Working from head to toe, start at the face.*** Place a dry towel under the head and neck while you gently wash the face with a clean washcloth and water only. *(Soap can dry the face.)*
7. Moving downward, wash the arms, chest, stomach, legs and back. Wash one section at a time and only expose the section being washed. (As you move down the body, move the dry towel to protect the bedding.)
8. ***Use a clean cloth, a fresh basin of water and a new pair of gloves to clean the perineal area last.***
9. Apply lotion if desired.
10. Assist client into a comfortable position, and dress or help the client dress herself.
11. Dispose of supplies and wash your hands.

**Please Note:** It's always best to allow the client to complete *as much of the process as possible.* This increases a sense of independence and control.

## CARING FOR DENTURES

*Dentures are expensive and replacing them may mean many trips to the dentist. Without proper care, dentures can become damaged or lead to painful and difficult-to-treat infections of the mouth.*

**What you'll need:**

| | | |
|---|---|---|
| Washcloth | Soft toothbrush | Mouthwash |
| Non-abrasive toothpaste | Denture cup | |
| | Sponge swabs | |

**Procedure:**

1. Wash hands and put on clean gloves.
2. If the client is able, have them remove the dentures and give them to you. If assistance is needed, remove the dentures carefully. Start with the upper denture by gently moving it up and down to break the seal, then gently slide it out of the mouth. Repeat with the bottom denture.
3. Take the dentures to the sink. Line the basin with a washcloth and fill 2 to 3 inches with warm water. This provides a "cushion" for the dentures in the event you drop them while cleaning.

4. Using a soft toothbrush and non-abrasive toothpaste, clean the dentures one at a time. *(Never use regular toothpaste on dentures. It is abrasive and will scratch the surface.)*
5. After brushing the teeth and gum area of the dentures, place them into a clean denture cup filled with cool water.
6. Assist the client with proper oral care using sponge swabs and mouthwash.
7. Dispose of used supplies, drain sink, remove gloves and wash hands.

**Don't Forget!** Take this opportunity to look into the mouth for any signs of irritation or infection. Report any abnormal observations to your supervisor.



# HELPING OUT WITH TOILETING TASKS!

***There's no way around this one! Every client has to eliminate! Depending on your client's abilities and care plan, toileting may involve:***

**Clearing a Safe Path:** For clients who are independent and mobile, your only involvement in toileting may be to make sure the path to the bathroom is clear and clutter free!

- ***Best Practices:*** *Remove any area rugs that slide or move. Make sure there are no electrical cords crossing the path. Leave a nightlight on at night to light the way from the client's bed to the bathroom.*

**Placing the Client on a Bedpan:** Clients who are immobile and cannot get out of bed will need to use a bedpan.

- ***Best Practices:*** *Unless ordered to stay flat, the best position for elimination is sitting upright. It may be helpful to powder the rim of the bedpan to keep skin from sticking or tearing.*

**Using a Urinal (for men):** Urinals are a handy option for your immobile male clients.

- ***Best Practices:*** *If possible, encourage your clients to sit on the side of the bed to use the urinal. You may have to place the penis inside the urinal and hold the urinal while your client urinates.*

**Using a Bedside Commode:** For clients who can transfer out of bed with or without help, a bedside commode may be used.

- ***Best Practices:*** *Keep the commode near the bed and clean it after each use to eliminate unpleasant odors. Adjust the legs of the commode so that the client's feet plant firmly on the ground during elimination. Having feet firmly planted makes bowel movements easier.*

### For all clients . . .

- Be prepared to answer call bells or requests for help immediately!
- Never make a client wait to use the toilet. It's embarrassing to have an accident and may lead to an unsafe attempt to use the bathroom without assistance.
- Always try to provide privacy during elimination. If your client requires constant supervision, stand just out of sight.
- Avoid hovering, watching and chatting while your client tries to eliminate. This is uncomfortable and may actually prevent elimination.
- Provide toilet tissue or wet wipes and encourage your client to clean the perineal and anal area independently, but always inspect and assist as needed.

## CONNECT IT!

**WHAT'S NORMAL?**

*You've been asked to track your client's intake and output and to report to your supervisor if the output is abnormal. See if you can answer these questions about normal outputs:*

***1. What is a normal urine output for a healthy adult?***

______________

***2. What would you expect if your client was on a diuretic (water pill)?***

______________

***3. How many bowel movements a day are normal?***

______________

***4. What does it mean if the bowel movement is black?***

______________

**Answers**

1. An average adult urinates about 1200-1400ml a day.
2. It would increase urine output.
3. Once a day. But it's also normal to go up to 3 times a day or as little as once every 3 days!
4. There may be bleeding in the upper GI tract.



# TOILETING TIME SKILL CHECK!

## HELPING WITH A BEDPAN

**What you'll need:**

| | | |
|---|---|---|
| Bedpan | Toilet tissue | Wet wipes |

**Procedure:**

1. Provide privacy.
2. Lower the head of bed.
3. Put on clean gloves before handling bedpan.
4. Place bedpan under client's buttocks.

***If client is able, have her lift her buttocks as you slide the pan under her hips.***

***Or, turn onto side, align bedpan with buttocks and hold in place while turning client back.***

5. Remove and dispose of gloves.
6. Raise the head of the bed to place the client in a seated position.
7. Place toilet tissue, wet wipes (for client to clean hands after using toilet tissue) and call bell within reach. *In home health, stand close enough to hear while still providing privacy.*
8. Wait for client to call or signal. Put on clean gloves before returning.
9. If client has used the toilet tissue, proceed to step # 10. If not, help clean the perineal area.
10. Lower the head of the bed.
11. Remove the bedpan, being careful not to spill or splash the contents.
12. Empty contents into a commode (never empty the bedpan or bedside commode into a sink or shower drain).
13. Rinse bedpan and pour rinse into toilet.
14. Place bedpan in designated dirty supply area.
15. Remove and dispose of gloves and wash hands.

## CHANGING INCONTINENCE BRIEFS

**What you'll need:**

| | |
|---|---|
| Basin and washcloths | Clean briefs |
| Disposable wipes | Lined Trash Can |
| Barrier cream | |

**Procedure:**

1. Fill basin with warm water.
2. Place lined trash can next to bed for easy disposal of soiled products.
3. Put on clean gloves.
4. Open soiled brief and fold clean end over the soiled contents (while leaving the brief in place).
5. Initially wipe away as much stool or urine as possible with disposable wipes and discard into lined trash can.
6. Carefully remove soiled (folded) brief and place in lined trash can.
7. Using a clean, wet wash cloth, clean genital area by wiping from *front* to *back*. Use a clean area of the cloth (or a new cloth) for each wipe until all visible incontinence has been removed and area is clean.
8. Dry area and apply barrier cream to buttocks and groin folds.

9. Put clean incontinence brief on client.
10. Remove liner from trash can and dispose of it per your workplace policy.
11. Place washcloths in dirty linen per your workplace policy.
12. Remove gloves and wash hands.

## THE NEXT STEP!

**HOW IMPORTANT IS HAIR CARE?**

It can be particularly upsetting for an adult child to see his or her mother with a wild-bedhead-hairdo, especially if, in the past, she was a stylish woman who always took special care of her appearance.

***What do you do to make sure your client's hair is being properly cared for?***

**Here are a few tips:**

- Most people only need their hair washed once a week. Dry shampoos are a good option for immobile clients and for clients who are confused.
- If your client spends a lot of time lying on her hair in bed, then use a silk pillow case or try having her sleep in a hair net to minimize tangles.
- Women with long hair may need a shorter hairstyle. If a shorter cut is not an option, then braids or an up-do bun can tame a wild style!

# SPOTLIGHT ON DRESSING & GROOMING

***Getting dressed and taking care of your appearance seems easy enough! But for people who have physical or mental impairments, dressing and grooming tasks are often difficult to manage alone. That's where you come in. You can help your clients feel good about their appearance by:***

**Helping Clients Choose Clothing:** Clients should be allowed to choose their own clothing, if able. Letting clients choose their own clothing gives them a feeling of being independent and in charge.

**Laying Out the Clothing:** Clients with dementia or Alzheimer's Disease may have trouble making choices. In this case, you might limit choices to just two items or choose the clothing and lay it out for the person.

**Assisting with Dressing:** Clients with physical impairments, like paralysis after a stroke or stiff joints from arthritis may need you to assist with dressing. Best choices are items with elastic waistbands and no buttons or zippers.

## DRESSING CLIENTS SKILL CHECK!

*No matter what level of support your clients need, the best thing you can do is to encourage participation. This helps them feel confident and in control. It also may help them regain some of the skills they lost.*

**Procedure**

1. Allow client to choose clothing, if possible. If your client can't get to the closet, you might ask "Would you like to wear the red shirt or the blue shirt today?"
2. Place the clean clothes within easy reach.
3. Help client to sit on a chair or the side of the bed.
4. If your client has a weak side, teach her to use her *stronger* arm to slide the clothing off the weak side *first*. Assist only as much as needed. Next, coach your client to use her strong arm to dress the weak side of the body first.
5. If your client is confused, give simple instructions, one at a time. For example, instead of just saying "Take off your pajamas," break it down into smaller steps like "Take off your shirt." "Now take off your pants." And so on.
6. ***Bending down to put on pants or shoes may cause dizziness.*** Help your client put her feet into her pants, pull them up to the knees or higher. Assist her to stand, then help her pull them up as needed.
7. Place shoes close to feet and help slide them on.
8. Place dirty clothes in the appropriate receptacle and wash your hands.

**Please Note:** If your client becomes fatigued or dizzy while getting dressed, help her sit or lie down before continuing the task.



# HELPING CLIENTS EAT

Eating may be difficult for the clients you care for. They may have trouble chewing or swallowing after a stroke. They could feel nauseated from certain medications. Or they may have little or no appetite. Whatever the reason, it's your job to help your clients get the nourishment they need to stay physically and emotionally healthy while remaining as independent as possible.

***Just like all ADLs, there are various levels of support. Follow your clients care plan for preparing, serving and feeding foods. Here are some general guidelines to follow with ALL clients:***

**Sit for Safety!** Position your clients so they are sitting up as straight as possible. Feeding a client who is reclining increases the risk of choking.

**Prepare and Present!** Remove covers from food and open any containers that may be difficult for the client. Check the temperature of the food. Add seasoning if the client requests it and it's allowed. Cut solid foods into smaller, teaspoon-sized pieces.

**Take It Step-By-Step.** For clients who can feed themselves, but may become confused, give simple step-by-step instructions. For example, you might say "Pick up your spoon." "Now scoop the oatmeal." It's important to remain patient and kind, even if it seems like your client is being difficult.

**Take Time to Socialize!** For many people, mealtimes are about spending time with family and friends. Sit down with your client. Talk to him, even if it seems like he doesn't understand. Avoid rushing through meals.

**Give the Play-By-Play.** For clients who need more help, identify each food as you offer it. For example, you might say, "Mr. O'Donnell, here's a bite of chicken." "Now, here's a sip of iced tea."

***Always encourage your clients to do as much as possible for themselves. But for clients who cannot feed themselves, here are a few "best practices:"***

- Fill a spoon about *half* full and feed the client with the *tip* of the spoon. (Never use a fork!)
- Place the food on the <u>center</u> of the tongue, using a slight *downward* pressure.
- Allow time for your clients to chew and swallow each bite.
- Vary the foods you offer. For example, offer a spoonful of potato and then offer some meatloaf—so your client doesn't fill up on only one kind of food.

## THINK ABOUT IT!

**WHAT WOULD <u>YOU</u> DO IF . . .**

*Mr. Watson has had trouble chewing since his stroke a few months ago, but today is his birthday and he begs you to allow him to eat a steak sandwich from his favorite sub shop.*

*Mrs. Shue is undergoing chemo for cancer. It makes her feel nauseous all the time. She hasn't eaten more than a few crackers in the past 48 hours.*

*Mr. Suarez is depressed. He comes from a large family where mealtimes are always a celebration. Now that he's sick and elderly, he has to eat alone and he hates it. He tells you he'd just rather not eat at all.*

*Nothing you serve is ever good enough for Mrs. Johnson. She always finds something to complain about. It's too hot, too dry, too bland and on and on.*



# PERFORMING SAFE TRANSFERS

***Helping clients with transfers and ambulation are important steps on the road to independence. Here are TEN important tips you can follow to keep your client and yourself safe while doing this ADL!***

**TIP 1: Think before you act!** Before you start, be sure you know if the client is physically able to participate in the transfer. If you've never transferred a particular client before, go through the entire transfer in your mind *before* you begin.

**TIP 2: Get help if you need it.** Be realistic about what you can do safely on your own. Use transfer equipment or a mechanical lift if available. Ask for help if you need it!

In a client's home, a family member may be able to help you or they may need to rent or buy some transfer equipment.

**TIP 3: Set the stage.** Clear the path where you plan to stand, walk or pivot the client. Place your wheelchair, walker or mechanical lift where it needs to be.

**TIP 4: Balance it out.** Stand so that your weight is centered over your feet with feet shoulder-width apart. Don't "lock" your knees.

**TIP 5: Tighten it up!** Pull in your abdominal muscles and tighten your buttocks to support your lower back.

**TIP 6: Use your BIG muscles!** Bend your knees to help you keep your balance during a transfer. If you need to bend forward, bend from the *hips*, not from the waist.

**TIP 7: Don't do the Twist!** Plan your transfer so that you don't have to twist your body. Twisting your lower back puts you at risk for muscle strain—or even a more serious back injury.

**TIP 8: Get close!** Keeping the client close to you helps you use your large muscle groups to do the work and prevents straining the smaller arm and back muscles.

**TIP 9: Take a breath test!** If you can't lift and breathe at the same time, the client is *too heavy* for you. Ask for help!

**TIP 10: Encourage participation!** The most important tip of all . . . encourage your client to help as much as possible during the transfer! This will give him the opportunity to use his muscles and joints—and possibly regain some mobility in the future.

## SAFE TRANSFERS SKILL CHECK!

**TRANSFER A WEIGHT BEARING CLIENT FROM BED TO CHAIR**

1. Help the client to sit on the side of the bed.
2. Put on non-skid slippers or shoes.
3. Position the chair near the bed. If the client has a weak side, place the chair on the *stronger* side. If the chair has wheels, be sure to lock them.
4. Now, support the client's knees by putting your knees right in front of them. And, keep the client's feet from sliding by putting your feet in front of his feet. DO NOT LOCK YOUR KNEES!
5. Ask the client to lean forward and push off the bed at the count of three. It's okay for a client hold onto your shoulders or waist, but <u>never</u> your neck!
6. Once client is sanding, turn your body, along with the client.
7. Make sure the chair seat touches the back of the client's legs before he begins to sit. Ask him to reach back for the armrests, if able.
8. Lower the client slowly to the chair seat without rounding your back.



# HOW AND WHAT TO DOCUMENT FOR ADLs

***When documenting ADLs, two pieces of information are critical—what actually happened and how much you helped:***

**<u>What actually happened</u>?** You must document what the client actually did (not what he or she *might* be capable of doing) even if it varies from day to day or hour to hour. Here are some ways to document how your client performed the ADL:

- **Independent:** The client performed the ADL with no help or supervision from you.
- **Needed Supervision:** You provided oversight, encouragement or cueing during the activity.
- **Limited assistance:** The client was highly involved in the activity but required physical help to move limbs.
- **Extensive assistance:** The client performed part of the activity, but needed weight-bearing support.
- **Total dependence:** The client was unable to perform the activity.

**<u>How much did you help</u>?** You will need to document exactly how much you helped. This is how Medicare and the insurance companies determine how much to pay for the client's care. Some options are:

- **No setup or physical help from staff:** The client completed the activity with no help from you.
- **Setup help only:** You set up the materials and the client performed the ADL independently.
- **One person physical assist:** You physically assisted the person to complete the ADL.
- **Two or more person physical assist:** You and another co-worker physically assisted the client.

## EATING HAS A SEPARATE LANGUAGE!

You may be asked to record your client's appetite or to indicate how much of the meal was eaten. Here are a few ways you can estimate this:

- **Refused** to eat or **0%** was eaten.
- **Poor** appetite, less than half eaten, or **25%**.
- **Fair** appetite, half was eaten, or **50%**.
- **Good** appetite, more than half eaten, or **75%**.
- **Excellent** appetite, entire amount, or **100%** eaten.

## DETAILS ON TOILETING

In addition to documenting what actually happened (independent, supervision, etc.) and how much you helped, it's also important to document if your client was continent or incontinent during your shift and the number of episodes or movements that occurred.

## THERE'S MORE ABOUT BATHING

When it comes to bathing, there are a couple more ways to describe what actually happened. They are:

- **Physical help limited to transfer only:** This is when the client is able to bathe independently, but just needs help getting into and out of the tub or shower.
- **Physical help in part of bathing activity:** This level is for clients who need assistance with some part of bathing.
- **Activity did not occur:** Use this to indicate that the activity **did not happen at all** during the shift.

These documentation terms are standard language for the MDS and OASIS reporting systems used in long term care and home health. Your workplace will have its own system for tracking ADLs that may or may not use these exact terms. It's important to know your workplace policy for documenting ADLs and to follow those guidelines.

## FINAL THOUGHTS ON ADLs

If your client's care plan instructs you to provide assistance with ADLs, at any level of functioning, then follow these general guidelines:

**Develop a routine with your client.** Provide assistance with ADLs at the same time of day the client would normally do that activity. For example, if your client normally likes to get washed and brush her teeth before breakfast, then help her with those tasks at that time.

**Include the client in the activity.** Ask and encourage clients to participate in personal care and give them time to perform the activity.

**Never rush a client through ADLs.** Remember, the goal is increase the person's ability to do this task independently. If you rush, or get impatient and do it yourself, you deprive the person of the opportunity to regain this skill. This means you will ALWAYS have to do it!

**Give a head start.** Set up the items needed for the client to perform the activity independently. For example, put toothpaste on the toothbrush and place it near the client.

**Keep it simple.** Break complex tasks down into smaller steps. Provide cues for activities to be completed. For example, "Here is the wash cloth. Wash your face." Or, "Pick up the brush and brush your hair."

**Use the "hand-over-hand" method.** If your client does not respond to your verbal cues, try the hand-over-hand method. You do this by placing your hand *on top of* the client's hand and performing the activity together.

**Be patient.** Allow your clients to do as much of the activity as possible, even if it takes longer for the task to be completed.

**Be positive.** Encourage clients who try to do things for themselves. Show them that you are confident in their abilities.

**Every effort counts.** If a client cannot complete a task after a reasonable amount of time and effort, praise her effort and then complete the task for her.

**It's okay to fall short.** Never punish clients for not being able to do a task, even if you think they should be able to do it.

***Be sure to read part 2 of this inservice. It covers the IADLs, such as housework, meal preparation, taking medications as prescribed, shopping, using the telephone, and transportation within the community.***

## WHAT I KNOW NOW!

*Now that you've read this inservice on helping with ADLs, jot down a couple of things you learned that you didn't know before.*

EMPLOYEE NAME
*(Please print):*

DATE: ____________

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE:

SUPERVISOR SIGNATURE:

1 Hour CE Credit

***File completed test in employee's personnel file.***

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*A Client Care Module:*
**Helping with Activities of Daily Living**

***Are you "In the Know" about helping clients with ADLs? <u>Circle the best choice. Then check your answers with your supervisor!</u>***

1. **For most people, being able to do ADLs means holding on to:**
   A. Childhood. C. The past.
   B. Independence. D. None of these.
2. **Tub baths place clients at higher risk for:**
   A. Falls. C. Drowning.
   B. Burns. D. All of the above.
3. **You transfer your client to the bedside commode, place toilet tissue and the call bell, (if available) within easy reach. Next you should:**
   A. Tidy up the room and chat while she urinates.
   B. Stand just out of sight but close enough to help if needed.
   C. Tell her you'll be back in 10 minutes, then go do something else.
   D. Just leave. She can get back to bed on her own when she is finished.
4. **A partial bed bath means you wash the face, hands, underarms and:**
   A. Feet C. Chest and abdomen.
   B. Hair. D. Perineal area.
5. **True or False**
   No matter what level of support your client needs, the best thing you can do is to complete all the ADLs for him so he won't get too tired.
6. **True or False**
   When transferring from bed to chair, place the chair of the client's strong side.
7. **True or False**
   Dentures should be removed and washed thoroughly once a week.
8. **True or False**
   When feeding confused clients, it's best to load up the fork and go as quickly as possible.
9. **True or False**
   You should always document what you *think* your client can do on his own, even if you had to help him.
10. **True or False**
    Most people need their hair washed every day.

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# A COMMUNICATIONS MODULE:
## UNDERSTANDING SPECIAL COMMUNICATION NEEDS

...Developing top-notch caregivers, one inservice at a time.

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*A Communication Skills Module:*
## UNDERSTANDING SPECIAL COMMUNICATION NEEDS

We hope you enjoy this inservice prepared by registered nurses especially for caregivers like you!

## About this Course:

This important topic deals with the most common special communication needs, including problems that arise from sensory issues, stroke, dementia and language differences. Caregivers will learn about how communication happens and about common communication barriers. This module includes information about speech therapists and how nurse aides can help meet their clients' therapy goals. It also includes key tips for communicating with clients who have special communication needs.

**Audience:** Home Health Aide; Hospice Aide; Nurse Assistant - CNA; Personal Care Aide

**Teaching Method:** Classroom-based, instructor-led training.

For California, please indicate the teaching method used: ☐ Lecture

☐ Group Discussion ☐ Other (please specify) ____________

**CE Credit:** 1 hour

**Evaluation:** The learner must achieve 80% or higher on the post-test to receive credit.

**Disclosures:** The authors, planners and reviewers of this educational activity declare no conflicts of interest with this activity. There are no commercial interests or sponsorships related to this educational activity.

**Note to Instructors:** Please see the Instructor's Guide for classroom activity suggestions, teambuilding activities, discussion questions, worksheets, quiz answer key, and a post-course survey for learners.

If you have comments and/or suggestions for improving this inservice, email In the Know at feedback@knowingmore.com.

**THANK YOU!**

### COURSE OBJECTIVES

*List five critical factors that must be present for successful communication.*

❖

*Compare receptive and expressive communication problems.*

❖

*List at least three ways you can help clients with hearing loss, dementia and stroke communicate their needs.*

❖

*Discuss the role of the speech therapist and express how you can help clients reach their speech goals.*

❖

*Demonstrate effective communication with all clients regardless of their special communication needs.*

---

### COURSE OUTLINE





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*A Communication Skills Module:*
## Understanding Special Communication Needs

## GETTING TO KNOW ROBERT

You are caring for Robert, a 56-year-old man who was recently diagnosed with cancer. He is about to go through surgery, radiation and chemotherapy.

To complicate matters, Robert suffered a left-sided ***stroke*** six years ago that left him with limited communication abilities.

- The stroke left Robert with ***expressive aphasia***, which means he has trouble saying what's on his mind.
- He also has moderate ***dysarthria***, which means there is a problem with the muscles needed for speaking (lips, tongues, throat).

Before the stroke, Robert was a truck driver. Although he was able to function well enough at his job, he never completed school and ***cannot read or write*** very well.

On your first meeting, you notice Robert is alert, he makes eye contact and smiles and nods while you speak. But, you soon realize he is ***unable to answer*** any of your questions.

His daughter arrives and reports that family members only "understand" about one-third of what he tries to say. She confirms that he often just ***"smiles or nods"*** during conversation.

You wonder if Robert really understands what he is about to go through. And, you are concerned about how you will meet his needs when his daughter is unavailable to help you understand what he is saying.

***Robert has several special communication needs. As you read through this inservice you will learn plenty of practical ideas to help you communicate with clients like Robert.***

***This includes clients with health issues like sensory problems, stroke and dementia—as well as clients who speak a different language.***

***You'll also learn how to break down communication barriers and how to help clients meet their speech therapy goals.***

---



## HOW "COMMUNICATION" HAPPENS


**THE SENDER**
*The sender forms the message and chooses the medium (spoken, written, etc.).*

**THE RECEIVER**
*The receiver receives and understands the message and forms the response.*

***Five critical factors make up successful communication. There must be a:***

- **SENDER:** The sender is the person who *starts* the communication.
- **MESSAGE:** The message is formed by the sender.
- **MEDIUM:** The sender chooses how she will communicate. It may be through speaking, writing, typing or even by using sign language.
- **RECEIVER:** Someone must hear, read or see the message and understand its meaning.
- **FEEDBACK:** The receiver must provide feedback that shows the message was understood.

**So, what can go wrong with these factors?**

- **The Sender** may fail to form a clear message. For example, a sender may say, *"You need coronary bypass surgery to mitigate your myocardial insufficiency."* While this makes perfect sense to the sender . . . it may be nothing more than gibberish to the receiver.
- **The Medium** may not be appropriate. For example, providing written instructions to someone who cannot read will not get the message through.
- **The Receiver** may have a barrier such as hearing loss, visual impairment, brain injury, stroke or even Alzheimer's disease—all of which can block or distort communication.

WHAT'S NEW?

Grab your favorite highlighter! As you read through this inservice, **highlight five things** you learn that you didn't know before. Share this new information with your supervisor and co-workers!

# COMMON "RECEIVER" PROBLEMS

**SENSORY PROBLEMS:**

- Hearing impairment or deafness
- Visual impairment or blindness

**BRAIN ABNORMITIES:**

- Stroke (causes aphasia)
- Dementia
- Alzheimer's disease
- Brain tumor
- Traumatic brain injury (from an accident or combat)

**MEDICATION SIDE EFFECTS**

- Narcotics (can cause excessive fatigue)
- Antidepressants

**CULTURAL DIFFERENCES**

- Does not speak the dominant language
- Illiterate (cannot read or write)

**STRUCTURAL PROBLEMS:**

- Tracheostomy
- Breathing tube
- Nasogastric tube
- Cleft palate
- Recent surgery in mouth or throat


**WATCH THE KING'S SPEECH**

In the movie, "The King's Speech," Britain's Prince Albert (Colin Firth) struggles with an ***expressive communication problem***. He has a stammer *(also known as a stutter)*.

Throughout the movie, the Prince receives speech therapy from Lionel. One intense conversation between the two men goes like this:

**Prince:** *Listen to me. Listen to me!*

**Lionel:** *Why should I waste my time listening to you?*

**Prince:** *Because I have a voice!*

**Lionel:** *Yes...you do.*

- What does The King's Speech teach you about an individual's right to be heard? How can this be helpful in your day to day interactions with clients who have special communication needs?
- Why do you think having a way of expressing ourselves is so important?
- Discuss your thoughts with your supervisor and co-workers. Find out their thoughts on the matter.

## 2 WAYS THINGS CAN GO WRONG

**RECEPTIVE COMMUNICATION PROBLEMS:**

- Receptive communication refers to the way a listener *receives* and *understands* a message. So, a person who is hard of hearing, does not speak the language or someone who is confused may have *receptive communication problems.*

**EXPRESSIVE COMMUNICATION PROBLEMS:**

- Expressive communication refers to how a person *conveys* a message. This can be done by gesturing, speaking, writing or sign language. Meaning can be added by using body language or varying the tone and pitch of the voice. A person who has had a stroke or a traumatic brain injury may have *expressive communication problems.*

***Both of these communication problems can be temporary or permanent, depending on the actual cause. And, while communication may be difficult—it's not impossible!***



# SPOTLIGHT ON SENSORY PROBLEMS

**COMMUNICATING WITH THE HEARING IMPAIRED**

- Keep in mind . . . people with hearing problems will hear ***even less*** when they are tired, sick or stressed. So, if your client with mild hearing loss suddenly has an even harder time hearing, take time to find out what's really going on.
- If the person wears a hearing aid, but still seems to have trouble hearing you:
    - Check to see if the hearing aid is in the person's ear, turned on, adjusted and has a working battery.
    - Find out when the last hearing evaluation was done. It may be time to re-evaluate!
- Stand directly in front of the client, making sure you have his attention and that you are close enough before you speak.
- Reduce or eliminate background noise as much as possible.
- Speak in your normal voice, without shouting. If you have a high voice, you may want to try lowering the tone or making your voice "deeper."

**COMMUNICATING WITH THE DEAF**

- Use sign language (if both you and the client know it), or use gestures like holding an imaginary cup to you mouth to ask if the person would like a drink.
- Write messages if the person can read.
- Use a picture board or other device, if available.
- If the person reads lips, face him when talking, be concise with your statements and questions, and avoid eating, drinking, smoking or chewing gum when speaking.

**COMMUNICATING WITH THE VISUALLY IMPAIRED**

- Legal blindness is not necessarily *total* blindness. Use whatever vision remains.
- Ask your client what will help. For example, increasing the light, moving things closer, describing where things are or other small changes may make things much clearer.
- Try to explain what you are doing. For example, *"I'm looking for your slippers."* Or, *"I'm putting away your wheelchair."*
- Always leave things where they are unless your client asks you to move something.


*Apply what you've learned!*

**HOW DO YOU ASSESS PAIN?**

***How do you know if your client is in pain when you can't communicate with language?***

Ask your supervisor or SLP for a picture board like this one to help you understand your client's pain.


Three old timers were taking a walk.

One remarked to the other, *"Windy, ain't it?"*

*"No,"* the second man replied, *"It's Thursday."*

And the third man chimed in, *"So am I. Let's have a Coke."*



# SPOTLIGHT ON STROKE

- ***A stroke can affect the way a person sends or receives messages:***
    - Some stroke survivors have a problem *understanding* speech. This is known as ***receptive aphasia.***
    - Others have trouble *speaking* or saying what's on their minds. This is called ***expressive aphasia.***
    - Some stroke survivors have both problems.
    - A stroke can also affect the *muscles* used in talking—such as the muscles in the tongue, palate and lips. This is known as ***dysarthria.*** As a result, speech can be slowed, slurred or distorted, making it hard to understand.

- **Speak slowly and clearly:** Keep your voice low and unhurried. Use simple, everyday words, but don't use "baby talk" or any other special voices as this may be offensive.
- **Strokes do not usually cause hearing loss:** So, unless there was a hearing problem *before* the stroke, you can assume the client can hear you—but may not understand or be able to respond.
- **Avoid raising your voice:** Speaking loudly may make understanding you even harder than usual. Practice talking in short simple phrases instead of shouting—and see if the client understands you better.
- **Face clients directly when speaking:** Don't speak to them suddenly from behind or you might scare them.
- **Ask one "yes" or "no" question at a time:** If necessary, repeat the question using the same words.
- **Be patient:** Allow plenty of time for the client to speak or to complete his thoughts—even if he is struggling with words. Avoid trying to guess what the person wants to say.
- **Write and read:** Try having your client write the word he is trying to express and then have him read it aloud.
- **Gesture:** Use gestures or point to objects to help find words or add meaning.
- **Be honest with your client:** Let him know if you can't quite understand what he is telling you.


*Apply what you know*

**COMMUNICATE WITH ROBERT**

Remember Robert from the beginning of this inservice?

What have you learned so far about how you might help someone like Robert?

- ***Make a list of some things you might try to make communicating with Robert easier and more effective.***
- ***Discuss your ideas with your supervisor and co-workers and find out what they would do.***



# SPOTLIGHT ON DEMENTIA AND ALZHEIMER'S

- **Approach Alzheimer's clients from the front:** Don't speak to them suddenly from behind or you might startle them.
- **Keep your voice low and unhurried:** Use simple, everyday words, but don't use "baby talk."
- **Identify yourself:** Don't be offended if your client doesn't remember you from day to day.
- **Try to stay calm and positive:** If you are feeling stressed or irritable, your mood can easily rub off on someone with Alzheimer's disease. If you stay calm and positive, your client will probably "mirror" your good mood.
- **Keep it simple:** Ask one "yes" or "no" question at a time. Repeat the question using the same words if the client doesn't answer you.
- **Give plenty of time to respond:** It can take up to one minute for your AD client's brain to process each sentence you speak.
- **Alzheimer's clients will often copy your actions:** If you smile, they will smile. If you frown or get angry, so will they!
- **Describe everything:** Be sure to let Alzheimer's clients know what you are doing—one step at a time.
- **Don't talk in terms of time:** For example, say *"We'll take a walk after lunch."* not *"We'll take a walk in one hour."* People with Alzheimer's disease lose their sense of time.
- **Use nonverbal communication:** Try using nonverbal cues such as touching or pointing to help your clients understand what you are saying.
- **Remain respectful:** Be sure to call your clients by name and be respectful, saying things like "thank you," "please," "yes, ma'am" or "no, sir." This helps them feel like the healthy adults they once were.
- **Praise your Alzheimer's clients:** They need to hear positive feedback like *"Good job!"* or *"You're doing great."* or *"You look beautiful today."*
- **Limit choices:** Alzheimer's clients become frustrated very easily. Don't give them a choice if there isn't one. For example, don't say *"Do you want to take a bath now?"* Instead say *"It's time for your bath now."*


**BABY DOLL THERAPY**

Want to communicate better with clients suffering from dementia or Alzheimer's? Why not try "Baby Doll Therapy"?

Research has found that clients who suffer from dementia, are more active and more focused when carrying or handling baby dolls.

Giving these clients a "baby" to care for has been found to enhance communication, cooperation, and reduce agitation during routine care when these clients typically become angry or difficult.

Hospitals and nursing homes across England are using this technique. And, now facilities are popping up all over the US with the same successful results.

- ***Does your workplace use "Baby Doll Therapy" or something similar? If so, is it working?***
- ***Why do you think this type of therapy works so well?***
- ***Some opponents argue that this type of therapy may be upsetting to family members. What are your thoughts?***

## SPOTLIGHT ON LANGUAGE DIFFERENCES

Imagine becoming sick in a foreign country where no one speaks your language. Your non-English speaking clients are likely frightened and confused about what is happening *to* them and *all around* them while they are sick and most vulnerable.

- **Remain calm and focused:** If you become frustrated or angry about the situation, you will be no good to anyone. Your non-English speaking clients need your care and compassion at least as much—if not more—than your other clients.
- **Find a translator right away:** It's best to use a formal translator, when possible, instead of a family member. Asking a family member to translate delicate questions such as "Did you have a BM today?" can be embarrassing for both the client and the family member.
- **Check you current staff:** If your client speaks a language common to the area, you may already have a translator on staff who is fluent in his native language.
- **Use a service:** Check which translation services are available through your workplace. Most services can provide translators in nearly any language within 24 hours.
- **Use Language Line:** Many healthcare providers also subscribe to Language Line, a 24-hour, toll-free telephone translation service. Locate the number and call for an instant interpreter.

- **Expand your knowledge:** Take the time to learn a few words in the client's language. Saying "Hola" rather than "Hello" helps develop rapport and increase trust. You might also want to consider learning words such as "pain" and phrases such as "How are you feeling?"
- **Become culturally competent:** Take some time to learn more about your client's culture. The language barrier is one thing, but there may other issues, such as eye contact or prayer rituals that will help you communicate.
- **Gesture and demonstrate:** Use hand gestures and demonstrations to enhance communication.


### *Thinking outside the box!*

Working with clients in the home often requires coming up with creative solutions to uncommon problems.

- **THE PROBLEM:** You are caring for Mrs. J., a 74-year-old Vietnamese woman who lives with her daughter and her daughter's family.
- The family speaks English and Vietnamese—but, Mrs. J. only speaks Vietnamese.
- The daughter is always present to help you with communication. But, on this day, you arrive and there is only a 14-year-old grandson available to help you.
- **WHAT YOU KNOW:** You are not sure if you can legally use the teenager to interpret—and you don't really want to put the child in a position to discuss his grandmother's personal issues.
- **GET CREATIVE:** Think of **3 creative solutions** you might try to give your client the care she needs in this situation. Hint: It is not legal to use a minor to interpret, but it is still done in many healthcare situations.
- **TALK ABOUT IT:** Share your ideas with your co-workers and supervisor and find out how they would solve the problem.



## MEET THE SPEECH THERAPIST

Speech therapists, also called speech-language pathologists (or SLPs, for short) assess, diagnose, treat, and help to prevent disorders related to speech, language, voice, and swallowing.

**Speech-language pathologists work with people who have:**

- Trouble producing speech sounds.
- Problems understanding and producing language.
- Attention, memory, and problem-solving disorders.
- Swallowing difficulties.

Speech-language pathologists use special instruments and assessment methods to analyze and diagnose the cause and severity of the problem.

The SLP develops an individualized plan of care, tailored to each client's needs. For individuals with little or no ability to communicate through speech, the SLP may select alternative communication methods including automated devices, picture boards, or sign language, and will teach clients how to use them.

SLP's also teach individuals how to strengthen muscles or use other strategies to swallow without choking or inhaling food or liquid.

- **Get to know your client's SLP:** If you are having trouble communicating with your client, talk to the speech therapist. If the client does not have a speech therapist, talk to your supervisor about getting one assigned.
- **Work with the SLP:** Find out what the SLP has planned for your client. Learn what goals the client is working toward. Learn how to use any devices or tools the SLP is using with your client. If you are unsure of how to use these things, then, just ask!


### *Open the Discussion*

**INTERVIEW A SPEECH THERAPIST**

Locate the Speech Therapist that works with your clients. Request a few minutes of his or her time or meet for lunch. Ask your SLP the following questions:

1. Can you tell me more about your job and the things you do on a daily basis?
2. What are the best and worst things about your job?

If the following is true, you might ask:

1. I'm working with a client who is getting speech therapy from you. Can you tell me what I can do to help him reach his goals.
2. I have a client who may benefit from speech therapy. Can you tell me what I need to do to get her evaluated?

***Now, share what you have learned with your co-workers!***

***"When you are a true listener, you will hear what is not said."***

~ Jeffrey Benjamin



## MORE SPECIAL COMMUNICATION TIPS

- **Expect it to take longer:** Caring for clients with special communication needs may take longer than caring for other clients. Set aside enough time to do what you need to do.
- **Encourage participation:** Place important objects within reach. This maximizes a client's sense of independence.
- **Be prepared:** Arrange a back-up communication system for times when interpreters are not available. For example, have a family member on standby who can interpret in a pinch.
- **Praise every effort:** Encourage the client's attempts to communicate and praise even small achievements.
- **Acknowledge frustrations:** Being unable to communicate can be frustrating and isolating. Watch for signs of depression or helplessness.
- **Listen closely when your client attempts to communicate:** Clarify your understanding by repeating back what you heard.
- **Stand close by:** Position yourself within the client's line of vision. Your client may need to see your face or lips to understand what you are saying.
- **Assume your client understands you:** Avoid speaking to others in the presence of your client as though he or she understands nothing. It's likely, especially with stroke survivors, that client *does* understand, but just can't express that understanding to you.
- **Manage environmental noise:** Keep distractions such as television and radio at a minimum when talking to your client. This will keep the client focused, and enhance your ability to listen.
- **No pressure:** It may be difficult for clients to respond under pressure. Give plenty of time for your client to organize a response, find the correct word or make language translations.


### *Key Points to Remember*

1. Five critical factors must be present for communication to be successful. They include: a sender, a message, a medium, a receiver and feedback.
2. Special communication needs arise when a person has trouble either sending or receiving messages.
3. A problem understanding speech is known as a ***receptive*** communication problem. A problem using language to form messages is known as an ***expressive*** communication problem.
4. Special communication needs can be temporary or permanent. And, while these special needs can make communication difficult—it's not impossible!
5. Work with the speech therapist! Find out what the SLP has planned for your client. Learn what goals the client is working toward. Make use of any devices or tools the SLP is using with your client.



## FINAL SPECIAL COMMUNICATION TIPS

- **Think about every word you speak:** Use short sentences and ask only one question at a time. This keeps the client focused on one thought at a time.
- **Speak slowly and distinctly:** Repeat key words to prevent confusion.
- **Say it with gestures:** Enhance you verbal communication with meaningful gestures to give your client more options to receive information.
- **Give simple but exact instructions:** If your client is capable of participating in his or her own care, you might say, "point to where it hurts," "open your mouth," or "lift your arm."
- **Avoid finishing your client's sentences:** Allow your client to complete his own sentences or thoughts. If he gets stuck, ask for permission to help. Say the word or phrase slowly and distinctly if help is requested.
- **Be honest:** Never say you understand if you do not. This may increase frustration and decrease the client's trust in you.
- **Build vocabulary:** When your client cannot identify objects by name, take time to practice. Point to an object and clearly enunciate its name: "cup" or "pen."
- **Start a list:** Create a list of words the client says. Add new words to the list as your client's vocabulary expands. Share this list with the family and other caregivers.
- **Correct errors:** Use gentle reminders when your client uses a word or phrase incorrectly. Not correcting errors will make communication more difficult later.
- **Encourage socializing:** Ask family members to talk to the client even though he may not respond. This decreases the sense of isolation and may assist in recovery.
- **Get more information:** Recommend clients and family members seek out more information from the American Speech, Language, Hearing Association online at www.asha.org.


*Now that you've read this inservice on special communication needs, take a moment to jot down a couple of things you learned that you didn't know before.*

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*A Communication Skills Module:*
**Understanding Special Communication Needs**

EMPLOYEE NAME
*(Please print):*

______________________

DATE: ______________

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE:

______________________

SUPERVISOR SIGNATURE:

______________________

1 Hour CE Credit

***File completed test in employee's personnel file.***

***Are you "In the Know" about special communication needs?*** ***Circle the best choice or fill in your answer. Then check your answers with your supervisor!***

**1. Each of the following must be present for successful communication, EXCEPT:**
A. A clear message
B. Feedback (understanding)
C. A common language
D. A receiver

**2. A communication problem that makes it hard to *understand the message* is known as a(n) ________________ communication problem.**
A. Expressive
B. Dysarthria
C. Language
D. Receptive

**3. To best communicate with a client with minor hearing loss, you should:**
A. Raise your voice.
B. Lower the tone of your voice.
C. Call the Language Line for an interpreter.
D. Talk as little as possible while providing care.

**4. A stroke can affect the way a person:**
A. Understands speech.
B. Forms messages.
C. Forms speech sounds.
D. All of the above.

**5. True or False**
It's best to use a family member to interpret for non-English speaking clients.

**6. True or False**
In addition to helping with speech, SLPs can also help with swallowing problems.

**7. True or False**
Being unable to communicate can lead to depression.

**8. True or False**
Clients with dementia will respond best to one "yes" or "no" question at a time.

**9. True or False**
If your client is struggling to find the right word, you should say it for him.

**10. Fill in the Blanks**
When communicating with clients with special communication needs, its best to use ______________ sentences and ask only ___________ question at a time.

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# A PATIENT RIGHTS MODULE: MAINTAINING CONFIDENTIALITY

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*A Patient Rights Module:*
MAINTAINING CONFIDENTIALITY

We hope you enjoy this inservice prepared by registered nurses especially for caregivers like you!

## About this Course:

Your caregivers are trusted each day with confidential information about your clients. This course reviews everything they need to know about maintaining your clients confidentiality. Caregivers will learn what to do and what not to do, and they'll learn all about the laws and consequences that are in place to protect clients.

**Audience:** Home Health Aide; Hospice Aide; Nurse Assistant - CNA; Personal Care Aide

**Teaching Method:** Classroom-based, instructor-led training.

For California, please indicate the teaching method used: ☐ Lecture

☐ Group Discussion ☐ Other (please specify) ____________

**CE Credit:** 1 hour

**Evaluation:** The learner must achieve 80% or higher on the post-test to receive credit.

**Disclosures:** The authors, planners and reviewers of this educational activity declare no conflicts of interest with this activity. There are no commercial interests or sponsorships related to this educational activity.

**Note to Instructors:** Please see the Instructor's Guide for classroom activity suggestions, teambuilding activities, discussion questions, worksheets, quiz answer key, and a post-course survey for learners.

If you have comments and/or suggestions for improving this inservice, email In the Know at feedback@knowingmore.com.

**THANK YOU!**

### COURSE OBJECTIVES

*Define confidentiality.*

❖

*Explain why confidentiality is important for quality client care.*

❖

*Describe at least four ways confidentiality can be broken during daily work.*

❖

*Discuss HIPAA and its requirements.*

❖

*Demonstrate how you maintain confidentiality in your daily work.*

### COURSE OUTLINE





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*A Patient Rights Module:*
Maintaining Confidentiality

## LOTTI GETS IT ALL WRONG!

Mindy, a nursing assistant, cares for Lotti, a 79 year old woman who suffers from severe arthritis.

While providing care for Lotti one day, the supervising nurse stops by to do a routine assessment. Just before she leaves, Mindy asks the nurse for some information about another client named Phil who she is going to see next.

The nurse and Mindy step into the hallway. They assume no one can hear their conversation as they discuss Phil's condition.

When the nurse and the aide leave, Lotti calls the Pastor at the church that both she and Phil attend. She tells the Pastor that Phil is near death and that he should come for a visit right away. She doesn't tell the Pastor how she got this critical piece of information.

When the Pastor arrives, he offers his condolences to Phil's wife . . . who immediately becomes alarmed and confused.

It turns out that Phil is not near death. In fact his condition is improving. Lotti heard enough of the conversation to identify the client, but got the details all wrong.

The source of information was traced back to the conversation between Mindy and the nurse. Mindy and the nurse were written up and later fined $250 each for HIPAA violations.

While Mindy and the nurse did not know Lotti could hear them, the hallway is *never* a secure place to exchange confidential information about clients. They could have avoided the situation entirely by having the conversation in a private room, behind a closed door.

***Keep reading to learn everything you need to know about maintaining your clients' confidentiality. You'll learn what to do and what not to do. And, you'll learn all about the laws and consequences that are in place to protect clients.***



## WHAT EXACTLY IS CONFIDENTIALITY?

As a healthcare worker, you are trusted each day with confidential information about your clients.

As a nursing assistant, you spend more time with your clients than anyone else on the healthcare team. This helps you develop a close relationship with your clients. Your clients feel safe telling you personal details about their lives and their health because they know you will keep it to yourself.

Now, be honest. Have you ever discussed a client's private information with your family or laughed about a client with a group of co-workers? Most health care workers would probably answer "yes."

Unfortunately, it is easy to break confidentiality if you're not careful. So what exactly *is* confidentiality? **Confidentiality means that:**

- Your clients and your co-workers expect you to keep their personal information to yourself—and you expect the same from them.
- You guard information about your clients ALL THE TIME, even in the privacy of your own home.
- When you keep personal information safe, your clients come to trust you. This trust is an important part of your relationship with your clients.
- Healthcare organizations must *promise* clients that their medical information will be kept safe. This promise is included in the Patient's Bill of Rights in all healthcare facilities. Be sure you understand the Patient's Bill of Rights where you work.

## CONFIDENTIALITY VS. PRIVACY

It is easy to confuse confidentiality and privacy. They are very similar, but confidentiality usually applies to medical records and ensuring that information is available only to those who are allowed to see it. For example:

- Maintaining your clients' ***confidentiality*** involves keeping their medical records away from anyone who does not have the right to see them and never discussing their diagnosis with someone who is not a part of their healthcare team.
- Maintaining your clients' ***privacy*** has to do with things like not touching their personal possessions, not listening to their private conversations with others, and not entering their rooms or personal space without their permission.

WHAT'S NEW?

*Grab your favorite highlighter! As you read this inservice, **highlight five things** you learn that you didn't know before. Share this new information with your co-workers!*

## Key Terms

- **Breach of confidentiality** is sharing verbal or written information regarding a client with someone who is *not* on the care team of the client—or who does not have signed permission from the client to have that information.
- **Informed consent** is when a resident or client acknowledges and allows the release of information to other parties. This permission is given by filling out a legal consent form, which becomes part of the resident or client's permanent record.
- Private healthcare information should be available only on a **"Need-To-Know"** basis. This means that each person on the care team should only have access to information that he or she needs to know to carry out the plan of care.

## THEY DID WHAT?

**TRUE STORIES OF BREAKS IN CONFIDENTIALITY**

- A hospital in Michigan accidentally posted the medical records of thousands of patients on the internet.
- Four hospital workers (including two nurses) in California took pictures of a dying man and posted them on Facebook.
- A children's hospital in California accidentally sent 6 faxes containing private health information to an auto mechanic's shop.
- The health insurance claims forms of thousands of patients blew out of a truck on its way to a recycling center in Connecticut.
- A patient in a Boston area hospital discovered that her medical record had been read by more than 200 of the hospital's employees.

# HOW CONFIDENTIALITY IS BROKEN

***There are a few common ways that healthcare workers breach confidentiality. See if you can spot the mistakes these nursing aides made:***

**1. TALKING IN FRONT OF A CLIENT**

A client, Mrs. Jones, had been unconscious for several weeks. Two aides, Sally and Mary, were working together to bathe Mrs. Jones. During the bath, Sally told Mary that she overheard the doctor saying Mrs. Jones will die soon.

*Never talk about your clients in their rooms, even if they are unconscious or asleep. You don't know what your clients might be able to hear.*

**2. TALKING TO CO-WORKERS**

During a lunch break with five other nursing assistants, Jim told a story about his client, Mr. Smith. Jim said Mr. Smith was very forgetful and kept trying to eat his dinner with a toothbrush instead of a fork. The whole grouped laughed at Jim's story.

*Even if it seems like a harmless story, avoid discussing your clients with other employees— unless they are part of the client's healthcare team. And then, do it in private, not at lunch. If Mr. Smith were your father, would you want a bunch of people laughing at him?*

**3. TALKING TO OTHER CLIENTS**

Susan's new client, Mrs. Brown, was a friend of Susan's neighbor. Susan told her neighbor that Mrs. Brown was pretty sick and would probably enjoy a visit.

*Even if you mean well, never discuss your clients with anyone outside of work, even your friends and family. They have no business knowing the names or condition of your clients.*

**4. TALKING TO FAMILY MEMBERS**

John had been caring for Mr. Carter for several weeks. Mr. Carter's daughter visited and asked John if her father's blood pressure was okay. John told her that Mr. Carter's pressure had been high recently because Mr. Carter was eating too many salty potato chips.

*If a client's family members ask you about the client's condition, it's best to suggest they get information from your supervisor or the doctor. The rule states that you can give information to a person who has a role in taking care of the patient if you believe that releasing the information is in the patient's best interest. However, it's not always easy to determine that on your own.*



# MORE WAYS CONFIDENTIALITY CAN BE BROKEN

**5. UNSECURED ELECTRONIC MEDICAL RECORDS (EMR)**

Jane works in a facility that uses computer charting. While charting at a mobile laptop station one day, Jane leaves to answer a call bell without closing the client's record and logging out of the system.

*Always close the record and log off when you leave a computer or anyone can walk up and read private information about your clients.*

**6. MEDICAL RECORD LEFT IN PUBLIC PLACE**

Sasha works in home health. Before visiting a new client, she receives a report with all the client's information, including name, age, medical condition, and care plan. Sasha makes a stop at a convenience store before going to the client's home and leaves the report in plain view on her passenger side seat.

*Never leave charts or papers out in the open where others can see. In facilities, never leave the nurses station with a chart in your hand.*

**7. SHIFT REPORT SUMMARY THROWN IN PUBLIC TRASH CAN**

Robert works in a facility where he receives a shift report summary before each shift. The summary lists the last names of the clients, their room and bed number, and any special care needs they have for the day. The policy at the facility is to shred the report at the end of the shift. One day, Robert forgets to shred it and just tosses it in a trash can in a public restroom on his way out of the facility.

*It is never appropriate to dispose of private healthcare information in a public trash can.*

**8. MEDICAL RECORD "SNOOPING"**

A local celebrity was admitted to a nursing home for rehabilitation after a stroke. After about two days in the facility, it was discovered that his electronic medical record had been accessed over 300 times. Since employees had to log in with a password, there was a record of every single person that looked at the chart. Those individuals who "snooped" were written up. The celebrity sued the facility and each individual involved.

*Information in the medical record is intended for healthcare workers who "need to know" only. If you are not caring for an individual, you have no business reading the chart.*

## TALK ABOUT IT!

You are caring for a client who has had a stroke and cannot speak. While you're feeding this client, a woman enters the room and asks how he is doing.

***What should you do? You may assume this is a family member and volunteer the information.***

- But, what if you find out later that this is a relative the family has tried to keep away from the client?
- Or, what if you learn later that this is a mentally ill person who was in the facility to visit someone else but got confused?

***How will you know if it is okay to give information about your client to this person? And, what information can you give?***

***Discuss your answers with your co-workers and supervisor and find out what they would do.***



## THE NEXT STEP!

The best way to learn a difficult concept is to learn it well enough to teach it to someone else!

***You have a client who is just being admitted. She has many papers to sign, including the HIPAA documents required by all healthcare providers.***

***She is not sure what it all means and asks you to help explain it to her.***

- On a separate sheet of paper, write a simple paragraph, with just 2 to 3 short sentences describing HIPAA to your client.

***Share your paragraph with your supervisor to make sure it is correct.***

***Ask your supervisor how he/she explains HIPAA to clients in a way that is easy to understand.***

# KNOW THE LAWS, HIPAA AND HITECH

If you've worked in healthcare longer than a minute, you've probably heard of HIPAA (*which stands for Health Insurance Portability and Accountability Act*). HIPAA is the law which outlines the privacy rules that protect clients' medical records and information.

This law was developed by the U.S. Department of Health and Human Services and gives clients more control over how their personal medical information is used and to whom it can be given. A client must give authorization before any personal medical information can be given out.

**HIPAA guarantees clients the right to:**

- Privacy.
- Receive a written Notice of Privacy Practices that describes how their information will be used.
- Access and copy their own medical records.
- Fix mistakes or information in their records that is not accurate.
- Request special instructions for how their information is sent to other places.
- Ask for limits on how their information is used and given out.
- Get a list of all non-routine times when their information may be given out.
- Complain about privacy violations to the institution and to the Department of Health and Human Services.

**The rules cover all forms of client information, like:**

- Names.
- Social Security numbers.
- Addresses and phone numbers.
- Fax numbers.
- Email addresses.
- Medical record numbers.
- Dates of birth.
- Diagnoses.

**THEN CAME HITECH!**

In 2009, The Department of Health and Human Services introduced The Health Information Technology for Economic and Clinical Health (HITECH) Act. This Act gives HIPAA more teeth!

HITECH significantly increases the fines that may be issued for violations of the HIPAA rules and encourages quick and decisive action.

Prior to HITECH, fines were limited to $100 for each violation or $25,000 for all identical violations. Now there are tiered ranges of fines, with a maximum penalty of $1.5 million and potential jail time. In addition, individuals who violate privacy laws can no longer claim they "didn't know" a violation occurred.



# EXCEPTIONS TO CONFIDENTIALITY

***Did you know that there are times when you are not required to keep a client's information confidential? Here are some examples of when you should share information:***

- You are caring for a client, Mrs. Adams. A doctor or nurse who has been treating your client asks for information about Mrs. Adams. You are allowed to share information with another healthcare provider who is treating your client.
- Your client, Mr. Johnson, has bruises that he did not have the day before. He had no injury that you know about, and when you ask him about it, Mr. Johnson gives you a suspicious reason for his injury. If you suspect your client is being abused, you should report it to your supervisor or the authorities.
- You are working in a nursing home caring for Mr. Sanders, a client with dementia. One day Mr. Sanders has an argument with another client and you hear him threaten to hit that client. If a client physically threatens to harm you, himself, or anyone else, you should report it to your supervisor.
- Your client, Mrs. Robertson, has been attempting to drive a car when she is unfit to drive. If your client is a danger to others, you should report it to your supervisor.
- You have a client, Mr. Anderson, who is having chest pains. In an emergency, you are allowed to share confidential information about your client with emergency personnel. You should report this to your supervisor and/or follow emergency procedures for your workplace.

## CONFIDENTIALITY AND MINORS

***In most states, children are considered minors until their 18th birthday. In general, while they are minors, their parents have the right to make decisions about their medical care and to be kept informed about their health and well-being. However, there are exceptions. For example, medical information may be withheld from parents:***

- When the parents agree that their child and a healthcare provider may have a confidential relationship.
- When a healthcare provider believes that a child may have been abused or neglected.
- When a child has been declared "independent" from his or her parents—either through court proceedings or by getting married.

The laws covering disclosure of information about minors to their parents vary from state to state. If you are unsure about specific laws in your state, check with your supervisor.

## GET OUT!

**THINK OUTSIDE OF THE BOX!**

*Working with clients in the home often requires coming up with creative solutions to uncommon problems.*

- **THE PROBLEM:** You are caring for a woman who was just discharged home. During a visit with your new client, a neighbor comes to visit.
- The neighbor tells you she has a friend who gets home visits from your agency. After a few minutes you realize you know her friend. She begins to ask questions about the friend's health.
- **WHAT YOU KNOW:** You know HIPAA laws require you to protect confidentiality. But, you feel this friend is just genuinely concerned.
- **GET CREATIVE:** Think of 3 creative replies you could use to (kindly) let this friend know that you are not at liberty to share any clients' personal information.
- **TALK ABOUT IT:** Ask your co-workers how they would solve this problem.

## THINK ABOUT IT!

**WHAT YOU DON'T KNOW**

***Do you think you should be told if a client is HIV positive?***

- Do you believe you have the *right* to know this bit of private information—especially since you might be providing personal care to this person?

**Well, the answer is NO!** You don't have the right to know if a particular client is HIV positive.

As healthcare workers, we protect ourselves from contagious diseases like AIDS by using Standard Precautions with EVERY client.

By treating all your clients as if they might have an infectious disease, you can protect yourself without knowing a particular client's HIV status.

# HOW DO YOU DO IT?

## CONFIDENTIAL DOCUMENTATION

***Which of the following do you think "qualifies" as confidential documentation?***

- A client's medical record.
- Your client care notes.
- A bulletin board listing each client and his or her diagnosis.
- The results of a co-worker's TB test.
- Your annual job evaluation.
- A client's address and telephone number.
- A copy of a doctor's order.

What's the right answer? THEY ALL ARE! Any personal information about you, your clients, or your co-workers should be kept confidential. This means keeping medical records and personnel files in locked cabinets, locked rooms, or in supervised areas.

## CONFIDENTIALLY SPEAKING

***Remember to be careful when you are talking about your clients. Before speaking, ask yourself:***

- Is what I have to say confidential information?
- Is the person I am speaking to part of the client's healthcare team?
- Am I in a private place or are there other people around me who shouldn't hear what I am saying?
- Am I sharing this information for the client's benefit? Or is it just "gossip"?

***What would you do if the following people asked you for information about your client?***

- Friends
- Partners
- Family Members

The answer is the same for all — politely ask them to speak to your supervisor. Just being a family member, partner, or friend does give someone the right to have information about your client.



# CONFIDENTIALITY IN SMALL TOWNS

***Maintaining confidentiality in a small community presents it's own unique set of problems.***

People who live in small communities are generally acquainted with everyone else in the area. When people are acquainted in this way, leaks in confidentiality can have serious consequences. For example:

- The local pastor at the church cannot afford to have his church members find out that he is suffering from a damaged liver after years of secret alcoholism.
- The second grade school teacher does not want her current or former students to know she has cancer.
- The man who owns the coffee shop would like to keep his family history of mental illness to himself.

It's important to be even more protective of your clients' confidential health information when you work in a small community.

If you grew up in a small community, you probably already know many of your clients and their families before they even need care. This can lead to a situation where boundaries can easily be crossed.

For example, you grew up with Loretta. You were friends all the way through high school. You spent the night at her house dozens of times. Now Loretta's grandmother is sick, and you are her caregiver.

You run into Loretta in the grocery store and quickly blurt out how happy you are to be able to take care of her grandmother. Loretta's aunt (whom you've never met) is with Loretta and begins asking probing questions about her mother-in-law's health. You provide information without considering confidentiality.

Later that night, you get a call from Loretta who is angry with you for talking about her grandmother to her aunt. It seems there is a family feud going on between the two women that you were not aware of, and now you're caught in the middle of it.

What's worse, you've possibly lost a friend . . . and Loretta's family could actually sue you for violating HIPAA laws.

## TIME TO LAUGH!

*Here is a quick little tip-a,*

*'Bout a law that's known as HIPAA.*

*My advice is to try,*

*Really hard to comply,*

*Or else a new one they'll rip ya!*

~ Michael Devault

*****

***What do you call someone who complains incessantly about HIPAA?***

HIPAAchondriac

***What do you call urgent HIPAA issues?***

HIPAAcritical

***What is the disease you get from too much HIPAA?***

HIPAAtitis

***What do you call someone who is delighted with HIPAA?***

HIPAA-go-lucky

~ D. Hager, Paramedic



## FIVE KEY POINTS!

**REVIEW WHAT YOU LEARNED!**

1. Confidentiality involves keeping clients' medical information away from anyone who does not have the right to know it.
2. HIPAA is the law which outlines the privacy rules that protect clients' medical records and information.
3. Your clients feel safe telling you personal details about their lives and their health. They trust that you will keep it to yourself.
4. Healthcare workers who breach confidentiality can be fined, lose their license, and even be put in jail.
5. Your clients' medical information is something they own. You wouldn't take a client's clothes and pass them around to other people. So, don't pass around a client's private information either.

# CONFIDENTIALITY Q & A

**Q. Why is confidentiality such an important part of your relationship with your clients?**

*A. Remember that clients have to talk to you about private things such as pain, skin rashes, bowel movements, and urination. Think of how embarrassing it would be if it was announced to everyone at work that you had three loose bowel movements today! You would never want to tell anyone about your bowels ever again. If a client believes he can trust you to keep his information confidential, he will continue telling you how he feels. If you break confidentiality, the client might stop telling you when his condition changes. That could be dangerous for the client!*

## WHAT WOULD YOU DO IF . . .

**Q. Pretend your client, Mr. Brown, tells you that he has fallen down three times in the last few days. He asks you not to tell his daughter or anyone else since he doesn't want to worry anyone. He says he knows he can trust you to keep it a secret. What would you do?**

*A. You need to tell Mr. Brown that it is your duty to report any changes in his condition to your supervisor. You want him to continue trusting you, but you must tell your supervisor about the falls. Remind Mr. Brown that you want what is best for him and that his safety is your responsibility. Tell him that you will not say anything to his daughter, only to your supervisor. Report the client's condition to your supervisor, but be sure to say that you were not present when he fell. Also, let your supervisor know that Mr. Brown is worried about his daughter finding out. Your supervisor will follow up with the client according to policy.*

**Q. Let's say that a fellow employee tells you in private that she may have a drinking problem. While there have been no problems with her client care, you are afraid there might be, so you tell your supervisor what she said. Your supervisor fires the employee immediately. Have you broken confidentiality about your co-worker?**

*A. This is a difficult situation, but, yes, you have broken confidentiality. Your fellow employee could sue you for not keeping the secret, saying you caused her to lose her job. However, you also have a responsibility for keeping clients safe. Instead of telling the supervisor yourself, you might try encouraging the co-worker to talk to the supervisor about her drinking problem. Some workplaces have programs to help employees with drug or drinking addictions. (NOTE TO INSTRUCTOR: Obviously, this is a complex issue. You may want to explore it further based on your workplace policies.)*



# FINAL CONFIDENTIALITY TIPS!

- Be aware of who is around you whenever you speak about a client. Remember that you are responsible for what you say, and that healthcare workers have been sued for saying the wrong thing at the wrong time!
- All medical information is confidential, especially about a client with HIV. Every state has laws about how to handle HIV information. If you don't know the law in your state, ask your supervisor for more information.
- Think of your clients' medical information as something they own. You wouldn't take a client's clothes and pass them around to other people. So, don't pass around a client's private information either.
- Be careful if you use a cellular telephone during your work day. When you talk on a cell phone, your conversation might be picked up by strangers. Never give a client's full name or address over a cellular telephone.
- If you leave messages about your clients on an answering machine or a voice mail system, be careful what you say. You never know who might hear the message.
- Never leave any charts, papers, or computer screens containing client information visible in public areas. Others may be able to see them.
- If you work at a facility, avoid talking about clients in public areas like the cafeteria or front desk. You never know who may be able to hear you.
- After viewing client information on a computer, don't leave without logging off of the computer first. Also, don't share computer passwords or codes with anyone.
- Do not share personal information about your co-workers with anyone. For example, if Mary covers for Betty one day, she should not tell the client that Betty had to stay home because she's pregnant again and has morning sickness! Don't break confidentiality about your co-workers.
- Always be careful with what you say. For example, Tom was late with his client's bath. He said, *"Sorry. I would have been here sooner, but Mr. Smith had diarrhea and I had to clean him up all over again."* Tom broke confidentiality by talking about Mr. Smith to another client!
- It is important for you to share confidential information with your supervisor if it involves a client's health or well-being. For example, if a client tells you that the right side of his body has gone numb, you do not keep that information secret! Let your supervisor know right away.

## WHAT I KNOW NOW!

*Now that you've read this inservice on confidentiality, jot down a couple of things you learned that you didn't know before.*

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*A Patient Rights Module:*
## Maintaining Confidentiality

EMPLOYEE NAME
*(Please print)*:

______________________

DATE: ______________________

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE:

______________________

SUPERVISOR SIGNATURE:

______________________

1 Hour CE Credit

***File completed test in employee's personnel file.***

***Are you "In the Know" about confidentiality? <u>Circle the best choice or fill in your answer. Then check your answers with your supervisor!</u>***

1. **Clients have the right to confidentiality as stated in the:**
   A. Patient Privacy Act. C. Patient Bill of Rights.
   B. Patient Bill of Confidentiality. D. Insurance Agreement Act.

2. **Someone who breaches confidentiality may be:**
   A. Fired. C. Fined.
   B. Put in jail. D. All of the above.

3. **Your client is complaining of chest pains. You call 911 on his behalf. The operator begins asking you questions about his medical history, you should:**
   A. Hang up and have your supervisor make the call.
   B. Provide the information because it's an emergency situation.
   C. Put the client on the phone to give consent for you to speak for him.
   D. Politely refuse to provide your clients personal health information.

4. **The best place to discuss your clients with other co-workers is:**
   A. In the hallway. C. In a private room with a closed door.
   B. In the cafeteria. D. In the employee break room.

5. **True or False**
   Breach of confidentiality is when a client acknowledges and allows the release of information to other parties.

6. **True or False**
   You don't have the right to know if a particular client is HIV positive.

7. **True or False**
   It's okay to discuss your client's health status with people who are directly involved in the client's care.

8. **True or False**
   The HITECH Act of 2009 decreased the fines and penalties for HIPAA violations.

9. **True or False**
   If you use a computer to chart, you should always log off before leaving the computer.

10. **True or False**
    A copy of the client's care plan is considered confidential information.

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# A CLIENT CARE MODULE:

# UNDERSTANDING ABUSE

...Developing top-notch caregivers, one inservice at a time.

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*A Client Care Module:*

**UNDERSTANDING ABUSE**

We hope you enjoy this inservice prepared by registered nurses especially for caregivers like you!

## About this Course:

This course provides an overview of the problem of abuse, including elder, child, physical, emotional, financial and sexual abuse. Caregivers will learn how to prevent abuse, signs of abuse and how to report their observations/suspicions.

**Audience:** Home Health Aide; Hospice Aide; Nurse Assistant - CNA; Personal Care Aide

**Teaching Method:** Classroom-based, instructor-led training.

For California, please indicate the teaching method used: ☐ Lecture

☐ Group Discussion ☐ Other (please specify) ____________________

**CE Credit:** 1 hour

**Evaluation:** The learner must achieve 80% or higher on the post-test to receive credit.

**Disclosures:** The authors, planners and reviewers of this educational activity declare no conflicts of interest with this activity. There are no commercial interests or sponsorships related to this educational activity.

**Note to Instructors:** Please see the Instructor's Guide for classroom activity suggestions, teambuilding activities, discussion questions, worksheets, quiz answer key, and a post-course survey for learners.

If you have comments and/or suggestions for improving this inservice, email In the Know at feedback@knowingmore.com.

**THANK YOU!**

### COURSE OBJECTIVES

*List at least three common types of abuse seen in children and the elderly.*

❖

*Explain why children and the elderly are most at risk for being victims of abuse.*

❖

*Name at least three signs (each) that may mean a client is being physically, emotionally, sexually or financially abused.*

❖

*Explain how healthcare workers can help prevent abuse.*

❖

*Describe the process at your workplace for recognizing and reporting abuse.*

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### COURSE OUTLINE





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*A Client Care Module:*

**Understanding Abuse**

## INNOCENT VICTIMS OF ELDER ABUSE

**Meet Joan.** Joan really appreciated her grandson for helping her run errands. Michael had always been a sweet boy and seemed to genuinely care for his grandmother. It was the perfect arrangement. He would take her to the bank and wait while she deposited her check. Then he would drive her wherever she needed to do her shopping and other errands.

When the winter weather turned cold, Michael told his grandmother that it would be easier and safer if he just did the errands for her while she stayed warm and cozy at home. Joan didn't think twice about signing her check over to her grandson, who would make her purchases and then deposit the rest into her account.

It took several months to realize that while Michael was doing the shopping, he was also pocketing the rest of Joan's money. When Joan bounced a check for her mortgage, she found all her money was gone.

**This is Don.** Don desperately wanted to remain in his home—but really needed help with his activities of daily living. He called an agency and quickly decided to hire Mindy, a Certified Nursing Assistant. The agency promised Don that Mindy would be able to meet his basic needs.

Mindy did the best she could, but Don's needs were a bit beyond her experience level. At first, she began to lose patience with how slowly Don moved. Later, she started to shove him—and out of frustration—she began to shout and call him names.

One day, she shoved him off of the toilet because he needed help cleaning himself after a bowel movement. Neighbors heard him crying in pain and called the police.

Don was found lying on the bathroom floor with a broken hip and bruises all over his body in various stages of healing.

***Keep reading to learn all about abuse and neglect. In Part 1 of this series, you will read about abuse—how to recognize if someone is being abused, how to report it and even how to prevent yourself from abusing clients. In Part 2 of this series, you'll learn how to recognize, report and prevent neglect.***

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## AN OVERVIEW OF THE PROBLEM

Abuse is a serious problem in our communities and in our institutions. People are most at risk for abuse when they are unable to take care of themselves. Can you name the two groups of people that are least able to care for themselves? ***They are children and the elderly.***

### What Exactly is Abuse?

Abuse is some action by a ***trusted*** individual that causes physical and/or emotional harm to the victim. There are a number of different kinds of abuse, including:

- Physical abuse
- Emotional abuse (includes verbal abuse)
- Sexual abuse
- Financial abuse (including identity theft)

### Where Does Abuse Happen?

**DOMESTIC ABUSE:** Abuse can happen in every community around the United States. Every day, there are children and elderly people being abused in their own homes. The abuser is usually a family member, often someone with psychological problems.

- **IN THE NEWS:** A California man was arrested and charged with kidnapping and abusing his 82 year old grandmother after he got "angry" because she was driving too slowly. He "pounded" on the dashboard and "pushed" her right leg down to make the car go faster. Then he pulled his grandmother out from the driver's seat, "threw" her in the passenger's seat and punched her in the face several times after she tried to leave. Heroin was found in the car. Sadly, the grandmother refused medical attention and even helped her grandson get his sentence reduced.

**INSTITUTIONAL ABUSE:** Abuse and neglect can also happen in an institutional setting, such as a day care center or a nursing home. Abuse that happens in institutions can go on for a long time without detection. In long term care, staff, visitors and even other residents can be the abusers.

- **IN THE NEWS:** A nursing home in Ohio had its rating drop from 5 stars to 2 stars after a hidden camera caught nurse aides repeatedly abusing a resident. The investigation led to eight employees being disciplined and two aides being convicted.

**WHAT'S NEW?**

*Grab your favorite highlighter! As you read this inservice, **highlight five things** you learn that you didn't know before. Share this new information with your co-workers!*

## Key Terms

- **Negligence** involves actions (or failure to take actions) that result in injury to a client.
- **Malpractice** is claimed when a client is injured as a result of negligence, carelessness or lack of skill.
- **Assault** is *threatening* to harm a person. Telling a resident he will be slapped if he soils his clothes is an example of assault.
- **Battery** is *actually* harming a person. Pushing, hitting or even forcing someone to eat are all forms of battery.
- **Domestic Abuse** is abuse by a spouse, intimate partner or family member.
- **Involuntary seclusion** is separating a person from others against the person's will. Confining a client to his room is an example of this type of abuse.

# THE FACTS

- A report of child abuse is made every ten seconds.
- More than five children die every day as a result of child abuse.
- Approximately 80 percent of children that die from abuse are under the age of four.
- About 30 percent of abused and neglected children will later abuse their own children, continuing the horrible cycle of abuse.

**GET INVOLVED!**

If you would like to get involved in preventing child abuse in your community, go to: preventchildabuse.org.

- This program, run by the folks at Prevent Child Abuse America hopes to "engage all people in our society to act to prevent abuse and neglect from ever happening in the first place."

## FOCUS ON CHILD ABUSE

***Child abuse can happen in any type of family—small, large, rich, poor, white, black, etc. It can also happen to children of all ages.***

- Infants and toddlers are more likely than older children to be seriously injured or killed by child abuse.
- Abuse to adolescents can go unrecognized, since teenagers might try to hide the problem.
- Most often, children are abused by their families or guardians, but there are cases of children being abused by day care workers or other caregivers.

**ABUSED CHILDREN MIGHT:**

- Say they deserve to be punished.
- Act frightened of parents or other adults.
- Get scared when other kids cry.
- Be very quiet or very aggressive.
- Sit and stare into space.
- Be afraid to go home.
- Act much older than they are.
- Try to get attention by being "naughty."
- Try to run away from home.
- Get bad grades at school.
- Attempt suicide.

**NEGLECTED CHILDREN MIGHT:**

- Beg for or steal food.
- Appear in dirty or torn clothing much of the time.
- Miss a lot of school.
- Act very tired all the time.
- Show no emotion on their faces.
- Talk in a whisper or whine.
- Try to get attention by being "naughty."
- Abuse alcohol or drugs.
- Take on adult responsibilities.
- Talk about being left alone or left "in charge" of younger siblings.

### WHO IS AT RISK?

***Studies have shown that certain things put children more at risk for abuse. These factors include:***

- Living with a parent who has a drug or alcohol problem—or a parent who was abused as a child.
- Living in a family where the parents are having marriage problems.
- Being a "special needs" child, with physical and/or mental disabilities.
- Living with parents who are unemployed or who have money problems.



## FOCUS ON ELDER ABUSE

***Elder abuse is defined as harm done to persons over the age of 65 by someone who is in a position of being trusted.***

- There are two types of elder abuse. *Domestic elder abuse* happens in the person's home. *Institutional elder abuse* occurs in a nursing home or other long term care setting.
- Even if a caregiver is trying to help, it can be considered abusive if they use enough force to cause unnecessary pain or injury to an elderly person.
- We can only guess at the number of elderly who are abused every year. The best estimate is that there are about 5 million cases per year, but authorities say that less than half of them are reported.

**Elders don't always report the abuse because they are:**

- Afraid that the abuser will find out and be angry.
- Afraid that the authorities might take their family members away.
- Ashamed that their family member is abusing them.

**Know the signs! It should send up a red flag if:**

- The client is not allowed to speak to you unless another family member is present.
- The client is punished for being incontinent.
- You see family members abusing drugs or alcohol.
- You hear a client being threatened.
- You hear two different stories about how the client got a bruise or other injury.
- A family member refuses to allow you to complete the client's care.

### WHO IS AT RISK?

***Abuse can happen to anyone. However, there are certain factors that seem to increase the risk of abuse. Elderly people are more likely to be abused if:***

- They are physically and/or mentally impaired.
- Their condition is getting worse.
- They are isolated from their family or community.
- They are dependent on others for all their needs.
- Their caregivers are stressed out.
- Their caregivers are not trained for the job of client care.
- Their caregiver is a family member with emotional problems or who is addicted to drugs or alcohol.

# What Would You Do?

**APPLY WHAT YOU'VE LEARNED**

Whistleblowers are heroes who *speak out* when they witness abuse in the workplace, and have the power to make it STOP!

When you observe this behavior, do you tell the truth? Or, do you ignore the situation even though clients may suffer?

**WOULD YOU BLOW THE WHISTLE IF...**

- One day, you witness a co-worker slapping her client? Would it make a difference if you saw that co-worker slapping other clients previously?
- You overheard your client's adult son tell his mother, "You stink and I can't stand being in the same room with you"?
- You learned that your supervisor was withholding food and medicine from a client because the client was unable to pay for those services?



# TALK ABOUT IT!

**HELPING DON**

***Think about Don from the beginning of this inservice and discuss your answers to these questions with your supervisor and co-workers:***

- What do you think went wrong in this situation?
- How could the situation have been prevented?
- Have you ever accepted a client assignment that was beyond your level of experience?
- If yes, how did you handle any difficulties or frustrations that arose?
- Mindy is the type of person who loses her cool under pressure. Have you ever worked with someone like Mindy?
- How would you respond to someone like Mindy if you were to witness an angry outburst or actual physical abuse of a client?

## A CLOSER LOOK AT PHYSICAL ABUSE

***Physical abuse is the use of physical force that may cause injury, pain or impairment. Physical abuse includes such things as:***

- Striking, hitting, slapping or beating.
- Pushing or shoving.
- Shaking or choking.
- Kicking.
- Hair pulling.
- Pinching or scratching.
- Biting or spitting.
- Burning.
- Using physical restraints inappropriately.
- "Restraining" someone by giving too much medication.
- Taking away all food or water or forcing food.
- Putting someone out, unprotected, in severe weather.
- Using physical punishment.
- Making inappropriate sexual contact.
- Handling someone roughly during client care.

**Know the signs! Be prepared to report any of these signs:**

- Burns, including cigarette or hot water burns.
- Unexplained bruises, especially those in the shape of a belt or fingers.
- Multiple bruises that are at different stages of healing. (New bruises are red; then they turn blue, then black-purple, then dark green, then yellow.)
- Frequent trips to the emergency room.
- Cuts, scrapes or bite marks.
- Black eyes or broken eyeglasses.
- Signs of sexual assault such as bruises in the genital area, unexplained vaginal bleeding, and bloody or torn underwear.
- Unexplained venereal disease.
- Spots where hair seems to have been pulled out.
- Rope marks, especially on wrists or ankles.

***Sadly, physical abuse can easily go unrecognized and unreported. It may be that the victim cannot tell someone what is happening or it may be that witnesses are afraid to speak out.***

**IN THE NEWS:** A nurse in England was found guilty of abusing six residents in a nursing home. All six victims had dementia and could not *tell* their loved ones what was happening. The abuse had apparently gone on for years before several other staff members finally spoke out.

During the trial, one staff member testified that the abusive nurse would tell them, "No one will ever put in a complaint against me because my husband works in admin and he would find out and their life wouldn't be worth living."

Staff members in the home testified that they witnessed the nurse making dementia patients "walk like rag dolls" by kicking their heels from behind. She was also seen screaming at residents and forcing medication and food in their mouths.



## A CLOSER LOOK AT EMOTIONAL ABUSE

***Emotional abuse is when someone causes anguish, pain or distress to another person by what they say or do. Emotional abuse includes:***

- Insults.
- Threats.
- Intimidation.
- Harassment.
- Yelling or screaming.
- Treating an elderly person like an infant.
- Constant criticism.
- Refusing to listen to someone.
- Giving someone the "silent treatment."
- Humiliation, such as laughing when an elderly client wets their bed.
- Keeping someone away from family, friends or the community.

**Know the signs! Watch for and report clients who:**

- Seem to be afraid of certain caregivers or family members.
- Are yelled at by family members or caregivers.
- Are made fun of by family members or caregivers.
- Are suddenly very agitated.
- Are suddenly confused or are more confused than usual.
- Talk about being worthless.
- Cry all the time.
- Never seem to get enough sleep.
- Have a sudden change in appetite.
- Have big changes in their weight (either up or down).
- Seem very quiet or just stop talking suddenly.
- Talk about being helpless.
- Seem scared to talk to you about their lives or their health.
- Are angry all the time.

***While physical, emotional and sexual abuse are all horrible in different ways, people who are emotionally abused tend to go undiagnosed most often. Victims of emotional abuse (and their loved ones) may not even believe the abuse is happening if there is no "physical" evidence.***

**IN THE NEWS:** In her new book "Breaking the Chains to Freedom," 37 year old Esther Adler describes being married to an emotionally abusive man.

Emotional abuse can be difficult to recognize and prove. Adler recalls being physically abused by her father as a child and says, "but with my husband I couldn't understand I was being abused. I didn't understand why I was hurt and in pain. I couldn't pinpoint it."

She also sends the warning that, "Emotional abusers are often *liked* by others." This is why her children "sided" with her husband when she finally decided to file for divorce.

# GET OUT!

**THINK OUTSIDE OF THE BOX!**

*Working with clients in the home often requires coming up with creative solutions to uncommon problems.*

- **THE PROBLEM:** You are caring for Joan, the elderly woman from the beginning of this inservice.
- After Joan discovers all her money is gone, she confronts Michael. You hear Michael tell Joan that he *deserved* the money and that she should have been paying him anyway.
- You hear Joan crying when Michael threatens to never come back if she tells anyone about the theft.
- **WHAT YOU KNOW:** You know Michael is being emotionally abusive in an attempt to cover up the theft.
- **GET CREATIVE:** What will you do? Think of three ways you may be able to help Joan with this.
- **TALK ABOUT IT:** Share your ideas with your co-workers and supervisor and find out how they would solve this problem.

## THINK ABOUT IT!

**IDENTITY THIEVES, MODERN DAY PICKPOCKETS**

*The newest form of financial abuse is identity theft. Now, all a thief has to do is gather a few key pieces of a person's identity to rake in tons of stolen money.*

**Example:** An Occupational Therapist in the Midwestern U.S. stole the identity of a patient, then took out nearly $100,000 in loans.

***Seniors are at greater risk for identity theft than most people because they:***

- Often have more cash and better credit than others,
- Are less technologically savvy, and
- Do not monitor their credit or bank accounts very closely.

***How can you help protect your senior clients from identity theft?***

***What does your workplace do to protect your clients' personal identification? Is it enough?***

# A CLOSER LOOK AT FINANCIAL ABUSE

***Financial abuse includes the theft or misuse of someone's money or property by a trusted individual. This includes the following activities:***

- Committing fraud.
- Getting money by lying about why it is needed.
- Forging checks.
- Cashing someone else's check without permission.
- Using someone's ATM card without permission.
- Forcing someone to change his or her will.
- Forcing someone to transfer property.
- Keeping someone away from his or her own home or money.
- Providing healthcare services to a client that are not really needed.
- Promising care in exchange for money and then not following through.

**Know the signs! Keep an eye out for clients who:**

- Can't pay their bills for housing, food, basic clothing or medications even though they seem like they should have money to do so.
- Get credit card bills for stores they have never been to.
- Suddenly have new "best friends."
- Talk about having to give money to others.
- Seem anxious about—or don't know—where their money is going.
- Have a family member who complains constantly about how much the client's care is costing.
- Have family members who appear suddenly and claim they have a right to the client's money.

***Sadly, elder financial abuse is on the rise. In the majority of cases, abusers have a close connection to the victim and take advantage of this connection. Family members, friends, neighbors and caregivers are often the ones committing these crimes.***

**IN THE NEWS:** A man who was a personal live-in caregiver in Canada was recently arrested in connection with a fraud investigation. He is accused of swindling an 84-year-old man who has Alzheimer's disease. It was reported that the caregiver lived with the man for just under a year and, while there, he is alleged to have stolen more than $100,000 by accessing the man's bank accounts. Police believe there may be more victims.



# A CLOSER LOOK AT SEXUAL ABUSE

***Sexual abuse is any sexual contact of any kind with a person who has not given consent. Sexual abusers can be family members, medical staff and even other residents. Sexual abuse includes:***

- Unwanted touching.
- Rape.
- Sodomy.
- Coerced nudity.
- Sexually explicit photographing.

**Know the signs! You should suspect sexual abuse if you see:**

- Bruises around the breasts or genital area.
- Unexplained venereal disease or genital infections.
- Unexplained vaginal or anal bleeding.
- Torn, stained, or bloody underclothing.
- A client ***actually being*** sexually assaulted or raped. *(This may seem obvious, but see the true story below.)*

***Never be afraid to report if you suspect sexual abuse. If your report is not taken seriously by your supervisor, go up the chain of command. Do whatever is necessary to protect your client from sexual abuse.***

**IN THE NEWS:** Mae Campbell, an 88-year-old Baptist preacher's daughter who suffers from Alzheimer's Disease was sexually abused at least twice while she was a resident in a Kentucky nursing home.

During one incident, Mae was sitting in the hallway, within sight of a nursing supervisor and other staff members, when a male ***resident*** walked up and ejaculated on her face. The nursing supervisor reportedly told the others not to tell anyone and that no harm had been done to Mae.

A few months later, a nurse saw a second male resident with Mae in a room where he had blocked the door. He was nude from the waist down and Mae had semen on her. Again, the nurse was told by the supervisor "to go on and keep working and . . . not to discuss it with anyone," and that "there was no actual harm done to the patient."

An investigation later uncovered that Mae had complained her throat was sore and she had soreness and bruising of her inner thighs. She had also complained of men trying to hurt her. Those complaints were never thoroughly evaluated and no action was ever taken.

The only reason these events were ever uncovered was because a caregiver and a nurse spoke out during an interview regarding the wrongful death of another resident. Mae's family was informed of the abuse and she was taken out of the nursing home.

## THE NEXT STEP!

***Whether you work in home health or in a facility, think about the clients you care for right now. Ask yourself:***

Is it possible that any of my clients are being abused (physically, emotionally, financially, or sexually)?

If so, what are the signs?

What should I do about it?

Who can I go to for support with this issue?

What are the possible consequences if I *don't* get involved?

***Talk to your supervisors and co-workers. Find out what they would do.***



## FIVE KEY POINTS!

**REVIEW WHAT YOU LEARNED!**

1. Abuse is a serious problem in our communities and in our institutions.
2. The people most at risk for abuse are ***children*** and the ***elderly*** because they often cannot protect themselves from harm.
3. Abuse is some action by a ***trusted*** individual that causes physical and/or emotional ***harm*** to the victim.
4. Whistleblowers are heroes who speak out when they witness abuse in the workplace, and have the power to make it STOP!
5. Caregivers are Mandated Reporters. That means you are *required* to report to the proper authorities if you observe or even just suspect a client is being abused.

# YOU CAN PREVENT ABUSE

***Studies have shown that 93% of caregivers have seen or heard of a client being mistreated by a family member or a co-worker. You and your co-workers have to work together to prevent abuse.***

***Here is what you can do:***

**ALWAYS:**

- Let your supervisor know if your client's family members seem stressed out. (Abuse is more likely to happen when people are stressed. Your supervisor may have some suggestions for community resources to help the family members.)
- Remember that clients from different cultures may communicate their needs in different ways. Listen to your clients with both your eyes *and* your ears.
- Know your own limits. If you feel overstressed, talk it over with your supervisor.
- Remember that ANGER is just one letter short of DANGER! Breathe deeply and count to ten if you feel yourself losing your temper during client care.
- Tell your supervisor if you find yourself unable to handle a specific client. It may be that more training will help. (For example, an inservice on Alzheimer's disease may help you understand and deal with Alzheimer's client's better.)
- Be a model of professional behavior for your co-workers.

**NEVER:**

- Keep quiet if the abuser is a co-worker. While it may seem like you are "squealing" on a co-worker, if you stay quiet you could be guilty of neglect yourself. You will be helping both the client and the co-worker if you speak up.
- Take your personal problems out on the clients. Leave your problems at home.
- Let "difficult" clients get the better of you. Treat everyone with kindness, respect and lots of patience!
- Threaten or make fun of a client. Don't appear to approve by just standing quietly by while a co-worker does it either.
- "Freak out" if a client or family member accuses you of abuse when you know you didn't do anything wrong. Discuss the situation with your supervisor, telling him or her all the facts.



# HOW DO YOU REPORT ABUSE

**CAREGIVERS ARE MANDATED REPORTERS!**

A Mandated Reporter is a professional who has regular contact with vulnerable people—and is required to report to the proper authorities if abuse is observed or suspected. You can make reports anonymously, but you can also be charged with negligence for failing to make a report.

***When making a report, be prepared to answer the following questions:***

- Is the client in immediate danger?
- Is the client in need of emergency medical treatment?
- Does the client have any current medical problems?
- What is the client's current living situation?
- Have you seen or heard yelling, hitting or other abusive behavior?
- Do you know the identity of the abuser?

## WHAT WILL HAPPEN NEXT?

- If the situation is an emergency, the authorities forward the report to the police or paramedics.
- The case is assigned to a staff member who contacts the victim. In some states, if the victim is a competent adult, he or she has the right to refuse an investigation.
- If appropriate, the authorities will conduct an investigation of the situation. They may interview health care providers, police, clergy, neighbors, family and friends.
- Based on what the investigation shows, the victim may be moved to a safer location.

***If the authorities find that it is safe for the victim to remain in his or her current living situation (or an adult victim refuses to leave), they may arrange for a variety of support, including:***

- Mental health assessments.
- Counseling for the victim and/or the abuser.
- Support groups for stressed-out caregivers.
- Legal services such as restraining orders that keep an abuser away from the victim or lawsuits to get back stolen funds.

## WHAT I KNOW NOW!

*Now that you've read this inservice on abuse, jot down a couple of things you learned that you didn't know before.*

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*A Client Care Module:*

# Understanding Abuse

EMPLOYEE NAME
*(Please print):*

______________________

DATE: ________________

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE:

______________________

SUPERVISOR SIGNATURE:

______________________

1 Hour CE Credit

***File completed test in employee's personnel file.***

***Are you "In the Know" about abuse?***
***<u>Circle the best choice then check your answers with your supervisor!</u>***

1. **You witness your client giving another Aide the login and password to her online bank account. You should:**
   A. Report what you heard immediately.
   B. Do not report it. Your client can make her own decisions.
   C. Ask the client if you can have her login and password too.
   D. Ask your co-worker to explain why she needed the information.

2. **Abused children are most often abused by:**
   A. Nurses. C. Parents or Guardians.
   B. Teachers. D. Older siblings.

3. **Elderly people may not report being abused because they are:**
   A. Afraid that the abuser will find out and be angry.
   B. Ashamed that their family member is abusing them.
   C. Afraid that the authorities might take their family members away.
   D. All of the above.

4. **During a bath, you notice your client has some bruises on her arms and legs. She tells you it happened when another Aide bathed her too roughly. You should:**
   A. Speak to the other Aide to confirm the story.
   B. Report your observations to your supervisor right away.
   C. Do nothing. This type of thing happens and cannot be avoided.
   D. Contact the police and the client's family members to have the client relocated.

5. **True or False**
   Giving a client the "silent treatment" is a form of emotional abuse.

6. **True or False**
   It's okay to accept a gift of money from a client, as long as it is for a job well done.

7. **True or False**
   It's not technically abuse if a client is abused by another resident in the facility.

8. **True or False**
   You should never accuse a co-worker of abuse. This can be harmful to the reputation of your employer.

9. **True or False**
   A caregiver can be charged with negligence for failing to report abuse.

10. **True or False**
    Abuse is most likely to happen when people are stressed.

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# AN INFECTION CONTROL MODULE: STANDARD PRECAUTIONS

...Developing top-notch caregivers, one inservice at a time.

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An Infection Control Module:
STANDARD PRECAUTIONS

We hope you enjoy this inservice prepared by registered nurses especially for caregiver like you!

## About this Course:

This OSHA mandatory topic explains the "chain of infection" and how caregivers can break the chain to prevent infections. Learners will review Standard Precautions, Contact Precautions, Airborne precautions, and Droplet Precautions. Caregivers will gain knowledge about proper handwashing, safe handling of client care equipment and how to deal with biohazardous waste.

**Audience:** Home Health Aide; Hospice Aide; Nurse Assistant - CNA; Personal Care Aide

**Teaching Method:** Classroom-based, instructor-led training.

For California, please indicate the teaching method used: ☐ Lecture ☐ Group Discussion ☐ Other (please specify) ____________

**CE Credit:** 1 hour

**Evaluation:** The learner must achieve 80% or higher on the post-test to receive credit.

**Disclosures:** The authors, planners and reviewers of this educational activity declare no conflicts of interest with this activity. There are no commercial interests or sponsorships related to this educational activity.

**Note to Instructors:** Please see the Instructor's Guide for classroom activity suggestions, teambuilding activities, discussion questions, worksheets, quiz answer key, and a post-course survey for learners.

If you have comments and/or suggestions for improving this inservice, email In the Know at feedback@knowingmore.com.

**THANK YOU!**

**After finishing this inservice, you will be able to:**

*Describe standard precautions and discuss why they are so important in the healthcare setting.*

❖

*List at least five of the "Top Ten" standard precaution guidelines*

❖

*Discuss the difference between standard precautions and transmission-based precautions.*

❖

*Explain how healthcare workers can break the chain of infection.*

❖

*Demonstrate proper infection control precautions in your daily work.*

## COURSE OUTLINE





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An Infection Control Module:
Standard Precautions

## WILL YOU DO THE RIGHT THING?

***You work in a germ factory!*** Your clients, their environment, and even your co-workers carry, grow and spread germs everywhere. Some of these germs can be serious. And, some can even be deadly.

Because you spend so much time in the germ factory, your chances of being exposed are pretty good. You might pick up a germ by *touching* it, *breathing* it, or by having a *droplet* land on the mucus membrane in your nose or eye.

Once you've been exposed, you may become infected. That's when you actually get sick from the germ. Or, you may never get sick, but unknowingly pass the germ on to someone else who will get sick.

This cycle is known as the ***chain of infection.*** It's a pretty tough cycle to break. But, the good news is . . . there is a proven method to keep yourself and others safe. It's called **Standard Precautions.**

**STANDARD PRECAUTIONS** are basic infection control guidelines for you to follow as you perform your daily work. Standard Precautions include:

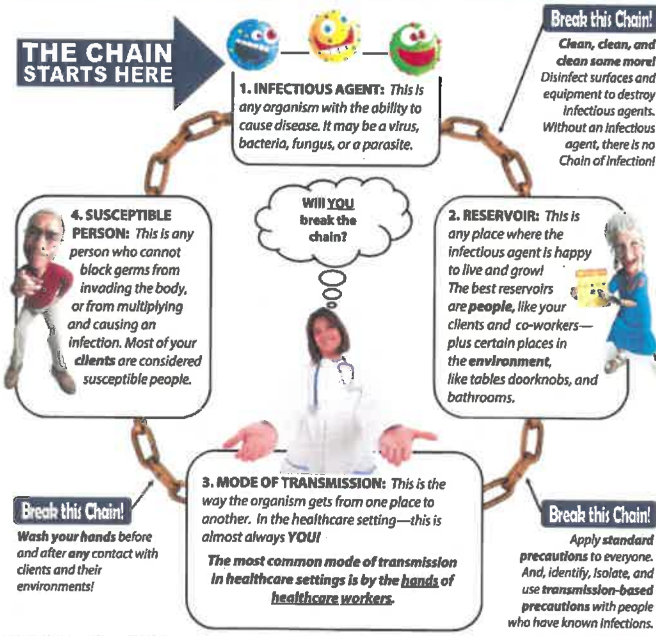
- Washing your hands.
- Using protective equipment like gloves, gowns, and masks.
- Handling infectious waste material properly.

Standard Precautions are written and regulated by OSHA (the Occupational Safety and Health Administration). It is important to remember that ***OSHA regulations are federal law.*** This makes following Standard Precautions guidelines ***mandatory*** within all U.S. healthcare facilities.

Unfortunately, no one is going to follow after you and remind you to wash your hands or put on a gown and gloves before handling bodily fluids. It's completely up to you to **DO THE RIGHT THING** and follow standard precautions to protect yourself and others from infection.



## THE CHAIN OF INFECTION




**WHAT'S NEW?**

Grab your favorite highlighter! As you read through this inservice, **highlight five things** you learn that you didn't know before. Share this new information with your supervisor and co-workers!

# OVERVIEW OF PRECAUTIONS

**STANDARD PRECAUTIONS:** Standard precautions are the "common sense" infection control guidelines you should follow as you perform your daily tasks with clients. (See detailed the TOP TEN guidelines on page 4.)

Standard Precautions apply to **all** your clients, no matter what their diagnosis—even if they don't seem sick!

Standard Precautions means you ***assume all blood, body fluids, secretions, open wounds, and mucous membranes contain an infection,*** and use:

- **Gloves** – As needed, to protect hands your hands.
- **Gowns** – As needed, to protect your skin and clothing.
- **Masks** – As needed, to protect you mouth and nose.

**RESPIRATORY HYGIENE AND COUGH ETIQUETTE:** This is a fairly new recommendation from the CDC that applies to everyone with a cough or cold symptoms, especially those with fever. It requires that everyone cover their noses and mouths with a tissue or the inside of the elbow when coughing or sneezing, dispose of tissues properly, and perform frequent hand washing.

**TRANSMISSION-BASED PRECAUTIONS:** These are the guidelines used when a client has a ***highly contagious infection.*** Transmission-based precautions include:

| PRECAUTION | WHAT EQUIPMENT IS NEEDED? | WHEN IS THIS USED? |
|---|---|---|
| **Contact Precautions** | Gloves and gown must be worn for all contact with the client and the client's environment. | MRSA, VRE, e-coli, pink eye and hepatitis A. |
| **Droplet Precautions** | A mask must be worn for all contact within three feet of the client. | Pertussis, flu, strep throat, mumps, and rubella. |
| **Airborne Precautions** | A mask must be worn when ever you are in the same room as the client. | Measles, chickenpox, and shingles. |
| **Expanded Airborne Precautions** | A fit tested respirator must be worn for all contact with the client. | Tuberculosis (TB), smallpox and SARS |

***(See detailed descriptions of transmission precautions on pgs. 5-7.)***


**LOOK HOW FAR WE'VE COME!**

- In the 1830s, most people believed that sunlight and *fresh air* killed germs.
- Up until the mid-1800s, surgeons rarely washed their hands or a patient's skin before surgery. Surgical instruments were only *rinsed* and sponges were reused.
- In 1860, Joseph Lister began to spray carbolic acid on surgical wounds, instruments, and dressings. This reduced the number of deaths from surgery.
- Gloves were first used in the early 1900s to protect nurses' hands from chemicals used during surgery. Years later, gloves became a barrier, protecting patients and healthcare workers from infection.
- Until 50 years ago, patients with all different kinds of diseases stayed in the same room or ward.

***In another hundred years, people will look back at the way things are done today. What do you think they will consider absurd or crazy about the way we did things in the 2000's?***

***What changes do you think will happen in this century to improve infection control?***



# STANDARD PRECAUTIONS TOP TEN LIST

Here are the **TOP 10 STANDARD PRECAUTIONS** guidelines (recommended by the CDC) that you must follow at all times—for *every client* in *every situation*—even if the person doesn't seem sick.

**#1. WASH YOUR HANDS!** Wash your hands before and after any contact with the client or the client's environment.

- In addition, you must wash your hands before putting on gloves and after taking them off. Wearing gloves is not a substitute for washing your hands.

**#2. WEAR GLOVES!** Wear gloves when you have to touch blood, body fluids, secretions, excretions, contaminated items, mucous membranes, or any non-intact skin (example: cuts, wounds, stitches).

- Situations when gloves must *always* be worn include mouth care, assisting with toileting, cleaning up spills, cleaning urinals or bedpans, and disposing of waste.
- Remove gloves when finished with the procedure. Never leave the client's care area with dirty gloves on your hands. Avoid touching clean objects, such as doorknobs, light switches, computer keyboards, or your pen while wearing used gloves.

**#3. WEAR A GOWN.** Wear a disposable gown as needed to protect your skin and clothing from getting splashed with blood or body fluids.

- Wear a *waterproof* gown if you are likely to be heavily splashed with body fluids.
- Remove your dirty gown and wash your hands before leaving the client care area.

**#4. WEAR A MASK OR GOGGLES.** Wear a mask and eye protection as needed to protect your mucous membranes if you might get splashed or sprayed by blood or body fluids.

- Situations when you might get sprayed or splashed include emptying bedpans and urinals, suctioning, and emptying a catheter bag.

**#5. USE GLOVES AND CAUTION WITH SHARPS!** Wear gloves and practice extreme care when handling needles, razor blades, or any other "sharp" object.

- Never attempt to re-cap a needle or syringe. If you find one, carefully pick it up and dispose of it in a designated biohazard waste box.
- Always wear gloves when shaving clients.

**#6. DISINFECT THE ENVIRONMENT.** Routinely clean environmental surfaces, especially frequently touched surfaces like table tops, the remote control, telephone, bed rails, door knobs, and light switches.

**#7. DISPOSE OF CONTAMINATED WASTE.** Waste containing blood or body fluids is considered a biohazard and should be disposed of according to your workplace policy.

- Put on gloves before handling biohazardous waste. Remove gloves and wash your hands after disposing of biohazardous waste.
- In general, liquids can be flushed through the regular sewer system. Solid wastes, such as soiled wound dressings must be placed in specially marked biohazard bags and removed by professional biohazard waste removal services. Local, state, and federal regulations outline how biohazardous waste is handled in your area.

**#8. DISINFECT SHARED CLIENT EQUIPMENT.** Carefully clean equipment every time it must be used from client to client, such as thermometers, blood pressure cuffs, bed pans, bedside commodes, walkers, and wheelchairs.

**#9. CLEARLY LABEL SPECIMENS.** Label all specimens, such as urine, stool, or sputum as biohazardous by placing in a specified biohazard container and sealed bag for transport.

**#10. USE A MOUTHPIECE FOR CPR.** Use a mouthpiece, resuscitation bag, or other ventilation devices to prevent contact with mouth and oral secretions when performing CPR.



# A CLOSER LOOK AT CONTACT PRECAUTIONS

Diseases that are spread by contact transmission are spread by people directly or indirectly touching the germ. **Direct contact** means that the skin of an *infected* person touches the skin of an *uninfected* person. **Indirect contact** means that an uninfected person touches an *object* that has been touched by an infected person.

**When a client is on Contact Precautions:** Gloves and gown must be worn for all contact with the client and the client's environment.

Studies have shown that in healthcare facilities, the most common way infections are spread is by indirect contact from the hands of healthcare workers!

**Here are some examples of contact transmission:**

- Without wearing gloves, you change the clothes of a client who has a rash infected with staph germs (MRSA). Then, you bathe your next client without washing your hands and without wearing gloves.
- You wear gloves when you turn a client with scabies, but since the gloves are still dry, you forget to change them for the next client.

**FOR CLIENTS ON CONTACT PRECAUTIONS, YOU SHOULD:**

- Place clients with contact infections in a private room or with other clients who have the same kind of infection.
- Put on gloves and gown just before you enter the client's room (or home).
- Change your gloves during client care, especially after contact with highly contaminated items.
- Remove the gown right before leaving the area. Place used gowns in a specially marked biohazard laundry or trash bag—even if the gown does not seem soiled. Never reuse gowns for isolation precautions.
- Take your gloves off right before you leave the client's room (or home). Be careful not to touch contaminated items on your way out and wash your hands immediately!
- Avoid taking personal items, like your pen, stethoscope, sweater, or cell phone into the care area of a client on contact precautions. This will keep you from carrying the disease to your home or out into the community.
- Disinfect any client care equipment used on a client with a contact infection.


## Open the Discussion

**WHAT'S STOPPING YOU?**

Take a poll of your co-workers. Ask which of the following situations is the most likely reason they would give for *not* washing their hands.

❑ **Skin Irritation:** The soap is too harsh and damages the skin.

❑ **Supplies are not available:** Sinks are not conveniently located or are not stocked with soaps and towels.

❑ **Urgent or emergency care:** The client needs immediate care, there is no time to wash hands.

❑ **Wearing of gloves:** The belief that if gloves were worn, hands do not have to be washed after client care.

❑ **Not enough time:** High workload and understaffing.

***Now, take your findings to your supervisor.*** There may be an easy solution! For example, if the reason is that the soap is too harsh, a different brand may be tested.

Your employer deserves to know the truth so the situation can be fixed.



# A CLOSER LOOK AT AIRBORNE PRECAUTIONS

Some diseases are known to be spread by airborne transmission. This means that the germs that cause these diseases are so tiny that they can float in the air for long periods of time. These germs can also "catch a ride" on dust particles, traveling wherever the dust particles go. So, keep in mind:

- Germs that are spread by airborne transmission can travel across a room or even farther.
- Airborne germs can be helped to spread by things like an electric fan.
- Airborne diseases are often very contagious since the germs can travel a long way and be breathed in by many people.
- **Expanded Airborne Precautions:** Some airborne diseases, like TB and SARS are more difficult to control. It's not enough to just wear a mask. You have to be fitted with a special ***respirator mask*** to care for these clients. And, special air ventilation must be used to prevent the spread of germs outside of the room.

**When a client is on Airborne Precautions:** A mask must be worn whenever you are in the room with the client.

These precautions are used ***in addition to*** Standard Precautions for clients who have (or might have) airborne infections.

It's important to know if you are immune to certain airborne infections like measles or chickenpox. If you are, you can work with infected clients without worrying about getting the disease yourself. You still have to follow all infection control precautions ordered for that client.

**FOR CLIENTS ON AIRBORNE PRECAUTIONS, YOU SHOULD:**

- Place them in private rooms or in rooms with patients who have the same diagnosis. Some facilities have rooms with special air filter systems for clients on Airborne Precautions.
- Keep the door to their room closed.
- Wear a special respirator mask when you work with clients who have (or might have) TB.
- Encourage them to cover their nose and mouth with a tissue or the inside of the elbow when sneezing and coughing.
- Put surgical masks on these clients if they need to be around uninfected people for a short period of time.
- Avoid transporting these clients unless at is absolutely necessary. If the client must be moved, cover the mouth with a surgical mask to reduce the risk of spreading germs.


## Thinking outside the box!

*Working with clients in the home often requires coming up with creative solutions to uncommon problems.*

- **THE PROBLEM:** You are caring for a 79-year-old woman who currently suffers from shingles. She has the itchy rash on her abdomen and back with some smaller patches on her arms and face.
- The nurse has asked you to keep the rash covered as much as possible and has placed the client on airborne precautions.
- **WHAT YOU KNOW:** You know that shingles comes from the virus that causes chickenpox. Since you have never had chickenpox, you know that you may not be immune to it. You also know the client has a new granddaughter who is too young to have gotten vaccinated yet.
- **GET CREATIVE:** Think of **3 creative solutions** you might try so you can provide the best possible care to your client while keeping yourself and your client's granddaughter from getting sick.
- **TALK ABOUT IT:** Share your ideas with your co-workers and supervisor and find out how they would solve the problem.

# A CLOSER LOOK AT DROPLET PRECAUTIONS

Some diseases are spread through droplet transmission. These germs fly through the air, but are **too heavy** to float. They drop quickly—and so it's called "droplet" transmission. Because droplets are too heavy to float, they usually don't travel more than three feet. These diseases are commonly spread during coughing, sneezing, and talking. Here are examples of droplet transmission:

- You might be transferring a client with the flu and he sneezes on you. The droplets from the sneeze go in your eyes.
- You are bathing a child with the mumps. She coughs and the droplets from her cough spray up into your nose.

**When a client is on Droplet Precautions:** A mask must be worn for all contact within three feet of the client.

These precautions are used ***in addition to*** Standard Precautions for clients who have (or might have) infections spread by droplets.

Remember that droplets can only travel a *short* distance, but you can get "hit" by many droplets at once because:

- A sneeze zooms out of the nose at over 100 miles per hour!
- A cough sends out an explosion of air going over 60 miles per hour!

**FOR CLIENTS ON DROPLET PRECAUTIONS, YOU SHOULD:**

- Place them in private rooms or in an area with other clients who have the same disease. (The door to their room may stay open.)
- Wear a surgical mask when working within three feet of the client.
- Put surgical masks on these clients if they need to be around uninfected people for a short period of time.
- Resist moving them from the room unless it is absolutely necessary. If the client must be moved, place a surgical mask on the client to reduce the risk of spreading germs.


*Apply what you know*

**KEEPING EVERYONE SAFE**

You work in health care . . . so you understand the importance of standard precautions and you know what to do when a client is on isolation for transmission-based precautions.

Unfortunately, your clients' visitors may not understand the seriousness of the situation.

***How would you explain to a visitor the importance of washing hands before and after the visit?***

***What would you say to a visitor who refuses to wear a gown and gloves when visiting a client on contact precautions?***



# THE FACTS ABOUT HANDWASHING

Scientists have known for more than 100 years that handwashing helps prevent infection. Yet, people continue to get sick because hands are not washed often enough.

The handwashing procedure at your workplace probably calls for you to wash your hands for 30 to 60 seconds. Yet, studies have shown that most health care workers spend *less than 15 seconds* washing their hands. Why? The reasons given include:

- *"I don't have time to keep washing my hands all the time."*
- *"My skin gets dry if I wash my hands too often."*
- *"There's never a sink around when I need to wash my hands."*
- *"I don't need to wash my hands. I wear gloves."*

**ALCOHOL BASED HAND SANITIZERS**

In 2002, the CDC approved the use of alcohol based hand rubs in healthcare facilities. These waterless hand sanitizers eliminate some of the problems that health care workers face when taking care of clients.

- Alcohol based hand rubs are faster because you can rub your hands while you are moving between clients.
- Hand rubs are gentler and do not cause the irritation, drying, and cracking you find with hand soaps.

**To use:** Place a small amount in the palm of one hand. Rub hands together, being sure to cover all surfaces of hands and fingers. ***Rub until hands are dry.***

- Only use waterless hand rubs when hands are not visibly soiled. If hands are visibly soiled, always wash with soap and water.

**REMEMBER!**

- Keep your fingernails clean and short. You should avoid wearing nail polish or artificial nails.
- Do not wear rings or other hand jewelry. The skin underneath will have more bacteria because jewelry can block soap and water from reaching those areas.
- Make sure that you cover any cuts or abrasions with a waterproof dressing.
- Be sure to wash your hands before and after wearing gloves. Wearing gloves does *not* take the place of handwashing.


**ARE YOU ALLERGIC TO YOUR GLOVES?**

Latex allergies develop over time with repeated or prolonged exposure. So, while you may not have been allergic to latex in the past, there is a chance you could develop a latex allergy in the future.

Latex contains certain ***proteins*** that cause allergic reactions. At least 10 different proteins have been linked to allergic reactions.

Other chemicals in gloves, known as *accelerators* and *antioxidants* may also cause allergic reactions.

Typical allergic reactions to latex include ***itching, hives, swelling, and runny nose.***

More serious symptoms may involve ***wheezing***, difficulty breathing, nausea, heart palpitations, decreased blood pressure, and ***anaphylactic shock.***

***Ask your supervisor for latex-free gloves if you are experiencing a latex allergy.***



# HANDLING CLIENT CARE EQUIPMENT

***Client care equipment includes everything you use during your work with a client such as thermometers, blood pressure cuffs, bath basins, bed pans, bedside commodes, walkers, and wheelchairs.***

Carefully clean any equipment that must be used from one client to another. If possible, limit equipment to only a single client. Any "used" client care equipment should be cleaned according to your workplace policy.

- If you work in a facility, you probably use a product like Cavicide® to clean equipment and surfaces. Be sure to read the label and follow the directions carefully. Always wear gloves when using these products to prevent damage to your skin.
- If you work in clients' homes, common products that are available in grocery stores should work. Read the label and look for products that list staph and e-coli among the "germs" it kills.
- Remember that sponges and cleaning rags carry lots of germs. If you "clean" client areas with a dirty sponge, you might just be spreading germs around. Be sure to change your sponge or rag frequently.
- If a client care item is only meant to be used once, be sure to throw it away after using it.
- Dishes and silverware used by clients with bloodborne diseases do not have to be washed separately. Regular dishwashing soap and hot water will kill bloodborne germs.

**LINENS AND BEDS**

- Do not *shake* dirty client linens. Instead, roll them up and place them in a hamper or bag for cleaning.
- Be careful when you handle dirty linens so that you don't soil your clothes. Hold dirty linen *away* from your body.
- Linen that is soiled with blood and/or other body fluids should be washed according to your workplace policy. It does not have to be washed separately from other laundry.
- In the home, clothing and bedding should be machine washed often and thoroughly. Machine drying instead of hanging (to air-dry) works much better at killing germs.


*Apply what you've learned!*

**WHAT IF YOU ARE EXPOSED?**

Ask your supervisor for the written policy and procedure on what you should do if you are exposed to bodily fluids. Then, answer the following questions:

***If I am stuck by a used needle, I should:***

***If I get bodily fluid splashed in my eyes, I will:***

***If I have been exposed to a client who is later found to have TB, I should:***

***If I have an open wound, I will:***



# HANDLING BIOHAZARDOUS WASTE

***Biohazardous waste is any waste that has been contaminated with germs that can cause disease. It includes things like:***

- Discarded wound dressings.
- Used needles.
- The contents of a bedpan, urinal, or Foley catheter bag.
- Gowns and gloves used on clients with transmission based precautions.

Follow your workplace policies and procedures for disposing of biohazardous waste. Here are some general guidelines:

- Bodily wastes like urine, stool, or vomit can be flushed through the regular sewer system. Be sure to empty contents into the toilet—not the sink or tub.
- Solid wastes should be bagged in an appropriately labeled red plastic biohazard bag.

**DISPOSING OF SHARPS**

***Be extra careful with any client care equipment that might cut or stick you.***

- Never recap used needles.
- Use only one hand or a mechanical device and hold the needle with the point away from any part of the body.
- Never remove used needles from disposable syringes by hand.
- Never bend or break needles by hand.
- Used "sharps" must be disposed of in a puncture-resistant container.

**In the Home:** Official sharps containers are available for sale at most home health supply stores and can be found online.

In some states, it is okay to use a hard plastic container, like a soda bottle or bleach bottle with a screw top lid for sharps disposal. Check the law by contacting your county Department of Health.

**Do You Recognize This Symbol?** It's the symbol for *biohazardous waste*. Never put your bare hand into a bag or other container marked with this symbol! These containers are used to dispose of used sharps and infectious waste.

It is estimated that each year 385,000 needlesticks happen to healthcare personnel. That's an average of over 1,000 per day!


*Key Points to Remember*

1. You work in a germ factory! You are constantly surrounded by germs. Some may be serious, and some may even be deadly.
2. Using **Standard Precautions** is the only proven way to protect yourself and others from germs. It is the only way to break the **Chain of Infection**.
3. Standard Precautions are ***basic infection control guidelines*** for you to follow as you perform your daily work. They include guidelines that require you to wash your hands, use protective equipment like gloves, gowns and masks, and handle infectious waste material properly.
4. Standard Precautions are written and regulated by OSHA. And, ***OSHA regulations are federal law.*** This makes following Standard Precautions guidelines ***mandatory*** within all U.S. healthcare facilities.
5. Unfortunately, no one is going to follow you around and make sure you are following standard precautions all the time. It's up to you to **DO THE RIGHT THING** to keep yourself and your clients safe.

# FINAL THOUGHTS ON STANDARD PRECAUTIONS

***We should all take great care to prevent the spread of illness and infection. With attention to detail and sensible work habits, most infection control-related accidents can be avoided. Here are some important safety reminders:***

- Remember to stay focused on what you are doing. Don't let yourself go on "autopilot" because you have done the task so many times before.
- Get enough sleep. Being tired can lead to careless behavior.
- Don't be afraid to ask for help if you need it.
- Don't try to do too many things at once.
- Never take shortcuts when it comes to infection control.
- Avoid thinking that you have nothing to learn about infection control—even if you have been working in health care for years.

**TELL YOUR CLIENTS WHY STANDARD PRECAUTIONS ARE IMPORTANT**

Some clients may get offended when they see you wearing gloves. They may say something like, *"Oh, you don't need gloves. I don't have anything that's contagious."* Be sure to explain that protective barriers like gloves, gowns, and masks are for <u>their</u> protection as well as yours. Tell them:

- These precautions can prevent the spread of infection from one part of their body to another (cross-contamination).
- That gloves prevent the spread of disease and infection from one client to another.
- That they should <u>insist</u> on the use of *clean* gloves from each of their healthcare workers—and that they should ask <u>all</u> employees who come in their room to wash their hands.

**WHY REVIEW BLOODBORNE PATHOGENS EVERY YEAR?**

If you've been working in health care for a while, you've probably noticed that you have to review information about Standard Precautions and bloodborne pathogens every year.

**Why? It's the law!** All healthcare employees are required to participate in an annual review of bloodborne pathogens and Standard Precautions. While it may seem pointless to go over the same information every year, remember that infection control procedures are in place to protect <u>you</u> as well as your clients. So, take the time to read up on Standard Precautions each year.


*Now that you've read this inservice on <u>standard precautions</u>, take a moment to jot down a couple of things you learned that you didn't know before.*

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EMPLOYEE NAME
*(Please print):*

___________________________

DATE: ___________________

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE:

___________________________

SUPERVISOR SIGNATURE:

___________________________

**1 Hour CE Credit**

***File completed test in employee's personnel file.***

**intheknow** | CAREGIVER TRAINING
A home care pulse COMPANY

*An Infection Control Module:*
**Standard Precautions**

***Are you "In the Know" about Standard Precautions? <u>Circle the best choice or fill in your answer. Then check your answers with your supervisor!</u>***

**1. Standard Precautions protect:**
A. Healthcare workers. C. Clients.
B. Visitors. D. All of the Above.

**2. The Chain of Infection starts with:**
A. An infectious agent. C. A reservoir.
B. A susceptible person. D. A mode of transportation.

**3. A client is on contact precautions for MRSA. What personal protective equipment will you need to care for this client?**
A. Gloves. C. Gown, gloves and goggles.
B. Gown and gloves. D. Gown, gloves and a fit tested respirator.

**4. A client with the flu should be placed on:**
A. Standard precautions. C. Contact precautions.
B. Droplet precautions. D. Airborne precautions.

**5. True or False**
Standard precaution guidelines require you to wear gloves instead of washing your hands whenever possible.

**6. True or False**
Most healthcare workers do not wash their hands as often as they should.

**7. True or False**
Following standard precautions is mandatory under federal law.

**8. True or False**
It's okay to share equipment between two clients on contact precautions—even if they have different infections.

**9. True or False**
Bodily fluids like urine and vomit should be disposed of in the sink or tub.

**10. Fill in the Blank**
The most common way infections are spread in the healthcare setting is by the ______________ of healthcare workers.