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A Communication Skills Module: Reporting & Documenting Client Care

WHAT HAPPENED TO CAROLINE?

Caroline, a 76-year-old woman arrived at the nursing home to recover from hip surgery that resulted from a fall at home. The routine surgery was done at the hospital without complications.

Upon arrival at the nursing home, an assessment was completed by the nurse, a care plan was written, and the nursing assistant helped Caroline get settled in for her stay.

Orders were written for Caroline to:

- Ambulate to bathroom and in halls three to four times per day.
- Attend therapy sessions and perform hip exercises.
- Wear elastic stockings.
- Continue to perform cough and deep breathing exercises.

After three days, Caroline was doing great. She was well on her way to regaining her independence. But, then something happened.

Caroline removed her elastic stockings for a shower. After the shower, she felt some pain in her leg, but didn't report it and went about her day without the stockings.

That afternoon, the chart indicated that Caroline had no

swelling, redness or pain on the affected leg and that the elastic stockings were on.

The next morning, Caroline complained of feeling dizzy and was unable to get out of bed. Her vital signs indicated a rapid heart rate and rapid, shallow breathing.

The abnormal vitals were documented correctly, but the nurse was not given an oral report and didn't see the data until later that morning.

When the nurse arrived in the room she found Caroline... dead. Caroline had suffered a deep vein thrombosis or DVT (a blood clot in the leg). The DVT became dislodged and traveled to Caroline's lungs.

So, what went wrong? Could this tragedy have been avoided?

Keep reading to learn why accurate and timely documentation is so important. Find out what you can do to make sure something like this does not happen to one of your clients.



WHY IS DOCUMENTATION SO IMPORTANT?

Did you know that in long term care (including home health and nursing facilities), the organization pays *up front* for the care of each client.

- Then, the facility or agency is *reimbursed* for the *specific care* you provide *after* the care has already been provided and documented.

This is different from hospitals which are paid a single payment for each episode of care, regardless of how much care you provide.

- So *who decides* how much your workplace will be reimbursed for the care you provide? **YOU DO!**

Every time you provide care for your client, the activity is "**scored**" according to the amount of intervention your client needs.

For example:

Activity	Scoring Criteria	Score
Bathing	Requires no assistance	0
	Requires stand-by assistance	2
	Requires full assistance	3
	Requires full assistance of two caregivers	4

The documentation you provide is reviewed and scored (as above) and sent to Medicare/Medicaid for reimbursement.

The total score determines the clients "**Assistance Level**" and also determines how much the company will be reimbursed for the care of that client.

The more **thorough** your documentation, the easier it will be for the nurse to score the assistance level of your client.

It's important to note that payment will be made based on the **daily abilities of the client**. This means payments are based on estimates of the actual staff time it **should** take to perform the care required by your client.

- Daily abilities are usually assessed over a period of a few days. So, if your client ambulates unassisted one day, but needs help the next—you should report **exactly** what happens each day. The care will be reimbursed based on the **highest** level of care needed during the period.

Please Note: If you are providing care for clients without documenting thoroughly and carefully—your employer may not get reimbursed for your work.

In contrast, if you are documenting care that you did not perform, your employer may not get reimbursed, and WILL POSSIBLY be fined for the false records.

Both situations result in a financial loss. And, a loss for your employer is a loss for you, your clients, and your co-workers!

So, this is why it is very important for you to always document:

- **Thoroughly,**
- **Accurately, and**
- **In a timely manner!**



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!



WHAT DO YOU DOCUMENT?

Whether you write it down or tell someone, your report should include:

Observations

- Observations are the facts and events that you notice as you go about your daily work. (See page three for more about making observations.)

Daily Measurements

- You may be ordered to record your client's:
 - Vital signs.
 - Weight.
 - Intake and Output.
 - Blood sugar level.

Safety Issues

- This includes measures you took to ensure a client's safety and any concerns you have about possible safety hazards in the client's environment.

Client Statements & Complaints

- Document—in their exact words—any pertinent statements your clients make about how they are feeling. This may include statements about pain, appetite or emotions.
- Be sure to report complaints. (Again, use the client's **exact** words.) Complaints help your workplace improve client care and/or find new ways to meet a client's needs.

Unusual Events

- Report anything out of the ordinary that happens while you are with a client. For example, be sure to document if a client refuses care or if the heat in the client's room doesn't work. (Notify your supervisor as soon as possible, too.)



A WORD about abbreviations!

Your workplace should have a list of "approved abbreviations" that you are permitted to use in your documentation.

If you have not seen this list, ask your supervisor for it, today! Using unapproved abbreviations can be dangerous, confusing, and a big time waster!

For example, these two abbreviations were found in actual medical records. Can you figure out what they mean?

1. THBNCS yesterday.
2. Patient may get up AFAWG.

ANSWERS: 1. There have been no changes since yesterday. 2. Patient may get up as fast as his wife goes.

FUNNY QUOTES FROM REAL MEDICAL RECORDS!



MD orders:

"Walk patient in hell," and
"Patient may shower with nurse."

MAKING OBSERVATIONS

- When you observe your clients, you take note of **facts and events**. Observations may be **subjective** or **objective**.
 - If a client *tells* you something, it is **subjective** information and should be written inside quotation marks. (For example, Mrs. Smith states, "I feel like I'm getting a cold.")
 - **Objective** observations include things you can see, hear, smell and feel.

WITH YOUR EYES, YOU CAN SEE A CLIENT'S:

- Daily activities such as eating, drinking, ambulating, dressing, and toileting.
- Body posture.
- Skin color, bruising or swelling.
- Breathing pattern.
- Bowel movement (including the color, amount, and consistency).
- Urine (including color, amount, and frequency).
- Facial expressions (such as smiling, frowning, grimacing, or crying).

WITH YOUR EARS, YOU CAN HEAR A CLIENT'S:

- Raspy breathing.
- Coughing.
- Sneezing.
- Crying or moaning.
- Blood pressure.

WITH YOUR NOSE, YOU CAN SMELL A CLIENT'S:

- Breath.
- Body odor.
- Environment (such as an unusual chemical odor or gas leak).
- Urine.
- Bowel movement.
- Vomit.

WITH YOUR FINGERS, YOU CAN FEEL A CLIENT'S:

- Skin temperature.
- Skin texture.
- Pulse.

REMEMBER: Making observations involves using four senses: **sight, hearing, smell and touch**. State **objective** observations as facts and write **subjective** observations as statements in quotation marks.



WHAT excites YOU?

Years ago, charting about clients consisted of short (and rather meaningless) observations such as: "The patient ate well." or "The patient slept well."

No one expected to read anything of importance in notes written by nurses or caregivers.

In the 1800s, when Florence Nightingale developed theories about nursing documentation, it began to take on more meaning.

More than 100 years later, nurses began to develop their own documentation systems based on nursing diagnoses.

- **Today, nurses, doctors, therapists, and insurance companies rely heavily on documentation you provide to make important decisions about your client!**

FUNNY QUOTES FROM REAL MEDICAL RECORDS!



"On the second day the knee was better and on the third day it had completely disappeared."

THE RULES OF GOOD DOCUMENTATION

RULE #1: MAKE IT COMPLETE!

Complete documentation is thorough and follows your workplace policies. *In general, your documentation will be complete if you include:*

- The correct date and time.
- The client's correct name.
- The tasks you perform with each client and how the client responds to your care.
- Any changes you notice in a client's condition.
- Any care that was refused by the client.
- Any phone calls or oral reports you made about the client to a supervisor. (Include the supervisor's name.)
- Your signature and job title.
- **Note:** Check with your supervisor about how to complete the specific forms used in your workplace.

RULE #2: KEEP IT CONSISTENT!

Documentation is consistent when it remains true to:

- The client's care plan.
- Physician and nursing orders.
- The observations that your co-workers have made about the same client.
- Your workplace policies.

Your documentation will be **consistent** if you:

- Use workplace-approved medical terms and abbreviations.
- Perform your care according to each client's care plan. If you are unable to follow the care plan on a particular day, document the reason why.
- Tell your supervisor right away if you notice changes in a client's condition so that your observations can be shared with other members of the healthcare team. This keeps your co-workers from documenting incorrect information. For example, you take your client's BP and it's suddenly very high. If you don't inform the nurse, she may document that the client's vital signs are normal. This can cause confusion and have a negative effect on client care.
- If you make home health visits, be sure your documentation matches the visit frequency ordered by the physician.



Open the Discussion

Daytime television bombards us with ads from lawyers offering free consultations to look over medical records for errors. This has led to an increase in lawsuits and medical malpractice claims.

These claims are expensive and drive up healthcare costs for EVERYONE!

- Personal access to medical records is a right that cannot be denied.
- Should commercials for lawyers who file malpractice claims be regulated? What about their rights?
- What would you do if you or a loved one suffered an illness or injury as a result of a documentation error?

Share your thoughts with your co-workers and find out how they would solve the problem.

FUNNY QUOTES FROM REAL MEDICAL RECORDS!



"She has had no rigors or shaking chills, but her husband states she was very hot in bed last night."

THE RULES OF GOOD DOCUMENTATION - continued

RULE #3: KEEP IT LEGIBLE

Remember, the purpose of documentation is to communicate with other members of the healthcare team. *(If you are the only person who can read your handwriting, your documentation won't communicate anything to anybody!)*

- Use a black or blue ballpoint pen. (The ink from felt tip pens tends to "bleed.")
- Watch your handwriting ... messy documentation could come back to haunt you in a lawsuit.
- Print with block letters. Cursive handwriting tends to be hard to read and should not be used in a medical chart.

Flow sheets are often used as a quick way to document vital signs, weights, and other tasks. If you use flow sheets, make sure they are **legible**. Here are a couple of tips:

- Fill out the flow sheet properly. For example, do you circle numbers or words on the flow sheet? Or, are you supposed to make marks like X's or checkmarks?
- Don't try to cram long narrative documentation onto a flow sheet.

RULE #4: MAKE IT ACCURATE

Documentation is accurate when it is **true**. Your documentation will be **accurate** if you:

- Use appropriate medical terms and abbreviations that have been approved by your workplace.
- Use correct spelling and proper English.
- Double check that you've written down the correct client name (and ID number, if required).
- Handle errors correctly.
- Record only the facts...not your opinions about those facts. For example, if your client seems dizzy and confused, don't write what you *guess* to be true, like "Client acts like she's on drugs." Instead, stick to the facts, like "Client is unable to stand up without assistance and called me by her mother's name several times."
- Record what a client tells you by quoting his **exact** words. For example: If your client says, "I want my daughter to visit," don't put what he said in your own words such as "client misses his daughter." That's not really what he said!



Apply what you know

THE ART OF ORAL REPORTS

If you are not comfortable giving oral reports, here's your chance to practice!

- Prepare a "shift report" about a client you cared for today. Be sure to include any changes in condition, ongoing orders, new orders, incidents, and any events for which the next shift will need to be prepared.

In addition to shift reports, you are required to report orally to the nurse in certain circumstances.

- Make a list of at least 10 situations that require an immediate oral report in addition to your normal documentation.

Share your shift report and your list of ten situations with your supervisor for feedback!

FUNNY QUOTES FROM REAL MEDICAL RECORDS!



"She slipped on the ice and apparently her legs went in separate directions in early December."

THE RULES OF GOOD DOCUMENTATION - continued

RULE #5: FINISH ON TIME!

Documenting on time means writing information down as it happens and turning in your paperwork when it is due. Your documentation will be **on time** if you:

- Write information down immediately. For example, if you take a client's vital signs, document them right away. Don't wait until you finish your care and leave the room. The longer you wait, the more likely you are to forget some of the details.
- Be sure you make note of exact times on your documentation. Don't guess at the time or put a general time frame like "Day Shift."
- Note the time of your arrival and your departure from each client's home (if you make home health visits).
- Use the proper time format according to your workplace policy. For example, some health care organizations use a twelve hour clock, noting whether it's AM or PM. Others use a twenty-four hour clock—also called military time. Using military time, 6:00 PM is written as 1800.
- Most home health aides are required to document their care on visit notes. If you care for clients in their homes, be sure to complete your visit notes at the time of each home visit. Don't wait until the end of the day to fill out visit notes on all your clients. Be sure to meet the deadlines for turning in your visit notes at the office. (Remember: completing visit notes on time helps you and your workplace get paid!)



HOW DO YOU HANDLE ERRORS?

1. **What would you do if you left out important information in your client's chart?** For example, while driving home from work, you suddenly recall something you completely forgot to chart!
2. **How do you correct a mistake?** For example, you charted your client's output as 2700mL instead of 270mL.
3. **What should you do if you notice someone else made a mistake in the chart?** For example, you notice the nurse documented that the client was NPO when the client was not.

Share your answers with your co-workers and find out how they would solve the problem.

If you can't answer these questions, ask your supervisor for your official workplace policy on handling errors.

FUNNY QUOTES FROM REAL MEDICAL RECORDS!



"The patient's past medical history has been remarkably insignificant with only a 40 pound weight gain in the past three days."

WHO CARES ABOUT YOUR DOCUMENTATION?

Your documentation may be read by a number of different people, including:

- Your co-workers and supervisors
- State and/or Joint Commission surveyors
- Researchers
- Quality improvement personnel
- Medicare and insurance company reviewers
- Lawyers and judges

DOCUMENTATION IN DIFFERENT CLINICAL SETTINGS

ACUTE CARE:

- **Care plans or critical pathways** (used to outline the client's needs).
- **The Kardex** (used to chart activities, treatments, and medications).
- **Progress notes** (for documenting changes in the client's condition).
- **Flow sheets or graphic forms** (for tracking vital signs and weights).

Special Tips For Acute Care Documentation:

- Patients in acute care settings tend to be quite sick. If you are ordered to document vital signs every four hours, it's important to take the vitals—and document the results—on time.
- Remember that sick patients can become sicker in a matter of minutes. And, as they get better, they can be discharged on short notice. It's very important to complete documentation on time.

HOME HEALTH CARE:

- **Plan of care** (may be known as a "486" which is a special Medicare/Medicaid care plan).
- **Home health aide care plan** (outline the assignment for each client).
- **Daily or weekly visit note** (for documenting care at each visit).

Special Tips For Home Health Documentation:

- To receive the services of a home health aide, home health clients on Medicare must be homebound—and must need help with bathing. Your documentation should show that your client meets these requirements. However, if your client has already bathed when you arrive, document the reason and tell your supervisor right away.
- Take extra care to keep your documentation confidential—especially in the client's home (where friends or neighbors might see it) and in your car.

LONG TERM CARE:

- **Minimum Data Set or MDS** (used to evaluate the needs of clients).
- **ADL checklists or flow sheets** (tracks daily care given to each client).

Special Tips For LTC Documentation:

- Some LTC residents may need skilled care (which requires more frequent documentation). Others receive a lower level of care (which requires less frequent documentation).
- A resident's condition may change slowly over time. Always observe and document even slight physical and mental changes.
- Most LTC facilities are required to keep a record of visits and phone calls from family or friends. (The facility may even face a fine if it doesn't comply!) You may be asked to help keep track of your client's visitors and calls.



WRITING AN INCIDENT REPORT

An incident is an unexpected event that often involves an accident or an injury. The injured person may be an employee, a family member, a client, or yourself.

An incident report should include:

- The date and time of the incident.
- The mental and physical condition of the person involved.
- The result of the incident (scratch, broken bone, back injury).
- Actions taken to help the person involved.
- Suggestions for change so the incident does not occur again.

Only include the facts in an incident report. For example, if Mr. H. reports being hit by Mr. G, but you did not see it happen... you would not report "Mr. G hit Mr. H." You would report "Mr. G. reported being hit by another client."

FUNNY QUOTES FROM REAL MEDICAL RECORDS!



"Bleeding started in the rectal area and continued all the way to Los Angeles."

LEGAL ISSUES

Poor documentation can cause a number of legal problems—especially if a client’s chart ends up in the hands of a lawyer.

- It may look like you gave poor care. For example, let’s say you remember turning your client every two hours as ordered, but you didn’t write it down every time. A lawyer might say that it’s your fault the client developed an infected pressure injury.
- It may also look like you neglected specific orders. For example, if you are ordered to take a client’s pulse, but you forgot to write it down, you could be accused of neglecting an order and causing harm to the client.

Poor documentation can cause your workplace to be denied payment for the services you provided to your clients.

- For example, let’s say you made a home health visit but failed to turn in your visit note. Your workplace could be accused of fraud—even though you made the visit!

Regulations regarding how to properly document client care come from:

- State Boards of Nursing
- The American Nurses Association
- Joint Commission
- CMS (Medicare and Medicaid)
- Workplace policies and procedures.

A WORD ABOUT FALSE DOCUMENTATION

Medical records are legal documents intended as a means to communicate between caregivers. When records are false, great harm and even death may come to the client.

In addition, including false information in a medical record is grounds for a malpractice claim which could cost you and your employer countless hours and a lot of money to defend.

Examples of false documentation include:

- **Charting before you provide care.** *If you get busy and never perform the care you charted, you falsely documented it.*
- **Charting that you provided care that you did not do.**
- **Copycat charting.** *This is charting what the previous shift charted without actually assessing the client or performing the care on the client.*



5 KEY POINTS

1. Documentation is not just pointless busy work. It is a **legal representation of the care your client receives.**
2. Documentation should include both **objective and subjective** observations you make about the client and the environment while providing care.
3. Always strive to make your documentation **complete, accurate, legible, consistent, and on time!**
4. Poor or inaccurate documentation can not only result in legal and financial trouble for your employer—but it can result in **harm or death** of a client and cost you your job.
5. Be sure to document EVERYTHING you do—even if you also gave an oral report because, **if it isn’t documented—it didn’t happen!**

FUNNY QUOTES FROM REAL MEDICAL RECORDS!

“She stated that she had been constipated for most of her life until 1989 when she got a divorce.”



FINAL DO’S AND DON’T’S OF DOCUMENTATION

DO THIS:

- Stick to the facts—because facts speak for themselves. (No one can argue with the facts, but they can argue with your opinions!)
- Remain brief and to the point. You don’t need to write a “book” about your clients!
- Be specific! For example, it’s not very helpful to write “client ate well.” Writing something like “client ate 75% of lunch tray” is much better.
- Avoid documenting the same information about a client day after day. Observe each client carefully and document even small changes.
- If you document directly in your clients’ charts, make sure you have the right one before you begin to write!
- Include each client’s full name in your documentation since there may be two clients with the same last name.
- If you document a change in a client’s condition, be sure to write what you did about it. For example, if you document “Mr. Ralph Johnson gained 4 pounds since yesterday,” you should also document that you notified your supervisor. You might write “Called Jane Doe, RN about weight gain. She said she will talk to doctor.”

DON’T DO THIS:

- Criticize (in a client’s chart) the care given by any of your co-workers. Avoid writing about workplace problems like staffing shortages, too.
- Chart for someone else or write down what someone else tells you to say about a client.
- Document a task that you did not do!
- Write with a pencil...always use ink. (And never use “White Out” to cover up a documentation error.)
- Use two different colors of ink for the same entry. Someone might think you came back later to correct your initial charting.
- Use language that sounds like you have negative feelings about a client. For example, instead of writing “client is drunk,” stick to the facts by writing “client’s breath smells of alcohol and he is slurring his words.”
- Remove pages from a client’s medical record. Each page is a permanent, legal document.
- Mention the name of one client in another client’s chart.
- Document your client care ahead of time—even if it never seems to change from day to day.



Now that you’ve read this in-service on documenting client care, take a moment to jot down a couple of things you learned that you didn’t know before.

FUNNY QUOTES FROM REAL MEDICAL RECORDS!

“The patient had waffles for breakfast and anorexia for lunch.”



CAREGIVER DAILY ASSIGNMENT RECORD

Client Name: _____ Employee: _____
 Week Ending Date: _____ Year: _____

	MON	TUES	WED	THUR	FRI	SAT	SUN
Date:							
Time in:							
Time out:							
Hours worked:							
Personal Care							
Grooming:							
Bathing:							
Dressing:							
Toileting:							
Meds Reminders:							
Transferring:							
Meals							
Breakfast:							
Lunch:							
Dinner:							
Snack:							
Homemaking							
Vacuuming:							
Dishwashing:							
Change/Make Bed:							
Client’s Laundry:							
Cleaning (specify):							
Mop:							
Dust:							
Companion/Respite/Chores							
Shopping/Errands:							
Appointments:							
Recreation:							
Other:							

NOTIFY MANAGER/RN SUPERVISOR OF ANY CHANGES IN CONDITION:

COMMENTS/OBSERVATIONS:

RN: _____ Date: _____



COURSE OUTLINE

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An Infection Control Module:

Infection Control in Home Care

GERMS, GERMS, EVERYWHERE!

Marilyn is a home health aide who makes an average of 25 visits to clients’ homes each week. And, as anyone who works in home care can tell you, the job is unpredictable! Marilyn knows to “expect the unexpected,” but today was especially challenging:

8:30 am: Marilyn visits Mr. Webster who is recovering from a stroke. He has limited mobility and sometimes has trouble getting to the bathroom in time. This morning, Marilyn notices a large urine spot on the carpet and splashes of urine surrounding the toilet.

10:00 am: Mrs. Turner is Marilyn’s next client. As part of the plan of care, Marilyn does laundry twice a week. Today, she notices a strong mildew smell coming from Mrs. Turner’s old washing machine. After Marilyn finishes the laundry, the clean clothes smell musty.

11:30 am: Next on the schedule is Mrs. Babson who lives with her daughter and young grandchildren. Mrs. Babson gives herself insulin injections for her diabetes. Upon arrival, Marilyn finds three used syringes in the bathroom trash. In fact, she narrowly escapes

being stuck with one of the used needles—and hopes that Mrs. Babson’s grandchildren didn’t get into the trash!

2:00 pm: Now, it’s time to visit Mr. Neely, a cheerful old fellow who lives out in the country. He asks Marilyn to fix him a snack. When she opens the drawer to get a spoon, a mouse jumps out! Then, Marilyn notices mouse droppings all over the kitchen counter.

3:30 pm: Marilyn’s final visit of the day is with Mrs. Caldwell who recently finished chemotherapy. Mrs. Caldwell has a pet dog, Millie, that she loves dearly. When Marilyn arrives, she finds Mrs. Caldwell in bed, snuggling with Millie. The dog is happily licking Mrs. Caldwell’s face and hands.

There’s no doubt about it. Infection control in home care can be difficult. Home health aides never know what they might encounter at each visit. So, what are some methods for handling infection control in home care? Let’s take a closer look at each of Marilyn’s five clients to see how she might deal with her infection control challenges.



GIVE YOURSELF A HAND!

- First of all, as you go through your day, the single most important thing you can do to prevent spreading germs from client to client is to **wash your hands!**
- The key to washing your hands is not the kind of soap or the temperature of the water. It's the energy you put into **scrubbing** your hands. *Friction* gets rid of bacteria—not just soap.
- Use soap and water to wash your hands when they are **visibly soiled**. Be sure to dry your hands with a clean towel or paper towel. Do not use your clients' towels.
- If your hands don't look soiled, you can use an alcohol-based hand rub (about 1/2 tsp). However, remember to **cover all** surfaces of your hands, fingers and fingernails, and **rub vigorously until hands are completely dry!**
- Teach your clients to ask you if you have washed your hands. And then, when they do ask you, don't get defensive. Just be grateful for the reminder!
- Remember **Standard Precautions** apply to **all** clients—because any client might have an infectious disease without even knowing it.



Gloves are great, but wearing them does **not** take the place of

WHEN SHOULD YOU WASH YOUR HANDS?

Germs are invisible to the eye and, because of this, not many people think about washing their hands throughout the day. Here are a few times when it is **absolutely necessary** to wash your hands thoroughly:

- After lengthy contact with any client.
- Before and after situations in which your hands are likely to be contaminated, including bathroom breaks, your lunch break, and before and after your workday.
- After touching contaminated items such as urine-measuring devices.
- After gloves are removed (since the gloves may have a hole). Bacteria multiplies quickly when your hands are inside gloves.
- Whenever you are preparing food for a client.
- If a client has pets, wash your hands frequently while visiting. Many animals leave invisible germs all around the house that go completely unnoticed!
- If someone in your family is sick, keep your hands as clean as possible all day long, so you don't pass on germs to your clients.
- After sneezing or coughing. Even if you use a tissue when you sneeze, germs can still seep onto your hands.
 - When you arrive to see a client, and once again when you leave.
 - Before and after you put on gloves.
 - Anytime you think it might be a good idea!



CLEAN & FRESH LAUNDRY

Next, Marilyn visits Mrs. Turner, one of her favorite clients. Mrs. Turner's washing machine still works, but it's pretty old. Today, the laundry smells dirtier after being washed and dried than it did before! Marilyn feels like she wasted her time...and is concerned that Mrs. Turner's bed sheets and clothing may contain mold.

Because washing machines operate by filling with water, they can be great breeding grounds for mold and mildew. **If you notice that a client's clean laundry smells of mildew, there are some things you can try:**

Be careful not to overload the machine. If there are too many clothes or linens in the machine, the load becomes unbalanced—and slows down the spin cycle. This causes too much moisture to remain in the clothes at the end of the cycle.

Remove the laundry promptly when the wash cycle is finished. If you don't, moisture from the clothes can redeposit itself inside the machine. This can lead to a build up of mold or mildew.

At the end of each wash cycle, leave the door/lid to the washing machine open so that the tub has a chance to dry out. You might also want to gently dry off any rubber seal around the door/lid.

If you notice bad smells in a client's washing machine, try washing an empty "load" with hot water and a mixture of baking soda and vinegar. (Mix 1/2 cup of baking soda to two cups of white distilled vinegar. Add it to the machine when the hot water is rising in the tub.)

Here are some other tips for getting a client's laundry really clean:

- Remember that germs can transfer between contaminated and uncontaminated clothing—and cold or warm water may not get rid of all the germs.



- To "disinfect" laundry, use water that is at least 140 degrees F. Even when using hot water, it's best to wash heavily soiled items separately.
- If a load contains sheets, undergarments, or other items that may be stained with body fluids or feces, save it for your last load. And, if possible, use liquid bleach along with detergent. If your client doesn't want bleach to be used with the laundry, consider disinfecting the washer (after your last load) by running it empty with a cup of bleach added to a cold water wash.
- To keep germs from building up on damp laundry, dry it (or hang it to dry) as soon as the wash cycle is finished.
- Be sure to wash your hands after touching or sorting any dirty laundry—and after transferring wet laundry to the dryer.

DID YOU KNOW?

- The average load of dirty laundry contains 100 million E. coli bacteria! And, studies have found that more than 60 percent of washing machines are contaminated with fecal matter.
 - MRSA, a potentially dangerous staph infection that is resistant to many antibiotics, can be spread by sharing towels.
 - Viruses (such as hepatitis A and rotavirus) and bacteria (such as Salmonella) can all cause stomach upsets and diarrhea...and can easily live through the average 28-minute cycle in a dryer. (Using bleach in the wash is your best bet.)

BODY FLUIDS & BATHROOMS

Remember Marilyn's first client, Mr. Webster? He is recovering from a stroke and can't move quickly. Unfortunately, Mr. Webster urinated on the carpet on the way to the bathroom. And, because of his stroke, he has trouble with his "aim" when urinating. Marilyn finds splashes of urine on and around the toilet.

For the carpet:

- Blot up as much moisture as you can with paper towels. Then, if available, rub either club soda or a tablespoon of vinegar mixed with hot water into the stain. When the carpet is dry, sprinkle baking soda over the area, rub it in and let it sit for at least 15 minutes before vacuuming.
- To remove as much dirt and germs as possible, vacuum the carpet regularly, especially a high traffic area such as the hallway or the "path" between the client's bed and bathroom.
- For best results, move the vacuum *slowly* over the carpet, going back and forth and side to side—seven times for high-traffic areas and three or four times for lighter ones.
- Never use a broom of any kind on the carpet. At best, the dirt is just stirred up and moved around.

In most homes, the carpet is 4,000 times dirtier than the toilet seat!

- If "accidents" are a common problem with one of your clients, suggest that the family buy an enzyme-based carpet cleaner (available at pet stores). The enzymes "eat" the bacteria in urine that cause odor.

To sanitize the bathroom:

- Does your client have a commercial sanitizer such as Lysol on hand? It can be used on every surface in the bathroom except the mirror.
- Be sure to follow your workplace policy about using "homemade" cleaning products. For example, to sanitize bathroom surfaces, the FDA recommends mixing 1 *teaspoon* of chlorine bleach with 1 quart of water. However, if you "make" your own cleaner, don't leave "leftovers" around. Instead, dump out what you don't use.
- Whenever you clean with chemicals, make sure the room is well ventilated so you don't hurt your lungs. And, **never** combine bleach with another cleaner, even vinegar, as toxic fumes can result.

BEYOND SOAP & WATER

Should household surfaces (like bathroom counters and tubs) always be cleaned with an *antibacterial* cleaner? Not necessarily. Regular scrubbing with soaps, detergents, or even plain old vinegar removes many harmful germs.

However, some clients may need you to *disinfect* their environment regularly. Fortunately, there is no solid evidence that using antibacterial cleaners is causing drug resistant strains of bacteria.

Instead, studies show that the widespread misuse of *antibiotics*, not antibacterial cleaners, is to blame for those drug resistant "super bugs."

If you work with a client who wants you to use an antibacterial cleaner, be sure to follow the directions on the container carefully. Some of them need to be left on a surface for *up to two minutes* before being wiped away. (And, remember...diluted bleach needs to stay on a surface for *10 minutes* to disinfect it properly!)



NEEDLE KNOW HOW

Marilyn feels relieved that she wasn't stuck by Mrs. Babson's used insulin needles, but she worries about the young children living in the house. She keeps trying to teach Mrs. Babson not to throw her used syringes in the trash, but the problem continues to happen.

This is a common problem! Every year, eight million Americans use more than three billion needles, syringes and lancets to manage their medical conditions at home. While home health aides are not supposed to handle "sharps," studies have shown that clients often leave used needles and syringes for their aides to dispose of.

Your agency may provide sharps containers for your clients. However, here are some other *options* for safe sharps disposal:

"Special Waste" Pickup Service. Some communities provide clients with empty sharps containers and then arrange a scheduled pickup when the container is full.

Hazardous Waste Centers. Your community may have a disposal site that accepts household hazardous waste items like used syringes. You can find out by calling the public health and/or trash department in your town.

Drop-Off Collection Sites. In some communities, you'll find specific "sharps" drop-off sites in hospitals, health clinics, pharmacies and/or police stations.

Mail-Back Service. There are companies that will send your client an empty sharps container with instructions on how to mail it back when it is full. Generally, these companies charge a fee based on the size of the sharps container.

Home Needle Destruction Devices. Your client may be interested in buying a device that destroys syringes at home by melting or cutting off the needle...making it safe to throw



into the garbage. Be sure to tell your client that any such device should carry the approval of the US Food and Drug Administration (the FDA).

Trash Disposal. Some communities still allow used syringes to be put in the regular trash if they are not bent, broken or recapped AND they are placed in a puncture resistant container like an empty bleach bottle with a tight cap or 1-pound coffee can with the lid taped closed.



GET creative!

Tap into your experience on the job and come up with at least ONE creative solution to each of the two problems listed on this page:

Despite your warnings, your client continues to flush his used sharps down the toilet. You know that this is unsafe for the workers at the water treatment plant. You decide to: _____

Your client participates in a "mail back" program for sharps disposal, but he keeps the sharps container in the kitchen pantry. You tell him: _____

For more info on safe disposal of sharps in your area, check out: www.safeneedledisposal.org

RODENTS, ROACHES & ANTS, OH MY!

Mr. Neely is ready for his afternoon snack. Marilyn gets a big surprise when she opens a kitchen drawer and discovers a mouse! Then, she notices mouse droppings all over the kitchen counter. She has other clients who have problems with ants and cockroaches. In fact, more than once, Marilyn has found a cockroach in her hair after leaving a client's home! What can be done about household pests?

RODENTS

Rodents, such as mice and rats, invade homes looking for food, water and warmth. A pair of mice can turn into a "family" of 200 mice within just four months! And, mice can contaminate much more food than they eat. Watch out for:

- Droppings—in kitchen cabinets, pantries, drawers, and bins—and pools of urine. Mice tend to dribble urine as they scamper around.
- Nibble marks or holes in food boxes or containers. Mice are especially attracted to bags of pet food and, surprisingly, bars of soap!
- A musky odor. Mice have a distinctive smell!

One way of discouraging mice from nesting in a home is to dip some cotton balls in peppermint oil and placing them wherever you have seen evidence of



ANTS

Ants are attracted to a variety of foods. To prevent an infestation of ants, you should:

- Keep kitchens and other rooms as free of food as possible. Wipe all kitchen surfaces with soap and water to get rid of spills and grease.
- Keep food tightly sealed or ants can sneak inside.
- Take out the garbage daily and rinse the kitchen garbage container regularly.
- A quick way to get rid of ants is to mix a teaspoon of liquid soap in a spray bottle with one quart of water. Spray the areas where ants are active and wipe up the dead ants. This eliminates the scent trail left by the ants.



ROACHES

Cockroaches are nocturnal insects that look for dark, moist places to hide, such as behind refrigerators and stoves or under sinks. They also hide under floor drains, inside appliance motors, behind wallpaper, and in cracked walls.

If you see a cockroach during the day, it's a good sign that roaches have infested the home. You will probably also see feces that resemble coffee grounds or black pepper. In addition, you may find dead roaches and oval-shaped egg cases throughout the home.

To prevent a roach infestation, do not leave food out overnight, including pet food. Wash dirty dishes and utensils as soon as you are done using them. Clean counters, sinks, and tables with soapy water. And, take your client's garbage out each day.

If you see roaches in a client's home, try vacuuming to reduce the number of insects and eggs. Dispose of the vacuum bag in a sealed container. Another "home remedy" is to place a couple of pieces of beer-soaked bread in an empty one-pound coffee can. Put the can in areas known to have roaches.

Be sure to tell your supervisor and/or your agency's social worker about any type of pest infestation in a client's home. Pests can be dangerous, especially for the elderly and people with respiratory problems.



MORE ON FOOD SAFETY

While mice, roaches, and other pests can spread germs to a client's food, so can pets, kids, and anyone who handles or cooks the food. (The food itself can harbor germs, too!) Here are some infection control tips that relate to food safety.

Remember...you can't always see, smell, or taste the bacteria that cause food-borne illnesses. It takes anywhere from thirty minutes to several weeks to get sick from contaminated food. There are four basic steps to follow to ensure the safety of food, including:

- 1. CLEAN:** Wash hands and surfaces frequently.
 - Wash your hands immediately before and after handling raw meat or poultry or its packaging.
 - Raw meat, chicken, and fish do not need to be washed before cooking. (Washing these foods might get rid of some surface bacteria, but it also spreads the bacteria around the kitchen.)
- 2. SEPARATE:** Don't cross-contaminate.
 - When bacteria cross from one food to another through contact with the same surface, it's called cross-contamination.
 - Separate raw meat, poultry, and seafood from other food in your grocery cart by putting them in plastic bags.
 - Store raw meats on the bottom shelf of the refrigerator so the juices can't drip on other foods.
 - Store eggs in their original carton—even if the refrigerator has special "egg holders."
 - Don't use the same platters and utensils for meat before and after it's cooked.
- 3. COOK:** Cook foods to proper temperatures.
 - Never serve ground beef if it is still pink inside.



According to the CDC, up to 80% of food-borne illnesses happen in homes...not in restaurants.

- Cook fish until it is opaque and flakes easily with a fork.
- Cook eggs until they are firm, not runny.
- Bring sauces, soups and gravies to a boil before serving.
- 4. CHILL:** Refrigerate foods promptly.
 - Refrigerate food quickly to keep bacteria from multiplying.
 - Make sure the refrigerator is set at 40 degrees and the freezer at 0 degrees.
 - Refrigerate food and leftovers within two hours. For quick cooling, put leftovers into shallow containers.
 - Don't pack a refrigerator too full. Cold air has to be able to circulate to keep food safe.
 - Never thaw foods by sitting them out on the counter at room temperature.
 - If you must thaw something quickly, cover it with cold water. Change the water every thirty minutes to keep the water cold.
 - Food can also be thawed in the microwave, but only if it's going to be cooked immediately after thawing.

REMEMBER: Elderly and/or sick people may have less ability to fight off bacteria. So, follow these tips to keep your clients' food free of harmful bacteria.

SPIC & SPAN KITCHENS

Pests—like Mr. Neely's mice—can spread a lot of germs around, so Marilyn needs to give the kitchen a good cleaning. Here are some tips that help get a kitchen spic and span!

- When you clean the kitchen, work from *high to low*—with the floor being the last surface you clean. (However, if the dirty water used to clean the floor has to be emptied into the kitchen sink, clean the sink last.)
- If possible, use paper towels to clean kitchen surfaces. But, make sure to use them for one task only. If you wipe down one surface and then clean another one with the same towel, you might spread bacteria.
- If you use non-disposable cloths for cleaning, be sure to put them through the washing machine frequently.
- What about sponges? Try this tip: keep them color-coded. Use a blue one to wipe the counter after cutting raw meat. Grab a pink one to wipe the rest of the counter. And use a green one to wash up pots and pans.
- Germs can hide and multiply easily on your client's can opener. Don't forget to clean it regularly with hot, soapy water.
- Another place that germs collect is on a kitchen faucet. As the water runs through the tip of the faucet, it can collect germs and spread them onto your hands, dishes, and/or any food that you rinsing. So, don't forget to clean the faucet—and its tip.
- Do you wash your client's dishes by hand? If so, remember to wash them from cleanest to dirtiest. This means that glassware is first, followed by silverware. Next comes plates and other dishes. Now, check your water. If it's dirty, empty the sink and start with fresh soapy water for the pots and pans.
- Does your client have a sour

smelling garbage disposal? If so, it is probably teeming with germs. An easy way to clean it is to put a few tablespoons of baking soda down the drain, followed by three ice cubes. Then turn on the garbage disposal and run hot water until the ice is all chopped up.

- Remember that wooden utensils and cutting boards can develop cracks where bacteria can take up residence. (Many experts say that plastic cutting boards are easier to disinfect.)

If a household chemical bothers your skin, eyes, nose, or throat, stop using it.

- Do you work with a client who needs his food blended? If so, you know that blenders can be hard to clean, especially if you can't wash it right away. Try this tip: put a little water in the dirty blender and run it on a low speed. This should loosen any bits of food that have stuck to the sides of the blender.
- Be sure to sweep or vacuum a floor *before* you mop, rinse the mop often. If a floor is very dirty, dump the mop water several times and continue with clean rinse water.
- When it comes to disinfecting the kitchen, follow your workplace policies about working with chemicals and check out the tips given on page 2 for cleaning with diluted bleach and/or other disinfectants. And, be sure to wear gloves as you work. Doing so will save your skin from repeated exposure to chemicals and keep you from gathering germs under your fingernails.



PETS: THE GOOD, THE BAD & THE UGLY

Mrs. Caldwell has no relatives nearby; her dog, Millie, has become like family to her. Marilyn knows how much she loves that dog, but worries about the spread of infection at a time when Mrs. Caldwell's immune system is compromised.



THE GOOD

There's no doubt about it. Research has proven that pets can have a positive impact on someone's life. For example, caring for a pet can:

- Reduce blood pressure.
- Cut cholesterol levels.
- Decrease feelings of loneliness.
- Increase physical activity.

In addition, dog ownership has been shown to increase the chances of surviving a heart attack. Another study found that older people, living at home, had fewer minor health problems if they had a pet to keep them company.

THE BAD

Pets can be lovable, fun, and treasured members of the family. However, they can also add a lot of work when it comes to keeping a clean house. Here are just some of the challenges they pose:

- Shedding fur and dander.
- Tracking in dirt, mold, and even fleas from outside.

- Creating dirty litter boxes, crates, or cages.
- Having "accidents" in the house.
- Walking on surfaces where food is prepared or served.

THE UGLY

Marilyn is right. People whose immune systems are weakened—due to disease or, like Mrs. Caldwell, chemotherapy—have a higher risk of getting sick from their pets. Other people at risk include:

- Infants and children under five years old.
- The elderly.
- Pregnant women.
- People who have received organ transplants.
- People with HIV/AIDS.

WHAT CAN YOU DO?

Telling a client like Mrs. Caldwell to stay away from her pet is not the answer. When clients are ill, they probably get a lot of emotional comfort from being with their pets. However, you can teach your clients how to protect themselves from infection while still enjoying their pets. For example, they should:

- Wash their hands thoroughly with soap and running water after contact with animals. This is especially important before preparing or eating food.
- Avoid rough play with pets to prevent scratches and bites.
- Have someone else clean up dog droppings, clean the litter box, clean cages or aquariums, or wash pet bedding.
- Be extra cautious around reptiles, baby chicks, ducklings, puppies, and kittens. Young animals are more likely to spread infection.

Be sure that you wash your hands after contact with a client's pet, its feces, and/or dog treats. (Some treats may be contaminated with salmonella.)

WHAT DO YOU THINK: FACT OR FICTION?

Fact or Fiction? Most diseases are spread from germs found on dirty objects such as door knobs, telephones and money.

✓ **Faction.** While dry surfaces can be temporary homes for germs, most diseases are spread by our hands through person-to-person contact.

Fact or Fiction? Thousands of germs can live under and around fingernails.

✓ **Fact.** Germs can survive by hiding under your fingernails. Don't forget to clean your nails when you wash your hands or use an alcohol hand rub. What about nail polish? If it is freshly applied, it does not increase the number of germs, but chipped polish can hide lots of germs. If you have artificial nails, you run a higher risk of having thousands of "hidden" germs.

Fact or Fiction? A nurses' station or other workplace desk is much dirtier than a toilet bowl.

✓ **Fact.** Tests showed that the average desktop is home to 400 times more bacteria than a toilet. Why? Because most desktops are cleaned infrequently. While most of the germs found on desktops are harmless, tests have found "live" cold and flu germs on these surfaces. One of the dirtiest spots in your workplace and your clients' homes is probably the telephone. If you use a client's home phone, wipe it with an alcohol swab first.

Fact or Fiction? A kitchen sponge can contain billions of bacteria.

✓ **Fact.** Several studies agree: a kitchen sponge is one of the "germiest" items in a home. The germs that cause food poisoning can be among the billions of germs growing on a sponge. A great way to disinfect a sponge is to put it through the dishwasher every other day. No dishwasher at a client's home? Be sure to allow the sponge to dry out between uses and discard it after three weeks.

Fact or Fiction? To be safe from germs, kitchen sinks need a daily cleaning with bleach.

✓ **Fiction.** Using bleach every day is probably "overkill". Soap and water will do the trick when it comes to getting rid of bacteria. However, if you've been handling raw meat, wash your hands thoroughly and then rinse the sink (including the faucet and handles) with hot, soapy water.

Fact or Fiction? If your client's favorite bed pillow is from 1975, it is home to billions of bacteria.

✓ **Fact.** However, the bacteria cushioned in a pillow are probably harmless. Pillows (including the stuffing) are not ideal breeding grounds for germs—and a pillowcase provides a barrier between the person and the bacteria. Still, for comfort's sake, you might suggest that your clients get new pillows every five years or so. And, in the meantime, change your client's pillowcase as ordered or whenever it becomes soiled.

Fact or Fiction? Unless bed sheets are washed in hot water once a week, the risk for bed bugs is high.

✓ **Fiction.** Washing sheets cleans them of dust mites and other allergens. It takes a professional pesticide treatment and professional laundering at high temperatures to get rid of bed bugs.

Fact or Fiction? Flushing the toilet can spread germs throughout the bathroom, including on toothbrushes!

✓ **Fact.** The bad news: whenever you flush the toilet, microorganisms are ejected into the air. While closing the lid helps, germs still escape and can travel up to six feet throughout the bathroom, landing on anything in their path—including toothbrushes. These germs can hang around for at least two hours after each flush. The good news: when a toothbrush dries, most of the germs will die. Your best bet? Suggest that your clients keep their toothbrushes as far as possible from the toilet or safely tucked in a medicine cabinet.



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intheknow CAREGIVER TRAINING
A home care/pulse COMPANY

A Client Care Module:
Dressing & Grooming Tips

LOOKING GOOD...AND FEELING BETTER!

At first glance, getting ready for the day is so clear-cut and easy that we often don't give it a second thought. We simply get dressed, brush our teeth, comb our hair, and perform all the other tasks we need to do to make ourselves presentable.

Now, just imagine if:

- Your arm was stiff and you couldn't get your shirt on.
- You couldn't reach back to close a zipper or hook your bra.
- Your legs hurt and you couldn't reach down to put on your socks or shoes.
- Your fingers were bent from arthritis and you couldn't tie your shoelaces.
- You were unable to remember how to put your clothes on—or in what order.
- Your arms shook so badly you couldn't brush your teeth, comb your hair, or shave yourself.

For people who have physical or mental impairments, dressing and grooming tasks are often difficult to



There was probably a time when your clients looked in the mirror and felt good about wearing stylish clothes and updated hair-dos.

manage alone. Sometimes they might take their frustration out on the people around them.

That's where you come in. With your help and encouragement, your clients won't feel discouraged by their appearance or ashamed that they can't dress privately by themselves.

As you read through this invoice, you'll pick up pointers on how to keep your clients looking—and feeling—their best, regardless of their current health status.

SOME FINAL TIPS

If part of your care plan is to clean the client's living space, try to think outside the box. Germs may be hiding in places you're not cleaning. For example, studies show that these common items are usually dirtier than a toilet bowl: the kitchen sink, the telephone receiver, doorknobs, the television remote control, and the top of a desk or bedside table.

Remember that a good disinfectant cleaner should state on the container that it kills 99.9% of germs and bacteria. This is different than an "all purpose" cleaner such as Windex or (non-bleach) 409.

One of the best ways to keep carpets and floors germ-free is to take off shoes at the door. (Shoes drag in lots of germs, not to mention toxins and animal feces.) While going shoeless may not be appropriate for you, consider suggesting that your client's family and friends remove their shoes.

Be sure to ask family members and friends to wash their hands before having contact with your client. If they seem offended, tell them that part of your job is to keep their loved one as healthy as possible by promoting proper infection control. Explain that you wash your hands multiple times during your visit with the client.

Do you work with any clients who have compromised respiratory systems from problems such as allergies, asthma, COPD, or cancer? If so, remember that dust, dander, and dust mites can build up in a mattress. When you change their linens, wash their mattress covers, too. No mattress cover on the bed? Simply vacuum the mattress using the upholstery attachment on the vacuum cleaner.

When the weather allows, let some fresh air and sunshine into your clients' homes. The fresh air offers extra oxygen and reduces stuffy odors. And, the heat from the sun is nature's way of killing germs!

Consider keeping a paper gown or a spare set of scrubs in your car. If your clothing becomes soiled at one client's home, you can change before heading to your next visit.

Cut down on the germs in your own home, too, by removing your work shoes before entering your house. Change out of your uniform/scrubs right away and, if soiled, put them in a separate laundry basket. Wash your scrubs in hot water to kill germs.



- You wash your hands frequently according to your workplace policy. And you work hard to keep your scrubs/clothes clean during your visits with clients. So, how is it possible that you could be bringing millions of germs into your clients' homes?
- Here's the deal: if you carry a purse and/or a client care bag, germs galore are probably traveling with you from client to client.
- Think about it. Many times, a purse ends up touching the same surfaces as the bottom of your shoes, including the floor of restrooms and the floor of your car. It might also sit on chairs in restaurants, kitchen tables, or seats on buses.
- According to studies, one in four purses carry E. coli, a bacteria that can cause a serious intestinal illness.
- What should you do? Watch where you place your purse and client care bag. Scrub the outside of them regularly. You can use a soapy washcloth, an antibacterial spray, or a disposable wipe. Don't forget to clean the handle or strap, too.
- In addition, don't set your purse or client care bag down on any surface where you'll be preparing food or where your client will be eating.

Did You Know...?

Throughout history, people have put importance on both grooming and dressing. Here are some interesting facts:

- Those old-fashioned hoop skirts made getting through a door or into a carriage very difficult, and if a woman sat down too fast, the hoop could fly up and break her nose!
- For centuries, Asian men and women have worn pants for warmth, comfort, and convenience. In ancient Rome and Greece, both men and women wore "dresses" called tunics.
- Until 1970, it was not fashionable—and sometimes against the law—for American women to wear pants in offices, classrooms, and restaurants.
- The ancient Greeks were the first to wear girdles. A band of linen or soft leather was bound around a woman's waist and lower torso to control her shape.
- Some wealthy Europeans in the 1600s wore six-inch-high heels. It took two servants, one on either side, to hold the person up!
- The first sneakers—called Keds—were made in America in 1916.
- During the middle-ages, people "deodorized" their clothing with the smoke from a wood fire.
- Underarm deodorants were first used during the 18th century. And in the late 19th Century the first commercial deodorant, Mums, was introduced.
- The first hair dryers in the United States were adapted from vacuum cleaners!
- The 18th century French used carbonated water as a hair spray to keep hair in place.



- Both Egyptian women and men shaved their heads—and then covered them with wigs.
- Ancient Egyptians used wigs, hair extensions, henna, and makeup to improve their looks. However, women were put to death if they wore nail polish of "royal colors."
- The Chinese started using nail polish over five thousand years ago!
- The Romans made nail polish out of sheep fat and blood.
- During the 1960s, purple was the most popular color for lipstick. In the '70s, white lipstick was the "in" thing!
- Until the 20th century, water was thought to be harmful for teeth. People used a piece of cloth wrapped around a finger to clean their teeth.
- Most women weren't concerned about shaving their underarms until a 1915 media campaign pushed the idea that underarm hair on a lady was unfeminine and unhealthy. Who paid for that campaign? It was the Wilkinson Sword razor blade company!

The Benefits of Good Grooming

- Letting your clients choose their own clothing gives them feelings of being independent and in charge.
- Cheering clients on to do their best while dressing supports a team spirit and gives them a feeling of belonging.
- Allowing your clients to do as much as they can by themselves helps their self-reliance grow.
- Voicing your approval during dressing and grooming gives clients a sense of being valued.
- Looking good boosts each client's self esteem and may even help a bad mood disappear!
- Dressing your clients helps protect the skin from injury and maintain proper body temperature.
- Making sure your clients' clothing fits properly keeps all of their body systems unrestricted.
- Brushing your clients' hair promotes a healthy scalp and strong hair.
- Providing daily mouth care prevents the onset of painful mouth conditions and protects the mouth from oral diseases.
- Keeping your clients' fingernails trimmed with no ragged edges prevents scratches and cuts that can cause infection.
- Reporting toenail changes helps your clients get care from a podiatrist as needed. This can prevent complications for people with diabetes, heart conditions, or poor circulation.
- Moving your clients' joints and muscles during the grooming process helps maintain body movement and prevents contractures.



What's the Bottom Line?
When people look good, they

Clues That Matter



Dressing and grooming tasks give you daily opportunities to look for clues that trouble may be brewing:

- Be aware of clients' facial expressions. Clients may tell you that they have no pain, but their faces may reveal the real story.
- Clients get in and out of clothes several times a day. While assisting them, look over the whole body, making note of any areas of redness, rashes, bed sores, or other changes in the skin.
- Report any unusual body odors. A strange odor may be a symptom of an illness.
- Some health conditions cause the body to swell. Watch for signs of swollen hands (such as tight rings) and swollen feet (such as shoes and socks suddenly being too small).
- As you brush or comb your client's hair, check for head lice. (Lice can happen to anyone—no matter how young or old, dirty or clean, rich or poor.) Look for white eggs known as "nits." They look like small bits of dandruff, but do *not* wash or flake off. Instead, they stick *firmly* to strands of hair.
- If you provide nail care, look for white or yellow areas on finger and toe nails. Your client may have a nail fungus.

Respecting Your Clients' Rights

- Wear your name tag every day and remember to identify yourself when you enter a patient's room.
- Before you begin care, explain that you have come to assist them with dressing and grooming. Ask permission to touch them and tell them what you will do and how you will do it. (Explaining what you are going to do *in advance* decreases the chance that your clients will react negatively.)
- Remember to provide privacy by closing room doors and pulling bed curtains. It's important to make sure that your clients' bodies are not overly exposed.
- Don't touch your clients' personal belongings unless it's necessary. If you do handle their belongings, be careful and put the items back where you found them.
- Do your best to go along with your clients' personal preferences every day...such as letting them decide which clothes they'd like to wear or how they'd like their hair fixed.
- Remember that everyone has the right to participate in his or her own care. So, encourage your clients to get involved in their personal care. Even if they aren't strong enough to get dressed by themselves, they can probably wash their faces or comb their hair. The more they do for themselves, the more independent they will remain!
- Check to see if clients are okay as you assist them. When you complete their care, encourage your clients to let you know what you can do to make them more comfortable.
- Never threaten your clients to get them to cooperate. For example, it's wrong to say, "If you don't get dressed right now, you can't watch TV this afternoon."
- If your clients are wearing anything unusual, keep in mind that they may be doing so for religious or cultural reasons. You may see a thread woven into their hair, a medicine bundle on a string around their neck, or a ribbon wrapped around their wrist. Don't remove any item from your client without their permission!
- Remember that all clients have the right to refuse treatment. For example, if a client becomes aggressive when you arrive to give a bath, let your supervisor know that the client has refused your care.
- Your clients have the right to be treated with respect—even if they've been "difficult" in the past. When you work with people who have given you trouble previously, try to start fresh every day. Forget about what happened yesterday, last week, or last month.

Keep your promises.
For example, if you tell your client that you'll help her get dressed at 9:00, make sure you are there on time.



Adaptive Clothing

Besides being attractive and fun, adaptive clothing gets the job done. Here is some helpful information about adaptive clothing:

- Pants and dresses with cutaway seats aid those with limited mobility. Wrap-around skirts and shawls are safer for wheel-chair bound women.
- Loose tops, sweaters, and bottoms that button in front are good choices for your clients with arthritis.
- Front closing bras are useful for women who have limited use of their upper arms.
- Track suits with elasticized waists make dressing easier for clients with joint and muscle problems—and for those who have short term memory lapses.
- Several outfits that look the same work for clients who insist on wearing the same clothes every day.
- Disposable underwear provides dignity for your clients who are incontinent.
- You may want to avoid accessories like belts and scarves. They can be confusing for some clients, and difficult for others to put on.
- If possible, use clothing that fastens with Velcro or zippers rather than buttons, snaps, or laces.
- Keep in mind that well-fitting, non-slip shoes make walking easier.
- Most people find slip-on shoes to be simpler to put on and take off.



Dressing Aids

Dressing aids make life easier for clients who have stiff joints from arthritis or who have mobility problems. Here are a few examples:

- Button hooks** can be hand-held. They have a wire attached to a wooden handle and are used to pull buttons through button holes.
- Sock aids** have long handles with clips on each side, and a device to control the clips where the handle is. They are made to hold each sock in place as you slip into it.
- Electric tooth brushes** make brushing teeth easier for many disabled people.
- Dressing sticks** have long handles with short hooks at the end of them and help clients who can't use their arms to reach to get clothing hangers from closets. They also aid people who can't bend over to pick up things from the floor.
- Dressing sticks with shoe horns** have hand controls and are good when clients can't get their shoes on. Shoe horns without dressing sticks are helpful for us all when we buy new shoes that are hard to put on.
- Long handle hair brushes** assist clients who have pain and stiffness in their hands or arms.



Dealing With Personal Care Challenges

Many of your clients may have a physical or mental condition that makes the process of dressing and grooming uncomfortable. Here are some tips you may find useful:

For Clients With Dementia

- Remember that most confused clients have short attention spans and no sense of time or place, so help them feel more secure by giving a daily reminder of who you are and why you are there.
- For confused clients, grooming and getting dressed involves a lot of steps and the use of many different skills. It can be a very confusing time. If they get confused or frightened, they may become irritable, uncooperative, or upset. Try to keep the environment calm and peaceful. Turn off any TV or loud music before beginning personal care and provide your confused clients with frequent gentle reminders of what you expect from them as you assist with their personal care.
- Try reassuring your confused clients by smiling, holding their hands, keeping your movements gentle, and maintaining a relaxed and upbeat body language.
- Lay out clothes in the order that your client will put them on. Then, give short, simple instructions to help your client complete one step at a time.
- Be patient. If you rush a confused client, it will only create anxiety.
- Your clients may be more cooperative if you give them something to do. Let them help by putting toothpaste on a toothbrush, holding a sock while you put on a shoe or folding some washcloths as you brush their hair.
- Consider using a "mirroring technique" when assisting confused clients. For example, hold a toothbrush and pretend to brush your teeth to help a client understand how to perform the task himself.
- Most women with Alzheimer's Disease stop using make-up during the early stages of the illness. However, if a woman has *always* worn make-up in the past, she may feel more comfortable if you help her apply some.
- If a client with dementia removes his or her clothing in public, try to figure out why. It may be that the clothes are too warm or are made of fabric that is irritating the skin.

For Clients With Shaky Limbs

- When clients have shaky limbs, sit and talk to them for a few minutes before starting care since certain types of tremors improve when clients are feeling relaxed.

- Encourage them to support one arm with the other when performing tasks such as shaving or brushing teeth.

- Be close by in case they need you, and give them extra time for dressing and grooming tasks.

For Clients With Limited or No Vision

- To help vision-impaired clients feel in charge, tell them about the styles and/or colors of clothing items and guide their hands to where grooming supplies are kept.

- Speak up when you are coming and going to keep them aware of their surroundings and to let them know whether they are alone or with others.



Dealing With Challenges, *continued...*

For Clients With Arthritis

- Keep in mind that many people with arthritis suffer from “morning stiffness.” Their joints may be especially swollen and painful during morning grooming and dressing tasks.
- Encourage your arthritic clients to dress their legs and feet first as this requires the most energy. Have them sit down for as much of the dressing and grooming process as possible—to save energy and to keep them from having to bend over so far.
- Avoid clothing that fastens in the back. (For example, a front fastening bra is much easier to put on.) And, cardigan sweaters are easier than garments that pull over the head.
- Remember that some days are better than others for people with arthritis. Don't be surprised if your clients can function pretty well one day and need lots of help the next.
- Check the fit of your client's shoes. Remember that people's feet can change size as they age. If shoes are too small, they will put pressure on sensitive joints. If shoes are too large, they put your client at risk for falling.
- Remember that some of your clients may have specially made splints to help keep their joints in the correct position and reduce pain. Your clients may need help putting on and taking off these splints.
- Encourage your clients to use any self-help devices they may have to help them bathe, dress, or eat. If they don't know how to use a particular assistive device, let your supervisor know.



For Clients Who Are In Pain

- Help your clients avoid getting overtired from dressing and grooming tasks—since being tired can make pain seem worse.
- If a client asks you for a pain pill prior to going through the motions of getting dressed, let a nurse or family member know that the client is in pain and needs attention.
- Remember that some of your clients may keep quiet about their pain due to fear, their beliefs, or their cultural heritage. Be sure to look for non-verbal signs of pain such as:
 - Clenching or grinding the teeth.
 - Rubbing or holding a body part.
 - Crying.
 - Losing interest in their appearance.
 - Changes in blood pressure (usually higher).
 - Sweating.
- Watch carefully to see what your clients are able to do for themselves and tell your supervisor if pain is keeping a client from performing everyday activities. Your observations may lead to important changes in the client's plan of care.
 - Try to keep your clients laughing! It has been proven that laughter releases certain chemicals in the body that act as a natural pain medication. (Have you ever noticed how good you feel after you've let loose with a real “belly” laugh?)
 - As you assist your clients with personal care, remember that it is your duty to notify your supervisor when you know—or suspect—that a client is in pain. Every client has the right to feel relief from pain!

Maintaining Safety For You and Your Clients

- Focusing on safety during dressing and grooming is important for both you and your clients because:
 - Chronic back pain from accidents and injuries affects 80 million Americans.
 - One-third of adults aged 60 and over experience slips and falls that can cause permanent disabilities.
 - Estimates show 75 percent of nursing home patients slip and fall at least once every year.
- Keep in mind that some of your clients may find it safer and easier to dress while lying down—especially when it comes to pulling up pants. If a client is weak on one side, encourage him or her to dress the weaker side first.
- Don't let your clients use towel racks or toilet paper holders to help them stand. If they seem to need a grab bar, report the situation to your supervisor.
- Use available equipment to help you lift or transfer clients, such as gait belts, Hoyer lifts, sliding boards, and draw sheets.
- Take advantage of electric beds by raising the bed to a comfortable working height. (Just remember to lower the bed again when you're done.)
- Before lifting anything (or anyone) heavy, ask yourself these questions:
 - Can I lift this load safely by myself?
 - How far do I have to carry this load?
 - Is there a clear path for me to travel with this load?
 - Are there any closed doors in my path?
 - Will I be able to see where I'm going once I lift the load?
- Center your body over your feet and let your legs do the lifting.
- Always bend your knees—not your waist—when picking up something (or someone).
- Lift in one continuous motion, without jerking. And, avoid twisting your body during the lift. If you must turn, turn with your feet, not with your body.
- Report frayed wires on grooming devices like hair dryers or electric shavers to keep you and your clients safe.
- Consider using a “buddy system” when caring for clients who have a history of being combative. This isn't so you can “gang up” on the client, but so that you can remain safe as you perform client care.
 - Make sure your clients wear supportive, rubber-soled shoes when they are moving around. Wearing only socks will increase their risk of falling. (Wearing closed toe, rubber-soled shoes will keep you safe, too!)
 - Remember that some people feel lightheaded when their body temperature drops. Help your clients maintain an even body temperature by dressing them appropriately for the weather and keeping them away from drafts.
- Be sure to adjust your clients' clothing when they are seated in wheelchairs to keep the clothes from being pulled into the wheels.
- Make sure your clients have access to call bells or other devices they can use to get your attention when needed. Be sure that all their needs—including safety issues—have been addressed before leaving any client unattended.

Look straight ahead while lifting. Don't look down.

Controlling Infection During Personal Care

Providing personal care involves a series of tasks that frequently put you in close contact with your clients. Here are some tips to help you control the spread of infection:

- Put a couple of pairs of plastic gloves in your pocket at the beginning of your day so they will always be handy.
- Follow standard precaution guidelines because they are written in stone. And, when in doubt...wear gloves.
- Keep in mind that it takes only a minute to wash your hands. It can take days or even weeks to recover from an infection.
- Eyeglasses are germ magnets. Keep them clean and dry.
- Dentures attract bacteria, so brush them like natural teeth and keep them stored in clean containers.
- Hair brushes are like condos for germs. Soak brushes in soap and warm water and rinse under running water—and please don't share brushes and combs between clients.

- Germs nestle into wigs and hair pieces. Keep them clean with brushing and synthetic shampoos.
- Some of your clients may have been taught that they could get more wear out of clothes by airing them rather than washing them. And, many may have learned to save money by carrying around used tissues in their pockets. When time allows, check your clients' closets, removing smelly, dirty clothes and old tissues from their pockets.
- Keep your clients' soiled clothes off the floor and put them in linen hampers marked for that use.
- While in a client's home, put soiled clothing in plastic bags and place them in a hamper. Doing so will protect others in the home from germs and make it easier for them to put personal clothing in their washing machine.

When you get home, either wash the clothes you wore to work right away, or turn them inside out and put them into your hamper.

When Things Happen...

Problem: Mr. Jones needs a shave. His electric razor is broken and he can't use a safety razor because he is on blood thinners. His family is coming to visit within the hour. You're tempted to use another client's shaver....

Solution: Borrowing another client's shaver is a bad idea because of the possibility of spreading a skin infection. Explain the situation to your supervisor and the family, and give the broken razor to the family for repair.

Remember: Electric razors have small brushes that are made to clean them, but they are a safety hazard when clients are on oxygen therapy. Safety razors need to be discarded after one time use. Omit them when clients are on blood-thinning medications.



Basic Grooming Tips That Matter

Good Hair Days

- Those with fragile hair do better when the hair is brushed for a short time because too much brushing can damage this type of hair.
- African-American clients may prefer that a wide-tooth comb or pick be used on their hair.
- People of Asian heritage often have thick, oily hair that does well with plenty of brushing.
- Wigs with tangles? Comb the ends of the hair first, using a spray bottle of water to loosen the tangles.

Open Widel

- When brushing a client's teeth, use gentle brush strokes—especially when cleansing the tongue from front to back.
- When clients refuse to open their mouths for mouth care, brush the outsides of their teeth only (with their permission) and report the incident to your supervisor.
- To clean the tongue, dentists recommend the use of tongue scrapers instead of tooth brushes. If your client doesn't have a scraper, use a sponge-tipped mouth swab (toothette) instead.
- Lemon and glycerin mouth swabs are good for soothing the insides of clients' irritated mouths. However, avoid using them every day because they can harm the teeth, and cause some people to develop a discharge in the back of their mouths that can interfere with breathing and swallowing.
- When you can't find dentures, try looking in wastebaskets or garbage cans. Clients sometimes wrap them in tissues and napkins and they are accidentally thrown away.

- Can't get dentures into a client's mouth? Are the dentures too loose for that client? You may have the wrong dentures. Confused clients can wander into other people's rooms where they may take and/or swap dentures from one client's bed side stand to another.

The Eyes Have It

- Missing eyeglasses have been located in staff lounges in sweater and coat pockets—“gifts” from wandering clients.
- Artificial eyes should be kept in marked containers. Clients have been known to wrap them in tissues; missing artificial eyes have been found in bed linens placed in laundry bins.
- Complaints of blurred vision? Bent eyeglass frames and scratched lenses can cause this problem. Glasses are like good jewelry—handle them gently, put them on and off with both hands, and keep them in their cases when not in use.
- Contact work best when stored in containers filled with contact solution. Contact lenses and long fingernails do not mix well, so keep nails clean and short.

If Hearing Aids Could Talk...

- They'd tell you they don't like water or other liquids. Forget hairsprays or gels when they are in use, and keep them away from heat and out of reach of pets.
 - A hearing aid without sound? Check the battery, on/off switch, and volume control.
 - Follow your workplace guidelines for cleaning and storing hearing aids. (And remember...they are expensive little devices, so handle them carefully!)



Q & A About Dressing & Grooming

Q: Many of my elderly clients insist that I trim their toe nails. Is this okay?

A: Check with your supervisor first. Your clients may have medical conditions, like diabetes, that put them at risk for infection. And, even if your elderly clients are healthy, their toe nails may be very difficult to trim since nails harden as we age. Many older people get their toe nails trimmed by a podiatrist. TIP: To break the routine of daily personal care, you might try playing “beauty parlor.” Have your client soak her hands in warm water while you make up the bed. Then, rub her hands with lotion... and if time allows, put a coat of polish on her nails.

Q: What can I do when a client complains that her roommate stole her sweater?

A: Make sure the sweater actually belongs to her. If so, tell her you will look into the situation. Then, approach the roommate *alone* and, instead of demanding she take off her roommate’s sweater, stay calm and say something like, “Mrs. Jones, I just found this sweater in your closet. The color goes so well with your eyes and it is much warmer than the one you have on. Let me help you change.” If possible, give the original sweater back to its owner in private.

Q: What’s the best way to help change the top clothing on someone with an IV?

A: To remove the dirty shirt or gown, take it off the arm *without* the IV first. Then, ease the top gently down the arm with the IV. Remove the IV bag from the pole and hold it in your hand—keeping it at a level *above* the client’s arm. Continue sliding the top over the IV bag, tubing, and the client’s hand. Next, hang the IV bag back on the pole. To put a clean shirt or gown on the client, reverse the process, starting with the arm *with* the IV. NOTE: Do not attempt this process if your client’s IV bag is running through an IV pump. Ask your supervisor for assistance.

Q: What can I do if a confused client grabs my hair while I am brushing hers?

A: If you work in a facility, pull the call bell to get assistance. Keep calm as you place one of your hands higher than where her hand is. Gently take hold of your hair so your scalp does not hurt as much. Slowly slide your other hand down as far as you can without touching the client’s hand. Divert her attention and she may forget what she is doing and let your hair go. She may have just wanted to touch you and does not realize she is hurting you. When others arrive to help you, let them know to talk softly and move slowly. Sudden, fast movements could make the client fearful and agitated.

It takes patience and understanding to stand back and let your clients “do for themselves.” However, allowing your clients to maintain as much independence as possible when it comes to dressing and grooming can affect their health in a positive way—and enhance their overall quality of life.

For additional information about personal care, ask your supervisor about the following In the Know inservices:

- Bathing Tips
- Performing Mouth Care
- Using Assistive Devices
- Activity in the Elderly



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A Nutrition Module: Basic Nutrition & Hydration

LEARNING THE BASICS!

What’s so important about **nutrition**? Isn’t it enough to know that there are different food groups, and that if you eat some foods from each group you’ll end up with a balanced diet? Well, consider these facts from the Department of Health & Human Services:

- Only 25% of adults eat enough fruits and vegetables every day.
- Most Americans eat too much fat every day, and some eat *way* too much fat. This trend has contributed to an alarming statistic: nearly 65% of Americans are overweight!
- More than 85% of older adults have chronic diseases that might get better if they learned more about basic nutrition.

The foods we eat affect how we grow and how well our brains work. Also, healthy food choices help us fight off disease and keep us strong and youthful, even as senior citizens.

The more you know about basic nutrition, the more you can help your clients make healthy food choices. And, by practicing good nutrition in your own lives, you’ll be stronger and have more energy for your work.



Hydration has to do with the amount of fluid we have in our bodies. You don’t have to think about your clients’ hydration status unless they have a fluid restriction or you are ordered to record intake and output, right? Wrong. As you study this inservice, remember these facts:

- Fluids are more important to our bodies than food. We can survive for weeks without eating food, but for only *days* without drinking water.
- Our bodies are made up of at least 50% water! It only takes a 2% drop in our body’s water to trigger signs of dehydration.
- Every cell in our bodies needs water to survive and to do its job.

Did You Know That...

NUTRITION is the science of food, how the body uses it, and how food keeps the body healthy.

NUTRIENTS are chemical substances in food that help the body grow and function. There are six **essential** nutrients that our bodies must have to be healthy. These include carbohydrates, fats, protein, vitamins, minerals and water. Nutrients have three different jobs. One job is to build and repair tissues in the body. A second job is to give the body energy. And, the third job is to help the body do its work (such as digesting food or circulating blood).

A **BALANCED DIET** means that the body is getting the right amount of each of the six important nutrients and that the body is using these nutrients effectively.



CARBOHYDRATES are the main source of energy for the body. They include starchy and sugary foods. Except for milk, all carbohydrates come from plants.

PROTEIN is used for cell and tissue growth. Most of the protein we eat comes from animal sources like meat and eggs, but protein is found in plant sources, too, such as dried beans.

Animal or plant substances that have a greasy, oily or waxy consistency and will not dissolve in water are called **FATS**. They give the body energy to use right away and to save for later. Our bodies need some fat storage to protect us from very hot and very cold temperatures.

MINERALS are inorganic elements that are part of nature—they are not “man made”. (*Inorganic* means that minerals are found in nonliving things like rocks and dirt, as well as in living things.) We need minerals in our bodies in *tiny* amounts to help us build tissues and to keep our bodies working as they should.

Our bodies need *small* amounts of organic substances called **VITAMINS** in order to grow and stay healthy. (*Organic* means vitamins are found only in living things.) Vitamins are found in small amounts in foods, but can be easily destroyed if food is cooked for a long time at a high temperature.

FIBER is the part of a food that is left after digestion has taken place. Fiber helps carry the digested food through the intestinal tract quickly. This exercises the intestinal muscles and helps prevent constipation.



CHOLESTEROL is a fat-like substance found only in animal foods like eggs and red meat. It causes a fatty layer to build up in our arteries and can cause heart disease, stroke and other major problems.



The surface of the tongue is covered with thousands of tiny mushroom-shaped bumps called papillae. There are tiny **TASTE BUDS** at the base and on the sides of the papillae. These taste buds can identify four basic tastes: salty, sweet, sour and bitter.

WATER is the most common nutrient in our bodies. A newborn baby is at least 77% water. Children are about 60% water. And adults are between 50 and 70% water.

HOMEOSTASIS is a fancy name for the balance between water and minerals. Our bodies try to stay balanced. For example, if you eat a bag of salty potato chips, your body senses that you have too much sodium. You are *not* in homeostasis—you are out of balance. It tries to get back in balance by holding on to *extra* water. This might make you “swell up” or feel bloated.

Essential Nutrient #1: Carbohydrates

Carbohydrates are *sugars* and *starches*. There are two kinds of carbohydrates: simple and complex. Simple carbohydrates, such as a piece of candy, give only a *short burst* of energy. Complex carbohydrates, such as a piece of whole wheat toast, take longer to digest and give us energy for a longer time.

Sugars are usually **simple** carbohydrates. While they taste good, they tend to be “empty” calories. This means they give the body a little energy, but that’s all. Empty calories provide no vitamins, no minerals, and no fiber.

Starches can be simple or complex carbohydrates. For example, a piece of bread made with **white** flour is a simple carbohydrate, but a piece of bread made with **whole wheat** flour is a complex carbohydrate.

Carbohydrates can also be *high-fiber* or *low-fiber* foods. The healthiest choices are high-fiber complex carbohydrates such as spinach or broccoli. But, low-fiber complex carbohydrates—including bananas, tomatoes and rice—are also nutritious.

Some people say that if you want to lose weight, you shouldn’t eat starches like bread or potatoes. *These foods are not fattening by themselves.* For example, a baked potato is a healthy choice unless you add heaps of butter, sour cream, cheese and bacon! A sandwich with two pieces of whole wheat bread is a good choice unless you add layers of butter and mayonnaise!

All fruits and vegetables are also carbohydrates. When eaten fresh or lightly cooked, fruits and vegetables also provide lots of vitamins, minerals and fiber. Lots of nutrients in each bite!



Essential Nutrient #2: Fat

Fats are a **condensed** source of energy. A teaspoon of any kind of fat provides at least twice the calories of a teaspoon of sugar. Fats are digested more slowly than carbohydrates, so after a meal, your body will use the energy from the carbohydrates first. The fat calories may not get used up right away, so your body saves them for later.

Fats provide us with this extra supply of energy—stored away until we need it. The first place that fat gets stored is in the liver. But our livers can only hold so much fat. Once the liver is full, fat gets stored throughout the rest of the body, especially under the skin. This body fat is what many people try to lose during a diet.



Foods that contain fat include butter, lard, cream, oil, margarine, mayonnaise, nuts, olives, meats, cheese and eggs. And, healthy foods like fish, chicken and vegetables can become high fat foods if they are cooked with a lot of fat.

Some fats contain cholesterol. A little bit of cholesterol is needed by our bodies, but many people have too much cholesterol in their blood, causing a build up in the arteries. So, you might hear people talk about “good” fats and “bad” fats. The “good” fats, like vegetable oil, are low in cholesterol. The “bad” fats, like lard, are high in cholesterol. Plants and fish are the best sources of good fat. It is essential to consume a small amount of **good** fat every day to maintain healthy cell function throughout the entire body.

Essential Nutrient #3: Protein

Protein is the second most common nutrient in our bodies. All of our tissues, bones and nerves are made up of mostly protein. Protein also helps us build muscles, blood, skin, hair, nails and internal organs like the heart and the brain. Our bodies can't store protein for later, so we have to eat some every day.



Foods that contain protein include animal sources like milk, meat, fish, poultry and eggs. Plant foods that have protein include legumes (dried beans), nuts, seeds and textured vegetable protein (like "veggie" burgers). It's best to choose low fat protein sources like poultry, fish and dried beans as much as possible.

If children don't get enough protein, they may grow too slowly. If adults don't get enough protein, they may be tired, weak, slow thinking and get sick a lot. However, in America, most people get plenty of protein. In fact, many people eat too much protein. This causes stress on the kidneys. It may also lead to heart disease and colon cancer. If your plate is mostly covered by meat, you may be eating too much protein.

One legume that has gotten a lot of attention lately is the soybean, which is low in fat and about 42% protein. In fact, the soybean is the only complete plant protein. This means it provides all the essential "building blocks" needed by the body. In addition, soybeans contain minerals, like iron, and are rich in isoflavones—substances that may help lower cholesterol, protect against some cancers, decrease blood pressure and build bone.

Essential Nutrient #4: Water

Water is the most common nutrient in our bodies. It is also the nutrient that we need the most—without it, we'll die in about 5 days (sooner in hot weather).

Think about this: blood is 83% water; our kidneys are 82% water; our muscles are 75% water; the brain is 74% water; and our even our bones are 22% water.



Every one of our bodily functions use water. For example, water helps our bodies stay at about 98.6 degrees. If we get too hot, our sweat glands produce sweat (which is 99% water) to get rid of some body heat. Water helps the body keep our eyes, nose and mouth moist and keep our skin soft. Our bodies even use water each time we take a breath!

That's why we need to drink 8 to 10 glasses of fluid (preferably water) a day. We can also get water from the foods we eat. Fruits and vegetables are more than 90% water. Even dry foods, like bread, are 35% water.

It is possible to drink too much water, leading to something called "water intoxication". However, this condition is very rare since people with healthy kidneys can process fifteen quarts of fluid every day.

If you are well-hydrated, it means you have a healthy amount of water in your body. If you are dehydrated, it means your body needs more water to keep working properly. Children, elderly people and sick people can easily become dehydrated. In fact, dehydration is a common cause of hospitalization for people over age 65. Signs of dehydration include thirst, dry mouth and skin, headache, fever, fast breathing and heart rate and dizziness.

Essential Nutrient #5: Vitamins (continued)

Vitamin E

- Helps with urination and can decrease edema and high blood pressure.
- Allows all our cells to use oxygen and get the nourishment they need.
- Keeps blood flowing to the heart better.
- May slow the aging process. (Have you ever seen a face cream with Vitamin E that is supposed to keep you from getting wrinkles?)

Vitamin E is found in:

- Whole grains.
- Vegetable oils.
- Enriched flour.
- Leafy greens and other vegetables.



Vitamin K

- Clots the blood. (Its nickname is the "Band-Aid" because Vitamin K is needed for a scab to form on a scrape or cut. This is why people who take blood thinners shouldn't eat foods high in Vitamin K. Doctors don't want their blood to clot quickly.)



Vitamin K is found in:

- Leafy green vegetables, especially spinach.
- Milk and egg yolks.
- Eating yogurt helps the body make its own supply of Vitamin K.

Remember that it is best to get vitamins from foods rather than vitamin pills. People who eat a balanced diet usually get most of the vitamins they need from their food. However, sometimes a vitamin supplement is needed. These should be taken according to the advice of a physician, a nurse or a dietitian.



More Facts About Vitamins

- Vitamins are divided into two categories, according to the way the body absorbs them.
 - Fat-soluble vitamins**—such as Vitamin A, D, E and K—make up one category. These vitamins are absorbed with the help of fats in the diet. They are also stored in body fat.
- The other category is **water-soluble vitamins**. These vitamins do not need fat for them to be absorbed, but, as a result, they are not stored very

- long in the body. Instead, any "excess" is flushed through the body rapidly and eliminated quickly in the urine.
- Except for vitamin D, and a bit of vitamin K, the human body cannot make vitamins. So, if a client's diet is lacking one or more vitamins, his or her body will feel the effects of these missing essentials.
- An ongoing shortage of vitamins can cause people to lose the ability to fight off disease. Severe shortages can even lead to death.

Essential Nutrient # 5: Vitamins

Vitamins are very important to our health. Our bodies can make some vitamins themselves, but most of our vitamins need to come from the foods we eat or from vitamin pills. There are 20 vitamins that are important to our nutritional health. Here are the most common ones:

Vitamin A

- Builds and repairs the skin. (You may notice skin creams advertising that they contain Vitamin A.)
- Protects our mucous membranes from infection.
- Helps with digestion of food.
- Keeps our eyesight strong.

Vitamin A is found in:

- Milk, cheese, butter and eggs.
- All meats.
- Spinach, squash, cantaloupe, broccoli, cabbage and carrots. (Have you ever heard that eating carrots will improve your eyesight? People say this because of the Vitamin A.)



The B Vitamins are found in:

- Yeast.
- Liver and beef.
- Fish.
- Sunflower seeds.
- Whole grain breads and cereals.

Vitamin C

- Fights off infections, including a cold or the flu.
- Builds ligaments and bones.
- Helps to heal wounds and burns.
- Builds red blood cells.

Vitamin C is found in:

- Citrus fruits like oranges and grapefruits.
- Broccoli and sweet peppers.
- Our bodies (we make some Vitamin C ourselves).



Vitamin D

- Helps the nervous system and heart work properly.
- Helps the blood clot.
- Keeps bones and teeth strong. (If children don't get enough Vitamin D, their bones and teeth will not grow properly. This is why Vitamin D is added to the milk we buy.)

Vitamin D is found in:

- Milk and egg yolks.
- Fish.
- Liver.
- And...our bodies absorb it from sunshine.



Vitamin B Complex

(8 different B vitamins)

- Gives the body energy by working with carbohydrates.
- Keeps the nervous system strong and healthy.
- Keeps the intestinal muscles strong.
- Builds strong skin, hair, eyes, mouth and liver.



Essential Nutrient #6: Minerals

Minerals are especially important for bones, teeth, soft tissue, muscle, blood and nerve cells. There are 17 minerals that our bodies must have, including these common ones:

Calcium

- Keeps bones and teeth strong. (Calcium is the most common mineral in the body, with 99% of it found in our bones and teeth. Many people, especially women, benefit from taking calcium pills since it's hard for adults to get enough calcium from foods.)
- Helps muscles—including the heart—work properly.

Calcium is found in:

- Milk and other dairy products (except cottage cheese has very little calcium).
- Canned sardines and salmon.
- Almonds.
- Asparagus, cabbage and mustard greens.
- Molasses.
- Prunes.
- Whole wheat bread.
- You can also buy juices that have added calcium.

Iron

- Carries oxygen in the cells, especially blood cells. (Iron is present in every living cell.)
- Builds strong blood.
- Fights off diseases.
- Gives energy.

Iron is found in:

- Liver.
- Oysters.
- Leafy green vegetables.
- Whole grains.
- Legumes (dried beans and peas).
- Raisins and prunes.
- Molasses.

Potassium

- Helps regulate water balance in the body (along with sodium).
- Helps the nerves and muscles work properly.
- Keeps skin healthy.
- Helps the blood pressure remain stable.
- Because potassium helps with the body's water balance, people who take diuretics (or water pills) may need to take extra potassium pills to keep the right balance.

Potassium is found in:

- All vegetables.
- Orange juice.
- Whole grains.
- Poultry and legumes.
- Raisins and apricots.
- Bananas.



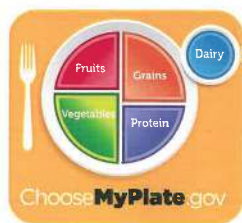
Sodium

- Helps keep the balance of water in the body (along with potassium).
- Is found in every cell in the body.
- Keeps the lymph system healthy (including the tonsils, the spleen and the lymph glands).

Sodium is found in:

- Nearly all foods, and especially table salt.
- Plant foods have less sodium than animal foods.
- There is a lot of sodium in seafood, milk, poultry, soy sauce, baking soda and baking powder.
- Most foods already contain sodium, so if you add table salt, you are getting a "double dose" of sodium.
- Having too much sodium in your diet can make your blood pressure too high and can cause other health problems.

Explore the My Plate Food Guidelines



- Do you remember seeing the old “food pyramid” which showed the foods that make up a healthy diet? In June, 2011, the USDA replaced that standard pyramid with the “My Plate” graphic you see to the left.
- The idea behind the graphic is to show people how to “build” a plate of healthy food at every meal. As you can see, portions of fruits and proteins should take up the same amount of space on the plate. The portions of grains and vegetables should also be the same size. The portion of dairy is smaller than the other food groups.
- The USDA offers additional guidelines on their new website: www.choosemyplate.gov.

TIP: MAKE HALF THE PLATE FRUITS AND VEGETABLES



- Go for a variety of colors when choosing fruits and vegetables—including red, orange, yellow and dark-green. For example, healthy side dishes for five lunches during the week might be tomatoes, sweet potatoes, bananas, broccoli and plums.
- Instead of snacking on candy, cookies or chips, eat fruit, vegetables or unsalted nuts when you need a little something in between meals.

TIP: MAKE AT LEAST HALF YOUR GRAINS WHOLE-GRAIN



- Look for 100% whole-grain cereals, breads, crackers, rice and pasta.
- If you check the ingredients list on the foods you buy/serve, you can see which ones contain whole grains.

TIP: VARY YOUR PROTEIN CHOICES



- A healthy diet should include seafood as the protein choice at least twice a week.
- Keep meat and poultry portions small and lean.
- Add beans to your menu—including chick peas, kidney beans, black-eyed peas and many more! They are a natural source of protein and fiber.

TIP: SWITCH TO SKIM OR 1% MILK



- Skim milk offers the same amount of calcium and nutrients as whole milk—with less fat and calories.
- Want an alternative to dairy? Try calcium-fortified soy products like soy milk.

Nutritious “Super Foods”!

You may have heard people talk about “super foods”. These are foods that contain vitamins, nutrients and/or minerals that are believed to prevent disease and help us live long, healthy lives. If appropriate, you may want to encourage your clients to consume *super foods*, which include:

Spinach

- This dark leafy green is loaded with iron and a variety of other nutrients including calcium and potassium—making it one of the healthful vegetables to eat.
- Studies have shown that eating spinach may help protect your eyesight and your cardiovascular health.



Garlic

- While it may cause bad breath, garlic packs a powerful nutritional punch. Studies have shown that garlic may protect the body against heart disease, parasites, cancer and diabetes!
- Keep in mind that if garlic is cooked too long, it loses its nutritional benefits.



Broccoli

- A serving of broccoli contains twice the vitamin C of an orange and almost as much calcium as a glass of whole milk. Broccoli is also a good source of fiber.
- A number of studies have shown that eating broccoli regularly may reduce the risk of breast, colon and stomach cancers.



Salmon

- This delicious fish contains “good” fats that help fight heart disease.
- Studies have shown that salmon may help protect against many health concerns, including obesity and dementia.



Nuts

- Nuts are a good source of protein, but remember that some people find them difficult to digest or are allergic to them.
- While nuts are “fatty”, they contain the good type of fats that help raise the HDL (the healthy cholesterol in the blood).
- Studies have shown that eating a *moderate* amount of nuts can help ward off heart disease and cancer.



Oats

- Oat bran helps lower cholesterol and blood pressure.
- Oats are a great source of fiber and help keep the blood sugar level stable.
- When you eat oats, you’re getting protein, potassium, magnesium and a number of other nutrients—all for one low price!



Blueberries

- This little blue fruit contains healthy substances called antioxidants which help protect against heart disease and cancer.
- Blueberries also help to ward off urinary tract infections by preventing bacteria from sticking to the wall of the bladder.



Sweet Potatoes

- This vegetable is not related to the potato, but is actually in the same plant family as the morning glory flower.
- Each sweet potato has more than the daily requirement of vitamin A and half the daily dose of vitamin C.



Understanding Serving Sizes and Eating Right

The new USDA My Plate guidelines give daily food suggestions in terms of *ounces* or *cups* rather than number of *servings*. However, it’s still good to have a general idea of how much food makes up a serving, especially since Americans tend to pile too much food on their plates. To get the right amount of nutrients—without overeating—it’s may help to think about the following:

GRAINS

- One serving of bread weighs about one ounce and is the size of a plastic CD case.
- Two ounces of cooked brown rice is the size of half of a tennis ball.
- Remember that if you have a sandwich with two pieces of bread, you are eating two servings from the Grains section.

VEGETABLES

- One serving of broccoli is the size of a light bulb.
- One serving of sweet potato is the size of a computer mouse.
- Keep in mind that two cups of leafy greens counts as a “one cup” serving of vegetables.

FRUITS

- One serving of fruit is the size of a tennis ball.
- If you have a cup of applesauce, you’re eating two servings of fruit.

OILS

- A teaspoon of butter or margarine is the size of a postage stamp.

MILK

- A cup of milk or yogurt is about the size of your fist.
- A serving of hard cheese is the size of your thumb.

MEATS & BEANS

- Three ounces of cooked meat is about the size of your palm or a deck of cards.
- Two ounces of peanut butter is about the same size



as a ping pong ball.

- **If you have a 16 ounce steak, you’re eating two or three days worth of protein!**

GENERAL TIPS

- Oils are fats that are *liquid* at room temperature, like the vegetable oils used in cooking. Oils come from different plants, nuts and from fish. Oils are not a food group, but they do provide essential nutrients.
- To get a balanced diet, be sure to eat the recommended amounts in each section—based on your age, gender and activity level. You can find out what the USDA recommends for you by exploring this website: www.choosemyplate.gov. In general, remember to fill *half* your plate with fruits and vegetables.
- Try not to eat the same foods every day. By eating different foods, you give your body a variety of the vitamins and minerals it needs.
- Try to stay at a healthy weight for *you*—not too heavy and not too thin.
- Watch your use of salt. Adding salt at the table is a bad habit that can affect your health.
- If you drink alcohol, stick to 2 drinks or less per day. Alcohol doesn’t give your body any nutrients—just calories.
- Watch out for high fat foods. Check the label on the

More On the Importance of Water

- Water is essential to every cell in the body. Just like a car can’t run without gas, the body can’t run without water. For example, water:
 - Serves as a lubricant throughout the body.
 - Provides the mouth with saliva.
 - Forms the fluids that cushion the joints.
 - Regulates body temperature.
 - Prevents constipation.
 - Maintains the metabolism.
- On top of all the “regular” jobs performed by water, it also helps prevent disease, including bladder cancer.
- Did you know that 75% of Americans have mild, *chronic* dehydration? All it takes is a 2% drop in the body’s water supply to trigger mild dehydration and symptoms like fuzzy memory, trouble with basic math, difficulty reading small print and daytime fatigue.
- Water is *cheap*. On average, someone can drink 4000 glasses of city tap water for the price of a six-pack of soda.
- Speaking of soda, it is not a good replacement for water—especially if it contains caffeine. Consuming

caffeine can cause dehydration because caffeine is a diuretic.

- Remember that your clients will lose more water from their bodies during warm weather. Be sure to encourage them to drink plenty of fluids during the heat of the day.
- Some prescription medications can cause dehydration as a side effect. This is especially true of diuretics (like Lasix, for example), antihistamines and steroids. If your clients take these medications, be sure to watch their hydration status.
- What’s a quick way to know if your clients are well-hydrated? Check their urine. If it is clear or pale yellow, they are probably getting enough fluids. Dark yellow urine may be a sign that the body is *concentrating* the urine in order to conserve its water supply. Be sure to report incidents of concentrated urine to your supervisor.



If you have internet access and want more information about nutrition and hydration, check out these web sites:

www.choosemyplate.gov

This USDA site has all the information you could ever want about the newest recommendations for healthy eating and exercise guidelines. It is very “user friendly”.

<http://myfoodapedia.gov>

This fun site lets you enter any food and find out its nutritional value, including the calories and which portion of your “plate” the food fits in. Try it and see!

<http://www.hsph.harvard.edu/nutritionsource>

The Harvard School of Public Health nutrition website offers lots of information on healthy eating. You can subscribe to email updates to receive new information about nutrition.

Meeting the Nutrition/Hydration Needs of Your Clients

- Remember that fats and proteins take longer to digest than carbohydrates. If your client says he's hungry an hour after breakfast, ask him what he ate. If he ate a piece of toast, he'll be hungrier sooner than if he ate scrambled eggs.
- If your clients are eating poorly, try to find out why. *Is the food too hot or too cold? Are their dentures not fitting properly? Are they afraid of choking on the food? Do they prefer a big meal at noon instead of in the evening?* Remember that a poor appetite is only one reason someone may not be eating.
- Be sure to report any change in your clients' eating habits to your supervisor, whether or not you can figure out why it's happening.
- Your clients may eat a better meal if they are prepared first by washing their hands and face and helping them with appropriate mouth/denture care.
- Remember that fats can be **visible** in foods like butter, cream, oil and bacon. Fat can also be **invisible** in foods such as whole milk, egg yolks, pastry, nuts and olives. If your client is on a low fat diet, be sure you keep these "invisible" fats in mind.
- Without water, nutrients can't work in the body. So, if your clients aren't drinking enough water, their bodies won't get the full benefit of healthy food choices.
- Sick and/or elderly people often lose their sense of thirst. This may keep them from drinking enough fluids throughout the day. Be sure to encourage your clients to drink plenty of fluids (unless the physician has ordered a fluid restriction).
- Remember that vitamin and mineral pills should be taken as recommended by a physician or a nutritionist. However, if a client takes too many vitamin pills, it may make her sick. (Although "extra" vitamins usually get passed out in the urine. Since vitamins are expensive, this is truly money "down the drain!")
- Remember that people who stick to the diets prescribed by their physicians—such as a low fat diet, a low sodium diet or a diabetic diet—may get sick less often. They may also stay out of the hospital and be able to take fewer medications. If your clients have special diets ordered by the physician, be sure to help them make the right food choices.
- Recent studies have shown that eating just 8% fewer calories can help people live longer because it reduces stress on the liver. For someone on a 2000 calorie diet, that means eating 160 calories less each day.
- Keep in mind that many Americans eat too many calories—and too much fat, sugar, salt and alcohol. Following the government's My Plate guidelines will help improve nearly anyone's nutritional status.



For additional helpful information, ask your supervisor about In the Know's inservices:

- Understanding Commonly Prescribed Diets
- Feeding Your Clients
- Food Preparation & Safety
- Personal Wellness



COURSE OUTLINE

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In accordance with industry standards, this inservice material expires on December 31, 2024. After that date, you may purchase a current copy of the materials by calling 877-809-5515.



A Safety Module:
Home Care Safety Tips

HOME CARE SAFETY IS A REAL CHALLENGE!

Client safety is one of the primary responsibilities of every healthcare worker. But if you work in clients' homes, you know that keeping your clients safe can sometimes be a real challenge!

In facilities, such as hospitals or nursing homes, the environment is fairly controlled. The rooms are all similar. Housekeeping staff keeps everything clean. And, supplies and equipment are just a few steps away.

Home care is different. Your work environment can vary tremendously from client to client. For example, here are the clients assigned to Mary, a home health aide:

- Mr. Jones, who lives downtown with his wife on the 8th floor of a large, new apartment building.
- Mrs. Walker, who lives by herself in a 50-year-old one-story house that could use some repairs.
- Mr. Sampson, who stays with his daughter in a small, two-story duplex that has just been updated.
- Mrs. Canfield, who rents a room in a 100-year-old boarding house at the edge of town.
- Mrs. Thomas, who lives with her elderly brother outside of town on the family farm.

In just one day, Mary is going to go from the city to the country; from well-maintained homes to homes in need of repair; and from clients who live with family to clients who live alone. There is no housekeeping staff to clean up spills and no stock room filled with handy supplies. As she goes through her day, Mary will have to rely on her knowledge, skills, and creativity to keep each client safe.

Keep reading to learn more about home safety. You'll also pick up some tips for keeping your home care clients (and yourself) safe in both day-to-day and emergency situations.



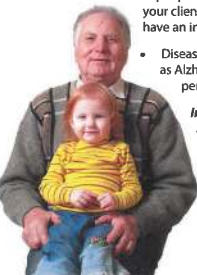
ARE YOUR CLIENTS AT RISK?

Whose safety is most at risk while at home? It's the people who are least able to protect themselves, including **children** and **the elderly**.

Young children are at risk for injuries because they are curious and have not yet learned about all the dangers in their environment. But adults know better, so why are older people at risk?

As people age, there are a number of physical changes that put them at risk for accidents in the home, such as:

- Muscle strength decreases gradually with age. Joints, tendons, and ligaments lose their flexibility and limit motion.
- Reflexes begin to slow, making it hard for older people to react quickly.
- As people age, their vision diminishes—including their depth perception. This makes it difficult for them to judge distance and can lead to a fall or other injury.
- Elderly women are at risk for osteoporosis, a condition that causes bones to become weak and brittle. Even a slight fall can cause a severe fracture!
- Some older people develop urinary urgency. It's easy for them to trip or stumble on something as they hurry to get to the bathroom.
- The side effects of some medicines can put people at risk for falls, especially older people as they tend to take *multiple* medications. If your clients take four or more medications per day, they have an increased risk of injury.
 - Diseases that are common among the elderly, such as Alzheimer's disease and arthritis, can add to a person's risk for accidents.



In addition, clients of any age need extra safety precautions if they are weakened, unsteady on their feet, and/or suffer from an altered mental status. Chances are, most of your clients have one or more factors that add to their risk of injury. By doing everything you can to maintain their safety, you'll promote a higher quality of life for all your clients.



The Facts

Every year in homes across the U.S., there are an average of:

- 33,300 fatal accidents.** In fact, someone dies accidentally at home every 16 minutes!
- 8,000,000 disabling injuries**—which adds up to one serious injury every 4 seconds!

The most common causes of accidents in the home are:

- Poisoning.
- Falls—especially among people over age 65.
- Fire.
- Choking.

Accidents can lead to a variety of injuries, including cuts, fractures, head injuries, and burns.

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!



THE NATIONAL PATIENT SAFETY GOALS

The National Patient Safety Goals program was developed by the Joint Commission. The purpose of the National Patient Safety Goals is to improve patient safety. The Goals focus on problems in healthcare safety and how to solve them. This program is a critically important component of The Joint Commission's overall efforts to improve health care.

The Joint Commission develops specific goals for each area of healthcare, such as home health, and updates these goals periodically. The latest patient safety goals for home care are:

1. Identify patients correctly.

One way to meet this goal would be to use two methods for identifying patients—such as name and birth date. The idea is to avoid situations like this: A home health aide was sent to give care to a patient named Johnnie Parker. The aide got to the patient's home, met the husband and wife and proceeded to help the husband with his bath. So what was the problem? The wife's name was Johnnie and SHE was the patient, not the husband! (This is a true story!)

2. Use medicines safely.

The main responsibility for meeting these goals falls on the nurses. However, your observations about your patient's medications, how they are taking them and/or the presence of any noticeable side effects are very important!

3. Prevent infection.

Having all staff members follow the handwashing policy is one way to meet this goal. Providing staff with waterless hand sanitizer is another.

4. Prevent patients from falling.

Part of meeting this goal might be to assess each patient's risk of falling and to teach the patient and family how to reduce the risk.

5. Identify specific patient safety risks.

For example, patients who are on oxygen therapy have an identified safety risk. An agency might meet this goal by checking the patient's home. Does anyone in the household smoke? Are there any other open flames, such as in a fireplace or on a gas stove? Does the house have smoke detectors? Every patient on oxygen therapy should receive the same assessment and be taught about oxygen safety.

You may have heard about the Joint Commission's patient safety goals at your workplace. Keep these goals in mind as you go about your daily work with your clients.



YOU PROTECT YOUR CLIENTS, BUT WHO PROTECTS YOU?

OSHA protects you from infectious diseases, musculoskeletal injuries, chemical hazards, and much more in your healthcare work environment—even when you work in clients' home!

OSHA, which has been lovingly called the "Bureaucratic Caped Crusader" was created in response to public outcry against rising injury and death rates on the job.

And like the fictional Caped Crusader (Batman), OSHA does not really possess any superpowers. OSHA makes use of intellect, detective skills, science and technology to improve conditions for American workers!

To learn more about how OSHA protects you on the job, look for our full inservice titled "All About OSHA" at www.knowingmore.com

KEEPING CLIENTS SAFE FROM FALLS

Every year more than two million Americans fall down, often causing serious injury and substantial medical bills.

- Falls have become one of the elderly's most serious health issues. In fact, falling down is the leading cause of accidental death among older adults. And, sixty percent of fatal falls occur in people's homes!
- About one-third of seniors who live in their own homes have a problem with falling—and injuries, such as a broken hip, are common.
- Elderly people who fall once are likely to fall again. A fear of falling is often the reason elderly people are admitted to nursing homes or assisted living facilities instead of remaining at home.

HOW CAN YOU PREVENT FALLS?

- ASSESS THE RISK.** When you begin caring for a new client, ask your supervisor if the client has a high risk and/or a history of falling. The more you know about your clients, the better prepared you'll be to keep them safe.
- HELP KEEP SENIORS ACTIVE AND STRONG!** Encourage your clients to stay as active as possible. Help them get some kind of daily exercise. If your client is being treated by a physical therapist, ask the therapist what you can do to help your client stay active.
- WATCH FOR THESE SIGNS.** Report a client's dizziness, confusion or disorientation to your supervisor. Sometimes, these symptoms are a side effect of multiple medications—and will go away if the doctor adjusts the medications.
- KNOWLEDGE IS POWER!** Help educate clients and their families about the risk factors for falls. By learning more, they may feel more in control and more confident about avoiding falls.
- REPORT CHANGES.** Be sure to report any changes that you observe in each client's physical, mental, or emotional status. Even small changes could trigger the need for a reevaluation of the client's risk of falling.
- MANAGE THE ENVIRONMENT!** Make sure that all rugs are tacked down tightly. Loose rugs are easy to trip over.
 - Keep everyday items within your clients' reach—so they don't have to stretch to get what they need.
 - Make sure that all loose cords, such as telephone wires, are tucked under furniture or placed where they will not be tripped over.
 - Keep the client's living environment free from clutter, especially on the floor and the stairs.



GET OUT!

THINK OUTSIDE OF THE BOX!

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

THE PROBLEM: You are caring for Rose who is healing from a broken hip.

The Nurse Practitioner recommends that the two of you take short walks each day to improve her strength and balance.

Rose refuses because she is afraid that she will fall again.

WHAT YOU KNOW: You know that walking actually improves strength and balance and can prevent falls. And, you know she needs to move now before her condition gets worse.

GET CREATIVE: Think of three creative solutions you might suggest to your client right now to help her get some exercise to improve her strength and balance.

TALK ABOUT IT: Share your ideas with your co-workers and supervisor and find out how they would solve the problem.



THE NEXT STEP!

What steps do you take to make sure you are preparing food safely in your clients' homes? Here are a few food safety tips:

- Always wash your hands before handling your client's food!
- If you prepare food in the home, wash all surfaces used for food preparation before and after cooking.
- Clean surfaces with a mixture of one teaspoon of chlorine bleach in one quart of water for an effective and inexpensive bacteria buster!
- Wash ALL fruits and vegetables before preparing.
- Use two cutting boards, if possible—one for meats and one for fruits and vegetables. If not—clean the board with bleach solution when switching between meat and fresh fruit and vegetable preparation.

KEEPING CLIENTS SAFE IN THE KITCHEN

Many serious accidents that happen in the home occur in the kitchen. Here are some ways for you and your clients to stay safe in the kitchen:

BE CAUTIOUS AND CAREFUL WITH ELECTRICAL EQUIPMENT:

- Keep appliances as clean as possible to prevent fire hazards. For example, empty the toaster oven's crumb tray and/or clean out the crumbs periodically from the toaster. Wipe out the microwave. Clean the stove top.
- Do not touch or handle electric equipment, including switches, if your hands are wet or if you are standing in water.
- Don't put metal in a microwave oven. The sparks can turn into fire or can seriously damage the microwave. And, if your client has a cardiac pacemaker, unplug the microwave and DO NOT use it!
- Unplug electric appliances when not in use. Otherwise, they continue to draw electricity even when they're not turned on. If the appliance's wiring is old or faulty, a fire could break out.

PREVENT BURNS AND FIRES:

- If you take a hot pan off the stove and put it on a counter, leave a hot pad on top of the lid as a warning to your client that the pan is hot.
- Never leave wooden or plastic tools, dish towels, or other items on the stove top. If you turn on the wrong burner, you could easily melt something or start a fire.
- Make sure that all pot holders and kitchen dish cloths are at least a few inches away from the stove top, as they are quite flammable.
- In order to prevent fires, make sure that all cooking messes are cleaned up as they happen. Just a little bit of oil splattered on a stove top can ignite and turn into a major fire.



AVOID OPPORTUNITIES FOR SLIPS, TRIPS, AND FALLS

- Place the client's frequently used items at a convenient level—somewhere between the shoulders and the knees. This keeps the client from reaching, climbing, and bending and reduces the chance of falls.
- Clean spills and messes off the floor immediately to prevent slipping and falling.
- If you are using a kitchen knife and you drop it, stand back and let it fall. Don't try to catch it! For most people, the instinct is to grab it—so ignore your instinct and avoid an injury!
- If glass gets broken, clean it up slowly and thoroughly. And, for safety's sake, suggest that your client dispose of any chipped or cracked items (such as glasses or plates) before they shatter or break.

THE MOST DANGEROUS ROOM IN THE HOUSE

The CDC estimates that nearly 22 million Americans are injured in bathrooms each year. That's why the bathroom is called "the most dangerous room in the house." In fact, people over the age of 65 have the highest bathroom injury rate. Falls cause 80 percent of all bathroom accidents, leading to serious injuries like hip fractures.

- Encourage the family to purchase a room monitor (such as an inexpensive "baby monitor") to keep in the bathroom to alert them (and you) when the client needs help.
- Ask the family to remove any lock on the bathroom door so that, if the client should fall, the family can get in the room quickly.
- If possible, place a telephone near the toilet, to prevent the client from making a "run" for the phone.
- Keep an extra roll or two of toilet paper within easy reach at all times.
- Get rid of clutter. Clothing and towels on the floor invite accidents to happen. Cluttered shelves lead to things falling onto the floor—and perhaps hitting you or your client.
- NEVER plug in an electrical appliance near an area where water is present. This includes the bathtub, toilet—and even the sink. One false move could plunge a plugged-in electrical item into the water, causing electrocution.
- Remember that towel bars should not be used as grab rails! If your client is in need of grab bars in the bathroom, discuss the issue with the social worker.
- If the client's sink has a separate knob for hot water, consider marking it with red nail polish—to remind the client that the water will be hot.
- Get rid of all glass in the bathroom. Even decorative items such as candle holders or perfume bottles can fall and shatter, especially on a tile floor. You don't want anyone picking glass shards out of their feet.



MAKE THE BATHTUB SAFER

- Use nonslip safety strips or a nonslip bath mat in the tub or shower.
- Keep the tub clean to avoid slippery soap scum or mold.
- NEVER let your client use a soap dish, towel rack, or sliding glass shower door for stability or balance. This is extremely unsafe because these items were not meant to support human weight.
- If the tub or shower floor is white—and your client is elderly—suggest that the family get a colorful non-slip rubber mat. Many seniors find it easier to judge distance with a colored mat against the white background.
- Remember that the greatest danger in a bathroom comes when clients get in and out of the tub or shower. The risk of falling is high! Be sure to wear rubber-soled shoes.



LOOK AHEAD!

SENIORS CAN BE EASY TARGETS

About 2 million people over the age of 50 are victims of crime each year. Keep your client safe from criminals:

Telemarketers/Solicitors: If you notice your client receives phone calls, visits from sales people, or excessive junk mail with offers that seem too good to be true... talk to your client and the family members about saying "No!" If an offer seems too good to be true, it probably is!

Identity Theft: Make sure your client knows it is NEVER okay to give personal information over the telephone.

Violent Crimes: If your client lives in a high crime area, make sure all windows and doors are sturdy and strong. A deadbolt lock on the door is the best option.

STAYING SAFE WHILE TRAVELLING

If driving clients to appointments, shopping, church, or on other errands is one of your responsibilities, then keeping your client and yourself safe should be your top priority!

Getting into and out of the car

- The front seat is probably the best option for most clients. It has a larger door and more leg room than the back seat.
- The front seats in most newer cars are equipped with air bags. It is safe for elderly clients to sit in the front with airbags but it is recommended that the seat is pushed as far back as possible and slightly reclined.

Seatbelts

- You and your passenger should wear both the shoulder and the lap belt. The lap belt should fit snugly under the abdomen (across the hips). The shoulder belt should come over the collar bone and cross the chest. If the seat belt hits the neck, it is too high and should be adjusted.

Cell phones

- Never use your cell phone to talk or text while driving. In some states, it is illegal. In all circumstances, it is extremely dangerous.

Allow plenty of time

- Avoid feeling rushed by giving yourself plenty of time to get to appointments. When you feel rushed, you are more likely to speed, run through yellow lights, and make unsafe lane changes to pass slower cars.

Drive the speed limit

- Always drive the speed limit. Driving even a few miles over the speed limit dramatically increases the risk of an accident happening.

Take the scenic route

- One way to slow down and stay safe - and have a little fun too - is to take the scenic route! Avoid major highways and freeways. Take the back roads when time permits! This is a much safer way to transport your precious cargo!

Avoid driving in bad weather

- If possible, ask clients to reschedule appointments or events if the weather is bad. Driving in bad weather is not only stressful - it's dangerous!



KEEPING YOURSELF SAFE

Did you know that Americans are 11 times safer at work than they are at home? However, because you work in clients' homes, it's up to you to help make your "workplace" safe. **Here are some tips for staying safe as you make visits to clients' homes:**

Get Prepared in Advance

- Get specific, clear directions to each client's home—**before** you leave your office.
- Make sure your supervisor knows your visit schedule. If your schedule changes for some reason, call the office right away.
- Attach a whistle or chemical spray to your key ring. Keep your keys ready—in your hand—while walking to and from your car.



Survey Your Surroundings

- Park as close to the client's home as possible, preferably in a well lit area.
- Look around before you leave your car. Don't get out of the car if you feel unsafe.
- Be sure to lock your car. And, never leave your purse visible in your car. (Lock it in the trunk.)
- If you are the victim of a robbery, don't resist giving up your money or valuables. They are not worth getting hurt over!
- When you arrive at a client's home for the first time, take a minute to assess the situation. Do not enter a home if there is a visible threat to your safety such as drugs, weapons, or unfriendly animals.
- Once inside, make a mental note of the location of every exit and of a telephone. As you perform your client care, keep an "exit strategy" in mind.

Be Cautious and Respectful

- Always knock before entering a client's home.
- Never enter a home that has not been scheduled for a visit. It's best to confirm the visit by phone ahead of time.
- If a client's home feels unsafe to you, ask your supervisor to send another aide with you or plan your visit to overlap with the visit of a nurse or therapist.

What About Pets?

- Do not approach a dog or cat that has its hair raised or its teeth bared. These are signs that the animal feels threatened.
- In fact, your best bet is not to touch your client's animals at all. This reduces your chances of being bitten and keeps you from having to rewash your hands in the middle of client care.
- Your clients probably love their pets and may want you to show affection to them as well. Explain that your workplace has a policy requiring you to keep your distance from all animals.
- If you feel uncomfortable around a client's pet, ask the family to put the animal in another room or restrain it during your visit.
- If a dog starts dashing toward you, don't run. The dog's instinct is to chase after you—even if it doesn't want to hurt you.
- If a dog approaches you, try to stand very still for a minute or two. The dog will probably sniff you (to check you out) and then get bored and walk away.
- Avoid making eye contact with a dog as this is seen as an aggressive move. And, if you walk away from a strange dog, go very slowly and calmly.
- If you are bitten by a client's pet, wash the wound gently with soap and water. Then, call your supervisor for further instructions.
- Keep a bottle of flea spray in your car, especially during the fall. If you suspect that you have been in a home where there are fleas, spray your lower legs and feet when you leave the house.



THINK ABOUT IT!

During a fire, smoke or flames may block your exit. It's important to plan two escape routes from every client's home.

Think about one of your current clients. Picture his or her home in your mind. What two ways could you get out of the house in case of a fire? Would you be able to get the client out by yourself? Write down your "fire escape" plan here:

FIRE SAFETY

In less than 30 seconds, a small flame can race through a home and turn into a major fire. And, it only takes a minute for a home to be filled with thick, black smoke! The good news is that most fires are preventable.

Keeping Smokers Safe

- If your clients smoke, make sure they use large, deep non-tip ashtrays. Empty the ashtrays frequently—and make sure to wet the contents before dumping them into the garbage.
- Don't let anyone smoke in areas where oxygen is in use.
- Never allow clients to smoke in bed. Smoking in bed is the number one cause of fire in seniors' homes.

Eliminate Common Fire Hazards

- If you discover that your client sleeps with a space heater operating, discuss the situation with your supervisor. Space heaters are the number two cause of fire in older people's homes.
- If you notice that the lights in a client's home flicker, smell bad, or make noise, tell your supervisor. The electrical wiring in the house may be at risk for starting a fire.
- Keep things that can catch on fire (paper, curtains, linens, etc.) away from hot devices such as stoves, radiators, or reading lamps.

What to DO if there is a Fire!

- If grease catches on fire, don't put water on it. Water will only make the fire spread! Try to smother the fire using a pot cover or a fire extinguisher.
- Know where fire extinguishers are located in your clients' homes. Using a fire extinguisher is easy if you remember the word, PASS. It stands for:
 - Pull,
 - Aim,
 - Squeeze and
 - Sweep.
- Always call the fire department **before** trying to put out a fire. Why? If the fire gets worse, you may not be able to get to a telephone.
- If you are in a fire, test doors before opening them. If the door is warm to the touch, don't open it! Look for another exit.
- If you are trapped, help your client into a room with a window and close the door. Stuff clothing or linens under the door to block out the smoke. Next, break a window. Stay close to the bottom of the window since that's where fresh air will come in. Wave a shirt or pillowcase outside so someone can see you.



DISASTER PLANNING

Every workplace is required by law to have an emergency preparedness plan. The emergency plan must cover a variety of emergencies. For healthcare organizations, this plan must teach you:

1. How to know when the plan is being put into place.
2. Who does what during an emergency.
3. How to evacuate your clients' homes, if necessary.
4. Where clients can go if their homes are destroyed.
5. How to help clients during an emergency.

An emergency or disaster can happen at any time—day or night. Being prepared is your best defense. Here's how you can become prepared:

- Be sure you know which types of natural disasters are common in your area so that you can be ready for them. Examples include floods, fires, terrorism, winter storms, earthquakes, tropical storms, tornadoes, nuclear facility accidents, hazardous materials incidents, and influenza pandemics.
- Hurricanes usually strike slowly. You'll probably have time to prepare yourself and your clients for this disaster.
- Tornadoes usually strike suddenly, with little warning. A tornado watch means that a tornado is possible and that you need to stay alert. A tornado warning means that a tornado has actually been sighted and that you need to protect yourself and your client immediately.
- Earthquakes can happen without warning, but floods can usually be predicted.
- It's important to know which of your clients have family or friends who will help them in a disaster—or if you are expected to stay with them in their home or in an emergency shelter.
- Your clients should be taught how to get a hold of you (and/or your workplace) during a disaster.
- Clients should also be encouraged to put together two disaster supply kits—one if they are confined to home because of a disaster and one if they are forced to leave home during an emergency. For more information about disaster kits, ask your supervisor for a copy of the Emergency Worksheet (that came with this inservice) or visit www.ready.gov.
- If you have a four-wheel drive vehicle, you may be asked to transport co-workers during an emergency.
- Your workplace may have a "telephone tree." A co-worker may call you to report that the disaster plan has been implemented. You might be expected to call the next person on the list.
- You probably learned about the emergency plan for your workplace during orientation. However, it's a good idea to review the plan every year.



DID YOU KNOW?

In an emergency, your clients may qualify to stay at a "special needs" shelter? Especially, if they need any of the following:

- Electricity to operate medical equipment.
 - Medications, injections, or simple dressing changes.
 - Regular dialysis treatments.
 - Hospice care.
- Or, they may qualify if they have:
- Mild dementia—but do not wander or behave in an abusive or combative manner.

Some special needs shelters require that home health care workers stay with their clients.

Pets are usually not allowed at special needs shelters. However, by law, service animals (such as seeing-eye-dogs) must be allowed.

FINAL TIPS ON HOME CARE SAFETY

Keep in mind, the most common causes of home accidents are: poisoning, falls, fire and choking.

Prevent Accidental Poisoning:

- Never use a food-related container to store cleaning supplies. Cleaning products that are clear can be mistaken for water, and those that are brightly colored can look just like juice.
- If an accidental ingestion occurs, follow these steps:
 - Drink water or milk.
 - Induce vomiting.
 - Call poison control at (800) 222-1222 to find out what to do.

More Tips on Preventing Falls:

- Put some colored tape at eye level on glass doors or picture windows—especially for clients who are confused or suffering from dementia. This may keep them from trying to "walk through" the glass.
- Make sure furniture will not move if your client leans on it for support.
- Never run extension cords under carpets or where they may be stepped on. Extension cords should never be plugged together.
- Encourage the family to purchase "automatic" night light that turns on when it gets dark, especially in hallways and stairways.

More on Preventing Fire:

- Make sure your client's home has the recommended number of smoke detectors. The National Fire Protection Association (NFPA) recommends having a smoke alarm on every level of the home (including basements), and in every bedroom and outside each sleeping area.

Prevent Choking:

- Be sure you know how to do the Heimlich Maneuver!
- Check for food pocketing after each bite. This is when a person holds the food between his cheeks and teeth instead of swallowing.
- Make sure clients with swallowing problems remain upright for at least 30 minutes after eating.



FIVE KEY POINTS!

REVIEW WHAT YOU LEARNED!

1. Conditions can vary widely from home to home. That's why keeping your clients safe can be a real challenge!
2. The most common causes of home accidents are: poisoning, falls, fire, and choking.
3. The majority of serious accidents that happen in the home occur in the kitchen and the bathroom.
4. In addition to the more common causes of accidents, you also should be prepared to keep yourself and your clients safe while traveling and during natural disasters.
5. When you work in a facility, it's the facility's responsibility to make evacuation plans. In the home, it's your responsibility to make and teach the plan to your client.



intheknow CAREGIVER TRAINING
A home care/pulse COMPANY

A Professional Growth Module:
Maintaining a Professional Distance

COURSE OUTLINE

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JILL CROSSES THE LINE

It was a typical day for Jill, a nursing assistant at the Hill Top Home for Seniors. Nothing too exciting ever seemed to happen... and that's the way Jill liked it! Then, the new admission arrived. It was Mrs. Hummel from Jill's church. Jill was both happy and sad to see her in the Hill Top Home. Mrs. Hummel had taught Sunday School for years. Jill had been her student almost 30 years ago!

Jill **volunteered** right away to help with the admission, and even though Mrs. Hummel was not being placed on her hall, Jill offered to handle **all** of Mrs. Hummel's care.

Mrs. Hummel was relieved to see Jill, and Jill **promised** to take "the very best" care of her.

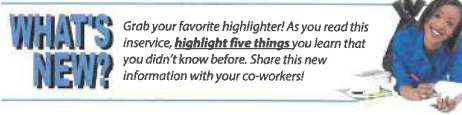
As the days went by, Jill's time became more and more stretched. She was spending so much time with Mrs. Hummel that her other residents were beginning to complain.

Jill began asking her co-workers to help with the other residents... which put everyone else behind.

Then one day, Jill arrived at work to learn that Mrs. Hummel had passed away during the night. Jill found she was too sad to work and asked her supervisor for the rest of the day off.

So, was it wrong for Jill to care about Mrs. Hummel? No. But Jill did not keep a professional distance. The other residents in the Home and Jill's co-workers suffered because of it.

- **To maintain a professional distance, you should always remember that your relationships with your clients are professional, not personal.**
- The fact is that doing too much—even if you mean well—may actually do more harm than good. It can also lead to job "burn out." Keep reading to learn more about maintaining a professional distance.



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

DEFINING THE RELATIONSHIP

You have many types of relationships in your life. Some are **personal** and some are **professional**. The key to maintaining professional distance is understanding the **difference** between the purpose, goals and expected outcomes for each type of relationship.

Here is a comparison of the different types of relationships you have:

	SOCIAL RELATIONSHIPS <i>(personal)</i>	WORK RELATED RELATIONSHIPS <i>(professional)</i>	CLIENT/CAREGIVER RELATIONSHIPS <i>(professional)</i>
PURPOSE	Friendship or intimacy. Meets each person's need for socialization.	Meets each person's need for success and achievement in the workplace.	Meets client's physical and emotional needs.
GOALS	Socialization, companionship, sharing of ideas, emotional connection.	Meeting workplace goals and standards.	Client's needs are identified and a plan is developed and put into action.
WHAT DO YOU TALK ABOUT?	Personal information and giving and receiving of advice is exchanged.	Work related topics, meeting, clients, professional achievements.	Solutions to client's problems are discussed and the plan to meet the client's needs is negotiated.
OUTCOME	The need for socialization is met. There is emotional satisfaction and security.	Mutual respect, trust and a peaceful and productive work environment.	Client's physical and emotional needs are met. Client develops new coping skills. A new level of independence may be achieved by client.

Maintaining a professional distance with your co-workers and supervisor is probably easy... especially if you have a satisfying social life outside of work.

Maintaining a professional distance with your clients may be a little harder. It's easy to blur the line between these types of relationships when you spend a great deal of time with your clients and their families. You may learn personal or intimate information and you may be tempted to share personal information about yourself.

But remember, the goal in professional relationships is to maintain a professional distance!



KEY TERMS

- **EMPATHY:** The act of understanding, being aware of, and being sensitive to the feelings, thoughts, and experiences of another.
- **GENUINENESS:** Being open, honest and sincere in your interactions with others.
- **SOCIAL RELATIONSHIP:** A relationship between two or more people that meets each person's need for companionship and emotional connection.
- **THERAPEUTIC RELATIONSHIP:** The relationship between a healthcare professional and a client. It is the means by which the professional hopes to engage with, and affect change in a client.



EMPATHY VS. SYMPATHY

Maintaining a professional distance does not require you to harden your heart or build walls between your clients and yourself.

You can care about your clients feelings and understand their suffering or pain. You can even express that caring through actions and words. But it's important to use empathy (not sympathy) in your professional relationships.

Having empathy means you **understand** your client's feelings accurately. You show that understanding to the client and act on it in a helpful way.

Look at it like this:

- **Empathy** is the intellectual and emotional awareness of another person's thoughts and feelings. Empathy focuses on **understanding** and is useful in client/caregiver relationships.
- **Sympathy** involves sharing another's feelings, especially in sorrow or trouble through imagining what the other person must feel. Sympathy emphasizes **sharing** and is useful in social and intimate relationships.

CARING WITH EMPATHY TAKES COURAGE!

As a health care worker, you are in a tough position. It's difficult to provide quality client care without getting emotionally involved in some way. Yet, the more you care about your clients, the more you risk being hurt if a client takes a turn for the worse.

Caring about clients who are dying takes real courage. It may be hard for you to see people who are in physical and/or emotional pain. Perhaps you have memories of a family member who died, so you try not to care when you lose a client.

On the other hand, it takes courage to care about clients as they get better. Think about it. Doesn't it feel good to be needed? When clients start needing you less, you might find yourself pulling away from them.

It also takes courage to care about a client who has an unpleasant personality or who is grumpy. For example, isn't it easier to care about a sweet old man who thanks you for everything you do than it is to care about a grumpy old woman who never seems to be satisfied?

If you're like most nursing assistants, you got into health care to help people and to make a difference in their lives. Your work takes strong muscles, a big heart and lots of courage!



WHAT EXCITES YOU?

HAVING FUN WITH YOUR CLIENTS

Keeping a professional distance DOES NOT mean you can't have fun!

Think of some ways you can have fun with your clients without crossing the line. For example,

- Share funny jokes or stories with your clients. Laughter is good medicine!
- Join in when your client is singing, dancing or exercising.
- Put on some uplifting music and dance around while you work.

What else can you do to have fun while maintaining your professional distance?

Share your ideas with your co-workers and supervisor and find out how they have fun!

BASIC HUMAN NEEDS

All your clients have at least one thing in common. They have needs that they cannot meet without help. And, even though your clients are all individuals, they have the same basic needs.

A well-known psychologist, Abraham Maslow, developed a useful way to look at basic human needs. He organized them into five levels:

- **LEVEL 1—PHYSICAL NEEDS:** Everyone has physical needs such as food, water, oxygen, sleep, elimination, hygiene and sex. These are the most basic human needs.
- **LEVEL 2—SAFETY & SECURITY NEEDS:** People need to feel safe in their homes and their communities. They need to feel protected from danger and free from fear. Many people also need to feel the security that comes from religious beliefs.
- **LEVEL 3—NEED FOR BELONGING & LOVE:** Human beings need to communicate with each other and feel accepted and loved by family, friends and members of the community.
- **LEVEL 4—SELF ESTEEM NEEDS:** People need to feel good about themselves and need to gain respect, approval and recognition from others.
- **LEVEL 5—NEED FOR SELF-ACTUALIZATION:** Another basic human need is for the satisfaction that comes when people follow their dreams and achieve important goals.

Generally, the basic needs at level one and two must be satisfied before people can move on to the higher levels. For example, a person who hasn't slept in several days is more interested in getting some rest than in boosting his self-esteem or feeling loved.

In your daily work, you spend a lot of time helping people meet their most basic needs. But, remember... it is possible to help your clients too much. Your challenge (and it's a big one) is to **balance** the care you provide by:

- Giving enough help with basic physical needs so that your clients have the energy to focus on some of their higher needs.
- Allowing your clients to take care of themselves as much as possible—so that they remain independent and feel good about themselves.

IMPORTANT NOTE: People with unmet needs tend to be frustrated, angry, helpless and depressed. If your clients seem upset, try figuring out which of their needs are not being met. But remember... your relationship with your clients is about their needs, not yours! Instead of assuming that you know what your clients need, try asking them, "What can I do for you today?"



THE NEXT STEP!

To be the most effective caregiver you can be—you have to be able to meet your own basic human needs!

List two things in each category that YOU do to fulfill your own needs:

Physical Needs:

Safety Needs:

Need for Love:

Self Esteem Needs:

Self Actualization Needs:



CROSSING THE LINE

Maintaining a professional distance with clients can be difficult sometimes. You might cross the line and not even be aware you are doing so.

There are some warning signs that you might not be keeping your professional distance from a client. For example, you may have crossed the line if you:

- Think about a client frequently when you are away from work.
- Plan your work day around the needs of one special client.
- Spend your free time with a client.
- Share personal information or concerns about work with a client.
- Feel responsible if the client doesn't seem to be getting better.
- Give extra care to one client while ignoring others.
- Keep secrets for a client . . . and share secrets of your own.
- Trade assignments with coworkers so that you can work with a certain client.
- Accept gifts or money from a client.
- Give a client your address and home telephone number.
- Complain about your own aches and pains to a client.
- Dress a certain way when you know you will be seeing that client.
- Gossip about your coworkers with a client.
- Visit clients in their homes, as a friend, not as a professional.

Why is it "unprofessional" to make friends with your clients? What harm could there be in that?

Here are some of the problems that can develop when you cross the line:

- When clients view you as a friend, their feelings can be hurt if you take another assignment or quit your job.
- If you perform little "extras" for your clients that aren't part of the care plan, clients will expect the same special treatment from your coworkers.
- Your clients may come to depend on you too much, rather than learning to cope on their own.
- You may find it hard to observe changes in a client—because you have gotten too close to the situation.

If you are in doubt about whether you have crossed the line, ask yourself:

- Am I acting in my client's best interest?
- Would I feel comfortable telling a coworker about what I am doing?
- Would the client's family approve of what I am doing?
- Am I following the client's care plan?

TALK ABOUT IT!

WHAT WOULD YOU DO?

Think about how you would handle the following scenarios. Then, ask your co-workers what they would do.

- What would you do if your new assignment included a client who had once fired your mother from her job?
- What would you do if a client gave you a birthday card containing a twenty dollar bill?
- What would you do if your coworker kissing one of her clients on the lips?
- What would you do if a client told you he was putting you in his will?
- What would you do if your client asked to borrow some money?

DOING TOO MUCH FOR YOUR CLIENTS

Many people choose the health care field because they like to "do for others." This is a good thing, but it's important not to go overboard! Providing too much care is a common mistake made by health care workers. When you do something for your clients that they could have done for themselves:

- Your time and effort is wasted.
- Your clients miss an opportunity to be independent.
- Your clients may begin to lose important self-care skills.

Here are some examples of doing too much, and the harm it can do:

- Stan works as a nursing assistant in a hospital. One of his patients, Mrs. Randolph, reminds him of his grandmother. Stan comes in on his day off to sit with Mrs. Randolph. He pays close attention to her every need to save her the trouble of getting out of bed. Unfortunately, Stan's loving care is keeping Mrs. Randolph from doing things for herself. She won't gain her strength back if Stan keeps doing everything for her.
- Jessie feels so sorry for one of her residents, Mr. Richmond. He never has any visitors and always seems so lonely. At mealtime, instead of just leaving Mr. Richmond's tray in front of him, Jessie sits down and feeds him. She figures it's a good way to spend extra time with him (even though Mr. Richmond is capable of feeding himself). While Jessie has good intentions, she is not doing Mr. Richmond any favors. He may lose the ability and/or the desire to feed himself.
- Christina is a home health aide. She cares for an elderly client, Mr. Dennis, who has little food, few clothes, a leaky roof, and hardly any money. Christina feels sorry for Mr. Dennis, so she brings him food from home, she gives him some clothes, she gets her brother to come over to fix his roof—and she lends him some money. Christina feels that she is doing her client a favor, but what happens when he is discharged from home care? He will have learned nothing about how to manage his problems. Instead of fixing everything herself, Christina should help Mr. Dennis get in touch with outside resources, like social services. Then, he can continue to have help with his problems when Christina is gone.



Don't let yourself get stuck in the role of "rescuer." By always rescuing your clients, you teach them to be helpless. After a while, they lose the skills and desire to do for themselves or they fail to learn new skills for coping with their current situation.

KEY POINT: You can never care too much, but you can give too much care!



GET OUT!

TALK 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 96 year old woman who lives alone. She has three grown children who live far away and rarely ever visit or call.
- One day she tells you she is taking her ungrateful children out of her will and putting you in it.
- **WHAT YOU KNOW:** You agree that her children are ungrateful and you wish they would be more involved in their mother's life. But, you also know it would be inappropriate to allow your client to add you to her will.
- **GET CREATIVE:** What will you do? Think of three creative solutions to this problem.
- **TALK ABOUT IT:** Share your ideas with your co-workers and supervisor and find out how they would solve this problem.

HELP CLIENTS DO MORE WITHOUT YOU!

Think about your clients. Many of them have people telling them when to sleep, when to wake up and when to eat. Some may not be able to go to the bathroom without help. They have lost control over some of the most basic parts of their lives. Here are some ways to maintain your professional distance . . . and give some power back to your clients:

- **Expect more.** People often live up to the expectations you have for them. For example, if Sarah expects Mrs. Thompson to dress herself every morning, then she probably will. (However, if Mrs. Thompson gets used to Sarah dressing her every morning, she'll probably stop doing it herself.)
- **Simplify things.** Divide complex tasks into small steps. If your clients aren't able to perform the whole task, they might be able to do some of the steps. For example, it's time for Mr. Smith to brush his teeth. Joe knows that Mr. Smith has problems putting toothpaste on his toothbrush, so Joe does that for him. But, Mr. Smith is able to brush his teeth by himself.
- **Encourage your clients to take care of something.** Studies show that people who have responsibility for a plant or a pet live longer and remain more independent.
- **Provide special equipment.** Some clients may be able to do everyday tasks if they have special equipment. For example, Mr. Maxwell can't hold a regular spoon due to severe arthritis. All it takes to make it easy for Mr. Maxwell is some special silverware. This keeps the client independent and boosts his self-esteem.



- **Be patient.** Letting clients do things for themselves can be difficult when you know that you could do the job faster or better. For example, when Sue stands back and allows Mrs. Watson to brush her own hair, it takes twice as long and Mrs. Watson never gets her part straight. However, Mrs. Watson is always proud of doing her own hair.
- **Praise.** People like to feel good about themselves and a bit of praise goes a long way. For example, Mr. Bailey tries to button his own shirt. He manages to get most of the buttons, but Jim has to help him with the last two. Mr. Bailey might feel like a failure for not finishing the job. . . but Jim helps him feel good by praising him for what he did accomplish.
- **Allow your clients to make decisions.** Making decisions—even little ones—gives people a feeling of control. For example, every day, Mary gives Mrs. Nelson choices. "Would you like to wear your blue blouse or your pink one?" and "Would you like to take a walk before or after lunch?" NOTE: If you give your clients' choices, be sure you are ready to follow through with their decisions. If you don't, you may lose your clients' trust.

THINK ABOUT IT!

PROFESSIONAL DISTANCE AND SOCIAL NETWORKING

Websites like Facebook, YouTube and personal blogs raise a whole new set of questions about professional distance.

For example:

- Is it ok to be Facebook friends with clients?
- Is it ok to post pictures of clients on Facebook?

Is it ok to post:

- Statements about your employer or co-workers?
- Opinions about co-workers?
- Statements about how tired you are @ 2am and still have 5hrs to go?

What do your postings say about you?

- Professional reputation?
- Employer's reputation?

Ask your supervisor for your workplace policy on social networking.

TALKING ABOUT YOURSELF

As you go through your daily work, it's natural to tell clients a little bit about yourself—especially if they ask you questions about your life. However, you must never forget that your client's needs come first. If you spend too much time talking about yourself, the focus may shift to your needs.

Here's an example: Mr. Connors asks John if he is married. John says that he used to be married, but has recently gone through a nasty divorce. He tells Mr. Connors the whole story about the break up of his marriage. John has definitely lost his professional distance!

Think about it. Mr. Connors probably brought up the topic of marriage because he was feeling the need to talk about his own.

So, what could John have done differently? He could simply have answered, "No, I'm not currently married." Then, he could have asked Mr. Connors about his life: "How long were you married?", or "How did you meet your wife?" or "What was your wife like?" Remember . . . the focus of a professional relationship is always the client.

Have you ever had a client say that they were *worried* about you? If so, you may have lost your professional distance with that client.

Look at this example: Jill's client, Mrs. Peterson, has cancer. To prove that she understands, Jill tells Mrs. Peterson that her mother also has the same cancer. Every day, Jill gives Mrs. Peterson an update about her mother. Unfortunately, Jill's mother is not doing well. Mrs. Peterson grows more and more depressed. She tells the nurse that she knows she's going to die since Jill's mother is dying. Jill meant well, but she ended up *adding* to her client's worries.

Please remember . . . if you can relate to a client's situation because of a personal experience you've had, it's probably best to keep it to yourself.



REMEMBER...

- Use your best professional judgment about how much or how little to tell your clients about yourself.
- Don't look to your clients for emotional support. Seek that from other people in your life—outside of work.
- Keep your clients' needs in mind at all times and you probably can't go wrong!



TIME TO LAUGH!

CLIENTS CAN CROSS BOUNDARIES TOO!

(This is a true story from a real ER Nurse.)

We have all taken care of patients whose sense of humor has made our day. Here's a story from my days in the ER. We were admitting a very confused elderly man for evaluation of chest pain.

As I was transferring him from the stretcher to the bed, his gown rode up revealing his "godies".

This man, who had previously been completely incoherent said, "Oh...don't look at me down there." I answered, "Don't worry. You don't have anything that I haven't seen before."

He replied, "You haven't seen THIS before! I've got a beauty!"

It was the only lucid thing he said all night. I still laugh about it to this day.

~ Written by RNdJD on allnurse.com



TOUCHING CLIENTS

As a health care worker, you already cross some lines with your clients that don't usually get crossed between strangers. For example, you often bathe your clients, help them dress and perhaps even wipe their bottoms after a bowel movement.

You can demonstrate your professional distance by respecting each client's privacy. Make sure that whenever you touch a client, you do so in a gentle, but professional, manner.

Remember that your clients may come from many different cultures. Some people may misunderstand the meaning of a friendly hug or a pat on the back. To them, this type of physical contact may have a sexual meaning.

If a client seems to misinterpret your touch, discuss the issue with your supervisor right away.

HANDLING GIFTS FROM CLIENTS

It's common for clients to feel so grateful for your help that they want to give you a gift. Your workplace may allow gifts in certain situations where the client would be offended by your refusal. For example, Mrs. Jones gives you a scarf that she knitted. Or, Mr. Taylor gives you some fresh tomatoes grown in his wife's garden. Chances are, you would hurt their feelings if you turn down their gifts. **However, you must always follow your workplace policy in this situation!** When in doubt, ask your supervisor.



In addition, keep in mind that:

- Money should never change hands between health care workers and clients.
- Even if a client puts money in your hands, wanting you to take it, you must refuse. Taking a client's money could be seen as financial abuse and, depending on the circumstances, could be considered a crime.
- Clients should never be made to feel that they will receive better care if they give gifts to their health care workers!
- Remember that "favors" can be seen as a type of gift. For example, it is probably against workplace policy for you to borrow personal items from your clients.
- If you have problems with a patient offering you money or gifts, discuss the situation with your supervisor.

Tim feels very close to his client, Mr. Baldwin. He often calls Mr. Baldwin over the weekend to see how he is doing. Mr. Baldwin treats Tim like a member of his family. One day, Tim mentions that he's having trouble paying bills. Mr. Baldwin offers Tim a loan until payday. Tim takes the money, promising to pay it back. Tim has crossed way over the line, hasn't he?

THINK ABOUT IT!

HOW DO YOU DECLINE A GIFT?

There are times when a gift should be declined. Overly generous gifts from co-workers and clients are the most common reason for refusing gifts.

Other reasons for declining a gift include:

- The gift is given as a romantic gesture where there is not mutual interest.
- The gift is cash or an expensive item.
- The gift is a pet.

How to Decline a Gift

- Thank the person for their thoughtfulness.
- Express your regret for declining the gift and explain why you must do so.
- Return the gift to the giver.
- If the person refuses to take the gift back, notify your supervisor.

PROFESSIONAL DISTANCE WITH YOUR CO-WORKERS AND SUPERVISOR

Maintaining a professional distance with your co-workers and supervisor is just as important as maintaining a professional distance with your clients.

Unfortunately, nursing is a female dominated career . . . and women tend to want to be liked and make fiends.

Making matters worse, when women bond, they tend to share personal information easily and run the risk of giving out "too much information" or, T.M.I. for short!

Here's an example: When Stephanie became pregnant with her second child, she learned that her husband was cheating on her, and she was devastated. Stephanie had worked in the same nursing home for many years, and even though she was not close friends with anyone at work, she felt the need to talk and share what was going on at home. Her intention was to get support during this tough time. But, as it turned out, Stephanie's husband was cheating with the cousin of one of her co-workers—and now everyone was discussing the situation behind her back. When Stephanie found out this information, she was ashamed and embarrassed. She ended up quitting a job she really loved.

Here are some ways to maintain professional distance at work:

- Avoid spending time with co-workers outside of work. For example, it's okay to have a friendly lunch when you and a co-worker have a break together, but it's not a good idea to "go out for drinks" after work.
- Avoid discussing "hot topics" with your co-workers. For example, never discuss your opinions on politics, religion, sex, or money. People tend to be very divided in their opinions on these topics and discussions can quickly turn into arguments.
- Never discuss your personal relationships, or problems you are having at home.
- It's never appropriate to have a romantic relationship with a co-worker or a supervisor. In fact, it may even get you fired!
- Keep the details of your health (or illness) to yourself! Of course, if you need to take time off for a surgery, your supervisor needs to know. But, no one wants to hear the details of your hemorrhoid removal!
- Your co-workers do not need to know that you stayed out all night drinking and dancing in the club. Revealing this type of information will only lead your co-workers to begin to disrespect you.

KEY POINT: It's okay to be friendly—and you should be friendly—but, you don't have to be "best friends" with your co-workers. Get your needs for friendship met outside of work.



FIVE KEY POINTS!

REVIEW WHAT YOU LEARNED!

1. To maintain a professional distance, you should always remember that your relationships with your clients are professional, not personal.
2. The key to maintaining professional distance is understanding the *difference* between social and professional relationships.
3. Maintaining a professional distance does not require you to harden your heart or build walls between your clients and yourself.
4. Don't look to your clients or co-workers for emotional support. Seek that from other people in your life—outside of work.
5. You are responsible for creating and maintaining the professional relationship with each of your clients and co-workers.



FINAL THOUGHTS ON PROFESSIONAL DISTANCE

- If you feel yourself growing too attached to a particular client, talk to your supervisor about it. **Remember, if you're feeling funny about a situation, there's probably a good reason for it.**
- Practice your communication skills every day. It takes good communication to develop and maintain professional relationships.
- Remember that romantic or sexual relationships are *never* appropriate with clients, co-workers or your supervisor.
- Keep in mind that it's human nature to feel closer to some clients than others. However, you have a responsibility to give equal time, concern and attention to **every** client.
- Remember that you are responsible for creating and maintaining the professional relationship with each of your clients and co-workers.

SOME FINAL DOS AND DON'TS

DO:

- Address your client by the name the client prefers.
- Listen to the concerns of the family and act on those concerns when appropriate.
- Encourage your client to participate in his or her own care within the limits of the care plan.
- Help your client understand when requests are beyond the limits of a professional relationship.
- Avoid accepting gifts unless the refusal could harm the relationship. For example, if your client bakes you cookies to express her appreciation for your hard work. Refusing the cookies could insult the client and cause her to withdraw.

DO NOT:

- Call your client pet names like Sweetie, Sugar or Honey.
- Perform personal services such as giving rides to family members or picking up dry cleaning unless it is outlined in your contract.
- Accept gifts of cash or other expensive items.
 - Disclose personal information about your life. This includes your personal or intimate relationships, family troubles, legal problems, and financial problems.
 - Discuss your feelings about your employer, co-workers or other clients in the presence of the client or their family members.



WHAT I KNOW NOW!

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



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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.



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 group 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.

WHAT'S NEW?

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



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.

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.
- 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.



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.



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.

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.

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.



CONFIDENTIALITY IN SMALL TOWNS

Maintaining confidentiality in a small community presents its 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-o, '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? HIPAAitis

What do you call someone who is delighted with HIPAA? HIPAA-go-Jucky

~ D. Hager, Paramedic

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.)



FIVE KEY POINTS!

REVIEW WHAT YOU LEARNED!

- Confidentiality involves keeping clients' medical information away from anyone who does not have the right to know it.
- HIPAA is the law which outlines the privacy rules that protect clients' medical records and information.
- Your clients feel safe telling you personal details about their lives and their health. They trust that you will keep it to yourself.
- Healthcare workers who breach confidentiality can be fined, lose their license, and even be put in jail.
- 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.

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.



HOW COMMUNICATION HAPPENS

Five critical factors must all work together for communication to be successful. 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.



The Facts

Changes in the ability to communicate is often reported as being the most frustrating and difficult problem for people living with Alzheimer's disease (as well as for their family members and their caregivers).

While each person living with Alzheimer's disease is unique, there are a few common communication challenges you may notice.

Common communication challenges may include changes in the ability to:

- Find the right word.
- Speak fluently.
- Understand what others say and/or mean.
- Read and write.
- Show emotions.

2 WAYS THINGS CAN GO WRONG COMMUNICATION

RECEPTIVE COMMUNICATION CHALLENGES:

- Receptive communication refers to the way a listener receives and understands a message. A person living with Alzheimer's disease may have damage in the temporal lobe of the brain. Damage in this area can cause changes in the ability to understand spoken words.

EXPRESSIVE COMMUNICATION CHALLENGES:

- Expressive communication refers to how a person gives a message. This can be done by gesturing, speaking or writing and can be enhanced by using body language or emotional expressions. A person living with Alzheimer's may have changes in the ability to remember certain words or show the correct emotion. For instance, the person may cry or look sad when they are actually happy.



In a Nutshell: Alzheimer's disease can change a person's ability to understand information (receptive language) and the ability to express information (expressive language).

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!



A Communication Module: Communicating with Individuals Living with Alzheimer's and Dementia

COURSE OUTLINE

- How Communication Happens 2
- The Slow Decline 3
- Helping Clients Communicate with You 4
- How You Can Communicate Better with Clients 5
- Handling Anger 6
- Handling Tough Questions 7
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This course is recognized by the Alzheimer's Association® for following evidence-based Dementia Care Practice Recommendations in the following topic areas: Alzheimer's and dementia, person-centered care, assessment and care planning, activities of daily living, and behaviors and communication. Learn more about this recognition [HERE](#).

The Words and Memories Dance and Hide

If you care for clients living with Alzheimer's disease, chances are good that you've had your fair share of communication frustrations.

As the disease progresses, more and more changes in the ability to communicate.

- At first, the words and memories just **dance away** for a minute or two and then come back.
- Later, the words and memories seem to **play hide-and-seek**, but they can usually be found with a little help.
- Eventually, the words and the memories just **pack up and move out** of the person altogether.

One of the most important things YOU can do for your clients living with Alzheimer's is to remember that they are an individual with unique life experiences. They had experiences and adventures. They had jobs and families. They contributed to the world in their own special way.

That means that the lost words and memories are far more sad and frustrating to them than they are to you. In fact, the lost words and memories are often the reason behind the dementia-related behaviors you may see in your clients.

And while you may not have any control over your client's abilities or behaviors, your words, the tone of your voice and your calm demeanor can make everything easier for everyone! Keep reading to find out all about how you can communicate effectively with your clients and how you can help them to communicate with you!

COMMUNICATION SLOWLY CHANGES

Alzheimer's disease is a progressive illness. That means the symptoms can get worse over time. This holds true for the person's ability to communicate. It may get worse over time as the disease progresses.

THE "EARLY STAGE" OF AD

The symptoms of the early-stage of Alzheimer's disease come on slowly. A person living with early-stage Alzheimer's disease may look well and may be able to "cover up" the signs of the disease. Communication challenges may start as the person begins to have:

- **Changes in the ability to concentrate.** It may become challenging to focus attention on someone who is speaking—which makes it hard to get the whole meaning of the message.
- **Changes in the ability to remember familiar names, dates and how things work.**

THE "MIDDLE STAGE" OF AD

During the middle-stage of Alzheimer's the individual may continue to have all the signs of the early stage, but now he or she may also begin to experience changes in the ability to:

- Remember familiar words.
- Participate in conversations.
- Follow directions.

SYMPTOMS OF THE "LATE STAGE" OF ALZHEIMER'S DISEASE

People in the late-stage of Alzheimer's disease may experience:

- Changes in both short and long-term memory.
- Worsening changes in ability to speak (but may groan or scream).
- Changes in ability to recognize themselves or others.



WHAT EXCITES YOU?

STILL ALICE

In her book/movie titled, *Still Alice*, author Lisa Genova provides a stunningly accurate portrayal of one woman's gradual slide into Alzheimer's.

Alice, (played by Julianne Moore) is a mother, wife and doctor who learns she has early onset Alzheimer's disease. As she struggles with what lies ahead, she argues:

"And I have no control over which yesterdays I keep and which ones get deleted. This disease will not be bargained with. I can't offer it the names of the US presidents in exchange for the names of my children. I can't give it the names of state capitals and keep the memories of my husband."

Read the book or watch the movie for deeper insight into living with Alzheimer's disease.



HOW CAN YOU HELP PROMOTE SUCCESSFUL COMMUNICATION?

Depending on the stage and the severity of the disease, your client living with Alzheimer's disease may have changes in the ability to express his or her thoughts and feelings. Here are some ways you can help your client communicate with you and others:

- **Allow more time.** It may take a little longer for your client to find the right words and to get them out. It's important to be patient and show your support through the process. Let your client know you're listening and trying to understand by making eye contact and nodding.
- **Stay present in the conversation.** Listen closely and be careful not to interrupt.
- **Clarify your understanding by repeating back what you heard.**
- **Acknowledge frustrations.** Being unable to communicate can be frustrating and isolating. Try saying, "I know you want to tell me something important. I'm trying to understand."
- **Give permission to take a break.** If your client is having trouble communicating, let her know that it's okay. Encourage her to relax and to continue when she's ready.
- **Take a guess.** If the person cannot find a word, try guessing what she is trying to say or ask the person to point or gesture.
- **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.
- **Never criticizing or correct.** It's not helpful to tell the person he is wrong. Instead, listen and try to find the meaning in what is being said. Repeat what was said if it helps to clarify the thought.
- **Avoid arguing and/or defending yourself.** If your client says something you don't agree with or accuses you of doing something wrong, just let it go! Standing your ground in this situation only makes things worse — and can even increase your client's agitation and make communication more difficult.



CONNECT IT!

Think about a time when you struggled to understand what your client was trying to say.

What was your client saying or doing?

What did he or she really mean?

How did you support your client through the challenge?

What could you have done differently to help?

What advice would you give to a new caregiver who is struggling to communicate with someone living with Alzheimer's?

WHAT CAN YOU DO TO COMMUNICATE BETTER WITH YOUR CLIENTS?



THE NEXT STEP!

HONORING PERSONAL PREFERENCES

It's important to always try to honor your client's personal preferences. But how do you do that if he or she can't tell you?

You can ask family members about your client's likes and dislikes, and you can observe your client during routine activities.

If your client appears happy or content (is involved, pays attention, smiles) during an activity, then you can assume your client enjoys it!

Notice how your client seems to feel during:

- Tub baths, showers, or bed baths.
- Watching certain programs (news, cartoons, dramas, comedies).
- Visits from certain family members or friends.
- Listening to music.
- Spending time outdoors.

- **Approach a client living with Alzheimer's 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 living with Alzheimer's disease. If you stay calm and positive, your client may "mirror" your good mood.
- **Keep it simple.** Ask one "yes" or "no" question at a time. If the client doesn't answer you, repeat the question using the same words.
- **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.
- **Smile!** Individuals living with Alzheimer's may copy your actions. If you smile, they will smile. If you frown or get angry, so will they!
- **Describe everything.** Be sure to let client living with Alzheimer's 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 living with Alzheimer's disease may 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 maintain their sense of dignity.
- **Praise your Alzheimer's clients.** Be generous with positive feedback like "Good job!" or "You're doing great." or "You look beautiful today."
- **Limit choices.** Clients living with Alzheimer's disease may become frustrated very easily. Try to limit offering too many choices. For example, don't say "What do you want soup, a sandwich, or a salad for lunch?" Instead say "Would you like soup or a sandwich for lunch."



WHEN COMMUNICATION TURNS ANGRY

Anger can be a common emotion for people living with Alzheimer's disease, particularly in the later stages. It's important to understand that behavior is a form of communication for individuals living with Alzheimer's. It is often used to communicate an unmet need. It is your job to determine the need and how to address it.

While you may not have any control over your client's feelings, you do have control of your own behaviors and how you react to it. Your behaviors and responses have the potential to turn the anger around! Here are some things you can do:

- **You don't have to be right this time!** Never argue or try to reason with an angry client. This will make the situation worse.
- **Remain calm and comforting.** You are the role model for calm and rational behavior.
- **Help untangle confusing emotions.** Observe body language and help your clients identify their emotions. For example, you might say "You seem angry, can I help?"
- **Provide frequent reassurance.** You can say "I'm here to help," and "Everything is going to be OK."
- **Remove distractions.** Turn off televisions and radios. Close windows and doors. Dim the lights. Ask visitors to step out for a moment if their presence seems distressing to your clients.
- **Provide time and space.** If your client does not present a danger to himself or to others, watch from a safe distance and allow him to settle on his own.
- **You're not the boss or jailor!** Never scold, punish or make the person feel bad for feeling or expressing anger.
- **NEVER APPLY RESTRAINTS** unless ordered to do so by a doctor.
- **Redirect.** Offer an alternate activity that your client enjoys (such as taking a walk).
- **Get help if you need it.** If your client seems like he may become violent, call for help right away. Get to a safe place if you can. Keep your client as safe as possible and wait for help to arrive.
- **Make mental notes.** Pay attention to the time, what's happening and what may have triggered your client's anger. That way you can avoid similar situations in the future.



TALK ABOUT IT!

PREVENT COMMUNICATION-RELATED BEHAVIORS

You may not be able to prevent all communication-related behaviors, but there are a few things you can try, such as:

Simplify everyday activities. For example, instead of just saying, "Put on your shirt," start with, "Your shirt is on the bed." When your client sees the shirt, say, "Pick up the shirt." Then, "Put your arm in the sleeve," and so on.

Keep 'em full and rested! Feeling hungry and/or tired can be confusing sensations to someone who doesn't understand what the feelings mean. Remember, behavior is a form of communication. The person may be trying to communicate an unmet need.

Talk about it with your supervisor and co-workers. Find out what they do!

HANDLING TOUGH QUESTIONS

As your client's disease advances, there may be times when their memories become tangled up in a different time and place. How you respond to these situations can set the tone for a calm transition.

Here are some examples of tough, uncomfortable, and sometimes heartbreaking questions you may get from your clients:

⇒ "Can you take me to my parents (or spouse)?"

How do you respond to this request if your client no longer has living parents (or a spouse)? First, try to remember that it will do no good to tell her that her parents (or spouse) have died. In fact, this will only cause her to suffer the grief and loss all over again.

Instead, you might put off the request until the memory passes by saying, "It's not a good time to travel," or "Let's make a plan to visit next week."

Another option is to indulge the memory and ask your client to tell you about the person she wants to visit. Allowing her time to reminisce may alleviate the feeling she has of needing to visit them.



⇒ "Who are you?" or "Do I know you?"

If the person says this to you, just give your name and ask if it's a good time for you to do whatever it was you were there to do (feed, bathe, etc.).

Don't make a big deal about it or dwell on the fact that they don't recognize you. Forgetting people is painful and embarrassing enough for your client.

It's also important to help family members deal with the uncomfortable feelings that come up when their loved one says these words to them. **Reassure them that the lost memory is a normal part of the disease and has nothing to do with them being unimportant or unmemorable.**



Depression

COULD YOUR CLIENT BE DEPRESSED?

Depression is very common among people living with Alzheimer's, especially in the early and middle stages.

Some symptoms of depression may include:

- Feeling sad or tearful.
- No interest in doing anything.
- Having feelings of worthlessness.
- Being agitated easily.

BUT . . .

Depression in Alzheimer's doesn't always look like depression in other people.

It may be less severe, and it may come and go.

If you see signs of depression, it's important to report it right away, even if it seems mild.

Treatment is available and can make a significant difference in quality of life.

ALTERNATIVES: PETS & COMMUNICATION

Pet therapy can help people living with Alzheimer's disease recover some essential life skills by:

- **Improving short term memory.** Calling the pet by name or asking for a behavior such as "sit" and then rewarding compliance can improve short-term memory.
- **Improving long term memory.** Seeing a pet may trigger the person to remember one of their favorite pets or to reminisce about its favorite toy or trick.
- **Improving communication.** Talking about the pet or to the pet can improve communication skills since pets do not care if the person's speech is clear or their thoughts make sense.
- **Improving the senses.** The sense of smell (puppy breath), touch (the silkiness of a cat's coat), and temperature (the warmth of the animal's head on a lap) can improve environmental awareness and decrease withdrawal. Sight is stimulated when the individual watches the animal move around the room. Listening skills are sharpened when the person tunes in to hear purring or panting. **Heightened senses improve the ability to communicate!**

You play an important role in assessing the need for a pet in your client's life. A client may benefit from pet therapy if he or she:

- Has few or no outside visitors.
- Seems lonely, depressed or anxious.
- Reminisces frequently about past pets in his or her life.
- Has the physical and mental capacity to pet, stroke, hug, or just sit with an animal without accidentally harming it.

If you notice one or more of these signs in your clients, you can:

- **In facilities**—advocate for pet visitation or animal-assisted therapy programs.
- **In home health**—open the discussion to the possibility of a companion pet, if you think the client is able to handle the responsibility. If pet ownership is not a possibility, look for local groups that provide pet visitation services.



THINK ABOUT IT!

BABY DOLL THERAPY

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

Research shows that clients living with dementia or Alzheimer's communicate better when holding baby dolls!

Having a "baby" to care for can also be calming and comforting.

- **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?**

ALTERNATIVES: LISTENING TO MUSIC CAN IMPROVE COMMUNICATION

Can a person who has completely stopped communicating in the late stages of Alzheimer's regain the ability to talk and have meaningful conversations? You bet! And music is the key to unlocking the silence.

Plenty of research is going on right now to measure the benefits of using iPods (or other mp3 playing devices) with personalized playlists for people living with dementia or Alzheimer's disease.

- **Listening to preferred music though personal headphones has had a major, positive impact on everyone who uses them.** Many participants in the studies have become happier and more social. And the relationships among staff, residents and family have deepened.

Not convinced? Go to musicandmemory.org and look around. You'll find research on the connection between music and the brain. Or watch the documentary called **Alive Inside** on Netflix.

Here's how you can bring music into your client's world:

- An iPod Shuffle (or similar device) is a good choice since it has very few buttons, no display screen and is easy to learn how to operate.
- Don't have access to an iPod? Ask family members to give their loved ones an iPod (or other mp3 player) as a gift or to donate an older model that is no longer being used.
- Here's another solution. Most smart phones can store and play music through headphones too. Or, you can download free apps like Pandora or Spotify and stream free music through the phone.
- Be sure to include the client and/or the family members in building the playlist. The wrong choice of music can make the whole technique backfire.
- Larger, padded headphones that rest on the sides of the head and ears will be more comfortable than small ear buds that go inside the ears.



Images from Alive Inside documentary.



FINAL TIPS FOR COMMUNICATING WITH CLIENTS LIVING WITH AD

Communicating with client's living with Alzheimer's disease may be one of the most difficult and frustrating parts of your job. **Here are a few final 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 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.
- **Acknowledge frustrations.** Communication challenges can be frustrating and isolating. Watch for signs of depression or helplessness.
- **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 that he does understand, but just can't express that understanding to you.
- **Encourage socializing.** Ask family members to talk to the client even though he may not respond. This decreases the person's sense of isolation and maintains self-esteem.

The Bottom Line: It's important to be **patient** and remain **respectful** at all times. You may not have any control over your client's abilities or behaviors, but **your actions, tone of voice and calm demeanor can make everything easier for everyone!**



WHAT I KNOW NOW!

Now that you've read this inservice on communicating with Alzheimer's clients, jot down a couple of things you learned that you didn't know before.



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A Safety Module:
Disaster Planning

ARE YOU READY AND WILLING?

As a trained medical professional, you must always be **ready and willing** to take action in the event of a disaster. This means that:

- You have been trained in CPR and basic first aid.
- You know how to stay calm and work well under pressure.
- You understand the basic physical and emotional needs of people when they are most vulnerable.

So what will you do if you are suddenly faced with a disaster situation? For example:

- What will you do if the building you work in is hit by a tornado?
- How will you keep your client safe in a home fire?
- Where will you go if a massive hurricane is headed in your direction?
- What will you do after an earthquake has flattened your city?
- What is your workplace procedure for evacuating a whole building full of residents?

If you don't know the answer to these questions, it's time to learn!

Regardless of the event, disasters have several key elements in common:

- They are usually **unexpected**, with little or no warning or time to prepare.
 - At first, emergency services (like EMTs, fire, and police) may be overwhelmed by demands for their services, leaving you **in charge of the safety** of those around you.
 - Lives, health, and the environment, are all in **danger**.
- That's why it is critical that you know exactly what to do if disaster strikes. You must be ready and willing to snap into action without delay.



Keep reading to learn how you can be ready for natural disasters like hurricanes, tornadoes, or earthquakes, and other disasters like chemical or radiation exposure. Your preparation and quick action may mean the difference between life and death for many others.

KNOW WHAT IS POSSIBLE

Different hazards threaten different places. Knowing exactly what you need to be prepared for will help you narrow down your priorities.

Before beginning this inservice, you should:

- **Identify the most common disasters that occur in your community.** For example, if you live in an area that is often threatened by hurricanes but does not experience earthquakes, then focus your energy on being prepared for hurricanes!
- **Ask yourself, what's the worst that can happen?** Have a clear understanding of the most severe impact a potential disaster may have. For example, a tornado may leave very little damage on one street—and flatten every house on the next street over. It's important to be prepared for the worst!
- **Let history influence the future.** Learn valuable lessons from recent disasters such as hurricane Katrina and 9/11. Remember the devastation and the tragedy of lives lost in past disasters. Think about what went right and what went wrong. Let the lessons learned guide your actions and maybe even decrease the number of injured or dead in the next disaster.

KNOW YOUR WORKPLACE POLICIES

While this inservice functions as a *general guide* to planning for a disaster, it is not a substitute for *your workplace policy* if disaster strikes while you are on the job!

Your workplace is required by law to have policies and procedures in place that tell you exactly what to do in the event of an emergency or disaster. In addition, your employer is required by law to make sure you have been trained and have had time to practice those policies and procedures.

If you are not familiar with your workplace policies and procedures in the event of a disaster, ask for training TODAY!

Pay close attention to your workplace evacuation plan. If a mandatory evacuation is issued, you must know exactly what is expected of you and you should be prepared to fulfill your role and keep your clients and co-workers out of harm's way.



The Facts

KNOW THE THREATS

- Every U.S. state has experienced tornadoes, but Texas holds the record with an annual average of 120.
- Every year about 10,000 people, on average, die as a result of earthquakes.
- Hurricane season in the Atlantic and Gulf of Mexico spans from June 1st through November 30th.
- The Department of Homeland Security continues to report that terrorist groups remain focused on major U.S. cities such as New York, Chicago, Los Angeles, and Washington.

"An emergency is not the time to plan; it's the time to react, so be informed."

—Tom Ridge,
Secretary of Homeland
Security 2003-2005

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!



WILDFIRES!

- A wildfire is an uncontrolled fire, often occurring in forests or fields, which can also destroy homes and farmland.
- Some wildfires are the result of lightning strikes or extreme dry condition, but more than four out of every five wildfires are caused by **people**.
- Arson and just plain carelessness (like irresponsible smoking and unsupervised campfires) are the biggest causes of wildfires in the U.S.
- An average of 1.2 million acres of U.S. woodland burn every year.
- **INTERESTING FACT:** A large wildfire can actually change the local weather conditions or produce "its own weather."

"Fire takes no holiday."
—Author Unknown

FOCUS ON FIRES IN FACILITIES

Fire can happen anywhere, any time, for a variety of reasons. But, when fire occurs in a facility or home where frail, elderly or sick people live, the consequences can be devastating.

While long-term care facilities are generally safe, the risk for fire remains high because of the types of materials and equipment present in the building.

Every workplace should have a plan so everyone knows what to do in case there is a fire. Please check with your supervisor for your facility's plan.

Here are some things you need to know before going into a facility:

- **KNOW THE FIRE PLAN:** It's not enough to just have a plan in place—facilities are responsible for making sure EVERYONE knows the plan and will know how to react appropriately when the need arises.
- **PARTICIPATE IN FIRE DRILLS:** Your facility should hold routine fire drills on each shift to make sure every employee has a chance to learn the routine. If you have not been involved in a drill, let your supervisor know.
- **LOCATE FIRE ALARMS:** Know the location of any fire alarms in your work area, and learn how to operate them—even in the dark.
- **LOCATE EXTINGUISHERS:** Know the location of portable fire extinguishers in your work area and get training on how to use them.
- **LEARN ABOUT OXYGEN:** Know how to shut off oxygen and other piped gas systems, **if and when** you are told to do so.
- **KNOW THE WAY OUT:** Know the escape routes from your work area and at least two ways to exit (in case one exit is blocked).

PREPARING FOR FIRES IN THE HOME

Clients being cared for at home are at an even slightly higher risk of experiencing a fire because there is little or no inspection or regulation of gases, flammable liquids, and electrical devices.

Making matters worse, clients are permitted to smoke in their own homes without supervision.

Smoking is the leading cause of all residential fire deaths.

Help clients and their families prepare an evacuation plan:

- Draw a rough plan of the home, noting doors and windows that can be used for escape.
- Make sure doors and windows open easily.
- Designate one place to meet outside the home.
- Routinely check smoke alarms. Replace batteries as needed.

A WORD ABOUT PREVENTION: Of all the disasters discussed in this inservice, fire is the only one that you can help prevent! Always be on the lookout for potential fire hazards (smoking, electrical appliances, kitchens) and **eliminate the risk** before it becomes an emergency!

FOCUS ON TORNADOS

Tornados are small but powerful cones of wind that spin violently and can travel in excess of 200 miles per hour. **A tornado can strike any time of the day and any time of year, causing damage that can:**

- Uproot trees.
- Destroy buildings.
- Rip apart roofs.
- Send debris and glass flying.
- Overturn cars and mobile homes.

Fortunately, with today's high-tech radar, weather forecasters can now predict when and where tornados are likely to form and can then warn the public.

PLAN FOR A TORNADO

- **Know the risk for tornadoes in your area.** Tornadoes can happen anywhere in the U.S., but some areas are at higher risk than others.
- **Identify a safe place to go when a tornado is approaching.** The best shelter from a tornado is somewhere underground. If an underground shelter is not available, plan to go to an interior room or hallway on the lowest floor and get under a sturdy piece of furniture.
- **If you are in a mobile home, get out!** No mobile home is safe in a tornado. If you make home visits to mobile homes, locate a sturdy structure nearby that you can get to if a tornado warning is issued.
- **Learn your community's warning system.** Most areas use the Emergency Alert System (EAS) which breaks into television and radio broadcasts. Communities at increased risk may use sirens. If you live in a community that uses sirens, it is critical to learn the siren warning tone to ensure that you recognize the warning when you hear it.
- **Participate in tornado drills.** If you work in a facility, participate in routine tornado drills. If you work in clients' homes, you should conduct your own tornado drills with the family to ensure that all family members know what to do and where to go during a tornado emergency.

DURING A TORNADO:

- **Close all windows and doors.** Damage occurs when wind gets inside a building.
- **Seek shelter.** Move yourself and your clients to an underground shelter, a tornado-safe room, or interior room or hallway on the lowest floor.
- **Tuck and huddle.** Put as much shielding material (such as furniture or blankets) as you can around you and your clients.
- **Wait.** Stay put until you are sure the threat has passed.

AFTER A TORNADO:

- Avoid fallen power lines and immediately report those you see.
- Stay out of damaged areas until you are told that it is safe to enter.
- Turn off utilities, oxygen, or other gas lines to prevent fires.



TALK ABOUT IT!

OPEN THE DISCUSSION!

If you or anyone you know has ever been in a tornado, you know it's an experience that cannot be forgotten.

Let the voice of experience teach the most important lessons!

- *If you have been in a tornado... talk about what it felt like, how you stayed safe, what you learned, and what you would do differently.*
- *If you have never been in a tornado, ask your co-workers, clients, and family members if they have ever been in one. Find out what lessons they learned from the experience.*

QUESTION:

What is a tornado?

ANSWER:

Mother nature doing the twist!

FOCUS ON HURRICANES

A hurricane is a violent storm that develops in the tropical Atlantic Ocean from June to November. To be classified as a hurricane, the storm must have winds of 75 miles per hour or more and be accompanied by heavy rains.

HURRICANES CAN:

- Damage or destroy structures.
- Lift and move unstable structures and objects.
- Damage utility and sewage lines.
- Cause floods, especially along coastal communities.
- Make roads impassable.
- Damage cell phone towers.

PLAN FOR A HURRICANE

- **Know the evacuation routes.** Knowing how to get out of the area as quickly as possible when evacuation is ordered is one of the best ways to be prepared.
- **Secure needed supplies.** If you assemble your disaster supply kits as suggested on page 10 of this inservice, you will have everything you need.

JUST BEFORE A HURRICANE:

- Cover windows and glass doors with plywood or close hurricane shutters.
- Place flashlights and a portable radio in easy to find locations and make sure the batteries work.

EVACUATING A FACILITY

Your workplace will have its own evacuation plan, but it may look like this:

- The Administrator or Supervisor will set up a command center and become the "Commander" to direct people to areas needing assistance.
- A shelter for residents will be arranged.
- Residents should be evacuated in an orderly fashion to a predetermined meeting area to board transportation. Evacuate residents in this order:
 1. Residents in immediate danger.
 2. Non-ambulatory or bedridden residents.
 3. Wheelchair bound residents.
 4. Ambulatory residents.
- Medical Records personnel will tag and identify all residents upon evacuation. Medical records will be transported with the resident.
- The Charge Nurse will take the Med Cart to the shelter.
- Housekeeping and Laundry personnel will gather linens and supplies needed for resident care.
- Dietary personnel will gather food and dietary supplies.
- The Social Worker will contact family members to notify them of where residents are being transported.
- Everyone should assist with a last walk through the building to ensure that no one is left behind.



CONNECT IT NOW!

APPLY WHAT YOU KNOW!

WHAT WENT WRONG?

Think about New Orleans just after Hurricane Katrina.

Nearly 2000 people lost their lives—many of whom were elderly and frail.

Some elderly lived at home without transportation. Others lived in nursing homes without proper evacuation plans.

To make matters worse, government officials did not order a mandatory evacuation until 19 hours before the storm hit.

Then, there were not enough buses to take people out of the city.

Think about the lessons learned and ask yourself:

- *What can I do (including urging city officials to do their part) so that a tragedy like Katrina never happens again.*

Share your thoughts with your co-workers.

FOCUS ON WINTER WEATHER

Winter storms often involve extremely cold temperatures with snow, freezing rain, wind, or even blizzard conditions that can last for several days.

Winter storms can be deadly—even though most deaths are not directly related to the storm. **Risks to human life include:**

- **Exhaustion and heart attacks:** Caused by overexertion when shoveling or doing other preparations.
- **Hypothermia and frostbite:** It's possible for older Americans to literally freeze to death in their own homes after being exposed to dangerously cold indoor temperatures. Elderly people account for the largest percentage of hypothermia victims.
- **House fires:** These occur more frequently in the winter because of the lack of proper safety precautions when using alternate heating sources (unattended fires, improperly placed space heaters, etc.). Fire during winter storms presents a great danger because water supplies may freeze, and it may be difficult for firefighting equipment to get to the fire.
- **Asphyxiation:** In an effort to get warm, people asphyxiate because of improper use of fuels such as charcoal briquettes or gas stoves which produce carbon monoxide.

IF YOU SUSPECT HYPOTHERMIA:

Take the person's temperature. If it is below 95 degrees Fahrenheit, seek medical care immediately! If medical care is not available, begin to warm the body slowly. Dress the person in dry clothing and wrap him or her in a warm blanket, covering the head and neck. Offer small sips of warm broth.

Warning signs of hypothermia include:

- Uncontrollable shivering.
- Slurred speech.
- Memory loss.
- Drowsiness.
- Disorientation.
- Apparent exhaustion.

DURING A WINTER STORM:

- Stay indoors and dress warmly. Dress elderly clients in layers of loose-fitting, lightweight, warm clothing. When necessary, remove layers to avoid sweating which can lead to chills.
- Provide frequent, small meals and snacks. Food provides the body with energy and energy produces heat. Warm liquids such as warm broth or juices can prevent dehydration.
- Close off unused rooms, stuff towels or rags in cracks under doors and cover drafty windows at night.



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 78 year old woman who lives alone—and the weather report shows a massive winter storm is on the way.
- When you arrive at her home, she asks you to do a load of laundry, fix the rubber stopper on her walker, and make sure she has plenty of candles in case the power goes out.
- **What You Know:** These requests are not out of the ordinary, but your focus is on her safety during this approaching storm!
- **Get Creative:** How would you make sure your client is safe during the storm? What are your thoughts on using candles when the power goes out?
- **Talk About It:** Share your ideas with your co-workers and supervisor and find out how they would solve the problem.



THINK ABOUT IT!

- Each year, there are about **500,000** detectable earthquakes worldwide. 100,000 of those can be felt, and 100 of them cause damage.
- Southern California has about 10,000 earthquakes each year. Most of them are so small that they are not felt. Only about **15-20** are greater than magnitude 4.0.
- From 1975 to 1995 only four states in the U.S. **did not** have any earthquakes. They were: Florida, Iowa, North Dakota, and Wisconsin.
- Many earthquakes happen on the ocean floor. Big ocean waves can form after a quake resulting in a **tsunami**.

"It takes an earthquake to remind us that we walk on the crust of an unfinished earth."
~Charles Kuralt

FOCUS ON EARTHQUAKES

An earthquake is a sudden and violent shaking of the ground that happens when two blocks of the earth suddenly slip past one another.

Scientists closely monitor the areas where earthquakes are likely to occur, but have not yet found a way to predict when one will happen. Earthquakes can occur any time of the day or night, any time of the year.

Earthquake duration and intensity can vary greatly—lasting from several seconds to several minutes. Aftershocks can go on for days after the main earthquake.

EARTHQUAKES CAN:

- Cause buildings to move off of their foundations or collapse.
- Damage utilities, structures, and roads.
- Cause fires and explosions.
- Cause dam failures that can trigger flash floods.
- Trigger landslides and avalanches or tsunamis.

WHERE DO EARTHQUAKES USUALLY HAPPEN?

- The area along the San Andreas Fault in California
- Western Oregon and Washington
- The Alaskan coast
- The New Madrid Fault Zone in Missouri
- Coastal South Carolina and New England

DURING AN EARTHQUAKE:

- The safest place to be during an earthquake is in a doorway or under a piece of sturdy furniture, away from any windows.
- Take cover close to where you are standing as soon as you begin to feel the shaking. Only move as far as needed to get to a safe place. Most injuries happen when people move more than five feet during the shaking.
- If you are inside a home or building, *stay there*. There is a risk of being hit by falling debris or collapsing walls if you go outside.
- If you are outside when the shaking starts, move quickly away from any building or trees.
- If you are in a car, pull over in an open area—away from any bridges, overpasses, power poles, or buildings. Stay in your car until the shaking stops.
- When the shaking stops, survey the damage and check to see if any clients or co-workers need immediate care.
- Keep in mind, there is a 20 percent chance of an equal or larger aftershock in the two hours following an earthquake.

FOCUS ON NUCLEAR POWER PLANTS

Nuclear power plants are closely monitored and regulated, and even though accidents are rare, they are possible.

An accident at a nuclear power plant could cause dangerous levels of radiation to leak into the environment and harm the public in the immediate area.

WHAT IS RADIATION?

Radiation is energy. We are all exposed to a small amount of radiation every day from the sun, x-ray machines, television sets, and microwave ovens.

In small amounts, over a short period of time, radiation is not harmful. However, it can build up over time. The longer a person is exposed to radiation, the greater the risk of serious illness or even death.

If an accident should occur at a nuclear power plant, people may be exposed to radiation through:

- **Absorption** to the body from the cloud and particles left on the ground.
- **Inhalation** of radioactive materials.
- **Ingestion** of radioactive materials.

DURING A NUCLEAR POWER PLANT EMERGENCY:

- **Listen to the warning.** Stay calm and follow the officials' directions.
- **Evacuate if ordered.** Know your community's evacuation route. Stay tuned to the radio while you are evacuating. Keep your car windows closed.
- **If you are not advised to evacuate,** close the doors and windows of the home or building; turn off the air conditioner, ventilation fans, or other air intakes.
- **Go to a basement or other underground area if possible.**

IF YOU THINK YOU HAVE BEEN EXPOSED:

- Remove your clothes and shoes.
- Place exposed clothing in a plastic bag.
- Seal the bag, and place it out of the way.
- Shower thoroughly.

Exposure to intense radiation can cause radiation sickness, a potentially deadly illness that may include a range of symptoms, such as:

- Nausea, vomiting, and diarrhea.
- Disorientation.
- Headache.
- Weakness and fatigue.
- Fever.
- Bloody nose.
- Dizziness.
- Vomiting blood.



THE NEXT STEP!

APPLY WHAT YOU'VE LEARNED

Of all the possible disasters discussed in this inservice, list the top 2 for which you need to be prepared.

- 1.) _____
- 2.) _____

Are you prepared today? If not, what do you need to do to get prepared?

Do you know your workplace policy for evacuating clients? If not, learn it today!

Do you have a disaster preparedness kit ready? If not, pack one today! (See page 10.)

"In the past, people worked together only when some great disaster threatened."

~Walter Ulbricht



FIVE KEY POINTS!

REVIEW WHAT YOU LEARNED!

1. Different hazards threaten different places. Knowing exactly what you need to be prepared for will help you narrow down your priorities.
2. While this inservice functions as a **general guide** to planning for a disaster, it is not a substitute for **your workplace policy** if disaster strikes while you are on the job!
3. Tornadoes, hurricanes, and winter weather can all be predicted. Heed the warnings and keep yourself and others safe.
4. Fire is preventable! **Eliminate the risk** before it becomes an emergency!
5. Regardless of the particular threat, everyone can benefit from packing a disaster preparedness kit.

BOMB OR OTHER TERROR THREATS

There are only two reasons a person would call to warn you of a bomb or other terror threat:

1. The caller knows or believes that a threat exists and wants to **warn** people to minimize harm. The caller may be the person who placed the device or someone else who has become aware of such information.
2. The caller wants to cause **anxiety or panic** and disrupt the normal activities at the facility where the device is supposedly located.

IF YOU RECEIVE A CALL:

- Remain calm.
- Keep the caller on the line and attempt to get as much information as possible.
- Ask the location of the bomb and the time of possible detonation.
- Tell the caller that the building is occupied and that an explosion could cause death or serious injury to innocent people.
- Pay close attention to background noises which may give a clue as to the location of the caller.
- Listen to the voice and make note of whether the caller is male or female, calm or excited, or has an accent or speech impediment.
- Do not talk to other people in the room while you are on the phone, but alert someone near you, in writing, that you are receiving a threat.
- Alert your supervisor and call the police immediately to report the threat.

IF YOU RECEIVE A SUSPICIOUS PACKAGE:

- Remain calm.
- Do not disturb or move the package.
- Move yourself and others to a safe distance.
- Alert your supervisor and call 911.
- Wait for directions from the Emergency Response Coordinator.

A suspicious package may include:

- Excessive postage.
- Handwritten or poorly typed address.
- Incorrect titles.
- Title, but no name.
- Misspellings of common words.
- Oily stains, discoloration, or odor.
- No return address.
- Lopsided or uneven envelope.
- Protruding wires or aluminum foil.
- Ticking sound.
- Marked with restrictive endorsements, such as "Personal" or "Confidential."
- A city or state in the postmark that does not match the return address.

ASSEMBLING A DISASTER PREPAREDNESS KIT

Regardless of the particular threat, everyone can benefit from assembling a disaster preparedness kit. This is a sure-fire way to be prepared for ANY emergency!

Gather the following supplies and store them in a canvas bag with a shoulder strap. Check the contents and replace items like food, water, and batteries every six months. It is recommended that you keep enough food and water in the kit to last for **three days**.

WHAT SHOULD BE IN THE KIT?

- Bottled water: at least two quarts per person per day.
- Non-perishable food: canned goods, granola or energy bars, canned juices or milk, baby food or formula (if a baby is present), pet food (if a pet is present).
- Kitchen items: can opener, knife, matches, plastic bags, plastic eating utensils.
- First Aid Kit including non-prescription drugs like pain relievers, Neosporin, and allergy medicines.
- Small battery operated radio with extra batteries.
- Flashlight with extra batteries.
- Small tool kit: wrench, pliers, screw drivers, duct tape.
- Toilet paper, tissues, moist towelettes.
- One complete change of clothing and shoes (appropriate for the season).
- A small amount of cash.
- Emergency phone numbers.
- An extra set of car and house keys.

IN ADDITION . . .

Place a note on the *outside* of the kit that lists anything you cannot keep stored but that you want to remember to grab in an emergency, such as:

- Prescription medications like insulin (and diabetes supplies), heart medications, dentures, contact lenses, and eye glasses.
- Cell phone, laptop, iPad, and/or GPS.

FINAL THOUGHTS

- Pack an entire emergency preparedness kit for each person and pet in a household or facility.
- Store kits in an easy to find location and be prepared to retrieve kits for those who cannot retrieve their own, such as the very young and the very old.



WHAT I KNOW NOW!

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

"Planning is bringing the future into the present so that you can do something about it now."

~ Alan Lakein



A Safety Module:

Performing Safe Transfers

COURSE OUTLINE

- Facts about Your Back 2
- "No Lift" Policy 3
- Understanding Body Mechanics 4-5
- Know Your Mechanical Lifts 6-7
- Other Handy Transfer Tools 8
- Moving Clients Up in Bed 9
- Moving Clients from Bed to Chair 10
- Final Safe Transfer Tips 11

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WILL YOU BE SIDELINED OR PLAY INJURED?

When a professional athlete is injured during a game... he gets sidelined, but he still gets paid.

When a professional nursing assistant gets injured on the job... she often has to decide to go home without pay... or stay and work through the pain.

What would you do if you were injured today and could not work for several months?

How would you feed your family and pay your bills? How would you handle the chronic pain? Chronic pain often leads to feelings of depression and worthlessness. How would you handle the emotional stress?

- According to the Bureau of Labor Statistics, nearly 80 percent of all injuries to nursing assistant are the result of lifting, pulling, pushing, holding, carrying, and turning clients.

You use your body all day long to care for your clients. You go to work every day knowing there is a possibility of getting injured, losing work, and losing pay.

- Every single day in the United States, 9000 healthcare workers sustain a disabling injury while performing work-related tasks.

Can all these injuries be prevented? Fortunately, YES! There are a few simple things you can do to prevent a disabling injury.

Keep reading to learn more about:

- The "No Lift" workplace,
 - Using proper body mechanics,
 - Safe and appropriate use of mechanical lifts, and
 - Making use of other handy transfer tools.

You don't have to be another statistic. Protect your body from injury by working smarter every day! Keep reading to learn how!



FACTS ABOUT YOUR BACK

FACTS ABOUT BACK INJURIES

Nurse aides are three and a half times more likely than the average worker to miss work because of a work related injury. Each year there are an estimated 67,000 back injuries among healthcare workers nationally, and most of these injuries can be prevented!

The rate of injury in nurse aides is higher than that of freight haulers and construction workers!

- Back, neck, and shoulder injuries are the most frequent and costly type of injuries among healthcare workers.
- Studies have shown that back injuries tend to happen to healthcare workers during the *first* hour on duty—before their muscles have "warmed up".
- The majority of backaches come from using the back improperly because of poor posture and weak muscles.
- Back injuries lead employees to miss 100 million workdays every year.
- Once you have injured your back, you have an 80% chance of hurting it again!
- A recent study of nursing assistants found that they were transferring clients without help and without assistive equipment 96% of the time.



A&P REVIEW OF THE BACK

- Your spine is made up of 24 bones (vertebrae) with a cushion, called a disc, in between each bone. If someone has a "slipped disc", one of these cushions is out of place. This causes bone to rub on bone and/or nerves to be pinched.
- The spine is shaped sort of like an S and is held in this shape by muscles and ligaments. The abdominal and back muscles provide the most support for the spine.
- Did you know that it takes about 400 muscles and over 1000 tendons to support the back?
- Being overweight increases the risk of back problems, especially if someone has a "pot belly". A heavy belly pulls the backbone forward, putting pressure on the discs. Keep this in mind...if you are 10 pounds overweight, you're adding 100 pounds of stress to your back! 20 pounds of extra weight adds 200 pounds of stress. And so on.

You are most at risk for back injuries if you:

- Bend and lift frequently during your work.
- Twist your body when lifting clients.
- Rush when you perform transfers.
- Ignore mild back pain.
- Have poor posture.
- Are overweight.
- Don't exercise.
- Smoke. (Smoking decreases circulation to the muscles.)

WHAT IS A "NO LIFT" WORKPLACE?

For decades much attention was focused on preventing injuries during direct client care by using good "body mechanics." This is when you learn how to move, hold and position your body in order to lift and move heavy loads safely.

This research was promising and the new techniques were taken into the field... but the injuries kept happening.

The problem was that all the research into body mechanics was done on mannequins. The weight of mannequins is fixed and even. Real human bodies are much harder to move.

- While knowing proper body mechanics is great... it's just NOT ENOUGH!

In 1988, a nurse in Australia, named Elizabeth Langford, was injured while moving a patient and became unable to work. She was devastated by the lack of support she received by her employer and was told by the insurance companies to look for other work.

Instead, she got busy developing the "No Lift" method of direct patient care.

The "No Lift" method has been accepted worldwide and is now used in around 70 percent of hospitals and long term care facilities in the United States.

So, what is a "No Lift" policy? Well, it means your workplace has a policy that says it will evaluate every client for the ability to sit, stand and walk safely and will make recommendations to the staff on how best to handle each situation. The goal is to minimize the use of nurses and nursing assistants as "human lifting machines".

Those clients needing maximum assistance, meaning they cannot sit unsupported and cannot bear weight, must be moved by mechanical lifts only.

Clients who can sit unsupported but have trouble bearing weight must have more than one caregiver or a "stand assist" lift to transfer or walk.

For the most part, employers decide whether or not to enforce a "No Lift" policy. However, in 2005, Texas became the first state in the US to make it a law. Since then several other states have also made the "No Lift" policy a requirement for healthcare employers.



All over the country Nursing Assistants are forming committees to discuss safe transfer procedures in the workplace.

These committees bring ideas to administration to make the changes nursing assistants need in order to work safer.

- In a hospital in California, a "Lift Team" was developed. This team was specially trained and equipped with mechanical lifts for all total body transfers. The rest of the staff was relieved of any lifting duties while the "Lift Team" was in place. This resulted in reducing injuries to ZERO while the "Lift Team" was on duty!
- In a Long Term Care facility in Maine, a team was established to evaluate lift equipment and make recommendations to the administration. The employer listened and the equipment was purchased. In just one year, this resulted in the number of lost work days dropping from a whopping 573 to only 12!

If you could form a committee... what would your top concerns be? How would your committee make your workplace safer?



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!



BODY MECHANICS AND SAFE TRANSFERS

WHAT ARE BODY MECHANICS? Body mechanics are the way your whole body moves to keep its balance during movement and at rest. When you practice good posture and use the right muscles to lift and/or transfer, you are performing your work with proper body mechanics. (The right muscles are usually the large muscle groups, like your shoulders, upper arms, hips and thighs.)

- If your clients don't use good body mechanics, they might develop backaches and contractures. If you don't use good body mechanics, you might get backaches, pulled muscles or even more serious back problems.




NINE STEPS TO SAFE TRANSFERS


- | | | |
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| <p>STEP 1:
THINK BEFORE YOU ACT!</p> <ul style="list-style-type: none"> • Plan how you are going to perform the transfer. Don't just rush into it. • If you've never transferred a particular client before, go through the <u>entire</u> transfer in your mind <u>before</u> you begin. • Before you start, be sure you know if the client is physically able to participate in the transfer. • If the client is alert, let him or her know what you plan to do—step by step. Talk about how the client can help and encourage him or her to assist as much as possible. • Taking time to plan is worth it. Remember: It's tough to ask for help when you've got a client half in bed and half out of bed! | <p>STEP 2:
GET HELP IF YOU NEED IT!</p> <ul style="list-style-type: none"> • Be realistic about how much weight you can safely lift. • Gather transfer equipment if the client is too heavy or too difficult for you to move yourself. • If you work alone in a client's home, ask your supervisor how you can safely transfer the client. Sometimes there are family members who can help you, or the family may need to rent or buy some transfer equipment. • Remember: If you are shy about asking for help, the client <u>and</u> you may both end up hurt. So when in doubt, ask for assistance! | <p>STEP 3:
SET THE STAGE!</p> <ul style="list-style-type: none"> • Make sure there are no <u>obstacles</u> in your way. For example, keep the path clear between the client's bed and wheelchair. • Place your equipment where it needs to be—so that the distance you have to go is the shortest possible. For example, make sure the wheelchair is close to the bed and that the wheels are locked. <ul style="list-style-type: none"> • Check that neither you nor the client has any loose clothing that might get stuck in a bedrail or a wheelchair during the transfer. |
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MORE ABOUT SAFE TRANSFERS

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| <p>STEP 4:
BALANCE IT OUT!</p> <ul style="list-style-type: none"> • Stand so that your weight is <u>centered</u> over your feet. Don't put more weight on one foot than the other. • Keep feet shoulder width apart. If you stand with your feet too close together, you might lose your balance. • Don't "lock" your knees. Keep them loose and flexible. • Wear shoes with non-slip soles and try to have the client do the same. A client wearing only socks could cause you both to end up on the floor! | <p>STEP 6:
USE YOUR BIG MUSCLES!</p> <ul style="list-style-type: none"> • If you bend over at the waist to lift or move a client, your back muscles have to lift the weight of the client <u>and</u> the weight of your upper body. • When you bend at the knees, you use the <u>big</u> muscle groups in your buttocks and thighs instead. • Bending your knees also helps you keep your balance during a transfer. • If you need to bend forward, bend from the <u>hips</u>, not from the waist. | <p>STEP 8:
GET CLOSE!</p> <ul style="list-style-type: none"> • 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. • Example: A client who weighs 100 pounds will feel like 1000 pounds if you don't hold the weight close to your body! • Keep a secure hold on the client, but don't grip so hard that it hurts. Gait belts are one way to keep a good grip on the client. (See more about gait belts on Page 8.) |
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| <p>STEP 5:
TIGHTEN IT UP!</p> <ul style="list-style-type: none"> • Pull in your abdominal muscles and tighten your buttocks at the same time to create a muscle "girdle" that supports your lower back. • Don't round your back when you tighten your buttock muscles. Instead, keep your back arched inward <u>slightly</u>. • Work to keep your abdominal, back and buttock muscles in good shape by doing some kind of daily exercise. | <p>STEP 7:
DON'T DO THE TWIST!</p> <ul style="list-style-type: none"> • 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. • To avoid twisting, think about keeping your shoulders and hips facing the same direction. Turn your feet first, and then follow with your shoulders and hips at the same time. | <p>STEP 9:
TAKE THE BREATH TEST!</p> <ul style="list-style-type: none"> • If you can't lift and breathe at the same time, the client is too heavy for you. Ask for help! • Use smooth and steady movements during a lift or transfer. Try not to jerk. This can frighten the client, and it can cause injury to both you and the client. • Don't be in a hurry! It can take only a <u>second</u> to injure your back and <u>years</u> for it to heal! |
|--|--|--|

KNOW YOUR MECHANICAL LIFTS

SLING TYPE FULL LIFTS

You may hear this referred to as the "Hoyer Lift" or the "Sling Lift" or just as the mechanical lift.

This type of lift is used to transfer clients who are completely immobile. They cannot bear weight, and cannot sit without support.

There are as many as 20 different brands and models of this device. For that reason, it is recommended you receive training directly from the manufacturer on your specific device in order to operate it safely.

However, a few general principles apply to all makes and models:

- First, you will position the sling under the client. This usually involves turning the client from side to side until the client is centered on the sling.
- Position the device over the client and lock the wheels.
- The chains that connect the sling to the lift should be the same length on each side of the client.
- Attach the sling to the lift and push the UP button to raise the client.
- Unlock the wheels and slowly, smoothly guide the lift to where you want to go.



STAND ASSIST LIFTS

These devices may be called the "Stand EZ," the "Stella Lift" or just the stand-up lift. Like the Hoyer, there are many makes and models available. You will need official training on the specific device your workplace uses.

Stand-up lifts are used with clients who can bear weight and have some upper body strength. They are able to sit unsupported but just need a little help standing up and sitting down.

Here are a few general guidelines that apply to all stand-up lifts:

- While the client is seated, you place the sling on the client's back between the base of the shoulder blades and the bottom of the rib cage.
- Roll the device toward the client until the knees rest against the knee pad and the feet are in the foot trays, then lock the wheels.
- Attach the sling to the device and push the UP button to raise the client to the standing position.
- Unlock the wheels and slowly, smoothly guide the lift to where you want to go.



A California nursing home resident fell from a Hoyer lift. She suffered a head injury and died nine days later.

- The cause of the fall was determined as improper use of a lift. The sling was not properly placed and the Aide who was transferring the client was operating the lift alone when assistance was required.
- While mechanical lifts are designed to make client transfers safer, they can also be dangerous and even deadly if not used properly.

Never operate a lift unless you have been properly trained!

SAFETY Alert

MORE ABOUT MECHANICAL LIFTS

- Mechanical lifts, such as a *Hoyer Lift* and the *Stand-Up Lift*, are often made of a metal frame and a heavy canvas sling. The entire frame is usually on wheels that can easily be locked and unlocked.
- These lifts are used to lift and transfer clients who have little or no ability to move or who are too heavy for standard transfer techniques. Many times, these clients would need two to four people to transfer them without a lift, but can often be safely transferred by one or two people with a lift.
- You might use a mechanical lift to transfer a client to a bed, wheelchair, recliner, shower chair, bedside commode or bathtub.
- **Manual lifts** will have a handle on one side that is used to "pump" the lift to make it go up and down.
- **Power lifts** will have a rechargeable battery and will have buttons that operate the *up* and *down* functions.
- Be sure to follow the manufacturer's instructions for using the lift. Each kind of mechanical lift has specific instructions for how to position and lift the sling.
- Using a lift may need to be practiced many times before you feel comfortable doing it on your own.
- Many workplace policies prohibit care givers from operating lifts alone. Most policies require at least two caregivers be present while transferring a client with a lift.
- When operating a lift with a partner, one person should operate the lift while the second person guides the client into position.
- Be sure you know the weight limit for any mechanical lifts in your workplace.
- If slings are shared between clients, be sure to launder or disinfect on a regular basis or when visibly soiled.
- Clients on isolation precautions should not share slings.



THINK ABOUT IT!
What would you do if your client became upset, angry, or refused to allow you to use a mechanical lift for transfers? It may seem like the client is being difficult, but maybe he is just plain scared!

Try these tips to help your clients feel more comfortable about transfers:

- Explain everything you are going to do—before you do it. Do this even if you think the client can't hear or understand you.
- Provide for the client's privacy and comfort. The client may fear the mechanical lift because she's afraid that others will see up her dress or that she'll get cold.
- Make sure you are completely familiar with any transfer equipment and that you have practiced using it. If clients sense that you don't know what you are doing, they are more likely to feel scared.
- Check the equipment before you begin the transfer to make sure it is working properly.

What other techniques have you used to ease your client's fears?

Share your experiences with your coworkers and supervisor and find out how they ease client's fears.



A FEW HANDY TRANSFER TOOLS

GAIT BELTS: Gait belts are long heavy canvas straps that can also be called *transfer belts*, or *safety belts*. They have a big loop buckle and are usually “one size fits all”. Some gait belts have hand straps or handles to help you get a better grip.

- The belt is placed around a client’s waist so that you can hold the client securely without grabbing onto clothes or arms.
- It is used to help lift clients or to steady them during ambulation.
- These belts should be used according to the manufacturer’s directions and should never be placed on the client too tightly or directly on the skin. It could rub the client’s skin or cut off circulation.



ROLLER BOARDS: Roller boards are a type of transfer board. They are made of a row of round poles inside a wooden frame that is covered with vinyl or canvas.

- A roller board is used like a “conveyor belt”. The rollers turn as the client is pulled across the board from one surface to another.
- Sometimes, roller boards are used to transfer clients from a bed to a stretcher.

DRAWSHEET: A drawsheet can be a useful tool for moving clients up in bed or for transferring them from a bed to a stretcher.

- Your workplace may have special drawsheets, or you can make a drawsheet out of a regular sheet. (All you do is fold the sheet in half from top to bottom. Place the folded sheet on the bed making sure the fold is toward the head of the bed.)
- Drawsheets should be placed on the bed so that they are under the client from neck to calves.

SLIDE BOARDS: Slide boards are long, narrow boards with a smooth surface made out of wood or plastic. They are used to transfer clients by serving as a “bridge” from one sitting surface to another.

- Most commonly, slide boards are used to transfer clients who have good use of their arms since it’s easier when the client is able to help.
- For example, Jim uses a slide board to help Mr. Mason transfer from his bed to his wheelchair. He places the slide board under Mr. Mason’s upper thighs on the bed and then across to his wheelchair. Mr. Mason pushes with his arms and “slides” across the board from his bed to his chair.
- Be careful not to curl your fingers under the edge of the slide board to keep it steady. Your fingers could be pinched under the board as the client slides across it.

TRAPEZE: A trapeze is a metal bar that hangs over the client’s bed from an overhead frame. It is used with clients who have enough mobility and strength in their arms to change their own position in bed.

- A trapeze is also useful for client transfers. Some clients learn to transfer themselves with a trapeze by pulling themselves up into a sitting position and then swinging themselves between a bed and chair.
- If your client has a trapeze, he or she can probably assist you during the transfer procedure.



Ask your supervisor to review safe transfer tools and/or procedures with you any time you feel the need!

MOVING CLIENTS UP IN BED

ONE PERSON, NO DRAWSHEET

Only move a client alone if the client is:

- Smaller than you,
- Predictable and can follow directions, and
- Can help in some way (pushes with feet, pulls with arms).

Do not move a client up in bed alone unless all three conditions are met! If any of these conditions are not met, ask for help!

Here is how you can do it:

- Stand alongside the bed at the client’s waist, with your body facing the head of the bed. This helps prevent the twisting motions that might cause painful back injuries.
- If the bed has side rails, lower the one near you.
- Keep your feet at least 12 inches apart and bend your knees.
- Reach under the clients buttocks or upper thighs and shoulders at the same time.
- If the client is able, ask her to bend her knees and push against the mattress with her feet, or to grab the side rails, headboard or trapeze and pull with her arms to help you.
- Tighten your abdominal and buttock muscles at the same time.
- Count to three out loud, then lift and slide the client up in bed, keeping your knees bent and your back slightly arched. Shift your weight from the back foot to the front foot.
- Several small moves can be made instead of one big one.

TWO PEOPLE, NO DRAWSHEET

- Follow the directions above, except that one person is on each side of the bed.
- Grasp each other’s forearms under the client’s upper thighs and shoulders.
- Lift at the count of three.

TWO PEOPLE, WITH DRAWSHEET

- Make sure the drawsheet is placed so that it supports the client from the neck to the calves.
- One person stands on each side of the bed. Untuck the edges of the drawsheet and roll them up as close as possible to the client’s body. These rolls become the “handles” for moving her.
- Make sure the client lifts her head or a third person supports her head during the move. Use proper body mechanics as described above.



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 client who has not walked in months. She uses a bedpan for toileting but has been constipated recently. She thinks she could have a bowel movement if only she could sit on the bedside commode.
- **WHAT YOU KNOW:** You know it’s true that sitting up on a commode can make bowel movements easier, but you are alone and your client is larger than you. She is weak and cannot bear weight. You have gotten her up to her recliner with the help of her son, but he is not home at the moment.
- **Equipment you have includes:**
 - Bedpan and Bedside commode
 - Walker and gait belt
 - Adjustable hospital-style bed
 - Shower chair with slide board
- **GET CREATIVE:** Think of 3 creative solutions you might try with your client right now to meet her needs and keep you both safe.
- **TALK ABOUT IT:** Share your ideas with your co-workers and supervisor and find out how they would solve the problem.

MOVING CLIENTS FROM BED TO CHAIR

Transferring a client from a bed to a chair can be a simple maneuver or a complex procedure. It is different for each individual client, and depends on many things including how well the client can move, how heavy the client is, and whether the client is “hooked” to equipment such as a catheter bag or an IV. Along with your supervisor, you will have to decide which method is the safest for you and for the client.

ONE PERSON TRANSFER / CLIENT CAN STAND

- Help the client sit up in bed to adjust slowly to the change of position. Allow the legs to dangle while you help put on non-skid slippers or shoes.
- Be sure the bed is at its lowest position.
- 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. If there are footrests, put them up and out of the way.
- 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 them. **DO NOT LOCK YOUR KNEES!**
- If your policy allows, apply the gait belt. Ask the client to lean forward and push off the bed at the count of three. Or, rock the client forward to a standing position. It’s okay to have a client hold onto your shoulders or waist, but never around your neck!
- Bend your knees slightly. First, pivot your feet. Then, turn your body, along with the client.
- Make sure the chair seat touches the back of the client’s legs before he begins to sit. He should also reach back for the armrests, if able.
- Lower the client slowly to the chair seat without rounding your back.



TWO PERSON TRANSFER / CLIENT CANNOT STAND

- If the client cannot stand, it is best to transfer with a mechanical lift, such as a Hoyer Lift. (See page 6). If your workplace has a “No Lift” policy, this is the *only way* to transfer a client who cannot stand.



1. Nursing assistants continue to top all other professions in the number of work related back injuries. Remember: Most of these injuries can be **PREVENTED!**
2. Good body mechanics are important in everything you do, but relying on body mechanics alone is **NOT ENOUGH** to protect you from injury.
3. Follow your workplace’s “No Lift” policy even if it takes a little longer to get the job done. It only takes a moment to injure your back... but it can take weeks, months, or a lifetime to recover.
4. **Never be afraid to ask for help.**
5. Many healthcare workers are absolutely wonderful at taking care of others—but not so good at taking care of themselves. Don’t forget to pay attention to your own body, including any signs of back pain or injury. **You should never accept back pain as just “part of the job”.**

FINAL TIPS FOR SAFE CLIENT TRANSFERS

- Try to stretch and loosen your muscles every day before work. Even five minutes of stretching can help save your back!
- If you must lean forward to work, support the weight of your upper body on your free hand and arm to relieve the pressure on your lower back.
- Just because a client is small doesn’t mean that he or she will be easy to transfer. Be sure to think about the client’s flexibility, range of motion and overall strength. All these things together affect how easy a client is to transfer.
- Always make use of assistive devices like mechanical lifts, transfer belts, sliding boards or draw sheets. It may take a few more minutes to get these devices in place... But it will be worth it in the long run!
- A back injury can change your life. It can keep you from being able to do your job... and from doing the things you love. A back injury can also give you a lifetime of chronic pain.
- If you’ve felt pain or discomfort while moving a particular client, then DON’T DO IT AGAIN IN THE SAME WAY! Change your technique or get help when it’s time to move that client again.
- If you hurt your back during work, let your supervisor know and follow up with your family physician.
- How can you know if you have good posture? Your ears, shoulders and hips should all be in a straight line—along with the fronts of your knees and ankles. Ask a friend to check out your posture.
- You can also practice your posture by standing against a wall. Keep your heels about 2 inches away from the wall. There should be a space between your waist and the wall about as thick as your hand. Keep your chin parallel to the floor.
- As you go about your daily work, remember to push, pull or roll heavy objects rather than lifting them—whenever possible.
- Be sure to ask your supervisor if your clients have any position restrictions. For example, some clients may be ordered to lie flat or to avoid bending their knees.
- Encourage your clients to practice good posture, too. They may experience fewer aches and pains... and have a better quality of life!



Now that you’ve read this in-service on safe transfers, take a moment to jot down a couple of things you learned that you didn’t know before.





COURSE OUTLINE

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in the know CAREGIVER TRAINING

A home care/pulse COMPANY

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 maintain or regain 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 Toileting 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!



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?

FOCUS ON BATHING & ORAL HYGIENE

Bathing is important because it prevents infection, controls body odor, promotes comfort and stimulates circulation. Depending on your 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 your 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.



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?

1. An average adult urinates about 1,200-1,400ml 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.

Answers



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.



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.

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.



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!



DRESSING CLIENTS SKILL CHECK!

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 center 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 YOU 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 *never* your neck!
6. Once client is standing, 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.

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.

Blank lines for taking notes.



HOW AND WHAT TO DOCUMENT FOR ADLS

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

What actually happened? 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.

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.



How much did you help? 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.

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.



COURSE OUTLINE

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A Client Safety Module:

Understanding Fall Risk Factors

EVERYONE LOVED "BIG JIM"

The staff at the Sunset Hills Rest Home loved Mr. Sanders. He told everyone to call him "Big Jim." That had been his nickname since high school!

"Big Jim" was kind and funny. Unfortunately, he had many health problems—and he often felt bad that the nursing assistants had to work so hard to care for him.

"Big Jim" suffered from diabetes, high blood pressure, and kidney failure. He used a walker to get around his room, but needed a wheelchair to go any farther. He was weak and unsteady on his feet and often got dizzy when moving from sitting to standing.

Of course, the nursing assistants didn't mind caring for "Big Jim" at all! And, since he was so much fun to talk to—no one ever complained about how hard it was to help a man as big as "Big Jim."

One day, "Big Jim" was sitting in his recliner chair eating lunch and watching the noon news. He felt a little tired when he finished and wanted to get back to bed.

He knew he had to call a nursing assistant for help. They had told him many times, "Don't try to get back to bed yourself. Call us, and we will



gladly come help you!" And, they always did!

But, on this day "Big Jim" called, and no one came. After waiting for five minutes, he decided to try to get back to bed himself. He had his walker and it wasn't very far.

When "Big Jim" stood up, the room began to spin, his knees and elbows felt wobbly—and then everything went dark and he hit the floor.

Everyone heard the crash and came running. "Big Jim" was rushed off the ER. But, on the way to the hospital, "Big Jim" died. He had hit his head on the foot of the bed when he fell.

- **One out of three adults age 65 and older falls each year and falls are the leading cause of death in this age group.**

The hardest part of your job may be maintaining your clients' safety. Knowing all you can about why people fall is the first step. **Keep reading to learn why "Big Jim" fell and how you can prevent a tragedy like his.**

THE FALL RISK ASSESSMENT

Federal Law **requires** all healthcare providers to assess each client's risk for falls within the first 14 days of admission and to re-assess periodically throughout the duration of care as the client's condition changes.

- It's a good idea to know **who** is responsible for doing your clients' Fall Assessments. And, you should take time to find out your client's fall risk level so you can take the proper precautions. Be sure to report any changes in status to the nurse so the fall risk can be adjusted.

Here is an example of a common Fall Risk Assessment tool that may look like the one used for your clients:

DIRECTIONS: Circle the appropriate score for each section and total the score at the bottom.

Parameter	Score	Patient Status/Condition	Parameter	Score	Patient Status/Condition
Mental Status	0	Alert and oriented X 3	Orthostatic Changes	0	No noted drop in blood pressure between lying and standing. No change to cardiac rhythm.
	2	Disoriented X 3 at all times		2	Drop <20mmHg in BP between lying and standing.
	4	Intermittent confusion		4	Increase of cardiac rhythm >20.
History of Falls (past 3 mo.)	0	No falls	Medicines	0	None of the following types of medications are taken: diuretics, antihistamines, blood pressure meds, blood sugar lowering meds, pain meds, or anti-seizure meds.
	2	1-2 falls		2	Takes 1-2 of the above medications currently or w/in past 7 days.
	4	3 or more falls		4	Takes 3-4 of these medications currently or w/in past 7 days.
Ambulation and Elimination Status	0	Ambulatory & continent	Other Diseases	0	Does not have: hypertension, vertigo, CVA, Parkinson's Disease, loss of limb(s), seizures, arthritis, osteoporosis, fractures.
	2	Chair bound & requires assist w/ toileting		2	1-2 of the above diseases present.
Vision Status	0	Adequate (w/ or w/o glasses)	TOTAL SCORE	4	3 + of the above diseases present.
	2	Poor (w/ or w/o glasses)		A score of 10 or more indicates a high risk for falls.	
Gait and Balance	4	Legally blind			
	---	Have patient stand on both feet w/o any type of assist then walk forward, thru a doorway, then make a turn.			
	0	Normal/safe gait and balance.			
	1	Balance problem while standing.			
	1	Balance problem while walking.			
	1	Decreased muscular coordination.			
	Change in gait pattern when walking through doorway.				
	Jerking or unstable when making turns.				
	Requires assistance (person, furniture/walls or device).				

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!



FOCUS: MEDICAL RELATED RISK FACTORS

Many diseases and disorders, such as Parkinson's disease and arthritis, put patients at risk for falls. Clients who take several different medications are also at risk. Side effects of some medications may include dizziness, confusion, and/or drowsiness which could all contribute to a fall.

- Arthritis** can cause permanent crippling, nonreversible effects that put a person at high risk for a fall. In addition, some injuries to the knees, hips, and back do not heal completely, causing limited range of motion.
- Osteoporosis** is a condition that causes bones to become weak and "brittle." Elderly women are at risk for osteoporosis, meaning that even a slight fall can lead to a severely broken bone. Recent studies have shown that taking Vitamin D daily may help with this problem.
- Sore feet**, from foot disorders such as nail problems, corns, blisters, or heel pain can also cause falls.
- Some of your clients may experience a drop in blood pressure upon standing. This problem is known as **orthostatic hypotension** and can be caused by a number of conditions, including diabetes, Parkinson's Disease, heart failure, dehydration, infection, and a number of medications (such as diuretics and blood pressure medicines). The sudden drop in BP can cause dizziness, leading to a fall.
- The side effects of some medicines** can upset balance and cause a fall. Medicines for depression, sleep problems, and high blood pressure often cause falls. Some medicines for diabetes and heart conditions can also affect a person's balance.
- People who take four or more medications** are at high risk for falling, especially if any of their medications have changed in the past two weeks.
- Incontinence** or trouble controlling the bladder or bowels can increase the chances of a fall. Your client could easily trip or stumble on something as he hurries to the bathroom.
- Being mentally or cognitively impaired** puts a person at high risk for a fall. This includes people diagnosed with mental retardation, autism, or dementia.



Apply what you know!

Do you know what to report if a client falls? Here is an easy way to remember what to include:

Symptoms: Report any symptoms you noticed prior to the fall, including dizziness, shortness of breath, confusion, loss of balance, slipping, or pain.

Previous Falls: Has this client fallen down in the last three to six months? Does there seem to be a pattern to how and when the client falls? Share what you know about the client's history of falls.

Location: Report where the fall happened and if there were any environmental factors involved—such as a wet floor, cluttered pathway, or untied shoelaces.

Activity: Report any physical changes you may have noticed in the days or hours before the fall. This includes any problems with ambulation, toileting, and transfers.

Time: Take note of the time of day or night when the fall occurred. If the fall happened at night, report which, if any, lights were on.

Trauma: Report any injuries that you noticed, as well as any complaints of pain made by the client after the fall.

FOCUS: AGE-RELATED RISK FACTORS

As the body changes with age, such things as poor vision, loss of muscle strength, and joint stiffness make elderly people more likely to fall. Here are some additional details about age-related fall risk factors:



- Muscle strength decreases gradually with age.** Joints, tendons, and ligaments lose their flexibility and limit motion. For example, lack of muscle and reduced range of motion can cause *low foot swing*, which might make your clients trip over their own feet. Regular exercise is the key to help your clients remain as independent as possible.
- Reflexes begin to slow** as a person ages, making it hard for them to react quickly... and "catch" their balance.
- Vision diminishes with advancing age, and this directly affects the sensory systems involved with movement.** Depth perception is an important part of vision, as it allows a client to tell how far away certain objects are. As a client's vision worsens, so does their depth perception, making it hard to judge distance and easily causing a fall.
- Some people begin to lose their hearing as they get older.** If your client doesn't hear well, he may not be aware of obstacles (or other people) in his path. In addition, the ears contain sensory cells that affect the ability to balance. With age, these cells gradually decrease—and cannot be replaced. This means that older people may have a problem keeping their balance.
- Forgetfulness can be a common problem among the elderly.** Forgetting where things are located or how to do certain tasks may create a lot of extra stress for your clients. They could become upset or rushed, increasing their chances of falling.
- As people age, changes in sleep patterns are very common.** Many seniors have trouble falling asleep and often wake up after only a few hours. Falls can occur during a restless night, especially in a dark room. And, daytime fatigue may be so overwhelming that they have trouble participating in normal activities. If your clients fail to get a good night's sleep, they may be prone to falling during the daytime, too.

CAN A WII GAMING SYSTEM PREVENT FALLS?

Small studies are being conducted around the world to figure out how video games can benefit aging adults!

Exercise type games like the Wii are showing clear benefits! The games require participants to become both physically and mentally active!



A study in London is linking Wii Fit games to increased strength and coordination which can definitely decrease a client's risk of falling!

If you've never played Wii tennis, bowling or golf, or have never done Wii Fit exercises, find a friend with a Wii system now! Once you play you will see how these games can be beneficial to your elderly clients.

If you work in a facility, you may already have access to a system. In the home, ask family members to include your client in the games!

FOCUS: ENVIRONMENTAL RISK FACTORS

Falls can have simple everyday causes such as tripping over something on the floor, stumbling on a loose rug, or falling at night on the way to the bathroom. Look for these potential safety hazards in your client's environment:

- Wet walking surfaces.
- Loose area rugs or mats.
- Highly polished floors.
- Frayed or torn carpeting.
- Clutter on the floor.
- Uneven stairs.
- Stairs without handrails.
- Electrical cords on the floor.
- Poorly fitting shoes or slippers.
- Poor lighting.
- Slippery bathtub or shower.
- Ice, snow, mud, or fallen leaves.

SOME FRIGHTENING STATISTICS ABOUT FALLS IN NURSING HOMES

While half of all falls happen in private homes, some recent studies showed the high risk for falls among nursing home residents:

- Every year, there are from 100 to 200 reported falls in a typical 100-bed nursing home.
- As many as 75% of all nursing home residents fall down every year.
- Many people who live in nursing homes experience two or more falls per year.
- Each year, about 1800 residents die as a result of falling down.

Remember, people who live in nursing homes are generally more frail than seniors who live out in the community. They tend to be older, have more chronic illnesses (including dementia) and are often physically dependent. Due to these serious risk factors, they represent a special challenge when it comes to fall prevention. All over America, nursing assistants (and their co-workers) are doing their best to reduce these alarming statistics.



Apply what you've learned!

THE "GET UP AND GO" TEST

This is a simple test that makes it easy to tell if a client is steady on his or her feet.

- The first step is to have your client sit in a chair with an upright back.
- Next, ask your client to stand. Don't allow him to use the armrest to push himself up unless absolutely necessary.
- Ask your client to stay standing once he is up.
- If you notice him swaying or hesitating, then he is probably at risk for a fall.
- Next, ask the person to walk about ten feet, turn around, walk back, and sit down.
- Clues that a client has trouble with this test may include any of the following: hesitating, stumbling, taking small steps, moving slowly, or asking for help.
- If your client exhibits any of these risk factors, you should report and document your findings.

USING ASSISTIVE DEVICES SAFELY

Assistive equipment can be a great help in preventing falls in your clients. Canes and walkers help clients regain mobility and independence. Grab bars, shower chairs, and raised toilet seats allow clients to use bathrooms privately and independently.

Sometimes, these helpful devices can create more problems than they solve. Here are some facts:

- Injuries related to canes and walkers send 47,000 people a year to the ER.
- Fractures, generally to the hip, are the most common type of injury associated with assistive equipment.

Assistive equipment cannot help prevent falls if it is not in good working condition. Here is what you should look for:

- **Check Canes:** If the cane is made of wood, inspect the shaft and handle for cracks, splintering, or weak spots. If the cane is metal, check if all the bolts and screws are present (making the cane stable and strong). Check if the rubber tip is present and inspect the shape (which should be even and clean).
- **Check Walkers:** Look at the bolts and screws (to see that all connections are present and secure). Check for all four of the rubber tips and inspect their shape (which should be even and clean). If the walker has caster wheels, make sure they are firm, in good shape, and roll smoothly.
- **Check Wheelchairs:** Make sure all bolts and screws are present and secure. Check wheels. Wheels should be firm, smooth, and roll straight without wobbling. Brakes should be firm when engaged and should stop the wheelchair from moving at all. Check the seat and back rest for rips, tears, or weak spots. Make sure the foot and leg rests move easily and sit firmly in the proper position for your client.
- **Grab bars, transfer seats and commodes:** Grab bars in the home should be professionally installed. Push and pull on grab bars to ensure they are securely attached. Check all connections and rubber stoppers on transfer seats and commodes. Make sure everything is firm and level.

If you discover faulty equipment, follow your workplace guidelines for reporting and requesting repairs. **NEVER ATTEMPT TO REPAIR EQUIPMENT YOURSELF.** Assistive equipment should only be assembled, installed, and repaired by trained professionals!



RETIRE THOSE RESTRAINTS

In the past, it was common practice to use restraints as a way to prevent falls.

Today, however, research has shown that restraints have the potential to actually create more problems than they solve.

For example, restraints have been shown to increase falls by promoting loss of mobility—leading to muscle weakness and poor circulation.

Federal law states: "The resident has the right to be free from any physical or chemical restraint imposed for the purpose of discipline or convenience and not required to treat the resident's medical symptoms."

- So, how do you keep your clients from falling when you can't watch them every minute of every day?
- Get creative! Make a "Top Ten" list of things you can do to keep your clients from falling without the use of restraints.
- Share your list with your co-workers and supervisor! Read their "Top Ten" lists!

CLIENT AND FAMILY EDUCATION

Many agencies and facilities have a way of identifying clients who are at high risk for falls. Your workplace may use brightly colored wristbands, place star symbols on the door (to indicate a "falling star"), or place a sticker on the chart to identify those clients who are most likely to fall.

- Be sure you know your workplace system for identifying clients at high risk for falls and make sure you are clear about what it means.
- Talk to your clients about their risk for falls. Clients who are not confused or disoriented can and should be trusted to work with the healthcare team to keep themselves safe.
- Confused, non-compliant, or combative clients may need to be coaxed into following the rules that keep them safe. For example, you may need to sit down with the client and family members and convince the client to agree to call for help as needed or you may even have them sign a "contract." The contract may simply be a piece of paper that says, "I will call for help before getting up to walk." Then have the client sign it and tape it up where it is easy to see.
- If your workplace has a policy like "Call, Don't Fall!" in place, be sure your clients and their family members understand the policy and know why it is so important.
- In clients' homes, you may need to develop a checklist for the client and family to go through once a week. The checklist may include items such as:
 - When you walk through a room, do you have to walk around furniture? If so, ask someone to move the furniture so your path is clear.
 - Are there any throw rugs on the floor? If yes, remove.
 - Are there papers, books, towels, shoes, magazines, boxes, blankets, or other objects on the floor? If so, pick them up.
 - Do you see any wires or cords in the walking path? If yes, tuck them away or remove completely.

Don't hesitate to involve the family. Family and loved ones will welcome the responsibility and appreciate the opportunity to help! No one wants to see a loved one suffer an injury from a fall.



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 72-year-old woman who has healed quickly after suffering a broken hip in a fall.
- The physical therapist has recommended that the two of you take short walks each day to improve her strength and balance.
- She tells you she really does not want to go walking because she is just too afraid that she will fall again.
- **WHAT YOU KNOW:** You know that exercise, like walking, actually improves strength and balance and can prevent falls. And, you know she needs to get moving now before her condition gets worse.
- **GET CREATIVE:** Think of three creative solutions you might suggest to your client right now to help her make the choice to get some exercise to improve her strength and balance.
- **TALK ABOUT IT:** Share your ideas with your co-workers and supervisor and find out how they would solve the problem.

TIPS FOR PREVENTING FALLS

Try following these tips during your daily work. You'll be doing your part to prevent your clients from falling.

- When you begin caring for a new client, ask your supervisor about the fall risk level. If a fall risk assessment has not been done yet, use standard fall precautions.
- Remember, some clients feel that using a cane, walker, or wheelchair is a sign of age or weakness. If your clients are not using their equipment as ordered, ask them how they feel about it. Report your conversation to your supervisor.
- Encourage your clients to stay as active as possible—and to get some kind of daily exercise. If your client is being treated by a physical therapist, ask the therapist what you can do to help your client stay active.
- A person's flexibility becomes limited as he or she grows older. Bending to pick up things or reaching for a phone can be tough. Encourage daily stretching exercises!
- Report any changes in memory or hearing to your supervisor.
- If necessary, help your clients move from a sitting to a standing position or when getting in and out of bed. When you help move a high risk client from the bed to a chair, for example, be especially careful about supporting the person throughout the transfer.
- For clients with a history of dizziness, encourage them to sit on the side of their bed for a few minutes before attempting to stand.
- If your client complains about falling out of bed, suggest that bedrails be installed for added security.
- If your clients use hospital beds, make sure they are secured in the lowest position and use side rails safely as ordered.
- If a client is new to your facility, make sure he or she is familiar with the environment, including the location of the bathroom, light switches, and the call bell.
- If your facility uses bed or chair alarms to help prevent falls, be sure you and your clients understand how they work.
- As a precaution, ask a client to always leave the bathroom door unlocked. If a fall occurs while they are inside a locked room, giving them assistance will be tough!



Open the Discussion

REMEMBER "BIG JIM"?

Conduct a fall risk assessment for "Big Jim" based on what you read about him on page one.

- What was his "Fall Risk"?
- What precautions should be put in place to keep a client with this risk level safe?
- "Big Jim" tried to get back to bed on his own when no one came to help after five minutes. Do you think five minutes is an unacceptable wait time?

When you are sick or tired, five minutes can feel like an eternity. In addition, "Big Jim" always felt like he was bothering the nurses or asking for too much... leading him to do things to save the nurses some work.

- What would you do differently to protect "Big Jim" from the fall?
- Talk to your co-workers and supervisor to find out how they would handle this situation.



MORE TIPS FOR PREVENTING FALLS

- For your clients with Foley catheters, make sure the tubing is taped securely to keep them from tripping. If the tubing is loose, they could easily stumble over it while walking.
- Report a client's dizziness, confusion or disorientation to your supervisor. Sometimes these symptoms are a side effect of multiple medications, and will go away if the doctor adjusts the medications.
- Report any change in a client's blood pressure to your supervisor. If your client's blood pressure drops when he stands up, he could become unbalanced and fall.
- When you begin caring for a new client, ask your supervisor if that client has any disease or condition that might cause falls. Also, ask if the client has a history of falling. The more you know about your clients, the better prepared you will be to keep them safe.
- Help educate clients about the risk factors for falls. By learning more, they may feel more in control and more confident about avoiding falls.
- Assist your clients to the bathroom as needed. Check with clients often for the need to use the bathroom. This avoids a "last minute" rush that may lead to a fall.
- Keep your clients' environment as free from clutter as possible.
- Studies have shown that a fear of becoming dependent on others may lead elderly people to deny or minimize their risk for falling. If a client resists your help in moving from place to place, don't take it personally. Do let your supervisor know that you are having a hard time assisting your client.
- If your clients need glasses, they should wear them as ordered. However, keep in mind that bifocals might make it difficult for someone to focus properly during ambulation. If you have questions about whether or not a client should wear glasses while walking, talk to your client's nurse.
- If your workplace has a special way to identify clients who are high risks for falling, be sure you have been oriented to the system. Some common identification methods are special stickers on charts, decorative pins on a client's clothing, or bright colored wrist bands.



Key Points to Remember

1. One out of three adults age 65 and older falls each year—and falls are the leading cause of accidental death in this age group.
2. Federal Law requires all healthcare providers to assess each client's risk for falls within the first 14 days of admission and to re-assess periodically throughout the duration of care as the client's condition changes.
3. It's important to report any changes in your client's physical, mental, or emotional status. Even small changes could trigger the need for your supervisor to re-evaluate a client's risk of falling.
4. When you begin caring for a new client, always ask your supervisor about the fall risk level. This will help you prepare to keep your client safe.
5. The hardest part of your job may be maintaining your clients' safety. But, knowing all you can about why people fall is an important first step.

AND MORE TIPS FOR PREVENTING FALLS!

- Encourage your clients to wear shoes that are suitable for walking, instead of loose slippers or sandals. Shoes with low-heels and light, non-skid soles are the best. Also, make sure that any laces are tied tightly. Loose shoes and untied laces can both cause a damaging fall.
- Make sure that all rugs are tacked down tightly. Loose rugs can be very dangerous and are easy to trip over.
- Keep the everyday items used by your clients within reach, so they don't have to stretch to get what they need. For example, many cupboards in the kitchen are hard to reach without stretching or standing on a chair. Recommend to your clients that they keep medications and other items on low counters or tables where they can better reach them.
- Make sure that all loose cords, such as telephone wires, are tucked under furniture or placed where they will not be tripped over.
- Wipe up any spills on the floor immediately. A wet floor is very slippery and could easily cause a fall.
- Make sure the client's area is well lit during the day and has a nightlight during the night.
- Check that the bathtub and/or shower has a nonskid surface. Wet bathtubs can be very dangerous places!
- Keep the client's living environment free from clutter, especially on the floor. Anything, including magazines, newspapers, or shoes could easily be tripped over.
- Make sure your clients have a clear path to walk through in their homes or personal areas. Many times, large furniture can obstruct a path, making it hard for them to move about with ease.
- Check stairways for anything that may be a safety hazard. Nearly ten percent of falls happen while going up or down the stairs. Poor lighting, clutter, and low visibility could cause this type of fall. Assist your clients to climb stairs as necessary.



Now that you've read this inservice on fall risk factors, take a moment to jot down a couple of things you learned that you didn't know before.

