

Attendant Care Education

Department of Aging and Independent Living
Kentucky Cabinet for Health and Family Services



What is Attendant Care?

“Attendant Care may include hands-on-assistance (actually performing a task for the person), reminding, observing, and/or guiding a waiver participant in ADLs (such as bathing, dressing, toileting, transferring and maintaining continence) and IADLs (more complex life activities such as personal hygiene, light housework, laundry, meal planning and preparation, transportation, shopping, community involvement, money management, and assistance with medication administration as it relates to personal care needs). This service may also include making medical appointments and accompanying the participant during medical appointments but does not include the provision of direct medical services.”

(Department for Aging and Independent Living, 2015)

Person-Centered Care

Why We Do What We Do.

Person Centered Principals

- Ensure the dignity and respect for each person as a valued individual.
- Be entitled to the rights , privileges, opportunities, and responsibilities of community membership.
- Be supported and encouraged to develop personal relationships, learning opportunities, work and income options, and worship opportunities as full participants in community.
- Be based on individually determined goals, choices, and priorities.
- Be easily accessed and provided regardless of the intensity of individual need.
- Be afforded the opportunity to direct the planning, selection, implementation, and evaluation of their services.
- Require that funding be flexible and cost effective and make use of natural, generic, and specialized resources.
- Be the primary decision makers in their own lives.
- Be evaluated based on outcomes for the individual.

Person-Centered Planning

- Participants choose and direct their Service Plan
- Providers are chosen by the participant.
- Providers must participate in the person centered team meeting either by phone or in person.
- Team members may also include family members, community members or anyone of the participants choice.
- The team determines the how much, how often and the when and where services should be provided.

(Department for Aging and Independent Living, 2016)

Privacy, Dignity, and Respect

Protecting the Participant's Rights

Healthcare Ethics

Ethics:

A system of moral behavior and beliefs. It includes the following:

- Autonomy= The right of the participant to have control of his/her decisions
- Beneficence = Health care providers must do all that they can to benefit the participant
- Non-maleficence = Do no harm
- Justice = There should be fairness for both participants and attendants
- Gifts cannot be accepted from participants.

Confidentiality: HIPAA

- HIPAA-Health Insurance Portability and Accountability Act of 1996 says:
 - Information about a participant's health may only be given to authorized individuals. (Guardian, representative, spouse, parent, healthcare professionals)
 - Casual conversations with unauthorized individuals about the participant that may allow someone to identify them are also covered.
- Violations can mean:
 - Fines
 - Possible prison time
- **Your role**
 - **Know what to say and when you can say it and to whom you can say it.**

Critical Incidents

A critical incident is an event that potentially or actually impacts the health, safety, or welfare of the participant. It includes the following:

- Death
- Alleged or suspected abuse, neglect or exploitation
- Homicidal or suicidal ideation
- Missing person
- Medication error resulting in consultation or intervention of a skilled person
- An event involving police or emergency response personnel intervention
- Other action or event that may result in harm to the participant

(Department for Aging and Independent Living, 2015)

What Happens after an Incident?

The person who discovers the incident will notify their supervisor/agency designee. The agency designee will notify the case manager/ service advisor/direct service provider. The person who discovers the incident will:

- Immediately assess the situation to determine if there is immediate risk to the health, safety and welfare of participant
- Notify DCBS-Protection and Permanency and the Participant's Primary Care Provider
- Complete the Critical Incident Reporting Form and email to DAILHCB@ky.gov for traditional and DAIL.PDS@ky.gov for PDS within same day if incident is discovered during regular business hours or the next business day if the critical incident is discovered outside of regular business hours.
 - The incident reporter will complete the Critical Incident Investigation Report within 10 days and submit to DAIL.
 - Critical Incident reporting form and investigation report should also be forwarded to the direct service provider, case manager, or Service Advisor.

(Department for Aging and Independent Living, 2020)

Service Plan

The **Person Centered Service Plan** was formerly called the **Plan of Care**. It is a way to identify the services the participant needs. It will include input from the participant, all providers and other caregivers or individuals the participant wants to have input.

- It will:
 - Develop an order or schedule that usually lists the most important task first and the least important task last.
 - Record what your participant considers a priority.
 - Include the goals and objectives for the participant's care.
 - Indicate what are his/her abilities?
 - Provide your hours of service and all tasks to be completed.
 - List all other medical or service providers and their tasks (Skilled Home Health, PT, OT, Speech, etc.)

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- P1** **Service Plan**
Phyllis, 9/9/2016
- P2** **the participant**
Phyllis, 9/9/2016

Culture and the Family



Cultural Competence:

To be familiar with, and have a basic understanding of a participant's culture and function within the family group and greater community.

Culture

- **Ethnic Diversity is:**

- A variety of religions, cultures, and races living within an area

- **Culture is:**

- A group's collective shared thoughts, values, beliefs, and behaviors

- **How does this affect your work?**

- Communicating with Non-English speaking participants and families may require an interpreter.
- You will need to know what are the acceptable ways to interact with this participant? May you touch them without permission, i.e.
- Although it may be frustrating at times, always speak in appropriate tones; no shouting or angry voice.

Communication

What is verbal communication:

- It is an exchange of ideas through spoken words
- It includes the tone of voice, speed of speech, inflection, and choice of words.
- It creates a verbal picture of what you want the hearer to see and understand.

What is written communication:

- It may be written notes or cues or pictures indicating a task or question.
- It includes the Service Plan and any specific instruction as to how best care for the participant.
- Your documentation of the day's care and progress toward goals and objectives.
- **Remember:**
 - **Neatness, legibility and choice** of words reflect on your quality of work
 - **Always** sign your name, date and title to every piece of documentation

Non Verbal Communication

We are always sending messages without using words.

- **Body Language** is a combination of gestures that function as a form of communication, i.e. pointing, slouching, crossed arms, etc.
- **90% of communication is non-verbal**
 - It Includes:
 - The way we do or do not look at someone
 - The way we stand
 - Where we stand
 - What else we are doing at the time
 - Simply placing your hand palms up and extending it slowly is universally understood as an gesture of sensitivity and concern. It may decrease a tense situation.

Basic Rules for Communication

- **Be a nonjudgmental observer and listener**
 - Accept communication without stating a personal opinion.
- **Be a careful listener**
 - What was said? Do both parties understand the same thing.
 - What wasn't said? Are there pieces missing?
 - How was it said? Is the tone of voice angry or sad or happy?
- **Be sensitive**
 - Respect moods – Happy, sad, glad, mad
 - Be courteous and tactful
 - Be polite and considerate
 - Never critical
 - Summarize information and instructions in a way the participant can easily understand.

Communication and Hearing Changes

- One of the most common conditions affecting older adults.
- Approximately 1 in 3 people in the US between 65 and 74 experience hearing loss.
- Nearly 50% of people over 75 experience hearing loss.

Source: National Institutes of Health

Consequences of hearing changes

- More difficulty hearing if there is background noise.
- Difficulty distinguishing between higher frequency consonants such as t, p, k, f, s and ch.
- Woman and children are hard to understand because of the higher pitched speaking voice.
- May sound like they are mumbling.
- May lead to social isolation or withdrawal.
- May lead to emotional upset.

Actions to Take

- Help your participant explain his hearing loss to others so they can take actions to help him cope with the hearing loss.
- Face your participant when you speak to they can see your lips and facial expressions.
- Speak louder, but don't shout.
- Speak clearly, but not necessarily more slowly
- Turn off, or decrease the volume of, noisy distractions when speaking with your participant (such as the TV or radio).
- Be aware of background noises in public areas when speaking to your participant. If possible, find a quieter place to speak.

Emotional control tips:

- **Tact**
 - Is knowing the proper thing to say; a sensitive skill in dealing with people
- **Rude participants, families, or visitors**
 - Understand that their actions and words are related to their situation, and not to you personally in most instances.
 - Contact your agency supervisor or service advisor if you feel threatened.
- **High stress levels in the family**
 - Can cause loss of control and outbursts. Remain calm, and do not become involved in a shouting match.
- **Patience and tact**
 - Have patience with your participant, his family, and his visitors.
 - Be tactful in your interactions . Think before you speak.

Using the Telephone

- The participant's phone is only for participant related calls or emergency use. Do not use for personal calls when working.
- **Silence your cell phone.**
 - Return personal calls after you leave the home
 - No personal calls when you are working
 - Never use your camera in the home!
- The participant/family decides who answers the phone at the home
 - They may want you to answer or they may want it to go to an answering machine
 - Find out your participant's preference and abide by it.

Relationships with participants

- You are important to your participant's health.
- You will be depended upon.
- Professional boundaries are a must.
 - Your agency or employer will cover more on professional boundaries.
- Family and visitors may be the highlight of the day for participants.
 - Be kind and patient with them
 - You may need to protect the participant from fatigue with tactful suggestions to end their visit.
 - Cleaning up after and caring for visitors/family is not your role; discuss with supervisor if it occurs.

Helpful Hints

- Listen to visitors and family members. Their suggestions may be helpful.
- Do not get involved in family affairs; never take sides.
- Tactfully remind visitors you cannot discuss your participant with them.
- Do not alter your care on the direction of visitors or family; always consult your supervisor or the case manager/service advisor.
- Coordinate care with family caregivers; help teach them proper care.
- Report changed roles (the primary caregiver changes for example) or relationships between the participant and family/visitors to your supervisor. (there is an argument or hostility between them for example)

Abuse, Neglect, and Exploitation

What is Elder Abuse?

- The U.S. Administration on Aging defines elder abuse as “any knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult.”
- All 50 states have passed laws defining elder abuse and seeking to prevent cases of elder abuse in their jurisdiction. With each state defining abuse differently, it is important to know how your state defines elder abuse.
- The type of abuse commonly inflicted on the elderly can be categorized into seven main areas.
 - **Physical abuse** is exactly how it sounds; inflicting physical pain or injury.
 - **Exploitation** refers to the misuse of money, property or assets.
 - **Abandonment** occurs when a caregiver stops providing care for an elderly person.
 - **Neglect** is the failure to provide a home, food, health care, or other protection for a senior.
 - **Sexual abuse** is characterized by non-consensual sexual contact.
 - **Emotional abuse** is caused by inflicting pain through verbal and nonverbal acts.
 - **Self-neglect** occurs when a senior fails to take care of their personal needs, health or safety.

Source: www.insideeldercare.com

Risk Factors for Elder Abuse

- **Isolation.** When a senior has limited access to the outside world and little contact with friends or family it is easy for an abuse to take place.
- **Substance Abuse.** The use of alcohol or drugs by a caregiver can make him or her more likely to become abusive to a senior.
- **Violence.** A family with a history of violence, especially between spouses, is more likely to experience elder abuse.
- **Declining Physical and/or Cognitive Health.** When a senior becomes ill or has trouble with Alzheimer's disease or dementia the risk for elder abuse goes up.
- **Dependence and Shared Living Arrangements.** When the caregiver and senior live together and/or when the caregiver is dependent on the senior for financial support the risk increases.
- **Stress.** Caregivers facing stress at work and/or home can often become abusive. Finding regular respite care for caregivers helps to prevent abuse.

Source: www.insideeldercare.com

How to Identify Elder Abuse

- What are the warning signs that a participant may be coping with abuse?
 - The warning signs are many and vary depending on the type of abuse suspected. If you believe a participant is being physically abused, look for bruises on the arms or neck, unexplained injuries and/or a refusal to seek medical help for injuries. If you see marks on the wrists and/or ankles, this is a warning sign that a participant is being restrained. If the caregiver is dismissive of your questions about injuries or bruises, this is also a warning sign of elder abuse.

How to Identify Elder Abuse (cont'd.)

- When seniors are experiencing emotional abuse, it is common to find them to be unresponsive to questions, fearful or suspicious, unwilling to go to social outings, and to experience sudden unexplained changes in behavior.
- Exploitation abuse can be more difficult to identify unless you have access to a participant's financial accounts. Large withdrawals, unusual ATM activity, sudden increases in credit card debt, or forged checks are the most common signs a senior is being exploited.
- Elder neglect manifests itself in a wide range of ways. Seniors who are being neglected will often have poor hygiene and eating habits. Loss of weight, pressure sores, sunken eyes, and dirty clothes are common signs of elder neglect. If a caregiver is not providing medications, access to eyeglasses, teeth or hearing aids, these are also signs of neglect.

How to Prevent Elder Abuse

- Preventing elder abuse falls to the family and friends of seniors. If you suspect abuse or are concerned that a caregiver may be nearing the end of his or her reserve of patience, it's ok to step in. Ask the participant if he or she is ok or is fearful. Pull the caregiver aside and offer assistance. Find respite care services for the caregiver so he or she can get away for a few hours each week to rest and recharge.
- Helping the participant get to favorite activities, out to lunch, to the library, or other locations is an easy way to prevent abuse. Social outings can help individuals feel loved and valuable. Your participant is more likely to confide in you if they believe you will be there to help them. Taking your participant on outings also provides relief for the caregiver so he or she can have some alone time. The more people your participant interacts with the more people there are to notice changes in their demeanor, physical appearance and emotional state.

Source: www.insideeldercare.com

How to Prevent Elder Abuse

- If you fear a person you are caring for, a loved one, friend or neighbor is being abused or neglected, please don't hesitate to notify the proper authorities.
- Every state has an agency whose main responsibility is responding to the needs of the elderly. You can find more information regarding reporting by calling **1-877-597-2331** or **1-800-752-6200**. **Calls can be made anonymously.**
- **If you suspect someone is in immediate danger, please call 9 1 1.**

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Insert DCBS Hotline

Phyllis, 9/9/2016

Working with participants Who are Ill or Have a Disability

Geriatric medication use:

- The more diagnoses the individuals has, the more medications they may have.
- The ability to absorb medications and how the body uses them may change.
- There may be changes in how drugs are eliminated from the body
- Drugs may interaction with each other differently.
- Side effects of medications may become more common.
- Individuals may need more medication reminders due to memory decline.

Attendant Care Duties

Attendant duties and direct care delivery training

Infection Control in the Home

Handwashing, personal protective equipment, and waste management.

Clean and Dirty Areas in the Home:

- **Clean** areas in the home are identified as those places that should be Uncontaminated by harmful bacteria and other microorganisms like the kitchen or other food preparation areas and the dishwashing area
- **Dirty** areas are those which are contaminated by harmful bacteria and microorganisms such as bathrooms or other toileting areas such as commodes or beds for incontinent individuals.
- **Soiled** areas include those contaminated with everyday dirt, sweat. Such as linens (without blood or body fluids) and clothing (without blood or body fluids).

Ways to decrease infection:

- Wash your hands after using the bathroom or blowing your nose, before handling food, after caring for the participant, before any procedure, and before meals.
- Practice good personal hygiene by bathing and showering daily.
- Cover your nose and mouth when you sneeze or cough. Turn your face to the side or into your bent arm when you cough. Wash your hands if you cough into them.
- Clean and empty wastebaskets often.

Ways to decrease infection:

(cont'd)

- Wash, dry, and put away all participant-related equipment after each use.
- Dispose of contaminated articles in the proper way.
- If you have an open area on your skin, check with your supervisor before you give participant care.
- Wash your hands before you put on gloves and after you take them off
- Report to your supervisor conditions in the house that contribute to bacterial growth and transmission

Handwashing

Handwashing Guidelines

- Wash your hands before and after each task and before and after direct participant contact.
- The water faucet is always considered dirty.
 - This means it may harbor pathogens. Use paper towel to turn the faucet on and off.
- If your hands accidentally touch the inside of the sink, start over. Do the whole procedure again.
- Take soap from a dispenser, if possible, rather than using bar soap.
 - Bar soap leaves pools of soapy water in the soap dish, which is then considered contaminated.
- Wash your hands before you put on gloves for a procedure and again after you remove the gloves.

Terms for protecting you the worker:

- **Standard Precautions** are those routine activities that are recommended to protect health care workers from contamination with blood and all body fluids (except sweat).
- **Protective barriers such as** gloves, gowns or aprons, masks, face-shields, or goggles, and handwashing will assist in decreasing the possibility of infection for both the participant and the attendant.,

Using Non-Sterile Gloves:

- Wearing gloves does not mean that you do not have to wash your hands
- Remember to wash your hands before and after you use gloves
- Once gloves are on the outside is considered dirty and the inside clean
- Never wear used gloves outside the participants room
- Put on a new set of gloves each time you need them
- **Never reuse a pair of gloves**

Using the Standard Precautions Guidelines

- Protect yourself when you are cleaning or disposing of personal care items that include blood, urine, feces or sputum or any other body fluids.
- Personal items such as tissues, tampons, menstrual pads, adult diapers and underpads should be handled while wearing gloves.
- Handle sharp objects, needles, blades that may be contaminated with blood or any body fluids with great care.
- Use gloves for changing dressings and dispose of them in a disposable bag.
- If the individual has an infection, use gloves to wash plates, glasses, and other dishes.
- Use gloves if laundry is soiled with body fluids.

Putting on Non-Sterile Gloves

- Always wash your hands before putting on gloves.
- Be sure the gloves you have selected are clean, do not have holes or tears, and are the correct size for your hands.
- Be sure to extend the cuff of the glove all of the way up your wrist and do not leave it rolled down.

Removing Non-Sterile Gloves

- Grasp the glove at the palm of your hand with the other gloved hand to loosen it.
- Pull the glove over your hand while turning the glove inside out.
- Continue holding the removed glove with the gloved hand.
- Place the index finger and middle finger of the ungloved hand inside the cuff of the glove, turning the cuff downward.
- Pull the cuff and glove inside out as you remove your hand from the glove.
- Discard the gloves in the trash (not your pocket).
- Wash your hands.

PERSONAL SAFETY AND EMERGENCY PROCEDURES

If there is no answer to a locked door when you arrive at the home:

- Stay at the home – **do not leave!**
- Call your participant/representative or agency supervisor or case manager/service advisor if applicable.
- Ask them to attempt to contact the participant and/or the participant's family.
- If you or your agency are unsuccessful in contacting the patient or family, contact case manager to discuss if the police should be contacted for a well person check.
- Stay at the home until the a decision is made by your agency or case manager that it is OK to leave.

Safe driving tips when transporting participants:

- Drive defensively, watch for the other drivers.
- Be fully involved in driver safety programs.
- Accept and follow agency safety programs.
- Maintain a valid driver's license.
- Obey all laws.
- Both you and the participant must wear safety belts at all times.
- Inspect vehicle weekly.
- Report all accidents (on and off the job).
- Keep car doors locked.
- Keep keys handy.
- Park in well lit areas.

CARE OF THE HOME

Cleaning a participant's home:

- Your job is to protect the participant by keeping the home:
 - Free of bacteria that can cause disease.
 - Free of clutter that may contribute to falls and other injuries.
- **Things to remember:**
 - Understand that different participants have different values related to 'clean'.
 - Don't use equipment you are unfamiliar with, is in poor condition, or is unsafe.
 - Use equipment only for the purpose for which it is intended.
 - You are only responsible for cleaning the space occupied by the participant. This is defined as their bedroom, bathroom and other living space used only by them.

How to Keep a House Clean

- You **need** to have:
 - Hot water
 - Soap or detergent
 - Broom and dust pan
 - Scrub pad/scrub brush
 - Bucket
 - Trash container
- **Nice** to have
 - Vacuum cleaner
 - Scouring pads
 - Mop
 - Waste baskets

Dusting tips:

- Dusting with a damp rag prevents the spread of bacteria.
- Use motions to gather the dust into the rag and not on you or the floor.
- Dust from the top to the bottom.
- Dust pictures, objects on tables, tables, cabinets.
- Change the rag if it gets soiled.

Washing Dishes:

- Place dishes on the counter next to the soapy dish water in the order in which they are to be washed - least dirty first (glasses, silverware, plates, cups, and saucers) most dirty last (pots and roasting pans).
- Wash dishes in the hot, soapy water and rinse in clear water
- Drain dishes on a drain board or dish rack.
- Dry with a disposable towel, or allow them to air-dry, and put them away.
- If using a dishwasher, place the dishes as directed on the racks, add soap and start the cycle. When the cycle is complete and the dishes are cool, begin putting the dishes away.

Cleaning the Kitchen

- The stove should be wiped regularly with soapy water to remove spills that may become cooked on.
- The refrigerator should be kept wiped out on a regular basis.
 - If the freezer needs defrosting, discuss this with the family or your supervisor.
 - Do not use sharp objects to poke at ice clumps when defrosting the freezer.
- Wash counters often to remove potential bacteria.
- Wash garbage/trash cans often.

Cleaning the Bathroom

- **Think Safety Always!**
 - Are there non skid mat in the tub?
 - Are there non skid rugs on the tile floor?
 - Are there grab bars in the shower or tub?
 - Is there good lighting?
 - Is there air moving in the room?
- Showers/tubs
 - Wipe down after each use.
- Clean sinks and fixtures frequently. Don't scratch them with harsh cleansers!
- Toilets
 - Clean under the rim and the bowl.
 - Do not mix toilet cleaner with any other cleaner.
 - Do not use the sponge or rag used on a toilet on ANY other surface!

Laundry tips:

- Read all washing instructions on labels of clothing.
- Dark colors should be washed separately from light colors.
- Delicate fabrics cannot take as much scrubbing, as can heavy duty fabrics.
- Heavily soiled jeans or should not be washed with a silk blouse.
- You are only to wash the clothes and linens of the participant, not the household.
- Follow instructions for using the washer, dryer, and laundry products.

Care of rugs and carpeting:

- Vacuum the participant's environment at least weekly. If they live alone this includes their living space. If there are others in the household this includes their room, the bathroom, and living space they use such as a living room, porch or other space.
- Ask how to change the dirt collection bag inside
- Use the vacuum cleaner at a convenient time for the family, when it will not disturb them.

Care of Floors

- Sweep floors frequently especially before washing them.
- Ask the family how they usually clean the floors. Wood floors often require special cleaners and are not cleaned with water.
- Use the detergent or cleanser according to directions. Do not let water remain on the floor.
- Most households will have a mop for this job. If you do not find one, discuss this with your participant/representative or agency.
- Let the floor dry before walking on it or putting furniture back in place.

Pests and Bugs:

- Put food away in closed containers. Plastic and glass are best.
- Clean up spills and crumbs.
- Take out garbage and trash regularly.
- Keep garbage and trash in covered containers.
- Do not let water stand inside or outside.
- Notify your participant/representative or agency as well as case manager/service advisor immediately of any infestation of ants, cockroaches or bed bugs or other insects.

Bed Making:

- Keep the bed clean and dry - change the linens when necessary.
- Keep the linens wrinkle free.
- Make the bed to suit your particular participant.
- Keep the bed free of food particles and crumbs.

Introduction to Safety

- Safety is everyone's job
- It is the most important part of your job
- Report injuries immediately
- Report unsafe conditions immediately
- Practice common sense
- **Be Careful! Be Aware! Be Alert!**

Safety Precautions for the Aged

- Be sure there is adequate lighting for every task.
- Be alert to sensory changes that may have taken place in your participant.
- Protect your participant from falling.
- Protect your participant from burns.
- Protect confused participants by redirecting them from dangerous situations

Electrical safety:

- Make sure all electrical equipment you use is in good condition.
- Be sure the cords are not frayed and that you are using the proper tool for the job.
- Do not put electrical cords under rugs.
- Be sure your hands are dry before you use any electrical equipment.
- Do not change fuses or touch circuit breakers unless you are sure you know what you are doing.
- Do not run all household appliances at the same time in an effort to save time.

Smoking in the home:

- Be sure ashtrays are provided and that they are used.
- Never empty warm ashtrays into plastic bags, plastic waste baskets, or containers.
- A participant who has been given a sedative should not smoke.
- A confused participant should not smoke.
- A participant in bed should not smoke unattended.
- Check chairs, upholstery, and blankets for ashes or cigarettes if your participant is smoking.
- If a participant has hand tremors, light his cigarette, and assist him as he smokes if you feel comfortable or agency will allow.
- **Never allow smoking while the participant is using oxygen!**

Safety in the Kitchen:

- Know how to use a fire extinguisher if it is in the house.
- Do not leave grease on the stove. Clean it up.
- If you have a grease fire, do not put water on it. Use a chemical type fire extinguisher or baking soda to smother it.
- Do not leave cooking pots unattended.
- Have good lighting in the kitchen.
- Be alert when carrying hot liquids.
- Keep paper towels, napkins, and potholders away from the burners.
- Keep the kitchen floor clean and free of clutter and spills.
- Store knives so that blades are protected.
- Electrical cooking does not produce a visible flame, so be sure to check that the dial is at the setting you want or at off. Be sure to keep people, animals, and flammable objects clear of the cooking element until you are certain it has cooled.

Safety in the bathroom:

- Is the toilet secure to the floor? Is the seat secured to the toilet?
- Can your participant get up and down safely, can he/she sit without additional support?
- Are the hot and cold water faucets correctly marked?
- Is the tub very deep, and can your participant get in and out safely?
- Does your participant get weak while bathing?
- Is there ventilation in the bathroom?
- Are the floor tiles slippery when wet? Is there a secure bath mat on the floor?
- If there are grab bars, are they secured in the wall? **Towel bars were not designed to support weight.** Special bars are necessary!
- If you must use electrical equipment such as hair dryers or shavers, be sure your hands, body, and feet are dry.

Proper Storage:

- Dispose of items in well ventilated containers
 - Do not keep dirty rags in a closed container.
- Do not store flammable liquids near a source of heat
 - Only use flammable products in a well ventilated area.
- Recycle newspapers and other excess paper if possible or put them in the trash
 - Help your participant keep the clutter down.
 - It is a potential fire hazard when piled in a corner.

Fire Prevention and Safety:

- Fire safety means three things:
 - Preventing fires.
 - Doing the right thing if a fire should occur.
- Fire requires:
 - Fuel + Heat + Oxygen
- Fires start because of:
 - Smoking and matches.
 - Misuse of electricity.
 - Defects in heating systems.
 - Spontaneous combustion.
 - Improper rubbish disposal.
 - Improper cooking techniques.
 - Improper ventilation.

Have a Fire Plan

- Where are the exits from the house in case of a fire?
- How would I remove the participant from this house in case of fire?
- If the participant is bed bound, how would I remove him/her from the fire scene?
- Are there fire extinguishers in this house - one for grease fires and one for other types of fires?
- Are there smoke detectors in this house? Do they work?
- Does the family have a fire evacuation plan?
- What special precautions, indicated by the town fire department, should be taken so that they are aware of small children, bed-bound residents, or people dependent upon oxygen or ventilators?

What to do in the case of fire:

- R** - Remove your participant from the house or involved room.
- A** - Alert the fire department and all others in the home.
- C** - Contain the fire and smoke by closing doors in the area if it is safe to do so.
- E** - Extinguish the fire only if you are trained and it is safe to do so.

Fire Extinguisher use:

- **P** – Pull the pin
- **A** – Aim at the base of the fire
- **S** – Squeeze the trigger
- **S** – Sweep side to side to cover the entire base of the fire.

Oxygen Safety

- **Never** permit smoking when oxygen is in use.
- Do not use electrical appliances near oxygen.
- Remove cigarettes, matches, and ashtrays from the room.
- Do not use candles or open flames in the room.
- Do not rub oil, alcohol, or talcum powder on the participant while the oxygen is running.
- Avoid combing a participant's hair while he/she is receiving oxygen due to sparks from static electricity that may occur.
- Wool blankets, nylon, and some synthetic fabrics can cause static electricity.
- Check the oxygen equipment regularly for leaks and proper functioning.
- Never touch oxygen valves.
- All oxygen tanks are painted green so you will know when they are in use.

Preventing falls:

- Remove any tripping hazards
- Ensure the participant area is well lit.
- Wipe up any spills immediately.
- Ensure the use of grab bars or railings if they are available.
- Mark the edges of stairs or steps with neon tape or other eye catching substance like paint.
- Instruct your participant not to hold onto unstable furniture while walking.
- Ensure that the participant has non-slip mats in their bath or shower.
- Ensure your participant is using his ambulatory devices (cane, walker, etc.) correctly.

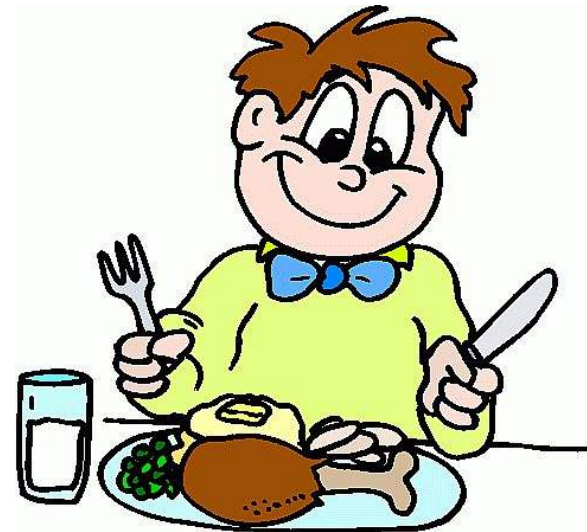
FOOD PREPARATION, PLANNING AND PURCHASING

Introduction to Basic Nutrition

- Nutrition is concerned with that which nourishes the body; food.
- Nutrients are food substances required by the body to repair, maintain, and grow new cells.
- Protein is one of the nutrients necessary to all animal life
- Calories are units for measuring the energy produced when food is digested in the body
- Nutrients are divided into five categories:
 - Vegetables = 2 cups per day
 - Fruits = 2 cups per day
 - Proteins = 5 ounces per day
 - Grains = 6 ounces (preferred is at least 3 ounces of whole grain and 3 ounces of white flour based bread and pasta, etc.
 - Dairy = 3 cups per day

Personal Preferences

Food is a very personal thing to each of us. We like different flavors, textures, and types of foods. This is true of your participants as well. When buying and cooking for them, consider what they like and what kinds of food fit with their medical needs as well as their preferences.



Hydration is critical to health.

- Not enough fluids = Dehydration
- Dehydration can lead to:
 - Chemical imbalance
 - Muscle cramping
 - Confusion
 - Even death!
- Common symptoms of dehydration include:
 - Dry mouth
 - Sunken eyes
 - Dark, concentrated urine
 - Dry skin
 - Less sweating
 - Constipation



I'm thirsty

Planning a Menu

When planning a meal, remember:

- **Variety** - Broccoli every day can be a bore.
- **Texture**- Unless the individuals has to have soft foods, try to vary the texture with crunchy and soft foods.
- **Flavors**- Sweet, sour, salty, bitter are the basic four categories.
- **Temperature** – This is important as the person may not be able to distinguish when something is too hot.
- **Taste** – What are the participants choices?
- **Shape** – Is the plate attractive or just a blob.
- **Color** – Look at the plate in the picture. Notice how the colors make you want to eat it up.
- **Cost** – You must purchase food within the participant's budget



Food Allergies

- Food allergies can cause
 - Mild skin irritation
 - GI disturbances
 - Trouble breathing
 - Death!
- Sometimes food allergies affect a member of the household instead of the participant directly. These food allergies must be respected. If someone in the family has a peanut allergy, you must not plan for peanuts in any menu item.



Purchasing Food Wisely

- Read labels to discover:
 - Does this food meet the participant's dietary restrictions?
 - Are there ingredients that the participant or their family are allergic to?
 - What is the suggested serving size?
 - How many calories in a serving?
 - Does this food supply the nutrients the individual needs? (Protein, carbs, fat, salt, etc.)

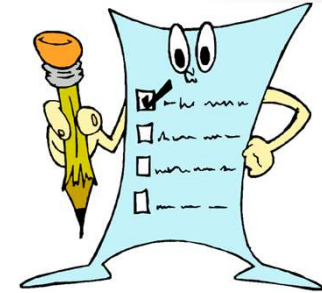


The image shows a hand holding a magnifying glass over a nutrition label. The label is titled 'Nutrition Typical values' and includes columns for 'Energy kJ', 'per 100g', 'per 1/4 pack', and '% adult GD'. The label also includes a 'GDA children (9-14 yr)' column. The label is partially obscured by the magnifying glass, which is focused on the 'per 100g' and 'per 1/4 pack' columns. The label is for a product with a serving size of 1/4 pack. The label is for a product with a serving size of 1/4 pack. The label is for a product with a serving size of 1/4 pack.

Nutrition Typical values (cooked as per instructions)	per 100g	per 1/4 pack	% adult GD	GDA children (9-14 yr)
Energy kJ	1007	2014		1800
Protein	24g	48g		24g
Carbohydrate	8.4g	16.8g	24.1%	220g
of which sugars	20.6g	41.2g	37.3%	85g
of which starch	1.8g	3.6g	4.0%	70g
Fat	18.8g	37.6g	57.0%	20g
of which saturates	13.7g	27.4g		
mono-unsaturates	5.7g	11.4g		
polyunsaturates	5.9g	11.8g		
Fibre	1.5g	3.0g		
Salt	0.9g	1.8g		
of which sodium	0.50g	1.0g		
GDA = Adult Guideline Daily Amounts are based on a diet of 8400 kJ (2000 kcal) per day. GDA's are guidelines and personal requirements vary depending on age, gender, weight and activity level.	0.20g	0.40g	7.5%	16g

Shopping for your participant

- Prepare a list and discuss the following with the participant:
 - The size of the purchase.
 - How much can you spend?
 - Are there coupons that might be used for this purchase?
 - Have you considered the participants likes and dislikes?
 - Does the participant have a favorite store?
 - Are they safe to be alone while you are gone?
 - Check your care plan first to see if the participant can be left alone!
- Save all receipts
- Document:
 - How much money you were given?
 - How much you spent, and where?
 - How much change you brought back?
 - Your employer may have a form for documenting this information.



Storing Food

- **General Storage Hints**

- Do not buy more food than you can safely store.
- Keep refrigerators operating properly by defrosting if needed.
 - Use a thermometer to check the temperature if one is available.
- Check the expiration date on food before purchasing it. Choose the food with the longest time before expiration.
- Rotate food. Use up older foods first.
- Store dry ingredients in tightly covered containers.

Serving a meal

- Observations for you to document:
 - How is the participant's appetite?
 - Does he/she eat the right foods for his/her diet?
 - What foods does the participant avoid?
 - Is there any discomfort associated with eating?
 - Does the participant drink fluids?
 - Does the participant eat several big meals, or does he eat all day long?
 - Who serves the participant if you are not there?
- Serving a meal hints:
 - Offer toileting before meal time.
 - Encourage hand washing before eating.
 - Encourage socialization during the meal by talking and sitting with the participant while they eat.
- After the meal
 - Offer oral hygiene
 - Offer toileting
 - Clean up any messes
 - Encourage hand washing and personal hygiene

PROVIDING PERSONAL CARE

Consider the participant's level of ability.

- Can the participant hear and understand you?
- Can the participant follow directions?
- How much can the participant do alone?
- How does the participant look? Is their skin color pale or greyish for example?
- Will pain be a factor in this activity?
- Are joint motions limited?
- Does the participant tire easily?
- Do you need more than one person to complete this task?

Guidelines for Assisting participants:

- Expect to the participant to do as much as possible for themselves.
- Help only when needed.
- Work at the participant's level and speed
- Plan ahead. Gather all equipment and put it in place before you begin the activity
- Know your physical capabilities, can you bend to assist with bathing for instance. Will you need help getting the participant out of the tub?
- Make sure your nonverbal messages match the words you use.

Oral Hygiene/Denture Care

- When assisting remember:
 - Always wear gloves. The mouth is considered a dirty area that has body fluids (saliva, blood) within it.
 - Brushing after every meal is best but the participant should brush their teeth at least once every 12 hours.
 - Allow the participant to do as much as they can. You may have to give some directions or assist with holding the brush.
 - If they can not stand, bring a basin to a table and allow them to sit and lean over the basin.
 - If they have dentures, clean them as directed by the participant and remember to also brush their tongue and gums to prevent bacterial infections.

Assisting the participant to dress:

- Assemble equipment and clothing.
- Protect the participant's privacy.
- Wash your hands.
- Assist the participant to sit at the edge of the bed or flat on his back if he cannot sit at the edge of the bed.
- Assist with underwear and trousers or pajama bottoms:
 - Dress an injured or unbending leg first.
 - Stand the participant if possible or have him/her lift his/her buttocks to pull up the pants to his waist.
- Assisting with dressing the upper body:
 - For over the head types of shirts, place the injured or a mobile arm into the shirt first followed by the head and neck and finally the good arm.
 - For a button up tight shirt, place the sleeve over the injured or immobile arm first, bring the shirt around the back and slip the good arm into the sleeve.

Assisting the participant to dress:

(Cont'd)

- Assist with socks or stockings.
 - Discourage the use of garters as they decrease circulation
- Assist with shoes.
 - Be sure they fit.
 - Be sure to document any findings of blisters or red and areas on the feet and report this to your supervisor.
- Ensure the participant's comfort.
- Wash your hands.
- Document that you assisted with dressing in your visit note. Report any unusual findings to your supervisor.

Bathing Guidelines:

- Should be done when, where and how by the participant's choice.
- Use good body mechanics to prevent injuring yourself or the participant.
- Keep soap in a container not in the basin of water.
- Observe safety rules.
- Only use non medicated lotions or creams.
- Use deodorant if the participant requests it.
- Check the pockets of bed clothes before putting them in the laundry.
- Talk with your participant as you assist him/her.
- Observe your participant for distress, fatigue, or discomfort. Stop the bath if these occur.

Types of Baths

There are four ways to give a bath:

- Partial bath
- Tub bath
- Shower bath
- Bed bath

Follow the service plan as to which type of bath to give.

Partial Bath

- Assist the participant with establishing a bathing routine to save his/her energy.
- Bring the wash water to his/her bed or assist the participant to the bathroom.
- Take a chair into the bathroom or have the participant sit on the toilet covered by a towel.
- Allow the participant to wash as much of his/her body as he/she can safely reach.
- Be very observant of the participant's safety while they are bathing.
- Give the participant as much privacy as possible as she/he bathes.

Tub Bath

- Assemble needed equipment and clothes.
- Ensure privacy.
- Explain the procedure.
- Ensure safety.
- Be sure the tub is clean.
- Wash your hands and put on gloves.
- Assist the participant to the bathroom.
- Fill the tub half full with water and be sure you check the temperature on your wrist before the participant enters the tub.
- Assist the participant with undressing and getting into the tub.
- Let the participant stay in the bathtub as long as permitted on the service plan give him as much privacy as safety will permit.

Tub Bath (cont'd)

- Help him/her wash areas he/she cannot reach
- Empty the tub before the participant gets out of the tub
- Place a towel on a chair or commode for the participant to sit on while they dry themselves or you assist them.
- Allow the participant to dry as much as he can
- Assist with dressing
- Assist the participant out of the bathroom
- Ensure the participant is comfortable
- Return to the bathroom and clean the area as necessary
- Place used linen in the laundry
- Remove your gloves and wash your hands
- Document that you assisted with a tub bath
- Note any observations about the participant and report unusual observations to your supervisor

Shower Bath

- Begin the procedure as you would a tub bath.
- Position a shower chair in the shower or tub if the participant uses one.
- Assist the participant to the bathroom.
- Turn on the shower and adjust the water temperature; test the water before you allow the participant to test it.
- Assist the participant into the shower.
- Hand the participant the shower extension, if available.
- Offer as much privacy as safety will allow.
- When the participant is finished turn off the water before assisting the participant out of the shower.

Shower Bath (cont'd)

- Place a towel on a chair or the commode for the participant to sit on while he/she dries.
- Assist the participant in dressing.
- Assist him/her with ambulation to a comfortable chair or his/her bed.
- Return to the bathroom and clean the shower and bathroom as necessary.
- Gather used linens and take them to the laundry.
- Remove your gloves and wash your hands.
- Document that you gave a shower or bath to the participant in your care note.
- Document any observations about the participant during the procedure.
- Report any unusual findings to your supervisor.

Guidelines for Hair Care

- Keep the participant free of drafts.
- Never cut a participant's hair.
- Never color a participant's hair.
- Never give a permanent.
- Never use a hot comb or curling iron on a participant's hair.
- Style the participant's hair as he or she is accustomed to having it done.
- Wear gloves while washing hair.

Shampoo at a Sink

- Wear gloves.
- Gather your supplies.
- Protect the participant's clothes and keep them warm by draping a towel or robe over their shoulders.
- Give them a washcloth to put over their eyes.
- If the participant is sensitive to having water in their ears, offer them cotton balls to keep the water out.
- Adjust the water temperature before the participant tries.
- Have the participant lean over the sink while you wet their hair with a cup or glass.
- Add shampoo being careful to not pull their hair or scratch the scalp.
- Rinse and apply conditioner or other products the participant might use.
- Dry with a towel before the participant stands up.
- Comb and style the participant's hair as directed by them.

Combing the participant's hair:

- Wash your hands and put on gloves.
- Remove glasses if the participant wears them.
- Parting hair down the middle will make it easier to comb.
- Be gentle.
- Be sure to brush the back of the head.
- If the participants hair is long, suggest braiding it if the hair tangles frequently.
- Always arrange the participants hair the way he or she wants it.
- Offer them a mirror.
- Always provide safety and comfort.
- Remove your gloves and wash your hands.
- Document the procedure and any observations you made.
- Report anything unusual to your supervisor.

Shaving a participant:

- Always wash your hands and wear gloves.
- Raise the head of the bed, or seat him/her in a chair (or, on the toilet).
- Spread a towel under the participant's chin to catch trimmings.
- Apply warm water to the face with a damp washcloth to soften the beard.
- Apply shaving cream generously.
- Hold the skin tight while shaving and shave in the direction of hair growth.

Shaving a participant: (cont'd)

- Rinse safety razors often.
- Take special care around the nose and lips.
- Any nicks or cuts must be reported to the supervisor do not apply medications.
- Apply aftershave lotion or powder if the participant request.
- Ensure safety and comfort.
- Be sure to clean equipment and return it to its proper place.
- Remove your gloves and wash your hands when you are finished.
- Document the procedure in your visit note and note any observations you made.
- Report any unusual observations to your supervisor.

Toileting options:

Bedside commode:

- A bedside commode is a portable frame with a pan or pail into which the participant urinates or defecates.
- Guidelines:
 - Always ensure as much privacy as safety allows.
 - Always explain what you are doing to help.
 - Wash your hands and wear gloves.
 - Place the commode as close to the participant as possible if it is not positioned over a toilet.
 - Use proper body mechanics when assisting the participant on to and off of the commode.
 - Remove your gloves and wash your hands if you leave the room while the participant is on the commode.



Commode (cont'd)

- Remember to put new gloves back on if you have left the room and return to assist the participant.
- Offer toilet tissue to the participant.
- You must clean the participant if they are unable to do so.
- Remove your gloves and wash your hands when the procedure is finished.
- Assist the participant back to bed or chair.
- Offer hand washing to the participant.
- Be sure the participant is safe and comfortable.
- Put on gloves again and clean the commode.
- Empty the pail, clean the pail and return it to the commode.
- Remove your gloves and wash your hands.
- Document your assistance in the notes along with any observations.
- Report any unusual observations to your supervisor.

Assisting with a urinal:

- Wear your gloves.
- Ensure privacy.
- You may need to help the participant hold the urinal or help him position his penis into the opening.
- You may find it helpful to offer the participant a wash cloth or other protective cloth to catch any drips, spills, or accidents in aiming his urine stream.
- Allow him time to urinate; don't rush him.
- When he is finished, offer tissue to dry any urine from the penis and dispose of this tissue in the toilet or the trash.
- Offer hand hygiene to the participant.
- Empty the urinal into the toilet and flush.
- Rinse the urinal by filling with water from the tub (please don't use the sink where the participant brushes his teeth!) and then pouring the rinse water into the toilet – recall your infection control lesson about clean and dirty areas of the home.
- Replace the urinal in the location that participant normally stores it.
- Remove your gloves and wash your hands.

Assisting with incontinence

Incontinence is the inability to control the flow of urine or stool resulting in soiling of clothing, bedding, and /or seating surfaces.

- Understand the cause:
 - Is this new, or is this a condition the participant has had for a while?
 - Are medications or environment causing more problems? Is it too far to get to the bathroom in time for example.
- Be supportive.
- Provide toileting reminders.
- Make it easy to find the toilet or consider a bedside commode.
- Identify when incontinence occurs and make a plan to toilet before accidents occur.
- Try setting a toileting schedule.
- Give plenty of time for toileting; don't rush!

Incontinence care:

- Wear gloves.
- Gather supplies.
- Be supportive, do not get angry or shame the participant.
- Provide privacy and dignity as much as you can.
- Protect furniture and bedding with water proof pads.
- Remove soiled diapers and clean the remaining stool.
- Wash and rinse the area. Be sure to pay attention to and clean skin folds both in the perineum and the rectal areas to prevent skin breakdown.
- Replace soiled adult diapers with clean ones.
- Assist the participant to get dressed and position them in a chair or bed as they choose.
- Replace soiled linens if necessary
- Launder soiled clothing and linens in hot water separately from other linens.
- Remove your gloves and wash your hands

Observations to Report

- Any change in how often the participant urinates or passes stool either more or less.
- Color and odor changes in the urine or feces.
- Any pain with elimination, either urine or feces.
- Changes in the ability to control either urine or feces.
- Any foreign material such as blood or mucus that is seen in either the urine or feces.

Safe Transfers and Mobility

Sitting up in bed:

- Explain the procedure to the participant.
- Ensure the participant's privacy.
- Wash your hands.
- Roll the participant on his/her side facing you and bend his/her knees.
- Use one arm to hold behind his/her knees.
- Place the other arm under his neck and shoulders.
- Use good body mechanics in a wide base of support by spreading your legs apart.
- On the count of three, shift your weight back on your back leg while swinging the participant's legs over the edge of the bed and pulling his shoulders to a sitting position.
- Remain in front of the participant supporting him with both hands until he is stable
- Proceed with the remainder of the transfer
- If the participant can help by pushing up with their arms, stand by to assist if needed.

Standing from Sitting:

- Explain to the participant that you are going to help him/her to stand.
- Direct him/her to scoot to the front edge of the bed or the chair so that his/her buttocks are near the edge with his/her feet flat on the floor and about a shoulder width apart.
- Place one of your knees between his/her knees.
- Maintain a wide base of support by spreading your feet apart.
- Lean forward and place your arms around the participants chest below his/her arms.
- Direct the participant that on the count of three he/she should lean forward, push up with their arms and stand up.
- While the participant is standing, shift your weight to your back leg and assist him/her to a standing position while holding him/her close.
- Continue to stand with the participant with both hands on him until he/she is steady.
- When he/she is steady, continue the ambulation.
- Document your assistance in the participant care note and document any observations.
- Report any unusual findings to your supervisor

Sitting from Standing:

- Helping a participant to sit is the reverse of helping them to stand.
- Remember to direct your participant to reach back for the arms of the chair before sitting down.
- Help support his/her descent to make it as gentle as possible.
- Remember to use proper body mechanics and protect your back.

Pivot Transfers from Bed to Chair:

- Place the chair or wheelchair at a 45 degree angle to the bed.
- Place that chair or wheelchair so the participant will move toward his/her stronger side.
- Ensure safety by locking wheelchair wheels and the wheels on the bed
- Wash your hands.
- Explain the procedure to the participant.
- Bring the participant to the sitting position with his/her legs over the edge of the bed.
- Put slippers or shoes on his/her feet.
- Assist the participant to a standing position.
- Have the participant reach back for the arm of the chair and pivot while sitting.

Pivot Transfers from Bed to Chair:

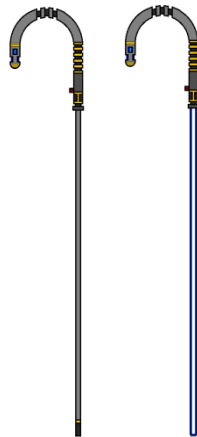
- Remember to maintain good body mechanics.
- Keep your foot near the participants foot for extra support .
- Ensure the participant is comfortable in the chair.
- Ensure the participant's safety.
- Wash your hands.
- Document in the participant's care note that you assisted him. Note any observations about the procedure.
- Report any unusual observations to your supervisor.

Ambulation Assistance:

Ambulate means to walk

- Use the proper procedure for the participant to come to a standing position.
- Use a gait belt for extra support if the participant uses one. You will be instructed to use this by your supervisor if needed.
 - Stand on the participant's weaker side and a little behind him.
 - One hand should be on the gait belt and the other in front of the collarbone on the weaker side.
- If the participant does not use a gait belt, stand on their weakest side and take their hand and bend both your arms so you can be a support on that side. Proceed forward slowly.

Assistive Walking Devices



Guidelines for Using a Cane

- Place the cane about 12 inches in front of the stronger side
- Bring the weaker leg forward so that it is even with the cane
- Bring the stronger leg forward just ahead of the cane and repeat the process.



Guidelines for Using a Walker

- Be sure all four walker feet are on the ground before the participant pushes down on the walker.
- The participant's feet should be stationary while the walker is being moved.
- If the walker is stationary, the participant can move his feet.
- The walker should be picked up and moved; not slid along the ground.
- You may want to stand behind the person using the walker to assist if Needed.



Things to Remember:

- Always use good body mechanics to protect you and the participant.
- Be sure of your participant's abilities before you begin to walk.
- Use common sense. If today isn't a good day, try again tomorrow.
- Know your abilities before you begin. Get help if you need it.
- Communicate well with the participant, encourage them to walk.
- Set an example for the participant and family as to how to properly assist the participant.
- Use the same procedure each time.
- Ensure the participant's safety by having them wear appropriate no skid shoes and well fitted clothing.

SAFE TRANSPORTATION

Transporting participants in your car:

- Check the service plan for where you can and can't take the participant.
- Use safety belts for both the driver and rider.
- Obey all traffic laws
- Allow extra time if making an appointment is the goal.
- Remember handicap hang tags if appropriate.



OBSERVATION AND DOCUMENTATION

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Observation and documentation for home care providers

- Observing and reporting is the most important way a home care provider assists the nurse and other members of the health care team to identify the needs of the participants.
- Observation of the participant is a continuous process.
- Observation is more than just careful watching, it includes listening to the participant, talking to him, and asking questions.



Objective observation

- Includes information gathered through the senses:
 - Sight:
 - Note any rash, diarrhea, skin color change, or swelling?
 - Sound:
 - Has the participant developed a cough, wheezing, difficulty breathing, moans?
 - Smell:
 - Do you smell foul odors or urine odors?
 - Touch:
 - Has the participant developed a fever, change in pulse, change in skin texture or other sign of change?
- The change can be measured scientifically.
- Does not contain opinions or feelings, “Just the facts, Ma’am”

Subjective Observation:

- Means quoting or interpreting what the participant says or is feeling such as:
 - “I’m sick”
 - “I don’t feel like eating”
 - “I am better today”
- Cannot be measured scientifically.
- Contains the participant’s opinions or feelings.

Recording general participant observations:

- Document if there is any significant change in the participant's physical or mental condition
 - **You must report this to your participant's representative or agency supervisor by telephone as soon as possible.**
- If the change is not significant, simply note the change on the visit record and submit the visit record as per policy.

Reportable observation

examples:

- Unusual Odor
- Bleeding
- Difficulty arousing from a nap
- Sudden inability to perform ADL's
- Change in movement or balance
- Slurred speech
- Difficulty breathing
- Severe pain
- Fall or accident
- Increased confusion
- Mood swings
- Skin tears or unusual bruising
- Seizures
- Abnormal Vital Signs

Documentation:

- Each home care provider is responsible for recording complete details of the care given.



- If it is not documented, legally it was not done.



Documentation Guidelines:

- Write legibly.
- All notes must include:
 - Time in and time out
 - Name, title of the worker
 - Date
 - **Must contain documentation of related to progress or lack of progress toward Service Plan goals and objectives.**
- If you make a mistake:
 - Draw a single line through the mistake. Do not scribble or use “White-Out” or other correction fluid!
 - Initial and date the lined out item.
 - Then record the correct information
- Only report what you have personally observed or performed.
 - **Never report activities performed by other personnel or family as if you did them.**

Documentation Guidelines:

Final Reminder:

- Never document before a procedure is completed.
- Do not leave spaces or skip lines between entries.
- Time and date all entries, and sign with you name and title.
- Report the events in the order in which they occur.
- Include the persons present at the event.

Are you ready?

- You have just finished the Attendant Training. We hope you have found this helpful in caring for your participant and helping them remain in their home and community.
- You will now complete a short test on the material that was covered. You must pass with a 75% or higher.
- Once you have passed, you will receive a certificate from the your agency or the participant's service advisor. Please make sure a copy of the certificate is placed in your employee file.
- Best of Luck!