AMERICAN CAREGIVER
ASSOCIATION
THE NATIONAL STANDARD IN CAREGIVER CERTIFICATION

# National Caregiver Certification Course (NCCC)

Copyright 2023

# Introduction

**IT IS OUR INTENT TO PROVIDE YOU WITH THE MOST USEFUL INFORMATION AVAILABLE TO PREPARE YOU FOR A CAREER AS A CAREGIVER. WITH THIS IN MIND, THE LEARNING OUTCOMES FOR THIS COURSE ARE:**

1. To ensure that students understand the basic responsibilities of being a caregiver.
2. To provide students with the basic tools and information they need to be successful as a caregiver.
3. To provide guidance and insight into the caregiver industry and the demands of being a caregiver.
4. To make the caregiver course as enjoyable and thought provoking as possible.
5. To ensure that students understand the core principles and values of the ACA.

**INSTRUCTIONS FOR COMPLETING THE NCCC COURSE AND RECEIVING YOUR CERTIFICATE:**

1. Congratulations on enrolling in the National Caregiver Certification Course provided by the American Caregiver Association through Dominion Aviation College, Nigeria. You have taken the first step toward American National Caregiver Certification. This certification enables you to start a Caregiver career worldwide.

2. This is a self-paced course but the amount of time you spend preparing for the exam is up to you. This puts you in control of your study time and your schedule. However you can opt for a 3 month training schedule at Dominion Aviation College in Nigeria.

3. When you feel ready to take the caregiver exam, simply email the American Caregiver Association through Dominion Aviation College at support@domaconline.com to request your exam. The exam has 45 questions and is pass/fail.

4. The exam link will be sent to you, and you must keep the tab open or you will lose any saved progress. Once you complete your exam, click submit and your exam will be sent to the ACA. If you opted for a 3 month training at the Dominion Aviation College facility in Nigeria, you must write the exam within the school premises at the designated time which would be communicated to you by the study enter.

5. After the ACA receives your completed exam, it will be graded, and you will receive your certificate as a PDF by email within 5 business days.

6. Keep in mind that you are acquiring a U.S national certification, and that your specific state or organization in the USA or elsewhere may require additional training beyond this course at their level. You can always enroll with Dominion Aviation College if you see the need to advance your study in Caregiving. The ACA offers more advanced courses in caregiving through Dominion Aviation College in Nigeria.

Good luck!

# Table of Contents


| | |
|---|---|
| Chapter 1: | Resident Rights |
| Chapter 2: | Communicating Effectively with Residents |
| Chapter 3: | Managing Personal Stress |
| Chapter 4: | Preventing Abuse, Neglect, and Exploitation |
| Chapter 5: | Controlling the Spread of Disease and Infection |
| Chapter 6: | Record Keeping and Documentation |
| Chapter 7: | Service Plans |
| Chapter 8: | Nutrition, Hydration, and Food Services |
| Chapter 9: | Assisting in the Self-Administration of Medications |
| Chapter 10: | Social, Recreational, and Rehabilitative Activities |
| Chapter 11: | Fire, Safety, and Emergency Procedures |
| Chapter 12: | The Aging Process |
| Chapter 13: | Assisting Residents with Activities of Daily Living (ADLs) |
| Chapter 14: | Vital Signs |
| Chapter 15: | Medication Types |
| Chapter 16: | Oral Hygiene, Grooming, & Bathing |
| Chapter 17: | Skin Integrity |
| Chapter 18: | Residents with Dementia & Alzheimer's Disease |
| Chapter 19: | Communicating with Residents Unable to Direct Self-Care |
| Chapter 20: | Providing Services and Life Skills |
| Chapter 21: | Managing Difficult Behavior-Residents Unable to Direct Self-Care |
| Chapter 22: | Developing & Providing Social, Recreational, & Rehabilitative Activities for Residents Unable to Direct Self-Care |
| Chapter 23: | Risk Management, Fall Prevention, and Ambulation |
| Chapter 24 | Exam and Closing Thoughts from the ACA |

# Chapter 1
# Resident Rights

## RESIDENT RIGHTS TEND TO VARY FROM STATE TO STATE, BUT GENERALLY COVER THE SAME OR SIMILAR RIGHTS, THEY ARE:

1. The right to live in an environment that promotes and supports each resident's dignity, individuality, independence, self-determination, privacy, and choice.
2. The right to be treated with consideration and respect.
3. The right to be free from abuse, neglect, exploitation, physical restraints, and chemical agents.
4. The right to privacy in correspondence, communications, visitation, financial and personal affairs, hygiene, and health related services.
5. The right to receive visitors and make private phone calls.
6. The right to participate or allow a representative or other individual to participate in the development of a written service plan/care plan.
7. The right to receive the services specified in the service plan/care plan, and to review and renegotiate the service plan at any time.
8. The right to refuse services, unless such services are court ordered or the health, safety, or welfare of other individuals is endangered by the refusal of services.
9. The right to maintain and use personal possessions, unless they infringe upon the health, safety, or welfare of other individuals in the facility.
10. The right to have access to common areas in the facility.
11. The right to request to relocate or refuse to relocate within the facility based upon the resident's needs, desires, and availability of such options.
12. The right to have financial and other records kept in confidence. The release of records should be by written consent of the resident or a representative, except as otherwise provided by law.
13. The right to review the resident's own records during business hours or at a time agreed upon by the resident and manager.

14. The right to review the assisted living facility's most recent survey conducted by the state's Department of Health Services, and any plan of correction (POC) in effect during normal business hours or at a time agreed upon by the resident and manager.
15. The right to be informed in writing of any change to a fee or charge before the change.
16. The right to submit grievances to employees, outside agencies, and other individuals without constraint or retaliation.
17. The right to exercise free choice in selecting activities, schedules and daily routines.
18. The right to exercise free choice in selecting a primary care provider, pharmacy, or other service providers and assume responsibility for any additional costs incurred as a result of such choices.
19. The right to perform or refuse to perform work for the assisted living facility.
20. The right to participate or refuse to participate in social, recreational, rehabilitative, religious, political or community activities.
21. The right to be free from discrimination due to race, color, national origin, gender, religion, and to be assured the same civil and human rights accorded to other individuals in the assisted living facility.

### *Important things to remember…*

Provide as much freedom to residents as possible, but also protect residents from their own bad decisions.

"Advance Directives" are instructions from the resident/client, family or physician which tell you whether or not a resident/client wishes to be resuscitated in the event of an emergency. This is commonly referred to as a 'DNR' (Do Not Resuscitate) directive or order. The DNR is only concerned with resuscitation, or CPR.

There is also what is referred to as "POLST" (Physician's Orders for Life-Sustaining Treatment). The POLST outlines the end-of-life treatments that someone does or does not want. The POLST may be a more viable option for a family if they are looking for more options concerning treatments for their loved one.

# Chapter 2
# Communicating Effectively with Residents

If you have an elderly relative or friend who has moved to an assisted living home, you know that your relationship has changed. Elderly people who are unable to live independently often have a chronic illness or some level of dementia that makes self-care and communication difficult.

As a caregiver, it's important to remember that while communication with the elderly may be more challenging, it’s worth the effort. By maintaining a close and loving connection with an elderly person, you honor your relationship, and help to improve that person’s quality of life.

## HOW TO COMMUNICATE MORE EFFECTIVELY WITH THE ELDERLY

Age-related decline in physical abilities can make communication more challenging, and without a doubt some illnesses make communication more difficult. Hearing loss makes you harder to understand, so be patient and speak more clearly to your residents.

Likewise, be sure that you are facing the resident/client when you talk and avoid talking while you eat. Also check to see if an assistive listening device could improve communication by phone. Keep in mind that vision loss also makes it harder for the elderly person to recognize you, so don’t take it personally.

Some elderly people experience changes in speaking ability, and their voices become weaker, or harder to understand. Be patient when listening and be aware of when the elderly person gets tired and wants the visit to end.

Some age-related memory loss is normal as people grow older, although people experience different degrees of memory loss. Most often, short-term memory is affected, making it harder for an elderly person to remember recent events. Keep this in mind, and practice patience.

### ALLOW YOUR RESIDENTS TO REMINISCE AND TO GRIEVE

When someone lives to be very old, it is impossible not to experience some feelings of significant loss. The deaths of relatives and friends, losing the ability to work and be independent, changes in health and finances, and being unable to make simple decisions can all affect an elderly person's self-esteem.

These losses can create sadness, and grieving. Common responses to grieving are depression, social withdrawal, and irritability. As a caregiver you should look for these symptoms in your elderly residents and seek medical advice or counseling should the need arise.

## WAYS TO MORE EFFECTIVE COMMUNICATION

### Be Respectful

**Always respect the elderly person's background, knowledge, and values.** The resident may be a parent, grandparent, aunt, uncle and might be trying to convey an important message.

Instead of waving the person off or deciding that communicating with the elderly person is not important, show respect by paying attention to what the person is saying. Demonstrate to the person that you value his/her opinion and treat them as you would want to be treated. Elderly people have feelings and emotions just like anyone else, so be empathetic.

### Listen

Listen carefully to what the elderly person is saying. If there is a problem with his speech, perhaps you can offer a pen and paper so he or she can write their thoughts down on paper. Maybe the person has trouble articulating properly and you are unsure of what he/she is saying. Repeat what the resident said and be sure you understand the full request.

Also, speak to the resident slowly and pronounce the words loud and clear. Remember that a resident may be agitated at not being able to get his thoughts across properly, so do what you can to help them out. Although some requests may be small, any request from the elderly resident is an important one.

## Set Boundaries

Set boundaries with your residents. Communicating effectively is also determined by what you allow and do not allow. Sometimes elderly people can become quite demanding. This may be caused by some sort of disability the person is experiencing. Be sure you exhibit control in the situation.

Perhaps a demanding mother, relative or friend wants to be fed at a certain time or expects you to always be available for a doctor's appointment. Be nice yet firm when you make the resident aware that you have your own responsibilities to take care of; however, you will make time to help the resident out as needed.

## Avoid Frustration

Avoid showing frustration in front of the resident. Communicating effectively works when both parties show appropriate body language. Although some elderly people can become abrasive and easily frustrated, it is important to remain calm even if it means staying quiet and counting slowly to ten.

Try to refrain from crossing your arms, shuffling your feet, rolling your eyes and even sighing heavily. You are probably just as discouraged as the resident; however, make sure you understand that it is probably even more frustrating for the elderly resident being in his/her current situation or condition.

# Chapter 3
# Managing Personal Stress

Being able to cope with the strains and stresses of being a caregiver is part of the art of caregiving. In order to remain healthy so that we can continue to be "good" caregivers we must be able to see our own limitations and learn to care for ourselves as well as others. Equally important, is to make an effort to recognize the signs of caregiver burnout. In order to do this, we must be honest and willing to hear feedback from those around us. This is especially important for those caring for family or friends.

Too often caregivers who are not closely associated with the health care profession get overlooked and lost in the larger context of health care and such things as the commotion of medical emergencies and procedures. Likewise, close friends begin to grow distant, and eventually the caregiver is alone without a support structure. We must allow those who do care for us, who are interested enough to say something, to tell us about our behavior, a noticed decrease in energy or mood changes.

Caregiver burnout isn't like a cold; you don't always notice it when you are in its clutches. Very much like Post Traumatic Stress Syndrome, the symptoms of caregiver burnout can begin surfacing months after a traumatic episode. The following are symptoms we might notice in ourselves, or others might say they see in us. Think about what is being said and consider the possibility of burnout.

## SOME COMMON SYMPTOMS OF CAREGIVER BURNOUT INCLUDE:

1. Feelings of depression
2. A sense of ongoing and constant fatigue
3. Decreasing interest in work
4. Decrease in work production
5. Withdrawal from social contacts
6. Increase in use of stimulants and alcohol
7. Increasing fear of death
8. Change in eating patterns
9. Feelings of helplessness

## WAYS TO PREVENT CAREGIVER BURNOUT

*Strategies to ward off or cope with burnout are important. To counteract burnout, the following specific strategies are recommended:*

1. Give yourself a pat on the back for what you are contributing to the life of the people that you are caring for. Whether or not you are a caregiver out of love or obligation, you are adding a dimension of quality and dignity to the person's existence that might not otherwise occur.
2. Keep track of your own physical and medical well-being. Exercise regularly and eat as healthy as possible.
3. Avoid using drugs and/or alcohol as a remedy, or as a replenishment for fatigue.
4. Avoid unrealistic expectations of yourself, the people that you are caring for, and others who assist with care. Have the courage to be imperfect.
5. Whenever possible, get a minimum of six (6) hours sleep a night. Eight (8) hours of sleep is preferable.
6. Give yourself an opportunity to recharge your batteries in some way.
7. Never feel guilty about taking time for yourself.
8. Be prepared to reach compromises with your time and effort as well as that of the people that you are caring for.
9. Learn to accept help and to respect the fact that others may provide assistance in ways that are different from yours. They may also demonstrate care and concern differently.
10. Get suggestions and ideas from other caregivers.
11. Find humor in caregiving. Likewise, seek out friends and others who are upbeat, and who will listen to you when you need a boost.

By acknowledging the reality that being a caregiver is filled with stress and anxiety, and understanding the potential for burnout, caregivers can be forewarned and guard against this debilitating condition.

As much as it is said, it still cannot be said too often. **THE BEST WAY TO BE AN EFFECTIVE CAREGIVER IS TO TAKE CARE OF YOU!**

## Chapter 4

# Preventing Abuse, Neglect, and Exploitation

When you place your family member into a care home the last thing you expect to happen is for them to be the victim of abuse, neglect or exploitation. The sad fact is, it happens.  As caregivers, it's your job to do everything you can to prevent and report abuse, neglect or exploitation if you have reasonable grounds to believe that has occurred at your facility. The key is to be “reasonable” and don't assume anything.

In other words, get the facts first before you move forward with any report of abuse, neglect or exploitation to your supervisor. At the same time, be diligent, and have common sense enough to step forward in a situation where time is critical. Of course, follow your facility policy, but don't be shy about stepping forward to do the right thing. Remember, it's your job to protect your residents.

### ABUSE (to treat in a harmful way):

Typically, in the care home setting abuse can be defined as the *“intentional infliction of physical harm, injury caused by negligent acts or omissions, unreasonable confinement or sexual abuse or assault.”*

Indicators of abuse may include any skin bruising, pressure sores, bleeding, failure to thrive, malnutrition, dehydration, burns and bone fractures.” Since definitions of abuse vary from state to state, it is our intent to provide you with a basic definition as a framework for understanding this offense within the context of caregiving.

### NEGLECT (to pay too little attention to):

Generally, in the care home environment neglect is defined as *“a pattern of conduct without the person’s informed consent resulting in deprivation of food, water, medication, medical services, shelter, cooling/heating or other services necessary to maintain minimum physical or mental health.”*

Signs of neglect may include dehydration, malnutrition, signs of excess drugging or lack of medication or other misuse of medical treatment.” Since definitions of neglect vary from state to state, it is our intent to provide you with a basic definition as a framework for understanding this offense within the context of caregiving.

## EXPLOITATION (to take advantage of):

Most states define exploitation something along the lines of this: *"Exploitation is the illegal or improper use of an incapacitated or vulnerable adult or his resources for another's profit or advantage."*

Signs of financial exploitation may include disparity between income/assets and lifestyle, unexplained or sudden inability to pay bills, inaccurate or no knowledge of finances, fear or anxiety when discussing finances, or unprecedented transfer of assets to others." As with abuse and neglect, definitions of exploitation vary from state to state; therefore, it is our intent to provide you with a basic definition as a framework for understanding this offense within the context of caregiving.

## CAREGIVER DUTY TO REPORT

Most states have reporting requirements for healthcare workers who observe or have knowledge of abuse, neglect and exploitation. Generally, physicians, hospital interns, a resident, surgeon, dentist, psychologist, social worker, peace officer, or other persons who have the responsibility for the care of an incapacitated or vulnerable adult and who has a reasonable basis to believe that abuse, neglect or exploitation has occurred **must** make an immediate report to a peace officer or protective services worker.

## CRIMINAL PENALTIES THAT CAREGIVERS CAN POTENTIALLY FACE CONCERNING ABUSE, NEGLECT OR EXPLOITATION:

Criminal penalties vary from state to state for failure to report abuse, neglect or exploitation. A caregiver who fails to report such crimes under circumstances likely to produce death or serious physical injury may be charged accordingly.

Likewise, if any person such as a caregiver, causes a vulnerable adult to suffer physical injury, or having care or custody of a vulnerable adult, causes or permits the person or health of the vulnerable adult to be injured or placed in a situation where the person or health of the vulnerable adult is endangered you may be found guilty of a felony.

Criminal intent for these crimes ranges from "intentionally", "knowingly", "recklessly", or "criminal negligence." Please see your state's criminal penalties as they do vary.

# Chapter 5
# Controlling the Spread of Disease & Infection

One of the most important aspects of environmental safety is infection control. Each assisted living home facility must have an infection-control committee to write and approve policies and procedures and to monitor the infection-control program. As a caregiver you have a responsibility to understand and to follow your facility infection control policies and procedures. By doing so, you protect the residents, yourself, your family, and your fellow workers from the possibility of acquiring an infection.

## SOME IMPORTANT TERMS RELATED TO INFECTION CONTROL INCLUDE:

1. Organism — any living thing
2. Microorganisms (commonly called germs) — tiny living things seen only with a microscope (Fig. 2-11)
3. Pathogenic — causing disease
4. Non-pathogenic — not capable of producing disease
5. Infection — invasion of the body by a disease-producing (pathogenic) organism
6. Aseptic — free of microorganisms

## GUIDELINES FOR INFECTION CONTROL:

## Hand Hygiene

**<u>Hand hygiene is widely acknowledged to be the single most important activity for reducing the spread of infection.</u>**

However, evidence suggests that many healthcare workers do not decontaminate their hands when they need to nor use the correct technique. Hand hygiene must be performed immediately *before* each and every episode of direct resident contact **and** *after* any activity or contact that could potentially result in hands becoming contaminated.

**REMEMBER:** Wash your hands **“before”** and **“after”** providing care for a resident.

## PERSONAL PROTECTIVE EQUIPMENT (PPE)

Selection of personal protective equipment (PPE) must be based on an assessment of the risk of transmission of microorganisms to the resident, and the risk of contamination of a caregiver's clothing and skin by the resident's blood, other body fluids, secretions or excretions.

Disposable gloves and aprons are used to protect both the caregiver and the resident from the risks of cross infection. In certain circumstances it may be necessary to wear other PPE, such as a mask and/or goggles/visor. These should be worn when recommended by infection control personnel.

### Disposable Gloves

Gloves are required when contact with blood or body fluids or non-intact skin is anticipated. They should be single use and well-fitting. Sensitivity to natural rubber latex in patients and caregivers must be documented, and alternatives to natural rubber latex gloves must be available. **Gloves are *not* a substitute for hand hygiene.**

Gloves must be discarded after each care activity for which they were worn in order to prevent the transmission of microorganisms to other sites in that individual or to other residents. Washing gloves rather than changing them is not safe and therefore not recommended. Hands should always be decontaminated following removal of gloves.

### Disposable Plastic Aprons

Disposable plastic aprons should be worn whenever there is a risk of contaminating clothing with blood or other body fluids, or when a resident has a known infection. A disposable plastic apron should also be worn during direct resident, bed-making, or when decontaminating equipment.

The apron should be worn as a single-use item, for one procedure or episode of patient care, and then discarded as clinical waste as soon as the intended task is completed. Your hands should be washed following this activity. Aprons must be stored so that they do not accumulate dust that can act as a reservoir for infection.

## Masks, Visors and Eye Protection

These should be worn when a procedure is likely to cause splashes with blood or body fluids into the eyes, face or mouth or when it is recommended by infection control personnel when a communicable disease is suspected. It is rare that such protection is necessary in a care home. However, such protective equipment should be stored in the home in case of an emergency.

## GENERAL CARE HOME CLEANING

Care homes should be cleaned and kept clean to the highest possible standards simply because residents, their families and the general public have a right to expect the highest standards of cleanliness. Caregivers should be aware that standards of cleanliness are often seen as an outward and visible sign of the overall quality of care provided. Individuals are likely to have significant concerns about the quality of care available in premises that are not kept clean.

A key component of providing consistently high-quality cleaning is the presence of a clear plan setting out all aspects of the cleaning service and clearly defining the roles and responsibilities of all those involved, from managers through care staff to domestics. Where cleaning services are provided by private contractors this plan should also set out management arrangements to ensure the provider delivers against the contract.

**Contracting out the cleaning service does not mean contracting out responsibility,** and managers will need to ensure there are suitable arrangements in place to monitor the standards being achieved and to deal with poor or unsatisfactory performance.

### *Important things to remember…*

1. When in doubt, wash your hands again!
2. Dispose of soiled linens properly.
3. Dispose of sharps (needles, diabetic lancets, etc.) properly
4. Oh, did we mention to Wash Your Hands!

## Chapter 6

# Record Keeping and Documentation

As a caregiver you are responsible for record keeping and documentation keeping. As such, you must keep any and all resident records confidential and in a safe and secure area. You are not permitted to release confidential resident information to any unauthorized parties. Further, you have an obligation to the resident, the assisted living facility and yourself to properly and adequately document, and to keep resident records private. With this in mind, most states require that caregivers document the following:

1. Changes in level of care
2. Incidents
3. Doctor's Communication
4. Pharmacy Communication
5. Representatives/Relative Communication
6. Actions taken to ensure continuous and consistent care
7. ADL'S (Activities of Daily Living)

**THE ABOVE IS REQUIRED DOCUMENTATION. IN ADDITION, YOU MAY BE DELEGATED TO DOCUMENT THE FOLLOWING:**

1. Environmental Control (i.e., tap water temperature, home temperature, etc.)
2. Fire Drills (usually done quarterly or semi-annually)
3. Other facility records
4. Any other documentation which you would reasonably consider to be important to document.

### *Important things to remember…*

1. Remember, you will never cause harm to anyone by 'over documenting'.
2. If in doubt go ahead and document.
3. Always protect the resident's medical information. It is confidential and not open for discussion to anyone other than authorized persons.
4. If in doubt you can always ask your supervisor.
5. Last but not least, **DOCUMENT, DOCUMENT, DOCUMENT!**

## Chapter 7
# Service Plans

A service plan is a written agreement between the resident and his/her doctor that is designed to help the resident manage their health day-to-day. States vary as to what is required in a service or care plan. Below, we provide you with guidelines for service plans and their implementation. Be aware that you should *always* check with your state's requirements for service plans.

### TYPICAL REQUIREMENTS FOR SERVICE/CARE PLANS ARE AS FOLLOWS:

1. Is initiated the day a resident is accepted into the assisted living facility;
2. Is completed and on file within a specified amount of time (usually 14 days) upon the resident's date of acceptance into the facility.

### IS DEVELOPED WITH ASSISTANCE AND REVIEW FROM:

1. The resident or representative.
2. The manager or manager's *designee* (this will most likely be **YOU**).
3. A nurse, if the resident is receiving nursing services, medication administration or is unable to direct self-care.
4. The resident's case manager, if applicable.
5. Any individual requested by the resident or the representative.

If applicable and necessary, any of the following: caregivers, assistant caregivers, the resident's primary care provider, or other medical practitioner.

### GENERALLY, A SERVICE PLAN SHOULD INCLUDE THE FOLLOWING:

1. The level of service the resident is receiving.
2. The amount, type, and frequency of health-related services needed by the resident.
3. Each individual is responsible for the provisions of the service plan.

## TYPICALLY, A SERVICE/CARE PLAN SHOULD BE SIGNED AND DATED BY:

1. The resident or the representative.
2. The manager or the manager’s designee.
3. The nurse if a nurse assisted in the preparation or review of the plan.
4. The case manager, if a case manager assisted in the preparation or review of the plan.

## THE SERVICE CARE PLAN MUST BE UPDATED:

Generally, if there is a significant change in the resident’s physical, cognitive, or functional condition a resident's service plan must be updated based upon the resident’s level of care. Updates for service plans can range from 3-12 months and vary from state to state.

## USE THIS SECTION FOR ANY NOTES YOU HAVE

# Chapter 8
# Nutrition, Hydration, Exercise & Food Services

Nutrition, along with hydration and exercise comprise what is commonly referred in the caregiver industry as the “Key 3”, or “Big 3” as they are sometimes referred to. Oftentimes it is malnutrition that prompts a family member to start looking for a care home to place their loved one in. This is generally because most elderly people do not cook nutritional meals for themselves.

Frequently, when a resident enters a care home in an undernourished state, generally their health will improve simply because of the more nutritious meals that are prepared in the home. To help this process along we recommend the following as it relates to nutrition:

## THE FIRST KEY: NUTRITION

1. **Use variety:** Everyone gets tired of the same food day after day or week after week. One explanation from malnourished residents stems from the fact that many elderly residents opt for a few of their favorite foods, which limits their intake of vital nutrients.
2. **Moderation:** Do not overload a resident’s plate with food. Not only is this generally wasteful, but it is unnecessary and expensive to the owner of the home.
3. **Temperature and Texture:** Food with different texture and colors can make for an interesting menu. Depending on the time of year, it may be more or less appropriate to serve a hot or cold meal.

## THE SECOND KEY: HYDRATION

One of the aging changes that occur as we get older is our inability to recognize that we are thirsty. This is commonly referred to as our *thirst mechanism*. With this in mind, without adequate fluids your residents are predisposed to the following:

| Dry Skin | Constipation | Lethargy | Dizziness |
|---|---|---|---|
| Indigestion | Urinary Tract Infections (UTIs) | Bad Breath | Confusion |

To prevent such ailments, ensure that residents are taking in at least 64 ounces of water each day. This is equal to about eight 8-ounce glasses of water.

### *Important things to remember…*

Keep in mind that some conditions such as congestive heart failure (CHF) require that you restrict intake of water for a resident with this condition. The specific amount of water for a resident should be annotated in the resident's care plan as outlined by the resident's doctor.

Because a resident's thirst mechanism decreases with age, always ensure that residents are offered appetizing drinks. Also, keep in mind that you may have to persuade or even coax a resident to drink. If this is necessary, ensure that 'how' you persuade is always done in an ethical and respectful manner.

## THE THIRD KEY: EXERCISE

The final of the 'Key 3' requires that you do your diligent best to assist residents with some degree of exercise depending on the resident's ability and level of care. Every resident should try to get regular exercise to help maintain their level of health and prevent such things as congestive heart failure, constipation, diabetes and other health problems. Some of the things that you can do to assist a resident with exercise include the following:

1. **Planned Exercise:** Some assisted living facilities have scheduled exercise time for residents or hire a professional from outside of the home. If you opt to conduct your own scheduled exercise routine, consider playing familiar music that will help the residents to get motivated. Don't forget that you may have to persuade some residents to exercise.
2. **Exercise to Prevent Contractures:** When a muscle is not used it contracts. A stroke victim whose arm is drawn up against his or her chest makes it difficult for the resident to keep this area clean. If a resident enters your home with such a condition, it is too late to try to prevent it. The key is to try and promote exercise for those residents who do not have this condition by regular exercise.
3. **Exercise helps keep Residents Ambulatory:** If a resident enters your home unable to ambulate, oftentimes with a little patience and some hard work you can get your resident walking again by promoting a regular exercise routine.

## FOOD SERVICES

States vary as to the food service requirements for assisted living facilities. Generally, states require that residents receive three meals a day and are served with not more than a specific time period between each meal, usually about 14 hours between the evening meal and morning meal.

In addition, your state may require that a minimum of one snack a day is available to residents, unless otherwise prescribed by a therapeutic diet. Meals and snacks meet each resident's nutritional needs based upon the resident's age and health needs. Below are some additional guidelines for food services.

### Menus

1. Should be based on the resident's food preferences, eating habits, customs, health conditions, appetites, and religious, cultural, and ethnic backgrounds.
2. Should be prepared at least one week before the date the food is served;
3. Should be dated and conspicuously posted.
4. Should be maintained on the facility premises for a specified amount of time, usually 60 days from the date on the menu.
5. Your facility should have, at a minimum, a three-day supply of perishable and a three-day supply of non-perishable food that is maintained on the premises.
6. <u>Your facility should have water available and accessible to residents at all times.</u>

### Food Storage

As a caregiver it is generally your responsibility to ensure that food is obtained, prepared, served, and stored as in the following manner/s:

1. Food is free from spoilage, filth, or other contamination & is safe for consumption.
2. Food is protected from potential contamination;
3. Potentially hazardous food is should be maintained as follows:
4. Foods requiring refrigeration should be maintained at 41° F or below.
5. Leftovers are reheated to a specific temperature, generally about 165° F.
6. A refrigerator contains a thermometer, accurate to plus or minus 3° F at the warmest part of the refrigerator.
7. Raw fruits and raw vegetables are rinsed with water before being cooked or served.
8. Food is stored in covered containers, of a minimum length, usually about six inches above the floor, and protected from splash and other contamination.

9. Frozen foods are stored at a temperature of 0° F or below.
10. Food service is not provided by an individual infected with a communicable disease that may be transmitted by food handling or in which there is a likelihood of the individual contaminating food or food-contact surfaces or transmitting disease to other individuals.
11. Before starting work, after smoking, using the toilet, and as often as necessary to remove soil and contamination, individuals providing food services must wash their hands and exposed portions of their arms with soap and warm water.
12. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

### ***Important things to remember…***

When in doubt, throw it out!

## **USE THIS SECTION FOR ANY NOTES YOU HAVE**

# Chapter 9
# Assisting in the Self-Administration of Medication

## WHAT DO WE MEAN WHEN WE SAY MEDICATIONS?

The word medication can mean different things to different people. For our purposes, prescription medications are drugs that can only be purchased with a prescription from the resident's primary care provider (doctor, nurse practitioner, physician's assistant). Over the counter (OTC) medications are drugs that can be bought without a prescription.

All medications, whether prescription or OTC, are capable of treating certain conditions, have side effects, and can be dangerous to some people. Many OTC medications can change the way some prescription drugs work. Some medications can even cause life threatening side effects when given together. **TREAT ALL MEDICATIONS WITH RESPECT.**

## MEDICATION ADMINISTRATION

Medication administration is generally defined as "*the direct application of a medication or treatment to the body of a resident.*" Residents who need medication administration cannot deliver their medications into their body. For example, the resident is not able to put the pill in his or her mouth, the resident is not able to inject the insulin, apply medicated creams to his or her body, or put eye drops into his or her eyes. This is where the caregiver comes into play.

## WHO MAY ADMINISTER?

States vary as to who may administer medication to care home residents. Typically, only doctors, pharmacists, and licensed nurses administer medications. Family members can also administer medication to other family members. Doctors are allowed to delegate the task of administering medications to people who they feel are qualified. Therefore, caregivers may administer medications if given permission, in writing, by the resident's doctor.

A doctor who writes a medication order is delegating the task to the caregivers; however, the doctor will usually maintain final responsibility. The facility manager or designated person must ensure that caregivers who administer medications to assisted living residents are properly trained. Keep in mind that administering medication to residents presents liability for the facility, its owner, and the entire staff of the facility, not simply the caregiver who administers the medications.

## LEVELS OF MEDICATION ADMINISTRATION

Levels of medication administration vary and are usually outlined by your state's department of health services (DHS). Generally, there are three (3) levels of medication administration. Your requirements or duties as a caregiver or as a manager of a care home facility may vary depending on the level of administration.

## LEVEL I: MEDICATION REMINDERS

Level I of medication administration concerns 'medication reminders'. At this level a facility caregiver or staff member should remind a resident to take their pre-dispensed medication, observe the resident taking it or applying it (i.e., ointment, etc.) yourself and document whether or not the resident took the medication.

## LEVEL II: INDEPENDENT IN SELF-ADMINISTRATION OF MEDICATIONS

Level II of medication administration involves 'independent self-administration', which is where a resident simply takes their medications without help. To be considered independent, residents must be able to communicate directly with the doctor about their medication needs, maintain their medications in a locked area, and be responsible for taking their medications properly. Remember, residents who are independent do not require and do not receive any help from the caregiver.

## LEVEL III: ASSISTANCE IN SELF-ADMINISTRATION OF MEDICATION

Level III of medication administration concerns those residents who need assistance in the self-administration of their medications. With help, these residents are able to complete the task of taking their medications. Assistance in self-administration generally includes help with one or more of the following:

1. Storing the resident's medications.
2. Reminding the resident that it is time to take a medication

3. Reading the medication label to the resident.
4. Confirming the medication is being taken by the individual it is prescribed for.
5. Checking the dosage against the label on the container.
6. Reassuring the resident that the dosage is correct.
7. Confirming that the resident is taking the medication as directed.
8. Opening the medication container for a resident.
9. Pouring or placing a specified dosage into a container or into the resident's hand.
10. Observing the resident while the medication is taken.

## MEDICATION AND TREATMENT ORDERS

Generally, the manager or designated staff member of an assisted living facility must decide how medication and treatment orders will get from the doctor to the medication sheet or what is commonly referred to as "Activities of Daily Living" (ADL) sheet.

There should be a written trail for anyone to follow from the moment the facility receives the doctor's written orders until the orders are carried out and the medication or treatment is administered. The procedure must be taught to staff, so that when new orders come, and the manager is not on site, the employees (caregivers) will know what to do.

## HOW DO MEDICATION ORDERS GENERALLY ARRIVE AT YOUR FACILITY?

Medication and treatment orders for a resident can come in several forms. The initial orders typically come from the resident's doctor. Most assisted living facilities provide the forms for the resident's doctor to complete before the resident moves in. The orders usually include:

1. Diagnoses of all the resident's medical problems
2. All medications the resident is currently taking along with orders for administration
3. All treatments the resident currently requires along with instructions for administering the treatments
4. Any medication or food allergies the resident may have
5. A list of non-prescription over-the-counter medications for common problems such as cough, fever, indigestion, constipation, headache, etc.

## HOW DO CAREGIVERS FIND OUT ABOUT MEDICATION TREATMENT ORDERS?

The service plan nurse uses the doctor's orders to prepare a service plan specific to that resident. The service plan shows what medications are being taken by the resident, and what treatments he/she is undergoing. The medication orders are written on the resident's med sheet immediately, so that the medication or the change in medication starts with the next time the med is due to be taken. If there is a specific person who can make changes to the med sheet, and that person is not around, a note should be attached to the med sheet for staff to follow until the change is made. Treatments must also be written on a medication sheet or an ADL sheet (ADL stands for activities of daily living). An ADL sheet issued to record activities like showers, exercise, bowel movements, and may be used to record treatments.

## WHEN MEDICATION ORDERS CHANGE: CAREGIVER RESPONSIBILITY

When a resident goes to the doctor, his/her representative should take along a form for the doctor to fill out if there are any changes in his/her orders. If the facility does not provide a form, the care home manager or caregiver on duty can call the doctor's office and ask the nurse to fax her any changes. When you receive the changes, they are transcribed onto the appropriate daily medication and/or ADL sheets. The change sheet should be attached to the service plan so that when it is revised, the new orders will be included.

## VERBAL PHONE ORDERS FROM THE RESIDENT'S DOCTOR

Typically, a verbal phone order from a resident's doctor must be followed by a written order within a specified amount of time, usually about 14 days. If a resident becomes ill, or has a reaction to a medication, call the doctor to find out what to do. If the doctor changes the medication over the phone, ask him to fax over a written order. If the facility doesn't have a fax machine, the staff person who takes the order should write it on a Dr.'s Orders by Phone form. This is typically a 2- or 3-part form that is available through a medical supply company.

Two copies are sent to the doctor, and one copy is kept with the service plan. The doctor signs the form and sends one copy back to the home. The unsigned copy that was kept with the service plan is thrown away, and the signed copy is attached to the service plan. Any med changes should be put on the med sheet, showing what medications were discontinued or added, and if times or dosages were changed.

## RECORDING THE CHANGES

A specific trustworthy staff person should be appointed to make changes on the medication sheets; usually this person is the manager of the facility. However, keep in mind that the manager may not be there. Also bear in mind that a situation could potentially arise where the resident is having trouble with medication during the night. In such cases the caregiver should be trained on how to handle speaking with the resident's doctor. The caregiver should also be trained to ask for the fax or fill out the **Dr.'s Order by Phone** form if the assisted living facility has one.

Caregivers should know *exactly* where to put it, so the necessary changes will be made on the med sheet. Sometimes the care home manager may opt to deal with the resident's doctor and handle the completion of the Dr. Order by phone. If this is the case, then such discretion should be annotated in the assisted living home policy and made clear to all staff during orientation or in-service training

## REPORTING MEDICATION ERRORS

While most medication errors are preventable, they do occasionally occur. It does not matter where the error started; the person who discovers the error MUST follow up immediately. For example, you may discover that you gave the wrong medication, or you may discover that the pharmacy sent the wrong medication. Likewise, you may also discover that the home health nurse put the wrong dose in the medication box. In any of these cases, it becomes your responsibility once you have knowledge that an error occurred.

## MANAGING ERRORS: CAREGIVER RESPONSIBILITY

Most assisted living facilities require that you report a medication error to the facility manager as soon as it is discovered. Follow the manager's directions for follow up. Complete an incident report consistent with the policies of your facility.

Regardless of what state administrative rules you fall under, *all* medication errors require immediate action. First check the basic condition of the resident, and then get as much information as possible about the error. Report the error to the doctor. Tell the doctor what was given, what should have been given, the resident's diagnosis and current condition. Follow the doctor's instructions. You may have to call the pharmacist or poison control. Make sure that proper documentation is provided. <u>Documentation should include what was given and when, who was notified, what actions were taken, and on whose directions.</u> For example:

1. “Induced vomiting with syrup of Ipecac on the direction of poison control.”
2. “911 called, resident transported to hospital.”
3. “Resident given 8 ounces of milk per Dr. Smith’s direction.”

Do not write the word “error” in your notes. Do *not* refer to any incident report that was completed. Seek emergency assistance if necessary or if directed to do so. The care home manager should make sure that an incident report is completed consistent with the policies of the assisted living facility.

The manager should follow-up on all errors to identify what went wrong. If policies were followed, identify changes that need to be made in existing policies to make sure that the error does not reoccur. If policies were not followed, training should be provided to staff on the existing policies and the importance of following policies.

On the following page we provide you with a typical example of a medication error report form. Keep in mind that medical forms vary and there is no universal ‘error’ form.

## USE THIS SECTION FOR ANY NOTES YOU HAVE

# SAMPLE MEDICATION/TREATMENT ERROR REPORT

**Resident**_________________________________________ **DOB**_____________

**Physician**______________________________________ **Phone**______________

**Date Error Discovered**______________**Date/Time Error Occurred**_____________

**Medication or Treatment Believed in Error**________________________________

**Physician who Ordered this Treatment or Medication**___________**Date**________

**Describe Probable Error**_______________________________________________

**Resident's Current Condition**__________________________________________

**Any Obvious Reaction**________________________________________________

**Vital Signs: BP**______/_____ **Temp**______ **Pulse**________
**Respiration**________

**Physician Response**___________________________________________________

**Manager's Review of Cause of Error**_____________________________________

**Measures Taken to Prevent Error from Reoccurring**__________________________

**Person Filling out Report: Signature** _________________________**Date**________

**Manager Reviewing/Counseling: Signature**____________________**Date**________

**Name & Title of Person who caused Error: Signature**___________ **Date**________

# Chapter 10
# Social, Recreational and Rehabilitative Activities

**AS WE AGE OUR LEVEL OF ACTIVITY DECREASES AS WELL AS OUR ABILITY TO PERFORM ACTIVITIES. KEEPING ACTIVE BOTH PHYSICALLY AND "BUSY" MENTALLY IMPROVES OVERALL HEALTH IN THE AGING ADULT.**

1. Try to keep residents busy, active, and help them feel needed. The benefits are wonderful. However, be aware of the resident's abilities prior to implementing any activity.
2. Only *after* becoming *familiar* with the resident's care plan, level of care, doctors' orders, physical limitations and abilities may you implement an activity or recreation.
3. A plan of activity, based on the resident's cognitive physical and functional abilities can be a positive experience for the resident.
4. Remember to always 'personalize' the activity. Just the same, keep in mind that everyone is unique, so it is important to personalize activities as much as possible.

**BELOW ARE SOME SUGGESTIONS WHICH OLDER ADULTS MIGHT FIND ENJOYABLE:**

1. Making decorations for the holidays.
2. Playing Cards
3. Board Games such as chess or checkers
4. Sponge ball throw and catch
5. Arm-Chair Exercise

In addition to the activities listed above you might also prompt residents with a discussion. Topics could include a resident's past experiences, occupations, world news, animals, TV programs, etc.

## SOME OTHER ACTIVITIES THAT YOU COULD INCLUDE ARE:

1. Animal visit day (bring a pet to visit the facility)
2. Outdoor/Indoor Garden pots (plant flowers)
3. Walk (based on mobility)
4. Chores (let the resident help with small chores)
5. Have a 'Reminisce Day' where the resident listens to old records or music
6. Go to an arts and crafts store to keep your supply of crafts and ideas fresh.

### *Important things to remember…*

Always ensure that daily social, recreational, or rehabilitative activities are planned according to residents' preferences, needs, and abilities.

A ***calendar of activities*** (COA) should be prepared at least once a week in advance of the date the activity is provided. It should also be posted and should reflect any substitutions in activities provided. The COA should be maintained on the facility premises for a specified amount of time, generally 12 months after the last scheduled activity.

Equipment and supplies are available and accessible to accommodate each resident who chooses to participate in an activity.

# Chapter 11
# Fire, Safety & Emergency Requirements

Many states require that assisted living facilities perform monthly, quarterly or semi-annual fire drills. Generally, most states will also require some variation of the following:

1. A written evacuation plan is developed and maintained on the premises.
2. A written disaster plan, identifying a relocation plan for all residents from the facility, is developed and maintained on the premises.
3. *An employee fire drill is conducted at least once every three months on each shift.* Residents are not required to participate in an employee fire drill. An employee fire drill includes making a general announcement throughout the facility that an employee fire drill is being conducted or sounding a fire alarm.
4. *A resident fire drill is conducted at least once every six months and includes residents, employees on duty, support staff on duty, and other individuals in the facility.* A resident fire drill includes making a general announcement throughout the facility that a resident fire drill is being conducted or sounding a fire alarm.
5. Records of employee fire drills and resident fire drills are maintained on the premises for 2 months from the date of the drill and include the date and time of the drill, names of employees participating in the drill, and identification of residents needing assistance for evacuation.
6. A licensee (homeowner) shall ensure that a resident receives orientation to the evacuation plan within 24 hours of the resident's acceptance into the assisted living facility. Documentation of the orientation shall be signed and dated by the resident or the representative.

### *Important things to remember…*

Keep in mind that the “licensee” (usually the homeowner) or manager may not always be at the home when a new resident comes into the home, so some of these responsibilities may be delegated to the caregiver despite the licensee’s ultimate responsibility.

Always check with your state's department of health services for confirmation on emergency plans and safety requirements.

## Chapter 12

# The Aging Process

As we age our bodies change in a variety of ways and on many levels. There are three specific areas of change that affect our ability to move, think and perform. The three areas that we are talking about are physical, cognitive and functional changes.

*Seniors that understand the aging process may be able to delay or prevent age-related conditions or certain body changes.*

Some age-related physical changes are obvious: an extra laugh line or two, graying hair, and additional weight around the midsection, for instance. But many changes, such as the gradual loss of bone tissue and the reduced resiliency of blood vessels, go unnoticed, even for decades. Even though you're not aware of them, they're happening, nevertheless.

Knowing how and why your body changes with age helps you to discourage alterations in cells, tissue, and organ function that slow you down. This knowledge will also help you take steps to stop the development of conditions such as diabetes, dementia, and eye disease that are more common with advancing age. With this in mind, the next page notes some of the changes that we see as we age with respect to physical, cognitive, and functional modalities.

**THE THREE AREAS WHERE WE CHANGE AS WE AGE INCLUDE THE FOLLOWING:**

1. **Physical Changes:**

**These changes occur at all levels of care:**

| Hearing | Loss of lung capacity | Bowel and Bladder control | Speech is slowed or slurred | Skin tears easily and is dryer |
|---|---|---|---|---|
| Vision | Arthritis (bone loss) | Loss of teeth | Unable to ambulate | Loss of mobility |

2. **Cognitive Changes:**

**These changes are more related to residents unable to direct self-care, and particularly, residents with dementia or Alzheimer's disease:**

| Memory | Emotional Problems | Loss of reasoning ability | Loss of decision-making ability | Loss of good judgment |
|---|---|---|---|---|
| Hypochondria | Confusion | Reactions are slowed | Movement slowed | Personality |

3. **Functional Changes:**

**These changes are more related to residents unable to direct self-care:**

| Unable to cook | Unable to swallow | Unable to take their own medication | Unable to walk (use a wheelchair) |
|---|---|---|---|
| Unable to clean | Unable to bathe | Unable to drive | |

Keep in mind that these are only *some* of the changes that we see as we age. As a caregiver it is important that you understand your role in assisting residents who are dealing with these changes. If you are unsure about how to assist a resident with a particular 'change' always ask your supervisor, or another experienced healthcare professional who can direct you on how to be a more effective and proficient caregiver at your facility.

## USE THIS SECTION FOR ANY NOTES YOU HAVE

# Chapter 13
# Activities of Daily Living (ADLs)

Activity for aging adults is vital to maintaining their health. As a caregiver it is your responsibility to not only assist residents with daily activities, but you should also record and/or document any resident ADLs. Some of the ways that you can assist a resident their ADLs include the following:

1. Bathing or Showering
2. Eating
3. Walking
4. Shaving
5. Cleaning Teeth
6. Dressing
7. Assisting with Medications

If a resident does or does not require assistance, you should still document the activity on the Activity of Daily Living sheet. For instance, if a resident does not want to take a shower you **must** annotate this on the ADL sheet by drawing the letter '**R**' then circling the R to indicate that the resident refused to take a shower or bath.

Your indication of a resident refusal not only demonstrates adequate documentation by the caregiver, but it also protects you and the care home in the unfortunate event of a claim by a resident's family member (or state agency) alleging that the resident is not being properly cared for.

On the following page we have provided you with an example of a typical ADL checklist which can also be printed out and used in your facility if you would like.

**Example of a Standard Activities of Daily Living (ADL) Checklist**

**Resident Name:____________________DOB:___________________Rm#________**

| FUNCTION | INDEPENDANT | DEPENDANT | NEEDS HELP | DOESN'T DO | REFUSED (Indicate refusal and date below) |
|---|---|---|---|---|---|
| Grooming | | | | | |
| Oral Care | | | | | |
| Bathing | | | | | |
| Toileting | | | | | |
| Ambulating | | | | | |
| Transferring | | | | | |
| Shaving | | | | | |
| Eating | | | | | |
| Medication | | | | | |
| Climbing Stairs | | | | | |
| Finances | | | | | |
| Shopping | | | | | |
| Laundry | | | | | |
| Using the Phone | | | | | |

### *Important things to remember…*

By documenting the resident's refusal on the ADL sheet, you protect yourself from any liability that might stem from the family (or power of attorney) claiming that their loved one is not being cared for adequately.

## USE THIS SECTION FOR ANY NOTES YOU HAVE

# Chapter 14
# Taking Vital Signs

## WHAT ARE VITAL SIGNS?

Vital signs are measurements of the body's most basic functions. The four main vital signs routinely monitored by medical professionals and healthcare providers include the following:

1. Body Temperature (BT)
2. Pulse Rate (PR)
3. Respiration Rate (rate of breathing)
4. Blood Pressure (BP) (Blood pressure is not considered a vital sign but is often measured along with the vital signs.)
5. Vital signs are useful in detecting or monitoring medical problems. Vital signs can be measured in a medical setting, at home, at the site of a medical emergency, or elsewhere.

## WHAT IS BODY TEMPERATURE?

Normal body temperature does not change significantly with aging. However, as you get older, it becomes more difficult for the body to control its temperature. Loss of subcutaneous fat makes it harder to maintain body heat. Many older people find that they need to wear layers of clothing in order to feel warm.

Aging decreases one's ability to sweat and thus older adults find it more difficult to tell when they are becoming overheated. Likewise, older people are at greater risk for overheating (hyperthermia or heat stroke), and they are also at risk for dangerous drops in body temperature (hypothermia).

The normal body temperature of a person varies depending on gender, recent activity, food and fluid consumption, time of day, and, in women, the stage of the menstrual cycle. Normal body temperature, according to the American Medical Association, can range from 97.8° F (or Fahrenheit, equivalent to 36.5° C, or Celsius) to 99° F (37.2° C). Body temperature may be abnormal due to fever (high temperature) or hypothermia (low temperature).

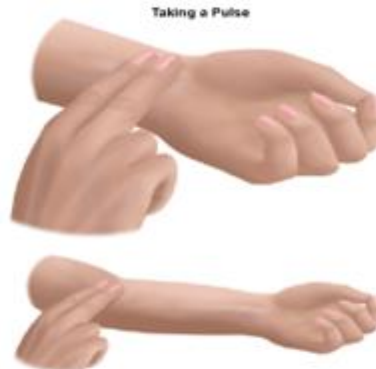
A fever is indicated when body temperature rises above 98.6° F orally or 99.8° F rectally, according to the American Medical Association. Hypothermia is defined as a drop in body temperature below 95° F.

**WHAT IS PULSE RATE?**

The pulse rate is a measurement of the heart rate, or the number of times the heart beats per minute. As the heart pushes blood through the arteries, the arteries expand and contract with the flow of the blood. Taking a pulse not only measures the heart rate, but also can indicate the following:

1. Heart rhythm
2. Strength of the pulse

The normal pulse for healthy adults ranges from 60 to 100 beats per minute. The pulse rate may fluctuate and increase with exercise, illness, injury, and emotions. Females ages 12 and older, in general, tend to have faster heart rates than do males. Athletes, such as runners, who do a lot of cardiovascular conditioning, may have heart rates near 40 beats per minute and experience no problems.




**HOW TO CHECK YOUR PULSE:**

As the heart forces blood through the arteries, you feel the beats by firmly pressing on the arteries, which are located close to the surface of the skin at certain points of the body. The pulse can be found on the side of the lower neck, on the inside of the elbow, or at the wrist. When taking your pulse:

1. Using the first and second fingertips, press firmly but gently on the arteries until you feel a pulse.
2. Begin counting the pulse when the clock's second hand is on the 12.

3. Count your pulse for 60 seconds (or for 15 seconds and then multiply by four to calculate beats per minute).
4. When counting, do not watch the clock continuously, but concentrate on the beats of the pulse. If unsure about your results, ask another person to count for you.

**WHAT IS RESPIRATION RATE?**

The respiration rate is the number of breaths a person takes per minute. The rate is usually measured when a person is at rest and simply involves counting the number of breaths for one minute by counting how many times the chest rises. Respiration rates may increase with fever, illness, and with other medical conditions. When checking respiration, it is important to also note whether a person has any difficulty breathing.

Normal respiration rates for an adult person at rest range from 15 to 20 breaths per minute. Respiration rates over 25 breaths per minute or under 12 breaths per minute (when at rest) may be considered abnormal.

**WHAT IS BLOOD PRESSURE?**

Blood pressure, measured with a blood pressure cuff and stethoscope by a nurse or other healthcare provider, is the force of the blood pushing against the artery walls. Each time the heart beats, it pumps blood into the arteries, resulting in the highest blood pressure as the heart contracts. One cannot take his/her own blood pressure unless an electronic blood pressure monitoring device is used. Electronic blood pressure monitors may also measure the heart rate or pulse.

Two numbers are recorded when measuring blood pressure. The higher number, or systolic pressure, refers to the pressure inside the artery when the heart contracts and pumps blood through the body. The lower number, or diastolic pressure, refers to the pressure inside the artery when the heart is at rest and is filling with blood. Both the systolic and diastolic pressures are recorded as “mm Hg” (millimeters of mercury). This recording represents how high the mercury column is raised by the pressure of the blood.

High blood pressure, or hypertension, directly increases the risk of coronary heart disease (heart attack) and stroke (brain attack). With high blood pressure, the arteries may have an increased resistance against the flow of blood, causing the heart to pump harder to circulate the blood.

According to the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health (NIH), high blood pressure for adults is defined as:

140 mm Hg or greater systolic pressure, and….

90 mm Hg or greater diastolic pressure

*The above guidelines are subject to change by the NIH

## USE THIS SECTION FOR ANY NOTES YOU HAVE

# Chapter 15
# Types of Medications

**FORMS OF MEDICATION:**

**Capsules**: These come in a cylindrical form and typically are released more quickly into the body than in tablet form.

**Tablets**: Tablets are generally compressed medication with added fillers and sometimes flavoring to make the medication taste a little better.

**Powders**: Micro fine drug particles that are dry and generally are mixed with other liquids or foods to be taken immediately after mixing.

**Drops**: These are sterile solutions that are typically administered into the nose, eye, or outer ear.

**Liquids**: These are mixed with sugar, water and micro fine drugs kept in liquid.

**Inhalants & Sprays**: This is medication that is sprayed or inhaled into the mouth or nose.

**Ointments (Skin Preparations)**: These are typically greasy-like and are spread onto the surface of the skin or body.

**Suppositories**: These medications generally come in the shape of a 'bullet-like' shape and tend to be large. They are administered through the rectum or vagina and are intended to dissolve at body temperature.

Without question *one of the most important responsibilities* that you have as a caregiver is ensuring the proper management of a resident's medication.

## *Important Things to Remember…*

Medication must be properly stored according to pharmacist recommendations and pay attention to expiration dates. You (the facility) should always have a drug reference guide on hand in the unfortunate event that a medication error occurs. The reference guide will provide you with the side effects and interactions.
When in doubt about a medication, **<u>ASK!!!</u>**

## Chapter 16

# Oral Hygiene, Grooming & Bathing

## ORAL HYGIENE

Oral care plays a vital part in the overall health of a resident. Dentition that is left uncared for can result in gum disease and eventually tooth loss. To prevent this, ensure the following:

1. **Check the resident's mouth**: As a caregiver it is your responsibility to check your resident's dentition on a regular basis for indications of bleeding, mouth sores, or any unusual mouth odor.
2. **Brush your resident's teeth**: Always encourage your residents to brush their teeth, or care for their dentures if they have them. If a resident has dentures to remove them apply light pressure with a 4 X 4 gauze pad to grasp and dislodge the upper denture. To remove the lower dentures lightly rock the denture back and forth to break the suction between the denture and the gums.

## GROOMING

A resident's good appearance tells the family that their loved one is being well cared for. Likewise, it tells prospective residents that you are concerned about the welfare of your residents which is a direct indication of the quality of care the residents are receiving in the home. Some of the ways that you can assist a resident with grooming include the following:

1. **Shaving**: Older men tend to care less about their overall appearance than older women. With a little prompting you can get your male residents to shave.
2. **Combing hair**: These days, most assisted living facilities have a professional hair stylist come to the home to handle the hair care needs of the residents. If your home does not have a professional, just a few quick strokes of a comb or brush can do a world of good for a resident. It may even make their week!
3. **Fingernails & Toenails**: Like hair care, generally most homes have a professional that handles this. Dementia residents are especially prone to acquiring fecal matter under their fingernails so always check for this. Adult Protective Services (APS) may check for this problem as well during their visits to your assisted living facility.

## BATHING

This is probably one of the more difficult tasks that you will perform as a caregiver because it can be an uncomfortable activity for both you and the resident. As a caregiver you will find that some residents will refuse to take a bath or shower. To help this process along there are a few things that you can do to persuade a resident to take a bath, some of which involve the following:

1. **Reassure the residents**: There are few things that you do outside of reassuring a resident that will garner a willingness to cooperate. One way to reassure a resident is to find out what the resident is able to do for him/herself. This promotes a healthy sense of dignity and also helps to create a bond between the caregiver and the resident.
2. **Get the bathroom warm before the bath**: Most residents get cold very easily so make sure prior to assisting a resident with a bath that you warm up the bathroom by either a space heater or an infra-red light, which are installed in many assisted living facilities.
3. **Use a soft touch**: The use of a soft touch toward your residents will enhance mutual trust. Generally, most care homes have an individual who is particularly good at bathing residents and eliciting trust. If this is you, most likely you will be the designated shower person.

### *Important things to remember...*

If a resident refuses to take a shower, ensure that you annotate this on their ADL (Activities of Daily Living) sheet and on your shower log schedule by writing an '**R**' with a circle around it.

Embarrassing moments do occur. With male residents sometimes warm water can prompt an erection. If you are not prepared to handle this situation you can embarrass yourself and the resident. Some experts suggest that ignoring it works well, while others recommend light humor. In either case maintain your level of professionalism as a caregiver.

# Chapter 17
# Skin Integrity

What do we mean when we say skin integrity?  There are a few ways of looking at this question. On one hand, skin integrity means the non-presence of bruises, rashes, abrasions, ulcers, discoloration or tears. On the other hand, it means that you are probably providing good quality care to your residents if these ailments are absent from your residents. With this in mind, there are a few things that you should be aware of as a caregiver.

1. **Use lotion**:  This is one of the more critical items for residents because it will go a long way toward the prevention of dry skin.
2. **Proper Bathing**: One of the ways to help prevent the breakdown of skin integrity is to follow proper bathing procedures. This is especially important with regard to bed-fast residents who **MUST** be provided a bed bath every other day as an alternative to a bath or shower under typical standards of care.
3. **How pressure sores are formed**: Pressure sores are localized areas of dead tissue which may protrude through muscles and into the bone. Due to the seriousness of this possibility it is of the utmost importance that you are not only aware of what causes pressure sores, but also the strategies to help prevent and treat pressure sores.

**SOME CAUSES OF PRESSURE SORES INCLUDE:**

1. **Pressure**: Without pressure a sore will not develop. Typically, residents will shift positions often enough so as to prevent a sore from forming, however, some residents are simply too weak to move themselves enough to prevent a pressure sore from developing.  This is why it is vital that caregivers understand and are familiar with a resident's Service Plan.
2. **Friction**: Sliding, moving, dragging or sitting on a hard surface (shearing force) can cause a blister or a break in the skin and resulting pressure sore.
3. **Inadequate Nutrition**: A specific medication or disease can cause the human body to slow down or minimize the processing of protein. When this occurs the body is unable to properly heal itself. As such, a rash or break in the skin can result in a pressure sore.
4. **Dehydration**: As we discussed earlier hydration is one of the 'Key 3', or "Big 3" as they are sometimes referred to. If a resident is dehydrated, under the right circumstances a resident's skin can become compromised. To help prevent this

from happening ensure that your residents are getting adequate (about 64 ounces of water each day) water intake.

5. **Moisture**: Thick layers of medication or general wetness can prompt the formation of a pressure sore. This is often overlooked in the care home environment because as generally as caregivers we tend to think that “more” is better, so it is important to be aware of this fact when it concerns pressure sores.

## *Important things to remember…*

There are many helpful products on the market to help **prevent** pressure sores from developing with your residents; some of these include the following:

**Water Cushions**: Water cushions are commonly used in the prevention of pressure sores. When the body floats, pressure is distributed more evenly on the entire body surface that is making contact with the water.

**Gels Cushions/Mattresses**: A gel cushion distributes itself around the body and eliminates the pressure similar to the effect that water has. An air mattress works in a similar manner, but these devices are denser and tend to work against the resident. These are *not* ‘flotation’ systems.

**Egg Crates and Foam Pads**: These can be cut to fit the resident in a way that best distributes pressure. The thicker an egg crate or foam pad is the greater chance that it will reduce pressure and aid in preventing pressure sores from developing on the resident’s body.

**THERE ARE FOUR PARTICULAR STAGES TO THE DEVELOPMENT OF A PRESSURE SORE, THEY ARE:**

1. **Stage 1**: Stage 1 is signaled by reddening of the skin whose color does not immediately fade.
2. **Stage 2**: In Stage 2 you should see small blisters or breaks in the skin appear, and the skin will be red. Typically, if a pressure sore is observed on a resident in this stage it is easier to treat.
3. **Stage 3**: Stage 3 represents an open wound. At this juncture in the process underlying tissues are most likely already compromised. There could be a scab covering the wound, but this is not necessarily indicative of a healing wound. Quite the contrary, the scab is not an indication of healing therefore you will need to ensure that a health professional is consulted at this point.

4. **Stage 4**: Stage 4 is the final stage of a developing bed sore and it is noted by a particularly poor condition in which bone and muscle are destroyed. At this stage, the resident may require surgery which could take several months to repair itself.

## *Important things to remember…*

The critical thing to remember with regard to sores is to take quick action in addressing the problem. More importantly, however, is ensuring that you take preventative measures to avoid, if at all possible, the chance that a resident may develop a sore.

## USE THIS SECTION FOR ANY NOTES YOU HAVE

# Chapter 18
# Residents with Dementia and Alzheimer's

## WHAT IS ALZHEIMER'S DISEASE AND DEMENTIA?

What is dementia? *Dementia is a gradual decline in mental and social functioning compared to an individual's previous level of functioning*. A resident may have memory loss, personality change, behavior problems, and loss of judgment, learning ability, attention and orientation to time and place and to oneself as a result of having dementia.
Alzheimer's disease is the most common cause of dementia, and we will spend more time on this as it will likely be one of the more frequent causes of cognitive impairment of residents in your facility.

*Alzheimer's disease is a chronic, progressive debilitating illness*. At first the symptoms are mild and might include difficulty remembering names and recent events, showing poor judgment and having hard time learning new information. At this early stage the person often tries to deny their problems.

Most difficulties at this time are with performing Activities of Daily Living (ADLs). As Alzheimer's disease progresses the person is unable to judge between safe and unsafe conditions and will require help to dress, eat, bathe and make basic care decisions.
In addition, there may be personality changes such as increased suspiciousness. Unfamiliar people, places and activities can cause confusion and stress. The resident will typically show less interest in others and wants to withdraw to familiar, predictable surroundings and routines.

In the later stages of Alzheimer's disease, the resident may have difficulty performing basic ADLs. Some common behaviors associated with Alzheimer's disease are rapid mood changes, crying, anger, pacing, wandering, doing things over and over, asking the same question, following people closely and inappropriate sexual behaviors. Pacing, in particular, is very common in the care home environment.

In Chapter 19 we offer a variety of general principals, as well as both verbal and non-verbal techniques to deal with more behaviorally challenged residents. We also provide you with a particularly unique activity that may help you better assist your residents in terms of managing their dementia or Alzheimer's.

# Chapter 19
# Communicating with a resident Unable to Direct Self-Care

Dementia residents like the resident above have a short attention span and often experience boredom and disinterest. This is common behavior for people experiencing the advanced stages of dementia. Other advanced dementia traits can be agitation, pacing, combativeness, restlessness, and wandering.

There are several *general principles* of communication as well as both *verbal* and *non-verbal* ways to assist a resident in communicating more effectively, particularly those residents that have dementia or Alzheimer's disease, which is our focus here.

## GENERAL PRINCIPLES OF COMMUNICATION WITH RESIDENTS UNABLE TO DIRECT SELF-CARE

1. Approach respectfully, calmly, cheerfully and in an adult fashion
2. Develop a communication system to meet the needs of the individual
3. Remain flexible, supportive and guiding (not controlling)
4. Correct hearing and visual problems
5. Employ good timing; make a second attempt if message is not received
6. Match your attitude and message
7. Remove distractions
8. Encourage communication
9. Avoid overwhelming patient physically or verbally
10. Presume comprehension on some level
11. Non-verbal communication becomes more important as the disease progresses
12. Remember that behaviors communicate a message
13. Do *not* argue or confront the resident

## VERBAL COMMUNICATION

1. Remember the KISS method: **<u>KEEP IT SHORT AND SIMPLE</u>**
2. Select words common to their age and background
3. Use calm, slow voice pattern
4. State one question at a time and wait for response

5. Remain on one topic unless individual initiates the change
6. Utilize the task breakdown technique
7. Avoid complex questions
8. Offer simple choices
9. Give suggestion or direction if unable to make choices
10. Provide praise and reassurance
11. Validate feelings
12. Identify language which symbolizes something to the individual
13. Use repetition to facilitate better communication

## NON-VERBAL COMMUNICATION:

1. Remember your attitude and mood are felt by the individual
2. Watch patient's non-verbal messages as a clue to problems.
3. Use non-threatening posture and gestures.
4. Demonstrate or get person in motion
5. Convey a positive, supportive attitude
6. Stand or sit at the same level as individual
7. Move slowly
8. Utilize touch and allow time for individual to touch you
9. Encourage their communication with nods, smiles and soft eye contact
10. Try to understand the feelings behind their confusing words
11. Respond to emotional needs
12. Employ humor in communication

Sometimes it can be a challenge to engage these residents, even for just a few minutes. With group activities, it is rare that we have every resident on the same page at the same time. One current popular way to help those residents with dementia or Alzheimer's is to employ "*davenport*" rooms or the more common name "*lounge*" rooms.

A lounge room (program) is a special resident care unit that provides activities for individual residents and small groups of residents with Alzheimer's and dementia. <u>A lounge room has strength-based stations that are specific to the individual's level of functioning and interests.</u>

These stations are tables, where the resident can visit with props they may hold and use. The props are everyday familiarities that engage the mind and may include jewelry, sewing materials, tools, and puzzles. "Sorting" stations can be particularly effective for residents with more severe dementia or Alzheimer's.

Sorting activities are appropriate because it helps with the ‘rummaging’ behaviors that are common with people who have advanced dementia. Sometimes residents will attempt to go into areas they don’t belong to, such as other residents’ rooms, and rummage through things. The davenport or lounge room gives residents a safe place to do this, and it decreases the chance of boredom for the resident.

With male residents, instead of placing jewelry, sewing materials as you might for your female residents, you might consider placing materials such as sandpaper, hand tools, nuts, and bolts. As an added benefit you might also consider implementing some soft background music to set the mood and help relax the residents.

If you partake in the davenport room you will need to have a caregiver, called a “butterfly”, guide the resident from station to station. The butterfly’s role is to be very quiet and provide few cues to the resident. If the resident should lose interest in one station, the butterfly’s job is to show the resident the next station to see if the new station will peak the resident’s interest. It is up to the resident when they choose to leave at any time during the activity.

## *Important things to remember…*

Regardless of your particular style, approach or activity you employ with your residents, always remember to be respectful and keep it positive and cheerful.

## Chapter 20

# Providing Services and Life Skills to Residents Unable to Direct Self- Care

### SERVICES

In most towns or cities there are a number of services and resources for the elderly, many of which caregivers are unaware of. The key is to research your local community and ascertain what and how to access such services. Some of the services or resources that your community may have include, but are limited to the following:

1. Transportation (to and from medical appointments, etc.)
2. Meals (usually a certain number of meals per week)
3. Housing
4. Utility Assistance (discounts on utilities)
5. Home Care/Hospice
6. Home Repairs (discounts on home repairs)

### ACTIVITIES TO HELP PROMOTE LIFE SKILLS AND MAXIMIZE FUNCTIONING FOR RESIDENTS UNABLE TO DIRECT SELF-CARE

When we are considering activities within the care home environment there are a number of daily activities that as a caregiver you can implement to maximize functioning for dementia patients tend to change as the disease progresses.

Dementia tends to limit concentration and cause difficulties in following directions. These factors can turn simple activities into daily challenges. Individuals with dementia and/or unable to direct self-care often don’t start or plan activities on their own. When they do, they may have trouble organizing and carrying out the activity independently.

Many caregivers state that the individual often sits in one area of the room, paces the floor, or searches for familiar objects with little interest in doing the things that had once brought meaning and pleasure to life. By using a variety of activities matched to the person’s abilities, the routine of activities can help the individual with dementia retain his sense of positive self-esteem. In deciding which activities are appropriate, start with some of the following ideas on the following page.

## Take Stock

Examine the resident's past activities and hobbies and then try to figure out how to adapt or simplify these activities to match the resident's abilities functionally, physically and cognitively.

## Build in Structure

Don't be afraid to give activities structure and routine. It's fine if the individual does the same thing at the same time every day. If a resident has a sense of routine, there is a greater chance that the resident will look forward to an activity with a positive attitude. The resident may not remember how many times he/she has been involved in a certain activity or even if they did the same activity that day.

## Offer Support

Focus on offering guidance and supervision and doing things with the person. In most cases, you'll need to show the resident how to perform the activity by providing simple step-by- step directions. Doing such simple tasks as sweeping or dusting can help the person experience a sense of accomplishment and satisfaction which can go a long way toward preventing depression, for example.

## Look for a Residents' Favorites

Keep in mind that a resident who once enjoyed drinking coffee or reading the newspaper may still find that activity enjoyable despite suffering the effects of dementia or Alzheimer's disease. Don't be concerned that the resident might not be able to make sense of what she's reading. The real point is that it is familiar, and the resident enjoys what they are doing.

# Chapter 21
# Managing Difficult Behavior-Residents Unable to Direct Self-Care

**BEHAVIOR MANAGEMENT TECHNIQUES WHEN WORKING WITH RESIDENTS THAT HAVE COGNITIVE IMPAIRMENT:**

Now that you have a basic understanding of some of the reasons for cognitive impairment, we will look at some basic behavior management techniques that should be helpful to you with your residents. As a caregiver you are likely to be faced with challenging behaviors on a regular basis. If you develop strong skills in managing these behaviors and in communicating effectively with residents, this will help you in dealing with difficult situations and provide better care for the residents in all aspects of your job, from helping with ADLs, to encouraging residents to take part in social activities in the home or in the community.

"Behavior management" involves using certain techniques and ways of interacting in order to increase or decrease certain behaviors. It can be very effective, but it is not a quick fix, and it must be used consistently. Think of your behavior management skills as **tools in a toolbox**. In this toolbox you have many different and effective ways of dealing with people and behaviors. Depending on the behavior of the person and the situation, this will affect the decision about which tool to use. Sometimes it may take a few tries to figure out what will work best, and some days it will be harder than others, but we will begin by placing some tools in our toolbox.

Remember, we are just touching on these basic principles. There is much to be gained by learning more about positive behavior techniques, and you are encouraged to seek out additional training, observe people who use these techniques effectively and take notice of your own interactions and how you can improve upon them.

In addition to the basic ideas that we discuss here, seniors in your care will have specific care plans developed by their doctor/nurse. It is important to become familiar with these plans and use your skills to follow them. Likewise, always ask your supervisor or manager if you have any questions about the issues discussed here or anywhere else throughout the manual.

Below we offer four particular "tools" that you can employ as a caregiver; used with the general principles of communication and both verbal and non-verbal communication strategies, they can be very effective.

## Tool # 1: Ask questions to figure out the *reason* for the behavior

There are many causes of behavior. If you notice a change in a resident's behavior, talk with other members of the care team to find out what might be going on. If it is an ongoing problem, first look to see what the cause might be. You may need to *observe* for a while to see what might be happening.

If a resident is in pain, for example, it is important to take note of things such as whether he/she had a recent fall or whether they have recently been ill. If a resident is not eating enough at mealtime, this may be a problem with his/her dentures fitting okay, it may be a problem with chewing and swallowing or it may be that he/she does not like the food. Watch to see when and how much the resident eats. Watch the resident's facial expressions. Watch the resident's reactions to the people sitting at the table. What has changed recently?

## Tool # 2: Use positive reinforcement/rewards

If you see good behavior by a resident, praise the good behavior. Behavior that is rewarded will generally be repeated.

## Tool # 3: Listen with understanding

When we show a person that we are interested and want to understand their feelings we are showing that we care about them as a person. We connect with them on a more *personal* level, which can help them feel less lonely. We show this by listening to the resident and talking with the resident. Always do your utmost best to try to understand the resident's feelings.

## Tool #4: Smile and keep it positive!

Lastly, a smile can go a long way when working with people, especially the elderly. Those times when you feel least like smiling are when it will be the most important that you make your best effort. If you have to take a deep breath, then go into the room with a smile and be positive!

## Chapter 22

# Developing & Providing Social, Recreational & Rehabilitative Activities for Residents Unable to Direct Self-Care

It is important that each resident has people to care about and people who care about him/her. Being involved in community groups and activities provides many opportunities for important social connections.

Caregivers need to be aware of the importance of social contact in the lives of residents, especially those unable to direct self-care, such as typically the case with residents suffering from dementia or Alzheimer's disease.

Whenever possible, interaction with other residents and with family members and friends should be encouraged. Such interaction can contribute to physical as well as mental health.

*This picture represents what we as caregivers look to see in our residents; happy and enjoying their "golden years" with peers and loved ones.*

## ENCOURAGING SOCIALIZATION AMONG RESIDENTS

For some residents, adjusting to life in a personal care home can be very difficult, particularly when having limited contact with family members and friends. It is not always easy to make new friends and adjust to new people, new stores, new food, new activities, and a new routine. Here are some things that a caregiver can do to encourage residents to socialize with one another:

1. Introduce a new resident to other residents.
2. Introduce residents with shared interests.
3. Constantly encourage and remind the resident to participate in activities. Find and provide activities that the resident enjoys.
4. Talk with the resident's family and friends to find out more about his/her interests and hobbies.
5. Check the resident's support plan for special interests.
6. Encourage the resident to join interest groups, activity groups or social committees.
7. Honor the residents' rights to choose activities.

## ENCOURAGE PARTICIPATION IN ACTIVITIES

Many of us take for granted the opportunities we have for changing things we don't like. We can replace the furniture in our living room, speak to the manager of a store where we are treated badly by a clerk or become a member and supporter of a community organization devoted to making the community safer and cleaner.

Life in a care home, however, often provides limited opportunities for residents to be involved in decisions that impact their lives. Meal routines are set, staffing decisions are made by others and residents typically have little input on purchases of furnishings. Yet, there are some exceptions.

Some adult care homes have "resident councils" (usually found in larger "corporate" owned care homes) that give residents a chance to suggest ideas for new activities and to give input into decisions about things like furnishings, meal policies and home rules.

If there is no such council, there may be other opportunities for residents to share their ideas for making changes in the home, such as hobby/interest groups, smaller committees focused on planning activities and group meetings with the management.

Caregivers have an important role to play in terms of encouraging residents to join such committees and helping residents participate in such meetings if their service plan allows for it.

## ENCOURAGE PARTICIPATION IN THE COMMUNITY

Caregivers help residents have access to “formal support systems.” This refers to services received from other service systems, such as MR (mental retardation) workshops, MH (mental health) outpatient programs and substance abuse (drug and alcohol) services. Caregivers help residents to get to and from these programs. Besides taking part in community-based programs that offer formal services, residents can be engaged in the community in many other ways. Some examples include:

1. Going to a church of your faith.
2. Attending a senior center.
3. Visiting a museum.
4. Visiting a beauty salon or barber shop.
5. Joining a gardening club.
6. Volunteering at a school.
7. Going to the movies.
8. Going shopping.

In addition, many local community groups will often come into the care home to provide activities and to help connect residents with the local community. The home should contact local groups such as schools, religious organizations, Lions Clubs, fire departments, musical groups and others and invite them to come into the home to visit, teach and entertain.

Caregivers have an important role to play in terms of sharing information about local recreational opportunities, helping residents to get ready for community activities (for example, getting bathed and dressed) and, if necessary, assisting with transportation.

## THINGS TO CONSIDER WHEN PLANNING ACTIVITIES FOR RESIDENTS

Pay attention to the resident’s abilities and interests. The more you get to know the resident, the better you will be in recommending that he/she participate in activities that match his/her interests. And, of course as previously mentioned, always be familiar with the resident’s service/care plan.

## FIND WAYS TO SUPPORT THE RESIDENT'S INTERESTS IN VARIOUS ACTIVITIES

Some caregivers believe that their jobs are easier when residents are less active and not involved in activities. However, in the long run, the opposite is the case. An inactive, socially isolated resident is more likely to be dependent on staff attention and will miss out on the physical and mental health benefits associated with being active with others.

Caregivers have an important role to play in terms of letting residents know about various activity options and in encouraging them to participate. You can't do it alone. Try to enlist the support of the residents, other caregivers, family members and community members in helping the resident to learn about and be able to participate in activities in the home and in the community.

## ENSURE THAT THE RESIDENT'S HEALTH AND SAFETY NEEDS ARE MET

A resident may be fearful of getting involved in a community activity due to concerns about being able to get around, being able to take a rest when necessary and being safe. Ensuring that the resident will be safe and comfortable in the activity is likely to increase his/her motivation to participate. The activities in which a resident participates should be consistent with his/her service plan.

## USE THIS SECTION FOR ANY NOTES YOU HAVE

## Chapter 23

# Risk Management, Fall Prevention and Ambulation

### THERE ARE SEVEN (7) THINGS THAT YOU NEED TO BE AWARE OF CONCERNING RISK MANAGEMENT AND FALL PREVENTION:

1. Ensure that both you and your residents have sturdy shoes.
2. Get regular exercise: to maintain bone and muscular strength. Remember: Not all broken hips are a result of a fall. Sometimes a resident will get a hip fracture simply from walking due to osteoporosis, and then the resident falls. Regular exercise can help prevent this.
3. Ensure that you have adequate lighting throughout the assisted living facility. This is essential in the prevention of falls and overall risk management.
4. Keep obstacles below eye level.  Combined with poor lighting and impaired balance, obstacles below the eye level can be particularly dangerous such as throw rugs and lamp cords.
5. Avoid a cluttered room arrangement. Ensure that any unnecessary furniture is removed from the facility or stored in a place that will not interfere with the movement of your residents and their safety.
6. Ensure that your bathroom is safe by placing non-slip rubber mats in the tub. Eliminate any unnecessary debris.
7. Store any hazardous chemicals or liquids in a safe place that is locked.

## ASSISTING RESIDENTS WITH AMBULATION

### What is the purpose of ambulation?

The term ambulate means to walk. By assisting a resident to ambulate you keep them more active and improve muscle tone and strength in their legs. It also slows loss of bone mass and density related to osteoporosis. The client who is up walking has increased peristalsis and circulation. The resident also gets a sense of accomplishment and maintains greater independence.

## What are some reasons why residents may require assistance with ambulation?

Some residents who have been ill or are recovering from an injury or surgery may need help with walking. The resident may have decreased muscle strength or a change in his center of gravity or posture. Some residents need help with ambulation because of a decrease in their sensory perception or impaired balance. Confusion, medications and distractions can all affect a resident's ability to walk independently.

## What are some caregiver responsibilities when assisting residents with ambulation?

Be aware of safety considerations and use good body mechanics when assisting a resident to ambulate. Dress the resident appropriately. Residents should wear stockings or socks and non-skid shoes to prevent falls. Allow the resident to sit on side of bed before ambulating to allow time for him/her to gain their balance.

### *Important things to remember…*

Ensure that you always utilize a gait belt, walker, etc., if it is care home policy or if it is annotated in the resident's care plan/service plan instructions.

Make sure objects and other people are out of the way and that there are no slippery floors. Help the resident ambulate in an uncluttered area. Have a chair ready for the resident at the other end or at a resting point along the way.

Most of the time, you ambulate at the resident's side, with your arm/hand for support, standing on the resident's weaker side and slightly behind him. If the resident is encouraged to use a weak leg, stand on the weak side.

## CONSIDERATIONS WHEN ASSISTING A RESIDENT TO AMBULATE

Observe the resident's steadiness of gait, balance, and endurance. As you walk with the resident, observe for signs of fatigue such as difficulty breathing, sweating, dizziness, and rapid heartbeat. If these occur, allow the resident to rest. Ensure that there are rubber tips on all canes and non-rolling walkers. If the resident loses weight-bearing ability, pull the resident's body into close alignment with your hip/thigh area by using the gait belt and lower to floor using large muscles of your legs.

## SOME OF THE EQUIPMENT USED FOR AMBULATION

*Typical equipment in an assisted living facility, private duty, or family setting.*

There are many devices available to assist a person when ambulating which simply means walking. Depending on a resident's particular diagnosis and past medical history, a physician or physical therapist may help you determine which device is appropriate. Ambulation aids help compensate for impaired balance, strength, coordination, and pain. They also help to increase independence and safety and, in some cases, help an individual maintain post-operative precautions regarding weight bearing after surgery.

### Gait Belts

When using a gait belt, grasp the belt with both hands and use it to guide the resident. Walk slowly and allow the resident to set the pace. Walk with the client by placing one hand around the back of the gait belt with palms up and the other hand under the front of the gait belt. Walk on the resident's weaker side and encourage him/her to hold the handrail, if available, with their strong arm.

### Walkers

Walkers are used for the resident who requires some support when walking due to imbalance or weakness. The resident must be able to bear weight on at least one foot, remain balanced in an upright position, and have use of hands and arms. The height of the walker should be adjusted so that the resident is standing straight with elbows slightly flexed (approximately at hip height).

When a walker without wheels is being moved, the resident's feet should not be moving. It should never be slid along the floor or ground. Always instruct the resident to move the walker forward by lifting it up.

### Canes

Canes are generally used by residents who have weakness or paralysis on one side of the body. It should be used on the resident's stronger side to balance his weight between the cane and his weaker side. The height of the cane should be such that the client holds it with his elbow slightly bent when walking. Three-point and four-point canes give more support than single tip canes but may be harder to move.

The flat side of the cane should be against the side of the leg, and extended cane legs should be away from the resident’s legs. The tip of the cane should be about six to ten inches to the outside of the foot. The bottom of the cane should be covered with a rubber tip to prevent sliding.

One of the more physically demanding tasks that you will perform as a caregiver is transferring residents. Here are some guidelines to help prevent injuries when attempting to lift, move, or transfer a resident:

## Getting the Resident Ready to Transfer

1. Remove any obstacles prior to transferring
2. Consider the resident's size and request assistance or use a mechanical lift, if necessary
3. Adjust the bed to the proper height for the type of transfer
4. Lock the wheels of the equipment
5. Ask the resident to assist you as much as possible
6. Tell the resident what you intend to do throughout the transfer
7. Bend your knees and keep your back straight
8. Avoid twisting movements
9. Pull, do not push
10. Move the resident toward his or her stronger side
11. Give short, simple directions
12. Coordinate everyone's movement
13. Use ambulatory/gait belts

## Before transferring into the wheelchair, the resident must be sitting

1. To get the resident/client into a seated position, roll the patient onto the same side as the wheelchair.
2. Allow the resident/client to sit for a few moments, in case the patient feels dizzy when first sitting up.
3. Put one of your arms under the resident/client’s shoulders and one behind their knees. Bend your knees.
4. Swing their feet off the edge of the bed and use the momentum to help the resident/client into a sitting position.
5. Move the resident/client to the edge of the bed and lower the bed so that their feet are touching the ground.

## Pivot turn

1. If you have a gait belt, place it on the resident/client to help you get a grip during the transfer. During the turn, the resident can either hold onto you or reach for the wheelchair.
2. Stand as close as you can to the resident/client, reach around their chest, and lock your hands behind the resident or grab the gait belt.
3. Place the resident/client's outside leg (the one farthest from the wheelchair) between your knees for support. Bend your knees and keep your back straight.
4. Count to three and slowly stand up. Use your legs to lift.
5. At the same time, the resident should place their hands by their sides and help push off the bed.
6. The resident should help support their weight on their good leg during the transfer.
7. Pivot towards the wheelchair, moving your feet so your back is aligned with your hips.
8. Once the resident's legs are touching the seat of the wheelchair, bend your knees to lower the resident into the seat.
9. At the same time, ask the resident to reach for the wheelchair armrest. If the resident starts to fall during the transfer, lower them down to the nearest flat surface, bed, chair or floor.

## Transferring from a wheelchair to a toilet

1. Position the wheelchair at a right angle to the toilet, if possible.
2. Position the chair so that the toilet is on the strong side, if possible.
3. Lock the brakes.
4. Remove the wheelchair legs or fold them back.
5. Apply the transfer belt.
6. Assist the resident/client to unfasten clothing.
7. Instruct the resident/client to place their hands on the wheelchair armrests and slide forward in the chair.
8. Instruct the resident/client to pull their feet back under the body, placing them firmly on the floor.
9. Have the resident/client lean forward and push up, turning to their strong side until he/she feels the toilet seat on their legs.
10. Hold the transfer (gait) belt and assist the resident as necessary.
11. Instruct the resident to hold the grab rail with one hand and use the other hand to undress. Assist the resident/client as needed.

12. Instruct the resident/client to hold the rail and slowly his/her body to the toilet seat.
13. Remove the transfer belt or leave it on the resident according to their preference, and/or in accordance with facility policy.
14. Provide privacy and advise the resident to let you know when they are done.

### *Important things to remember…*

Ensure that you always utilize a gait belt, walker, etc., if it is care home policy or if it is annotated in the resident's care plan/service plan instructions. Make sure objects and other people are out of the way and that there are no slippery floors. Help the resident ambulate in an uncluttered area. Have a chair ready for the resident at the other end or at a resting point along the way.

Most of the time, you ambulate at the resident's side, with your arm/hand for support, standing on the resident's weaker side and slightly behind him or her. If the resident is encouraged to use a weak leg, stand on the weak side.

**This concludes the National Caregiver Certification Course (NCCC). Please see the exam instructions below.**

# Chapter 24
# Exam and Closing Thoughts from the ACA

**National Caregiver Certification Course Exam**

The exam is pass/fail, and there are 45 questions. Some questions are open-ended, which means that you have a certain degree of latitude in answering these questions. For example, if you are asked what you "think" or how you "feel" about something we are asking exactly this. Other questions ask specific questions and are looking for specific answers to these questions. Be clear, concise, and accurate when answering all questions.

There is no time limit to complete the exam, so take all the time that you need. When you have completed the exam, your exam will automatically be emailed to:

American Caregiver Association through Dominion Aviation College at support@domaconline.com

Once your exam is received, we will email you and let you know that we have received your exam. At that point, you can expect to hear back from the ACA within 5 business days about the results of your exam.

Other Certification Courses and Certifications Offered by the ACA:

1. Advanced National Caregiver Certification Course
2. National Assisted Living Manager Certification Course
3. Activities of Daily Living Certification Course
4. Certificate of Caregiver Ethics: Level 1
5. Certificate of Caregiver Personal Development: Level 1
6. Certificate of Caregiver Leadership: Level 1
7. Master Caregiver Certification

The American Caregiver Association also offers annual membership and National Assisted Living Facility Accreditation (NALFA). Ask for details from your Study center.

## Closing Thoughts from the ACA

The ACA would like to both congratulate you and thank you for taking our course. This course does not represent the end of your training or education as a caregiver. Moreover, while this course provides you with the essential knowledge and basic responsibilities of caregiving, the course is not intended to be the 'end all' of caregiver knowledge. Therefore, we encourage you to continue your pursuit of knowledge acquisition beyond the scope of this course.

If you are new to the caregiver field, then perhaps this course has opened your eyes to the basic responsibilities that caregivers have with respect to the residents that you will be caring for. Likewise, we hope that this course has equally prepared you to perform your duties as a caregiver diligently and with compassion.

If you are already a certified caregiver perhaps this course has provided you with a nice refresher. If you are neither then we hope that you have acquired some new-found knowledge and/or skills that will be helpful to you as you move along in your career as a caregiver, assisted living manager, or even an owner of a facility.

The ACA believes that your decision to acquire professional caregiver certification is a wise one. Likewise, we are equally thankful to you for choosing to step up to the plate and acquire National Caregiver Certification, which has become the requirement and expectation for caregivers in the healthcare industry.

By taking our course and becoming certified with the American Caregiver Association you are clearly one step above everyone else. Similarly, your certification represents an important and vital step not only in terms of the growth of your own career, but your tuition goes toward the ACAs effort to support local and national health care issues that our seniors face every day.

Your support in taking our course and becoming a certified member of the ACA plays a key role in how effective we are in carrying out our campaign to professionalize the field of caregiving on a national level.

As a graduate of our national caregiver course your name will now be entered in our database as a nationally certified caregiver. You can now proudly display your caregiver certificate, as well as your membership certificate if you have opted for membership with the ACA. We certainly recommend that you do so for your own benefit.

Finally, we encourage you to seek out not only additional knowledge from other sources, but we also encourage you to put some of your free time to good use by volunteering to help an elder in some way outside of your normal duties as a caregiver.

We understand that this can be difficult to do, but the rewards are wonderful in terms of improving the quality of life for our seniors, which is what caregiving is all about. Lastly, whatever your dreams, we wish you all the best in your life and career. Good luck to you from all of us at the ACA, and once again, *thank you*.

American Caregiver Association
P.O. Box 62221
Colorado Springs, CO. 80962

Copyright 2023 American Caregiver Association