SECTION 1

RESIDENT RIGHTS/HIPPA/ABUSE & NEGLECT
RESIDENT RIGHTS

1. Exercise his or her rights;
2. Be informed about what rights and responsibilities he or she has;
3. If he or she wishes, have the facility manage his or her personal funds;
4. Choose a physician, treatment and participate in decisions and care planning;
5. Privacy and confidentiality;
6. Voice grievances and have the facility respond to those grievances;
7. Examine survey results;
8. Work or not work;
9. Privacy in sending and receiving mail;
10. Visit and be visited by others from outside the facility;
11. Use a telephone in privacy;
12. Retain and use personal possessions to the maximum extent that space and safety permit;
13. Share a room with a spouse or another, if mutually agreeable;
14. Self-administer medication, if the interdisciplinary care planning team determines it is safe;
15. Refuse a transfer from a distinct part, within the institution;
16. Be free from any physical or chemical restraints; and
17. Be free from verbal, sexual, physical and mental abuse, corporal punishment and involuntary seclusion.

HIPPA

- No sharing of resident information except with care team members
- a. Health Insurance Portability and Accountability Act (HIPAA) – law to keep health information private
- b. Social Media – posting of resident’s is considered abuse
1. **Abuse** – the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish; abuse can be **verbal** (something said-oral, written or gestured), **physical** (something done to the resident-rough handling/treatment, hitting, slapping, pinching, etc.), **emotional/mental** (humiliation, harassment, threats of punishment or deprivation) or **sexual** (harassment, coercion or sexual assault). Any sexual relationship with a resident is considered to be abuse.

   - **Conditions** – suspicious marks, bruises, bite marks, fractures, dislocations, burns, scalp tenderness, nose bleeds, swelling, welts
   - **Observations** – fear, pain, withdrawal, mood changes, acting out, anxiety, guarding

2. **Neglect** – failure to provide help or care when needed.

   - **a. Conditions** – pressure ulcers, dehydration, weight loss
   - **b. Observations** – unclean, soiled bedding or clothing, unanswered call lights, wrong clothes, no glasses/hearing aids, uneaten food/snacks, no water available
RESPONSE AND REPORTING

1. Know facility policy on Reporting and Report immediately

Policy:
If you witness an act of abuse or receive an unreported allegation of abuse, you must **immediately** report it to the facility administrator, or his/her designated representative if the administrator is not present.
INFECTION CONTROL – METHODS USED TO CONTROL AND PREVENT THE SPREAD OF TINY LIVING THINGS THAT ARE ALWAYS PRESENT IN THE ENVIRONMENT, HOWEVER ARE NOT VISIBLE TO THE NAKED EYE

• A. How is Infection Spread?
• B. Hand Hygiene
• C. Standard Precautions and PPE
• D. Handling of Clean and Soiled Linens
• E. Disinfection of commonly used articles/equipment/high touched objects and areas.
• AND lets NOT forget about COVID-19
B. HAND HYGIENE

Hand Washing, ABHR, and Cough Etiquette
Hand Washing

**5 Moments for Hand Hygiene (WHO)**
- before touching a patient,
- before clean/aseptic procedures,
- after body fluid exposure/risk,
- after touching a patient, and
- after touching patient surroundings.

ABHR (alcohol based hand rub)
- Rub hands until dry
- Wash hands after 5 uses.

Cough Etiquette
- Rub hands until dry
- Wash hands after 5 uses.

C. STANDARD PRECAUTIONS/PPE

- **Standard Precautions** – Treating all blood, body fluids, non-intact skin and mucous membranes as if they are infected.
- **PPE (Personal Protective Equipment** – barrier between a person and a potentially harmful microorganism
  - Gloves
  - Gown
  - Mask
D. HANDLING OF CLEAN AND SOILED LINENS

**Linen**
- 1. Handling clean linen
- 2. Handling/securing soiled linen

- Carry linen away from your uniform.
- Place clean linen on a clean surface.
- Clean surfaces:
  - Back of Chair
  - Head of bed
  - Over bed table
  - Top of bedside cabinet
- Place soiled linen in seat of chair or foot of bed. ALL soiled linen must be bagged and removed from residents’ environment.
- NEVER THROW DIRTY LINEN ON THE FLOOR!
- Never Shake of Fluff the linen
- ALL linen must be carried away from your uniforms

E. DISINFECTION
- DESTROYS PATHOGENS BUT DOES NOT KILL THEM ALL; BY USING GERMICIDES, BLEACH, OR ALCOHOL.

- Equipment is Either reusable or it is disposable.
- Keep tables, countertops, W/C trays and other surfaces clean.
- Never use equipment between residents without disinfecting
- Always wipe from clean to dirty
- Never sit on residents’ bed
- Never use anything that’s been on the floor.
- Disinfect HIGH touched areas frequently
  - Bedrails, bedside equipment, remotes, door knobs....
- Dispose of Contaminated items/Infectious waste

**PCA’s may NOT care for any resident in Isolation**
COVID-19

• **Clean Hands Often**
  • Wash hands with soap and water for at least 20 seconds especially after you have been in a public place, blowing your nose, coughing or sneezing.
  • If unable to use soap, use hand sanitizer with at least 60% alcohol. Rub until dry
• **Avoid touching Your EYES, NOSE, and MOUTH**
• Wear your mask and gloves
• Practice Social distancing of at least 6’ apart
• Shield Coughs and Sneezes with Kleenex or arm.
• **Follow facility policy**

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We remain in a state of emergency

• All staff members need to complete the daily screening as directed
• All visitors need to complete the screening
• There should be no visitors
• We need to continue to conserve PPE
• Continue to observe and monitor residents for symptoms
• Continue to observe infection control practices
• At this time families can continue to do laundry, bring food items, or gifts to the back door. The visitor/family member can not enter the facility, but a staff member can obtain the items.
• Let’s please continue to work on social distancing in the dining room. Some residents need to be encouraged to be farther apart.
**Falls**

- The consequences of falls can range from minor bruises to fractures and life-threatening injuries.
  - 1. Know residents that are at high risk for falls
  - 2. Frequent toileting program
  - 3. Respond to call lights promptly
  - 4. Use of proper shoes/clothing
  - 5. Keep environment clear or free of obstacles
    - Interventions
      - If a resident begins to fall, never try to stop the fall. Gently ease the resident to the floor and:
        - a. Call for help immediately, and
        - b. Keep the resident in the same position until the nurse examines the resident

**Choking**

- A complete blockage of the airway requiring immediate action.

➤ This can occur when eating, drinking or swallowing. The resident often gasps or clutches throat (the universal sign for choking).
**Activities of Daily Living (ADLs)** – personal daily care tasks including, bathing, dressing, caring for teeth and hair, toileting, eating and drinking.

**Initial Steps**

- Initial Steps- These are consistent steps to be taken prior to executing any procedure with a resident.
  - A. Includes asking the nurse about the resident’s needs, abilities and limitations
  - B. Includes following infection control guidelines and providing the resident privacy during care
• Final Steps- These are consistent steps to be taken following the completion of any procedure with a resident.

• A. Includes ensuring the resident is comfortable and safe
• B. Includes removing supplies and equipment from the residents’ room and reporting any unexpected findings to the nurse and documenting care provided.

B. OBTAINING TEMPERATURE

• Temperature (oral, axillary, tympanic) - the measurement of heat in the body affected by time of day, age, exercise, emotional state, environmental temperature, medication, illness and menstruation. Types of thermometers include glass, electronic with probe cover, paper/plastic tape, tympanic with probe cover.

• Oral and Axillary Temps
  • Oral 97.6- 99.6
  • Axillary 96.6- 98.6

Vital signs provide important information
• A. How the body is functioning
• B. How the resident is responding to treatment
• C. How the resident's condition is changing
• D. Taking and Recording Vital Signs

*** NOTE Facility Policies and special equipment
MAKING BEDS

Occupied
- Bed made while resident is in the bed.

Unoccupied
- A bed made while no resident is in the bed.

TURNING AND REPOSITIONING

- **Head of Bed** - Assisting resident to move up to top of bed
- **Fowler’s Position** – head of bed elevated 45 to 60 degrees.
- **Lateral Position** – lying on side, either right or left.
- **Supine Position** – lying flat on back.
- **Positioning** – the placement and alignment of the resident’s body when assisting the resident to sit, lie down or turn.
- **Transfer** – moving the resident from one surface to another.
1. Frequency of re-positioning is Recommended every 2 hours or more frequently, if warranted to Prevent deformities, development of pressure sores, respiratory complications and decreased circulation.

- Promotes physical comfort
- Relieves strain
- Promotes blood flow
- Relieves pressure

**TRANSFERS FROM BED TO CHAIR OR W/C**

- **Transfer Belt (Gait Belt)** – a safety belt used to assist the resident who is weak or unsteady during transfers or walking.
- **Pivot** – to turn with one foot remaining stationary.
- **Dangle** – sitting up with feet over the edge of the bed

**** For Anything Beyond a one-person transfer, the PCA may only assist and must have Certified/Licensed staff present.
WALKING/ USE OF WALKER

Walking
- Stand to the side and slightly behind the resident
- Always stand on the residents’ weakest side
- Place hand on residents back if no gait belt

Walker Use:
- Walker is placed at a comfortable distance in front of resident (6-10”)
- All legs of walker should touch the ground
- Resident moves to the walker, weaker side first

BED BATH/PARTIAL BATH
PERI CARE

Partial Bath = Resident’s face, hand, underarms, and peri area.
  • Must be done at least once daily.

Bed Baths - Must be offered to resident per facility policy and care plan
  • Before beginning the bathing process, the caregiver should make certain the room is warm enough and all linens and supplies are gathered so the resident is not left alone.

Peri care - Should be done at least once daily, more frequently as needed.
  • Perineal Area - the area of the body between the genitals and the anus.
INCONTINENT CARE/ USING URINAL

- Resident who are incontinent should be checked and/or changed at least every 2 hours and more frequently as needed for incontinence or as per care plan
  - Peri care Should be preformed each time a resident is changed.

- Ensure brief is appropriate size for resident
- Ensure appropriate application in a manner not to cause abrasion due to being too tight or having tape applied to skin
- Monitor frequently for needed perineal care and change of brief

ASSIST TO TOILET

***PCA's Should only be assisting residents who require 1 assist or stand by only

- Observe Urine
  - Color
  - Odor
  - Character
  - Amount
- Wipe Front to Back
A. Residents have their own style and preferences
B. Residents should be encouraged to dress in their own clothing of choice each day
C. Each piece of the resident’s clothing should be inventoried according to facility policy, adding new items and deleting discarded items as necessary
D. Resident clothing should be labeled/identified in an inconspicuous place
E. Affected limbs should be dressed first and undressed last
F. Avoid pullover garments if the resident has an affected side or difficulty with the neck or shoulders, unless requested by the resident

ORAL CARE

• **Oral Care** – care of mouth, teeth and gums. Cleaning the teeth, gums, tongue, inside of mouth and dentures, if used
  
  Oral care includes cleaning the teeth, gums, inside of mouth and dentures and must be performed at least daily according to state rule, but recommended to occur more often
  
  Oral care reduces the number of pathogens in the mouth, improves the resident’s sense of well-being and appearance and improves sense of taste, enhancing appetite
  
  Oral care eliminates particles from beneath the gums, preventing injury and improving ability to chew and consume meals

• **Oral care must be done in fowlers position**
• **Oral Care Must be given at least once daily**
• **Observe Mouth, Lips, Teeth, and Tongue when preforming care**
  - Report any unusual finding to the nurse.

*** PCA’s may ONLY preform oral care on the conscious residents.***
HEARING AIDS

1. Be sure to follow the manufacturer’s instructions when inserting the hearing aid into the resident’s ear.
2. Be sure to follow the manufacturer’s instructions on cleaning the hearing aid.

GLASSES

1. Make sure eyeglasses are clean.
2. Make sure resident has eyeglasses on.
3. Keep eyeglasses in a safe place when not in use.

DENTURE CARE

Care of dentures
1. Make sure resident has dentures in place for meals.
2. Resident may want dentures removed at night.
3. Make sure dentures are cleaned.
4. Make sure dentures are in a safe place when not in use.

NOTE:

PCA’s may NOT apply any kind of orthotics or prosthetics to residents.
SKIN CARE

Pressure Prevention

Basic Care
- Skin Breakdown can develop when individuals stay in one position for too long without shifting their weight.
- Provide frequent care to those residents that are incontinent.
- Change Linens and check for wrinkles.
- Encourage repositioning at least every 2 hours.

Off Loading and Floating
- Offload – assisting a resident to stand up to completely remove the pressure from the area.
- Float Heels-

Observations
- Observe skin for open areas, bruising, abrasions, skin tears or redness.
- Inspect - Focus on bony prominences, where pressure ulcers are most likely to develop. Observe and prevent skin-to-skin contact. Additional areas at risk are the ears, under the breasts, and the scrotum and any skin-to-skin contact.

**Report any finding to nurse**
• **Nasal Cannula** – Delivery of oxygen from a long tubing from source to cannula with prongs placed in each nostril and tubing tucked behind the ears of the resident
  - Observe for irritation behind the ears, as the tubing can cause skin breakdown. Notify the nurse, if observed

**SAFETY**

- Remember Oxygen Supports Combustion
- Never use around open flame or electricity
- Never use around smoking or flammable products
- Remove Fire hazards from residents’ room when in use.
- In the case of an EMERGENCY Know how to turn off O2
NUTRITION AND HYDRATION

ALTERED DIETS

Mechanically altered diets
- Mechanical soft
- Pureed

Thickened liquids
- Nectar thick
- Honey thick
- Pudding thick
ASSIST TO EAT

- Confirm Diet card and Tray. Check Name, diet, and special utensils.
- Assist to set up food, open items, season and cut food.
- Offer Assistance if having difficulty
- Monitor meal consumption and record amount consumed

PASSING ICE WATER

Ice Water Should Be Passed Once A Shift

- Proper Hydration Promotes Physical Health. Fluids in digestion, helps maintain body temp, and helps prevent dehydration.
- Encourage Fluids for those residents not on restrictions.
**Dementia** – serious loss of mental abilities (thinking, remembering, reasoning and communication).

**Alzheimer’s disease** – a progressive, degenerative and irreversible disease. Alzheimer’s disease is caused by the formation of tangled nerve fibers and protein deposits in the brain. Alzheimer’s disease is the most common cause of dementia.

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**7 Stages of Alzheimer’s**

1. **Stage 1** – no impairment (normal function) – the resident does not experience any memory problems.

2. **Stage 2** – very mild cognitive decline (may be normal age-related changes or earliest signs of Alzheimer’s disease) – the resident may feel as if he or she is having memory lapses – forgetting familiar words or the location of everyday objects.

3. **Stage 3** – mild cognitive decline (early stage Alzheimer’s disease can be diagnosed in some, but not all, individuals with these symptoms) – friends, family or co-workers begin to notice difficulties.

4. **Stage 4** – moderate cognitive decline (mid or early-stage Alzheimer’s disease) – at this point, a careful medical interview should be able to detect clear-cut symptoms in several areas.

5. **Stage 5** – moderately severe cognitive decline (moderate or mid-stage Alzheimer’s disease) – gaps in memory and thinking are noticeable, and residents begin to need help with day-to-day activities.

6. **Stage 6** – severe cognitive decline (moderately severe or mid-stage Alzheimer’s disease) memories continues to worsen, personality changes may take place and individuals need extensive help with daily activities.

7. **Stage 7** – very severe cognitive decline (severe or late-stage Alzheimer’s disease) – in the final stages of this disease, residents lose the ability to respond to their environment, to carry on a conversation and, eventually, to control movement.
## COMMUNICATION STRATEGIES

<table>
<thead>
<tr>
<th>Identify</th>
<th>Always identify yourself</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speak</td>
<td>Speak slowly, calmly in a low tone</td>
</tr>
<tr>
<td>Avoid</td>
<td>Avoid loud, noisy environments</td>
</tr>
<tr>
<td>Approach</td>
<td>Approach from the front, remain visible to the resident. Avoid startling or scaring;</td>
</tr>
<tr>
<td>Allow</td>
<td>Allow the resident to determine how close you should be</td>
</tr>
</tbody>
</table>

### Tips to Remember when Dealing with Cognitively Impaired Residents:

- **A. Not personal** – residents do not have control over words or actions
- **B. Talk with family** – learn about the resident’s life, names of family members, occupation, hobbies, pets, foods, favorites
- **C. Team work** – report changes or observations; be flexible and patient
- **D. Handle behaviors/situations as they occur** – remember that the resident has lost the ability to remember prior directions given
- **E. Know your limits** – watch for signs of stress, frustration and burnout

Seek Help When Needed
MENTAL HEALTH/BEHAVIORS
Recognizing, Responding, and Reporting

RECOGNIZING

PHYSICAL FACTORS – ILLNESS, DISABILITY, AGING, SUBSTANCE ABUSE OR CHEMICAL IMBALANCE

ENVIRONMENTAL FACTORS – WEAK INTERPERSONAL SKILLS, WEAK FAMILY SUPPORT, TRAUMATIC EXPERIENCES

HEREDITY – POSSIBLE INHERITED TRAITS

STRESS – INABILITY TO HANDLE OR COPE WITH STRESS
RESPONDING

- A. Remain **calm**
- B. Do not treat as a child
- C. Be aware of body language and facial expression
- D. Maintain a normal **distance**
- E. Use simple, clear language
- F. Avoid arguments
- G. Maintain eye contact
- H. **Listen** carefully
- I. Show **respect** and concern
- K. **Redirect** and **Reapproach**

REPORTING

- Report **IMMEDIATELY** any talk of death or suicide.
- Any Changes in conditions -
  - Mood changes
  - Changes in activity or eating
  - Extreme behavior changes
  - Withdrawn
  - Hallucinations/Delusions
POINTS TO REMEMBER:

A. When a resident enters a nursing facility, he/she experiences the loss of home and belongings. Familiar things create a positive and home-like environment. The staff should encourage the resident to bring items from home, as space permits.

B. The room should be arranged according to resident preference, as possible.

C. The resident’s personal belongings should be safeguarded, as possible.

D. Types of beds may vary in each facility. Most beds have controls to raise, lower and adjust positions. A low bed may be used for a resident at risk for falls.

E. Temperature of the resident’s room/environment should be considered. The resident’s condition and preferences should determine the appropriate temperature.

F. Lighting should be sufficient for the resident’s needs/preferences. Indirect lighting is preferable, in that glare causes fatigue.

G. The resident’s environment should be cleaned of spills immediately, as spills are safety hazards contributing to falls.

H. Excessive noise levels in the environment can provoke irritation and problematic behaviors. Facilities should maintain equipment in good repair and refrain from overhead paging.

I. Fresh ice water should be maintained and within reach in the resident’s environment, unless the resident’s fluids are restricted by the physician, in an effort to encourage hydration.

J. The resident’s call light should be placed within the resident’s reach upon completion of care/staff assistance.

K. Defective or unsafe equipment should be taken out of service and reported to the nurse immediately.