



CE IN-SERVICES PART 1

OUTLINE

SEMINAR PART ONE - 8 HOURS

Introduction to Long Term Care (LTC)

Role of the Nurse Aide in LTC

Safety Measures

Emergency Measures

Infection Control

Resident Rights and Independence

Communication and Interpersonal Skills

Taking Care of Yourself

Social Skills

INTRODUCTION TO LTC

OBRA (Omnibus Budget Reconciliation Act of 1987) A federal law that was passed in 1987 that institutes rules and regulations for nurse aide training in facilities and nursing facilities. The intention of OBRA is to improve the quality of life for residents in long term care/nursing facilities. OBRA focuses on rights of the resident, psychosocial care, restorative care and preventive care to preserve the highest level of mental and physical wellness of residents.

HISTORY OF THE NURSE AIDE

World War II Nurse's Aides

Between 1944 and 1945, through the Red Cross, thousands of nurse's aides were called to assistant nurses during World War II. Although many of these nurse's aides had no formal CNA training, they provided a needed service for their country and were known as the Volunteer Nurse's Aide Corps. By the end of this time period, there were approximately 345 units and more than 12,000 nurse's aides in military hospitals. Due to the shortage of nursing staff and physicians, many of the nurses involved with the Red Cross undertook responsibilities far greater than their training. The nurses were overwhelmed in military hospitals and need assistance treating all of the injured soldiers. Because of this, the nurse's aides were called in to help take some of the load off the nurses in the military and civilian hospitals.

When CNA training began

While nurse's aides may have played a vital role in our history, it was not until 1987 that any sort of formal CNA training was established. Before this, anyone wishing to work as a nursing assistant could do so. These aides would fulfill both medical and household tasks without any type of training. Many times, they could perform medical tasks without the supervision or presence of a licensed nurse or a physician. During the late 1980's, Congress took a hard look at the medical and long term care facilities and determined a lack of training was leading to the downward spiral of care and safety. Due to these concerns, Congress passed a law known as the Omnibus Reconciliation Act (OBRA).

OBRA & DADS REGULATIONS

September 1, 2013. The Texas Department of Aging and Disability Services (DADS) reviews and approves or disapproves nurse aide training and competency evaluation programs (NATCEPs) and nurse aide competency evaluation programs (CEPs).

Any person or entity that wants to offer a NATCEP must receive approval from DADS.

Each NATCEP must provide a minimum of 100 clock hours of training, including:

1. 60 clock hours of classroom training that doesn't involve direct resident care; and
2. 40 clock hours of hands-on resident care in a nursing facility.
3. Each NATCEP must teach the DADS-established curriculum, including:

At least 16 introductory hours of training in the following areas before direct client contact:

communication and interpersonal skills;

infection control;

safety and emergency procedures, including the Heimlich maneuver;

promoting residents' independence; and

respecting residents' rights.

Personal care skills.

Basic nursing skills.

Mental health and social service needs.

Care of cognitively impaired residents.

Basic restorative services.

Residents' rights.

Reference: <http://www.dads.state.tx.us/providers/NF/credentialing/NATCEP/index.html>

NNAAP EXAMINATION (TESTING)

There are two parts to the NNAAP Examination, the Written (or Oral) Examination and the Skills Evaluation. Both will be administered on the same day. You must pass both parts in order to be certified and listed on the Texas Nurse Aide Registry. The Written Examination consists of seventy (70) multiple-choice questions written in English. Sample examination questions are provided in this handbook. An oral examination in English or Spanish may be taken in place of the Written Examination if you have difficulty reading English. The English or Spanish Oral Examination consists of sixty (60) questions and ten (10) multiple-choice reading comprehension questions provided on an audio cassette tape. You will be asked to listen to the Oral Examination and follow along in the test booklet as the questions are read aloud on the tape. If you want to take the English or Spanish Oral Examination, you must request it when you submit your application. During the Skills Evaluation you will be asked to perform five (5) randomly selected nurse aide skills. You will be given thirty (30) minutes to complete the five (5) skills. You will be rated on these skills by a Nurse Aide Evaluator. You must perform all five (5) skills correctly in order to pass the Skills Evaluation. A complete listing of the skills is shown reference <http://www.asisvcs.com/publications/pdf/064400.pdf>

State registry requirements include: a) Each individual listed on the registry must keep the department informed of his or her current address and telephone number. 6 b) Nurse aide certification expires 24 months after being entered into the registry. Nurse aides must submit verification of paid employment prior to the expiration date to continue certification.

c) Nurse aides renewing certification after September 1, 2013 must complete 24 hours of in-service education every two years. d) DADS does not recertify nurse aides that are listed on the Employee Misconduct Registry (EMR) or have been convicted of a criminal offense listed in Texas Health and Safety Code, §250.006. d) A finding of abuse, neglect or misappropriation of resident property may be entered into the registry. If a finding is entered, the nurse aide will not be employable as a nurse aide in LTC facilities.

e) See Appendix C: Texas Administrative Code, Title 40, Part I, Section 94.10 and Section 94.11

LONG TERM CARE

Long-term care can be provided formally or informally. Facilities that offer formal LTC services typically provide living accommodation for people who require on-site delivery of around-the-clock supervised care, including professional health services, personal care and services such as meals, laundry and housekeeping. These facilities may go under various names, such as nursing home, personal care facility, residential continuing care facility, etc.

Long-term care provided formally in the home, also known as home health care, can incorporate a wide range of clinical services (e.g. nursing, drug therapy, physical therapy) and other activities such as physical construction (e.g. installing hydraulic lifts, renovating bathrooms and kitchens). These services are usually ordered by a physician or other professional. Depending on the country and nature of the health and social care system, some of the costs of these services may be covered by health insurance or long-term care insurance. Informal long-term home care is care and support provided by family members, friends and other unpaid volunteers. It is estimated that 90% of all home care is provided informally by a loved one without compensation.

Purpose of LTC facilities

The need for long-term care help might be due to a terminal condition, disability, illness, injury or the infirmity of old age. Estimates by experts are that at least 60% of all individuals will need extended help in one or more of the areas above during their lifetime. The need for long-term care may only last for a few weeks or months or it may go on for years. It all depends on the underlying reasons for needing care.

Ongoing long term care (need for care for many months or years)

Chronic medical conditions

Chronic severe pain

Permanent disabilities

Dementia

Ongoing need for help with activities of daily living

Need for supervision

Types of LTC

a) Geriatric - an old or aged person

b) Disabled - injured; incapacitated.

- Physically - a person or animal that is partially or totally unable to use one or more limbs
- Mentally - any of various disorders in which a person's thoughts, emotions, or behaviour are so abnormal as to cause suffering to himself, herself, or other people. Mental illness - any of the various forms of psychosis or severe neurosis.

c) Individuals requiring skilled nursing care - Skilled nursing care facilities, commonly referred to as nursing homes, are licensed healthcare facilities that are inspected and regulated by a state's Department of Health Services.

d) Pediatric - babies and children

e) Post acute care - Care after; acute care: providing emergency services and general medical and surgical treatment for acute disorders rather than long-term residential care for chronic illness; Post acute care may include intensive rehabilitative care to help people return to their lives with as much independence as possible.

f) Other - Respite care; the provision of short-term, temporary relief to those who are caring for family members who might otherwise require permanent placement in a LTC facility. Even though many families take great joy in providing care to their loved ones so that they can remain at home, the physical, emotional and financial consequences for the family caregiver can be overwhelming without some support, such as respite. Respite has been shown to help sustain family caregiver health and wellbeing, avoid or delay out-of-home placements, and reduce the likelihood of abuse and neglect.

Role of the Nurse Aide in LTC

Your role of a Nurse Aide is vital! You are the eyes and ears of residents/Patients, family members, their love ones as well as the Nursing Team; Director of Nurses (DON), Assistant Director of Nurses (ADON), Charge Nurse and you the Nurse Aide. Nurse Aides who care for the older adult or those who can not take care of themselves, must give care that meets their special needs and wishes.

Needs Common to Residents

Nursing assistants and other health care workers care for patients and residents all over the world. In the United States today there are more old adults than any other age group. The elderly are also living longer and longer. They are getting older and older. In the past there were not too many people who lived to 100 years old. Now there are more 100 year old people than ever before. Nursing assistants, nurses and many others get a lot of joy as they care for older adults. They also have a lot of challenges and things that they must know about the old adult age group. The old adult age group has its own needs. We must provide care to the old adult that meets each patient's needs. These needs are best met when nursing assistants, nurses and many other health care providers know about the normal aging process. We must know how aging affects the care we give.

The Normal Changes of the Aging Process

As the human body ages, it slows down and it does not work as well as it did in the past.

For example, digestion slows down. Foods that are eaten take longer to digest. It also takes longer to burn the calories that we eat.

Old adults do not have the same appetite that they had when they were younger. Their need for large amounts of food and calories is lowered. They may also not want to eat. If the sense of taste and smell are gone, they may not enjoy food as much as they did when they were younger.

Vision and hearing may also get poor as a person gets older. Many old patients and residents use eyeglasses, hearing aids and devices as they get older.

The old adult may also have weak muscles, unstable joints and poor balance. These things can make an old person fall or slip. Falls and slips can break bones and even lead to death.

Many elderly people also have long-term diseases that affect how we care for them. Many older people have diabetes, arthritis, Alzheimer's disease, heart, lung and kidney disease. They are also not able to fight off infections as well as they did when they were young. Old patients are at great risk of getting an infection, like pneumonia or a urinary tract infection, because their immune system has slowed down.

The aging process also affects their skin. The skin gets dry and easily irritated; it breaks down and tears very easily for many patients and residents. Also, the body temperature is not controlled as well as it was in the past. Old patients feel extremes of hot and cold more than younger people.

Mental ability also changes as one gets older. Mentally, many old residents and patients are confused. They forget things quickly. They are not able to remember recent events. They may not know the time of day, the day of the week or even the current year. Some do not know, or cannot remember, where they are and who they are. They are disoriented. They are not oriented to person, place and time. They may also be agitated and use poor judgment. Others may have delirium, dementia and depression.

All of these normal aging changes affect the kind of care we must provide to our aging patients.

Remember that not all old adults are the same. All patients and residents should be cared for based on their own needs. However, knowing about the aging process helps us to guide care.

Residents have to deal with losses. They may lose their husband or wife, their friends and other people who they loved. They may feel lonely and not loved. They can also be very sad and depressed. As they get older and lose their own mental and physical health, they may NOT be able to care for themselves any more. This may make the patient or resident sad or angry.

All of these losses tell the old person that they, too, will die. Many old people plan for their own death. They write their will and their advance directives. They give their own things and prized possessions to their family and loved ones. Some older adults may think silently about these losses and their own death. They may also review their own life and what they have done in silence. Other old adults may speak about their losses to nurses, nursing assistants, social workers, family and others.

As a health care provider, we should listen to the older patient when they talk about their losses and their thoughts about death. These thoughts should also be reported to the nurse on the unit.

Myths and Feelings about Residents- Myth; the majority of old people live in nursing homes. Truth; Most older people still live active lives and/or live in their own home with assistance of caregivers. Myth; Old people do not have sex or emotional needs. Truth; Older individuals still have sex as a matter a fact can have sexual relations in their rooms at nursing homes. Our role is to give consenting couples privacy just as we would want. Myth; All old people get Alzheimers (its not "ol timers") Truth; Alzhiemers is a disease of the brain that is progressive and at this time no cure. Just as your liver or heart can have a disease so can your brain.

Thinking and Learning Abilities

The thinking and learning abilities of the older adult affect how we communicate, instruct and teach them and their family members. Older adults need special care during communication and education. They often have a physical and mental problem that can interfere with learning and thinking.

Role of a Nurse Aide, cont'

Nurse aides must be flexible and patient when it comes to loses and changes, to meet the needs of the resident. Physical problems, confusion, loss of hearing and vision, poor judgment and the inability to see danger are some of the reasons why healthcare providers must maintain a safe environment for the elderly. Safety is everyone's responsibility. Safety needs must ALWAYS be a priority even when you have a lot of work to do and you feel rushed. ALL patients and patient care areas must be safe and free of all dangers.

Food and Fluid Needs

Food and nutritional needs also change as a person gets older and older. The need for a lot of calories decreases when a person gets older.

Old patients and residents need the least calories of all age groups. They do not burn calories and food as quickly as they did when they were younger and more active. This doesn't mean, however, that the elderly do not need a good diet. Older patients do need a good diet just like the other age groups.

The appetite and the digestive process also slow down as the human body ages. Old adults do not feel as hungry as they did when they were young. Also, when they eat meals they feel full and they may not want to eat another meal for a long time. They may even skip a meal. Old adults often do better with small snacks during the day rather than large meals three times a day.

In terms of fluid needs (hydration), a patient or resident may not be able to swallow fluids. They may not even feel thirsty when they should under normal conditions. We must, therefore, offer fluids very often to older people. WE MUST remember to offer fluids in between meals just simply ask or encourage your patients and residents to drink of water every time you speak to them or make your rounds, etc. unless they are not allowed to drink.

Some other old people may not be able to safely drink liquids unless they are thick. They may choke with water, juice and other thin fluids like tea or coffee. Nursing assistants are often asked by nurses to give the patient water and fluids that are made as thick as honey. These thick fluids help provide fluids to patients who have trouble swallowing.

Aging people may also not be able to use a spoon or a fork. They may be too confused to know how to feed themselves. Their lack of ability to eat or drink often makes it necessary to go to an assisted living facility or a nursing home so that they can be helped with eating, a basic ADL. It

is the nursing assistant that most often provides the necessary food and fluids to these patients and residents

Other things that can decrease the amount and kinds of food and fluids that an elderly person will eat are:

Money. An old person will not get a good diet if they do not have the money to pay for it.

Physical health. If a person is not able to drive or walk to the store, if they are not able to make and cook good meals, if they are not able to use a fork or a spoon, they will need the help of others to get a good diet and enough fluids.

Mental ability. If a person is confused they may not be able to buy, cook and eat meals. Again, the help of others is need so that they get a good diet.

Teeth. If a person has no teeth, poor dentures or is not given their dentures before a meal, they will probably not get a good diet.

The ability to swallow. It is dangerous when a person chokes on food or fluids. It can cause death. Unless they get a tube feeding or special care, like thick fluids, these people will not get enough food and fluid. dentures, as needed

Some of the other things that nursing assistants can do to help the patient or resident get a good diet and enough fluids include giving the aging adult;

A pleasant and nice dining environment, nice looking, tasty and foods that the patient or resident chooses, help with foods and fluids as needed, plates, forks and other special items that help the patient or resident feed themselves, smaller meals and fluids more often proper positioning for safe eating and drinking, close monitoring, reporting and documentation of how much food or fluid is taken and sometimes how much urine is put out (intake and output, extra nutritional supplements, if ordered, offers of food and fluid as often as needed when the diet and fluid intake is poor.

QUALITIES OF AN EFFECTIVE NURSE AIDE is a Professional attitude; cheerful, optimistic, ability to work with your staff, family members, try to leave your problems at the door, respect and follow the chain of command most importantly SMILE. You must realize the people who need your help will may feel a since of sadness and uselessness and thats why its improntant to have a smile on your face when providing care. We must also realize our Actions speak LOUDER than words, so your body can express a million ways to show the desire to help or not. I can not say this too many times, being a Nurse Aide is not a job its a passion and career. You must also have a responsible nature, getting to work on time, being dependable; If your resident is on dialysis and he/she need to be ready to go by 10am, that residents life depends your ability to be a passionate nurse aide. You must have he ability to communicate effectively; just listening is one of the best forms of communication and Ethics; your core and foundation is Ethics, the very fabric of how your are as a person.

RESPONSIBILITIES OF NURSE AIDES to resident is your job description. Please know your responsibilities of nurse aide by your job description provided by your employer.

Role Limits for Nursing Assistants

*Never give medication. License nurses give drugs in some states nursing assistant can give drugs after completing a state required medication aide training program.

*Never insert tubes are objects into body openings. Do not remove them from the body. Exceptions to the rule are the procedures that you will study during your training such as in Hospital setting . Giving enemas or finger sticks is an example.

*Never take oral or telephone orders from doctors politely give your name and title and ask the doctor to wait. Promptly find a nurse to speak with the doctor.

*Never perform procedures that require sterile technique. With sterile technique all objects in contact with the person's body are free from microorganisms. You can't assistant nurse with a sterile procedure. However you will not perform it yourself.

*Never tell the person or family the person diagnoses or medical or surgical treatment plant. This is the doctors responsibility. Nurses may clarify what the doctor has said.

*Never diagnose or prescribe treatments or drugs for anyone. Only doctors can diagnose or prescribe.

*Never supervise other nursing assistant or other staff. This is the nurses responsibility. You will not be trained to supervise others. Supervising others can have serious legal consequences.

*Never a ignore an order or request to do something that you cannot do or that is beyond your legal limits. Promptly explain to the nurse why you cannot carry out the order or request, the nurse assumes you are doing what you were told to do unless you explain.

Other responsibilities are to the facility such as commitment to professionalism, to the staff cooperation, dependability and conflict resolution.

RELATIONSHIP OF THE NURSE AIDE TO THE HEALTH CARE TEAM & RELATIONSHIP OF THE NURSE AIDE TO RESIDENTS

*respect each other as an individual.

*Perform no task that is not within the legal limits of your role as a nursing.

*Perform only those acts that you have been properly trained to do.

*Take no drug without the prescription and supervision of a doctor.

*Carry out the directions and instructions of the nurse to your best possible ability.

*Complete each task safely.

*Be loyal to your employer and coworkers.

*Act as a responsible citizen at all times.

*Know the Limits of your role and knowledge.

*Keep the persons information confidential.

*Protect the person's privacy.

*Consider the persons need to be more important than your own.

*Perform no action that will cause the person harm.

*Do not accept gifts from patients resident or family members.

*You are an assistant to the nurse.

*A nurse assigns and supervises your work.

*You report observations about the person's physical or mental status to the nurse. Report changes at once.

*The nurse decides what should be done for the person. The nurse decide what should not be done for the person.

*You do not make these decisions.

*Review directions with the nurse before going to the person.

*Perform no function our task that you are not trained to do.

*Perform no function or task that you are not comfortable doing without a nurses supervision.

*Perform only those functions and test that your state and job description allow.

Appropriate professional relationship vs Inappropriate relationships. There is nothing wrong with a strong bond with your residents. However there is a fine line between healthy an unethical. Boundaries must be set to have a healthy relationship with your resident. It can become difficult to maintain a healthy relationship is your get to emotionally attached and its easier to allow them to break policy. for example a Mrs Smith has diabetes and you have been getting really close to her, now she feels your are her friend and not her caregiver. This type of relationship may weaken your judgement. Then when Mrs Smith asks you to bring her a candy bar, you feel obligated or fear of losing your friendship or even job.

Abuse: knowingly causing physical harm or recklessly causing serious physical harm to a resident by physical contact with the resident or by use of physical or chemical restraint, medication or isolation as punishment, for staff convenience, excessively, as a substitute for treatment or in amounts that preclude habilitation and treatment

Types of abuse

*Physical

*Verbal

*Involuntary seclusion

* Mental/psychological

* Sexual

Neglect: recklessly failing to provide a resident with any treatment, care, goods or service necessary to maintain the health and safety of the resident when the failure results in serious physical harm to the resident

Misappropriation: depriving, defrauding or otherwise obtaining the real or personal property of a resident by any means prohibited NA's role and responsibility:

Any witnessed abuse, neglect or misappropriation of a resident's property is to be reported to the charge nurse immediately

Confidentiality:

Keep a resident's personal information private. Nurse Aide cannot give out any information regarding a resident that is not directly involved in that resident's care unless the law mandates it or consent is given directly from patient. For example if a resident's roommate asks how her neighbor is doing. The nurse aide must respond such as "I'm sorry I can not share that information with you, it's confidential. HPPAA (Health Insurance Portability and Accountability Act) a major goal of the Privacy Rule is to assure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and well being. The Rule strikes a balance that permits important uses of information, while protecting the privacy of people who seek care and healing. Given that the health care marketplace is diverse, the Rule is designed to be flexible and comprehensive to

cover the variety of uses and disclosures that need to be addressed.

Safety Measures

SAFETY IS EVERYONE'S CONCERN and the elderly may not realize that some activities may be harmful to them.

Always remove and tag something broken such as a chair, make sure the resident, charge nurse and maintenance knows follow facility policy for broken and unsafe equipment.

The need for safety is one of our most basic of human needs. Safety is very important for all age groups but safety needs are the greatest for young children and the elderly. For example, infants put small objects in their mouths. These small things can be dangerous. They can eat pills, poisons and even choke on something small.

The old adult who has a mental, sensory (eyes, ears) or a physical loss, like poor balance and weak muscles, is a safety risk. These losses and the aging process make older adults prone to accidents. An old patient that has poor vision and hearing, is confused and has poor judgment can:

Slip and Fall, which is the most common cause of injury in LTC;

Causes and Prevention

The causes of falls are known as risk factors. Although no single risk factor causes all falls, the greater the number of risk factors to which an individual is exposed, the greater the probability of a fall and the more likely the results of the fall will threaten the person's independence. Many of these risk factors are preventable. As obvious as it may sound, a lack of knowledge about risk factors and how to prevent them contributes to many falls. Some people believe that falls are a normal part of aging, and as such are not preventable. Lack of knowledge leads to lack of preventive action, resulting in falls.

Discussed below are five key risk factors of falls among older adults. Preventive measures for each factor are briefly listed. No attempt is made to provide a comprehensive description of preventive measures. Refer to the references listed at the end of this fact sheet for more detailed information.

#1: Osteoporosis

Osteoporosis is a condition wherein bones become more porous, less resistant to stress, and more prone to fractures. Caused by hormonal changes, calcium and vitamin D deficiency, and a decrease in physical activity, osteoporosis is a chief cause of fractures in older adults, especially among women.

What is debatable is whether brittle bones break after a fall, or break when stressed and in turn cause a fall. In either event, a decrease in bone density contributes to falls and resultant injuries.

Prevention Tips

Encourage residents to eat or drink sufficient calcium. Calcium-rich foods include milk, yogurt, cheese, fish and shellfish, selected vegetables such as broccoli, soybeans, collards and turnip greens, tofu and almonds. Encourage sufficient vitamin D in order to enhance the absorption of calcium into the bloodstream. Vitamin D is formed naturally in the body after exposure to sunlight, but some older adults may need a supplement. Encourage exercises.

Factor #2: Lack of Physical Activity

Failure to exercise regularly results in poor muscle tone, decreased strength, and loss of bone to mass and flexibility. All contribute to falls and the severity of injury due to falls.

Prevention Tips

Encourage residents to engage regularly (e.g., every other day for about 15 minutes daily) in exercise designed to increase muscle and bone strength, and to improve balance and flexibility. Ensure daily activities are managed in a safe manner, such as reaching and bending properly, taking time to recover balance when rising from a chair or bed, learning the proper way to fall. Wear proper fitting, supportive shoes with low heels or rubber soles.

Factor #3: Impaired Vision

Age-related vision diseases can increase the risk of falling. Cataracts and glaucoma alter older people's depth perception, visual acuity, peripheral vision and susceptibility to glare. These limitations hinder their ability to safely negotiate their environment. Older adults with visual impairments do not have this advantage as young people to use visual cues to perceive an imminent fall and take corrective action.

Prevention Tips

There are age-related eye diseases such as cataracts and glaucoma. If residents have eye glasses encourage them to WEAR THEM and clean eye glasses often to improve visibility.

Factor #4: Medications

Sedatives, anti-depressants, and anti-psychotic drugs can contribute to falls by reducing mental alertness, worsening balance and gait, and causing drops in systolic blood pressure while standing. Additionally, people taking multiple medications are at greater risk of falling.

Prevention Tips

Know the common side effects of all medications taken. Talk with your Charge Nurse about ways to reduce chances of falling by using the lowest effective dosage, regularly assessing the need for continued medication, and the need for walking aids while taking medications that affect balance. Set a schedule for ADLs such as ambulation when side effects of medication in not a factor.

Factor #5: Environmental Hazards

At least one-third of all falls in the elderly involve environmental hazards in the home. The most common hazard for falls is tripping over objects on the floor. Other factors include poor lighting, loose rugs, lack of grab bars or poorly located/mounted grab bars, and unsteady furniture.

Prevention Tips

It is useful to conduct a walk-through of residents room to identify possible problems that may lead to falling. An occupational therapist might also be useful in that they are trained to identify risk factors and recommend appropriate actions.

- * Keep walk areas clear of clutter, rocks and tools.
- * Watch out for cracks in sidewalks
- * Avoid throw rugs.
- * Avoid oversized furniture and objects.

- * Have phone with emergency numbers within reach of residents.
 - * Reduce clutter.
 - * Make sure there is adequate lighting and glare control.
 - * Make sure grab bars on walls around the tub and beside the toilet are strong enough to hold residents weight.
 - * Use mounted liquid soap dispenser on the bathtub-wall.
 - * Use raised toilet seat if needed.
 - * Use nonskid shoes and or shower shoe protectors
 - * Keep electrical and telephone cords out of the way.
 - * Arrange furniture so that you can easily move around it (especially low coffee tables).
 - * Make sure chairs and couches are easy to get in and out of.
 - * Encourage use of television remote control and cordless phone.
 - * Make sure resident knows how to use his/her bedside/overhead light and make sure switch is easy to turn on
and off (or a touch lamp).
 - * Resident may need a nightlight.
 - * Adjust height of bed to make it easy to get in and out of.
 - * Ensure siderails are up as ordered
 - * Use safety floor pads on each side on bed
- Make sure bed is in its lowest position, in efforts to decrease injury if fall occurs**
- Have a firm chair, with arms, for sitting and dressing.
- Make sure carpet is secured

Other Factors

Residents may leave the facility and get hit by a car, drink a gallon of a cleaning chemical, cut their hand off with an electric saw that was left on the unit, chew all the pills in the medication cart

Your role as a Nurse Aide is to talk to the patient/resident, instruct the patient; help them with the activities of daily living (ADLs), including eating, bathing and personal care, keep the patient or resident room safe and free of dangers respond to nurse call bells right away, make sure the patient gets enough food and fluids.

THE HAZARDOUS COMMUNICATION EMPLOYEE RIGHT TO KNOW program is designed to make employees aware of the proper uses and hazards of chemicals in the workplace.

MSDS - Material safety data sheets; are required by OSHA (federal government agency) Chemical manufacturers and importers are required to obtain or develop a material safety data sheet for each hazardous chemical they produce or import. Employers must have an MSDS for each hazardous chemical which they use. Employers may rely on the information received from their suppliers, MSDSs must be readily accessible to employees when they are in their work areas during their workshifts. Some employers keep the MSDSs in a binder in a central location (e.g., nurses station. Employees must have access to the MSDSs themselves. These sheets details the chemical and its ingredients , the dangers and emergency methods, also how to safely handle and dispose.

Safety Measures

Incidents and accidents - an occurrence or event that interrupts normal procedures or precipitates a crisis, and unexpected and underivable event. If an incident/accident occurs the Nurse Aide must stay with resident, notify charge nurse, report only information that he/she knows , the facts and not guess at what happened. Your role is not a detective! An incident report must be completed with your charge nurse for every incident or accident.

FIRE SAFETY: FOR NURSING HOME AND HOSPITAL NURSING ASSISTANTS AND TECHNICIANS

Objectives: After you take this class, you will be able to:

1. Discuss ways to prevent fires and how to act if a fire occurs (R-A-C-E).
2. Use the proper fire extinguisher in the correct manner (P-A-S-S).
3. Practice fire safety, electrical safety and safe evacuation with your patients and residents.

Nursing assistants who work in a hospital or nursing home must know about fires and fire safety. They must know how to prevent fires and how to act when a fire starts. They must also tell their patients and residents how to prevent fires and what to do if a fire starts.

HOW DO FIRES START?

Fire needs three things. It needs:

*Something to burn. It needs a solid, liquid or gas that is able to burn.

*Air. Air is always present. It cannot be taken away.

*Heat

Fire needs ALL three of these things.

If you take one of them away a fire cannot start. Air cannot be taken away but heat and something to burn can be taken away in order to prevent a fire.

You can prevent fires by keeping heat away from something that can burn. It is as simple as that. Keep heat away from something that can burn!

You can prevent fires by keeping the patient's clothes (something that can burn) away from a damaged electrical wire (heat). You must keep cigarettes (heat) away from bed sheets (something that can burn). A fire will start if you do not keep heat away from something that can burn.

WHAT YOU MUST DO IF A FIRE STARTS

If a fire starts, you must act very fast. You must R-A-C-E and follow your fire plan. You must:

R- Rescue all the people that are in danger. The first thing you must do is rescue people that are in danger. Follow your fire plan. Get your patients and residents out of danger. Move them to a

safe place inside if you can. Move them outside if there is no safe place indoors. Get them out of the area and keep them out.

A- Alarm. You must then pull the fire alarm.

C- Confine or contain the fire if you can. Close all of the doors and windows. Do NOT ever prop doors open. Fire doors must be able to freely close when there is a fire or smoke. These doors confine fires into small areas when they are free to move.

E- Extinguish the fire if you can safely do it without causing any danger to yourself and others. If the fire is a very small one that you can quickly and safely put out using water or a fire extinguisher, do it. If the fire is too big, get everyone out and pull the alarm.

All personal items should be left behind. No one should go back to get personal items. They may never get the chance to leave again.

FIRE EXTINGUISHERS

Every nursing home and hospital must have fire extinguishers.

There are several kinds of fire extinguishers:

An A fire extinguisher can only be used to put out fires on some common things like paper, wood and cloth. They CANNOT be used on oil, grease or electrical fires.

A B fire extinguisher can be used to put out fires on liquids and gases like gas, oil and grease. It can be used on kitchen grease and fat fires. It CANNOT be used on electrical fires.

A C type fire extinguisher can be used to put out electrical fires.

AB. An AB fire extinguisher can be used for paper, wood, cloth, like the A type, as well as liquid and gas fires, including kitchen grease and fat fires, like the B type does.

BC. A BC fire extinguisher puts out electrical, liquid and gas fires, like the B and C types do.

ABC. An ABC fire extinguisher is the BEST of all. It puts out all kinds of fires. Since an ABC fire extinguisher can be used on any type of fire, it is highly recommended that these be in every hospital and nursing home. They can be bought at almost every home improvement store for very little cost.

All fire extinguishers must be checked on a regular basis to make sure that they are fully charged and ready to use in case of an emergency.

HOW DO YOU USE A FIRE EXTINGUISHER ?

Use the P-A-S-S method to use a fire extinguisher:

P- Pull the pin

A- Aim at the base, or the bottom, of the fire or flame

S- Squeeze the trigger while holding the extinguisher up straight and

S- Sweep, or move the spray, from side to side to completely cover the fire

PLANNING FOR A FIRE EMERGENCY

Be Able to Evacuate Your Patients and Residents Quickly and Safely

All hospitals and nursing homes must have stairway exits that are clearly marked with signs that are lit up so that all can see them. Nursing assistants must tell patients and residents to use the stairs and NOT the elevator if a fire starts in the area and they have to be moved to another floor of the facility for safety. Everyone must use the stairs.

If a patient or resident cannot walk down the stairs, the nursing assistant and other healthcare providers or a fireman must carry them down the stairs or gently slide the person down the stairs so that they can leave when they are in danger.

Know and Practice Your Fire Response Plan.

All health care providers must know how to respond to fires and other emergencies. All hospitals and nursing homes have a fire safety plan. If a fire starts we must all follow the plan.

It is also helpful to teach our patients and residents about fire safety and the proper response if a fire starts. They should know:

How to leave their room and area. Patients and residents must be shown the escape route. They must also be told to use the stairs and NOT the elevator.

They will also have to know what to do if a fire is blocking the door way of their room. If a fire is blocking their room they should shut the door to keep the fire out. They should also put a towel or blanket at the bottom of the door to keep the smoke out of their room. It is also a good idea to yell for help or signal for help at the window.

If a fire alarm sounds and the patient or resident is in their room with the door closed, they should be told to feel the door BEFORE opening it. They should not open the door if it feels hot. A hot door means that the fire is just on the other side of the door. Opening the door will spread the flames and smoke into the person's room. If the door is hot, the patient or resident should put a towel or blanket at the bottom of the door to keep the smoke out of their room and signal or call for help at their window.

Nursing assistants should practice fire drills very often to make sure that they know and are able to follow the fire plan and escape. Practice makes perfect escapes. Practice saves lives!!!

Nursing assistants must also know how to:

- use a fire extinguisher

- use the fire alarm

- evacuate patients and residents

- call the fire department

WHAT YOU MUST DO IF A ROOM IS FILLED WITH SMOKE

GET LOW AND GO if you are in a room is filled with smoke.

Yell FIRE and R-A-C-E! Immediately begin the fire plan.

Instruct your residents and patients to stay low and crawl to the door. Smoke fills a room from the ceiling down.

The safest air is near the floor.

Instruct them to touch the exit door with the back of their hand to check whether or not it is hot.

If the door is hot, tell them NOT open it. Go to another exit. If that door is cool, open it slowly and leave the area.

If an exit is unsafe to use, the patient or resident should shut the room's door and block off the bottom of the door

with a towel or blanket.

They should be taught to cover their nose and mouth with a wet cloth and to yell for help. They should yell or signal

from a window if they can.

If there is a phone in their room, they should call 911 and tell the fire department where they are blocked in with smoke and a hot door.

HOW CAN I HELP A PATIENT WHEN THEIR CLOTHES ARE ON FIRE?

STOP, DROP & ROLL.

If a person's clothes catch fire, tell them to STOP and NOT run. Tell them to lay down on the floor and cover their face with their hands. They should be told to then roll over and over to smother the flames. The nursing assistant should also cover the person with a blanket or another item to put out the flames.

Do not fan a fire with your hands. This will only make the fire worse!

WHAT THINGS CAN BE DONE TO PREVENT FIRES?

Smoke detectors and fire sprinklers. Smoke detectors and fire sprinkles save lives. They are required by law in all nursing homes and hospitals.

NEVER disable a smoke detector. If you hear a periodic "beep" or "chirp" from a smoke detector, it means that the battery is low and it must be changed immediately. Report it to your supervisor or charge nurse.

Sprinklers must be free and not obstructed in order to work. Do NOT store any items near the sprinkler heads. Storing items near the sprinkler head will prevent the water from spraying on the fire.

Practice electrical safety. Never overload electrical sockets. Do NOT use extension cords or any item that has a damaged cord or wire. Damaged electrical wires start fires.

Also, make sure that all patient equipment is inspected and safe before you use it. Many hospitals and nursing homes put a sticker on electrical equipment to let you know that it is safe.

If at any time you have a concern about a piece of equipment, do NOT use it. Report it to your supervisor or charge nurse.

Insure cigarette and oxygen safety. All cigarettes should be smoked outdoors. Also, keep oxygen tanks secure and far away from any open flames.

Summary

Most fires can be prevented. Nursing assistants should always use and teach their patients how to use fire prevention skills. They must also make sure that they can keep all patients or residents free of injury if a fire starts. A well planned and practiced fire safety plan can insure the safety of our customers. Practice this plan often.

Disasters and Emergencies

We live and work in a very complex world that is filled with possible disasters and emergencies. Some of these occur in our own homes, buildings and hospitals. For example, there may be a chemical spill, fire or loss of power in our own home or your workplace (hospital, office, nursing home). Others happen in the area near our homes, buildings and hospitals. For example, our area may be hit with a tornado, hurricane, flood or terror attack. We must be ready to act before a disaster occurs. We must have a plan in place and we must practice the plan so we are ready to act at all times. This course will teach you about some of the things you should do when you are faced with an internal or external disaster.

WHY SHOULD WE PLAN FOR DISASTERS?

We should plan because planning will help us to:

- * be less afraid when something happens;

- * stay safe and keep others safe; and
- * keep our homes and personal things as safe as we can.

Disasters touch many, many people every year. Have a good plan that includes a disaster kit, a way to talk to loved ones, care for pets and a shelter that you can use if it is needed.

KINDS OF DISASTERS

There are several types of disasters. They are:

- * natural - floods, hurricanes, lightning, land slides, earthquakes, volcanoes and wild fires
- * chemical - all chemicals, including those found in the house and hospital
- * acts of terror - chemical or germ attacks, bombs, explosions, nuclear activity

HOW TO BE READY

Listen to the news in your area and listen to those in the community. Always have a battery operated radio because you may not have electric when a disaster strikes.

Be ready to evacuate your workplace or home when you are told to. When you are told to leave the workplace or your home, do so right away. Do not wait. Take your emergency kit with you.

Always try to have a full tank of gas in your car, especially if a storm is expected. There may not be any gas after the storm or other disaster happens. Follow the signs that show you how to drive away from the problem to a safer place. Have a plan for someone else to come and get you if you do not drive.

Lock your doors and windows. Unplug all electrical things except the refrigerator and freezer unless a flood is expected. Turn off the main electric if a flood may happen.

It is very important to know what to do in your home, or your patient's home, and in your own workplace. Know the policies and procedures for your workplace and follow them.

NATURAL DISASTERS

FLOODS

Floods are very common in the United States. Some happen very quickly and others develop over a couple of days so people will get a warning about them. They occur most often in low areas near the water, areas near a dam and other areas where there are streams, rivers, oceans and bays.

Some flood terms are:

Flood Watch - flooding is possible. Listen to NOAA Weather Radio, commercial radio, or TV for information. Flash Flood Watch - flash flooding is possible. Be ready to go to higher ground. Listen to NOAA Weather Radio, commercial radio, or TV for information. Flood Warning - flooding will occur soon. Be ready to leave. Listen to NOAA Weather Radio, commercial radio, or TV for information. Flash Flood Warning - a flash flood is happening. GO to higher ground immediately.

If you leave the home:

- * lock the doors and windows
- * bring all outdoor furniture and other items into the house
- * move essential things to a higher floor of the home or place items as high as you can if the house or workplace if it has only * one story

Turn off all utilities at the main switch

Do not walk or drive through water when you do not know how deep it is. Do not walk through rapidly moving water. It could knock you down and carry you away.

TORNADOES

Tornadoes are very violent and dangerous. It looks like a quickly moving funnel shaped cloud. Its winds can be as strong as 300 miles per hour. Every state in our country is at some risk from them. Some can be seen in the distance, others pop up with no warning at all.

Some of the signs are:

- * a dark, green sky
- * hale
- * a sound like a roaring train
- * a dark, large, low rotating or funnel shape cloud

Tornado Warning - a tornado has been seen by radar. Go to shelter immediately.

Tornado Watch - a tornado is possible. Watch the sky and listen to NOAA Weather Radio, commercial radio, or TV for information.

If there is a tornado:

- * go to a shelter or safe room in the basement, storm cellar, or the lowest level of the building near into the center of room or a closet that has no windows, doors or outside walls. Do NOT open windows. Close them quickly if you can;
- * get out of your car and enter the lowest floor of a building if you are caught while driving;
- * lie flat on the ground, in a ditch or hole if possible, and cover your head with your hands if you are outdoors and there is no building near you;
- * protect yourself from flying debris.

Safety Measures

HURRICANES

Hurricanes can cause a lot of damage from winds, rain and floods. Winds can be more than 155 miles per hour and the storm surge and flooding can be more than 18 feet. Hurricane Katrina in New Orleans is a good example of the damage that a hurricane can do.

Hurricanes are grouped into these five categories:

1. Winds 74 - 95 mph. Storm surge of 4 to 5 feet
2. Winds 96 - 110 mph. Storm surge of 6 to 8 feet
3. Winds 111 - 130 mph. Storm surge of 9 to 12 feet

4. Winds 131 - 155 mph. Storm surge of 13 to 18 feet

5. Winds more than 155 mph. Storm surge of more than 18 feet

Some hurricane terms are:

Tropical Depression - a storm with winds of 38 mph or less.

Tropical Storm - a storm with winds 39-73 mph

Hurricane - a storm with winds of 74 mph or more

Storm Surge - water pushed onto the land by the hurricane and its winds. Storm surges can reach 25 feet high and be 50-1000 miles wide.

Storm Tide - a combination of storm surge and the normal tide (i.e., a 15-foot storm surge combined with a 2-foot normal high tide over the average creates a 17-foot storm tide).

Hurricane Watch - a hurricane is possible in the area, usually within 36 hours. Tune in to NOAA Weather Radio, commercial radio, or TV for information.

Hurricane Warning - a hurricane is expected in the area, usually within 24 hours.

The following things should be done to protect lives and property from a hurricane:

*Storm shutters or 5/8" marine plywood over windows to prevent their breaking.

*Extra roof straps and clips

*Trimmed trees and shrubs around buildings

*Go to a safe room in the home (small interior room, closet, or hallway on the lowest level)

*Evacuate if you are told to do so

*Close all interior doors

*Secure and brace external doors

*Keep curtains and blinds closed

*Listen to the radio or TV for information

*Secure the building and bring outdoor things indoors

*Have a water supply. Fill containers and the bathtub with water

THUNDERSTORMS AND LIGHTNING

About 300 people are hurt and 80 people are killed every year in the United States with lightning. Some of the other dangers of thunderstorms, in addition to lightning, are:

- *tornadoes,

- *strong winds,

- *hail, and

- *flash floods.

Lightning may occur as far as 10 miles away from any rainfall so be aware of what is going on around you. Go indoors for safety if you hear thunder within 30 seconds after seeing lightning.

Here are some things you should do if there is a thunderstorm.

- *Get indoors

- *If you are outdoors, do NOT stand under or near a tall tree in an open area

- *Do NOT remain in a boat or at the beach

- *Tie down or bring outdoor items indoors

- *Secure and lock windows and doors

- *Do not take a bath or a shower (plumbing pipes can send lightning to you)

- *Do not use a corded telephone. Cordless and cell phones are safe to use.

- *Unplug all electrical items, like appliances, computers and air conditioners so that they do not get damaged from a surge of power

Lightning is about to strike when you feel your hair stand on end. If this happens, get low to the ground. Put your hands over your head and ears and squat with your head between your knees so you are the smallest possible target for the lightning.

You must do these things when someone has been hit with lightning:

*Breathing - do mouth-to-mouth if breathing has stopped.

*Heartbeat - do CPR if the heart has stopped, administer CPR.

*Call for help

EARTHQUAKES

An earthquake occurs when the earth has quick and sudden movement and shaking. Many deaths, injuries and property damage can result when they occur in an area with a lot of people.

Here are some terms that you should know:

Aftershock - shaking of the earth after the main quake that is less severe

Epicenter - the place on the surface of the earth where the quake begins

Seismic Waves - the vibrations that travel away from the center for many miles sometimes

Magnitude - the severity of the earthquake. A 7.0 on the Richter Scale is a very strong earthquake.

Things to do during a quake:

*Stay indoors in a safe place

*Go under a sturdy desk, table, or bench or against an inside wall

*Cover your face and head with your arms and crouch down

*Stay away from windows

*Move away from buildings if you are outdoors

*If you are in a car, pull over into an area that is not near a building

*Cover your mouth with a handkerchief or clothing to keep dust out if you become trapped under fallen objects

*Tap on a pipe so that people above the pile of debris can hear you if you are under a debris pile

VOLCANOES

A volcano is a hole in the surface of the earth that throws up pieces of melted rock, ash, gases and lava. Lava is a fire hazard because it is very hot. Most spread slowly so people can get out of the way.

Things to do:

- *Leave the area and be aware of mudslides in low areas.
- *Wear safety goggles, long sleeved clothing and slacks.
- *Hold a damp cloth over your mouth.
- *Stay indoors until all the ash has settled.
- *Close windows, doors and all ventilation holes (vents, air conditioners, etc.)

FIRES

About 25,000 people are hurt in fires every year and more than 4,000 people die each year as a result of a fire. Be prepared at all times for a fire. Fires start and spread very fast. There is little time to think and no time to gather up important items. The only things that you have time for is to get out and stay out.

Ways to prevent injuries from fires:

- *Use, take care of and pay attention to all fire alarms and all smoke alarms.
- *Do not use or store dangerous chemicals like naphtha and gasoline.
- *Never smoke near flammable liquids.
- *Use space heaters with great care.
- *Keep all open flames (candles, fireplaces) away from curtains and furniture.
- *Keep matches and lighters away from children and adults who do not understand the dangers of fire.

*Make sure that all electric wires are safe.

*Do not overload outlets.

*Do not use frayed cords or extension cords.

Have plenty of A-B-C-type fire extinguishers and know how to use them.

If your clothes catch on fire, you should:

*Stop, drop, and roll - until the fire is extinguished. Running only makes the fire burn faster.

To escape a fire, you must:

*Check closed doors for heat, using the back of your hand, before you open them.

*Crawl through smoky places. Do not stand up.

CHEMICAL AND HAZARDOUS MATERIAL DISASTERS/HAZARDOUS MATERIALS

You should add the following supplies to your disaster kit:

*Plastic sheeting.

*Duct tape.

*Scissors.

You should listen to your local radio or TV stations to learn about the hazardous material problem. Follow the instructions that you are given. These materials can be solid, liquid or gas. They can be in the air. You cannot always smell or see them so do not be fooled into thinking that everything is fine if you cannot see or smell anything.

You must:

*Evacuate if you are told to do so.

*Close and lock all doors and windows. Close vents, fireplace dampers, and as many interior doors as possible. Turn off air conditioners, the heater and ventilation systems if you are told to stay indoors.

*Go into a safe room. Cover the windows, doors and vents with the plastic sheets and duct tape.

*If you are outdoors, stay upstream, uphill, and upwind. Stay at least one-half mile (usually 8-10 city blocks) from the danger. Do not walk through or touch any material.

*If you are in your car, try to find a safe shelter. If you cannot find a safe place, close the car windows and vents. Turn off the air conditioner and the heater.

CHEMICALS IN THE HOME

All houses and workplaces are filled with chemicals, including cleaners, waxes, lawn fertilizers, etc.

You must:

*Keep all chemicals out of the reach of children and adults who do not understand the dangers.

*Keep chemicals in their original containers. Never put them in food containers.

*Never mix chemicals together. Combinations like bleach and ammonia can be deadly.

*Clean up spills immediately. Wear gloves and dispose of rags after you are done.

*Throw out hazardous materials in the correct manner. Check your local laws.

The signs of chemical poisoning are:

*Trouble breathing

*Eye, skin, throat and lung irritation

*Skin color changes

*Headache

*Blurry vision

*Dizziness

*Lack of coordination

*Sleepiness

*Stomach cramps

*Diarrhea

*Call 9-1-1 and/or the poison control (800) 222-1222 if you suspect chemical poisoning.

NUCLEAR POWER PLANT PROBLEMS

There are nuclear power plants in almost all states throughout the country. About 3 million Americans live less than 10 miles from a nuclear power plant. Accidents sometimes happen even though the government closely looks them at. Dangerous radiation can leak into the area around the plant when a plant problem occurs. People near it may be exposed to radiation, which can be very harmful.

Use the distance-shielding - time rule to decrease the risks of exposure to radiation:

Distance - The more distance between you and the radiation, the better. Evacuation and staying indoors with a sealed, closed house are examples of putting distance between you and the problem.

Shielding - Heavy, dense material between you and the radiation protects you.

Time - The longer you stay away the better.

Follow the instructions from your area, the radio or the TV.

Some terms that you want to know are:

Notification of Unusual Event - a small problem has happened but no radiation leak will occur. You do not have to do anything when this notification occurs.

Alert - small amounts of radiation can leak inside the plant. This will not affect you and no action is needed.

Site Area Emergency - sirens may be sounded because some radiation can leak outside of the plant into the area. Listen to your radio or television for safety information.

You may have to:

*Evacuate

*Close your windows and vents if you can stay in the home or workplace

*Turn off the air conditioner, furnace, and other air intakes.

*Go to a basement or an underground area.

If you are exposed:

*Shower, place all clothes in a plastic bag and throw it away

*Throw all food out that is not sealed or in the refrigerator

*Go to the doctor if you feel sick

TERRORISM

Terrorism is the use of violence and force against people and property. The World Trade Center was a terrible example of terrorism.

*Terrorists do these things to make people afraid. Some of the things that they may do are:

assassinations;

*kidnappings;

*hijackings;

*bomb scares;

*bombs;

*chemical weapons;

*biological weapons;

*nuclear weapons and

*radiological weapons.

Big cities, government buildings, airports and landmarks, like the Golden Gate Bridge, etc. are at the most at risk for terrorism. Chemical, biological, nuclear and radiological weapons can lead to death and very serious health problems especially when water and food are affected. Follow the orders of your government officials, the police and the fire departments.

*Be aware of your surroundings.

*Move or leave if you feel uncomfortable or if something does not seem right.

*Be aware of unusual behavior and packages.

*Know where your emergency exits are as soon as you enter a building.

*Always be ready to do without basic things like electric, telephone, gas, ATMs, and the Internet.

SUMMARY

Disasters and emergencies are few and far between. This does not mean, however, that you do not have to be prepared for one. We must always be ready to act and react when we are faced with a disaster or an emergency.

This class gave you some information about a large number of disasters and emergencies, but it is very important that you also study your workplace policies and procedures and act according to what they say.

Communication and safety

When caring for the older patient, the nursing assistant must show respect and call the patient by their name and not "mom", "honey" or "grandma". We must respect their rights and maintain their dignity. We must let them make their own choices, help them to be as independent as they can be, and keep them safe.

Listen to What Your Elderly Parent is Saying - Really listen. Don't interrupt or try to fill in the silence. A period of silence could mean your family member is contemplating a response, thinking through the conversation and how to reply. Listening goes both ways, so try to determine that the person is hearing what you say. Express understanding and compassion to help older patients manage fear and uncertainty related to the aging process and chronic diseases.

Monitor and control your nonverbal behavior. Minimize background noise. Face older adults when you speak with them, with your lips at the same level as theirs. Pay close attention to sentence structure when conveying critical information.

Use visual aids such as pictures and diagrams to help clarify and reinforce comprehension of key points. Ask open-ended questions and genuinely listen. Verify listener comprehension during a conversation.

COMMUNICATION STRATEGIES THAT ARE HELPFUL WHEN WORKING WITH THE CONFUSED ELDERLY

General Attitude and Approach should be Calm, Flexible, Non-resistive and Guiding (not controlling)

Verbal Approaches

1. Use concrete, exact, positive phrases; repeat the same phrase.
2. Trigger automatic responses.
3. Break tasks down into single instructions like “walk forward”, “stop”, “turn around”, and “sit down”.
4. Make a suggestion if the person is unable to make a choice.
5. Use a calm, soft, slow voice pattern.
6. Ask one question at a time and WAIT for a response.
7. Do not argue or try to reason.
8. Use distraction.
9. Keep your promises, so promise only what you will be able to do.
10. Include the person in your conversation.
11. Identify the person’s vocabulary and use it--if he uses the word “potty” for bathroom, then staff should use that word.
12. Treat the resident as an elder or peer. not as a child.
13. Acknowledge the person’s feelings and help her “name it” if she has difficulty-for example: “You look sad. Do you miss your daughter after she leaves?”
14. Give directions within attention span.

Nonverbal Approaches

1. Practice “looking friendly”- Your attitude/mood is contagious, felt by all, even if you share it verbally only with other staff.
2. Make your verbal and nonverbal messages the same.
3. Stand in front and make eye contact.
4. Assume an equal or lower position, especially if the resident feels powerless.
5. Move slowly.
6. Approach from the front, not the side or behind.
7. Avoid overwhelming the resident physically or verbally (approaching an anxious resident with three or more people may lead to a catastrophic reaction).
8. Use lots of touch, if the resident enjoys it, and allow time for the resident to touch you.
9. Identify symbolic behaviors and their meaning- the cup the resident wishes to hang onto often after meals may be symbolic for having coffee with friends and relatives and be a source of security and comfort.

SEIZURES

A discrete event characterized by a sudden, excessive, and disorderly (abnormal) discharge of electrons in the brain that may be accompanied by an abrupt alteration in motor and sensory function and level of consciousness.

Before a seizure occurs:

1. Safety measures should be taken if there is an indication that the person is experiencing an aura before the onset of a seizure, (e.g., have the individual lie down).
2. Determine if changes can be made in activities or situations that may trigger seizures.
3. Keep the bed in a low position with siderails up, and use padded siderails as needed.

(These precautions help prevent injury from fall or trauma.)

4. Individuals with mental retardation or other developmental disabilities may have altered bowel habits, slowed activity, and /or decreased motor skills before a seizure.¹

During a seizure: (Ictal stage)

1. When a seizure occurs, observe and document the following:

a. Date, time of onset, duration

b. Activity at time of onset

c. Level of consciousness (confused, dazed, excited, unconscious)

d. Presence of aura (if known)

e. Movements

1. Body part involved

progression and sequencing of activity (site of onset of first movement is very important as well as pattern, order of progression, or spreading involvement)

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- * Practice "looking friendly"- Your attitude/mood is contagious, felt by all, even if you share it verbally only with other staff.
- * Make your verbal and nonverbal messages the same.
- * Stand in front and make eye contact.
- * Assume an equal or lower position, especially if the resident feels powerless.
- * Move slowly.
- * Approach from the front, not the side or behind.
- * Avoid overwhelming the resident physically or verbally (approaching an anxious resident with three or more people may
 lead to a catastrophic reaction).
- * Use lots of touch, if the resident enjoys it, and allow time for the resident to touch you.
- * Identify symbolic behaviors and their meaning- the cup the resident wishes to hang onto often after meals may be
 symbolic for having coffee with friends and relatives and be a source of security and comfort.

SEIZURES

A discrete event characterized by a sudden, excessive, and disorderly (abnormal) discharge of electrons in the brain that may be accompanied by an abrupt alteration in motor and sensory function and level of consciousness.

Before a seizure occurs:

- * Safety measures should be taken if there is an indication that the person is experiencing an aura before the onset of a seizure, (e.g., have the individual lie down).

- * Determine if changes can be made in activities or situations that may trigger seizures.

- * Keep the bed in a low position with siderails up, and use padded siderails as needed.

(These precautions help prevent injury from fall or trauma.)

- * Individuals with mental retardation or other developmental disabilities may have altered bowel habits, slowed activity, and /or decreased motor skills before a seizure.¹

During a seizure: (Ictal stage)

- * When a seizure occurs, observe and document the following:

- * Date, time of onset, duration

- * Activity at time of onset

- * Level of consciousness (confused, dazed, excited, unconscious)

- * Presence of aura (if known)

- * Movements

- * Body part involved

- * progression and sequencing of activity (site of onset of first movement is very important as well as pattern, order of progression, or spreading involvement)

After the seizure activity has ceased, record the presence of the following conditions and their duration in the individual's record. Continue to assess until person returns to baseline.

- * headache (character, duration, location, severity)
- * incontinence (bladder and bowel)
- * injury (bruises, burns, fractures, lacerations, mouth trauma), behavior change, confusion, language disturbance, poor coordination, weakness/paralysis of body part(s), sleep pattern disturbance
- * Allow the individual to sleep; reorient upon awakening. (The individual may experience amnesia; reorientation can help regain a sense of control and help reduce anxiety.)
- * You will assist with a post seizure evaluation
- * What was the person doing prior to the seizure?
- * Was this the first seizure?
- * Other illnesses?
- * Possible precipitating factors such as

Fever may trigger seizures, therefore, the fever and underlying cause must be treated. If antibiotics are ordered, interactions with AEDs should be evaluated.
- * Environmental and recreational risk factors that should be avoided or minimized:
 - * Electric shocks
 - * Noisy environments
 - * Bright, flashing lights
 - * Poorly adjusted televisions or computer screens
 - * Showers, rather than tubs baths, should be taken, when possible.
 - * Good oral hygiene and regular visits to the dentist are important to minimize effects of gingival hyperplasia that can occur from some AEDs.

Diet related to seizure disorders

- * A well balanced diet should be eaten at regular times.
- * Coffee and other caffeinated beverages should be limited to a moderate amount.
- * Fluid intake should be between 1,000 to 1,500 ml per day to prevent dehydration (depending on and fluid restrictions)
- * Alcoholic beverages should be avoided.

Physical Activity

- * Regular activity and exercise should be encouraged. Activity tends to inhibit rather than increase seizures. However, over-fatigue and hyperventilation should be avoided. When possible, exercise should take place in climate-controlled settings.
- * Activities that could harm the patient should be avoided. The person may swim if accompanied by someone who knows what to do if a seizure occurs.
- * Regular sleep patterns are important.

Emergency Guidelines

Seizures cont'

1. Stay with resident and call for help. Be sure charge nurse is notified.
2. Wear gloves and follow Standard Precautions if contact with blood or body fluids is likely.
3. If resident is in bed, raise side-rails and remove pillow.
4. If resident is out of bed, gently lower resident to floor and protect head with pillow, padding or hold head in your lap.
5. Move hard objects out of the way as appropriate, or pad around bed and/or objects that might cause injury during seizure.
6. Turn head to side or place in side-lying position to open airway and promote drainage of secretions.

7. Loosen tight clothing.
8. Provide privacy by asking onlookers to leave and closing doors and/or curtains.
9. Do not attempt to restrain the resident.
10. Do not attempt to place any object into the resident's mouth during seizure.
11. Check vital signs and provide other care as requested by charge nurse.
12. The licensed nurse may provide suction, medications and/or oxygen.
13. When seizure passes, orient the resident to surroundings and allow to rest.
14. Leave resident in a position of comfort and safety with call signal within easy reach.
15. If used, remove and discard gloves following facility policy. Wash hands.

Hot and Cold Packs TO STRAINS AND BRUISES

Heat:

- *brings more blood to the area where it is applied.
- *reduces joint stiffness and muscle spasm, which makes it useful when muscles are tight.
- *helps to resolve inflammation.

Cold:

- *relieves pain by numbing the affected area.
- *reduces swelling and inflammation.
- *reduces bleeding.

Types of warm packs/pads:

warm towel

1. Dampen a towel with warm (not scalding) water.
2. Apply to the affected area to relieve muscle spasm.

heating pad Be sure to protect any type of heating pad device from coming in direct contact with the skin. Precautions should be taken to avoid burns.

When muscles work, chemical byproducts are produced that need to be eliminated. When exercise is very intense, there may not be enough blood flow to eliminate all the chemicals. It is the accumulation of chemicals (i.e., lactic acid) that cause muscle ache. Because the blood supply helps eliminate these chemicals, use heat to help sore muscles after exercise.

Types of cold packs:

ice towel

1. Dampen a towel with cold water.
2. Fold it and place it in a plastic, sealable bag.
3. Place the bag in the freezer for 15 minutes.
4. Remove from freezer and place it on the affected area.
5. ice pack/cold compress

1. When an injury or inflammation such as tendonitis or bursitis occurs, tissues are damaged. Cold application numbs the affected area, which can reduce pain and tenderness. Cold can also reduce swelling and inflammation

1. If the resident is on the floor, stay with the resident and call for help. Be sure the charge nurse

is notified.

2. Wear gloves and follow Standard Precautions (Procedural Guideline #9A) if contact with blood or body fluid

is likely.

3. Do not move resident until examined by the charge nurse. Keep resident at rest and as comfortable as

possible.

4. Elevate the injured area as instructed by charge nurse.

5. Apply a cold pack if directed by charge nurse and if allowed by facility policy.

*Wash your hands.

* Prepare cold pack as directed by charge nurse and following facility policy.

* Place a cloth cover over cold pack.

*Apply covered cold pack to affected area as soon as possible after injury.

* Secure loosely in place if needed.

* Check affected area every 10 minutes for unusual response such as numbness, pain or skin discoloration

(white, gray, blue or red).

*Discontinue cold pack and notify charge nurse immediately if unusual responses occur.

* Remove cold pack after 20 minutes or as directed by charge nurse.

* Reapply cold pack as instructed by charge nurse.

* If used, remove and discard gloves following facility policy. Wash hands.

* Leave resident in a position of comfort and safety, with call signal within easy reach.

VOMITING AND ASPIRATION

Vomiting or throwing up is forcing the contents of the stomach up through the esophagus and out of the mouth.

Pulmonary aspiration is the entry of material (such as pharyngeal secretions, food or drink, or stomach contents) from the oropharynx or gastrointestinal tract into the larynx (voice box) and lower respiratory tract (the portions of the respiratory system from the trachea (windpipe) to the lungs). A person may either inhale the material. When pulmonary aspiration occurs during eating and drinking, the aspirated material is often colloquially referred to as "going down the wrong pipe."

Wear gloves and follow "Standard Precautions" if contact with blood or body fluids is likely.

Keep resident's head elevated as allowed. Keep resident turned on side or with head turned well to one side, if possible, to allow fluids to drain out of mouth. Provide emesis basin for the resident who is vomiting.

Notify charge nurse immediately if: Resident is choking or is not able to swallow, or Resident is not able to spit out vomitus, secretions or blood.

Immediately report difficulty swallowing, bleeding, vomiting, and choking or aspiration. Observe vomitus for color,

odor, presence of undigested food, blood or partially digested blood (coffee-ground appearance). Measure or estimate the amount of vomitus or blood, and record on

the intake and output record. Do not discard vomitus or blood until it is seen by nurse and a specimen is obtained if needed.

Clearing an Obstructed airway

Choking is the physiological response to sudden airways obstruction. Foreign body airway obstruction (FBAO) causes asphyxia (is a condition of severely deficient supply of oxygen to the body that arises from abnormal breathing) and is a terrifying condition, occurring very acutely, with the patient often unable to explain what is happening to them. If severe, it can result in rapid loss of consciousness and death if first aid is not undertaken quickly and successfully. Immediate recognition and response are of the utmost importance. Choking due to inhalation of a foreign body usually occurs whilst eating; it need not have been a formal 'sit-down' meal - a snack eaten 'on-the-go' or chewing gum can also be inhaled.

Recognition

Because recognition is the key to successful outcome, it is important to ask the conscious victim "Are you choking?". This at least gives the victim who is unable to speak the opportunity to respond by nodding! Consider the diagnosis of choking particularly if:

*Episode occurs whilst eating, and onset was very sudden.

*Adult victim - may clutch his or her neck, or points to throat.

*Child victim - there may be clues, eg seen eating or playing with small items just before onset of symptoms.

Assess severity

*Mild obstruction:

*The patient is able to breathe, cough effectively and speak.

*Children are fully responsive, crying or verbally respond to questions, may have loud cough (and able to take a breath before coughing).

*Severe obstruction is indicated by:

*Victim unable to breathe or speak/vocalise.

*Wheezy breath sounds.

*Attempts at coughing are quiet or silent.

*Cyanosis and diminishing conscious level (particularly in children).

*Victim unconscious.

Management - Adults

In mild obstruction, encourage the patient to continue coughing, but do nothing else except monitor for deterioration.

In severe obstruction in a conscious patient:

give up to five abdominal thrusts. Stand behind the victim (who is leaning forward) put both arms around the upper abdomen and clench one fist, grasp it with the other hand and pull sharply inwards and upwards.

Continue abdominal thrusts until successful or the patient becomes unconscious.

In an unconscious patient:

Lower the patient to the floor.

Call an ambulance immediately.

Begin CPR (even if a pulse is present in the unconscious choking victim).

INFECTION CONTROL

Nurse Aide Role in Infection Control

Nurse aides have a responsibility to understand and follow the facility's infection control policies and procedures.

Nurse Aides its important that you;

***Come to work clean, neat, and well**

***Bathe, wash hair and brush your teeth on a regular basis**

***Wear Ironed/Pressed clean uniform**

***Stay well!**

***Nails should be short; ¼ inch, Clean, Smooth, No artificial nails, No extenders, No overlays. These harbor bacteria!**

The elderly & Infection

The elderly have a higher risk for infection because of:

- weakened immune systems
- decreased circulation

- slow wound healing
- malnutrition
- dehydration
- limited mobility

Elderly, debilitated people are at increased risk of acquiring infection. Residents that live in a residential settings may be exposed to other factors that increase their susceptibility to infection. Acute illness increases a person's risk of acquiring infection and those admitted to a nursing home with an infection may subsequently be a source of infection to others.

The Basic principle of infection control is to reduce the number and hinder the transfer of disease producing microorganisms from one person to another or from one place to another.

Handwashing is the single most important way to control infection

Here are some definitions related to infection control

Airborne Precautions - actions taken to minimize the transmission of infectious agents that remain infectious when suspended in the air.

Alcohol Based Hand Rub or Sanitizer - a 60-90% alcohol containing preparation designed for use on the hands to reduce the number of microorganisms.

Asepsis (clean) germ free condition

Antiseptic Hand Wash - washing hands with water and soap containing an antiseptic agent.

Bacteria- any of a group of microscopic single-celled organisms that live in enormous numbers , Bacteria can be found virtually everywhere. They are in the air, the soil, and water, and in and on plants and animals, including us.

Biohazardous Waste - items that are contaminated with blood, body fluids, feces, or other body substances that may be harmful.

Bloodborne Pathogens - microorganisms that are present in human blood and can cause disease.

Clostridium difficile often called C. difficile or C. diff- is a bacterium that can cause symptoms ranging from diarrhea to life-threatening inflammation of the colon.

Carrier - A person or an animal that shows no symptoms of a disease but harbors the infectious agent of that disease and is capable of transmitting it to others.

Contaminated - dirty or soiled with microorganisms.

Contact Precautions - measures that are intended to prevent the transmission of infectious agents that are spread by direct or indirect contact with a resident.

Disinfect- to clean (something) especially by using a chemical substance that kills all germs and bacterial.

Disinfection and sterilization are both decontamination processes. While disinfection is the process of eliminating or reducing harmful microorganisms from inanimate objects and surfaces, sterilization is the process of killing all microorganisms. That is the main difference between sterilizing and disinfecting. Sterilization also destroys the spores of various organisms present on surfaces, in liquids, in medication, or in compounds such as biological culture media. Such "extreme" forms of decontamination are needed during critical times like surgery, or in

environments like industrial, laboratory or hospital. It is more practical to use disinfection in everyday life.

Droplet Precautions - actions designed to reduce or prevent the transmission of pathogens spread through close respiratory secretions.

Hand Hygiene - washing hands with water and soap or soap/detergent containing an antiseptic agent or thoroughly and correctly applying an Alcohol Based Sanitizer.

Infection - establishment of an infective organism on a suitable host (person), which results in signs and symptoms (such as fever, redness, heat). the invasion of a host organism's bodily tissues by disease-causing organisms, that multiply/ overgrown, their multiplication, and the reaction of host tissues to these organisms and the toxins they produce

Inflammation- is part of the complex biological response of vascular tissues to harmful stimuli, such as pathogens, damaged cells, or irritants. The classical signs of acute inflammation are pain, heat, redness, swelling, and loss of function

Isolation - practices employed to reduce the spread of infectious organisms, usually including the separation of the resident with an easily transmitted disease from other residents.

Medical Asepsis: practices used to remove or destroy pathogens and prevent their spread from one person or place to another person or place, also called clean technique.

Microorganism (Germ, Pathogen) - a living organism so small that it can only be seen with the aid of a microscope and that often causes disease.

INFECTION CONTROL

Nosocomial infection -A hospital-acquired infection, also known as a HAI or in medical literature as a nosocomial infection, is an infection whose development is favoured by a hospital environment, such as one acquired by a patient during a hospital visit or one developing among hospital staff. Such infections include fungal and bacterial infections and are aggravated by the reduced resistance of individual patients.

Pathogens - Typically the term is used to mean an infectious agent (colloquially known as a germ) - a microorganism, in the widest sense such as a virus, bacterium, prion, or fungus, that causes disease in its host. The host may be an animal, human, a plant, or even another microorganism.

Parasite - parasite is an organism that lives in another organism, called the host, and often harms it. It is dependent on its host for survival - it has to be in the host to live, grow and multiply. A parasite cannot live independently. Although a parasite rarely kills the host, in some cases it can happen. The parasite benefits at the expense of the host - the parasite uses the host to gain strength, and the host loses some strength as a result. Parasites, unlike predators, are usually much smaller than their host. They reproduce at a faster rate than the host.

Personal Protective Equipment (PPE) - protective items or garments worn alone or in combination to protect the body or clothing from contact with infectious agents. These include but are not limited to gloves, gowns, masks and protective eye wear.

Sepsis - (dirty) microorganisms present, is a potentially fatal whole-body inflammation (a systemic inflammatory response syndrome or SIRS) caused by severe infection.[Sepsis can continue even after the infection that caused it is gone. Severe sepsis is sepsis complicated by organ dysfunction. Sepsis is caused by the immune system's response to a serious infection, most commonly bacteria, but also fungi, viruses, and parasites in the blood, urinary tract, lungs, skin, or other tissues.

Standard Precautions - infection prevention practices that apply to all residents regardless of infection status. You would wash you hands and where gloves as a standard for infection control if blood or bodily fluids are likely

Sterile- make (something) free from bacteria or other living microorganisms.

Transmission Based Precautions (Isolation Precautions) - actions implemented in addition to standard precautions that are based upon diagnosis and means of transmission in order to prevent spread of infections. These may be airborne, contact or droplet precautions.

Virus- is a small infectious agent that replicates only inside the living cells of other organisms. Viruses can infect all types of life forms, from animals and plants to bacteria.

Hand Hygiene-HandWASH & HandRUB

Here is List of some situations that require hand washing:

- Anytime hands are visibly soiled
- After personal use of the toilet
- Before and after caring for a resident's personal care, assisting to toilet, feeding and procedures
- Before and after eating or handling food
- *Wash the resident's hands before & after meals
- *Wash the resident's hands after toileting
- After coming in contact with a resident's skin, mucous membranes or body fluid
- After contact with any infectious materials
- After removing gloves
- After blowing or wiping nose or covering mouth while coughing
- After handling any soiled materials
- After handling used linens, bedpans or urinals

CDC (Centers for Disease Control and Prevention)

Wash hands with soap and water according to the Centers for Disease Control and Prevention (CDC) guidelines. This is the single most important practice to prevent the transmission of infection.

(CDC) The Centers for Disease Control and Prevention is the national public health institute of the United States. The CDC is a federal agency under the Department of Health and Human Services. Its main goal is to protect public health and safety through the control and prevention of disease, injury, and disability. The CDC focuses national attention on developing and applying disease control and prevention. It especially focuses its attention on infectious disease, food borne pathogens, environmental health, occupational safety and health, health promotion, injury prevention and educational activities designed to improve the health of United States citizens.

CDC procedures to control and prevent infections. Contains two tiers of precautions:

Transmission Based & Standard

Standard Precautions Includes:

- ✓ Hand washing
- ✓ **Personal Protective Equipment (PPE)**
 - Gloves
 - Gowns
 - Masks and eye protection**
- ✓ **Needle stick safety**
- ✓ **Sharps**

✓Spills and splashes

✓Resuscitation devices

✓Waste and linen disposal

✓Injuries

Gloves

Wear gloves (clean, nonsterile gloves) when:

–touching blood, body fluids, secretions, excretions, and contaminated items

–before touching mucous membranes and non-intact skin

Sterile gloves are more expensive and NOT needed for routine resident care.

Gown

Wear a gown:

–during procedures and resident care activities that are likely to generate splashes of blood, body fluids, secretions or excretions

–remove soiled gown as soon as possible and wash hands

Mask

MASK, EYE PROTECTION, FACE SHIELD

•Wear a mask and eye protection or a face shield:

–to protect mucous membranes of the eyes, nose, and mouth

•Wear a mask and eye protection or a face shield (continued):

–during procedures and resident care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.

INFECTION CONTROL

GERMS (pathogens) are called MICROORGANISMS Can only be seen by using a microscope, MICROORGANISMS Can Be BAD or GOOD

BAD Microorganisms may cause

- illness
- infection
- disease

PATHOGENS (germs) that are BAD can start infection, illness, or disease in the body and make you sick are called Infection

Residents may have a LOCAL SYSTEMIC (portion of the body or only a specific area is infected) Symptoms; pain, redness, heat at the site, swelling, pus, foul smelling drainage

Or Systemic infection that affects the entire body. Symptoms; fever, aches, chills, nausea, vomiting, weakness

REPORT ANY SIGNS OR SYMPTOMS OF INFECTION THAT YOUR RESIDENT MAY HAVE!

Residents with systemic infection may become confused or exhibit behavioral changes.

MICROORGANISMS Can Be GOOD Benefit us by maintaining a balance in our environment and in our body

MICROORGANISMS Require certain elements to survive:

*oxygen – aerobic

*no oxygen – anaerobic

*warm temperatures

*moisture

*dark area to grow

*food dead tissue

*living tissue

Human Body Defenses such as Phagocytes – Inflammation – Fever & Immune response. But the body can only do so much! BREAK the chain of Infection with Aseptic Control -Antisepsis - Disinfection & Sterilization.

Aseptic Control /Antisepsis

is effective in preventing or inhibiting the growth of pathogenic organisms, but not spores or viruses.

Disinfection

destroys pathogenic organisms that are already present not effective against spores or viruses these chemicals are used

NOT used on skin only Used on THINGS

Sterilization

kills all microorganisms, including spores and viruses. methods include; steam under pressure, gas, radiation, chemicals, not used on skin

clean technique

The practice used to remove or destroy pathogens and to prevent their spread from one person or place to another person or place is called clean technique.

YOU ALWAYS CLEAN FROM THE LEAST SOILED TO THE MOST SOILED AREA WHEN CARING FOR RESIDENTS.

Hold linens away from uniform. Handle, transport, and process used linen soiled with blood, body fluids, secretions, and excretion – in a manner that prevents transfer of microorganisms to other residents and environments.

Single-use equipment is preferred and must be discarded properly such as disposable razors, gloves, PPE. DO NOT REUSE DISPOSABLE ITEMS! Resuscitation devices MUST BE SINGLE USE

Care of commonly used equipment or supplies such as (stethoscope, etc.) must be cleaned and disinfected after use or when soiled. Clean non-disposable equipment as follows

1. Rinse in cold water to remove organic material
2. Wash with soap and hot water
3. Scrub with a brush if necessary
4. Rinse and dry equipment
5. Sterilize or disinfect equipment
6. or Follow facility policy

Direct cleaning away from your body and uniform *Avoid shaking linen *Damp dust furniture

The Nurse Aides DO NOT perform sterile procedures but should be able to avoid contamination of a sterile field or procedure when assisting

Be very vigilant in watching for needles and other sharps in residents' beds. Discard these items in a puncture-resistant biohazard container. **Report to your supervisor if sharps are found in the resident's bed.**

Many facilities use special clean-up kits for spills. Follow manufacture directions when using these kits.

Nursing

Guidelines: Cleaning Spills involving Blood, Body Fluids, or Glass ,Apply gloves before starting. In some cases, industrial-strength gloves are best. First, absorb the spill with whatever product is used by the facility. It may be an absorbing powder. scoop up the absorbed spill, and dispose of in a designated container. Apply the proper disinfectant to the spill area and allow it to stand for a minimum of 10 minutes. Clean up spills immediately with the proper cleaning solution. Do not pick up any pieces of broken glass no matter how large, with your hands. Use a dustpan and broom or other tools. Waste containing broken glass, blood, or body fluids should be properly bagged. Waste containing blood or body fluids may need to be placed in a special biohazard container.

CHAIN OF INFECTION

INFECTIOUS AGENT Must have causative agent, A microbial organism with the ability to cause disease. The greater the organism's virulence (ability to grow and multiply), invasiveness (ability to enter tissue) and pathogenicity (ability to cause disease), the greater the possibility that the organism will cause an infection. Infectious agents are bacteria, virus, fungi, and parasites /protozoa.

RESERVOIR A place within which microorganisms can thrive and reproduce. For example, microorganisms thrive in human beings, animals, and inanimate objects such as water, table tops, and doorknobs. Reservoir of the Causative Agent Human with active cases of disease or those that carry disease without having symptoms Animals/insects Fomites Environment

PORTAL OF EXIT A place of exit providing a way for a microorganism to leave the reservoir. For example, the microorganism may leave the reservoir through the nose or mouth when

someone sneezes or coughs. Microorganisms, carried away from the body by feces, may also leave the reservoir of an infected bowel. Tears (slight risk) Saliva/respiratory tract ,secretions , Urine , Feces .Wound drainage ,Reproductive tract secretions

MODE OF TRANSMISSION Method of transfer by which the organism moves or is carried from one place to another. The hands of the health care worker may carry bacteria from one person to another. Mode of Transmission Contact direct – person to person indirect – fomite to person , droplet – common cold .Common vehicle salmonella in food Airborne .tuberculosis Vectorborne mosquito harbors malaria parasite

PORTAL OF ENTRY An opening allowing the microorganism to enter the host. Portals include body orifices, mucus membranes, or breaks in the skin. Portals also result from tubes placed in body cavities, such as urinary catheters, or from punctures produced by invasive procedures such as intravenous fluid replacement. Causative Agent Portals of ENTRY Openings in the mucous membranes Respiratory system Gastrointestinal system Urinary system Reproductive system Mother to fetus

SUSCEPTIBLE HOST A person who cannot resist a microorganism invading the body, multiplying, and resulting in infection. The host is susceptible to the disease, lacking immunity or physical resistance to overcome the invasion by the pathogenic microorganism. Host Susceptibility may be caused by poor diet, fatigue, inadequate rest, stress, or poor health

INFECTION CONTROL

Transmission Based Precautions (CDC recommendations/formerly Isolation Precautions) a. Used for residents who are known to be or suspected of being infected or colonized with infectious microorganisms that require additional measures to prevent transmission

Bloodborne Pathogen Standard

- Applies to all occupational exposure of blood or other potentially infectious material.
- Blood: human blood, blood components, blood products
- Bloodborne pathogens are disease causing organisms in blood such as HBV (Hepatitis B Virus), HCV (Hepatitis C Virus),

HIV (Human Immunodeficiency Virus), HPV Human papilloma Virus and many others

PATHOGENS found in the **BLOOD Bloodborne Pathogens** Modes of Transmission •Sexual contact •Sharing contaminated needles •Receiving blood transfusions •Pregnant mother to unborn baby •Nursing mother to baby through breast milk (for HIV, not HBV) Puncture wounds from sharps •Mucous membrane contact •Contact of infectious substances (urine, feces, saliva) with non-intact skin •Contaminated surfaces (for HBV, not HIV).

(HIV) Human Immunodeficiency Virus (HIV)

- Persons infected with HIV may carry virus without developing symptoms for several years
- HIV infected persons will eventually develop AIDS (Acquired Immune Deficiency Syndrome)
- Persons infected with HIV may develop AIDS-related illnesses including neurological problems, cancer, and other opportunistic infections
- Persons infected with HIV may suffer flu-like symptoms, fever, diarrhea, weight loss and fatigue .Brain of persons infected with HIV may be affected, causing confusion, memory loss, depression or motor dysfunction
- Although drugs may delay symptoms, there is no known cure for AIDS

Hepatitis B Virus (HBV)

- About one third of persons infected do not show symptoms
- Another one third have mild flu-like symptoms which go away
- The last one third experience abdominal pain, nausea and fatigue; skin and eyes jaundiced and urine dark

Six to ten percent of HBV infected persons become chronic carriers (may or may not have active infection, few or no symptoms, but can transmit disease)

HBV is preventable with use of HBV vaccine, If you have not received this Vaccine it is strongly recommended.

Use **AIRBORNE PRECAUTIONS** In addition to Standard Precautions (such as washing hands and wearing gloves), use Airborne Precautions, or the equivalent, for resident known or suspected to be infected with microorganisms transmitted by airborne droplets that remain suspended in the air and can be widely dispersed by air currents.

RESIDENT PLACEMENT: Private room. Negative air pressure in relation to the surrounding areas. Keep doors closed at all times and resident in room.

GLOVES: Same as Standard Precautions

•**GOWN OR APRON:** Same as Standard Precautions

For known or suspected pulmonary **tuberculosis**:

–Mask N-95 (respirator) must be worn by all individuals prior to entering room

For known or suspected airborne viral disease (e.g., chickenpox, or measles)

–Standard mask should be worn by any person entering the room unless the person is not susceptible to the disease

–When possible, persons who are susceptible should not enter room

Hands must be washed before gloving and after gloves are removed

•Skin surfaces must be washed immediately and thoroughly when contaminated with body fluids or blood

AIRBORNE PRECAUTIONS Resident Transport

•Limit transport of the resident for essential purposes only

•Place a mask on the resident, if possible

Nurse Aide must have an annual PPD aka TB skin test

Resident Care Equipment

- When using equipment or items (stethoscope, thermometer), the equipment and items must be adequately cleaned and disinfected before use with another resident

Use **DROPLET PRECAUTIONS** In addition to Standard Precautions , or the equivalent, for a resident known or suspected to be infected with microorganisms transmitted by droplets that can be generated by the resident during large-particle droplets expelled coughing, sneezing, talking, or the performance of procedures that induce coughing or laughing

- Where a mask if working within 3 feet of patient
- RESIDENT PLACEMENT: Private room or with resident with same disease.
- GLOVES: Must be worn when in contact with blood and body fluids.

GOWNS: Must be worn during procedures or situations where there will be exposure to body fluids, blood, draining wounds, or mucous membranes.

•MASKS AND EYEWEAR:

In addition to Standard Precautions, wear mask when working within three feet of resident (or when entering resident's room).

HANDWASHING: Hands must be washed before gloving and after gloves are removed.

TRANSPORTING: Limit the movement and transporting of the resident from the room for essential purposes only. If necessary to move the resident, minimize resident dispersal of droplets by masking the resident, if possible.

RESIDENT-CARE EQUIPMENT: When using common equipment or items, they must be adequately cleaned and disinfected.

INFECTION CONTROL

Use CONTACT PRECAUTIONS in addition to Standard Precautions, use Contact Precautions, or the equivalent, for specified residents known or suspected to be infected or colonized with important microorganisms. These microorganisms can be transmitted by direct contact with the resident (hand or skin-to-skin contact that occurs when performing resident-care activities that require touching the resident's dry skin) or indirect contact (touching) with environmental surfaces or resident-care items in the resident's environment.

- RESIDENT PLACEMENT: Private room (if not available, with resident with same disease).
- GLOVES: Wear gloves when entering the room and for all contact of resident and resident items, equipment, and body fluids.

GOWN: Wear a gown when entering the room if it is anticipated that your clothing will have substantial contact with the resident, environmental surfaces, or items in the resident's room.

MASKS AND EYEWEAR: Indicated if potential for exposure to infectious body material exists.

HANDWASHING: After glove removal while ensuring that hands do not touch potentially contaminated environmental surfaces or items in the resident's room.

- TRANSPORTING: Limit the movement and transporting of the resident.

RESIDENT-CARE EQUIPMENT: When possible, dedicate the use of non-critical resident care equipment to a single resident.

NEVER ISOLATE A RESIDENT EMOTIONALLY!! check on the resident often.

Nurse Aide has possible exposure to blood or fluids containing BLOOD Post-exposure evaluation and follow-up

–Wash the area immediately

In an emergency when you cannot identify body fluids or tell whether they contain blood, treat all body fluids as potentially infectious

–Complete a facility incident report

–Follow procedures for testing and treatment

Injuries

1.Wash the area immediately

2.Complete a facility incident report

3.Follow procedures for testing and treatment

Waste containing broken glass, blood, or body fluids should be properly bagged. Waste containing blood or body fluids may need to be placed in a special biohazard container.

Follow facility policy.

RESIDENTS' RIGHTS

RESIDENTS' RIGHTS to:

Independent decision making

Dignity & Respect

Privacy & Confidentiality

Be fully informed

Remain in facility

Raise grievances

Participate in One's Own Care

Visitation

Freedom of Choice

- personal decisions
- accommodation of needs & preferences
- choose a physician
- participate in community activities (resident council)

Right to Dignity & Respect

- To be treated with consideration, respect & dignity
- To be free from mental & physical abuse, corporal punishment, involuntary seclusion, & physical and chemical restraints
- To secure personal possessions

Privacy & Confidentiality

- private & unrestricted communication with person(s) of choice
- privacy during treatment & regarding medical, personal, or financial affairs

How can care providers support residents' rights to dignity?

Ask residents about their wishes, encourage choice, & listen to what residents tell you

Resist the temptation to make decisions based solely on what is "best" for the resident

Right to be Fully Informed

- availability of services & charges

- facility rules & regulations
- residents' rights in native language or Braille
- contact info for ombudsman & survey agency

Rights During Transfers & Discharges

- Right to remain in facility unless transfer or discharge meets certain criteria
- Receive 30 day notice of transfer or discharge (includes reason, effective date, location & appeal rights)

Right to Complain

- present grievances to staff with prompt efforts by facility to resolve
- to contact ombudsman
- to file a complaint with state survey & certification agency

Right to Participate in One's Own Care

- receive adequate & appropriate care
- be informed of changes in medical condition
- participate in assessment, care planning, treatment & discharge
- to refuse medication, treatment and chemical or physical restraints

Right to Visits

- to meet with personal physician, ombudsman, or state survey agency
- to visit with friends, relatives
- to participate in social or religious gathering

You can find help if you are concerned a facility is not guaranteeing the rights of residents by contacting your Ombudsman Program or Citizen Advocacy groups such as <http://www.theconsumervoice.org>

Residents rights scenario: A resident Mrs Smith, refuses a shower on her scheduled shower day, the nurse aide will ask why? and tries to encourage her by teaching her how being clean promotes health and reduces the risk of infection, along with making her feel much better. The resident refuses again, so the Nurse Aide makes Ms Smith aware that she will have to report this to the charge nurse and she may want to talk with you as well for more details. Ms Smith says ok. The Charge Nurse also tries the same methods ending in the same results. So, they respect her wishes. Ms Smith did allow Nurse Aide to wash her face and hands only. So the next day comes and Ms Smith refuses. The next scheduled shower day comes and she refuses. She refuses for a whole week. What could have been done prior to allowing this to go on for 7 days. 1. Call family to help encourage her to shower, 2, have a care interdisciplinary care plan meeting including family and Ms Smiths Physician, the DON, Charge Nurse, Administrator and Nurse Aide caring for resident. Remember our goal is to promote health and independence while respecting their rights. Not forgetting that her room mate has rights too, to be free of infection and not have to smell the foul odor that Ms Smith is producing. Resolve if the interdisciplinary plans do not work out then Ms Smith may be faced with alternative to move home or to another facility. But fortunately Ms Smith followed the advice of her Doctor and other people in the team concerned with her care. However, by the team educating her on what can happen to the body and how it can affect its functions such as getting a decubitus ulcer or pneumonia from non activity and uncleanliness, also with the efforts of Social workers, the patient may be dealing with depression. Securing lab would be helpful as well, patient may have a UTI or pneumonia could be the reason for her unreasonable behavior.

Resident Rights and Independence

“Abuse—the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain, or mental anguish.”

“Neglect – the failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.”

“Misappropriation of Resident Property – the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident’s belongings or money without the resident’s consent.” (Definitions (from 40 TAC Chapter 94)

*SCENARIO- Ms Smith has an IPOD that was sent to her by her family with out any music on it. She confides in the her CNA that she loves Frank Sinatra and wishes she had his music on her player. The CNA advises her to ask administratio to help her secure her favorite music on her MP3 player. Ms Smith states she tried that but they dont have an apple computer or a computer compatiable to download the music for her. The CNA feeling sympathetic to the residents makes an offer to take if home and download the music for her since the CNA has an apple computer with all the appropriate software to get her favorite music on her IPOD. So Ms Smith happily gives the her IPOD to the CNA so she can download ol Frankie Boy on her MP3 player. The Nurse Aide shifts ends and did not get authorization to handle this matter through her chain of command. Later on that evening Ms smith looks for her MP3 player forgetting that she allowed her CNA to take it home. When the Nurse Aides comes back to work, she recieved report that Ms Smiths IPOD is missing. The CNA states No I have it, she told me to take it home and download some music for her. End result, the CNA gets a write up for misappropriation of residents property due to not following policy. Eventhough the CNA had all the best intentions, she could have went about the problem differently. How. she could have made administration aware she has the means to assist Ms Smith and can bring her computer to work, the downloading would be supervised by her chain of command appropriately.

3. Recognizing signs of abuse:

- a) Bruising, swelling, pain or other injuries.
- b) Sudden changes in resident's personality or behavior.
- c) Fear and anxiety.

Reporting abuse, neglect or misappropriation of resident property:

*As members of the health team, nurse aides are legally and ethically responsible for reporting actual or suspected abuse, neglect or misappropriation of resident property.

*Report suspected findings to the nurse and provide the factual information requested for filing reports.

* The Complaint Hotline at DADS is (800) 458-9858.

IT IS YOUR DUTY AS A NURSE AIDE TO REPORT ABUSE, YOU CAN BE AN ACCESSORY TO THE ABUSE IF YOU DONT REPORT. ITS CAN BE PERCEIVED AS PERPETUATING AND CONSENTING TO ABUSE.

COMMUNICATION SKILLS AND INTERPERSONAL RELATIONSHIPS

Communication is the activity of conveying information through the exchange of thoughts, messages, or information, as by speech, visuals, signals, writing, or behavior.

Here are ways to communicate:

Conveying or sending messages (verbal & non verbal) - **Verbal**- is human spoken language, what we say. **Non verbal** - is describes the process of conveying meaning in the form of non-word messages such as gestures, body language or posture, facial expression and eye contact, object communication such as clothing, hairstyles, architecture, symbols, infographics (message boards), and tone of voice, written & body language

Receiving messages- Effective listening, Reading body language **(non-verbal) in which includes your body language.** Written such as Communication boards.

Please realize that people who cant take care of themselves they depend on you. They may be experiencing feeling of useless ness or depression, institutionalization. Its important that they see a smiling face and body language that emits that you not only want to take care of them but act like you want to.

feedback- you must acknowledge the message whether it was verbal or non verbal. Non verbal can ever mean facial grimacing, we would report that to the nurse, it may be a sign on pain.

Recognize differences in communication:

There are generation differences - elderly people grew up in a different era. They have seen amazing inventions and growth. The most likely don't listen to rock or hip hop, more like Big band, jazz and other genres in their era. So we must not be selfish and turn on the tv or residents radio on station we like. Ask the resident if he/she even wants music on and what their preferences are.

The use of technology - Now in the days of technology, we are on face book, instagram, myspace- we text messages and play games, some on a constant basis. Please only check your phone when it is completely necessary, while not providing patient care and preferably on your breaks. No headphones on during patient care, not only is it disrespectful but how do you communicate or show that you are receiving residents message.

The use of acronyms and slang - First address residents by their sir name such as Mrs Smith, refrain from calling residents baby, sugar, daddy. mama, etc. Another type of slang is cultural in which the resident may not recognize. Even new technology has its own slang such as LOL (laugh out load). However if your client said a funny joke and instead of laughing you say LOL, they more likely would not know that you were working with him/her.

Although many residents have family members that visit often, the nurse aide may be the primary person that the resident communicates with on a regular basis. Communication is vital to the mental and physical health of your resident. Effective communication can improve your relationships with residents, make your job easier and save wasted time. Effective communication can improve your relationships with your family, friends and co-workers. It's also very important that you know how to communicate with other members of the health care team, with respect and humbleness.

How to address a resident

ALWAYS KNOCK, GREET, EXPLAIN, PRIVACY, SAFETY -please remember safety is not just making sure the wheels are lock on bed or wheel chair but always using standard precaution such as washing or sanitizing your hands to control infection, keeping your resident safe. Privacy is also closing door, blinds, curtains, and keeping their personal information confidential.

Knock & Greet"Hi Ms Smith (or goodmorning, good evening) (Identify yourself and title, its their right to know who you are) my name is Nikki, your Nurses Aide, How can I help you or i see you have your call light on, how can i help you? Explain how will perform your task, provide privacy and safety throughout task.

HIPPA

Protect resident privacy and confidentiality as required under the HIPAA Privacy Rule. The Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Privacy Rule does not require a health care provider or health plan to share information with your family or friends, unless they are your personal representatives. If a person can make health care decisions for you using a health care power of attorney, the person is your personal representative. When an individual dies, the personal representative for the deceased is the executor or administrator of the deceased individual's estate, or the person who is legally authorized by a court or by state law to act on the behalf of the deceased individual or his estate. Click this link for more information about **When Health Care Providers May Communicate About You with Your Family, Friends, or Others Involved In Your Care,**

Scenario

When a family members or friends ask you (The CNA) about their love one, tell them something about the resident's activities (ADLS- activities of daily livinf) such as "He ate a good breakfast" or "She played Bingo last night." You DO NOT tell family members about residents medical background such as diagnosis or your own prognosis (likely cause or course of disease). Please refer their nursing questions, problems, complaints, residents condition to your Charge Nurse. Just simply say, "let me go get the Charge Nurse and she can answers your (medical) questions".

Answering the phone at work

Be polite, state you name and title, ask who is calling, take a message if person is not available. DO NOT take medical orders from Doctors. Just simply say, Im sorry Dr Smith, I am a Nurse Aide, therefore Im not allowed to take an order but if you hold on I can get the Nurse in charge or take a message (without any specific orders) Just Physicians name and number and you may ask what resident its regarding.

Changes in aging that effect the communication: due to loss in sensory, memory, vision, hearing, problem with speaking and problems with understanding.

Talking and Listening- Its no secret that being a caregiver can mean you have multiple residents even too many (Please note: if you feel that you cannot take care of your patients effectively please consult with your supervisor and hopefully your situation can be rectified appropriately) However in saying that you still have a duty to your residents and sometimes its being a companion someone to talk to or just to listen.

Encouraging Residents to Express Feelings- If a the resident Mr Smith doesn't want to eat or perform a task that is his regular routine. Dont just say OK and leave. Find out if there is something wrong or why he feels this way. You may find out Mr. Smith is sad because his son hasn't been by to see him. Encouraging social gathering such as exercises, bingo, and other activites, you may even enjoy going with him.

Avoiding Barriers to Communication- such as body language, not listening, not letting a person finish by interrupting. People with speech impairments need extra time to process what they need to say BE PATIENT.

Ending a Conversation- Make let the resident know when you are leaving and done with your task, give them the call light and let them know they can use it to call for help either you or one of your team members will be in to assist. Try not to tell a resident you will be back in 10 minutes etc. because things come up and although you had every intention to be back in 10 minutes - you did not and sometimes that can effect the trust factor.

Interpersonal Relations- again, effective communication can improve your relationships with residents, make your job easier and save wasted time. Make it your duty to know residents family & friends by name. Look at pictures around the room. You would be amazed the awesome conversation or history that comes from one picture.

Communication styles

Social conversation – goal is to create a comfortable, relaxing atmosphere.

Interviewing – goal is to conduct a question and answer period to determine resident needs.

Teaching – goal is for the resident to learn and understand.

Reporting – goal is to accurately communicate the facts.

Problem solving – goal is to help meet resident’s needs.

Therapeutic communication – goal is to encourage resident to discuss feelings.

TAKING CARE OF YOURSELF

Stress is a reaction to some change that upsets our balance. Stress is a reaction to physical or mental changes in our life.

Some physical things that cause a stress reaction are: a cut, scrape or burn on your finger, any illness or disease

Things that upset our mental balance and cause the stress reaction are:

driving in traffic when you are in a hurry to get to work

having to finish patient care in time to attend an inservice class

a conflict with a family member, your boss or your co-workers

Some stress is good for us and some stress is harmful to us. Good stress helps us adjust to changes within and outside of our body. Human beings would not breathe if they were not stressed. The stress of rising carbon dioxide in our body makes us breathe. Breathing is automatic because of stress. Without good stress, human beings would not be able to breathe, learn or go to work.

Stress is a natural way for us to adjust to changes so we can keep in balance. It also helps us to avoid danger. When the human race was living in caves, we had to escape dangers like wild lions and tigers. Stress helped us to escape when we were faced with these dangers. It made our:

- eyes more able to see the lions and tigers
- muscles tense and strong so we could run from the lions and tigers
- heart pump more oxygen so we could be stronger and able to run
- mind much more alert so we could plan a way to get back into our cave and not be killed by the lion or tiger

Our body does the same thing today when it is stressed. There are no longer lions and tigers running in our streets, but when we get stressed while we are stuck in traffic we react the same way. We react as if tigers and lions were running after us, even when they are not. This reaction

- sadness and depression
- moodiness
- lack of an ability to focus, or concentrate, on things

Stress also causes these social and work related problems:

- conflicts with others
- over-reactions to normal, everyday things
- lack of interest in one's usual activities
- loss of family and friends
- losing a job

Why Do Nursing Assistants and Health Care Workers Have So Much Stress?

Nursing assistants, nurses and most other people have a lot of stress in their life. Today, we live in a very fast paced and complicated world. We have to do many things every day. We get stress from our home life, our work life and our private life.

We have to work, be a mother or father, be the child of a parent that may need our help, be a wife or husband, be an active member of our community within our schools, church or another group. We wear many hats. We have many roles that we have to do. We juggle all of these roles every day but we only have a certain amount of limited time to do it. Life is not easy.

Nursing assistants are NOT the only ones with all of this stress. Many other jobs have the same amount of stress. The secret to success in managing stress is to **MANAGE IT BEFORE IT TAKES CONTROL OF YOU.**

How Can I Manage Stress?

Stress will never go away. We have to get rid of it completely or change how we react to it. The first steps in managing stress are:

1. Identify the source of the stress. Where is the stress coming from?
2. Decide if you can get rid of the source of stress. For example, if you are stressed because you are cooking all the meals for the family in addition to working a full time job, you should decide if you can get rid of the cooking and/or get rid of the job.

3. Get rid of all the stress you can. Get other members of the family to help cook meals. Cut up the food and get it ready before you go to work so that another member of your family can simply cook it for you.
4. Do NOT take on more stress by saying yes. Learn how to say no. Do NOT take on more than you can handle. Say no whenever you can. Say no when someone asks you to do something you do not want to do. Say no to things you cannot do because you have too much to do already. Free yourself from stress by saying no.
5. Change how you think about something that stresses you. Which stress is worse, not having hot water to get a bath or hearing that you have a fatal disease? Yes, the terminal disease is far worse than not having enough hot water. Why then do we react to the lack of hot water as a big thing? We react because we allow our mind to make small things into big things. We must step back and look at things in a realistic way. Not having hot water is a little thing that will last only for a short time. Do NOT make an ant hill into a mountain with your mind. If you let your mind make everything a mountain, your body and mind will react as if real danger is present, like the attacking tiger or lion. This reaction will cause unnecessary, physical, mental and social damage.
6. Be good to yourself. Use stress management skills every day to deal with the stress that you cannot get rid of. Use stress management skills when your mind is not able to make the stress small! Some great stress management skills are discussed below.

Stress Management Skills

1. Express your feelings. Talk to someone or yourself about how you feel. Do not hold feelings inside. Talk to a family member, friend, counselor or co-worker. If you do not want to talk to someone else, write your feelings and thoughts in a journal or draw a picture of how you feel.
2. Focus on one thing at a time. Take a big project and break it up into small pieces or steps. Do NOT let yourself get overwhelmed.
3. Take a vacation in your own home. Plan a vacation at home. Buy fresh flowers with a beautiful scent. Spray your pillow and sheets with a nice fragrant cologne. Light scented candles. Do a hobby. Paint, do arts and crafts. Treat yourself to something nice that you will enjoy. Buy yourself a present. You deserve it!
4. Use time management skills. Set goals and deadlines that you can meet. Do not set unrealistic goals. Decide on what the priorities are. Focus on the priorities and budget your time.
5. Relax. Do the 2 Minute Relaxation during your lunch break, at home in your bed or in a quiet park. Close your eyes. Think only about yourself and your breathing. Take a few deep breaths and exhale slowly. Loosen up tense and tight areas of your body. Let go of all your tension. Rotate your head in a smooth, circular motion. Let all of your muscles completely

relax. Relax and think pleasant happy thoughts while you are taking deep breaths. You should feel very relaxed and limp when you do this. Do the 2 Minute Relaxation several times a day! It works!

6. Do guided imagery & meditation. Close your eyes. Relax. Think about a peaceful image like the beach with softly breaking waves on the seashore. Hear the sounds of the sea gulls. Guided imagery and meditation releases tension, anxiety, and stress. Try soft and pleasant music to help get you into the mood for meditation and guided imagery.
7. Eat a healthy diet. You can increase your resistance to stress and remain healthy when you eat a diet that is complete with all the food groups. Eat a variety of whole grains, vegetables, and fruits. Do NOT consume a lot of caffeine. Avoid alcohol and tobacco.
8. Exercise. Physical exercise is a great stress buster. Join a gym. Walk, swim, ride a bicycle, run or do yoga or Tai Chi. A walk is free. It costs you no money. Almost everyone can walk. Exercise makes you feel great. It improves your mood, lowers your blood pressure and your blood sugar. Exercise every day.
9. Keep a positive attitude. Believe in yourself. Accept the things you cannot change.
10. Talk to yourself. Tell yourself that you are great. Tell yourself, "I am relaxed at work"; "I am doing a good job"; "Peace fills my life"; "My life is so full of so many good things"; "I am successful". The more you tell yourself these positive things, the better you will feel. It works, try it!
11. Get enough rest and sleep. Your body needs rest and sleep to combat stress.
12. Treat yourself to comfort food. Cook a meal that your mother used to make for you. Enjoy it.
13. Use humor. Laugh, tell jokes and let yourself be silly once in a while. Watch a funny video, with popcorn of course.

Keep a sense of humor even when things are very stressful. Humor is great medicine for the mind.

14. Have FUN. Yes, have fun! Play with the dog, play the piano, do a favorite hobby.
15. Set realistic goals. Do NOT take on more than you can handle. You're not a 'superman' or a 'wonder woman'.

Use these stress busters at work. Have a network of friends at work. Set priorities. Ask for help when you need it. Use humor when it is appropriate. Focus on the patients' good outcomes. Go to your employee assistance program director when you need this kind of help.

YOUR EMOTIONAL HEALTH

“Stress” is mental and physical tension or strain. a) Working in a LTC facility and dealing with sickness and death can be stressful. b) Your job may be physically and emotionally demanding. c) Stress is unavoidable as you help others with their problems. d) Stress can leave you feeling overwhelmed and out of control. e) Your personal/family problems may also contribute to your stress. f) If you are not physically or mentally in good health, stress may seem to worsen.

“Burnout” is total mental, emotional and, sometimes, physical fatigue. a) Monitor extra shifts you are working.

Use stress-reducing techniques to cope with stress or sadness. a) Take your assigned break.

Your feelings, anger and behavior are your responsibility and you must keep them under control. a) A sign of maturity is the ability to control your emotions. b) Ask yourself, “How will my actions affect my residents, my co-workers, my employer, and me?” c) Find acceptable ways of coping with these feelings – do not direct your anger towards residents. d) Do not take negative resident behavior or remarks personally. e) Try to understand why the resident is acting or behaving this way. f) Regardless of how the resident reacts towards you, you must respond professionally with courtesy and respect.

“Dependability” is one of the most important qualities of a nurse aide.

Be dependable with your attendance by reporting for duty on time and when scheduled.

Keep absences to a minimum. Residents depend on you to be at work when you are scheduled.

If you are unable to come to work, always notify the facility as far in advance as possible.

Complete your assignment.

Respect your co-workers and try to get along with them.

Be available to help others and accept help if you need it.

Treat other staff members with the same courtesy and dignity that you would residents.

Care is best delivered when everyone works as a team.

Practice empathy, patience, courtesy, cooperation and emotional control.

Everyone has a right to their own feelings. Don't judge other people's feelings as right or wrong.

“Attitude” is a very important trait that you bring to your job.

Attitude is developed throughout your lifetime and is a reflection of your experiences.

Attitude is an outer reflection of your inner feelings.

Others can see your attitude through your behavior.

Your tone of voice and body language can change the message that you are trying to convey.

Be positive about your job, your contribution to resident care and believe that you will succeed.

“Tact” is the ability to do or say things without offending or upsetting other people.