

2023

AGENCY POLICY COMPETENCY TRAINING & ORIENTATION PROGRAM (“C.T.O.P.”)

**CARING FOR MY ANGELS HOMECARE, LLC
IN-HOUSE TRAINING PROGRAM**

SERVING CLIENTS WITH CARE, RESPECT AND INTEGRITY

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ORIENTATION TRAINING AND PURPOSE STATEMENT

This Orientation and Training Manual contains information regarding many of the policies and procedures of Caring for My Angels Home Care, LLC., hereinafter referred to as ("Agency"). This Training Manual is intended to provide new and existing Direct Care Worker with a general understanding of the Agency's Client's requirements in accordance with § 611.55. Competency Requirements.

(a) Prior to assigning or referring a direct care worker to provide services to a consumer, the home care agency or home care registry shall ensure that the direct care worker has taken and successfully passed the following online Training:

The home care agency or home care registry also shall include documentation in the direct care worker's file that the agency or registry has reviewed the individual's competency to perform assigned duties through direct observation, testing, training, consumer feedback or other method approved by the Department or through a combination of methods. The competency review must occur at least once per year after initial competency is established, and more frequently when discipline or other sanction, including, for example, a verbal warning or suspension, is imposed because of a quality of care infraction.

NEW EMPLOYEE ORIENTATION: All new employees are required to go through Orientation the first week of being employed and before they are allowed to provide direct services to any clients of the Agency.

COMPETENCY TEST PASSING REQUIREMENT: After the new employee is hired and prior to providing direct care services at the end of the orientation the employee will be required to complete and pass the Agency's in-house CTOP.

ORIENTATION TRAINER: The Agency Owner or the Human Resources Personnel (if applicable) shall be responsible to ensure every new employee and existing completes and satisfies the requirements of this policy and training.

COMPETENCY TRAINING ORIENTATION PROGRAM - PART I. **§ 611.55. (A)(V) COMPETENCY REQUIREMENTS.**

"Personal Care Home Direct Care Staff Persons Training": to take the course the employee must logon here http://services.dpw.state.pa.us/pch_comptest/

After you complete the online test:

1. After successful completion of the on-line course and test. You must print out the certificate of completion and a copy of such will be placed in your employee file (this is mandatory no exceptions).

2. Any area(s) of the test where the employee has shown a lack of knowledge (missed 3 or more questions) even if the employee has passed the test, those questions will be addressed by the Owner or Human Resources personnel to ensure the employee is competent in those subject areas.

COMPETENCY TRAINING ORIENTATION PROGRAM - PART II.

In accordance with § 611.55(b), this Agency has developed our own in-house Competency Training and Orientation Program (“CTOP”) that helps, instruct, teaches new and existing Direct Care workers how to address and deal with client Activities of Daily Living, Confidentiality, Client Safety, Emergencies and other related Direct Care Worker responsibilities.

Client Confidentiality:

To ensure client's health and medical information and records are private and protected, a federal law called the Health Insurance Portability and Accountability Act of 1996 (HIPAA), has associated rules about who can look at, receive, and use client's health information as well as measures to take to protect the confidentiality, integrity, and security of the information. All employees will know:

- Understanding HIPAA Privacy Rule.
- Protecting the privacy of individually identifiable health information and standards for the security of electronic personal health information (PHI).
- Confidentiality of health information.
- Authorization exceptions.
- Conversations.
- Reasonable safeguards.
- Incidental disclosures.
- Telephone messages.
- Email and faxing.
- Minimum necessary disclosure of PHI.
- Sharing information with family and visitors.
- Request from the Media.
- Patient rights to access their health information.
- Research.
- Information security tips.

Authorization Exceptions:

A valid written authorization is required for the disclosure of protected health information except in emergency situations and special cases as defined by law. Authorization exceptions include:

- Emergency care.
- Procurement organizations for cadaveric organ, eye or tissue transplantation.

- Uses or disclosures that are required by law, such as disclosure to public health department for communicable diseases.
- Vulnerable adult or child abuse reporting.
- Health oversight agencies such as the Pennsylvania Department of Health.
- Agencies mandated by court order or search warrant.
- Reporting certain types of wounds (such as gunshot) or injuries to law enforcement agencies.
- Information requested by a coroner, medical examiner, or funeral director regarding a deceased patient.
- Information requested by law enforcement to avert a serious threat to health or safety.

Telephone messages:

Telephone messages may be left if reasonable safeguards are used to minimize unintentional disclosure of PHI in the messages. Because telephone messages may be heard by someone other than the patient, care must be taken not to leave any information that may disclose or imply information about specific medical treatment, tests or conditions unless it is very urgent that the patient be notified.

Sharing information with family and visitors:

Working in a busy patient care setting presents special challenges. As Caregivers, we want to take care of our clients, but we also want to show empathy and concern for the client's family members and friends.

Example 1.

It is visiting hours in the hospital you are returning from a client's room when you are stopped in the hall by an anxious man. "I'm looking for Steve and he is not in his room. Is he having surgery today? I'm very worried about him. We've been neighbors for 30 years."

Example2.

Or you work at CFMAHC and Mrs. Henderson calls to ask if her husband came to his appointment today and how his therapy is progressing.

In each of these situations, these individuals are looking for reassurance as well as information. What would you say to him or her? HIPAA allows Caregivers to release some basic information without the patient's prior authorization. This is considered directory information and includes:

- Patient's name.
- Condition only (state of example the patient is doing well).
- Location in the facility.
- Religion (given to clergy or community faith leaders only).

If you have any questions about HIPAA or client medical information you must contact the Agency first before releasing any information to any third-party including family and friends.

AGENCY'S CONSUMER CONTROL AND THE INDEPENDENT LIVING PHILOSOPHY:

This Agency's Philosophy is one of which the consumer control is tied to the same concepts of self-reliance and self-determination that are essential for all adults in our society.

- This Agency promotes independent consumer living, meaning we will do everything that's possible to assist the client in remaining independent while performing our services.
- Whether disabled or not, our clients want and need to exert control over their own lives.
- When clients have a sense of personal rights they also have the confidence to act on those rights.
- This Agency promotes independent and creative thinking.
- This Agency respects the rights and wishes of its clients.
- This Agency shall be open and transparent with our services to our clients.

INSTRUMENTAL ACTIVITIES OF DAILY LIVING: Instrumental activities of daily living (IADL) are not necessary for fundamental functioning but they let an individual live independently in a community. This Agency considers IADL vital to the happiness and success of its clients, therefore it's our responsibility and your duty as a Caregiver to ensure the clients IADL are cared out with professionalism and due care.

- Moving within the community.
- Preparing meals.
- Shopping for groceries and necessities.
- Taking prescribed medications
- Cleaning and maintaining the house.
- Managing money (Employees are not allowed to assume any financial control over or with client's money, as outlined in your Employee Handbook).
- Using the telephone or other forms of communication.

RECOGNIZING CHANGES IN THE CONSUMER THAT NEED TO BE ADDRESSED:

As a Direct Care Worker part of your client duties are to assist the client in/with various ADLs. During your services you need to be aware of and how to properly identify issues and or circumstance that require you to notify the Agency and or the client's family or emergency personnel.

- It's important for our Caregivers to keep a watchful eye especially seniors - even when they are living independently and are in good physical and mental health.
- Slight changes in client's behavior, personality, level of self-care, or the ability to do household chores, can be signs of the need for increased care and support.
- You should contact the Agency immediately about any concerns you may have about a client you are caring for that you feel needs help. The following can be used to track changes in most client's behavior, safety and personal care.

Client behavior changes:

- Irritable (gets upset easily).
- Angry (loses temper).
- Sad (tearful).
- Withdrawn (does not want to talk).
- Confused (does not understand what is happening).
- Memory problems (forgets or repeats conversations, medications unfilled or not being taken).

Elderly safety concerns:

- Falls.
- Wandering (leaves home, gets lost).
- Kitchen (fire, leaves stove on).
- Nutrition (not enough or too much food).
- Driving.

Changes in activities of daily living:

- Difficulty moving (getting out of chair, walking across the room).
- Difficulty getting in and out of bathtub.
- Difficulty getting to the toilet.
- Problems preparing meals.
- Dirty and cluttered house (food expired, laundry piling up, neglected home repairs).

Policy FYI:

Often the elderly or people in your care may be reluctant to say they need help or try to downplay the trouble they are having. As a caregiver, when you become aware that the person in your care is behaving in ways that are out of character you should take notice and try to have a conversation with them about how they are feeling and discuss ways you can help.

Sometimes providing help in even a small way can make a big difference to the elderly or the person in your care and allow them to retain as much independence as possible.

BASIC INFECTION CONTROL:

Because of the type of work you do, you will come into contact with body fluids that carry bloodborne pathogens. Bloodborne pathogens that pose the greatest risk to health care workers in the workplace are hepatitis B virus (HBV), hepatitis C virus (HCV), hepatitis D virus (HDV), and human immunodeficiency virus (HIV). The diseases caused by these pathogens are potentially life threatening. In many cases, you will not be able to easily identify clients who are infected with bloodborne pathogens. This is why you must treat each client you have contact with as if he or she may be infected with a bloodborne pathogen.

To protect yourself from exposure to bloodborne pathogens, you will take standard precautions with every client. For these methods to be effective, they must be used consistently!

- Gloves, gowns, masks, face shields and eye goggles must be worn if the possibility exists that you could come in contact with blood or other body fluids. Be sensible and use good judgment when wearing personal protective equipment.
- Handwashing is the most important method of preventing the spread of infection. If accidental exposure to blood or other body substances occurs, hand must be washed thoroughly and immediately.
- Sharps, such as used needles, razors or broken glass must be disposed of properly. Contaminated, broken glass should not be handled, even with gloved hands. They should be swept or vacuumed up for disposal.

AGENCY'S UNIVERSAL PRECAUTIONS TO INFECTION CONTROL:

This Agency Universal precautions is an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV and other bloodborne pathogens, (Bloodborne Pathogens Standard 29 CFR 1910.1030(b) definitions).

HANDWASHING:

Handwashing is the most important method of preventing the spread of infection. For it to be effective in preventing the spread of infection, it must be performed thoroughly, properly, and consistently.

1. Remove all jewelry.
2. Turn on faucet using a paper towel.
3. Wet your hands and apply liquid soap.
4. Work soap into a lather and scrub hands for at least two minutes.
5. Keep your hands at a lower angle than your elbows to prevent the dirty water running back onto your arms.
6. Interlace your fingers to clean between them
7. Scrub your fingernails with a nail brush.
8. Dry your hands with clean paper towels.
9. Turn off the faucet using a clean paper towel.

Because frequent handwashing can cause the skin to become excessively dry, leading to cracking, applying a lotion or hand cream after washing is recommended. Remember, your own intact skin is important to help protect you from infection too.

At the minimum wash your hands:

- When you first arrive at your client's home.

- Before handling clean linen.
- Before handling a client's meal tray.
- Before you go on a break and before you leave your shift.
- Before and after drinking, eating.
- After using the bathroom.
- After coughing, sneezing, or blowing your nose.
- After picking up an object from the floor.
- After removing disposable gloves, including those times when you are replacing a torn glove.
- After touching your hair or applying make-up or lip gloss.
- After touching anything that may be considered dirty, especially objects contaminated with blood or other body fluids.

Risk factors for infection:

1. Very young or very old age.
2. Poor general health.
3. Stress and fatigue.
4. Indwelling medical devices.

The Ways Infections are transmitted:

1. Some infections are transmitted through the air. The person becomes infected when he or she breathes contaminated air.
2. Some infections are transmitted through contact with an infected person or objects that the person has used.
3. Some infections are transmitted when feces containing a pathogen contaminate food or water that is then consumed by another person.
4. Some infections are transmitted when blood or body fluids enters the bloodstream of a non-infected person. Bloodborne pathogens are not found in sweat and tears. They are most likely to be found in blood, semen, vaginal secretions, wound drainage, cerebrospinal fluid (CSF), amniotic fluid and breast milk.
5. Needlesticks, cuts from contaminated glass, and splashes and sprays of contaminated body fluids can put a health care worker at risk for a bloodborne disease.

Food Safety:

Some people are more likely than others to get a foodborne illness. Older people, the disabled, and those with chronic illnesses may have difficulties that put them at higher risk.

Oral-fecal transmission:

Some pathogens are transmitted through the oral-fecal route. The pathogen lives in an infected person's digestive tract and leaves the body in the feces. The feces can contaminate food or water. Then, when another person eats or drinks the contaminated food or water, he or she becomes infected. Proper handwashing and sanitation help to prevent infections that are spread through the oral-fecal route. Infections that are transmitted in this way include hepatitis A, hepatitis E, and some types of parasitic infections.

Ensuring Food Safety At Home:

1. Wash hands often.
2. Wash produce before cutting, cooking or eating.
3. Wash utensils and cutting boards after each use.
4. Keep kitchen surfaces clean.
5. Keep raw meat and ready-to-eat foods separate.
6. Cook food to proper temperatures.
7. Refrigerate food promptly to below 40oF.
8. Pay close attention to use-by dates.

HANDLING AN EMERGENCY:

Occasionally Direct Care staff are faced with emergency situations in the course of their work. This can be stressful and upsetting. The procedures below give clear instructions about action which should be taken. Direct Care Staff will also receive immediate support and back-up from the Home Care Coordinator or Owner.

Failure to gain access to a client's home:

If you cannot obtain an answer from a client you should:

- Check through the letterbox, windows and back of the house to see if it is accessible.
- If you cannot see the client check with neighbors.
- If the neighbor cannot help, telephone the office and the Home Care Manager will inform you as to further action.

If you can see the client by any of the above means and they are on the floor or not responding.

- Call 911.
- Home Care Coordinator or Owner.
- If you know of a key holder nearby, go to them - contact the office when you reach them.

If you find a client who is apparently dead.

- Call 911.
- Call the office or the Home Care Coordinator or Owner.
- DO NOT TOUCH ANYTHING. Someone will come to assist you at once.
- If the client lives in assisted living facility notify the facility.

EVERY TIME YOU ARE UNABLE TO GET AN ANSWER FROM A CLIENT YOU MUST REPORT THIS IMMEDIATELY TO THE OFFICE even after hours IF OUT OF OFFICE HOURS.

Emergencies which occur during the course of care being provided.

- If a client falls and may be injured they must not be moved unless they are in serious and imminent danger, e.g. from fire, drowning, road traffic accident etc. They must be made comfortable and the ambulance called.
- If it is known that a client may be prone to occasional falls or collapse this should be taken into account in the risk assessment and a contingency action plan devised for this eventuality.
- If a client collapses or is taken seriously ill 911 should be called and the client made as comfortable as possible. The paramedics may advise you of action to take while awaiting their arrival.
- In these situations call the Home Care office or Owner who will arrange for your subsequent visits to be covered while you stay with the client or will send someone to relieve you

DIRECT CARE WORKER CLIENT DOCUMENTATION:

All employees must familiarize themselves and comply with this Policy, as a condition for payment by a program, this Agency as a provider must document each occurrence of a health service provided to a client including the client's service plan documents. The health service must be documented in the client's health service record as specified Program funds paid for a health service not documented in a recipient's health service record shall be recovered by the Department.

All Direct Care Workers Time Sheets and related client records will include the following:

- The Time/Service Sheet must be legible at a minimum to the individual providing care.
- Assisting with Self-administered Medications Records.
- The client's name must be on each page of the client recipient's record.
- The consumer's service plan documents must be signed by the patient.
- Each entry in the health service record must contain:
- The date on which the entry is made.
- The date or dates on which the health service is provided.

- The length of time spent with the client if the amount paid for the service depends on time spent.
- The signature and title of the person from whom the recipient received the service.

RECOGNIZING AND REPORTING ABUSE OR NEGLECT:

Abuse includes physical abuse, physical neglect, sexual abuse, and emotional abuse by a parent, family member, friend or other caretaker. Physical abuse is a non-accidental injury to a client by a parent, family member, friend or caretaker.

Recognizing Abuse.

You may see frequent and unexplained bruises, burns, cuts or injuries; the client may be overly afraid of the parent, friend or family reaction to misbehavior.

Physical neglect is a family member, friend or Caregiver failure to give the client food, clothing, hygiene, medical care, or supervision.

Employee Mandatory Abuse Reporting:

During your care to a client should you see signs of abuse of any kind by a parent, family member, friend or other Agency Employee, do not confront the abuser directly as this only things worst for the patient. Simply make sure the client is safe, contact the Agency immediately, and the Agency will send someone to assist you right away. The Agency will then report such abuse to the Department of Health and related regulatory authorities. The employee who witnesses or suspected abuse must complete an incident report documenting the abuse and or related issues.

DEALING WITH DIFFICULT CLIENT'S BEHAVIORS:

When dealing with client's at some point they may become becomes anxious, resistant, or demanding and it can make your job as caregiver that much more difficult.

Understanding why the behavior is happening: If the client you care for must rely on others for their daily care, he/she may feel a loss of control over their life. They may feel frustrated or helpless at times. Their personality and behavior may change because of the emotional and physical changes they're experiencing. A person who has always had a difficult personality may become even more difficult with the stress of an illness or disability. When a person becomes sick or disabled, not only his life but the lives of those around him change dramatically. If you can recognize the reasons a person is difficult and learn methods to cope, it will help you both maintain a healthier relationship and get through the trying times.

Coping With A Difficult Behavior.

- You can't always control the other person's behavior but you can control your response to it.
- Focus your response on the behavior, avoid blaming it on the client's personality or condemning them as a "bad" person.
- Don't take the angry behavior personally.

- You're doing the best that you can do in a difficult situation; blaming yourself won't help solve the problem.

What Can You Do When a Client Acts Unreasonable Or Makes Angry Demands On You?

- Remain calm, speak slowly and clearly.
- Avoid approaching the resident from side or back.
- Don't downplay their feelings allow the client to express feelings (if talking reduces agitation).
- Saying "It's no big deal" won't help, it may even make them angrier. Instead, try something like, "You seem really frustrated. What can we do next time to make it better?"
- Let them talk about their anger. "What's making you feel so bad?" "You seem upset, can I help?"
- Make an effort to respect demands that may seem petty to you but seem very important to them. Remember, if he could he would change the volume on the radio himself or shave himself exactly how and when he wanted.
- Find something to agree about. "Yes, the mail carrier hasn't been coming as early as he used to." "You're right, these sheets are all wrinkled up."

Choose Your Battles.

If you're making a lot of demands on your client about eating, moving, or resting, they may become resentful. Choose what's really important and let some things go. Anybody could get angry if told to eat everything on their plate.

Take A Breather.

If either of you is losing control of the situation, walk away. Take several deep breaths, count to 10, or give a silent scream while both of you cool off. If you need support beyond these techniques, you must contact the Agency, it is your responsibility and duty to be professional with the client at all times.

PERSONAL CARE:

GROOMING AND DRESSING:

Bathing:

General Rules For Bathing.

- Encourage the person to bathe herself as much as possible. She may be able to do all but wash her feet or back, or she may only be able to hold a washcloth while you do the rest.
- If bathing is difficult, do it only as often as necessary.
- Most people don't need a daily bath. Do make sure that the hands, face, and genital area are washed every day.

- Have all supplies ready before starting a bath.
- Keep the room comfortably warm.
- Respect the person's privacy. Keep her covered when possible.
- Wear latex gloves any time that you may come into contact with bodily fluids or feces.

If The Client Is Able To Get Into A Tub Or Shower.

- Make sure they have grab bars.
- Make sure they have a non-slip bath mat.
- Ask the client to sit on the edge of the tub. Then put both of their legs into the tub before they stand up.
- Reverse the process when they are getting out.

If the Client Can't Sit Down Into The Tub.

- Make sure the tub has a bench.
- Make sure the bath area has hand-held shower attachment.

Skin Care:

People who are ill or who must stay in bed or in a wheelchair are at risk for pressure ulcers, sometimes called bed sores. Pressure ulcers are a serious problem, but in most cases they can be prevented by following the steps listed here.

- Make sure the person is eating a healthy diet and getting plenty of fluids. Well-nourished skin is healthier and less likely to break down.
- Keep the skin clean and dry.
- Clean off urine or feces immediately with soap and water. Wear disposable latex gloves.
- Use disposable bed pads to keep the linen dry, if the person is incontinent.
- Check the skin regularly for red areas. Make this a routine part of bath time.
- Every 2 hours change the position of a client who is bed or wheelchair-bound.
- Avoid dragging the person when you move them in bed. Friction can cause skin breakdown.
- Apply lotion to dry skin regularly (except between the toes where it can cause fungal growth.) Give a light massage while rubbing in the lotion, again make sure you're wearing disposable latex gloves.

If A Red Area Develops On The Skin:

- Remove pressure from the area immediately.
- Clean and dry areas soiled with urine or feces. Wear disposable latex gloves.
- Do not massage the area.
- Recheck the skin in 15 minutes. If the redness is gone, no other action is needed.
- If the redness does not disappear after 15 minutes, consult your health care professional about better ways to relieve pressure from the skin.
- If a blister or open area develops, contact your health care professional immediately.

Shaving:

- Use an electric shaver when shaving a patient; it's safer and easier.
- Put dentures in the client's mouth before shaving him.
- Have him in a sitting position if possible.

Mouth Care:

- Clean teeth at least once a day.
- Check dentures regularly for cracks.
- Remove dentures for cleaning and store in liquid when out of the mouth.
- Have dentures checked if they aren't fitting properly (a common cause of eating problems).

Dressing:

- Be flexible. Wearing a bra or pantyhose may not be important to clients, especially if it's an added hassle.
- Allow enough time for the client to do as much as they can for themselves. If they can put clothing on but only needs help for buttons or shoes, give them time to do it.
- Let the client choose what to wear. You can lay out two choices to simplify this for someone who is confused.
- Be sure shoes or slippers are well-fitting and do not have gum soles, which can cause people to trip.
- Consider easy-to-use clothes with large front fasteners (zippers or Velcro,) elastic waistbands and slip-on shoes. This type of clothing is available through health product catalogs like Sears or J. C. Penney.
- To minimize the stress on a person's weak side, put the painful or weak arm into a shirt, pullover or jacket before the strong arm. When taking them off, take out the strong arm first.

Hair Care:

Getting out to a barbershop or beauty shop is enjoyable for many people who are ill or disabled. Many shops will make a special effort to meet the client's needs, especially if they know the client or family. Beauty schools may do hair care for no or low cost, as a way for students to get experience. You may also be able to find someone to come into the client's home. Try calling a local nursing home for the name of someone who makes home visits.

Hair Care General Rules.

- Wash the client's hair in the kitchen sink if the tub or shower is too difficult.
- Consider using one of the dry shampoo products found in drug stores if hair washing is impossible.

- If hair must be washed in bed, you can make a simple device to catch the water by making a U-shaped towel pad and putting it inside a large plastic bag. Place the open end of the U over the edge of the bed where it can drain into a bucket.

AMBULATION (WALKING):

Ambulation simply means to walk or move from one place to another. Every client will be different in his or her level of need for assistance, and it will differ in how you help each one. We have heard the old saying that there are no two people alike. There are also no two disabilities that are alike. The question becomes how do we do this when the individual we are assisting cannot do it on his/her own?

There are several benefits to ambulation, some of which include:

- Relieves stress and anxiety.
- Improves and/or maintains muscle strength.
- Improves circulation.
- Decreases problems with digestion and elimination.
- Improves appetite.

Procedure:

Assistance with Ambulation:

Supplies:

- Gait belt and/or other walking aids, like a cane or a walker. ("Gait Belt") A gait belt, sometimes called transfer belt, provides the DCW with secure points to hold onto while assisting client's in walking and transfer activities.
- Non-slip, properly fitting footwear.

Description of procedure:

Before you begin, familiarize yourself with the expectations and requirements of the service plan. Contact your supervisor if you need clarification.

1. Ensure the client can safely wear a gait belt. Gait Belt for procedure and contraindications.
2. Communicate procedure to client before you begin.
3. Apply non-skid, properly fitting footwear.
4. Have the client's walking aid available, if required.
5. Apply gait belt.
6. Make sure that the client has his/her feet firmly on the floor.
7. Use an underhand grasp on the gait belt for greater safety.
8. Assist client to a standing position.
9. Walk behind and to one side of the client during ambulation. Hold on to the belt from directly behind him. Be aware to support weaker side, if applicable.

- a. Right side: Stand between the 4 and 5 o'clock positions.
 - b. Left side: Stand between the 7 and 8 o'clock positions.
- 10. Let the client set the pace. Walk in step with the client, maintaining a firm grasp on gait belt.
- 11. Watch for signs of fatigue.

Ambulation with a Cane:

The handle of the cane should be at a height that would be equivalent to where the client's wrist of his strong hand would fall if his/her hand was placed at his/her side when standing in an upright position. The client should be using the cane on his/her strong side, and the DCW should be walking on the client's weak side for assistance.

Ambulation with a walker:

The correct walker height is determined the same way as was listed for a cane. When assisting a client with ambulation when using a walker, it is important that the client stay inside the frame of the walker. Make sure it has been properly fitted for the individual. The DCW should always walk on the client's weak side to provide additional support as needed.

Note:

In the instance a client does collapse or loses his/her footing, it is acceptable to ease the client gently to the floor. The DCW should not try to carry the person, hold him up or catch him if they start to fall.

Preparing Food:

When preparing food for your patient's, it's important to ensure that you follow a number of safety precautions as well as maintaining healthy food choices. This means that you should:

Use Whole Foods When Possible:

Whenever possible, you should include whole foods in your client's diets. These include fresh fruit and vegetables as well as minimally processed grains (i.e. brown rice as opposed to white rice, whole wheat, stone ground bread as opposed to white bread, etc.).

Avoid Frying and Convenience Foods:

You should also avoid frying foods as much as possible as this adds a significant amount of fat to foods and destroys nutrients as well. Instead, steamed and baked foods, especially steamed vegetables and baked poultry or meat are generally considered much healthier alternatives.

Convenience foods:

Especially heavily processed products (morning cereals, especially sugary ones, white bread, etc.) should also be avoided whenever possible as these often have their useful nutrients stripped away in favor of easily digestible simple carbohydrates.

Find Out How the Client Likes Food Prepared:

It's also important to find out how your client likes his food prepared. For example, there's nothing wrong with providing your client with extra spices, assuming that there are no health considerations (i.e. if the person is suffering from gastrointestinal problems, it's generally not a good idea to give them spicy foods). Remember as well that your choice of cooking utensils may be somewhat limited, so be sure to be creative in preparing food for your home health care clients.

What to Watch For:

As a home health care worker, it's part of your job to watch carefully what your client eats. If they are showing a pattern of eating less than they usually do, it may be a sign of a problem which should be reported to your supervisor.

Best Practices:

Finally, when shopping for and preparing food of your home health care clients, it's important to follow best practices when doing so. For example, you should store fresh milk, eggs and the like in the refrigerator. Meat products should be stored on the bottom shelf of the refrigerator to avoid the possibility of contamination from drips. Fresh fruit and vegetables need not be refrigerated until they turn ripe. You should also be sensitive to pricing and use coupons whenever possible to save your home health care clients money on their food bills.

CLIENT INVOLVEMENT:

- Promotes independence
- Builds a helping relationship
- Provides stimulation, relaxation, and increases sense of worth

AVAILABLE COOKING EQUIPMENT:

- Equipment may be limited
- Need to be creative and discuss with supervisor

SERVE QUALITY FOOD:

- Cook food only until tender as this protects nutrients
- Use toaster oven or use oven to prepare more than one food at a time
- Use double boiler to cook two items
- Use fresh fruits and vegetables
- Serve eye-appealing foods

SERVING MEALS:

- Use as a time to share with others
- Plan to sit and talk with clients

FOOD APPEARANCE, TEXTURE, AND PORTION SIZE:

- Use contrasting colors and textures
- Arrange foods attractively
- Serve small portions, but allow for second servings

- Be alert to a poor appetite:
- May signal illness or depression
- Dissatisfaction with food
- Improper mouth care
- Chewing problems
- Medications

SAFE FOOD HANDLING:

- Wear clean clothes and/or apron
- Always wash hands before handling food
- Wear gloves if you have a cut or infection on hands
- Avoid coughing or sneezing around food
- Clean work spaces before and after preparing food
- Use clean dish towels and dish cloths
- Use hot water and soap to wash utensils
- Never taste and stir food with the same spoon
- Put warm foods in refrigerator immediately
- DO NOT use damaged cans with bulging ends
- Avoid eating raw eggs. NEVER use cracked eggs. NEVER undercook eggs
- Use cooked meat, poultry, fish, and baked dishes within three to four days
- DO NOT use foods that have become moldy
- Clean and sanitize food preparation area
- Keep hot foods hot (above 140° F)
- Keep cold foods cold (below 40° F)
- Keep refrigerator clean
- Use food within recommended time
- DO NOT refreeze food

Toileting:

The client you're caring for may need help using the toilet, or they may have lost control over their bladder or bowel (incontinence.) You may be uncomfortable providing this kind of care but as a Caregiver it's your responsibility and duty to the patient. This section gives suggestions that will help your client's maintain as much independence as possible and make your job a little easier.

Incontinence is not a normal part of aging or most illnesses. Many causes of incontinence are treatable.

If The Person Needs Help Getting To The Bathroom:

- Suggest going to the bathroom on a frequent, scheduled basis. Rushing after the urge strikes will increase the chance of accidents. Every 2 hours is too often for most people; start with every 3–4 hours.
- Make sure the hallway and bathroom are well-lighted.
- Remove throw rugs, which could trip someone.

- Make sure the client has grab bars and/or use a raised toilet seat for more ease getting on and off the toilet.

If The CLIENT Occasionally Has Accidents:

- Remember that accidents are very embarrassing for the patient.
- Stay calm and reassure them that it's "okay."
- Keep a matter-of-fact approach. "Let me help you get out of these wet things."
- Monitor them for urinary tract infections. Any fever lasting more than 24 hours should be reported.

If Accidents Happen Regularly:

- Suggest the client see their doctor for a thorough evaluation and treatment recommendations.
- Establish a regular schedule for using the toilet.
- Avoid caffeine, alcohol, citrus juice or other bladder irritants.
- Offer 6–8 glasses of fluids every day to prevent strong urine that can irritate the bladder. Find out if the client is taking any medications that affect the bladder. Common over-the-counter products like aspirin and Excedrin contain caffeine, which stimulates the bladder. A few high blood pressure medications can irritate the bladder. Be aware that incontinence can be a trigger for skin breakdown and pay special attention to skin care.

Constipation:

- Offer foods high in fiber such as fruits, nuts, beans, vegetables, bran and most cereals. Add high fiber foods gradually if the client isn't used to them.
- Make sure there is adequate liquid in the diet; 6–8 glasses of liquid each day are recommended (unless otherwise instructed by the physician).
- Encourage daily exercise to stimulate bowel activity.

Controlling Stains and Odor:

- Include cranberry juice in the diet to help control urine odor.
- Protect the mattress with rubber or plastic sheets. Consider a breathable, washable layer like sheepskin between the sheet and the waterproof to avoid excess sweating or a "sticky" feeling.
- Remove soiled bed linens and clothing quickly. If it's impossible to launder them immediately, rinse them in cold water. Soak stained items in dishwashing detergent to loosen stains.
- Clean bedpans, urinals, and commodes with household cleaners.
- Avoid odors on furniture or other household items by cleaning soiled areas with a mild dilution of cold water and white vinegar.
- Protect furniture with disposable or other waterproof pads.
- Remember to make sure to wear your latex gloves.

Assistance with self-administered medications: Assisting clients with their medications is one of the most important things you do, a lot of harm can result when medications are taken improperly and when the wrong drug is taken, or when a client doesn't get the right medicine at the wrong time it can be detrimental.

- When you assist a client with medicines,
- You are responsible for being sure that the client takes the medication correctly.
- Even one error is too many!

Let's review some tried and true practices that will help in assistance or administration of medications. There are six important rules to remember when providing medication assistance or administration.

THE 6 RIGHTS:

1. Right Person: Speak the client's name out loud. Be sure that the medication paperwork and the medication container match before you hand any medication to a client.
2. Right Drug: Compare the name of the drug on the container to the name of the drug on the medication paperwork.
3. Right Dose: Check the dosage on the medication container and be sure it is identical to the dosage on the medication paperwork.
4. Right Dosage Form: Every letter and number on the medication orders must match the medication package. Is the medicine a tablet, a capsule, a suppository, a liquid, or some other form? Is it extended release or immediate release?
5. Right Time: The date, the day of the week, and the time of day must be the same on the medication paperwork and the medication container.
6. Right Route: This means the way to take or use the drug, such as by mouth, under the tongue, injected, inhaled, or applied to the skin. The route ordered by the physician is the only way the medication may be given.

Other Guidelines for Assisting with Medications:

Wash your hands before assisting with medication and after helping each client.

- Check the expiration date on medications the clients are taking.
- Be aware of instructions about when and how medications should be taken. Some meds need to be taken on an empty stomach and some need to be taken with food.
- Keep medications in a cool, dry place. Do not store meds in the bathroom, because heat and humidity can harm drugs.

- Refrigerate medications that require it in a refrigerator that does not contain food. Monitor and record the refrigerator's temperature daily. Keep it within the recommended temperature range.
- Try to assist with medication in good light and with a minimum of distractions. Errors often occur because of interruptions and haste.
- Report any error to the supervisor immediately. Many errors will not have serious consequences if medical personnel can respond soon.
- Documentation of medication assistance must follow correct procedures and be clear and accurate.
- If your facility uses abbreviations, be sure you know what they mean. Use only approved abbreviations.
- All medicines have a scientific or chemical name, called the generic name, and a brand name from the manufacturer. Whichever name identifies a medicine.

C (3) These terms stand for Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). They represent key life tasks that people need to manage these are the basic self-care tasks that we initially learn as very young children. They are sometimes referred to as "Basic Activities of Daily Living" (BADLs).

After you complete the Agency Orientation:

1. Immediately after completion of the Agency orientation you will be tested on the subject matters.
2. Upon successful completion of the CTOP test, you will be given a certificate of completion that will be placed in your file (this is mandatory no exceptions).
3. Any area of the test where the employee has shown a lack of knowledge (missed 3 or more questions) even if the employee has passed the test, those questions will be addressed by the Owner or Human Resources personnel to ensure the employee's competency.