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Contents

1 Home Care and the Healthcare System

1. Describe the structure of the healthcare system and describe ways it is changing

Health care is a growing field. The healthcare system refers to the different kinds of providers, facilities, and payers involved in delivering medical care. **Providers** are people or organizations that provide health care, including doctors, nurses, clinics, and agencies. **Facilities** are places where care is delivered or administered, including hospitals, long-term care facilities (nursing homes), and treatment centers (such as for cancer). **Payers** are people or organizations paying for healthcare services. These include insurance companies, government programs like Medicare and Medicaid, and the individual patients or clients. Together, these people, places, and organizations make up the healthcare system.

When a person needs health care, he probably goes to a doctor's office, a clinic, or an emergency room. Most of the time, he will be seen and treated by a physician (medical doctor, or MD), a physician's assistant (PA), an advanced practice nurse (APRN) or nurse practitioner (NP), or a registered nurse (RN). If the person needs further care or treatment, it may be provided by a specialist (MD), a physical therapist (PT or DPT), a speech-language pathologist (SLP), or another healthcare worker. People who need continuing care may spend time in a hospital, rehabilitation center, or a long-term care facility. Some people who need continuing care will be cared for in their homes by a home health aide (HHA) or other home care professional (Fig. 1-1). This type of care is called *home health care.*

Fig. 1-1. *Home health care takes place in a person's home.*

Healthcare Settings

In addition to the home, health care is performed in many different settings, such as the following:

- **Long-term care** is given in long-term care facilities, also called *nursing homes, skilled nursing facilities, rehabilitation centers,* and *extended care facilities,* for people who need 24-hour skilled care. **Skilled care** is medically necessary care given by a skilled nurse or therapist. Long-term care is given to those who need a high level of care for ongoing conditions.
- **Assisted living** facilities are residences for people who need some help with daily tasks, such as showering, eating, and dressing. Help with medications may also be given. People who live in these facilities do not need 24-hour skilled care.

- **Adult day services** are for people who need some help and supervision during certain hours, but who do not live in the facility where care is provided.
- **Acute care** is 24-hour skilled care given in hospitals and ambulatory surgical centers for people who require short-term, immediate care for illnesses or injuries. People are also admitted for short stays for surgery.
- **Subacute care** is care given in hospitals or long-term care facilities. It is used for people who need less care than for an acute (sudden onset, short-term) illness, but more care than for a chronic (long-term) illness.
- **Rehabilitation** is care given by specialists and professionals. Physical, occupational, and speech therapists help restore or improve function after an illness or injury. Chapter 16 has more information.
- **Hospice care** is given in homes or facilities for people who have approximately six months or less to live. Hospice workers give physical and emotional care and comfort, while also supporting families. Chapter 20 has more information.

Often payers control the amount and types of healthcare services people receive. The kind of care a person receives and where he receives it may depend, in part, on who is paying for it.

In 2010, the Patient Protection and Affordable Care Act (PPACA) was signed into law by President Barack Obama. This law is commonly referred to as the Affordable Care Act. Its goals include increasing the quality of health insurance, expanding insurance coverage (both public and private), and reducing healthcare costs. The Affordable Care Act has been controversial and, like any law, it may be changed by elected officials.

Public health insurance programs include Medicare and Medicaid, the Children's Health Insurance Program (CHIP), military health benefits from TRICARE and the Veterans Health Administration, and the Indian Health Service.

Private health insurance plans may be purchased by a person's employer, and costs are paid for by the employer, the employee, or shared by both. An individual may also purchase private health insurance directly. Coverage of medical services varies from plan to plan.

The healthcare system is constantly changing and with these changes come new costs. New technologies and medications are being created, and better ways of caring for people in a wide variety of healthcare settings are being developed. Better health care helps people live longer, which leads to a larger elderly population that may need additional health care. New discoveries and expensive equipment have also increased healthcare costs (Fig. 1-2).

Fig. 1-2. *Technology makes it possible to offer better health care, but equipment can be expensive.*

Many health insurance plans employ cost-control strategies called **managed care**. **Health maintenance organizations** (**HMOs**) and **preferred provider organizations** (**PPOs**) are examples of managed care. Managed care seeks to control costs by limiting plan members' choice of healthcare providers and facilities. There is an increasing emphasis within managed care on promoting wellness as a means of reducing the need for healthcare services (and, as a result, reducing costs). Some managed care plans may encourage use of home care, as it can be both less expensive and more effective than care in a healthcare facility.

In the past, the goal of health care was simply to make sick people well. Today things are more complicated. Cost control is a consideration, as is the coordination of the many types of care a

person might receive. While in many cases a person who is seriously ill will still be admitted to a hospital, hospital stays are often shorter now due to cost-control measures. After release from the hospital, many people need continuing care. This care may be provided in a skilled nursing facility, a rehabilitation hospital, or by a home health agency, depending on the needs of the patient or client. Home care plays an important role in this evolving healthcare system. More information about the role of home care may be found in Learning Objective 3 of this chapter.

2. Explain Medicare and Medicaid, and list when Medicare recipients may receive home care

The Centers for Medicare & Medicaid Services (CMS, cms.gov) is a federal agency within the US Department of Health and Human Services. CMS runs two national healthcare programs—Medicare and Medicaid. They both help pay for health care and health insurance for millions of Americans. CMS has many other responsibilities as well.

Medicare (medicare.gov) is a federal health insurance program that was established in 1965 for people aged 65 or older. It also covers people of any age with permanent kidney failure or certain disabilities. The Kaiser Family Foundation (kff.org) estimates that Medicare currently covers more than 60 million people. The National Association for Home Care & Hospice (nahc.org) estimates that Medicare pays for approximately 41% of all home care.

Medicare has four parts. Part A helps pay for care in a hospital or skilled nursing facility or for care from a home health agency or hospice. Part B helps pay for doctor services and other medical services and equipment. Part C allows private health insurance companies to provide Medicare benefits. Part D helps pay for medications prescribed for treatment. Medicare will only pay for services it determines to be medically necessary.

Medicaid (medicaid.gov), which pays for 24% of all home care, is a medical assistance program for people who have a low income, as well as for people with disabilities. It is funded by both the federal government and each state. Eligibility is determined by income and special circumstances. People must qualify for this program.

Medicare pays for intermittent, not continuous, services provided by a certified home health agency. The agency must meet specific guidelines established by Medicare. To qualify for home health care, Medicare recipients usually must be homebound, and their doctors must determine that they need home health care. Medicare will pay the full cost of most covered home healthcare services. However, Medicare will not pay for 24-hour-a-day home health care. Home health care plays an important role when skilled care is needed on a part-time basis.

Medicare Application

Applying for Medicare coverage can be a complicated process. If a client wants to sign up for Medicare coverage and asks for help in completing his application or has general questions about Medicare, the home health aide should inform her supervisor.

3. Explain the purpose of and need for home health care

As mentioned earlier, health care delivered in hospitals and care facilities is expensive. To reduce costs, hospitals discharge patients earlier. Many people who are discharged have not fully recovered their strength and stamina. Many require skilled assistance or monitoring. Others need only short-term assistance at home. Most insurance companies are willing to pay for a part of this care because it is less expensive than a long stay at a hospital or extended care facility.

The growing numbers of older people and chronically ill people are also creating a demand for home care services. Family members who

in the past would care for aging or ill relatives frequently live in distant areas. In addition, they often have other responsibilities or problems that interfere with their ability to provide care. For example, family members who work or who care for young children may be unable to look after aging relatives as they become frail and less functional.

Most people who need some medical care prefer the familiar surroundings of home to an institution (Fig. 1-3). They choose to live alone or receive care from a relative or friend. Home health aides can provide assistance to the chronically ill, the elderly, and family caregivers who need relief from the physical and emotional stress of caregiving. Many home health aides also work in assisted living facilities. Assisted living facilities allow independent living in a home-like environment, with professional care available as needed. Home health aides may be former nursing assistants who decided to make a change (and were qualified to do so) from working in facilities or hospitals to working in the home.

Fig. 1-3. *People who are ill or disabled often feel more comfortable being cared for in their homes, where everything is familiar.*

As advances in medicine and technology extend the lives of people with chronic illnesses, the number of people needing health care will increase. Home services will be needed to provide continued care and assistance as chronic illnesses progress.

Healthcare professionals are focused on providing **person-centered care**. This type of care emphasizes the individuality of the person who needs care, and recognizes and develops the person's capabilities. Person-centered care revolves around the person and promotes his or her individual preferences, choices, dignity, and interests. Each person's background, culture, language, beliefs, and traditions are respected.

Home health care lends itself very well to person-centered care. One of the most important reasons for health care in the home is that most people who are ill or disabled feel more comfortable at home. Health care in familiar surroundings improves mental and physical well-being. It has proven to be a major factor in the healing process. Giving person-centered care will be an ongoing focus throughout this textbook.

4. List key events in the history of home care services

The first home health aides were women hired to care for the homes and children of mothers who were sick or hospitalized in the early 1900s. During the Great Depression in the 1930s, women were hired as "housekeeping aides." They were paid by the government. When this government program was discontinued, some aides continued to work for local family and children's services agencies, which provided aid to families in need.

In 1959, a national conference on homemaker services was held. It was clear that there was a great need not only for homemaker or housekeeping services, but for personal, in-home care for sick people. Thus, the aide's role expanded to include personal care of the sick as well as care of the home and family.

In 1965, the Medicare program was created. Because many Medicare recipients need home care, home health services have been growing ever since. Medicare first began referring to homemakers as "home health aides."

Growth of Certified Home Health Agencies

Medicare-Certified Home Health Agencies	
Mid-1980s	5,900
2016	12,200
Medicare-Certified Hospices	
Mid-1980s	31
2016	4,300

Source: CDC.gov

Interest in home health care has increased for several reasons. Increased healthcare costs, along with advances in capabilities, have created a need for the affordable, continuing care that home care provides. The growing population of the elderly and people with chronic diseases, such as heart disease and Alzheimer's disease, has also created greater demand for home care.

Another reason home health care has grown is the use of **diagnosis-related groups** (**DRGs**) by Medicare and Medicaid. A DRG specifies the treatment price Medicare or Medicaid will pay for various **diagnoses** (*dye-ag-NOH-seez*), or physicians' determinations of an illness. Because a flat fee is assigned for each diagnosis, hospitals lose money if a person's stay is longer than what is allotted in the DRG. Hospitals generally make money if a person's treatment is completed more quickly than specified in the DRG. Home health care has grown to address the needs of people who are discharged from the hospital earlier than they would have been in the past.

In addition, the Affordable Care Act encourages home care as an effective and cost-efficient way to promote the health of people with high levels of healthcare needs. Under the ACA, home care is promoted as one way to prevent a costly and dangerous cycle of frequent hospital admissions for these very vulnerable members of society.

As the home health industry has grown, the process of training and monitoring home health aides has evolved. Many states have certification standards for programs that train aides. The Centers for Medicare & Medicaid Services (CMS) requires that home health aides working in a Medicare-certified home health agency complete at least 75 hours of training, as well as a competency evaluation program (test) before being able to work. Home health aides must also receive at least 12 hours of in-service training annually. Rules also state that certified nursing assistants can work as home health aides after receiving training and taking a competency evaluation.

5. Identify the basic methods of payment for home health services

Any of the following may pay for home health services (Fig. 1-4):

- Medicare
- Medicaid
- State and local governments
- Private insurance
- Individual client or family

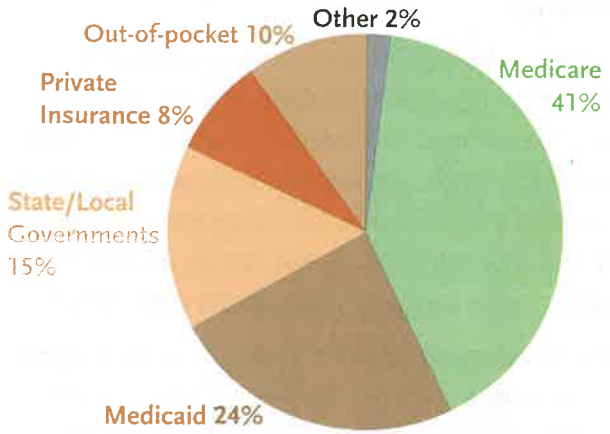


Fig. 1-4. *Sources of payment for home health care.*
(SOURCE: CENTERS FOR MEDICARE & MEDICAID SERVICES, OFFICE OF THE ACTUARY, NATIONAL HEALTH CARE EXPENDITURES, WWW.CMS.GOV, [MARCH 2010] VIA THE NATIONAL ASSOCIATION FOR HOME CARE & HOSPICE BASIC STATISTICS ABOUT HOME CARE, NAHC.ORG)

Medicare pays agencies a fixed fee for a 60-day period of care based on a client's condition. If the cost of providing care exceeds the payment, the agency loses money. If the care provided costs less than the payment, the agency makes money. For these reasons, home health agencies must pay close attention to costs. Because all payers monitor the quality of care provided, how work is documented or recorded is very important.

CMS's payment system for home care is called the *home health prospective payment system* or *HH PPS*. It works very much like the DRG system described earlier for hospitals.

When clients want regular (rather than intermittent) care, both the clients themselves and/or their insurance companies may pay for this cost.

6. Describe a typical home health agency

Many home health aides are employed by home health agencies. **Home health agencies** are businesses that provide health care and personal services in the home. Healthcare services provided by home health agencies may include nursing care, specialized therapy, specific medical equipment, pharmacy and intravenous (IV) products, and personal care. Personal care services may include helping with activities of daily living (ADLs), housekeeping, shopping, and cooking.

Clients who need home care are referred to a home health agency by their doctors. They can also be referred by a hospital discharge planner, a social services agency, the state or local department of public health, a local agency on aging, or a senior center. Clients and family members may also choose an agency that meets their needs.

Once a doctor has made a referral and an agency is chosen, a registered nurse performs an initial assessment of the client. This assessment is normally done within 48 hours of referral or the person's return home, or on the date the doctor ordered care to start. This assessment determines how the care needs can best be met. The home environment will also be evaluated to determine whether it is safe for the client. A comprehensive assessment is usually completed later, within five days of the first visit where care is provided. The comprehensive assessment is updated and revised as the client's condition changes.

The services that home health agencies provide depend on the size of the agency. Small agencies may provide basic nursing care, personal care, and housekeeping services. Larger agencies may provide speech, physical, and occupational therapies, and medical social work. Some common services include the following:

- Physical, occupational, and speech therapy
- Medical-surgical nursing care, including medication management; wound care; care of different types of tubes; catheterization (*kath-eh-ter-eye-ZAY-shun*); and management of clients with HIV, diabetes (*dye-ah-BEE-teez*), chronic obstructive pulmonary disease (COPD), and congestive heart failure (CHF)
- Intravenous (*in-trah-VEE-nus*) infusion therapy
- Maternal, pediatric (*pee-dee-A-trik*), and newborn nursing care
- Nutrition therapy/dietary counseling
- Medical social work
- Personal care, including bathing; measuring vital signs; skin, nail, and hair care; meal preparation; light housekeeping; ambulation; and range of motion exercises
- Homemaker/companion services
- Medical equipment rental and service
- Pharmacy (*FAHR-mah-see*) services
- Hospice services

All home health agencies have professional staff who make decisions about what services are needed. These professionals, who may be doctors, nurses, or other licensed professionals, also reassess clients' needs for service, create care plans, and schedule services.

Once the amount and types of care needed are determined, assignments are given. A home health aide may be assigned to spend a certain number of hours each day or week with a client providing care and services. While the care plan and the assignments are developed by the supervisor or case manager, input from all members

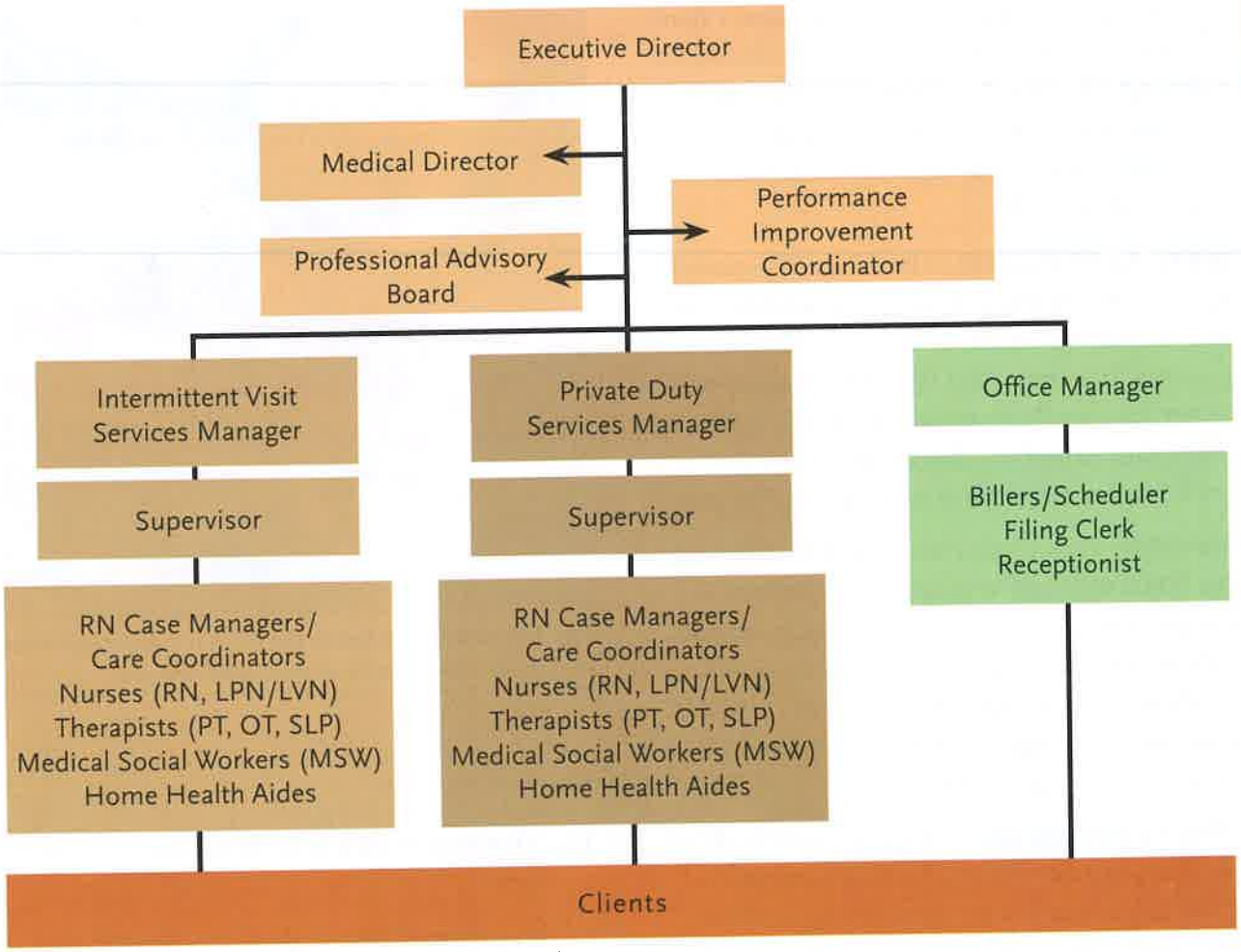


Fig. 1-5. *A typical home health agency organization chart.*

of the care team is needed. All home health aides are under the supervision of a skilled professional. It may be a nurse, a physical therapist, a speech-language pathologist, or an occupational therapist. Figure 1-5 shows a typical home health agency organization chart. More information about the care team and how the members work together is located in Chapter 2.

7. Explain how working for a home health agency is different from working in other types of facilities

In some ways, working as a home health aide is similar to working as a nursing assistant. Most of the basic medical procedures and many of the personal care procedures will be the same. However, some aspects of working in the home are very different from working in care facilities.

Housekeeping: An HHA may have light housekeeping responsibilities, including cooking, cleaning, laundry, and grocery shopping.

Family contact: An HHA may have a lot more contact with clients' families in the home than in a facility.

Independence: An HHA will work independently. A supervisor will monitor her work, but most hours working with clients will be spent without direct supervision. Thus, the HHA must be a responsible and independent worker.

Communication: Careful written and verbal communication skills are important. An HHA must stay informed of changes in the client care plan. She must keep others informed of changes observed in the client and the client's environment.

Transportation: Traveling from one client's home to another is a necessity. An HHA needs to have a dependable car or be able to use public or other transportation. An HHA may face bad weather conditions, but clients need care, regardless of rain, sleet, or snow.

Safety: An HHA needs to be aware of personal safety when traveling alone to visit clients. She may be visiting clients in areas where crime is a problem. It is important that she remain aware of her surroundings, walk confidently, and avoid dangerous situations. She should make sure others know her travel plans/schedule for the day.

Flexibility: Each client's home will be different. An HHA will need to adapt to the changes in environment. In a care facility, certain supplies will be available, and working conditions will be clean and organized. In home care, an HHA may not know what is available at a client's home until she gets there.

Working environment: Long-term care facilities are built to make caregiving easier and safer. They have wide doors, large bathing facilities, and special equipment for transferring clients. If needed, other caregivers are close by and can help move a resident or answer questions. In home care, lack of equipment, stairs, cramped bathrooms, rugs, clutter, the layout of rooms, and even pets can complicate caregiving.

Client's home: In a client's home, the HHA is a guest (Fig. 1-6). She needs to be respectful of the client's property and customs. If there are any customs that seem unsafe, the HHA should talk to her supervisor.

Client's comfort: One of the best things about home care is that it allows clients to stay in the familiar and comfortable surroundings of their own homes. This can help most clients recover or adapt to their condition more quickly.

Fig. 1-6. *In a client's home, the HHA is a guest and must respect the client's personal items and customs.*

Chapter Review

1. What type of care is performed in a person's home?
2. What type of care is given to a person who has approximately six months or less to live?
3. How do Medicare recipients qualify for home health care?
4. What is one of the most important reasons for providing health care in the home?
5. Why are the following years significant in the rise of home health care: 1959 and 1965?
6. What is the most common source of payment for home health services?
7. Once a person is referred to home health care and a home health agency is chosen, what happens next?
8. How may the working environment differ in a home as opposed to a long-term care facility?

2 The Home Health Aide and the Care Team

1. Identify the role of each care team member

Home health aides work directly with clients and families in their homes. They are part of a team of health professionals that includes doctors, nurses, social workers, therapists, and specialists. The team will work closely together to help clients recover from their illnesses. If full recovery is not possible, the team will help clients do as much as they can for themselves.

Clients have different needs and problems. Healthcare professionals with a wide range of education and experience help care for them together (sometimes referred to as an *interdisciplinary approach*). This group is known as the care team. Members of the care team include the following:

Home Health Aide (HHA): The **home health aide** performs assigned tasks, such as measuring vital signs, and provides or assists with personal care, such as bathing or meal preparation. Home health aides spend more time with clients than other members of the care team. That is why they act as the "eyes and ears" of the team. Observing and reporting changes in the client's condition or abilities is a very important duty of the HHA (Fig. 2-1). Home health aides must ve at least 75 hours of training.

e **Manager or Supervisor**: Usually a registered nurse, a case manager or supervisor is assigned to each client by the home health agency. The **case manager** or **supervisor**, with input from other team members, creates the basic care plan for the client. She monitors any changes that are observed and reported by the HHA. The case manager also makes changes in the client care plan when necessary.

Fig. 2-1. *Observing carefully and reporting accurately are some of the most important duties home health aides perform.*

Registered Nurse (RN): In a home health agency, a **registered nurse** coordinates, manages, and provides care. RNs also supervise and train home health aides. They develop the home health aide care plan, or assignments. A registered nurse is a licensed professional who has graduated from a two- to four-year nursing

program. RNs have diplomas or college degrees and have passed a national licensure examination. Registered nurses may have additional academic degrees or education in specialty areas.

Physician or Doctor (MD [medical doctor] or DO [doctor of osteopathy]): A **doctor** diagnoses disease or disability and prescribes treatment. A doctor generally decides when patients need home health care, develops a treatment plan, and refers them to home health agencies (Fig. 2-2). Doctors have graduated from four-year medical schools, which they attended after receiving bachelor's degrees. Many doctors also attend specialized training programs after medical school.

Fig. 2-2. A doctor makes a diagnosis and prescribes treatment. She usually decides when a person needs home health care.

Physical Therapist (PT or DPT): A **physical therapist** evaluates a person and develops a treatment plan to increase movement, improve circulation, promote healing, reduce pain, prevent disability, and regain or maintain mobility (Fig. 2-3). A PT administers therapy in the form of heat, cold, massage, ultrasound, electrical stimulation, and exercise to muscles, bones, and joints. A physical therapist has received a master's degree or has graduated from a doctoral degree program (doctor of physical therapy, or DPT) after receiving an undergraduate degree. PTs have to pass national licensure examinations before they can practice.

Speech-Language Pathologist (*pa-THAH-loh-jist*) (SLP): A **speech-language pathologist** or speech therapist identifies communication disorders, addresses factors involved in recovery, and develops a plan of care to meet improvement or recovery goals. An SLP teaches exercises to help the client improve or overcome speech impediments. An SLP also evaluates a person's ability to swallow food and drink. Speech-language pathologists have earned a master's degree in speech-language pathology and are licensed or certified to practice.

Fig. 2-3. A physical therapist helps exercise muscles, bones, and joints to improve strength or restore abilities.

Occupational Therapist (OT): An **occupational therapist** helps clients learn to adapt to disabilities. An OT may help train clients to perform activities of daily living (ADLs), such as dressing, eating, and bathing. This often involves the use of special equipment called assistive devices (Fig. 2-4). The OT evaluates the client's needs and develops a treatment program. Occupational therapists have earned a master's or doctoral degree and must pass national licensure examinations before they can practice.

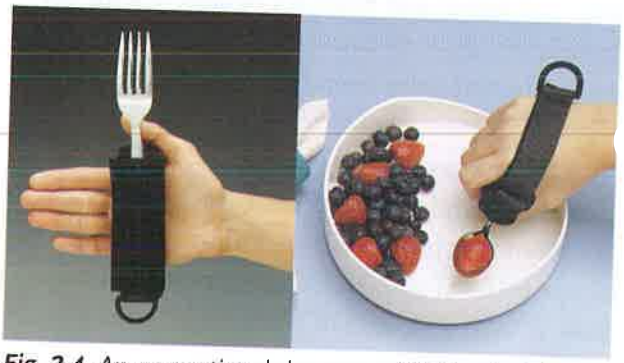


Fig. 2-4. An occupational therapist will help clients learn to use assistive devices, such as this special utensil and plate. (PHOTOS COURTESY OF NORTH COAST MEDICAL, INC., WWW.NCMEDICAL.COM, 800-821-9319)

Registered Dietitian (RD or RDN): A **registered dietitian** (RD) or registered dietitian nutritionist (RDN) assesses a client's nutritional status and develops a treatment plan to improve health and manage illness. A registered dietitian creates diets to meet clients' special needs and may also supervise the preparation of food and educate people about nutrition. Registered dietitians have completed a bachelor's degree or master's degree and must pass a national licensure examination.

Medical Social Worker (MSW): A **medical social worker** determines clients' needs and helps them get support services, such as counseling, meal services, and financial assistance. A medical social worker may book appointments and transportation. Medical social workers have usually earned a master's degree in social work.

Client: The client is an important member of the care team. Providing person-centered care means placing the client's well-being first and giving her the right to make decisions and choices about her own care. The client helps plan care, and the client's family may also be involved in these decisions. The care team revolves around the client and her condition, goals, priorities, treatment, and progress. Without the client, there is no care team.

2. Describe the role of the home health aide and explain typical tasks performed

The role of home health aides is to improve or maintain the independence, health, and well-being of clients. This is accomplished by providing or assisting with personal care, assisting with activities of daily living (ADLs), and performing assigned tasks. It is also accomplished by promoting self-care. HHAs can reinforce the teachings of other team members and promote behavior that improves health, such as maintaining a healthy diet and exercising.

Home health aides provide services directly to clients in several ways. HHAs provide care or assist with self-care, depending on the care plan. A care plan may include the following, depending on state regulations:

- Bathing
- Dressing
- Grooming
- Helping with elimination
- Assisting with range of motion (ROM) exercises and ambulation (walking)
- Transferring from bed to chair or wheelchair
- Measuring vital signs (temperature, pulse rate, respiratory rate, and blood pressure)
- Feeding
- Reminding the client about medications
- Giving skin care
- Using medical supplies and equipment, such as walkers and wheelchairs
- Changing simple dressings
- Making and changing beds
- Light cleaning, including dusting, vacuuming, and washing dishes
- Teaching home management and safety

HHAs help maintain a safe, secure, and comfortable home life for clients and their families. This may include light housekeeping, food shopping, meal preparation, and laundry.

Home health aides are also role models. They promote clients' independence by practicing proper housekeeping, nutrition, and healthcare skills. Encouraging clients to do tasks for themselves helps ensure that health will be maintained between visits.

In addition, home health aides teach by example. By performing procedures and providing help efficiently and cheerfully, they provide the family with a model for caregiving. Home health aides are not intended to replace a family

member. Rather, HHAs support and strengthen the family.

3. Identify tasks outside the scope of practice for home health aides

Laws and regulations about what aides can and cannot do vary from state to state. A **scope of practice** defines the tasks healthcare providers are legally allowed to do as permitted by state or federal law. However, some procedures are not performed by home health aides under any circumstances. Tasks that are said to be outside the scope of practice of a home health aide include the following:

- HHAs do not administer medications unless trained and assigned to do so. Only a few states allow home health aides to do this. However, when allowed, additional training is **always** required. Home health aides may assist the clients with self-administered medications in certain situations.
- HHAs do not insert or remove tubes or objects (other than a thermometer) into or from a client's body. These procedures are called *invasive* and are performed only by licensed professionals.
- HHAs do not honor a request to do something outside the scope of practice, not listed in the job description, or not on the assignment sheet. In this situation, an HHA should explain that she cannot do the task requested. The request should then be reported to a supervisor. This is true even if a nurse or doctor asks the HHA to perform the task. The HHA should refuse to perform the task and explain why. Refusing to do something that the HHA cannot legally do is the HHA's right and responsibility.
- HHAs do not perform procedures that require sterile technique. For example, changing a sterile dressing on a deep, open wound requires sterile technique.
- HHAs do not diagnose illnesses or prescribe treatments or medications.
- HHAs do not tell the client or the family the diagnosis or the medical treatment plan. This is the responsibility of the doctor or nurse.

Home health aides must know which tasks are outside their scope of practice and not perform them. Many of these specialized tasks require more training. It is important for HHAs to learn how to refuse a task for which they have not been trained or that is outside their scope of practice.

At the end of this textbook, there is an appendix that includes additional procedures. Most HHAs cannot perform these tasks without special training. Each HHA must know and follow his state's and agency's regulations.

4. Define the client care plan and explain its purpose

The client care plan is individualized for each client. It is developed to help achieve the goals of care and meet the client's specific needs (Fig. 2-5). It lists tasks, services, and treatments that team members, including home health aides, must perform. It states how often these tasks should be performed and how they should be carried out. For example, the care plan for a client who has had a stroke may list the following HHA responsibilities:

- Perform range of motion exercises daily
- Measure vital signs, such as temperature, pulse, and blood pressure, once a day or more
- Meet diet and fluid requirements

In addition, the care plan includes the client's diagnoses and limitations, goals, and interventions, such as medications, monitoring, treatments, and nutritional requirements. It also states the needed supplies and equipment,

HOME CARE AIDE CARE PLAN

Patient Address: _____ **Telephone No.** _____

Directions to Home: _____

Case Manager: _____ **Phone No.** _____

Frequency/Duration: _____

Supervisory visits: ❑ every 2 weeks ❑ every 30 ❑ every 60 ❑ Other _____

Patient problem: _____

PARAMETERS TO NOTIFY CARE MANAGER

Temp _____ **BP** _____

P _____ **R** _____

Urine _____

Other (pain) _____

DNR: ❑ **Yes** ❑ **No**

PRECAUTIONARY AND OTHER PERTINENT INFORMATION – Check all that apply. Circle the appropriate item if separated by slash.

- ❑ Lives alone
- ❑ Lives with other
- ❑ Alone during the day
- ❑ Bed bound
- ❑ Bed rest/BRPs
  - ❑ Up as tolerated
- ❑ Amputee (specify): _____
- ❑ Partial weight bearing: ❑ R ❑ L
- ❑ Non weight bearing: ❑ R ❑ L
- ❑ Fall precautions
- ❑ Special equipment: _____
- ❑ Speech/Communication deficit
- ❑ Vision deficit: ❑ Glasses
  - ❑ Contacts
  - ❑ Other: _____
- ❑ Hearing deficit: ❑ Hearing aid
- ❑ Dentures: ❑ Upper ❑ Lower ❑ Partial
- ❑ Oriented x 3 ❑ Alert
- ❑ Forgetful/Confused
- ❑ Urinary catheter
- ❑ Prosthesis (specify): _____
- ❑ Allergies (specify): _____
- ❑ Diabetic ❑ Do not cut nails
  - ❑ Diet: _____
- ❑ Seizure precaution
- ❑ Watch for hyper/hypoglycemia
- ❑ Bleeding precautions
- ❑ Prone to fractures
- ❑ Other (specify): _____
- ❑ _____
- ❑ _____

Check all applicable tasks. Specify by circling the applicable activity for those items separated by slashes. Write additional precautions, instructions, etc. as needed beside the appropriate item.

	ASSIGNMENT	Every Visit	Weekly	Other – Comments/Instructions
VITALS	Temperature	❑	❑	
	Pulse	❑	❑	
	Respirations	❑	❑	
	Blood Pressure	❑	❑	
	Weight	❑	❑	
	Pain Rating	❑	❑	
BATH	Tub/Shower	❑	❑	
	Bed Bath - Partial/Complete	❑	❑	
	Assist Bath - Chair	❑	❑	
HYGIENE/GROOMING	Personal Care	❑	❑	
	Assist with Dressing	❑	❑	
	Hair Care	❑	❑	
	Shampoo	❑	❑	
	Skin Care	❑	❑	
	Foot Care	❑	❑	
	Check Pressure Areas	❑	❑	
	Nail Care	❑	❑	
	Oral Care	❑	❑	
	Clean Dentures	❑	❑	
	Other (specify): _____	❑	❑	
PROCEDURES	Assist with Elimination	❑	❑	
	Catheter Care	❑	❑	
	Ostomy Care	❑	❑	
	Record Intake/Output	❑	❑	
	Inspect/Reinforce Dressing (see specifics in comment section)	❑	❑	
	Medication Reminder	❑	❑	
	Other (specify): _____	❑	❑	

	ASSIGNMENT	Every Visit	Weekly	Other – Comments/Instructions
ACTIVITY	Assist with Ambulation W/C / Walker / Cane	❑	❑	
	Mobility Assist Chair / Bed Dangle / Commode Shower / Tub	❑	❑	
	ROM Active / Passive Arm R / L Leg R / L	❑	❑	
	Positioning - Encourage Assist every ____ hrs	❑	❑	
	Exercise - Per PT / OT / SLP Care Plan	❑	❑	
	Other (specify): _____	❑	❑	
NUTRITION	Meal Preparation	❑	❑	
	Assist with Feeding	❑	❑	
	Limit/Encourage Fluids	❑	❑	
	Grocery Shopping	❑	❑	
	Other (specify): _____	❑	❑	
OTHER	Wash Clothes	❑	❑	
	Light Housekeeping Bedroom / Bathroom / Kitchen / Change Bed Linen	❑	❑	
	Equipment Care	❑	❑	
	Other (specify): _____	❑	❑	

Signature/Title: _____ Date: _____ Review and/or revise at least every 60 days

SIGNATURE/TITLE	DATE	SIGNATURE/TITLE	DATE

PART 1 - Clinical Record **PART 2 - Patient** **PART 3 - Care Manager**

PATIENT NAME – Last, First, Middle Initial | ID#

BRIGGS Healthcare

HOME CARE AIDE CARE PLAN

. A sample client care plan. (REPRINTED WITH PERMISSION OF BRIGGS HEALTHCARE®, 800-247-2343, BRIGGSHEALTHCARE.COM)

permitted activities, specific safety measures, and the length and frequency of home health care visits.

The care plan is a guide to help the client attain and maintain the best possible level of health. **Activities not listed on the care plan should not be performed**. The HHA care plan is part of this overall plan of care. It must be followed very carefully.

Throughout this textbook there is an emphasis on the importance of HHAs making observations and reporting them to their supervisors. Sometimes even simple observations are very important. The information collected, such as vital signs, and the changes observed in the client are both important in determining how the client's care plan needs to change.

5. Describe how each team member contributes to the care plan

Care planning should involve input from the client and/or the family, as well as from health professionals. When the client is involved in care planning, he is more likely to participate in and continue treatment. In addition, the client has a legal right to participate in his own care. Person-centered care places special emphasis on the importance of the client's input.

When planning care, professionals will assess the client's physical, financial, social, and psychological needs. After the doctor prescribes treatment, the supervisor, nurses, and other care team members create the care plan. Many factors are considered when formulating a care plan. These include the following:

- The client's health and physical condition
- The client's diagnosis and treatment
- The client's goals, priorities, preferences, or expectations
- Whether additional services and resources, including transportation, equipment, or supplementary income, are needed (for example, a social worker may arrange transportation for the client to and from appointments with his doctor)

The **psychological** (*sye-ka-LOJ-ik-ul*) (mental and emotional) and **socioeconomic** (*soh-see-oh-ee-ka-NOM-ik*) (social and economic) status of the client and the family are other important considerations. The agency will assess how the client and family are reacting to the medical problems the client is experiencing. Family members may be unavailable for some clients. For example, a client may have only elderly and ailing relatives to help with care. Family members may have jobs to go to or children to care for. Some families may have relatives who are unwilling to assist in care. For some families, problems like alcoholism and substance abuse can make it difficult to provide care. Housing and financial resources may also be lacking. A medical social worker may be sent to the home to assess the situation, make referrals, and assist with long-term care planning.

Input from all members of the care team is needed to develop the client care plan. For instance, a 250-pound, elderly client requests a tub bath. The supervisor assigns it. The home health aide finds that the client has no assistive equipment and is unable to move to the tub. The assignment puts the home health aide and the client at risk of injury. The home health aide must communicate this to his supervisor. The assignment needs to be changed to a bed bath or shower, or the client needs to obtain assistive equipment. The supervisor is responsible for re-assessing the assignment and making necessary changes to the care plan.

Multiple care plans may be necessary for some clients. In these situations, the supervisor will coordinate the client's overall care. There will be one care plan for the home health aide to follow. There will be separate care plans for other providers, such as the physical therapist.

Care plans must be periodically reviewed (at least every 60 days) and updated as the client's condition changes. Reporting changes and problems to the supervisor is a very important role of the home health aide. That is how the care team revises care plans to meet the client's changing needs (Fig. 2-6).

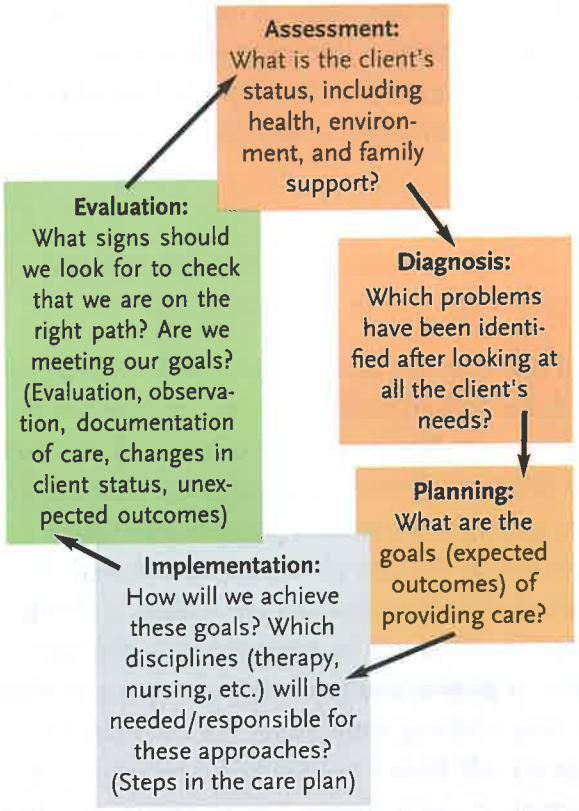


Fig. 2-6. *The care planning process.*

6. List the federal regulations that apply to home health aides

There are three basic federal regulations that apply to home health aides:

1. HHAs working in a Medicare-participating agency must complete at least 75 hours of training and/or they must pass a competency evaluation before they begin working. Training may be at a community college, high school, or home health agency (Fig. 2-7). State laws may require training in specific areas as well as certification through a standardized test. Rules also include demonstrating the ability to read, write, and give oral reports.

Fig. 2-7. *Home health aides must complete at least 75 hours of training and/or pass a competency evaluation to work for a Medicare-participating agency.*

2. HHAs must have at least 12 hours of education (in-service training) every year. Home health agencies are required to offer these courses for their employees. However, it is the HHA's responsibility to successfully complete 12 hours of courses each year. An agency will not allow HHAs to work if they have not met the 12-hour in-service training requirement. Many states require more than 12 hours.
3. HHAs must comply with Occupational Safety and Health Administration (OSHA) rules about bloodborne pathogens, Standard Precautions, and tuberculosis. OSHA (osha.gov) is a federal government agency that makes rules to protect workers from hazards on the job. Information on following these rules is covered in Chapter 5.

7. Describe the purpose of the chain of command

A home health aide carries out instructions given to her by a nurse. The nurse is acting on the instructions of a doctor or other member of the care team. This is called the **chain of command**. It describes the line of authority and helps to make sure that clients get proper health care. The chain of command also protects

employees and employers from **liability** (*lye-a-BIL-i-tee*). Liability is a legal term that means someone can be held responsible for harming someone else. For example, imagine that a task that a home health aide performs for a client harms him. However, the task was in the care plan and was done according to policy and procedure. In this case the HHA may not be liable, or responsible, for hurting the client. However, if the HHA does something not in the care plan that harms a client, she could be held responsible. That is why it is important to follow instructions in the care plan and to follow the chain of command (Fig. 2-8).

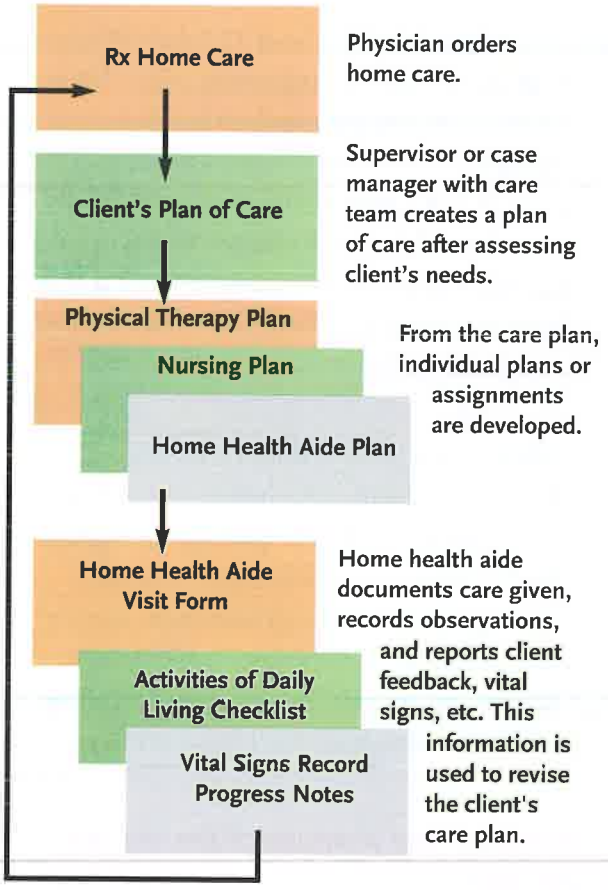


Fig. 2-8. *The chain of command describes the line of authority and helps ensure that the client receives proper care.*

Home health aides must understand what they can and cannot do. This is important so that they do not harm clients or involve themselves or their employers in lawsuits. Some states certify that a home health aide is qualified to work. However, home health aides are not licensed healthcare providers. Everything they do in their job is assigned to them by a licensed healthcare professional. That is why these professionals will show great interest in what HHAs do and how they do it.

Every state grants the right to practice various jobs in health care through licensure. Examples include granting a license to practice nursing, medicine, or physical therapy. Each member of the care team works under his or her scope of practice.

8. Define policies and procedures and explain why they are important

All home health agencies have policies and procedures that all staff members are expected to follow. A **policy** is a course of action that should be taken every time a certain situation occurs. For example, a common policy at most agencies is that the care plan must be followed. That means that every time an HHA visits a client, what she does will be determined by the care plan. A **procedure** (*proh-SEE-dyoor*) is a method, or way, of doing something. For example, an agency will have a procedure for reporting information about clients. The procedure explains what form to complete, when and how often to complete it, and to whom it is given.

Common policies at home health agencies include the following:

- All client information must remain confidential. Keeping information confidential means not telling anyone about it. This is not only an agency rule, but it is also the law. Chapter 3 contains more information on confidentiality, including the Health Insurance Portability and Accountability Act (HIPAA). All agency employees must keep all information about clients and their families confidential. The HHA should be careful where she keeps her notes and assignment sheets. Keeping paperwork out

in the open where someone could read it or losing notes or assignments is a breach of confidentiality. Confidentiality also extends to the agency's personnel files and clinical records. This means an employer cannot give out information about any employee from job applications or other records.

- The client's care plan must always be followed. Home health aides should perform all tasks assigned by the care plan. Tasks that are not listed in the care plan or approved by the supervisor should not be performed. If the client or family requests changes, the HHA should report the requests to the supervisor.
- Home health aides must report to the supervisor at regular, arranged times, and more often if needed. For example, HHAs must report the following to their supervisors: important events or changes in clients and their families; an accident on the job; and anything that delays or prevents them from going to or completing an assignment.
- Personal problems should not be discussed with the client or the client's family. Discussing personal problems is unprofessional. HHAs must act professionally. Clients should see an HHA as a care provider rather than as a friend.
- Home health aides must be punctual and dependable. Employers expect this of all employees.
- Home health aides need to follow deadlines for documentation and paperwork. Timely and accurate documentation is very important. This topic is discussed in detail in Chapter 4.
- All client care must be given in a pleasant, professional manner.
- Home health aides should not give or accept gifts. Gift-giving and receiving is not allowed because it is unprofessional (Fig. 2-9). Gift-giving can cause other problems as well. For example, a client may forget that she gave an object as a gift and report it as stolen. Some clients who give gifts may believe they deserve special treatment.

Fig. 2-9. *Home health aides should not accept money or gifts because it is unprofessional and may lead to conflict.*

Employers will have policies and procedures for every client care situation. These have been developed to give quality care and protect client safety. HHAs should always follow their employer's policies and procedures. Procedures may seem long and complicated, but each step is important. This book includes general procedures for all the basic tasks home health aides will do. HHAs must understand all policies and procedures and where to locate them. If something is not clear, the supervisor should be notified.

9. List examples of a professional relationship with a client and an employer

Professional means having to do with work or a job. **Personal** refers to life outside a job, such as family, friends, and home life. **Professionalism** is behaving properly when on the job. It includes dressing appropriately and speaking well. It also includes being on time, finishing assignments, and reporting to the supervisor. For an HHA, professionalism means following the care plan, making important observations, and reporting accurately. Clients, coworkers, and supervisors respect employees who behave professionally.

Professionalism helps people keep their jobs and may also help them earn promotions and raises.

A professional relationship with clients includes the following:

- Providing person-centered care
- Keeping a positive attitude
- Arriving on time, doing tasks efficiently, and leaving on time
- Finishing an assignment
- Doing only assigned tasks that are in the care plan and that the HHA is trained to do
- Keeping all clients' information confidential
- Being polite and professional at all times (Fig. 2-10)

Fig. 2-10. *Being polite and professional is something that is expected of home health aides.*

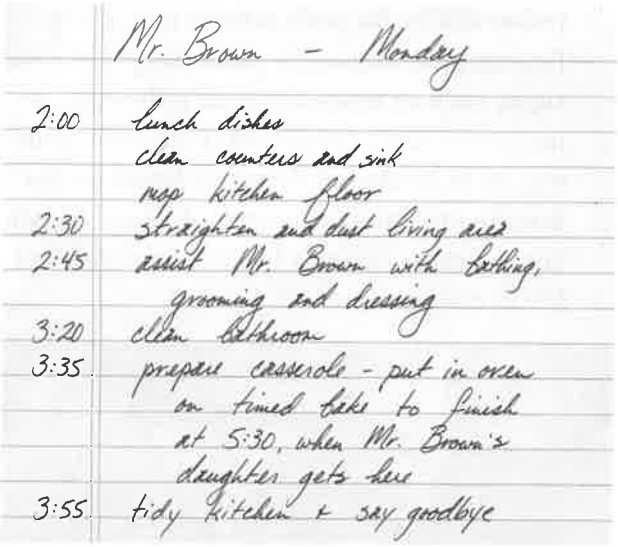
- Not discussing personal problems
- Not using personal phones while caring for clients
- Not using profanity, even if a client does
- Listening to the client
- Calling the client *Mr.*, *Mrs.*, *Ms.*, or *Miss*, and his or her last name, or by the name the client prefers; terms such as *sweetie*, *honey*, *dearie*, etc., are disrespectful and should not be used
- Never giving or accepting gifts
- Always explaining care before providing it
- Following practices, such as handwashing, to protect oneself and clients

A professional relationship with employers includes the following:

- Completing assignments efficiently
- Always following policies and procedures
- Documenting and reporting carefully and correctly
- Reporting problems with clients or assignments
- Reporting anything that keeps an HHA from completing assignments
- Asking questions when the HHA does not know or understand something
- Taking directions or feedback without getting upset
- Being clean, neatly dressed, and groomed
- Always being on time
- Telling the employer if the HHA cannot report for work
- Following the chain of command
- Participating in education programs
- Being a positive role model for the agency

10. Demonstrate how to organize care assignments

To finish all assignments each day, home health aides have to work efficiently. To be efficient, they need to decide the order in which to do their tasks. For example, an HHA is assigned to work with an elderly client from 2:00 to 4:00 p.m. on Monday. The care plan states that the client needs some housekeeping, dinner preparation, and personal care. When the HHA arrives at the client's home, she sees what tasks need to be done. She makes a list of the tasks she will do and the order in which she will do them (Fig. 2-11).


Mr. Brown - Monday

2:00 lunch dishes
clean counters and sink
mop kitchen floor
2:30 straighten and dust living area
2:45 assist Mr. Brown with bathing, grooming and dressing
3:20 clean bathroom
3:35 prepare casserole - put in oven on timed bake to finish at 5:30, when Mr. Brown's daughter gets here
3:55 tidy kitchen & say goodbye

Fig. 2-11. *Making a list of tasks to be done will help an HHA perform them efficiently.*

Two hours is not a lot of time to do all those tasks. The HHA will have to work quickly. If she does not plan the tasks before she starts, she might spend too long cleaning the kitchen and never make dinner. Making a list of tasks makes for more efficient work. It is also helpful to include the client in the planning. A client may not cooperate with the schedule if he has different priorities. It takes communication, and sometimes negotiation, to arrange a schedule that works.

If an HHA runs out of time with a client, she may have to leave some tasks uncompleted. This can negatively affect the client and will put the HHA behind during her next visit. Completing assignments efficiently means not always trying to catch up. It means being able to complete necessary tasks in the time allowed.

11. Demonstrate proper personal grooming habits

Regular grooming makes people feel good about themselves, and it makes others feel good about them too. Grooming affects how confident clients feel about the care home health aides give. Professional home health aides have the following personal grooming habits:

- Bathing or showering daily and using deodorant or antiperspirant (do not use perfume, cologne, aftershave, or scented body creams or lotions, as clients may not like scents or may have illnesses that are worsened by scents)
- Brushing teeth frequently and using mouthwash when necessary
- Keeping hair clean and neatly brushed or combed and tying long hair back in a bun or ponytail
- Keeping facial hair short, clean, and neat
- Dressing neatly in a uniform that has been washed and ironed
- Not wearing clothes that are too tight or too baggy, torn or stained, or too revealing (short skirts, low-cut blouses, see-through fabrics)
- Not wearing large jewelry (the main exception to this rule is a simple, waterproof watch that may be used to measure vital signs and record events)
- Wearing an identification badge if required by the agency
- Not having visible tattoos and extra piercings (except for pierced ears)
- Wearing comfortable, clean, high-quality, closed-toe shoes (Fig. 2-12)

Fig. 2-12. *Wearing a clean uniform, a watch, and an identification badge, as well as keeping long hair tied back and wearing clean, closed-toe shoes, are all a part of proper grooming.*

- Keeping fingernails short, smooth, and clean
- Not wearing artificial nails (acrylic, gel, sculptured, or wraps) because they harbor bacteria
- Wearing little or no makeup

Home health aides should follow any specific rules an agency has regarding their appearance.

12. Identify personal qualities a home health aide must have

Home health aides must be:

- **Compassionate**: Being **compassionate** (*kum-PASH-on-et*) means being caring, concerned, considerate, empathetic (*em-pah-THEH-tik*), and understanding. Demonstrating **empathy** means identifying with the feelings of others. People who are compassionate understand other people's problems. They care about them. Compassionate people are also sympathetic. Showing **sympathy** means sharing in the feelings and difficulties of others.
- **Honest**: An honest person tells the truth and can be trusted. Clients need to feel that they can trust the people who care for them. The care team depends on honesty in planning care. Employers count on truthful records of the care provided, the observations made, the hours worked, and the time and mileage spent traveling.
- **Tactful**: Being tactful means showing sensitivity and having a sense of what is appropriate when dealing with others. It is the ability to speak and act without offending others.
- **Conscientious**: People who are **conscientious** (*kahn-shee-EN-shus*) try to do their best. They are guided by a sense of right and wrong. They are alert, observant, accurate, and responsible. Giving conscientious care means making accurate observations and reports, following the care plan, and taking responsibility for one's actions (Fig. 2-13). For example, accurately measuring vital signs, such as temperature or pulse rate, is important. Other members of the care team will make treatment decisions based on the documented measurements. Without conscientious care, a client's health and well-being are in danger.

Fig. 2-13. *Home health aides must be conscientious about documenting observations and procedures.*

- **Dependable**: Home health aides must be able to make and keep commitments. They must report to work on time. They must skillfully do assigned tasks, avoid absences, and keep their promises. Dependability is especially important in home care, where the supervisor is not usually there to check on client care.
- **Patient**: People who are patient do not lose their tempers easily. They do not act irritated or complain when things are hard. Clients are often elderly and may be sick or in pain. They may take a long time to do things. They may become upset. Home health aides must be patient. They must not rush client or act annoyed.
- **Respectful**: Being respectful means valuing other people's individuality, including their age, religion, culture, feelings, practices, and beliefs. People who are respectful treat others politely and kindly. They care about other people's self-esteem and do not gossip about them. Home health aides may not like or

agree with things that clients or their families do or have done. However, their job is to care for each client as assigned, not to judge him or her. HHAs should respect each client as an individual who needs their care.

- **Unprejudiced**: Home health aides work with people from many different backgrounds. They must give every client the same quality care, regardless of age, gender, sexual orientation, gender identity, religion, race, ethnicity, or condition.
- **Proactive**: Being proactive means anticipating potential problems and needs before they occur. Home health aides who pay close attention to clients and their environments are more likely to anticipate needs and prevent problems before they happen, rather than simply reacting after something occurs. Careful observing and reporting are key ways to be proactive.

13. Identify an employer's responsibilities

Agencies should teach home health aides about their policies and procedures. Agencies must make sure that HHAs are educated and are able to perform all assigned tasks. The employer's responsibilities include the following:

- Provide a written job description. The job description tells what the HHA is expected to do during working hours.
- Provide testing and skills evaluation before sending HHAs to care for clients.
- Provide initial training and continuing in-service training. Initial training includes an explanation of the policies and procedures of the agency, including the agency's documentation system. In-service training is a federal requirement. It keeps skills fresh and helps the HHA do an even better job. OSHA regulations require employers to offer infection prevention education, among other topics (Chapter 5).
- Provide appropriate preparation for each assignment. The agency should teach HHAs to appropriately care for each client's special needs and conditions. The HHA should be told why the client needs a service and what the goals of care are. If other team members are involved, their responsibilities should also be explained.
- Provide supervision. Supervisors support HHAs and teach them how to do new tasks. They help HHAs find solutions to problems and adjust to new situations. Supervisors check with clients to assure the goals of the care plan are being met. They will also check to see that clients are satisfied with the care they are receiving.
- Provide information about supervision. The employer should explain when and where HHAs will meet with supervisors and what will be discussed in these meetings. The HHA should also be told how the supervisor can be reached for help and why the supervisor will visit clients' homes.
- Provide proper equipment and supplies for HHAs to safely do their work. For example, the agency should provide the gloves an HHA must sometimes wear to protect herself and her client from infection.

Chapter Review

1. Why is the client the most important member of the care team?
2. How can home health aides be positive role models for clients and their families?
3. What does the term *scope of practice* mean?
4. Should an HHA tell a client about her diagnosis or medical treatment plan? Why or why not?
5. Why is it important to observe and report even simple observations about a client?

6. What are the factors considered when forming a care plan?
7. What is the minimum number of hours of training that HHAs must complete to work for a Medicare-participating agency?
8. How many hours of in-service education are HHAs required to have per year?
9. Name one reason why the chain of command is important.
10. What is one reason why a home health aide should not give or accept gifts?
11. Describe professionalism.
12. Create a sample schedule for a two-hour morning visit to an elderly client named Mrs. Smith. Use tasks different from those listed in Figure 2-11.
13. Why should an HHA not wear scented items, such as perfume or scented lotions, when working in a client's home?
14. Why would it be important for an HHA to keep long hair tied back?
15. Define *empathy* and give an example of how an HHA could be empathetic.
16. What type of preparation should an employer provide before sending an HHA to care for clients?
17. How do supervisors help HHAs and clients?

3 Legal and Ethical Issues

1. Define the terms *ethics* and *laws* and list examples of legal and ethical behavior

Ethics and laws guide behavior. **Ethics** are the knowledge of right and wrong. An ethical person has a sense of duty and responsibility toward others. He always tries to do what is right.

If ethics tell people what they *should* do, **laws** tell them what they *must* do. Laws are usually based on ethics. Governments establish laws to help people live peacefully together and to ensure order and safety. When someone breaks the law, he may be punished by having to pay a fine or spend time in prison.

Ethics and laws are extremely important in health care. They protect people receiving care and guide people giving care. Home health aides and other healthcare providers should be guided by a code of ethics. They must know the laws that apply to their jobs.

Guidelines: Legal and Ethical Behavior

- Be honest at all times. Stealing or lying about what care you provided or how long it took are examples of dishonesty.
- Protect clients' privacy and confidentiality. Do not discuss their cases except with other members of the care team.
- Report abuse or suspected abuse of clients. Help clients report abuse if they wish to make a complaint of abuse.
- Follow the care plan and your assignments. Report any mistakes you make promptly.
- Do not perform any tasks outside your scope of practice.
- Report all client observations and incidents to your supervisor.
- Document accurately and on time.
- Follow rules for safety and infection prevention (Chapters 5 and 6).
- Do not accept gifts or tips.
- Do not get personally or sexually involved with clients or their family members or friends.
- Do not bring friends or family members with you to clients' homes.

Maintaining Boundaries

In professional relationships, boundaries must be set. Boundaries are the limits to or within relationships. Home health aides, like other professionals, are guided by ethics and laws that set limits for their relationships with clients. These boundaries help support healthy client-worker relationships. Working in clients' homes may make it more difficult to honor the boundaries of professional relationships. Clients may feel that HHAs are their friends because they are in their homes. If the worker and client become personally involved with each other, it makes it more difficult to enforce agency rules. For example, an HHA may want to give a client extra help or let her skip the exercise she dislikes. The client may expect the HHA to break the rules because she thinks they are friends. Emotional attachments to clients are unprofessional and may weaken an

HHA's judgment. HHAs should be friendly, warm, and caring with clients, but should behave professionally and stay within the limits of set boundaries. Agency rules and the care plan's instructions should be followed. They are in place for everyone's protection. An HHA can ask her supervisor for help if a client asks her to do things she is not allowed to do.

2. Explain clients' rights and discuss why they are important

Clients' rights relate to how clients must be treated. They provide an ethical code of conduct for healthcare workers. Home health agencies give clients a list of these rights in a language they can understand and review each right with them. A partial list of these legal rights is located at the end of this learning objective.

Clients have the right to receive considerate, dignified, and respectful care. This also means that clients have the right not to be neglected or abused by their caretakers. **Neglect** is the failure to provide needed care that results in physical, mental, or emotional harm to a person. Examples include leaving a bedridden client alone for a long time or denying the client food, dentures, or eyeglasses.

Negligence means actions, or the failure to act or provide the proper care for a client, resulting in unintended injury. An example of negligence is an HHA forgetting to lock a client's wheelchair before transferring her. The client then falls and is injured. **Malpractice** occurs when a person is injured due to professional misconduct through negligence, carelessness, or lack of skill.

Abuse is purposeful mistreatment that causes physical, mental, or emotional pain or injury to someone. There are many forms of abuse, including the following:

- **Physical abuse** is any treatment, intentional or unintentional, that causes harm to a person's body. This includes slapping, bruising, cutting, burning, physically restraining, pushing, shoving, or even rough handling.
- **Psychological abuse** is emotional harm caused by threatening, scaring, humiliating, intimidating, isolating, or insulting a person, or treating the person as a child.
- **Verbal abuse** is the use of spoken or written words, pictures, or gestures that threaten, embarrass, or insult a person.
- **Assault** is a threat to harm a person, resulting in the person feeling fearful that she will be harmed. Telling a client that she will be slapped if she does not stop yelling is an example of assault.
- **Battery** is the intentional touching of a person without her consent. An example is an HHA hitting or pushing a client, which is also considered physical abuse. Forcing a client to eat a meal is another example of battery.
- **Sexual abuse** is nonconsensual sexual contact of any type. For example, forcing a person to perform or participate in sexual acts against her will is considered sexual abuse. Unwanted touching, exposing oneself to a person, and sharing pornographic material are also considered sexual abuse.
- **Financial abuse** is the improper or illegal use of a person's money, possessions, property, or other assets.
- **Domestic violence** is abuse by spouses, intimate partners, or family members. It can be physical, sexual, or emotional. The victim can be a man or woman of any age or a child.
- **Workplace violence** is abuse of staff by other staff members or clients. It can be verbal, physical, or sexual. This includes improper touching and discussion about sexual subjects.
- **False imprisonment** is unlawful restraint that affects a person's freedom of movement. Both the threat of being physically restrained and actually being physically restrained are

types of false imprisonment. Not allowing the client to leave the house is also considered false imprisonment.

- **Involuntary seclusion** is the separation of a person from others against the person's will. An example is an HHA confining a client to his room.
- **Sexual harassment** is any unwelcome sexual advance or behavior that creates an intimidating, hostile, or offensive working environment. Requests for sexual favors, unwanted touching, and other acts of a sexual nature are examples of sexual harassment.
- **Substance abuse** is the repeated use of legal or illegal drugs, cigarettes, or alcohol in a way that harms oneself or others. For the HHA, substance abuse can lead to unsafe practices that result in negligence, malpractice, neglect, and abuse. It can also lead to the loss of the HHA's job. Chapter 18 contains more information about substance abuse.

Home health agencies are required to provide their clients with toll-free abuse hotline phone numbers.

Home health aides must never abuse clients in any way. They must also try to protect their clients from others who abuse them. If an HHA ever sees or suspects that another caregiver or a family member is abusing a client, she must report this immediately to her supervisor. **Reporting abuse or suspected abuse is not an option—it is the law.** Information on signs and symptoms of abuse are found in the next learning objective.

Two other basic clients' rights are the right to be fully informed of the goals of care and of the care itself, and the right to participate in care planning. The employer should develop an agreement with each client about the goals of care before service is provided. The employer should also make every effort to involve clients and their families in care planning (Fig. 3-1). Each person knows how his body works best and what makes him comfortable. People who feel in control of their bodies, lives, and health have greater self-esteem. They are more likely to continue a treatment plan and to cooperate with caregivers. Clients also have a right to know what the agency expects to happen as a result of their care. These expected outcomes are sometimes called the goals of the care plan. Clients and the case manager should be informed of barriers to clients' care. For example, a client's failure to eat enough healthy food can be an obstacle to getting well.

Fig. 3-1. *Clients and their families should be involved in care planning.*

Home Health Care Patient Bill of Rights

Home health clients and their formal caregivers have a right to not be discriminated against based on race, color, religion, national origin, age, gender, sexual orientation, gender identity, or disability. Furthermore, clients and caregivers have a right to mutual respect and dignity, including respect for property. Caregivers are prohibited from accepting personal gifts and borrowing from clients.

The following Home Health Care Patient Bill of Rights is courtesy of the National Association for Home Care & Hospice. Visit nahc.org to learn more.

Patients have the right to:

- Have their property and person treated with respect;
- Be free from verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect, and misappropriation of property.

Patients have the right to file complaints with the home health agency:

- Regarding their treatment and/or care that is provided;

- Regarding treatment and/or care that the agency fails to provide;
- Regarding the lack of respect for property and/or person by anyone who is providing services on behalf of the home health agency.

Patients have the right to:

- Participate in, be informed about, and consent to or refuse care in advance of and during treatment with respect to:
  - Completion of all assessments;
  - The care to be furnished, based on the comprehensive assessment;
  - Establishing and revising the plan of care;
  - The disciplines that will furnish the care;
  - The frequency of visits;
  - Expected outcomes of care, including patient-identified goals, and anticipated risks and benefits.

Patients have the right to:

- A confidential clinical record;
- Access to and the release of patient information and clinical records.

Patients will be advised of:

- The extent to which payment for home health services may be expected from Medicare, Medicaid, or any other federally-funded or federal aid program known to the home health agency;
- The charges for services that may not be covered by Medicare, Medicaid, or any other federally-funded or federal aid program known to the home health agency;
- The charges the individual may have to pay before care is initiated;
- Any changes in the information regarding payment for service as soon as possible, in advance of the next home visit.

Patients will be advised of:

- The state toll-free home health telephone hotline, its contact information, its hours of operation, and that its purpose is to receive complaints or questions about local HHAs.
- The names, addresses, and telephone numbers of the area:
  - Agency on Aging
  - Center for Independent Living
  - Protection and Advocacy Agency
  - Aging and Disability Resource Center
  - Quality Improvement Organization

Patients have the right to:

- Be free from any discrimination or reprisal for exercising his or her rights or for voicing grievances to the home health agency or an outside entity;
- Be informed of the right to access auxiliary aids and language services and how to access these services;
- Be informed of and receive a copy of the home health agency's policy for transfer and discharge.

Patients have the responsibility to:

- Notify the provider of changes in their condition (e.g., hospitalization, changes in the plan of care, symptoms to report);
- Follow the plan of care;
- Ask questions about care or services;
- Notify the home health agency if the visit schedule needs to be changed;
- Inform the home health agency of changes made to advanced directives;
- Promptly advise the home health agency of any concerns with the services provided;
- Provide a safe environment for the home health agency staff;
- Carry out mutually agreed upon responsibilities;
- Accept the consequences for the outcomes if the patient does not follow the plan of care.

3. List ways to recognize and report elder abuse and neglect

The healthcare community has become aware of the growing problem of elder abuse and neglect. The National Council on Aging (ncoa.org) cites a study by the National Center on Elder Abuse (ncea.acl.gov) that estimates approximately one in 10 Americans aged 60 and older has experienced some form of elder abuse. In addition, NCOA estimates as many as five million elderly people are abused each year. As the elderly

population grows, this problem may become worse.

Elderly people may be abused intentionally or unintentionally, through ignorance, inexperience, or an inability to provide care. People who abuse elders may mistreat them physically, psychologically, sexually, verbally, financially, and/or materially. They may deprive them of their rights, or they may neglect them by failing to provide food, clothing, shelter, or medical care. Some older adults may also become self-abusive or neglect their own needs.

Home health aides are in an excellent position to observe and report abuse or neglect. HHAs have an ethical and legal responsibility to observe for signs of abuse and report suspected cases to a supervisor. HHAs are considered mandated reporters. **Mandated reporters** are people who are required to report suspected or observed abuse or neglect because they have regular contact with vulnerable populations, such as the elderly. If abuse is suspected or observed, the HHA must report to the supervisor immediately. Giving as much information as possible is important. This is a serious responsibility, and home health aides can help end the disturbing trend of elder abuse.

Observing and Reporting: Abuse and Neglect

The following injuries are considered suspicious and should be reported:

- O/R Poisoning or traumatic injury
- O/R Teeth marks
- O/R Belt buckle or strap marks
- O/R Bruises, contusions, or welts
- O/R Scars
- O/R Fractures or dislocation
- O/R Burns of unusual shape and in unusual locations, or cigarette burns
- O/R Scalding burns
- O/R Scratches or puncture wounds
- O/R Scalp tenderness or patches of missing hair
- O/R Swelling in the face, broken teeth, or nasal discharge
- O/R Bruises, bleeding, or discharge from the vaginal area

The following signs could indicate abuse:

- O/R Yelling obscenities
- O/R Fear, apprehension, or fear of being alone
- O/R Poor self-control
- O/R Constant pain
- O/R Threatening to hurt others
- O/R Withdrawal or apathy (Fig. 3-2)

Fig. 3-2. *Withdrawing from others is an important change to report.*

- O/R Alcohol or drug abuse
- O/R Agitation, anxiety, or signs of stress
- O/R Low self-esteem
- O/R Mood changes, confusion, or disorientation
- O/R Private conversations are not allowed, or the family member/caregiver is present during all conversations
- O/R Reports of questionable care by the client or his family

The following signs could indicate neglect:

- O/R Pressure injuries

- Unclean body
- Body lice
- Soiled bedding or incontinence briefs not being changed
- Poorly fitting clothing
- Unmet needs relating to hearing aids, eyeglasses, etc.
- Weight loss or poor appetite
- Uneaten food
- Dehydration
- Living conditions that are unsafe, unclean, infested, or inadequate
- Client reports of not receiving prescribed medication

4. List examples of behavior supporting and promoting clients' rights

Home health aides can help protect clients' rights by following these guidelines:

Guidelines: Protecting Clients' Rights

- Never abuse a client physically, psychologically, verbally, or sexually. Watch for and report any signs of abuse or neglect to your supervisor.
- Call the client by the name he or she prefers. Use pronouns the client prefers (he/him, she/her, or they/them).
- Involve clients in planning. Allow clients to make as many choices as possible about when, where, and how care is performed.
- Always explain a procedure to the client before performing it.
- Do not unnecessarily expose a client while giving care.
- Respect a client's refusal of care. Clients have a legal right to refuse treatment and care. However, report the refusal to your supervisor immediately.
- Tell your supervisor if a client has questions, concerns, or complaints about treatment or the goals of care.
- Be truthful when documenting care.
- Do not talk or gossip about clients. Keep all client information confidential.
- Knock and ask permission before entering a client's room.
- Do not open a client's mail or look through her belongings (Fig. 3-3).

Fig. 3-3. *Do not look through a client's mail or belongings.*

- Do not accept gifts or money from clients.
- Report any questionable financial practices to your supervisor.
- Respect your clients' property. Handle personal possessions gently and carefully.
- Report observations regarding a client's condition or care.

5. Explain HIPAA and list ways to protect clients' confidentiality

To respect **confidentiality** means to keep private things private. Home health aides will learn confidential (private) information about clients. They may learn about a client's state of health, finances, and personal relationships. Ethically

and legally, they must protect this information. This means that home health aides should not share information about clients with anyone other than the care team.

Congress passed HIPAA (Health Insurance Portability and Accountability Act, hhs.gov/hipaa) in 1996. It has been further defined and revised since then. One of the reasons this law was passed was to help keep health information private and secure. All healthcare organizations must take special steps to protect health information. They and their employees can be fined and/or imprisoned if they do not follow rules to protect patient privacy.

Under this law, a person's health information must be kept private. **Protected health information (PHI)** is information that can be used to identify a person and relates to the patient's condition, any health care that the person has had, and payment for that health care. Examples of PHI include a person's name, address, telephone number, social security number, email address, and medical record number. Only people who must have information to provide care or to process records should know a person's private health information. They must protect the information so it does not become known or used by anyone else. It must be kept confidential.

The Health Information Technology for Economic and Clinical Health (HITECH) Act became law at the end of 2009. It was enacted as a part of the American Recovery and Reinvestment Act of 2009. HITECH was created to expand the protection and security of consumers' electronic health records (EHR). HITECH increases civil and criminal penalties for sharing or accessing PHI and expands the ability to enforce these penalties. HITECH also offers incentives to providers and organizations to adopt the use of EHR.

HIPAA applies to all healthcare providers, including doctors, nurses, home health aides, and any other members of the care team. HHAs cannot give any information about a client to anyone who is not directly involved in the client's care unless the client gives official consent or unless the law requires it. For example, if a neighbor asks an HHA how a client is doing, he should reply, "I'm sorry but I cannot share that information. It's confidential." That is the correct response to anyone who does not have a legal reason to know about the client. Other ways to protect clients' privacy include the following guidelines:

Guidelines: Protecting Privacy

- Do not leave information for a client in a voicemail message. Leave only your name and number when asking clients or family members to call you back.
- Make sure you are in a private area when you listen to or read your messages.
- Know with whom you are speaking on the phone. If you are not sure, get a name and number. Call back after you find out it is all right to share information with this person.
- Make or accept telephone calls about clients—even to or from the agency—in a private area.
- Do not use the client's phone, except to call your supervisor or any other agency-approved contacts. If you call anyone else, the client's number and name may be visible to the person whom you are calling.
- Do not talk about clients in public (Fig. 3-4). Public areas include elevators, grocery stores, lounges, waiting rooms, parking garages, schools, restaurants, etc.
- Use confidential rooms for giving reports to other care team members.
- If you see a client's family member or a former client in public, be careful with your greeting. The family member or former client

may not want others to know the person is or was a client.

- Do not bring family or friends to the client's home to meet the client. Do not leave family or friends in the car while you are working.
- Make sure nobody can see protected health or personal information on your computer screen while you are working. Log out and/or exit the web browser when finished with any computer work.
- Do not give confidential information in emails; you do not know who has access to your messages.
- Do not share client information, photos, or videos on any social networking site, such as Facebook, Instagram, Pinterest, or Twitter. Do not share client information via text messages.

Fig. 3-4. *Do not discuss clients in public places, such as restaurants, stores, and waiting rooms.*

- Make sure fax numbers are correct before faxing healthcare information. Use a cover sheet with a confidentiality statement.
- Do not leave documents where others may see them.
- Store, file, or shred documents according to your agency's policy. If you find documents with a client's information, give them to your supervisor.

All healthcare workers must comply with HIPAA regulations, no matter where they are or what they are doing. There are serious penalties for violating these regulations, including the following:

- Fines ranging from $100 to $1.5 million
- Prison sentences of up to 10 years

Maintaining confidentiality is a legal and ethical obligation. It is part of respecting clients and their rights. Discussing a client's care or personal affairs with anyone other than members of the care team violates the law.

6. Discuss and give examples of advance directives

Advance directives are legal documents that allow people to decide what kind of medical care they wish to have if they are unable to make those decisions themselves. Advance directives can also name someone else to make medical decisions for a person if that person becomes ill or disabled. Living wills and durable powers of attorney for health care are two examples of advance directives; however, because advance directives vary from state to state, these may not be available in all states.

A **living will** outlines the medical care a person wants, or does not want, in case the person becomes unable to make those decisions. It is called a living will because it takes effect while the person is still living. It may also be called a *directive to physicians, health care declaration,* or *medical directive.* A living will is not the same thing as a will. A will is a legal declaration of how a person wishes his possessions to be distributed after death.

A **durable power of attorney for health care** (sometimes called *health care proxy*) is a signed, dated, and witnessed legal document that appoints someone else to make medical decisions for a person in the event that he becomes unable to do so. It can include instructions about medical treatment that the person wants to avoid.

Another type of medical order for end-of-life planning is **Physician Orders for Life-Sustaining Treatment** (**POLST**). This order specifies treatments to be used when a person is very ill. These treatments are what the person wants to receive, not what he wishes to avoid. Decisions made are based on conversations between the patient and his healthcare providers. The patient discusses his beliefs and goals and is informed of his diagnosis, prognosis, and options, along with the benefits and drawbacks of the treatment options. The decisions made are turned into actionable medical orders. The form is readily accessible to medical personnel and aims to honor preferences whenever possible within the healthcare system.

A **do not resuscitate** (**DNR**) order is another tool that helps medical providers honor wishes about care. A DNR order is a medical order that tells medical professionals not to perform cardiopulmonary resuscitation (CPR). CPR refers to medical procedures used when a person's heart and lungs have stopped working. A DNR order means that medical personnel will not attempt emergency CPR if breathing or the heartbeat stops.

A **do not intubate** (**DNI**) order means that no breathing tube will be placed in the person, even though some CPR measures and medications may be used. This order is different from a DNR order. A person can have difficulty breathing before the heart or lungs have stopped working.

A **do not hospitalize** (**DNH**) order means that the person does not want to be sent to the hospital for treatment. It does not mean the person does not want to be treated at all; it means that he will be treated where he is residing, rather than sent to a hospital.

Clients must be given information about their rights relating to advance directives. These rights include the following:

- The right to participate in and direct healthcare decisions
- The right to accept or refuse treatment
- The right to prepare an advance directive
- Information on policies that govern these rights

Information for Advance Directives

Laws related to advance directives vary from state to state. Here are a few resources for locating the proper forms for a particular state:

- The National Hospice and Palliative Care Organization (NHPCO) is a nonprofit organization that represents hospice and palliative care programs in the United States. NHPCO is involved with improving care for people who are dying and their loved ones. More information can be located on their website, caringinfo.org, or by calling 703-837-1500.
- The U.S. Advance Care Plan Registry is a privately held organization that electronically stores advance directives, organ donor information, and emergency contact information, and makes them available to healthcare providers across the country 24 hours a day. More information can be located at usacpr.net, or by calling 800-LIV-WILL (800-548-9455).

7. Identify community resources available to help the elderly

Government and private agencies exist in most areas to serve the needs of the elderly. These agencies may have counselors to work with victims of abuse or neglect and other programs to protect senior citizens' rights and contribute to their quality of life. These resources can be located online by searching for terms such as *community services, senior citizens, aging,* or *elder services*. Local religious organizations may also

have programs for seniors. In addition, a home health agency's medical social worker is a good source of community support information.

Here are a few of the many community resources available to help clients meet different needs:

- Eldercare Locator, a public service of the US Administration on Aging (eldercare.acl.gov, 800-677-1116)
- National Association of Area Agencies on Aging (n4a.org, 202-872-0888)
- National Resource Center on LGBT Aging (lgbtagingcenter.org, 212-741-2247)
- Alzheimer's Association (alz.org, 800-272-3900)
- American Cancer Society (cancer.org, 800-227-2345)
- AIDSinfo, a service of the US Department of Health and Human Services (aidsinfo.nih.gov, 800-448-0440)
- Meals on Wheels Association of America (mealsonwheelsamerica.org, 888-998-6325)
- American Association on Intellectual and Developmental Disabilities (aaidd.org, 202-387-1968)
- National Institute of Mental Health (nimh.nih.gov, 866-615-6464)

Chapter Review

1. What is the difference between ethics and laws?
2. What is the purpose of clients' rights?
3. If a home health aide sees or suspects that a client is being abused, what is her responsibility?
4. What are mandated reporters?
5. List five possible signs of abuse that should be reported by the HHA. List five possible signs of neglect that should be reported by the HHA.
6. Pick three of the examples of behavior promoting clients' rights in Learning Objective 4. Describe how this behavior supports or promotes specific rights found in the Home Health Care Patient Bill of Rights.
7. What are some examples of a person's protected health information (PHI)?
8. To whom is an HHA allowed to give information about a client?
9. To which members of the healthcare team does HIPAA apply?
10. What are advance directives?
11. What is one way an HHA can locate community resources for the elderly?

4 Communication and Cultural Diversity

1. Define communication

Communication is the process of exchanging information with others. It is a process of sending and receiving messages. People communicate by using signs and symbols, such as words, drawings, and pictures. They also communicate through their behavior.

The simplest form of communication is a three-step process that takes place between two people (Fig. 4-1). In the first step, the sender (the person who communicates first) sends a message. In the second step, the receiver receives the message. The receiver and sender switch roles as they communicate. The third step involves providing feedback. The receiver repeats the message or responds to it to let the sender know that the message was received and understood. Feedback is especially important when working with the elderly. Home health aides (HHAs) must take time to make sure clients understand messages.

All three steps must occur before the communication process is complete. During a conversation, this process is repeated continuously.

Effective communication is a critical part of an HHA's job. A client's health depends on how well an HHA communicates observations and concerns to the supervisor. The HHA will also need to communicate clearly and respectfully in stressful or confusing situations.

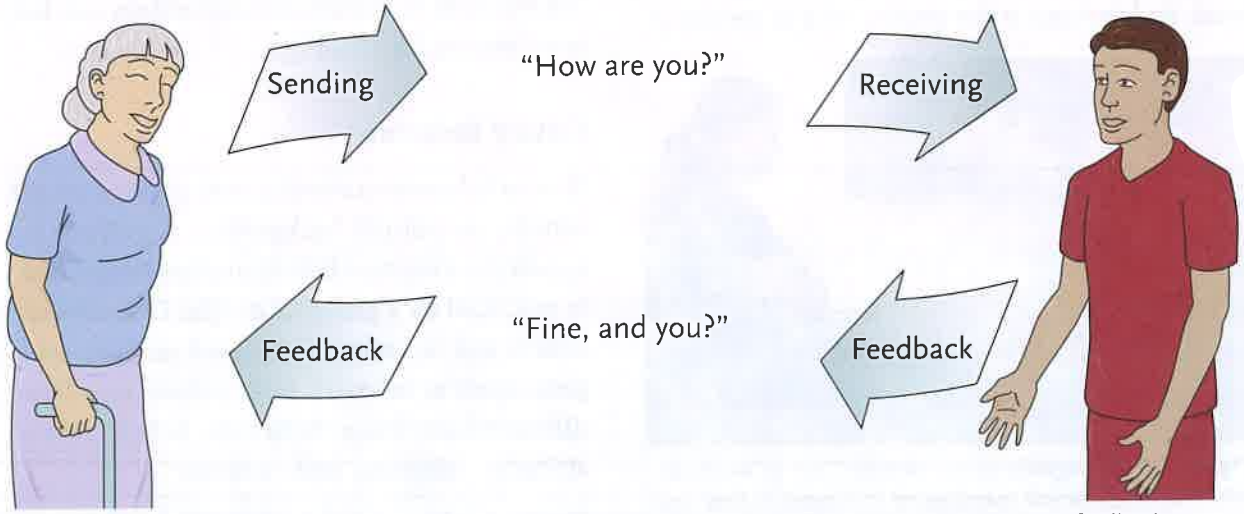


Fig. 4-1. The communication process consists of sending a message, receiving a message, and providing feedback.

2. Explain verbal and nonverbal communication

Verbal communication involves the use of words or sounds, spoken or written. Oral reports are an example of verbal communication. **Nonverbal communication** is communicating without using words. Examples include shaking one's head or shrugging one's shoulders. Nonverbal communication also includes how a person says something. For example, an HHA says cheerfully, "I'll be right there, Mr. Dodd." This communicates that the HHA is ready and willing to help. But saying the same phrase in a different tone or emphasizing different words can communicate frustration and annoyance: *"I'll be right there, Mr. Dodd!"*

Body language is another form of nonverbal communication. Body movements, facial expressions, and posture can express different attitudes or emotions. Just as with speaking, body language sends messages. Other people receive them and interpret them. For example, slouching in a chair and sitting up straight send two different messages (Fig. 4-2). Slouching says that a person is bored, tired, or hostile. Sitting up straight says that the person is interested and respectful. Other examples of positive nonverbal communication include smiling, nodding one's head, and looking at the person who is speaking.

Fig. 4-2. *Body language sends messages just as words do. Which of these people seems more interested in their conversation—the person on the right who is looking down with her arms crossed or the person on the left who is sitting up straight and smiling?*

Sometimes people send one message verbally and a very different message nonverbally. Nonverbal communication often illustrates how someone is feeling. This message may be quite different from what he is saying. For example, a client who says, "I'm feeling fine today," but does not want to get out of bed and winces in pain is sending two very different messages. Paying attention to nonverbal communication helps HHAs give better care. In this example, the HHA should communicate to her supervisor that the client is staying in bed and appears to be wincing in pain, despite what he says.

Home health aides must also be aware of their own verbal and nonverbal messages. If an HHA says, "It's nice to see you today, Mrs. Rodriguez," but does not smile or look her in the eye, the client may feel that the HHA is not really happy to see her.

When communication is confusing, the HHA should try to clarify it by asking for an explanation. She can say something like, "Mrs. Jones, you've just told me something that I don't understand. Would you explain it to me?" Or she can state what she has observed and ask if the observation is correct. For example, "Mrs. Jones, I see that you're smiling, but I hear by the sound of your voice that you may be sad. Are you sad?" Taking time to clarify communication can help avoid misunderstandings.

Cultural Sensitivity

Nonverbal communication may depend on personality or cultural background. A **culture** is a system of learned beliefs and behaviors that is practiced by a group of people. Often these beliefs and behaviors are passed on from one generation to the next. Each culture may have different knowledge, behaviors, beliefs, values, attitudes, religions, and customs.

Some people are more animated when they speak. They use lots of gestures and facial expressions. Other people speak quietly or calmly,

regardless of their moods. Depending on their cultural background, people may make motions with their hands when they talk. They may stand close to the person with whom they are speaking or touch the person.

People from some cultural groups stand farther apart when talking than people from other groups. When one person moves closer, the other person may view it as a threat.

The use of touch and eye contact also varies with cultural background and personality (Fig. 4-3). For some people, touching is welcome. It expresses caring and warmth. For others, it seems intrusive, threatening, or even harassing. In the United States, it is common to talk about "looking someone straight in the eye" or speaking "eye to eye." Eye contact is often viewed as a sign of honesty. However, in some cultures, looking someone in the eye may seem overly bold or disrespectful.

Fig. 4-3. *How a person perceives touch may depend on his cultural background.*

It is important for HHAs to be sensitive to each client's needs. This is key to providing professional, person-centered care. Learning each client's behavior and preferences can be a challenge, but it is an important part of communication. It is especially vital in a multicultural society (a society made up of many cultures), such as the United States. Being aware of all the messages sent and received and listening and observing carefully will help an HHA better understand clients' needs and feelings.

3. Identify barriers to communication

Communication can be blocked or disrupted in many ways (Fig. 4-4). Following are some communication barriers and ways for home health aides to avoid them:

Client does not hear HHA, does not hear correctly, or does not understand. The HHA should stand directly facing the client. He should speak slowly and clearly. He should not shout, whisper, or mumble. The HHA should speak in a low voice, using a pleasant, professional tone. If the client wears a hearing aid, he should check that it is on and is working properly.

Client is difficult to understand. The HHA should be patient and take time to listen. He can ask the client to repeat or explain the message, and then state the message in his own words to make sure he has understood.

HHA, client, or others use words that are not understood. An HHA should not use medical terminology with clients or their families. He should speak in simple, everyday words and ask what a word means if he is not sure.

HHA uses slang or profanity. The HHA should avoid using slang words and expressions. They are unprofessional and may not be understood. He should not use profanity, even if the client does.

HHA uses clichés. **Clichés** (*klee-SHAYS*) are phrases that are used over and over again and do not really mean anything. For example, "Everything will be fine" is a cliché. Instead of using a cliché, the HHA should listen to what the client is really saying and respond with a meaningful message. For example, if a client is afraid of having a bath, the HHA can say, "I understand that

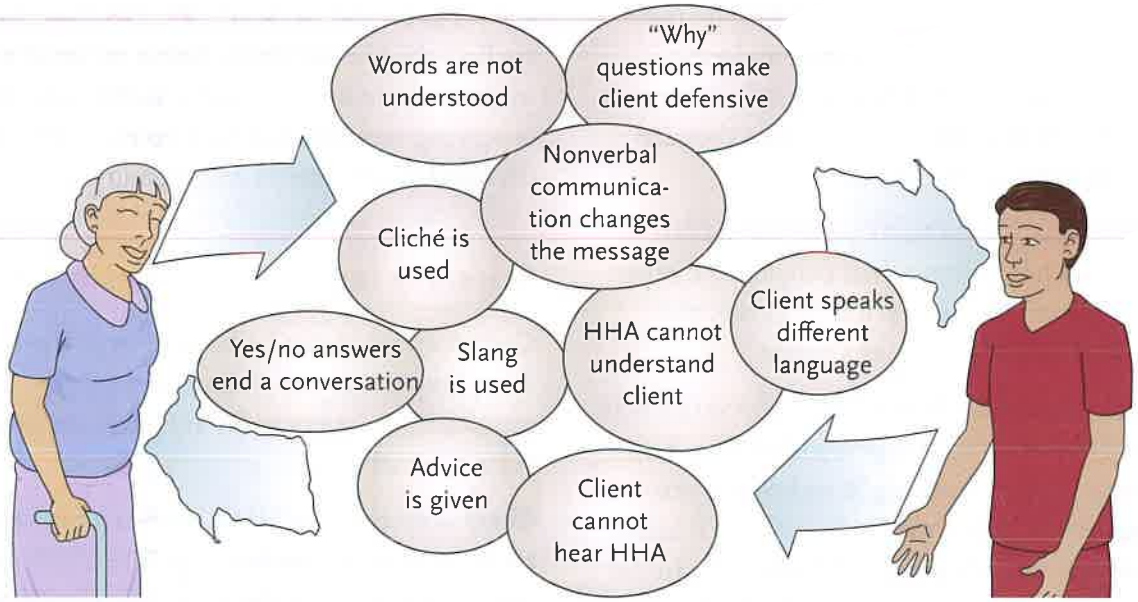


Fig. 4-4. Barriers to communication.

it seems scary to you. What can I do to make you feel more at ease?" instead of saying, "Oh, it'll be over before you know it."

HHA responds with "Why?" The HHA should avoid asking "Why?" when a client makes a statement. "Why" questions make people feel defensive. For example, a client may say she does not want to go for a walk today. If the HHA asks "Why not?" he may receive an angry response. Instead, he can ask, "Are you too tired to take a walk? Is there something else you want to do?" The client may then be willing to discuss the issue.

HHA gives advice. The HHA should not offer his opinion or give advice. Giving medical advice is not within an HHA's scope of practice. It could be dangerous. Giving advice about running the household can seem pushy and intrusive.

HHA asks questions that only require yes/no answers. The HHA should ask open-ended questions that need more than a "yes" or "no" answer. Yes and no answers end conversation. For example, if an HHA wants to know what a client likes to eat, he should not ask, "Do you like vegetables?" Instead, he should ask, "Which vegetables do you like best?"

Client speaks a different language. If a client speaks a different language than the HHA does, the HHA should speak slowly and clearly. He should keep his messages short and simple. He should be alert for words the client understands as well as signs that the client is only pretending to understand. He may need to use pictures or gestures to communicate. The HHA can ask the client's family who speak the client's language for help. He should be patient and calm.

HHA or client uses nonverbal communication. Nonverbal communication can change a message. The HHA should be aware of his body language and gestures. He can look for nonverbal messages from clients and clarify them. For example, "Mr. Feldman, you say you're feeling fine but you seem to be in pain. Is that true? What can I do to help?"

4. List ways to make communication accurate and explain how to develop effective interpersonal relationships

In addition to avoiding the barriers above, using the following techniques will help HHAs send and receive clear, complete messages:

Be a good listener. The HHA should allow the client to express her ideas completely. He should

concentrate on what the client is saying and not interrupt. The HHA should not finish the client's sentences even if he knows what she is going to say. When the client is finished, the HHA should restate the message in his own words to make sure he has understood.

Provide feedback. Active listening means focusing on the person sending the message and giving feedback. Feedback might be an acknowledgment, a question, or repeating the sender's message. The HHA should offer general but leading responses, such as "Oh?" or "Go on," or "Hmm." By doing this, he is actively listening, providing feedback, and encouraging the sender to expand the message.

Bring up topics of concern. If the HHA knows of a topic that might concern a client, he can raise the issue in a general, nonthreatening way. This lets the client decide whether or not to discuss it. For example, if the HHA observes that a client is unusually quiet, he could say, "Mrs. Jones, you seem so quiet today." Or he may notice a certain emotion. He might say, "Mrs. Jones, you seemed upset earlier. Would you like to talk about it?"

Let some pauses happen. Using silence for a few moments at a time encourages the client to gather her thoughts and compose messages.

Tune in to other cultures. The HHA should learn the words and expressions of a client's culture. This shows respect and interest and promotes person-centered care. It will help the HHA to understand the resident more fully. He should be careful about using new words and terms, though, because some may have a different meaning than what he thinks. The focus should be on understanding words and expressions when others use them. The HHA should not be judgmental; he should accept people who are different from him.

Accept a client's religion or lack of religion. Religious differences also affect communication. Religion can be very important in people's lives, particularly when they are ill or dying. Other people are not religious and may feel strongly about that. The HHA should respect clients' religious beliefs, practices, or lack of beliefs, especially if they are different from his own. He should not question clients' beliefs or discuss his beliefs with them.

Understand the importance of touch. Softly patting clients' hands or shoulders or holding their hands may communicate caring. Some people's backgrounds may make them less comfortable being touched. The HHA should ask permission before touching clients and should be sensitive to their feelings. HHAs must touch clients in order to do their jobs. However, they should recognize that some clients feel more comfortable when there is little physical contact. The HHA should learn about his clients and adjust care to their needs.

Ask for more. When clients report symptoms, events, or feelings, the HHA should have them repeat what they have said and ask them for more information.

Make sure communication aids are clean and in proper working order (Fig. 4-5). These include hearing aids, eyeglasses, dentures, and wrist or hand braces. The HHA should inform his supervisor if they do not work properly or are dirty or damaged.

Fig. 4-5. *Eyeglasses must fit well, be clean, and be in good condition. The supervisor should be informed if communication aids are not working properly.*

Developing good relationships with clients, their family members, and the care team will help HHAs provide excellent care. Although an HHA should not try to be friends with clients, she

should try to develop a warm professional relationship with them that is based on trust. In addition to the strategies already discussed, these suggestions can promote effective communication and develop good relationships:

Avoid changing the subject when a client is discussing something. This is true even if the subject makes the HHA feel uncomfortable or helpless. For example, a client might say, "I'm having so much pain today." The HHA should not try to avoid the topic by asking the client if he wants to watch television. This makes the client feel that the HHA is not interested in him or what he is talking about.

Do not ignore a client's request. Ignoring a request is considered negligent behavior. The HHA should honor the request if he can. Otherwise, he can explain why the request cannot be fulfilled. These requests should always be reported to the supervisor.

Do not talk down to an elderly or disabled client or a child. An HHA should talk to clients and their families as he would talk to any person. He can make adjustments if someone is hearing impaired or visually impaired.

Sit or stand near the client who has started a conversation. Sitting or standing near the client shows that the HHA finds what she is saying important and worth listening to (Fig. 4-6).

Fig. 4-6. Sitting near a person and looking at her while she talks shows that the HHA is interested in the conversation.

Lean forward in the chair when a client is speaking. Leaning forward communicates interest. The HHA should pay attention to his nonverbal communication. If he folds his arms in front of his body, he sends the negative message that he wishes to distance himself from the speaker.

Talk directly to the client. The HHA should not talk to the client's family members or friends or anyone else while helping clients. He should not gossip about other staff members or clients.

Approach the client. Even if the HHA is in another room, he should approach the client. This tells the client he is interested in what the client has to say.

Be empathetic. The HHA should try to understand and identify with what the client is going through. This is called empathy. He can ask himself how he would feel if he were confined to bed or needed help to go to the bathroom. The HHA should not tell clients he knows how they feel, because he does not know exactly how they feel. He can say things like, "I can imagine this must be difficult for you."

Have time for clients' families and friends. The HHA should not discuss a client's care with friends or family members, but he can listen if they want to talk. The HHA should be respectful and pleasant and give privacy for visits. He should not interfere with private family business.

5. Describe the difference between facts and opinions

A fact is something that is definitely true. "Mr. Garcia lost four pounds this month," for example, is a fact. This fact has evidence to back it up: weighing Mr. Garcia and comparing his current weight to his weight last month. An opinion is something someone believes to be true, but is not definitely true or cannot be proven. "Mr. Garcia looks thinner," is an opinion. So is "Mr. Garcia has lost weight because he doesn't like

what I cook." These statements might be true, but they cannot be backed up with evidence. It is important to be able to separate facts from opinions.

Separating facts from opinions promotes better communication. When a person gives an opinion, he risks being wrong. If an HHA says, "Mrs. Myers, drinking coffee is going to keep you awake tonight," he may make his client mad. He might also be wrong. Perhaps Mrs. Myers always drinks coffee, and it does not affect her sleep. Or maybe she does not sleep well because of medication, not because of the coffee.

Using facts instead of opinions is a more professional and effective way to communicate. "Mrs. Myers, many people find that the caffeine (*kaf-EEN*) in coffee keeps them awake at night. Would you like to try skipping your coffee today to see if you might sleep better?" Now Mrs. Myers has no reason to get mad. The HHA is not wrong because it is a fact that caffeine keeps many people awake.

When communicating with the care team, distinguishing between facts and opinions is important. For example, "Mr. Morgan is acting like he had a stroke" is an opinion and could very well be wrong. Instead, the HHA should report the facts: "Mr. Morgan has lost strength on his right side and his speech is slurred." When reporting opinions, the HHA can introduce them with, "I think...". Then it is clear that he is offering his opinion and not a fact he has observed.

6. Describe basic medical terminology and approved abbreviations

Throughout an HHA's training, he will learn medical terms for specific conditions. For example, the medical term for a runny nose is nasal discharge; skin that is blue or gray is called **cyanotic** (*sye-a-NOT-ik*).

Medical terms are made up of roots, prefixes, and suffixes. A root is a part of a word that contains its basic meaning or definition. The prefix is the word part that precedes the root to help form a new word. The suffix is the word part added to the end of a root that helps form a new word. Prefixes and suffixes are called *affixes* because they are attached, or affixed, to a root. Here are some examples:

- The root *derm* or *derma* means skin. The suffix *itis* means inflammation. Dermatitis is an inflammation of the skin.
- The prefix *brady* means slow. The root *cardia* means heart. Bradycardia is slow heartbeat or pulse.
- The suffix *pathy* means disease. The root *neuro* means of the nerve or nervous system. Neuropathy is a nerve disease or disease of the nervous system.

When speaking with clients and their families, HHAs should use simple, nonmedical terms. Medical terms should not be used because they may not be understood. But when speaking with the care team, using medical terminology will help give more complete information.

Abbreviations are another way to communicate more efficiently with other caregivers. For example, the abbreviation *prn* means *as necessary*. Home health aides should learn the standard medical abbreviations their agency uses. They can use them to report information briefly and accurately. They may also need to know these abbreviations in order to read client assignments or care plans.

A brief list of abbreviations follows, and more are located in the instructor's guide. There may be other terms in use at an agency, so it is important for HHAs to follow agency policy.

Common Abbreviations	
a̅	before
abd	abdomen
ac, a.c.	before meals
ad lib	as desired

ADLs	activities of daily living
amb	ambulate, ambulatory
b.i.d., bid	two times a day
BM	bowel movement
BP, B/P	blood pressure
c̄	with
C	Celsius
c/o	complains of
CHF	congestive heart failure
CPR	cardiopulmonary resuscitation
DNR	do not resuscitate
DX, dx	diagnosis
F	Fahrenheit
FBS	fasting blood sugar
f/u, F/U	follow-up
FWB	full weight-bearing
GI	gastrointestinal
H_2O	water
h, hr, hr.	hour
hs, HS	hours of sleep
inc	incontinent
I&O	intake and output
mL	milliliter
NKDA	no known drug allergies
NPO	nothing by mouth
NWB	non-weight-bearing
O_2	oxygen
OOB	out of bed
p̄	after
pc, p.c.	after meals
PO	by mouth
prn, PRN	as necessary
PWB	partial weight-bearing
q̄	every
ROM	range of motion
s̄	without
SOB	shortness of breath
stat, STAT	at once, immediately
t.i.d., tid	three times a day
TPR	temperature, pulse, respiration
vs, VS	vital signs
w/c, W/C	wheelchair

7. Explain how to give and receive an accurate oral report of a client's status

Home health aides must make brief and accurate oral and written reports to clients and staff. Careful observations are used to make these reports and are very important to the health and well-being of all clients. Signs and symptoms that should be reported will be discussed throughout this textbook. In addition, anything that endangers clients should be reported immediately, including the following:

- Falls
- Chest pain
- Severe headache
- Difficulty breathing
- Abnormal pulse, respiration, or blood pressure (Chapter 14)
- Change in mental status
- Sudden weakness or loss of mobility
- Fever
- Loss of consciousness
- Change in level of consciousness
- Bleeding
- Swelling of a body part
- Change in client's condition
- Bruises, abrasions, or other possible signs of abuse (Chapter 3)

Home health aides use oral reports to discuss experiences with clients or family members and observations of clients' conditions. Facts, not opinions, should be used for oral reports. It is a good idea for HHAs to write notes so that important details are not forgotten. Following an oral report, HHAs must document when, why, about what, and to whom an oral report was given. Documentation should always occur after the report is given, not before.

Sometimes a supervisor or another member of the care team will give a brief oral report on a client. The HHA should listen carefully and take

notes (Fig. 4-7). She should ask about anything that she does not understand. At the end of the report, the HHA can restate what she has been told to make sure she understands. An oral report from another home health aide who knows the client can be very helpful as well.

Fig. 4-7. *Taking notes helps home health aides remember facts and report accurately.*

Misunderstandings can occur when giving or receiving oral reports. If an oral report seems to require a change in the assignment sheet, the HHA should request that the change be made.

When making reports about clients, HHAs must remember that all client information is confidential. Information should only be shared with members of the care team.

8. Explain objective and subjective information and describe how to observe and report accurately

When making any kind of report, the right kind of information must be collected before documenting it. Facts, not opinions, are most useful to the supervisor and the care team. Two kinds of factual information are needed in reporting. **Objective information** is based on what a person sees, hears, touches, or smells. Objective information is collected by using the senses. It is also called *signs*. **Subjective information** is something a person cannot or did not observe. It is based on something that the client reported that may or may not be true. It is also called *symptoms*.

An example of objective information is "The client is holding his head and rubbing his temples." A subjective report of the same situation might be "Client says he has a headache." The supervisor and the care team need factual information in order to make decisions about care and treatment. Both objective and subjective reports are valuable.

The information reported should also be **pertinent** (*PER-ti-nent*). Pertinent means significant or useful. For example, "Mrs. Lee had rice for lunch" is factual information. However, it may not be pertinent unless carbohydrates are restricted in her diet. "Mrs. Lee refused to eat lunch" is objective and pertinent information.

In any report, what is observed (signs) and what the client reports (symptoms) need to be clearly noted. "Ms. Scott reports pain in left shoulder" is an example of clear reporting. Home health aides are not expected to make diagnoses based on signs and symptoms observed. This is beyond their scope of practice. Their observations, however, can alert the care team to possible problems.

In order to report accurately, an HHA must observe clients, their families, and their homes accurately. To observe accurately, as many senses as possible should be used to gather information (Fig. 4-8).

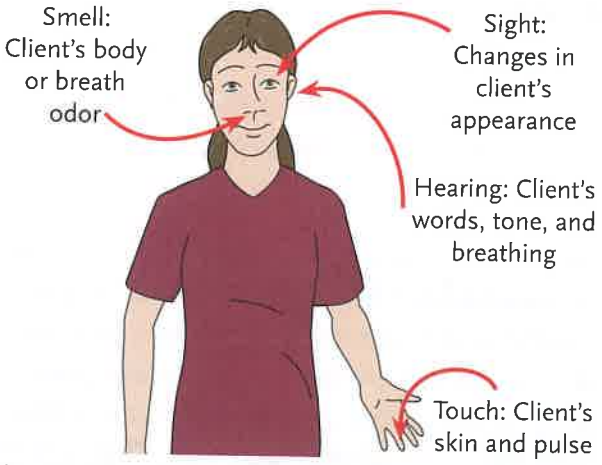


Fig. 4-8. *Observing a client accurately means using more than one sense.*

Sight: The HHA should look for changes in the client's appearance. These include rashes,

redness, paleness, swelling, discharge, weakness, sunken eyes, and posture or gait (walking) changes. The HHA should look for changes in the home. Does the home appear disorganized or dirty? Is food needed? Do safety hazards exist?

Hearing: The HHA should listen to what the client says about his condition, family, or needs. Is the client speaking clearly and making sense? Does he show emotions such as anger, frustration, or sadness? Is his breathing normal? Does he wheeze, gasp, or cough? Is the area calm and quiet enough for him to rest as needed?

Touch: Does the client's skin feel hot or cool, moist or dry? Is the pulse rate normal? The HHA can use his sense of touch to test bath water and the home's heating or cooling system.

Smell: Are there any odors coming from the client's body? Odors could suggest poor bathing, infections, or incontinence. **Incontinence** (*in-KON-ti-nens*) is the inability to control the bladder or bowels. Breath odor could suggest use of alcohol or tobacco, indigestion, or poor mouth care. Odors in the home may suggest housecleaning is needed. Food odors could indicate spoilage.

Using all of the senses will allow an HHA to make the most complete report of a client's situation.

9. Explain why documentation is important and describe how to document visit records and incident reports

Home health aides may see many clients in the course of a day. They cannot remember everything that each client ate, did, or said, or every observation they made. Documentation gives an up-to-date record of each client's care. HHAs must learn to document accurately. They must always take the time to observe and record carefully. Because documentation is so important, it should be recorded immediately and not be put off until later.

A medical chart is a legal document. What is included in the chart is considered in court to be what actually happened. If an HHA worked in a client's home for four hours but never documented it, he could not necessarily prove that he actually visited the client. In general, if something does not appear in a client's chart, it did not legally happen. Failing to document visits with clients could cause very serious legal problems for home health aides and their employers. It could also harm clients. It is important to remember that if it was not documented, it was not done.

Medical charts are confidential. As discussed in Chapter 3, it is illegal for home health aides to discuss information about clients with anyone who is not part of the care team. It is important for HHAs to be aware of the legal implications of documentation and to record all activities completely.

Maintaining current documentation means keeping a record of everything done and observed during a client visit. Careful, accurate documentation is important for these reasons:

- It is the only way to guarantee clear and complete communication between all the members of the care team.
- Documentation is a legal record of every part of a client's treatment. Medical charts can be used in court as legal evidence.
- Documentation helps protect home health aides and their employers from liability by proving what they did during every visit with clients.
- Documentation provides an up-to-date record of the status and care of each client.

Employers have specific guidelines for completing reports that HHAs must follow. These reports may be handwritten or entered on a computer. Below are guidelines for completing two types of reports that most employers require: visit records or notes, and incident reports. **Visit records**, progress notes, or clinical notes, are the

notes HHAs make each time they visit a client. These notes serve as a record of the visit and the care provided. Visit records also document observations of the client's condition, changes, or progress (improvement).

Guidelines: Completing Visit Records

- Document care immediately after the visit. This makes details easier to remember. Always wait to document until after care has been completed. **Do not record any care before it has been done.**
- Think about what you want to say before documenting. Be as brief and as clear as possible.
- Use facts, not opinions. For example, "Client has lost 2 lbs. Did not finish lunch" reports facts about the client's condition. It is more useful than "Client is thin and won't eat." When reporting something a client or family member told you, put the words in quotation marks (" "). Document the tasks that you performed, assisted with, or observed the client performing.
- Use black ink when documenting by hand. Write as neatly as you can.
- If you make a mistake, draw one line through it and write the correct information. Put your initials and the date (Fig. 4-9). Do not erase what you have written. Do not use correction fluid. Documentation done on a computer is time-stamped; it can only be changed by entering another notation.

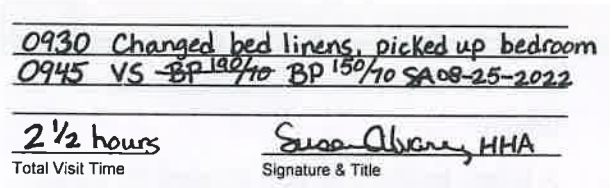


Fig. 4-9. One example of how to correct a mistake.

- Sign your full name and title (Home Health Aide, Aide, or HHA). Write the correct date after each day's visit notes.
- Document as specified in the care plan. Some agencies have a check-off sheet for documenting care. It is also called an *ADL (activities of daily living) sheet.*
- Documentation may need to be done using the 24-hour clock, or military time (Fig. 4-10). Regular time uses the numbers 1 to 12 to show each of the 24 hours in a day. In military time, the hours are numbered from 00 to 23. Midnight is expressed as 0000 (or 2400), 1:00 a.m. is 0100, 1:00 p.m. is 1300, and so on.

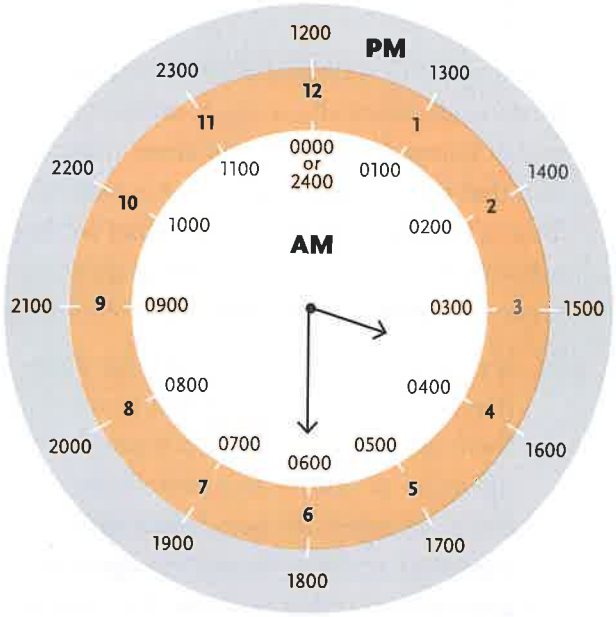


Fig. 4-10. Divisions in the 24-hour clock.

Both regular and military time list minutes and seconds the same way. The minutes and seconds do not change when converting from regular to military time. The abbreviations a.m. and p.m. are used in regular time to show what time of day it is. However, these are not used in military time, since specific numbers show each hour of the day. For example, to change 4:22 p.m. to military time, add 4 + 12. The minutes do not change. The time is expressed as 1622 (sixteen twenty-two) hours.

To change the hours between 1:00 p.m. and 11:59 p.m. to military time, add 12 to the regular time. For example, to change 4:00 p.m.

to military time, add 4 + 12. The time is expressed as 1600 (sixteen hundred) hours.

Midnight is the only time that differs. It can be written as 0000, or it can be written as 2400. This follows the rule of adding 12 to the regular time. Follow your agency's policy on how to express midnight.

To change from military time to regular time, subtract 12. The minutes do not change. For example, to change 2200 hours to standard time, subtract 12 from 22. The answer is 10:00 p.m.

G Some agencies require that documentation be done electronically, using a computer or tablet. Computers record and store information that can be retrieved when it is needed. This is faster and more accurate than writing information by hand. Some general guidelines for computer documentation are listed below:

- If your agency uses computers for documentation, you will be trained to use them. Always ask questions if you do not know or understand something. Some agencies use both handwritten and electronic records. Even when agencies require electronic/computer documentation, training often includes how to document by hand in case there is a system failure.
- Legal documentation rules apply to both electronic and paper medical charts.
- HIPAA privacy guidelines apply to electronic documentation. Make sure nobody can see protected health information on your computer screen. Do not share your log-in information with anyone.
- Do not have someone else enter information for you, even if it is more convenient.
- Make sure you are logged in to the correct client's chart before beginning to document. Log out and/or exit a client's chart when finished with documentation.
- Some computer software automatically fills in certain fields with information that has been entered before (autofill). Be sure that you are documenting correctly and that any autofill entries are accurate. Check your entries before exiting a client's chart.
- Treat computers carefully.
- Do not use the agency's computers or tablets to browse the internet or access any personal accounts.

An incident is an accident, problem, or unexpected event during the course of care. It is something that is not part of the normal routine. State and federal guidelines require that incidents be recorded in an incident report. An **incident report** (also called an *occurrence, accident, accident/incident,* or *event report*) is a report that documents the incident and the response to it. The information in an incident report is confidential. It is intended for internal use to help prevent future incidents. Incident reports should be filed when any of the following occur:

- A client falls (all falls must be reported, even if the client says he is fine)
- A home health aide or a client breaks or damages something
- A home health aide makes a mistake in care
- A client or his family member makes a request that is outside the home health aide's scope of practice
- A client or his family member makes sexual advances or remarks
- Anything happens that makes a home health aide feel uncomfortable, threatened, or unsafe
- A home health aide gets injured on the job
- A home health aide is exposed to blood or body fluids

Reporting and documenting incidents is done to protect everyone involved. This includes the

client, the home health aide, and the home health agency. For example, if a client drops and breaks a vase and forgets what happened, she might blame her home health aide. The report provides a record of anything that happens and describes the HHA's part in it.

When an incident occurs, the HHA should report it to her supervisor as soon as possible, before leaving the client's home. She should complete the incident report, following the agency's policies and procedures.

10. Demonstrate the ability to use verbal and written information to assist with the care plan

Home health aides spend more time with clients than other members of the care team. Because of this, they may observe things about clients that the nurses or doctor have not noticed. HHAs do not make diagnoses or decide on treatment. However, their observations are valuable information about clients that will help in care planning.

When attending care planning meetings, the HHA should not be afraid to speak up (Fig. 4-11). She should share her observations of clients. If she is not sure what is important to mention, she can talk to her supervisor before the meeting to find out.

Fig. 4-11. *During care planning meetings, information and ideas are shared to develop or change the client's care plan.*

Accurate documentation is an important contribution to care planning. A thorough record lets an HHA share her observations with others and helps her remember details about each client.

11. Demonstrate effective communication on the telephone

A home health aide may need to answer her client's phone or call her supervisor while at the client's home. When making a call, the HHA should follow these steps:

- Always ask for permission before using the client's phone to contact the supervisor.
- Identify herself before asking to speak to someone, and not ask, "Who is this?" when someone answers the call.
- After identifying herself, ask for the person with whom she needs to speak.
- If the person she is calling is available, identify herself again, and state why she is calling. Planning a call beforehand is more efficient.
- If the person is not available, ask to leave a message. Always leaving a brief message shows that the HHA was trying to reach someone.
- Leave a brief and clear message without giving more information than necessary. A basic message includes a name, the phone number to call, and a brief description of the reason for the call.
- Thank the person who takes the message. An HHA should always be polite over the telephone, just as she would be in person.

When answering calls for clients, the HHA should always identify herself and her position first. She should be sensitive to clients' privacy and not ask for more information than the client needs to return the call: a name and phone number is enough. The HHA can ask for proper spellings of names if needed. A client's information should not be shared. The HHA can simply say, "Mr. Schmidt is not available right now. May

I take a message?" After writing down the message, she should tell the client about the call.

Sample Phone Conversation

An HHA's side of a phone conversation with a supervisor might sound like this:

—This is Ella Ferguson. I am at Mrs. Lee's house. She has a question about her medication, and I need to know what to tell her.

—Her question is this: She forgot to take her pill this morning when she had breakfast. She wants to know if she should take two now with lunch.

—She should take one now and one with a snack around 3 p.m.? Okay, I'll tell her. I'll document in my visit notes that you told me to tell her to take one now, and one again with a snack at 3. I'll still be here then so I can help her remember.

—Thank you for your help, Ms. Crier. Goodbye.

If she could not reach Ms. Crier, her side of the conversation might go like this:

—Hello, this is Ella Ferguson calling. Is Ms. Crier there, please?

—Could you take a message for me, please?

— My name is Ella Ferguson. I'm an aide, and I am at Mrs. Lee's house. My number is 873-9042. I will be here until 4:30 this afternoon. I'm calling because Mrs. Lee has a question about her medication, and I need to know how to answer it.

—Thank you very much. Goodbye.

12. Describe cultural diversity and religious differences

The term **cultural diversity** refers to different groups of people with varied backgrounds and experiences living together in the world. Positive responses to cultural diversity include knowledge and acceptance, not **bias**, or prejudice.

Home health aides will take care of clients with backgrounds and traditions different from their own. It is important that HHAs respect and value each person as an individual. They should respond to differences and new experiences with acceptance.

There are so many different cultures that they cannot all be listed here. One might talk about American culture being different from Japanese culture. But within American culture there are thousands of different groups with their own cultures: Japanese-Americans, African-Americans, and Native Americans are just a few. Even people from a particular region, state, or city can be said to have a different culture (Fig. 4-12). The culture of the South is not the same as the culture of New York City.

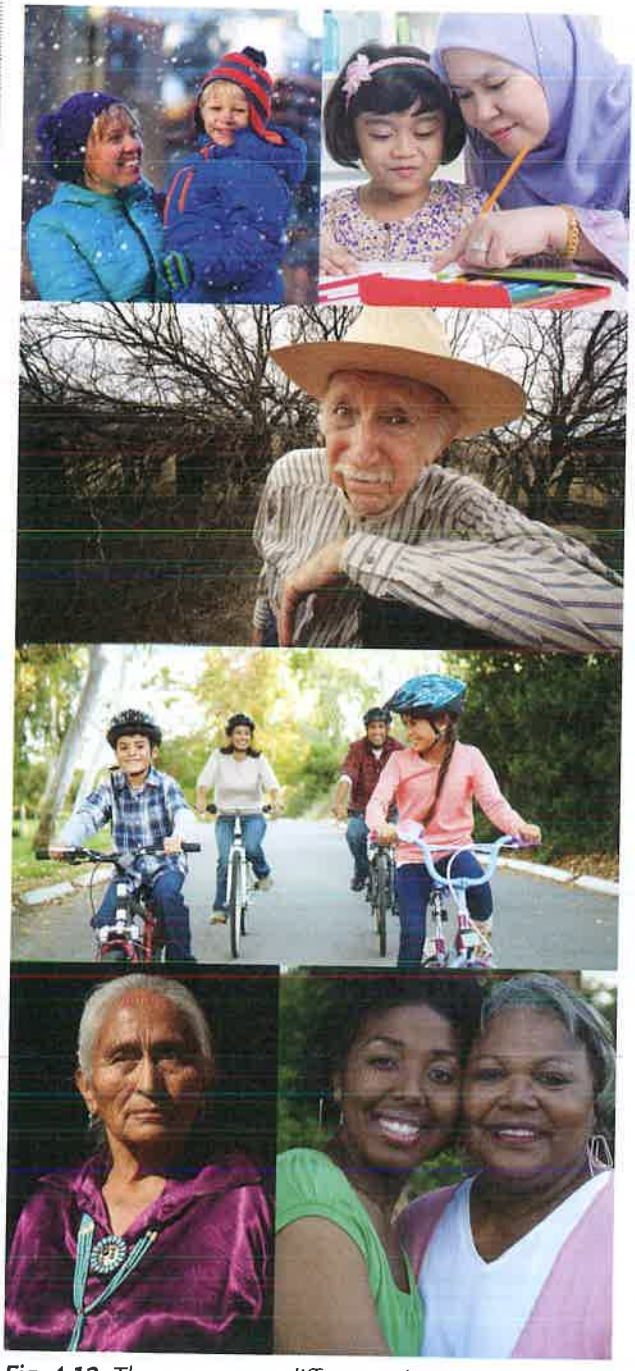


Fig. 4-12. *There are many different cultures in the United States.*

Cultural background affects how friendly people are to strangers. It can affect how they feel about having HHAs in their houses, or how close they want a person to stand when talking to them. It can affect how they feel about HHAs performing care for them or discussing their health with them. Home health aides should be sensitive to clients' backgrounds. They may have to adjust their behavior around some clients. Regardless of their backgrounds, all clients must be treated with respect and professionalism. HHAs should expect to be treated respectfully as well.

A client's primary language may be different from the home health aide's. If the client speaks a different language, an interpreter may be necessary. It can be helpful if staff learn a few common phrases in a client's native language. Picture cards and flash cards can assist with communication.

Religious differences also influence the way people behave. Religion may be very important in people's lives, particularly when they are ill or dying. Some people belong to a religious group but do not practice everything that religion teaches. Some people consider themselves spiritual but not religious. Others do not believe in any religion or God, and do not consider themselves spiritual. Home health aides must respect the religious beliefs and practices of clients, even if they are different from their own. Understanding a little bit about common religious groups may be useful. Common religions, listed alphabetically, follow:

Buddhism: Buddhism (*BOO-dism*) started in Asia but has many followers in other parts of the world. Buddhism is based on the teachings of Siddhartha Gautama, called Buddha. Buddhists believe that life is filled with suffering that is caused by desire, and that suffering ends when desire ends. Buddhism emphasizes meditation. Proper conduct and wisdom release a person from desire, suffering, and a repeating sequence of births and deaths (reincarnation). Nirvana is the highest spiritual plane a person can reach. It is the state of peace and freedom from worry and pain. There are many Buddhist texts. The Tipitaka, also called the Pali Canon, is the standard scripture collection. The Dalai Lama is considered to be the highest spiritual leader.

Christianity: Christians generally believe in a single God made up of the Father, Son (Jesus Christ), and Holy Spirit, and believe that they receive forgiveness of their sins through a relationship with God. They believe that Jesus Christ was the son of God and that he rose from the dead after being crucified. Christians believe in an eternal life. There are many subgroups or denominations, such as Baptist, Church of Jesus Christ of Latter-day Saints, Episcopalian, Evangelical, Lutheran, Methodist, Orthodox, Presbyterian, and Roman Catholic. Many Christians participate in rituals they consider holy, like baptism or communion. The Christian Bible is the sacred text and is divided into the Old Testament and the New Testament. Religious leaders may be called priests, ministers, pastors, or preachers.

Hinduism: Hinduism (*HIN-doo-ism*) is the dominant faith of India, but it is practiced in other places as well. According to Hindu beliefs, there are four purposes of life: acting morally and ethically (Dharma), pursuing prosperity (Artha), enjoying life (Kama), and accomplishing enlightenment (Moksha). People move through birth, life, death, and rebirth. How a person moves toward enlightenment is determined by karma. Karma is the result of actions in past lives, and actions in this life can determine one's destiny in future lives. Hindus advocate respect for all life, and some Hindus are vegetarians. Hindus who do eat meat almost always refrain from eating beef. Hindus follow the teachings of ancient scriptures like the Vedas and Upanishads, as well as other major scriptures. Holy men are called Sadhus.

Islam (*IS-lahm*): Muslims, or followers of Mohammed, believe that Allah (the Arabic term for God) wants people to follow the teachings of

the prophet Mohammed. Many Muslims pray five times a day facing Mecca, the holy city for their religion. Muslims also fast during the month called Ramadan. Muslims worship at mosques (*mosks*) and do not drink alcohol or eat pork. There are other dietary restrictions, too. The Qur'an (Koran, *koh-RAN*) is the sacred text of Islam. Islamic religious leaders may be called ayatollah, caliph, imam, mufti, or mullah, among other titles.

Judaism: Judaism is divided into Reform, Conservative, and Orthodox movements. Jewish people believe that God gave them laws through Moses in the form of the Torah (the sacred text), and that these laws should order their lives. Jewish services are held in synagogues or temples on Friday evenings and sometimes on Saturdays. Some Jewish men wear a **yarmulke** (*YAR-mul-ke*), or small skullcap, as a sign of their faith. Some Jewish people observe dietary restrictions. They may not do certain things, such as work or drive, on the Sabbath day (called Shabbat), which lasts from Friday sundown to Saturday sundown. Religious leaders are called rabbis (*RAB-eyes*).

Spirituality concerns a person's beliefs about the spirit or the soul. It may center on how a person relates to his community, to nature, or to the divine. It may involve reflection and contemplation and a search for inner peace. It may relate to a person's beliefs about the meaning of life. Spiritual practices can include meditation or prayer, but spirituality does not have to encompass religious beliefs. Some people consider themselves to be spiritual but not religious.

Many Native Americans (Indigenous Americans) follow many different spiritual traditions and practices. An emphasis is placed on the personal and the communal, rather than the institutional, and there is a deep connection with nature. There are many varied practices and rituals.

As mentioned earlier, people have varying beliefs about religion, spirituality, and God. Some people may not believe in God or a higher power and identify themselves as agnostic. **Agnostics** believe that they do not know or cannot know if God exists. They do not deny that God might exist, but they feel there is no true knowledge of God's existence.

Atheists are people who believe that there is no God. This is different from what agnostics believe. Atheists actively deny the existence of any deity (higher power). For many atheists, this belief is as strongly held as any religious belief.

Respect for clients' beliefs regarding religion and spirituality is an essential way in which HHAs provide person-centered care. HHAs should not discuss their own beliefs with clients.

13. List examples of cultural and religious differences

Some specific cultural and religious practices affect a home health aide's work. Many religious beliefs include **dietary restrictions**. These are rules about what and when followers can eat and drink. Some examples are listed below.

- Many Buddhists are vegetarians, though some include fish in their diet.
- Some Christians, particularly Roman Catholics, do not eat meat on Fridays during Lent. Many Orthodox Christians do not eat meat, meat by-products, poultry, eggs, fish, and dairy products on Wednesdays and Fridays, as well as during Lent.
- Many Jewish people eat kosher foods, do not eat pork, and do not eat lobster, shrimp, and clams (shellfish). Kosher food is food prepared in accordance with Jewish dietary laws. Kosher and non-kosher foods cannot come into contact with the same plates. Jewish people who observe dietary laws may not eat meat products at the same meal with dairy products. When working in a Jewish client's home, the HHA may be asked to separate meat and dairy products. This

can include using separate basins to wash dishes, separate pans for cooking, separate utensils for eating, and separate areas in refrigerators.

- Members of the Church of Jesus Christ of Latter-day Saints may not drink alcohol, coffee, or tea. They may not use tobacco in any form.
- Muslims do not eat pork and may avoid eating certain birds. They may not drink alcohol. Muslims may fast from dawn to sunset during the holy month of Ramadan. **Fasting** means not eating food or eating very little food.
- Some people are vegetarians and do not eat any meat for religious, ethical, or health reasons.
- Some people are vegans. **Vegans** do not eat any animals or animal products, such as eggs or dairy products. Vegans may also not use or wear any animal products, including wool and leather.

The HHA should be aware of any dietary restrictions and honor them. The client's practices should be respected and followed.

14. List ways of coping with combative behavior

Clients may sometimes display **combative** (*kom-BA-tiv*), meaning violent or hostile, behavior. Such behavior may include hitting, pushing, kicking, or verbal attacks. This behavior may be the result of disease affecting the brain. It may be an expression of frustration, or it may just be part of someone's personality. In general, combative behavior is not a reaction to the caregiver and should not be taken personally.

Home health aides should always report and document combative behavior. Even if an HHA does not find the behavior upsetting, the care team needs to be aware of it.

Guidelines: Combative Behavior

- Block physical blows or step out of the way, but never hit back (Fig. 4-13). No matter how much a client hurts you, or how angry or afraid you are, never hit or threaten a client.

Fig. 4-13. *When dealing with combative clients, step out of the way, but never hit back.*

- Allow the client time to calm down before the next interaction.
- Ensure the client is safe and give her space. When possible, stand at least an arm's length away.
- Remain calm. Lower the tone of your voice.
- Be flexible and patient.
- Stay neutral. Do not respond to verbal attacks. Do not argue or accuse the client of wrongdoing. If you must respond, say something like, "I understand that you're angry and frustrated. How can I make things better?"
- Do not use gestures that could frighten or startle the client. Try to keep your hands open and in front of you.
- Be reassuring and supportive.
- Consider what provoked the client. Sometimes something as simple as a change in caregiver or routine can be very upsetting to a client. Do not blame yourself. Try to learn from the situation and avoid it in the future.

15. List ways of coping with inappropriate behavior

Inappropriate behavior from a client includes trying to establish a personal, rather than a professional, relationship. Examples include asking personal questions or revealing personal information, requesting visits on personal time, asking for or doing favors, giving tips or gifts, and lending or borrowing money. It is also inappropriate for a client to ask a home health aide to perform tasks that would not be in the care plan, like scrubbing floors or cleaning the garage. Inappropriate behavior includes making sexual advances and comments. Sexual advances include any sexual words, comments, or behavior that makes the HHA feel uncomfortable.

When clients or their family behave inappropriately, the HHA should report this behavior to the supervisor, even if she thinks the behavior was harmless. Reporting is the only way to protect the HHA, and it does not violate the client's privacy.

Guidelines: Inappropriate Behavior

- **G** If you think a light approach will work, say something like, "I'm sorry, I'm not allowed to do that."
- **G** Address the behavior directly, saying something like, "That makes me very uncomfortable. Please stop." If the client persists, call your supervisor immediately.
- **G** Respond to personal questions by saying, "I really can't talk about my personal life on the job." If the client is sharing thoughts or feelings that make you uncomfortable, say, "That's not something I can help you with. If you'd like to speak with a social worker I can let the nurse know."
- **G** Firmly refuse gifts, tips, and favors. Say, "I really can't accept that. It's against the agency's rules."
- **G** Always report inappropriate behavior to your supervisor.

While working in people's homes, a home health aide may see family interactions that make her feel uncomfortable. Not all families behave in the same way. It is important for the HHA to remain professional. However, if fighting or abusive behavior is observed, the HHA should report it to her supervisor.

Chapter Review

1. Write a short sample conversation an HHA might have with a client. Use the three basic steps of communication.
2. Figure 4-2 shows an example of positive and negative nonverbal communication. Describe one different example of positive nonverbal communication and negative nonverbal communication.
3. List three ways that cultural background may affect nonverbal communication.
4. What is one way to provide feedback while listening?
5. What can silence or pauses help a client do?
6. Why should an HHA sit near a client who has started a conversation with her?
7. For each statement, decide whether it is an example of a fact or an opinion. Write *F* for fact and *O* for opinion.

   ___ Mrs. Connelly does not eat enough.

   ___ Mr. Moore looked terrible today.

   ___ Mr. Gaston had a fever of 100.7°F.

   ___ Ms. Martino needs to make some friends.

   ___ Mr. Klein has not had a visitor since last Tuesday.

   ___ The doctor says Mrs. Storey has to walk once a day.

8. What does the abbreviation *NPO* stand for?
9. With whom should HHAs use medical terminology—care team members or clients and their families?
10. After an HHA gives an oral report, what should be documented?
11. For each statement, decide whether it is an objective observation or a subjective observation. Write *O* for objective and *S* for subjective.
    ___ Client says he is depressed.
    ___ There is a patch of red skin on client's hip.
    ___ Client has a fever of 101°F.
    ___ Client has noisy breathing.
    ___ Client complains of chest pain.
    ___ Client says she has a toothache.
12. When should care be documented—before or after it is done?
13. If an HHA forgets to document an entire visit, did the visit legally happen?
14. Should an HHA use facts or opinions when writing visit notes?
15. Convert 10:00 p.m. to military time.
16. Convert 1400 hours to regular time.
17. Which care team member generally spends the most time with clients?
18. What should an HHA do before using a client's phone?
19. What does the term *cultural diversity* mean?
20. Pick three religions listed in Learning Objective 12 and briefly describe them. Feel free to add information that is not included in the Learning Objective.
21. If a client tries to strike an HHA, what should the HHA do?
22. How would an HHA respond to a client who asks about her personal life?
23. What should an HHA always do after a client behaves inappropriately?

5 Infection Prevention and Standard Precautions

1. Define *infection prevention* and explain the chain of infection

Infection prevention is the set of methods used to prevent and control the spread of disease. This chapter explains the importance of preventing infection and how to protect against disease.

A **microorganism** (*my-kro-OR-gan-izm*), also called a *microbe*, is a tiny living thing that is not visible to the eye without a microscope. Microorganisms are always present in the environment. Infections occur when harmful microorganisms, called **pathogens** (*PATH-oh-gens*), invade and multiply within the body.

The **chain of infection** describes how disease is transmitted from one human being to another (Fig. 5-1). There are six links in the chain of infection:

Chain Link 1: The **causative agent** is a pathogenic microorganism that causes disease. Examples include bacteria, viruses, fungi, and parasites.

Chain Link 2: A **reservoir** is where the pathogen lives and multiplies. A reservoir can be a human, an animal, a plant, soil, or substance. Warm, dark, and moist places are the ideal environments for microorganisms to live, grow, and multiply. Some microorganisms need oxygen to survive while others do not. Examples of reservoirs include the lungs, blood, and the large intestine.

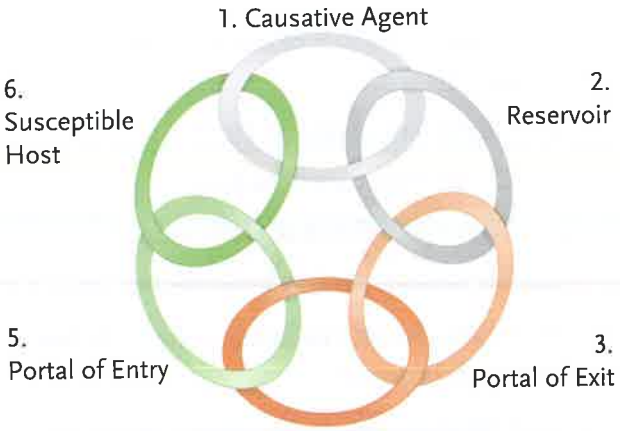


Fig. 5-1. The chain of infection.

Chain Link 3: The **portal of exit** is any body opening on an infected person that allows pathogens to leave. These include the nose, mouth, eyes, or a cut in the skin (Fig. 5-2).

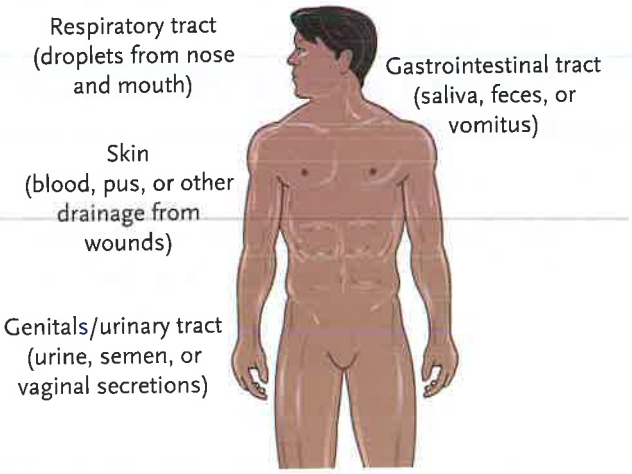


Fig. 5-2. Portals of exit.

Chain Link 4: The **mode of transmission** describes how the pathogen travels. The main routes of transmission are contact, droplet, and airborne transmission. **Direct contact** happens by touching the infected person or his secretions. **Indirect contact** results from touching an object contaminated by the infected person, such as a tissue, needle, dressing, or bed linen. Learning Objective 6 contains more information about the routes of transmission. In the healthcare setting, the primary route of disease transmission is via the hands of healthcare workers.

Chain Link 5: The **portal of entry** is any body opening on an uninfected person that allows pathogens to enter. These include the nose, mouth, eyes, and other mucous membranes, cuts in the skin, and cracked skin (Fig. 5-3). **Mucous** (*MYOO-kus*) **membranes** are the membranes that line body cavities that open to the outside of the body. These include the linings of the mouth, nose, eyes, rectum, and genitals.

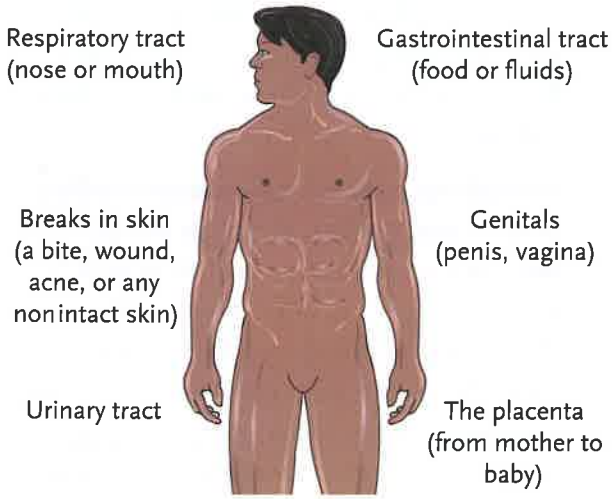


Fig. 5-3. Portals of entry.

Chain Link 6: A **susceptible host** is an uninfected person who could become ill. Examples include all healthcare workers and anyone in their care who is not already infected with that particular disease.

If one of the links in the chain of infection is broken, then the spread of infection is stopped. Infection prevention practices help stop pathogens from traveling (Link 4) and from getting on a person's hands, nose, eyes, mouth, skin, etc. (Link 5). Immunizations (Link 6) reduce a person's chances of getting sick from diseases such as hepatitis B and influenza (flu).

Transmission of most **infectious** (*in-FEKT-shus*), diseases can be blocked by using proper infection prevention practices, such as handwashing. Handwashing is the most important way to stop the spread of infection. All caregivers should wash their hands often.

Handwashing is a part of medical asepsis. **Medical asepsis** refers to measures used to reduce and prevent the spread of pathogens. Medical asepsis is used in all healthcare settings. **Surgical asepsis**, also known as *sterile technique*, makes an object or area completely free of all microorganisms (not just pathogens). Surgical asepsis is used for many types of procedures, such as changing catheters. Home health aides are responsible for following medical asepsis practices; however, surgical asepsis practices are not within their scope of care.

2. Explain Standard Precautions

State and federal government agencies have guidelines and laws concerning infection prevention and control. The **Occupational Safety and Health Administration** (**OSHA**, osha.gov) is a federal government agency that makes rules to protect workers from hazards on the job. The **Centers for Disease Control and Prevention** (**CDC**, cdc.gov) is a federal government agency that issues guidelines to protect and improve the health and safety of individuals and communities.

The CDC created an infection prevention system to reduce the risk of contracting infectious diseases in healthcare settings. There are two levels of precautions within the infection prevention system: Standard Precautions and Transmission-Based Precautions.

Following **Standard Precautions** means treating blood, body fluids, nonintact skin (like

abrasions, pimples, or open sores), and mucous membranes as if they were infected. Body fluids include tears, saliva, sputum (mucus coughed up), urine, feces, semen, vaginal secretions, pus or other wound drainage, and vomit. They do not include sweat.

Standard Precautions must be used with every client; this promotes safety. A home health aide cannot tell by looking at clients or even by reading their medical charts if they have an infectious disease such as tuberculosis, hepatitis, or influenza. Many diseases can be spread even before the infected person shows signs or has been diagnosed.

Standard Precautions and Transmission-Based Precautions are ways to stop the spread of infection by interrupting the mode of transmission. In other words, these guidelines do not stop an infected person from giving off pathogens. However, home health aides help prevent those pathogens from infecting them or those in their care by following these guidelines:

- Standard Precautions must be practiced with every single person in a home health aide's care.
- Transmission-Based Precautions vary based on how an infection is transmitted. When indicated, these precautions are used **in addition** to Standard Precautions. More information about these precautions is located later in the chapter.

Guidelines: Standard Precautions

- G **Wash your hands** before putting on gloves. Wash your hands immediately after removing gloves. Be careful not to touch clean objects with your used gloves.
- G **Wear gloves** if you may come into contact with any of the following: blood; body fluids; secretions; excretions; broken or open skin, such as abrasions, acne, cuts, stitches, or staples; or mucous membranes. Such contacts occur during mouth care; toilet assistance; **perineal care** (care of the genital and anal area); helping with a bedpan or urinal; ostomy care; cleaning up spills; cleaning basins, urinals, bedpans, and other containers that have held body fluids; and disposing of wastes.
- G **Remove gloves** immediately when finished with a procedure and wash your hands.
- G **Immediately wash all skin surfaces that have been contaminated** with blood and body fluids.
- G **Wear a disposable gown** that is resistant to body fluids if you may come into contact with blood, body fluids, secretions, excretions, or when splashing or spraying blood or body fluids is likely. If a client has a contagious illness, wear a gown even if it is not likely you will come into contact with blood or body fluids.
- G **Wear a mask and protective goggles and/or a face shield** if you may come into contact with blood, body fluids, secretions, excretions, or when splashing or spraying blood or body fluids is likely (for example, when emptying a bedpan).
- G **Wear gloves and use caution when handling razor blades, needles, and other sharps.** **Sharps** are needles or other sharp objects. Avoid nicks or cuts when shaving clients. Place sharps carefully in a biohazard container for sharps. Biohazard containers used for sharps are puncture-resistant, leakproof containers. They are clearly labeled and warn of the danger of the contents inside (Figs. 5-4 and 5-5). They must close and must be kept in an upright position to keep items inside from spilling out. They should not be filled past the line indicating that the container is full. Biohazard bags are used for biomedical waste that is not sharp, such as soiled dressings, contaminated tubing, and other items (Fig. 5-6). OSHA recommends that biomedical/biohazard waste be disposed of at the *point of origin*, or where the waste occurs.

Fig. 5-4. This label indicates that the material is potentially infectious.

Fig. 5-5. One type of container for sharps.

Fig. 5-6. Biohazard bags are used for biomedical waste that is not sharp and must be sealed tightly.

- **Never attempt to recap needles or sharps after use.** You might stick yourself. Request that the client dispose of them in a biohazard container for sharps.
- **Bag all disposable contaminated supplies.** Dispose of them according to your agency's policy.
- **Clearly label body fluids that are being saved for a specimen** with the client's name, date of birth, date, and a biohazard label. Keep them in a container with a lid. Put in a biohazard specimen bag for transportation if required.
- **Dispose of contaminated wastes according to your agency's policy.** Waste containing blood or body fluids is considered biohazardous waste. It should be disposed of separately from household garbage. Your agency will have a policy on how to dispose of biohazardous waste.

Standard Precautions should always be practiced on all clients, regardless of their infection status. This greatly reduces the risk of transmitting infection. There is more information about Standard Precautions in the next several learning objectives. Learning Objectives 8, 9, and 10 contain information about bloodborne diseases.

3. Define *hand hygiene* and identify when to wash hands

Home health aides use their hands constantly while they work. Microorganisms are on everything they touch. The single most common way for healthcare-associated infections (HAIs) to be spread is via the hands of healthcare workers. Handwashing is the most important thing HHAs can do to prevent the spread of disease (Fig. 5-7).

Fig. 5-7. All people working in health care must wash their hands often. Handwashing is the most effective way to prevent the spread of disease.

The CDC has defined **hand hygiene** as washing hands with soap and water or using an alcohol-based hand rub (ABHR). Alcohol-based hand rubs (often referred to as *hand sanitizer*) include gels, rinses, and foams that do not require the use of water.

Alcohol-based hand rubs have proven effective in reducing bacteria on the skin. However, they are not a substitute for frequent, proper handwashing. When hands are visibly soiled, they should be washed with soap and water. Hand rubs can be used in addition to handwashing anytime hands are not visibly soiled. When using a hand rub, the hands must be rubbed together until the product has completely dried. Hand lotion can help prevent dry, cracked skin.

Home health aides should avoid wearing rings and bracelets while working because they may increase the risk of contamination. Fingernails should be short, smooth, and clean. Artificial nails (acrylic, gel, sculptured, or wraps) should not be worn because they harbor bacteria and increase the risk of contamination even if hands are washed often. Home health aides should wash their hands at these times:

- When first arriving at a client's home
- Whenever hands are visibly soiled
- Before and after all contact with a client
- Before putting on gloves and after removing gloves
- After contact with any body fluids, mucous membranes, nonintact skin, or wound dressings
- After handling contaminated items
- Before and after making meals or working in the kitchen
- Before and after feeding a client
- Before getting clean linen
- Before reaching into the clean area of a supply bag
- After touching garbage or trash
- After picking up anything from the floor
- Before and after using the toilet
- After blowing or wiping the nose or coughing or sneezing into the hands
- Before and after eating
- After smoking
- After touching areas on the body, such as the mouth, face, eyes, hair, ears, or nose
- Before and after applying makeup
- After any contact with pets and after contact with pet care items
- Before leaving a client's home

Washing hands (hand hygiene)

Equipment: soap, paper towels

1. Turn on water at sink. Keep your clothes dry, because moisture breeds bacteria. Do not let your clothing touch the outside portion of the sink or counter.
2. Wet your hands and wrists thoroughly (Fig. 5-8).

Fig. 5-8. *Keeping arms angled downward, wet hands and wrists thoroughly.*

3. Apply soap to your hands.
4. Keep your hands lower than your elbows and your fingertips down. Rub your hands together and fingers between each other to create a lather. Lather all surfaces of wrists, hands, and fingers, using friction for at least 20 seconds. Friction helps clean (Fig. 5-9).

Fig. 5-9. Using friction for at least 20 seconds, lather all surfaces of wrists, fingers, and hands.

5. Clean your nails by rubbing them in the palm of your other hand.
6. Keep your hands lower than your elbows and your fingertips down. Being careful not to touch the sink, rinse thoroughly under running water. Rinse all surfaces of your wrists and hands. Run water down from your wrists to your fingertips. Do not run water over unwashed arms down to clean hands.
7. Use a clean, dry paper towel to dry all surfaces of your fingers, hands, and wrists, starting at the fingertips. Do not wipe the towel on unwashed forearms and then wipe your clean hands. Discard the towel into the waste container without touching the container. If your hands touch the sink or wastebasket, start over.
8. Use a clean, dry paper towel to turn off the faucet (Fig. 5-10). Discard the towel into the waste container. Do not contaminate your hands by touching the surface of the sink or faucet.

Fig. 5-10. Use a clean, dry paper towel to turn off the faucet so that you do not contaminate your hands.

4. Identify when to use personal protective equipment (PPE)

Personal protective equipment (**PPE**) is equipment that helps protect employees from serious injuries or illnesses resulting from contact with workplace hazards. In the home, PPE helps protect home health aides from contact with potentially infectious material. Employers are responsible for providing HHAs with the appropriate PPE for client assignments.

Personal protective equipment includes gowns, masks, goggles, face shields, and gloves. Gowns protect the skin and/or clothing. Masks protect the mouth and nose. Goggles protect the eyes. Face shields protect the entire face—the eyes, nose, and mouth. Gloves protect the hands. Gloves are used most often by all caregivers.

HHAs must wear PPE if there is a chance of coming into contact with blood, body fluids, secretions, excretions, mucous membranes, or open wounds. They should put on, or **don**, gowns, masks, goggles, and face shields when splashing or spraying of body fluids or blood could occur. Hand hygiene should be performed before donning PPE and after removing and discarding PPE.

Gowns

Clean, nonsterile gowns protect exposed skin. They also prevent soiling of clothing. Gowns should fully cover the torso. They should fit comfortably over the body and have long sleeves that fit snugly at the wrists.

OSHA requires fluid-resistant gowns if fluid penetration is likely. If a gown becomes wet or soiled during care, it should be discarded and a new gown should be donned. A gown can only be worn once. When finished with a procedure, the HHA should remove, or **doff**, the gown as soon as possible and wash her hands.

Putting on (donning) and removing (doffing) a gown

1. Wash your hands.
2. Open the gown. Hold it out in front of you and allow it to open/unfold. Do not shake the gown or touch it to the floor (Fig. 5-11). Facing the back opening of the gown, place an arm through each sleeve.

Fig. 5-11. *Let the gown unfold without shaking it.*

3. Fasten the neck opening.
4. Reaching behind you, pull the gown until it completely covers your clothing. Secure the gown at your waist (Fig. 5-12).

Fig. 5-12. *Reaching behind you, secure the gown at the waist.*

5. Put on your gloves after putting on the gown. The cuffs of the gloves should overlap the cuffs of the gown (Fig. 5-13).

Fig. 5-13. *The cuffs of the gloves should overlap the cuffs of the gown.*

6. When removing a gown, first remove and discard gloves properly. Then unfasten the gown at the neck and waist. Remove the gown without touching the outside of the gown. Roll the dirty side in, while holding the gown away from your body. Discard the gown properly and wash your hands.

Masks and Goggles

Masks can prevent inhalation of microorganisms through the nose or mouth. Masks should be worn when caring for clients with respiratory illnesses. They should also be worn when it is likely that contact with blood or body fluids may occur. Sometimes special masks (respirators) are required for certain diseases, such as tuberculosis (TB). Masks should fully cover the nose and mouth and fit snugly to prevent fluid penetration.

Masks can only be worn once before they need to be discarded. Masks that become wet or soiled must be changed immediately without touching the outside of the soiled mask. Home health aides must always change masks when moving between clients; the same mask should not be worn from one client to another.

Goggles are worn with a mask and are used whenever it is likely that blood or body fluids may be splashed or sprayed into the eye area or into the eyes. Eyeglasses alone do not provide proper eye protection. Goggles should fit snugly over and around the eyes or eyeglasses.

Putting on (donning) a mask and goggles

1. Wash your hands.
2. Pick up the mask by the top strings or the elastic strap. Do not touch the mask where it touches your face.
3. Pull the elastic strap over your head, or if the mask has strings, tie the top strings first, then the bottom strings. Do not wear a mask hanging from only the bottom ties or straps.
4. Pinch the metal strip at the top of the mask (if part of the mask) tightly around your nose so that it feels snug (Fig. 5-14). Fit the mask snugly around your face and below the chin.

Fig. 5-14. *Adjust the metal strip until the mask fits snugly around your nose.*

5. Put the goggles on over your eyes or eyeglasses. Use the headband or earpieces to secure them to your head. Make sure they fit snugly.
6. Put on your gloves after putting on the mask and goggles.

Face Shields

Face shields may be worn when blood or body fluids may be splashed or sprayed into the eyes or eye area. A face shield can be substituted for a mask or goggles, or it can be worn with a mask. The face shield should cover the forehead, go below the chin, and wrap around the sides of the face. The headband secures it to the head.

Gloves

Nonsterile gloves are used for basic care. They are available in different sizes and may be made of nitrile, vinyl, or latex. However, due to allergy issues, some agencies have banned the use of latex gloves.

Gloves should fit the hands comfortably and should not be too loose or too tight. Agencies have specific policies for when to wear gloves. HHAs must learn and follow these rules. Gloves must always be worn for the following tasks:

- Any time the caregiver might come into contact with blood or any body fluid, secretions, excretions, open wounds, or mucous membranes
- When performing or helping with mouth care or care of any mucous membrane
- When performing or helping with **perineal** (*payr-i-NEE-al*) **care** (care of the genital and anal area)
- When performing care on nonintact skin—skin that is broken by abrasions, cuts, rashes, acne, pimples, lesions, surgical incisions, or boils
- When the caregiver has any open sores or cuts on his hands
- When shaving a client
- When disposing of soiled bed linens, gowns, dressings, and pads
- When touching surfaces or equipment that are either visibly contaminated or may be contaminated

Disposable gloves can only be worn once; they cannot be washed or reused. Gloves should be changed immediately if they become wet, worn, soiled, or torn. Gloves should also be changed before contact with mucous membranes or broken skin. After removing gloves, the HHA should wash his hands before donning new gloves. Nonintact areas on the hands should be covered with bandages or gauze before putting on gloves.

Putting on (donning) gloves

1. Wash your hands.
2. If you are right-handed, slide one glove on your left hand (reverse if left-handed).
3. Using your gloved hand, slide the other hand into the second glove.
4. Interlace your fingers to smooth out folds and create a comfortable fit.
5. Carefully check for tears, holes, cracks, or discolored spots. Replace the glove if needed.
6. Adjust the gloves until they are pulled up over your wrists and fit correctly. If wearing a gown, pull the cuffs of the gloves over the sleeves of the gown (Fig. 5-15).

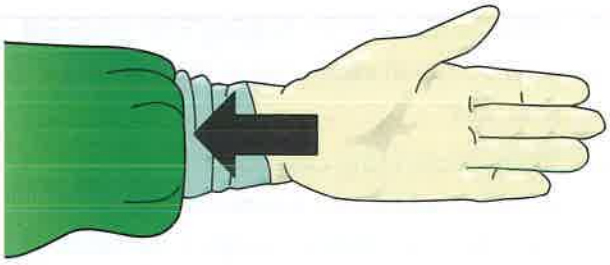


Fig. 5-15. *Adjust gloves until they are pulled up over the sleeves of the gown.*

Gloves should be removed promptly after use, and the HHA should wash his hands directly after removing gloves. He should be careful not to contaminate his skin or clothing when removing gloves. Gloves are worn to protect the skin from becoming contaminated. After giving care, gloves are contaminated. If an HHA opens a door with the gloved hand, the doorknob becomes contaminated. Later, anyone who opens the door with an ungloved hand will be touching a contaminated surface. Before touching surfaces or leaving the room, the HHA must remove gloves and wash his hands. Afterward, new gloves can be donned if necessary.

Removing (doffing) gloves

1. Touch only the outside of one glove. With one gloved hand, grasp the other glove at the palm and pull the glove off (Fig. 5-16).

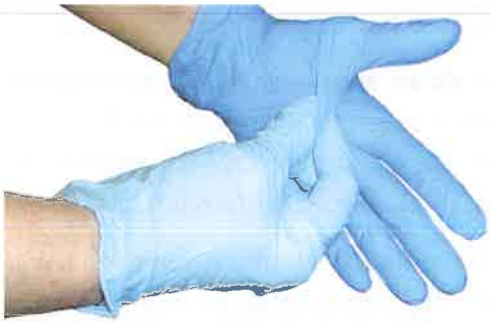


Fig. 5-16. *Grasp the glove at the palm and pull it off.*

2. With the fingertips of your gloved hand, hold the glove you just removed. With your ungloved hand, slip two fingers underneath the cuff of the remaining glove at the wrist. Do not touch any part of the outside of the glove (Fig. 5-17).

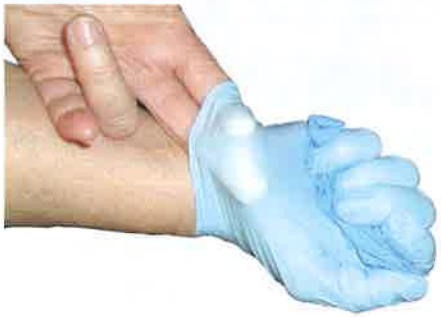


Fig. 5-17. *Reach inside glove at the wrist, without touching any part of the outside of the glove.*

3. Pull down, turning this glove inside out and over the first glove as you remove it.
4. You should now be holding one glove from its clean inner side and the other glove should be inside it.
5. Drop both gloves into the proper container without contaminating yourself.
6. Wash your hands.

Environmentally Friendly Care

Gloves

Natural rubber latex gloves are the most environmentally friendly choice among disposable gloves because they are **biodegradable**. This means they are capable of breaking down or being decomposed by bacteria or other living organisms. Nitrile and vinyl gloves are not biodegradable. They remain intact when discarded in landfills.

This is the correct order that the HHA should follow when donning (putting on) personal protective equipment (PPE) (Fig. 5-18):

1. Wash your hands.
2. Put on gown.
3. Put on mask.
4. Put on goggles or face shield.
5. Put on gloves.

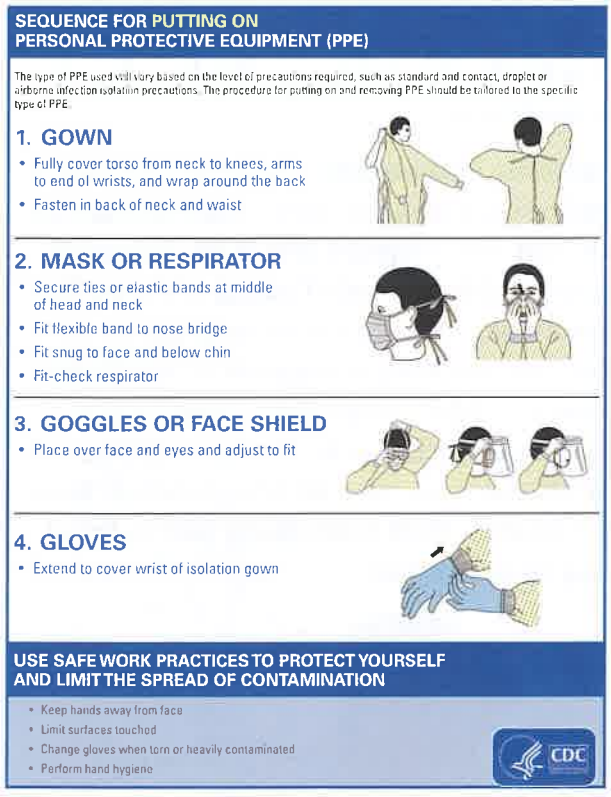


Fig. 5-18. *Sequence for putting on personal protective equipment.* (IMAGE REPRINTED FROM THE CDC'S WEBSITE, WWW.CDC.GOV/HAI/PDFS/PPE/PPE-SEQUENCE.PDF)

This is the correct order that the HHA should follow when doffing (removing) personal protective equipment (PPE) (Fig. 5-19):

1. Remove and discard gloves.
2. Remove goggles or face shield.
3. Remove and discard gown.
4. Remove and discard mask.
5. Wash your hands. Performing hand hygiene is always the final step after removing and discarding PPE. Hand hygiene should also be performed between steps if hands become contaminated at any time.

Fig. 5-19. *Sequence for removing personal protective equipment.* (IMAGE REPRINTED FROM THE CDC'S WEBSITE, WWW.CDC.GOV/HAI/PDFS/PPE/PPE-SEQUENCE.PDF)

5. Explain how to handle spills

Spilled blood, body fluids, and other fluids increase the risk of infection. Spills also put clients and others at risk for falls. Home health aides

must clean spills using the proper solutions and equipment.

Guidelines: Cleaning Spills Involving Blood, Body Fluids, or Glass

- Apply gloves before starting. In some cases, industrial-strength gloves are best.
- If blood or body fluids are spilled on a hard surface such as a linoleum floor or countertop, clean immediately using a solution of one part household bleach to nine parts water. You can mix the solution in a bucket and, with gloves on, wipe up the spill with rags or paper towels dipped in the solution. Be careful not to spill bleach or bleach solution on clothes, carpets, or bedding. It can discolor and damage fabrics. Your employer may provide you with special products for cleaning spills.
- If blood or body fluids are spilled on fabrics such as carpets, bedding, or clothes, do not use bleach to clean the spill. Commercial disinfectants that do not contain bleach are available. When using these disinfectants, follow the manufacturer's directions for how to use the product. If you have no disinfectant, wear gloves and wipe up the spill. Then use soap and water to clean the area. Clean carpet with regular carpet cleaner. Use gloves to load soiled bedding or clothes into the washing machine and add color-safe bleach to the washer with the laundry detergent.
- 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 waste bag and disposed of separately from household trash. Follow your agency's policy.

6. Explain Transmission-Based Precautions

The CDC set forth a second level of precautions beyond Standard Precautions. These guidelines are used for persons who are infected or may be infected with certain infectious diseases. These precautions are called **Transmission-Based Precautions**. When ordered, these precautions are used in addition to Standard Precautions. These precautions will always be listed in the client's care plan and on the home health aide's assignment sheet. Following these precautions promotes the HHA's safety, as well as the safety of others.

There are three categories of Transmission-Based Precautions: Airborne Precautions, Droplet Precautions, and Contact Precautions. The category used depends on what type of pathogen or disease the person has or may have and how it spreads. They may also be used in combination for diseases that have multiple routes of transmission.

Airborne Precautions prevent the spread of pathogens that can be transmitted through the air after being expelled (Fig. 5-20). The pathogens are able to remain floating in the air for some time. They are carried by moisture, air currents, and dust. An example of an airborne disease is tuberculosis. Precautions include wearing a special mask, such as an N95 or HEPA respirator, to avoid being infected. More information about tuberculosis may be found later in this chapter.

Fig. 5-20. Airborne Precautions are used for diseases that can be transmitted through the air.

Droplet Precautions are used for diseases that are spread by droplets in the air. Droplets normally do not travel farther than six feet. Talking, coughing, sneezing, laughing, or singing can spread droplets (Fig. 5-21). An example of a droplet disease is influenza (flu).

Fig. 5-21. Droplet Precautions are followed when the disease-causing microorganism does not remain in the air.

Droplet Precautions include wearing a face mask during care procedures and restricting visits from uninfected people. In addition, home health aides should cover their noses and mouths with a tissue when they sneeze or cough and ask others to do the same. Used tissues should be disposed of in the nearest waste container. Used tissues should not be placed in a pocket for later use. If a tissue is not available, HHAs should cough or sneeze into their upper sleeve or elbow, not their hands. They should wash their hands immediately afterward.

Contact Precautions are used when the client may spread an infection by direct contact with another person or an object. The infection can be spread by touching a contaminated area on the client's body or her contaminated blood or body fluids (Fig. 5-22). It may also be spread by touching contaminated items, linen, equipment, or supplies. Conjunctivitis (pink eye) and *Clostridioides difficile* (*C. diff*) are examples of situations that require Contact Precautions. *Clostridioides difficile* is discussed later in this chapter.

Contact Precautions include wearing gloves and a gown and client isolation. To **isolate** means to keep something separate, or by itself. Contact Precautions require washing hands with soap and not touching infected surfaces with ungloved hands or uninfected surfaces with contaminated gloves. Clients should not share towels, linen, or clothing with family members. Disposable equipment, such as thermometers and other items, may be used.

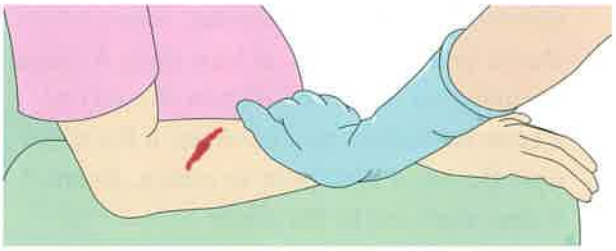


Fig. 5-22. Contact Precautions are followed when the person is at risk of transmitting a microorganism by touching an object or another person.

Guidelines: Isolation Procedures

- When they are indicated, Transmission-Based Precautions are always used **in addition** to Standard Precautions.
- Wash plates and utensils thoroughly in very hot water with antibacterial soap. Bleach may need to be added to the water. Follow agency policy. Encourage family members to use separate dishes and utensils.
- Wear disposable gloves when handling soiled laundry. Bag laundry in the client's room and carry it to the laundry area in the bag. Wash the client's laundry separately. Use hot water and detergent.
- The amount of nondisposable equipment brought into the home should be limited. Ideally, the client's care equipment should be left in the home until home health services are no longer needed. If some care equipment cannot remain in the home (for example, your stethoscope), clean and disinfect items before taking them from the home. Contaminated reusable items can also be placed in a plastic bag for transport.

- **G** A solution of bleach and water (one part bleach to nine parts water) should be mixed in a clearly labeled, plastic spray bottle and stored in a safe place. The bleach solution can be used to disinfect surfaces that may have been contaminated.
- **G** Clean and disinfect frequently touched surfaces and equipment, such as tables, bedside commodes, television remotes, canes, wheelchairs, and doorknobs, at least daily. A client in contact or airborne isolation should use a separate bathroom if possible. If the client uses the same bathroom as others, disinfect it after each use by the client.
- **G** Clients need to feel that caregivers understand what they are going through. Listen to what clients are saying. Reassure them and explain why these special steps are being taken. Relay any questions outside your scope of practice to your supervisor.

7. Explain sterilization and disinfection

In health care, an object can be called **clean** if it has not been contaminated with pathogens. An object that is **dirty** has been contaminated with pathogens. Here is a short list of some of the substances and objects that are considered dirty in the home:

- The floor
- Saliva and other discharges from the mouth and nose; this includes any objects that come into contact with these discharges, such as hands, toothbrushes, sinks, napkins, pillowcases, cigarettes, eating utensils, handkerchiefs, etc.
- Body wastes, such as stool (feces) and urine; this includes anything that comes into contact with these wastes, such as toilet paper, underwear, bed linens, and toilets
- Drainage from wounds; this includes objects that come in contact with drainage, such as dressings, tissues, cloths, clothing, and bed linens
- Spoiled food; this includes objects that come into contact with this food, such as other food, dishes, cooking utensils, kitchen working areas, and surfaces

Measures like sterilization and disinfection decrease the spread of pathogens that could cause disease. **Disinfection** is a process that destroys most, but not all, pathogens. It reduces the pathogen count to a level that is considered not infectious. **Sterilization** is a cleaning measure that destroys all microorganisms, including those that form spores. Spore-forming microorganisms are a special group of organisms that produce a protective covering that is difficult to penetrate. Sterilization is part of surgical asepsis and is accomplished by the use of special equipment and devices.

In home care, the HHA may disinfect items used by the client. He will also disinfect some areas while doing housekeeping tasks. The care plan and assignments will specify what disinfection needs to be done. General methods of disinfection are by wet and dry heat and by chemicals. Wet heat disinfection uses boiling water to disinfect. Dry heat disinfection means baking in the oven. Chapter 21 contains information on household chemical disinfecting solutions. The method used depends on the type of item that needs to be disinfected. Home health agencies should have policies and procedures for disinfection in the home.

Disinfecting using wet heat

Equipment: items to be disinfected, clean pot with enough room to hold items, clean lid for pot, cold water, timer or clock, stove, potholders

1. Wash your hands.
2. Place items in the pot and fill it with water. Make sure the water covers all items, leaving enough room at the top for steam to escape.

3. Place the lid on the pot and place the covered pot on the burner on the stove.
4. Turn on heat and bring the water to a boil. Do not open the lid at any time during the boiling process.
5. Set the timer and boil for 20 minutes. You should see steam escaping from the sides of the pot.
6. Turn off the heat. Allow the items and water to cool.
7. After the items have cooled, remove the cover with the potholders.
8. Remove the items. Place on a rack or a clean towel to air dry.
9. Wash and dry the disinfecting equipment. Return to proper storage.
10. Wash your hands.
11. Document the procedure.

Disinfecting using dry heat

Equipment: items to be disinfected, clean metal pan (cookie sheet, cake pan, etc.), timer or clock, oven, potholders

1. Wash your hands.
2. Place the items in the pan.
3. Place the sheet or cake pan in the oven.
4. Turn on the oven to 350°F. Set the timer and bake for one hour. Keep the oven door closed while items are baking.
5. Turn off the heat. Allow the items to cool.
6. After the items have cooled, remove with the potholders.
7. Store the items.
8. Wash and dry the disinfecting equipment. Return to proper storage.
9. Wash your hands.
10. Document the procedure.

8. Explain how bloodborne diseases are transmitted

Bloodborne pathogens are microorganisms found in human blood that can cause infection and disease in humans. They may also be found in other body fluids, draining wounds, and mucous membranes. These pathogens are transmitted by infected blood entering the bloodstream, or if infected semen or vaginal secretions contact mucous membranes. Having sexual contact with someone carrying a bloodborne disease can also transmit the disease. Sexual contact includes sexual intercourse (vaginal and anal), contact of the mouth with the genitals or anus, and contact of the hands with the genital area. Sharing infected drug needles is another way to spread bloodborne diseases. Infected pregnant women may transmit bloodborne disease to their babies in the womb or at birth.

In health care, contact with infected blood or body fluids is the most common way to be infected with a bloodborne disease. Infections can be spread through contact with contaminated blood or body fluids, needles or other sharp objects, or contaminated supplies or equipment. Standard Precautions, handwashing, isolation, and using PPE are all methods of preventing transmission of bloodborne diseases. Employers are required by law to help prevent exposure to bloodborne pathogens. Following Standard Precautions and other procedures helps protect caregivers from bloodborne diseases.

Bloodborne diseases cannot be spread by casual contact. Home health aides can safely touch, hug, and spend time talking with clients who have a bloodborne disease (Fig. 5-23). These

clients need the same thoughtful, personal attention given to all clients. HHAs need to follow Standard Precautions but should never isolate clients emotionally because they have a bloodborne disease.

Fig. 5-23. Hugs and touches cannot spread a bloodborne disease.

OSHA's Bloodborne Pathogens Standard

The Bloodborne Pathogens Standard is a federal law that requires healthcare facilities to protect employees from bloodborne health hazards. By law, employers must follow these rules to reduce or eliminate the risk of exposure to infectious diseases. The standard also guides employers and employees through the steps to follow if exposed to infectious material.

Guidelines employers must follow include:

- Employers must have a written exposure control plan designed to eliminate or reduce employee exposure to infectious material. This plan identifies, step by step, what to do if an employee is exposed to infectious material (for example, if an HHA is stuck by a needle). This includes medical treatment and plans to prevent any similar exposures. It also includes specific work practices that must be followed. This plan must be accessible to all employees, and they must receive training on this plan.
- Employers must give employees proper personal protective equipment (PPE) to wear when needed at no cost. Employers must make sure the PPE is available in the appropriate sizes and is readily accessible.
- Employers must give in-service training on bloodborne pathogens and updates on any new safety standards at the time of hire and annually to all employees.
- Employers must provide a free hepatitis B vaccine to all employees after hire.

9. Explain the basic facts regarding HIV and hepatitis infection

Two major bloodborne diseases in the United States are acquired immunodeficiency syndrome (AIDS) and the viral hepatitis family. **HIV** stands for human immunodeficiency (*im-yoo-no-de-FISH-en-see*) virus, and it is the virus that can cause AIDS. Over time, HIV weakens the immune system so that the body cannot effectively fight infections. The final stage of HIV infection is **AIDS**. People with AIDS lose all ability to fight infection and can die from illnesses that a healthy immune system could handle. There is more information about HIV and AIDS in the next several learning objectives and in Chapter 9.

Hepatitis (*hep-a-TYE-tis*) is inflammation of the liver caused by certain viruses and other factors, such as alcohol abuse, some medications, and trauma. Liver function can be permanently damaged by hepatitis. It can lead to other chronic, lifelong illnesses. Several different viruses can cause hepatitis. The most common types of hepatitis are A, B, and C. Hepatitis B and C are bloodborne diseases that can cause death. Many more people have hepatitis B than HIV. In the United States today, the risk of getting hepatitis is greater than the risk of acquiring HIV.

The virus causing hepatitis A (HAV) is a result of fecal-oral contamination, which means through food or water contaminated by stool from an infected person.

Hepatitis B (HBV) is a bloodborne disease. It is spread through sexual contact, by sharing infected needles, and from a mother to her baby during delivery. It can be spread through improperly sterilized needles used for tattoos and piercings and through grooming supplies, such as razors, nail clippers, and toothbrushes. It is also spread by exposure at work from accidental contact with infected needles or other sharps or from splashing blood.

The hepatitis B virus can survive outside the body at least seven days and can still cause infection in others during that time. HBV may cause few symptoms or may become a severe infection. HBV can cause short-term illness that leads to

- Loss of appetite
- Diarrhea and vomiting
- Fatigue
- **Jaundice** (*JAWN-dis*) (a condition in which the skin, whites of the eyes, and mucous membranes appear yellow)
- Pain in muscles, joints, and stomach

It can also cause long-term illness that leads to

- Liver damage (cirrhosis)
- Liver cancer
- Death

HBV is a serious threat to healthcare workers. Employers must offer home health aides a free vaccine to protect against hepatitis B. The vaccine is usually given as a series of three shots. Prevention is the best option for dealing with this disease, and employees should take the vaccine when it is offered.

Hepatitis C (HCV) is also transmitted through blood or body fluids. Hepatitis C can lead to cirrhosis and liver cancer; it can even cause death. There is no vaccine for hepatitis C.

10. Identify high-risk behaviors that allow the spread of HIV

Specific behaviors put people at high risk for acquiring HIV. HIV is most commonly transmitted by the following:

- Having unprotected or poorly protected anal sex with an infected person
- Having unprotected or poorly protected vaginal sex with an infected person
- Having sexual contact with many partners
- Sharing drug needles or syringes

In the healthcare setting, infections can be spread through accidental contact with contaminated blood or body fluids, needles or other sharp objects, or contaminated supplies or equipment.

Ways to prevent HIV infection and protect against the spread of HIV and AIDS include the following:

- Following Standard Precautions at work
- Never sharing needles or syringes
- Not having unprotected sex (always using condoms during sexual contact)
- Staying in a monogamous relationship (being monogamous means having only one sexual partner)
- Practicing abstinence (abstinence means not having sexual contact with anyone)
- Getting tested for HIV and retested if necessary (HIV is able to be detected in most people within three to eight weeks after exposure. However, it can take up to three months for HIV to be able to be detected and up to six months in rare cases.)
- Following the pre-exposure prophylaxis (PrEP) approach, which involves taking specific medication every day to lower an uninfected person's risk of getting HIV

11. Demonstrate knowledge of the legal aspects of HIV, including testing

The right to confidentiality may be especially important to a person who has HIV or AIDS because others may pass judgment on people with this disease. HIV testing requires consent; a person cannot be tested for HIV unless he agrees. HIV test results are confidential and cannot be shared with a person's family, friends, or employer without his consent. A person with HIV or AIDS cannot be fired from a job because of the disease. However, a healthcare worker with

HIV or AIDS may be reassigned to duties that have a lower risk of transmitting the disease.

If a home health aide is HIV-positive, he might want to confide in his supervisor. Assignments can be adjusted to avoid putting employees at high risk for exposure to other infections. Everyone has a right to privacy regarding their health status. As a reminder, an HHA should never discuss his client's status with anyone.

12. Identify community resources and services available to clients with HIV or AIDS

Depending on the community, many resources and services may be available for people with HIV or AIDS. These may include counseling, meal services, access to experimental drugs, and other services. Many available online resources contain comprehensive information, such as AIDSinfo (aidsinfo.nih.gov) and the CDC's website (cdc.gov/hiv).

An HHA should speak to her supervisor if she feels a client with HIV/AIDS needs more help. A social worker or another member of the care team may be able to coordinate services for clients with HIV/AIDS.

13. Explain tuberculosis and list infection prevention guidelines

Tuberculosis (*too-ber-kyoo-LOH-sis*), or **TB**, is a highly contagious disease caused by a bacterium, *Mycobacterium tuberculosis*, that is carried on mucous droplets suspended in the air. The bacteria usually affect the lungs, known as *pulmonary tuberculosis*. TB is an airborne disease. People can be exposed to TB when they spend time with a person who is infected with TB. When the infected person talks, coughs, breathes, sings, laughs, or sneezes, he may spread the disease. Pulmonary tuberculosis causes coughing, difficulty breathing, fever, weight loss, and fatigue. Usually it can be cured by taking all prescribed medication. However, if left untreated, TB may cause death.

There are two types of tuberculosis: **latent TB infection** (**LTBI**) and **TB disease**. Someone with latent TB infection carries the disease but does not show symptoms and cannot infect others. A person with TB disease shows symptoms of the disease and can spread TB to others. Latent TB infection can progress to TB disease. Signs and symptoms of TB include the following:

- Fatigue
- Loss of appetite
- Weight loss
- Slight fever and chills
- Night sweats
- Prolonged coughing
- Coughing up blood
- Chest pain
- Shortness of breath
- Difficulty breathing

Tuberculosis is more likely to be spread in areas with poor ventilation or in small, confined spaces. People are more likely to get TB disease if their immune systems are weakened by illness, malnutrition, cancer, HIV/AIDS, alcoholism, or drug abuse.

Multidrug-resistant TB (**MDR-TB**) is a form of tuberculosis caused by an organism that is resistant to medication that is used to treat TB. **Resistant** means drugs no longer work to kill the specific bacteria. It may develop when a person infected with TB does not take all of his prescribed medication. When the full course of medication is not taken, bacteria remain in the body and are less likely to be killed by the medication. The disease becomes more difficult to cure. Other reasons for drug resistance are that the TB medication is used incorrectly or the medication is ineffective due to poor quality or poor storage conditions.

Guidelines: Tuberculosis

- Follow Standard Precautions and Airborne Precautions.
- Wear personal protective equipment as instructed during care. Special masks, such as N95 or high efficiency particulate air (HEPA) respirators, may be needed (Fig. 5-24). These masks help prevent a person from inhaling droplets. You must be fitted for these special masks and will be trained how to use them.

Fig. 5-24. *An N95 respirator may be required when caring for someone who has tuberculosis.*

- Use special care when handling sputum or phlegm. **Phlegm** is thick mucus from the respiratory passage.
- Ensure proper ventilation in the client's room. Open windows when possible.
- Follow isolation procedures for airborne diseases if indicated in the care plan.
- Help the client remember to take all medication prescribed. Failure to take all medication is a major factor in the spread of TB.

14. Explain the importance of reporting a possible exposure to an airborne or bloodborne disease

If a home health aide thinks she may have been exposed to TB, HIV/AIDS, or hepatitis at work, she should report this to her supervisor immediately. She will need to complete an incident report or a special exposure report form. The employer will provide help during this process to discover if the employee has been infected and to take steps to prevent the employee from becoming sick. In order to protect the health of everyone involved, HHAs should report any potential exposures right away. Steps will also be taken to help prevent similar incidents from occurring again. Depending on the exposure, an agency may require tests and other measures as part of this process.

15. Discuss COVID-19 and identify care guidelines

In late 2019 a new human coronavirus was identified in Wuhan, China. Although there are many types of coronaviruses (some of which cause mild respiratory illnesses like the common cold), this virus had not previously been seen in humans. This virus, called *severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)*, causes coronavirus disease, or COVID-19. COVID-19 was declared a pandemic in March 2020 by the World Health Organization. A *pandemic* is the global outbreak of a disease. (SARS-CoV-2 is not the same virus that caused the SARS pandemic in 2003.)

COVID-19 is classified as both a droplet and airborne disease. It is transmitted through respiratory droplets produced when the infected person sneezes, coughs, sings, or talks. It is also carried on mucous droplets suspended in the air. It can spread among people who are in close contact, within 6 feet of one another. The length of time a person is in close contact with others also contributes to its spread. Transmission can occur in enclosed spaces where there is poor ventilation. In addition, the CDC states it may be possible for a person to become infected by touching a surface or an object that has the virus on it and then touching his nose or mouth, but this is not considered the main method of transmission.

Early signs and symptoms of COVID-19 include fever, cough, fatigue, and shortness of breath.

Chills, muscle pain, sore throat, and headache are also symptoms. Some people experience mild symptoms, while others have severe symptoms that require hospitalization, medication, and the use of a ventilator (a machine that assists with or replaces breathing when a person cannot breathe on his own). The disease can also result in death.

People who are at a higher risk for serious complications and death from this disease include older adults and people of any age with certain underlying medical conditions, including the following:

- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Immunocompromised
- Obesity
- Severe Obesity
- Pregnancy
- Sickle cell disease
- Smoking
- Type 2 diabetes

People may be infected with COVID-19 for 1 to 14 days before developing symptoms. However, some studies suggest that people can be infected and not show any symptoms. These people are called *asymptomatic carriers* and likely play a role in spreading the disease. In order to diagnose COVID-19, a swab is inserted into the cavity between the nose and mouth, moved around to collect a specimen, and is then removed and sent to a lab for testing.

Most people who have COVID-19 are only mildly ill and can recover at home. Care at home can help stop the transmission of the virus and will protect others who are at a higher risk of becoming seriously ill.

While most people recover, others experience long-term effects and symptoms. These include a loss of smell or taste, fatigue, difficulty with concentration, and cough.

Guidelines: COVID-19

- **G** Follow Standard Precautions and Transmission-Based Precautions.
- **G** Have the client stay in one room away from others, including yourself, as much as possible. If in the same room or area, maintain a distance of at least six feet.
- **G** Increasing air circulation is important. Keep windows open if possible. Follow instructions in the care plan.
- **G** Do not share any personal household items.
- **G** Wash your hands often. Use soap and running water and scrub for at least 20 seconds. If soap and water is not available, use a hand sanitizer that contains a minimum 60% alcohol content.
- **G** Wear a mask that covers your nose and mouth when caring for the client. Follow the care plan and the agency's policies about which type of mask to wear. More information on masks is in the box on the next page.
- **G** Wear eye protection during client care, such as a face shield or goggles. Wear a gown as instructed.
- **G** Have the client wear a mask when she is near you and others.
- **G** Do not touch your eyes, nose, or mouth.
- **G** Clean frequently touched surfaces with the proper household cleaning spray or wipes. Follow instructions on the label, paying close attention to the amount of time required to disinfect.
- **G** Wear gloves when handling laundry, and keep soiled items away from your body. After use,

always remove and discard gloves properly and wash hands immediately.

- Encourage bed rest and fluids to maintain hydration.
- Unnecessary visitors must be restricted. Follow instructions regarding visitors.
- Do not go to work if you feel sick or have a fever.
- For most people, symptoms improve within a week, but it is important to report any signs and symptoms that indicate the illness is getting worse:
  - Difficulty breathing
  - Persistent pain or pressure in the chest
  - Confusion
  - Difficult waking or remaining alert
  - Prolonged elevated temperature
  - Cyanotic (bluish) lips or face
- In the event of a medical emergency, call 911 and tell the dispatcher that the client has or is suspected of having COVID-19. Follow the dispatcher's instructions.

Masks and COVID-19

The CDC currently recommends wearing some type of a face mask when leaving home. Wearing these masks helps protect other people from getting sick. Should a person be infected but not show symptoms, a mask may prevent the transmission of the disease to others.

Emergency service personnel and healthcare providers who provide direct care to COVID-19 patients in the hospital/acute care setting wear special masks (respirators) that filter out the virus. These masks require fit testing and training for effective use. Employers may make respirators available to home health aides.

If a client has not been tested to determine if she is still infectious, home isolation can end when the following conditions have been met:

- No fever for 24 hours without the use of medications that reduce fever
- Symptoms (e.g., cough, shortness of breath) have improved or are no longer present
- At least 10 days have passed since the client's symptoms first appeared

If a client has been tested to determine if she is still infectious, home isolation can end when the following conditions have been met:

- No fever for 24 hours without the use of medications that reduce fever
- Other symptoms of COVID-19 have improved
- At least 10 days have passed since first symptoms have appeared

16. Discuss MRSA, VRE, and *C. difficile*

Multidrug-resistant organisms (**MDROs**) are microorganisms, mostly bacteria, that are resistant to one or more antimicrobial agents that are commonly used for treatment. An **antimicrobial** agent destroys, resists, or prevents the development of pathogens. There has been an increase in MDROs, and this is a serious problem. Two common types of MDROs are methicillin-resistant *Staphylococcus aureus*, commonly referred to as **MRSA** (*MUR-suh*) and vancomycin (*van-co-MY-sin*)-resistant *Enterococcus* (*en-ter-oh-KAH-kus*), called **VRE**.

Staphylococcus aureus is a common type of bacteria that can cause infection. Methicillin is a powerful antibiotic often used in healthcare facilities. MRSA is an infection that is resistant to methicillin. This type of MRSA is also known as *HA-MRSA*, which stands for hospital-associated MRSA.

Community-associated methicillin-resistant *Staphylococcus aureus* (CA-MRSA) is a type of MRSA infection that occurs in people who have not recently been admitted to healthcare facili-

ties and who have no past diagnosis of MRSA. Often CA-MRSA manifests as skin infections, such as boils or pimples. This type of infection is becoming more common.

MRSA is almost always spread by direct physical contact with infected people. This means that if a person has MRSA on his skin, especially on his hands, and touches another person, he may spread MRSA. Spread also occurs through indirect contact by touching equipment or supplies (for example, towels, wound dressings, or clothes) contaminated by a person with MRSA.

Symptoms of MRSA infection include drainage, fever, chills, and redness. Home health aides can prevent MRSA by practicing proper hygiene. Handwashing, using soap and warm water, is the single most important measure to control the spread of MRSA. HHAs must always follow Standard Precautions, along with Transmission-Based Precautions as ordered. Cuts and abrasions should be kept clean and covered with a proper dressing (e.g., bandage) until healed. Contact with other people's wounds or material that is contaminated from wounds should be avoided.

Enterococci are bacteria that live in the digestive and genital tracts. Although they normally do not cause problems in healthy people, they can sometimes cause infection. Vancomycin is a powerful antibiotic used to treat infections caused by enterococci. If the enterococci become resistant to vancomycin, then it is called vancomycin-resistant *Enterococcus*, or VRE.

VRE is spread through direct and indirect contact. Symptoms of VRE infection include fever, fatigue, chills, and drainage. VRE infections are often difficult to treat and may require the use of several medications. VRE infections can cause life-threatening infections in people with compromised immune systems—the very young, the very old, and the very ill.

Preventing VRE is much easier than trying to treat it. Proper hand hygiene can help prevent the spread of VRE. Home health aides should wash their hands often and wear PPE as directed. HHAs must always follow Standard Precautions, along with Transmission-Based Precautions as ordered. Items may need to be disinfected, and that information should be listed in the care plan.

Clostridioides difficile (formerly known as *Clostridium difficile*) infection (CDI) is commonly known as ***C. diff*** or ***C. difficile***. It is a spore-forming bacterium that can be part of the normal intestinal flora. When the normal intestinal flora is altered, *C. diff* can flourish in the intestinal tract and can cause infection. It produces a toxin that causes a watery diarrhea. Enemas, nasogastric tube insertion, and GI tract surgery increase a person's risk of developing the disease. The elderly are at a higher risk of getting *C. diff* infection. The overuse of antibiotics may alter the normal intestinal flora and increase the risk of developing this infection. *C. diff* infection can also cause colitis, a more serious intestinal condition.

When released in the environment, *C. diff* can form a spore that makes it difficult to kill. These spores can be carried on the hands of people who have direct contact with infected clients or with environmental surfaces (floors, bedpans, toilets, etc.) contaminated with *C. diff*. Touching an object contaminated with *C. diff* can transmit *C. diff*. Alcohol-based hand sanitizers are not considered effective on *C. diff*. Soap and water must be used each time hand hygiene is performed.

A person can harbor *C. diff* without knowing it or showing symptoms. Symptoms of *C. diff* include frequent, foul-smelling, watery stools and abdominal cramps. Other symptoms are fever, diarrhea that contains blood and mucus, nausea, and lack of appetite. Proper handwashing with soap and water is vital to prevent the spread of the infection. Handling contaminated wastes properly can help prevent the spread of the

infection. Cleaning surfaces with an appropriate disinfectant, such as a bleach solution, can also help reduce transmission. Limiting the use of antibiotics helps lower the risk of developing *C. diff* infection.

17. List employer and employee responsibilities for infection prevention

Several state and federal government agencies have guidelines and laws concerning infection prevention. OSHA requires employers to provide for the safety of their employees through rules and suggested guidelines. The CDC issues guidelines for healthcare workers to follow on the job. Some states have additional requirements. Home health agencies consider these rules very carefully when writing their policies and procedures. It is very important that employees learn these and follow them. They exist to protect all staff members and clients. Some of the infection prevention requirements are listed below.

The **employer's** responsibilities for infection prevention include the following:

- Establish infection prevention procedures and an exposure control plan to protect workers
- Provide continuing in-service education on infection prevention and control, including education on bloodborne and airborne pathogens and updates on any new safety standards
- Have written policies and procedures to follow should an exposure occur, including medical treatment and plans to prevent similar exposures
- Provide personal protective equipment (PPE) for employees to use, and teach them when and how to properly use it
- Provide free hepatitis B vaccinations for all employees

The **employee's** responsibilities for infection prevention include the following:

- Follow Standard Precautions
- Follow all agency policies and procedures
- Follow client care plans and assignments
- Use provided personal protective equipment as indicated or appropriate
- Take advantage of the free hepatitis B vaccination
- Immediately report any exposure to infection, blood, or body fluids
- Participate in annual education programs covering the prevention of infection

Chapter Review

1. What does infection prevention mean?
2. Which link in the chain of infection is broken by wearing gloves, and why?
3. Under Standard Precautions, what are considered body fluids?
4. On whom should Standard Precautions be practiced?
5. What is the single most important thing an HHA can do to prevent the spread of disease?
6. What is hand hygiene?
7. For how long should an HHA use friction when washing her hands?
8. If a gown becomes wet or soiled during care, what should the HHA do?
9. How many times can disposable gloves be worn?
10. In what order should personal protective equipment be put on and removed?
11. When blood or body fluids are spilled, what should an HHA do first, before starting to clean the spill?

12. What are Transmission-Based Precautions?
13. If an HHA sneezes and does not have a tissue, into what area of the body should she sneeze?
14. Before leaving the home of a client who has an infectious disease, what should an HHA do with items that are nondisposable and cannot remain in the home (for example, her stethoscope)?
15. How would an HHA disinfect items using wet heat? How would an HHA disinfect items using dry heat?
16. How are bloodborne diseases transmitted? What is the most common way to be infected with a bloodborne disease in the healthcare setting?
17. What is hepatitis?
18. What does HIV do to a person's immune system?
19. Why may confidentiality be especially important to a person who has HIV or AIDS?
20. What types of resources may be available to clients with HIV/AIDS?
21. What is the difference between latent TB infection and TB disease?
22. What is the first thing an HHA should do if she suspects she has been exposed to TB, HIV/AIDS, or hepatitis at work?
23. How is COVID-19 transmitted?
24. How long can a person be sick with COVID-19 before showing symptoms?
25. What is one of the best ways to prevent the spread of MRSA and VRE?
26. What are two ways that an HHA can help prevent the spread of *C. difficile*?
27. What is an employer required to do with regard to the hepatitis B vaccination?
28. What should the employee do with regard to the hepatitis B vaccination?

6 Safety and Body Mechanics

1. Explain the principles of body mechanics

Back strain or injury is a serious problem for home health aides. Using proper body mechanics is an important step in preventing back strain and injury. **Body mechanics** is the way the parts of the body work together when a person moves. Using proper body mechanics helps save energy and prevent injury.

Alignment: Alignment is based on the word *line*. When a person stands up straight, a vertical line could be drawn right through the center of his body and his center of gravity (Fig. 6-1). When the line is straight, the body is in alignment. Whether standing, sitting, or lying down, the body should be in alignment and should have good posture. Alignment means that the two sides of the body are mirror images of each other, with body parts lined up naturally. **Posture** is the way a person holds and positions his body. A person can maintain correct body alignment when lifting or carrying an object by keeping the object close to his body. His feet and body should be pointed in the direction he is moving. He should avoid twisting at the waist.

Base of support: The base of support is the foundation that supports an object. The feet are the body's base of support. The wider the support, the more stable a person is. Standing with the feet shoulder-width apart allows for a greater base of support. This is more stable than standing with the feet together.

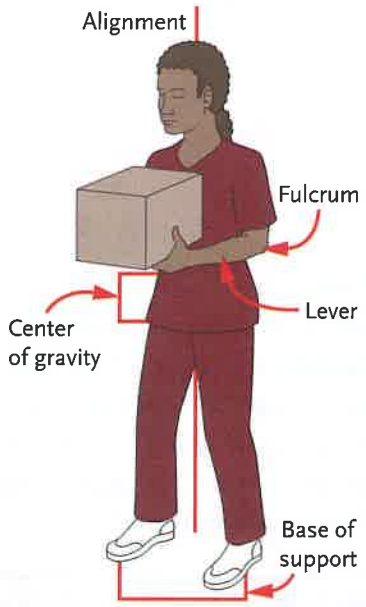


Fig. 6-1. *Proper body alignment is important when standing and sitting.*

Fulcrum and lever: A **lever** moves an object by resting on a base of support, called a fulcrum. For example, on a seesaw, the flat board a person sits on is the lever. The triangular base the board rests on is the fulcrum. When two children sit on opposite sides of the seesaw, they easily move each other up and down. This is because the fulcrum and lever of the seesaw are doing the work.

Thinking of the body as a set of fulcrums and levers can be helpful when trying to find smart ways to lift without working as hard. For example, an arm is a lever and the elbow is the fulcrum. When a person lifts something, he can rest it against his forearm. This will shorten

the lever and make the item easier to lift than it would be if he were holding it in his hands.

Center of gravity: The center of gravity in the body is the point where the most weight is concentrated. This point will depend on the position of the body. When a person stands, weight is centered in the pelvis. A low center of gravity gives a more stable base of support. Bending the knees when lifting an object lowers the pelvis and, therefore, lowers a person's center of gravity. This gives more stability and makes the person less likely to fall or strain the working muscles.

2. Apply principles of body mechanics to daily activities

By applying the principles of body mechanics to daily activities, injury can be avoided and less energy used. Procedures for properly transferring, positioning, and ambulating clients are located throughout this textbook. These procedures include instructions for maintaining proper body mechanics. In addition, the following guidelines are helpful:

Guidelines: Using Proper Body Mechanics

- Assess the situation first. Clear the path and remove any obstacles.
- Use both arms and hands to lift, push, or carry objects.
- When lifting a heavy object from the floor, spread your feet shoulder-width apart. Bend your knees. Use the strong, large muscles in your thighs, upper arms, and shoulders to lift the object. Raise your body and the object together (Fig. 6-2).
- Hold objects close to you when you are lifting or carrying them. This keeps the object closer to your center of gravity and base of support (Fig. 6-3).

Fig. 6-2. *In this illustration, which person is lifting correctly?*

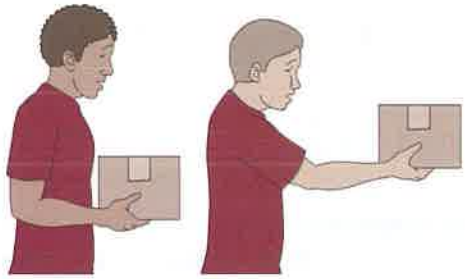


Fig. 6-3. *Holding things close to the body moves weight toward the center of gravity. In this illustration, who is more likely to strain his back muscles?*

- Push or slide objects rather than lifting them.
- Avoid bending and reaching as much as possible. Move or position furniture so that you do not have to bend or reach.
- If you are making an adjustable bed, adjust the height to a safe working level, usually waist high. If you are making a regular bed, lean or kneel to support yourself at working level. Avoid bending at the waist.
- When a task requires bending, use a good stance. Bend your knees to lower yourself (squat), rather than bending from the waist. This uses the big muscles in your legs and hips rather than the smaller muscles in your back.
- Do not twist when you are lifting or moving an object. Instead, turn your whole body. Pivot your feet instead of twisting at the waist. Your feet should point toward what you are moving or lifting.

- Get help when possible for lifting or assisting clients.
- Talk to clients before moving them. Let them know what you will do so they can help if possible. Agree on a signal, such as counting to three. Lift or move on three so everyone moves together.
- To help a client sit up, stand up, or walk, place your feet shoulder-width apart. Put one foot in front of the other, and bend your knees. Your upper body should stay upright and in alignment. Do this whenever you have to support a client's weight.
- Never try to catch a falling client. If the client starts to fall, assist her to the floor (Fig. 6-4). If you try to reverse a fall in progress, you could injure yourself and/or the client.

Fig. 6-4. *Maintaining a wide base of support and low center of gravity will enable you to help a falling client.*

- Report to your supervisor any task that you feel you cannot safely perform. Never try to lift an object or a client that you feel you cannot handle.

3. List ways to adapt the home to principles of proper body mechanics

Following are several guidelines for applying proper body mechanics in the home:

Guidelines: Using Proper Mechanics in the Home

- Have the right tools for the job. For example, if you cannot reach an object on a high shelf, use a step stool rather than climbing on a counter or straining to reach.
- Have footrests and pillows available. Tasks that require standing for long periods can be more comfortable if you rest one foot on a footrest. This position flexes the muscles in the lower back and keeps the spine in alignment. When sitting, using a footrest allows for a more comfortable leg position. Crossing the legs disrupts alignment and should be avoided. Use pillows behind the back to keep the back straight.
- Keep tools, supplies, and clutter off the floor. Keep frequently used items on shelves or counters where they can be easily reached without lifting. Keeping things organized will also help you find what you need without straining.
- Whenever you can sit to do a job, do so. Chopping vegetables, folding clothes, and other tasks can be done easily while sitting. For jobs like scouring the bathtub, kneel or use a low stool. Avoid bending at the waist.
- Use transfer belts when assisting clients with ambulation or transfers, as described in Chapter 12.
- Make sure the homes you work in are safe for your clients, their family members, and you. Working in a home that is neglected puts you at risk for injury. Do remember, however, that you are a visitor in the client's home. Unless

an immediate danger exists, check with your supervisor and the client before making any significant changes. A nurse or case manager will assess the safety of the homes in which you work. However, you will spend more time in the home than any other member of the care team. Look for safety hazards. Immediately report to your supervisor any hazards you observe.

4. Identify five common types of accidents in the home

There are many factors that put clients at risk for injury, which is why it is very important to try to prevent accidents *before* they occur. Prevention is the key to safety. As home health aides work, they should observe for safety hazards and report unsafe conditions to the supervisor promptly. Common types of accidents that occur in the home include the following:

Falls: A fall is any sudden, uncontrollable descent from a higher to a lower level, with or without injury resulting. Falls can be caused by an unsafe environment, loss of abilities, diseases, and medications. Problems resulting from falls range from minor bruises to fractures and life-threatening injuries. A **fracture** (*FRAKT-chur*) is a broken bone. Falls are particularly common among the elderly. Older people are often more seriously injured by falls because their bones are more fragile. Hip fractures are one of the most common types of fractures from falls. Hip fractures cause the greatest number of deaths and can lead to severe health problems. HHAs should be especially alert to the risk of falls with elderly clients. HHAs must report all falls to their supervisor immediately and get further instructions. A client should not be moved before the HHA contacts the supervisor. An incident report must be completed, even if the client says he or she is fine.

These factors increase the risk of falls:

- Clutter
- Throw rugs
- Exposed electrical cords
- Slippery or wet floors
- Uneven floors or stairs
- Poor lighting

Personal conditions that increase the risk of falls include medications, loss of vision, gait (walking) or balance problems, weakness, paralysis, and disorientation. **Disorientation** means confusion about person, place, or time.

Guidelines: Preventing Falls

G Clear all walkways of clutter, throw rugs, and cords (Figs. 6-5 and 6-6).

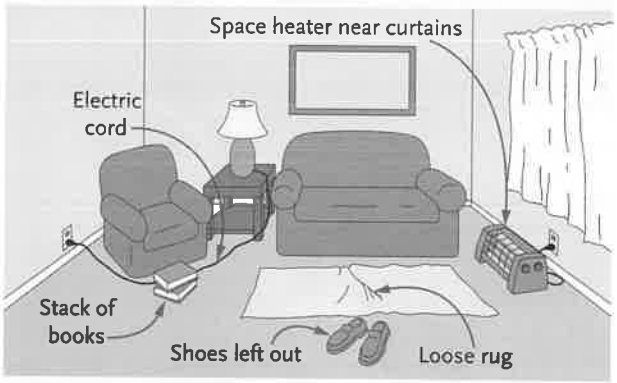


Fig. 6-5. *Be aware of unsafe conditions in clients' homes. This living room contains many hazards.*

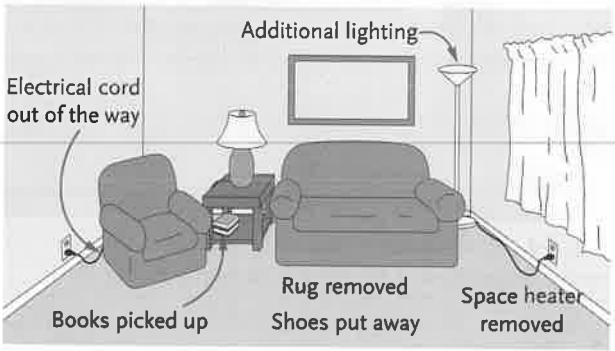


Fig. 6-6. *The hazards shown in Figure 6-5 have been removed. Help prevent accidents. Talk with your client about changes that need to be made to avoid hazards.*

- Avoid waxing floors, and use mats or rugs with a nonslip backing where appropriate.
- Have clients wear nonskid, sturdy shoes. Make sure shoelaces are tied.
- Have clients wear clothing that is not too long and does not drag on the floor.
- Keep personal items that are used often close to clients.
- Immediately clean up spills on the floor.
- Mark uneven flooring or stairs with tape of a contrasting color to indicate a hazard.
- Improve lighting where needed.
- Lock wheels and move footrests out of the way before helping clients into or out of wheelchairs.
- Lock bed wheels before helping clients into and out of bed or when giving care.
- Before giving care, you will often need to raise adjustable beds to make your job easier and safer. After completing care, return beds to their lowest position.
- When possible, get help when moving clients. Keep clients' walking aids, such as canes or walkers, within their reach.
- Offer help with elimination needs often. Respond to requests for help immediately.
- Leave furniture in the same place as you found it.

Burns/Scalds: Burns can be caused by dry heat (e.g., a hot iron, stove, other electrical appliances), wet heat (e.g., hot water or other liquids, steam), or chemicals (e.g., lye, acids). Small children, older adults, or people with loss of sensation (such as from paralysis or diabetes) are at the greatest risk of burns.

Scalds are burns caused by hot liquids. It takes five seconds or less for a serious burn to occur when the temperature of a liquid is 140°F. Coffee, tea, and other hot drinks are usually served at 160°F to 180°F. These temperatures can cause almost instant burns that require surgery. Preventing burns is very important.

Guidelines: Preventing Burns and Scalds

- Roll up sleeves and avoid loose clothing when working at or near the stove (Figs. 6-7 and 6-8).
- Check that the stove and appliances are off when you leave.
- Suggest that the hot water heater be set lower than normal. It should be set at 120°F to 130°F to avoid burns from scalding tap water.
- Always check water temperature on the inside of your wrist before using.
- Keep space heaters away from clients' beds, chairs, and draperies. Never allow space heaters to be used in the bathroom.
- Use low settings on hair dryers.
- Immediately report frayed electrical cords or appliances that look unsafe. Do not use these appliances.
- Let clients know that you are about to pour or set down a hot liquid.
- Pour hot drinks away from clients. Keep hot drinks and liquids away from the edges of tables. Put a lid on them.
- Make sure clients are sitting down before serving them hot drinks.

Poisoning: Homes contain many harmful substances that should not be swallowed. These include cleaning products, paints, medicines, toiletries, and glues. These products should be locked away from confused clients, clients with limited vision, and children. HHAs should check medication for expired dates. Clients who have a diminished sense of taste or smell due to stroke or head injury might eat spoiled food. HHAs should check the refrigerator and

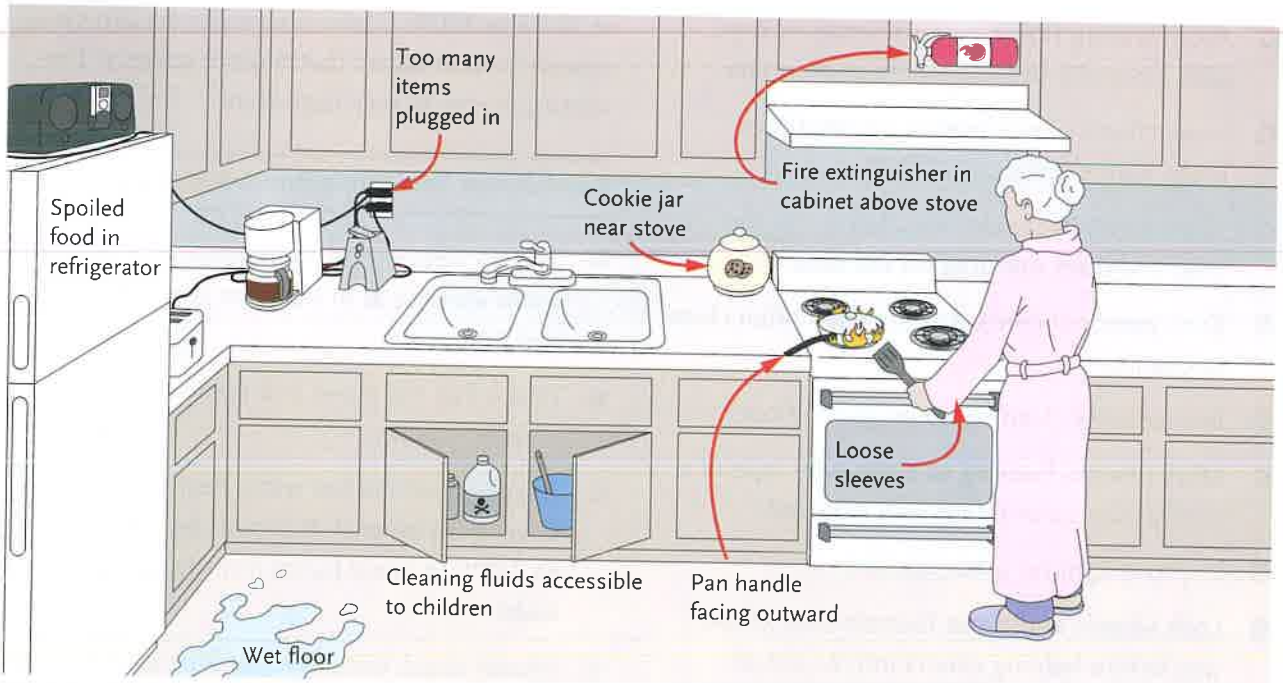


Fig. 6-7. Unsafe working conditions in the kitchen can lead to burns and other injuries.

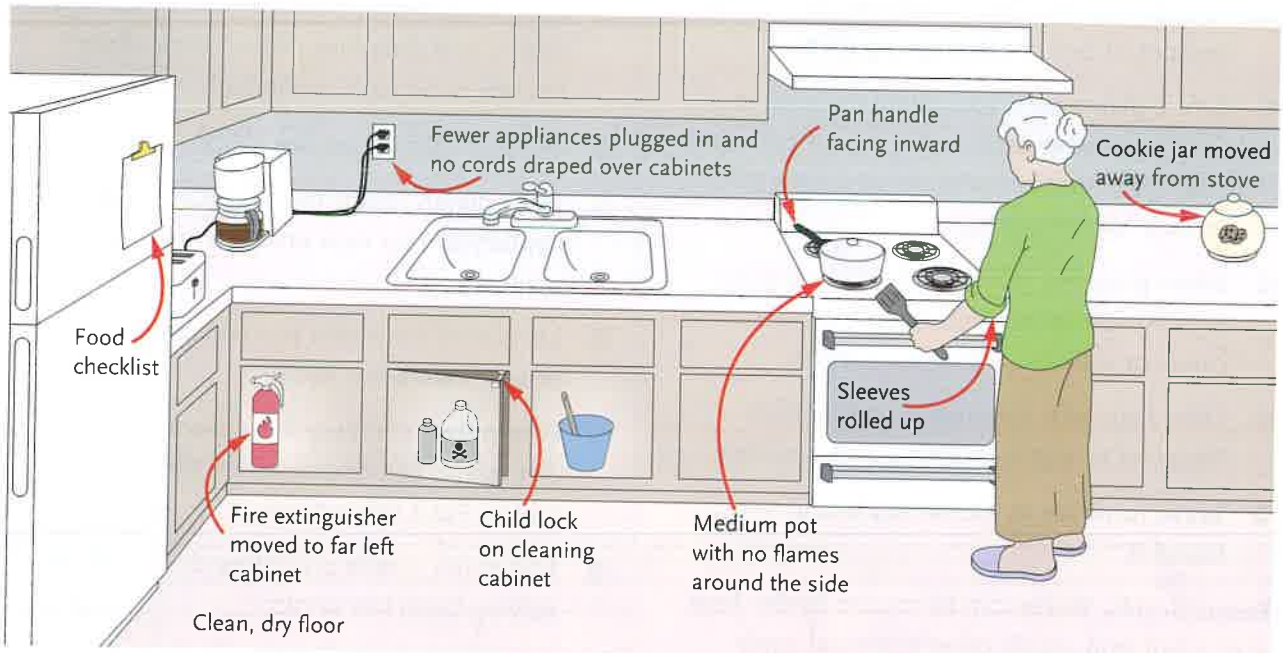


Fig. 6-8. Following safe practices in the kitchen can help prevent burns, other injuries, and fires.

cabinets frequently for foods that are moldy, sour, or spoiled. They should investigate any odors they notice. Clients with dementia may hide food and let it spoil in closets, drawers, or other places. The number for the Poison Control Center should be kept handy (the website for the Ar[illegible]n Association of Poison Control Centers [illegible]apcc.org).

Cuts: Cuts typically occur in the kitchen or bathrooms. Sharp objects, including knives, peelers, graters, food processor blades, scissors, nail clippers, and razors must be kept out of the reach of children. Sharp objects should also be locked away if there is a confused client in the home. When preparing food, an HHA should cut away from herself, use a cutting board, and keep

her fingers out of the way. She must also know proper first aid for cuts (Chapter 7).

Choking: Choking can occur when eating, drinking, or taking medication. Babies and young children who put objects in their mouths are at great risk of choking. People who are weak, ill, or unconscious may choke on their own saliva. A person's tongue can also become swollen and obstruct the airway.

Babies and small children should never have access to small objects. HHAs should keep in mind that any object small enough to fit inside a toilet paper roll is small enough for a child to put in his mouth and could cause choking. Clients who have trouble with utensils and children who are too young to manage utensils on their own need their food cut into bite-sized pieces. Infants should sleep on their backs to reduce the risk of sudden infant death syndrome (SIDS). Pillows, small toys, and other objects should never be placed in a crib with an infant. Clients should eat in as upright a position as possible to avoid choking. Clients with swallowing problems may have a special diet with liquids thickened to the consistency of nectar, honey, or syrup. Thickened liquids are easier to swallow. (Chapter 22 contains more information.)

Household Tips for Preventing Accidents

The majority of accidents occur in bathrooms and kitchens. Home health aides should be vigilant to prevent accidents.

Bath m

F . Nonskid bathmats in tubs and showers
reduce the risk of falls. Grab bars for the
ub, shower, and toilet are also helpful if the client is weak and unsteady (Figs. 6-9 and 6-10). A shower chair may be used for clients who are weak. Chapter 13 contains more information.

Burns: HHAs must always check water temperature on the inside of the wrist. Electrical appliances should not be used near a water source and should be put away when not in use.

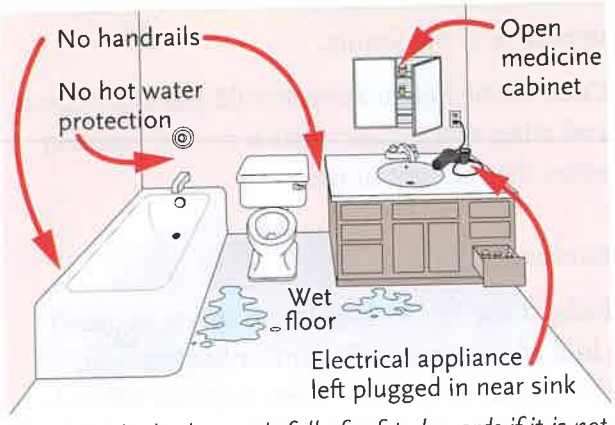


Fig. 6-9. *The bathroom is full of safety hazards if it is not properly maintained.*

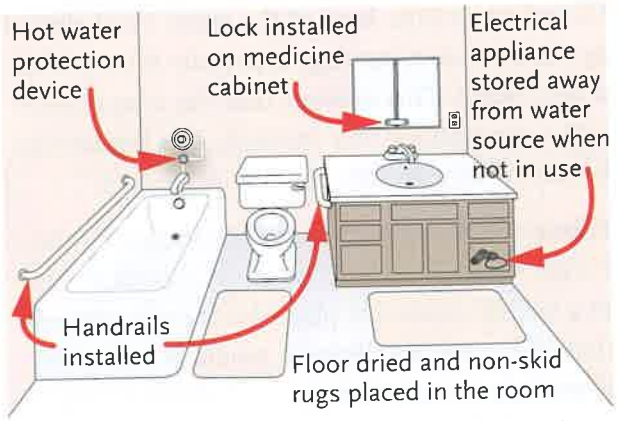


Fig. 6-10. *This bathroom has been made safer by using special devices and by cleaning and straightening.*

Drowning: Young children must never be left unattended near any water. This includes bathtubs, swimming pools, buckets or basins of water, puddles, ponds, drainage ditches, toilets, and sinks. An HHA should not leave anyone who is ill and weak alone in a tub. Clients who are dizzy or confused should not be alone in the tub or shower.

Poisoning: Home care providers can suggest that all medications be stored safely in containers with childproof caps and in locked cabinets. Children should never be told that medication is candy. Part of the HHA's job is to be sure that the client reads medicine labels carefully before taking a medication. If a medicine is not labeled,

the HHA should report the situation to a supervisor. The client's medications should be stored separately from medications taken by other members of the family.

Cuts: Home health aides should put away razors and other sharp objects (such as nail scissors) when they are not in use.

Kitchen

Falls: If the HHA cares for an infant or small child who uses a high chair or booster seat, she should make sure safety belts are securely fastened.

Burns: It is important that pot handles be turned toward the back of the stove. Food should be stirred before serving, especially if cooked in a microwave. This ensures that the temperature is the same all the way through. Hot liquids can be cooled with an ice cube before serving.

Poisoning: Emergency numbers, including the Poison Control Center's number, should be kept in a visible, accessible place. HHAs can suggest that all household cleaning products and other chemicals be locked away.

Cuts: Cutlery should be put away when not in use. If an HHA is using a knife and puts it down for a moment, she should place it away from the edge of the counter or table, making sure the blade is pointed away from the counter or table edge. Other sharp kitchen tools should also be stored in safe places, out of the reach of children and confused clients.

Choking: Popcorn, peanuts, hard candy, gum, and foods such as hot dogs and grapes are easily inhaled and pose a choking hazard to small children. HHAs should cut all foods into small, bite-sized pieces suitable for the age of the child. For elderly clients who have difficulty swallowing, the HHA can serve softer foods and foods cut into small pieces. When the HHA serves meals, she can encourage clients to take small bites of food, chew thoroughly, and eat slowly. Plastic storage bags should be kept out of reach, and dry-cleaning and other large plastic bags should be recycled or discarded.

Bedroom

Falls: A nightlight can illuminate pathways and reduce the risk of falls. It is very important that an HHA never leave children unattended on high surfaces. These surfaces include beds, changing tables, high chairs, and playpens. An HHA should not even turn his back when changing a child on a high surface. Movable crib rails are no longer considered safe, but some homes may still have cribs with rails that lower. If an HHA encounters a crib that has such rails, he should make sure they are raised before leaving a child's room.

Burns: Clients should not smoke in bed. It is especially important that clients and family members never smoke around oxygen tanks or equipment.

Cuts: Sharp objects should always be put away.

Choking: An HHA should report any cribs that have wide spaces between the slats. The infant's head could become wedged between them. Cribs should be positioned away from drapes and blinds, as infants and toddlers can become entangled in the cords. Pillows and loose bedding in cribs can pose a risk of suffocation. HHAs should not prop up bottles for infants and toddlers, and they should examine toys for loose or removable parts.

Living Area

Falls: HHAs should request walkers or canes for clients who need support when walking. A supervisor can talk to a client or the client's family about having handrails installed where necessary. Floors should always be kept clear, and electrical and extension cords should be out of the way. Loose rugs should be removed. A client's shoes should be sturdy and the shoelaces

should be kept tied. Homes with small children should have safety gates installed at the tops and bottoms of stairs if possible. The gates should be kept closed. Hardware-mounted gates should be used at the tops of stairs.

Burns: HHAs or supervisors should suggest that electrical outlets be covered with baby-proof plugs. Nobody should smoke around children, and lighters and matches should be kept out of reach and out of sight.

Poisoning: Plants should be placed out of children's reach, as many common plants are poisonous.

Cuts: Sharp objects must be kept out of children's reach, and children should not be allowed to run, jump, or play roughly with any toy or object that could stab them.

Choking: Young children should not be permitted to play with balloons or rubber bands. These objects are easily inhaled. Children should not run or jump with food in their mouths.

Garage and Outdoors

An HHA should not leave children at home alone or alone in a vehicle. If an HHA transports children for any reason, she must make sure they are fastened into an appropriate car seat. Child car seats should be placed in the back seat of the automobile. Children under 12 should never sit in the front seat of a car. Airbags can kill children riding in the front seat. It is important that an HHA supervise children at play. Walkways should be kept clear of toys and other obstructions, and free of snow and ice.

Chapter 10 contains more information about safety in the home for clients with dementia.

5. List home fire safety guidelines and describe what to do in case of fire

It is essential for home health aides to recognize and report fire hazards. Any of the following can be a fire hazard:

- Wood stoves and kerosene, gas, or electric heaters that appear old, damaged, or faulty
- Unvented heaters used in small, enclosed areas or sleeping areas
- Space heaters used near fabrics such as draperies, bedspreads, or towels, or used to dry clothing or towels
- Flammable materials such as gasoline, kerosene, or paint thinner stored near stoves, heaters, furnaces, hot water heaters, or other appliances
- Frayed or exposed electrical wires
- Matches or lighters left within reach of children or incapacitated adults
- Careless smoking; smoking in bed; cigarettes, pipes, or cigars left burning; or clients who are confused who are smoking

Guidelines: Reducing Fire Hazards and Responding to Fires

- **G** Never work wearing loose or flowing clothing, especially around the stove. Roll up clients' sleeves and avoid loose clothing when client may be cooking or around the stove.
- **G** Stay in or near the kitchen when anything is cooking or baking.
- **G** Store potholders, dish towels, and other flammable kitchen items away from the stove.
- **G** Never store cookies, candy, or other items that may attract children above or near the stove.
- **G** Discourage careless smoking and smoking in bed. If clients must smoke, check to be sure that cigarettes are extinguished after use. Empty ashtrays frequently. Before emptying an ashtray, make sure there are no hot ashes, matches, or cigarette butts in the ashtray.
- **G** Clients may use electronic cigarettes (e-cigarettes, e-cigs). Matches or lighters are not needed to light this type of cigarette; they use

a battery to turn the nicotine solution into a vapor. To reduce the risk of fire, e-cigarettes should only be charged using the appliance supplied by the manufacturer. Batteries may need to be turned off manually and may need to be removed from chargers after they are fully charged. Follow your supervisor's instructions.

- Do not leave the clothes dryer on when you leave the house. Lint can catch fire. Empty lint traps each time you use the dryer.
- If you smell gas, report it immediately.
- Turn off space heaters when no one is home or everyone is asleep.
- Be sure there are working smoke alarms in the home. Check monthly to see that smoke alarms are working. Replace batteries when needed.
- Have fire extinguishers on hand. Every home should have a fire extinguisher in the kitchen. Do not store the kitchen fire extinguisher near or above the stove, because you need to be able to get to it if the stove is on fire. Check that fire extinguishers have not expired. Know where the extinguisher is stored and how to operate it (Fig. 6-11). The PASS acronym will help you understand how to use it:

  Pull the pin.

  Aim at the base of the fire when spraying.

  Squeeze the handle.

  Sweep back and forth at the base of the fire.

- In case of fire, the RACE acronym is a good rule to follow:

  Rescue anyone in danger if you are not in danger.

  Activate 911.

  Contain the fire if possible by closing doors and windows.

  Extinguish the fire with a fire extinguisher, or evacuate the area if the fire is too large for an extinguisher.

Fig. 6-11. *Know where the fire extinguisher is stored in the home and how to use it.*

In addition, follow these guidelines for helping clients and family members exit the home safely:

- Remain calm. Do not panic.
- Be sure all family members know how to exit in case of fire, and have a designated meeting place outside the home.
- Do not try to put out a large fire. All household members should leave the house and call the fire department immediately.
- If windows or doors have locking bars, keep keys in the lock or nearby. Mark windows of children's rooms outside with stickers that indicate a child sleeps in the room.
- Remove anything blocking a window or door that could be used as a fire exit.
- Stay low in a room to escape a fire.
- Do not use elevators.
- If a door is closed, check for heat coming from it before opening it. If the door or doorknob feels hot, stay in the room if there is no safe exit. Plug the doorway (use wet towels or clothing) to prevent smoke from entering. Stay in the room until help arrives.
- Use the "stop, drop, and roll" fire safety technique to extinguish a fire on clothing or hair. Stop running or stay still. Drop to the ground, lying down if possible. Roll on the ground to try to extinguish the flames.

- Use a damp covering over the face to reduce smoke inhalation.
- After leaving the home, move away from it, to the designated meeting place.

6. Identify ways to reduce the risk of automobile accidents

Because home health aides may be driving to and from clients' homes, they must be careful to protect themselves from possible dangers.

Guidelines: Traveling Safely

- Plan your route. Study the directions before beginning. If you are using a phone's GPS for navigation, turn up the volume so you can hear the voice instructions and will not have to look at the device while you drive.
- Minimize distractions. Paying attention to the road can help avoid accidents. Keep your eyes on the road and your hands on the steering wheel. If music is distracting, do not listen to it in the car. Do not talk on your phone. Do not send or read text messages or emails while driving.
- Use turn signals. Using your turn signals lets other drivers know what you are planning to do. Always use turn signals when preparing to turn or change lanes.
- Use caution when backing up. Many accidents occur when drivers back up. When you back up, look around carefully, even if you have a rearview camera. Turn your head to both sides and look behind your car.
- Drive at a safe speed. Follow speed limits to be sure you are not driving too fast. Road conditions such as ice or heavy rain may make it necessary to drive at a slower speed.
- Always wear your seat belt. Although it may not help you avoid an accident, it will certainly help protect you if an accident occurs. Always buckle up, no matter how short the distance you must drive. Require your passengers to wear their seat belts as well.

7. Identify guidelines for using a car on the job

When using a car while working, home health aides should keep the following guidelines in mind:

Guidelines: Using a Car on the Job

- Park in safe, well-lit areas.
- Lock car doors when you enter and exit your vehicle. Keep them locked while driving.
- Do not leave valuables in the car. If you must leave something in the car, put it out of sight.
- Have valid car insurance and carry the insurance card with you.
- Keep your proof of registration or registration card with you, not in the car. If your car is stolen, you do not want the thief to have this important document.
- Keep track of the miles you drive for work. Document them accurately. Lying about your mileage is the same as stealing from your employer.
- Keep your car in good working order. Get it serviced at the appropriate times. Make sure you have good tires. Keep a spare tire that is in good condition in the car in case you get a flat tire. Keep the gas tank full.

8. Identify guidelines for working in high-crime areas

If an assignment takes a home health aide to an area where crime is a problem, she should use caution. If she is using public transportation, she should be alert at all times. The following tips can help avoid trouble:

Guidelines: Staying Safe in High-Crime Areas

- Park in well-lit areas, as close as possible to the home you are visiting.
- Try to leave valuables at home when you must work in a dangerous area.
- Hold your home care bag tightly, close to your body. There are also special security and anti-theft bags available.
- Lock your car and do not leave any valuables in it.
- Walk confidently. Look as though you know where you are going (Fig. 6-12).

Fig. 6-12. *Be cautious but look confident if you enter a high-crime area.*

- Carry a whistle so you can make a loud noise to startle any potential attacker and get help.
- Carry your keys in your hand to unlock your car as soon as you arrive. If necessary, you can also use them as a weapon.
- Do not sit in your car, even with the doors locked. Drive away as soon as you reach your car.
- Try to avoid unsafe areas after dark.
- If you are concerned about your safety in a particular area, leave the area immediately. Contact your supervisor.
- Do not approach a home where strangers are hanging around. Go to your car and drive to a safe area. Use your phone or the nearest phone in a safe area, and call your supervisor.
- Call your client before you visit so he knows approximately when to expect you.
- Never enter a vacant home.
- If necessary, ask your supervisor to arrange for an escort or another care provider to go with you.
- Be sure someone knows your schedule. Call the office at the end of your work day.

Chapter Review

1. What does the term *body mechanics* mean?
2. The foundation that supports an object is called the _____.
3. The point where the most weight is concentrated is called the _____.
4. When the two sides of the body are mirror images of each other, the body is in _____.

True or False. Mark each statement with either a *T* for true or an *F* for false.

5. ____ By applying the principles of proper body mechanics to his work, an HHA can avoid injury and save energy.
6. ____ To lift a heavy object from the floor, an HHA must first place his feet together and keep his knees straight.
7. ____ When moving an object, an HHA should pivot his feet instead of twisting at the waist.

8. ____ It is a good idea to hold an object away from the body, because this helps balance the weight more evenly.
9. ____ An HHA should never try to catch a falling client, as he could seriously injure himself and/or the client.
10. ____ Bending from the waist allows the HHA to use the big muscles in his legs and hips rather than smaller muscles in his back.
11. Name three things an HHA can do while working in a client's home that will help him use proper body mechanics.
12. Why may older people be more seriously injured by falls?
13. How long can it take for a serious burn to result from contact with a hot liquid?
14. In what position should clients eat to avoid choking?
15. Identify what the acronyms *RACE* and *PASS* stand for.
16. Why should a person not talk on her phone while driving?
17. Why should car registration documents not be left in a person's car?
18. If an HHA approaches a house where strangers are hanging around, what should he do?
19. Why should an HHA carry her keys in her hand as she walks to her car?

7 Emergency Care and Disaster Preparation

1. Demonstrate how to recognize and respond to medical emergencies

Medical emergencies may be the result of accidents or sudden illnesses. This chapter discusses how to respond appropriately to medical emergencies. Heart attacks, strokes, diabetic emergencies, choking, automobile accidents, and gunshot wounds are all medical emergencies. Falls, burns, and cuts can also be emergencies. In an emergency situation, it is important for responders to remain calm, act quickly, and communicate clearly. The following steps illustrate the correct response to emergencies:

Assess the situation. The responder should try to determine what has happened. She must make sure she is not in danger and she should notice the time.

Assess the victim. The responder should ask the injured or ill person what has happened. If the person is unable to respond, he may be unconscious. Being **conscious** means being mentally alert and having awareness of surroundings, sensations, and thoughts. Tapping the person and asking if he is all right helps to determine if a person is conscious. The responder should speak loudly and use the person's name if she knows it. If there is no response, she should assume the person is unconscious and that an emergency situation exists. She should call for help right away or send someone else to call.

Reporting Emergencies

A home health aide working in a home should remember this: if in doubt about calling for help, she should call. Emergency medical services can be reached by dialing 911. If the HHA is alone, she should make the call herself. If she is not alone, she can shout for help and have someone else make the call. After calling 911, the HHA should notify her supervisor about what is happening and that 911 or emergency services has been called. The supervisor can notify the family members or friends who need to know this information.

The HHA should be prepared to give the following information when calling emergency services:

- The address of the emergency, including exact directions or landmarks if necessary
- The person's condition, including any known medical background
- The HHA's name and position
- Details of any first aid being given

The dispatcher may need other information or may want to give other instructions. The HHA should not hang up the phone until the dispatcher hangs up or tells her to hang up. If in a home, the HHA should unlock the front door so emergency personnel can get in when they arrive.

If a person is conscious and able to speak, then he is breathing and has a pulse. The responder should talk with the person about what happened. She should get the person's permission to touch him. Anyone who is unable to give consent for treatment, such as a child with no

parent nearby or an unconscious or seriously injured person, may be treated with implied consent. This means that if the person were able or the parent were present, he would have given consent in order to protect his own or his child's life and well-being. The HHA should check the person for the following:

- Severe bleeding
- Changes in consciousness
- Irregular breathing
- Unusual color or feel to the skin
- Swollen places on the body
- Medical alert tags
- Pain

If any of these conditions exists, professional medical help may be needed. When a home health aide is responding to an emergency, she should always get help and follow the agency's policies about whom to call. If the injured or ill person is conscious, he may be frightened. The responder should listen to the person and tell him what is being done to help him. A calm and confident response will help reassure him.

If the person is breathing, has a normal pulse, is responsive, and is not bleeding severely, calling emergency services may not be necessary. If a client has fallen, been burned, or cut himself but the damage seems to be minor, the HHA should call her supervisor. She should let the person answering the phone know that she is with a client and that an accident has occurred. If her supervisor is not available, another member of the care team may be able to help.

After the emergency is over, the HHA will need to document the emergency and complete an incident report. It is important to include as many details as possible and report only facts. For example, if an HHA thinks that a client had a heart attack, she should document only the signs and symptoms she observed and the actions she took. Knowing the kind of information to document will help the HHA remember the important facts during the emergency. For instance, it is especially important to remember the time at which a client became unconscious.

If the client is taken to the hospital, the HHA may be asked to meet the client there or go to her next visit. If instructed, she should leave water and food for any pets, and she should lock the door firmly behind her when exiting.

2. Demonstrate knowledge of first aid procedures

Emergency situations can happen to anyone at any time. **First aid** is emergency care given immediately to an injured person by the first people to respond to an emergency. **Cardiopulmonary resuscitation** (**CPR**) refers to medical procedures used when a person's heart or lungs have stopped working. CPR is used until medical help arrives.

Quick action is necessary. CPR must be started immediately to help prevent or lessen brain damage. Brain damage can occur within four to six minutes after the heart stops beating and breathing stops. The person can die within 10 minutes.

Employers often arrange for home health aides to be trained in CPR. If not, the American Heart Association (AHA, heart.org) and American Red Cross (ARC, redcross.org) have more information about training. CPR is an important skill to learn.

Choking

When something is blocking the tube through which air enters the lungs, the person has an **obstructed airway**. When people are choking, they usually put their hands to their throats (Fig. 7-1). Home health aides may encounter clients who are choking or seem to be choking. As long as the client can speak, breathe, or cough, the HHA should only encourage her to

cough as forcefully as possible to get the object out. The HHA should stay with the client at all times, until she stops choking or can no longer speak, breathe, or cough. If a client can no longer speak, breathe, or cough, the HHA should call 911 immediately and return to the person. If someone else is present, that person should call 911 so the HHA can remain with the client.

Fig. 7-1. *People who are choking usually put their hands to their throats.*

Abdominal thrusts are a method of attempting to remove an object from the airway of someone who is choking. These thrusts work to remove the blockage upward, out of the throat. The HHA should make sure the client needs help before starting to give abdominal thrusts. The client must show signs of a severely obstructed airway. These signs include poor air exchange, an increase in trouble breathing, silent coughing, blue-tinged (cyanotic [*sye-a-NOT-ik*]) skin, or inability to speak, breathe, or cough. The HHA should ask, "Are you choking? I know what to do. Can I help you?" If the client nods her head yes, she has a severe airway obstruction and needs immediate help. The HHA should begin giving abdominal thrusts. This procedure should never be performed on a person who is not choking. Abdominal thrusts risk injury to the ribs or internal organs.

Performing abdominal thrusts for the conscious person

1. Stand behind the person and bring your arms under her arms. Wrap your arms around the person's waist.
2. Make a fist with one hand. Place the flat, thumb side of the fist against the person's abdomen, above the navel but below the breastbone (Fig. 7-2).

Fig. 7-2. *The flat, thumb side of the fist against the person's abdomen is the correct placement for abdominal thrusts.*

3. Grasp the fist with your other hand. Pull both hands toward you and up, quickly and forcefully.
4. Repeat until the object is pushed out or the person loses consciousness.
5. Report and document the incident properly.

If the client becomes unconscious while choking, she should be helped to the floor gently. She should be lying on her back on a hard surface with her face up. The HHA should begin CPR for an unconscious person if trained and allowed to do so. The HHA should make sure help is on the way. The client may have a completely blocked airway and needs professional medical help immediately. The HHA should stay with the victim until help arrives.

Abdominal thrusts should not be performed on an infant. An infant who is choking will need to

receive back blows and chest thrusts after the responder makes sure the airway is obstructed.

Clearing an obstructed airway in a conscious infant

1. Lay the infant face down on your forearm; if you are sitting, rest the arm holding the infant's torso on your lap or thigh. Support her jaw and head with your hand. Keep her head lower than the rest of her body.
2. Using the heel of your free hand, deliver up to five back blows. **Back blows** are performed by striking the infant between the shoulder blades (Fig. 7-3).

Fig. 7-3. *Keeping the infant's head below the rest of her body, deliver back blows.*

3. If the obstruction is not expelled with back blows, turn the infant onto her back while supporting the head. Deliver up to five **chest thrusts** by placing two or three fingers in the center of the breastbone (Fig. 7-4).

Fig. 7-4. *Turn the infant on her back to give chest thrusts if the obstruction is not expelled with back blows.*

4. Repeat, alternating five back blows and five chest thrusts, until the object is pushed out or the infant loses consciousness.
5. Call 911 immediately if the infant loses consciousness. Follow any instructions you are given. Report and document the incident properly.

Shock

Shock occurs when organs and tissues in the body do not receive an adequate blood supply. Bleeding, heart attack, severe infection, and falling blood pressure can lead to shock. Shock can become worse when the person is frightened or in severe pain.

Shock is a dangerous, life-threatening situation. Signs of shock include pale or bluish skin, staring, increased pulse and respiration rates, low blood pressure, and extreme thirst. An HHA should always call for help if she suspects a client is experiencing shock.

Responding to shock

1. Call for help immediately. Victims of shock should always receive medical care as soon as possible.
2. If you need to control bleeding, put on gloves first. This procedure is described later in the chapter.
3. Have the person lie down on her back. If the person is bleeding from the mouth or vomiting, place her on her side. Elevate the legs about 8 to 12 inches unless the person has a head, neck, back, spinal, or abdominal injury; breathing difficulties; or fractures (Fig. 7-5). Elevating the legs allows blood to flow back to the brain (and other vital areas). Never elevate a body part if the person has a broken bone or it causes pain.

Fig. 7-5. *If a person is in shock, elevate the legs, unless the person has head, neck, back, spinal, or abdominal injuries; breathing difficulties; or fractures.*

4. Check pulse and respirations if possible. (See Chapter 14.) Begin CPR if breathing and pulse are absent and if you are trained and allowed to do so.
5. Keep the person as calm and comfortable as possible.
6. Maintain normal body temperature. If the weather is cold, place a blanket around the person. If the weather is hot, provide shade.
7. Do not give the person food or liquids.
8. Report and document the incident properly.

Myocardial Infarction or Heart Attack

Myocardial infarction (MI) (*mye-oh-KAR-dee-al in-FARK-shun*), or heart attack, occurs when the heart muscle itself does not receive enough oxygen because blood vessels are blocked. (Chapter 9 contains more information.) A myocardial infarction is an emergency that can result in serious heart damage or death. The following are signs and symptoms of MI:

- Sudden, severe pain, pressure, or squeezing in the chest, usually on the left side or in the center, behind the breastbone
- Pain or discomfort in other areas of the body, such as one or both arms, the back, neck, jaw, or stomach
- Indigestion or heartburn
- Nausea and vomiting
- Shortness of breath
- Dizziness
- Pale or cyanotic color of skin or mucous membranes, indicating lack of oxygen
- Perspiration
- Cold and clammy skin
- Weak and irregular pulse rate
- Low blood pressure
- Anxiety and a sense of doom
- Denial of a heart problem

The pain of a heart attack is commonly described as a crushing, pressing, squeezing, stabbing, piercing pain, or "like someone is sitting on my chest." The pain may go down the inside of the left arm. A person may also feel it in the neck and/or jaw. The pain usually does not go away.

As with men, women may experience chest pain or discomfort. Women, though, can have heart attacks without chest pressure. Women are more likely than men to have shortness of breath, nausea, vomiting, light-headness, fainting, dizziness, stomach pain, sweating, fatigue, and back, neck, or jaw pain. Some women's symptoms seem more flu-like, and women are more likely to deny that they are having a heart attack. A home health aide must take immediate action if a client experiences any of these symptoms.

Responding to a myocardial infarction

1. Call for help immediately.
2. Place the person in a comfortable position. Encourage him to rest, and reassure him that you will not leave him alone.
3. Loosen clothing around the person's neck (Fig. 7-6).

Fig. 7-6. Loosen clothing around the person's neck if you suspect he is having an MI.

4. Do not give the person food or liquids.
5. Monitor the person's breathing and pulse. If the person stops breathing and has no pulse, begin CPR if you are trained and allowed to do so.
6. Stay with the person until help arrives.
7. Report and document the incident properly.

Bleeding

Severe bleeding can cause death quickly and must be controlled.

Controlling bleeding

1. Call for help immediately.
2. Put on gloves. Always take time to do this. If the person is able, he can hold his bare hand over the wound until you can put on gloves.
3. Hold a thick sterile pad, clean cloth, or clean towel against the wound.
4. Press down hard directly on the bleeding wound until help arrives (Fig. 7-7). Do not decrease pressure. Put additional pads over the first pad if blood seeps through. Do not remove the first pads.
5. If you can, raise the wound above the level of the heart to slow the bleeding. Prop up the limb if the wound is on an arm, leg, hand, or foot, and if there are no head, neck, back, spinal, or abdominal injuries; breathing difficulties; or fractures. Use towels or other absorbent material.

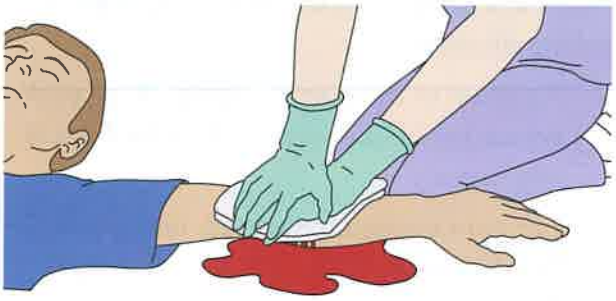


Fig. 7-7. Press down hard directly on the bleeding wound; do not decrease pressure.

6. When bleeding is under control, secure the dressing to keep it in place. Check the person for symptoms of shock (pale skin, staring, increased pulse and respiration rates, low blood pressure, and extreme thirst). Stay with the person until medical help arrives.
7. Remove and discard your gloves and wash your hands thoroughly when finished.
8. Report and document the incident properly.

Poisoning

Homes contain many harmful substances that should not be swallowed. Poisoning may be suspected when a client vomits; has heavy, difficult breathing; is very drowsy; is confused; or has burns or red areas around the mouth. Some of these signs and symptoms can mimic other conditions as well. If poisoning is suspected, the HHA should call for help immediately. She may be asked to put on gloves and look for a container that will help determine what the client has taken or eaten. She may be asked to call the local Poison Control Center (aapcc.org) and follow their instructions.

Burns

There are three types of burns: first degree (superficial), second degree (partial thickness),

and third degree (full thickness). Care of a burn depends on its depth, size, and location. Burns may require emergency help, and the home health aide should call for help in any of the following situations:

- An infant or child, or an elderly, ill, or weak person has been burned, unless the burn is very minor
- The burn occurs on the head, neck, hands, feet, face, or genitals, or burns cover more than one body part
- The person who has been burned is having trouble breathing
- The burn was caused by chemicals, electricity, or an explosion

Treating burns

To treat a minor burn:

1. Put on gloves.
2. Use cool, clean water to decrease the skin temperature and prevent further injury (Fig. 7-8). Do not use ice or ice water, as ice may cause further skin damage. Dampen a clean cloth with cool water and place it over the burn.

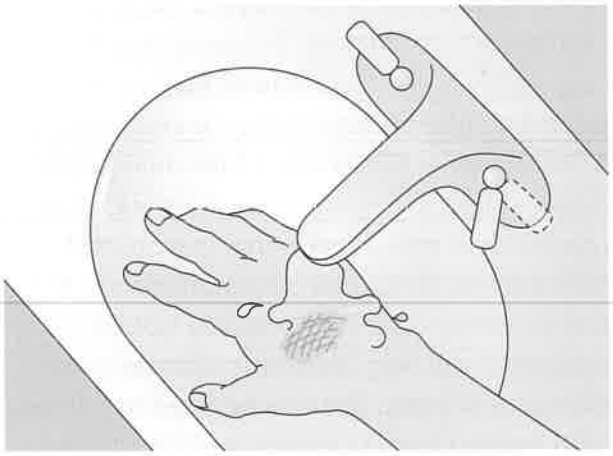


Fig. 7-8. *Use cool, clean water, not ice, on burned skin.*

3. Once the pain has eased, you may cover the area with a dry, clean dressing or nonadhesive sterile bandage.
4. Remove and discard your gloves. Wash your hands.
5. Never use any kind of ointment, salve, or grease on a burn.
6. Report and document the incident properly.

For more serious burns:

1. Remove the person from the source of the burn. If clothing has caught fire, have the person stop, drop, and roll, or smother the fire with a blanket or towel to put out flames. Protect yourself from the source of the burn.
2. Call for help immediately. Put on gloves.
3. Check for breathing, pulse, and severe bleeding. If the person is not breathing and has no pulse, begin CPR if trained and allowed to do so.
4. Do not use any type of ointment, water, salve, or grease on the burn.
5. Do not try to pull away any clothing from burned areas. Cover the burn with sterile gauze or a clean sheet. Apply the gauze or sheet lightly. Do not rub the burned area.
6. Do not give the person food or liquids.
7. Monitor vital signs and wait for emergency medical help.
8. Remove and discard gloves. Wash your hands.
9. Report and document the incident properly.

Chemical burns require special care. The HHA should call for help immediately. The chemical must be washed away thoroughly. A shower or a hose may be needed when the burns cover a large area. The HHA can check the product label for any special first aid instructions while waiting for help to arrive.

Seizures

Seizures are involuntary, often violent, contractions of muscles. They can involve a small area or the entire body. Seizures are caused by abnormalities in the brain. They can occur in young children who have a high fever. Older children and adults who have a serious illness, fever, head injury, or a seizure disorder such as **epilepsy** may also have seizures.

The main goal during a seizure is to make sure the client is safe. During a seizure, a person may shake severely and thrust his arms and legs uncontrollably. He may clench his jaw, drool, and be unable to swallow. Most seizures last only a short time.

Responding to seizures

1. Note the time. Put on gloves. Remove eyeglasses if the person is wearing them.
2. If the person is walking or standing, lower him to the floor. Cradle and protect his head. If a pillow is nearby, place it under his head. Loosen clothing to help with breathing. Try to turn him to one side to help lower the risk of choking. This may not be possible during a violent seizure.
3. Have someone call for emergency medical help if needed. Do not leave the person during the seizure unless you must do so to get medical help.
4. Move furniture away to prevent injury.
5. Do not try to stop the seizure or restrain the person.
6. Do not force anything between the person's teeth. Do not place your hands in his mouth for any reason. You could be bitten.
7. Do not give the person food or fluids.
8. When the seizure is over, note the time. Gently turn the person to his left side unless he has a head, neck, back, spinal, or abdominal injury; breathing difficulties; or fractures. Turning the person reduces the risk of choking on or aspirating vomit or saliva. If the person begins to choke, get help immediately. Check for adequate breathing and pulse. If the person is not breathing and has no pulse, begin CPR if you are trained and allowed to do so. Do not begin CPR during a seizure.
9. Remove and discard your gloves and wash your hands.
10. Report and document the incident properly, including how long the seizure lasted.

If the person is in a wheelchair when a seizure starts, move him to a clear, safe area, while keeping him in the sitting position. If the person is sitting on a couch or chair, keep him in the sitting position and remove nearby furniture that could cause injury. If the person is in bed, make sure the side rails (if present) are covered and remove any other items that could cause injury.

Fainting

Fainting, called **syncope** (*SING-ke-pee*), occurs as a result of decreased blood flow to the brain, causing a temporary loss of consciousness. Fainting may be the result of an abnormal heart rhythm, decreased blood supply to the brain, hunger, hypoglycemia (low blood glucose), dehydration, fear, pain, fatigue, standing for a long time, poor ventilation, certain medicines, pregnancy, or overheating. Fainting may sometimes be caused by orthostatic hypotension, or postural hypotension. **Orthostatic hypotension** is a sudden drop in blood pressure that occurs when a person stands or sits up. Signs and symptoms of fainting include dizziness, lightheadedness, nausea, perspiration, pale skin, weak pulse, shallow respirations, and blackness in the visual field.

Responding to fainting

1. Have the person lie down or sit down before fainting occurs.
2. If the person is in a sitting position, have him bend forward (Fig. 7-9). He can place his head between his knees if he is able. If the person is lying flat on his back, and there are no head, neck, back, spinal, or abdominal injuries; breathing difficulties; or fractures, elevate his legs about 12 inches.

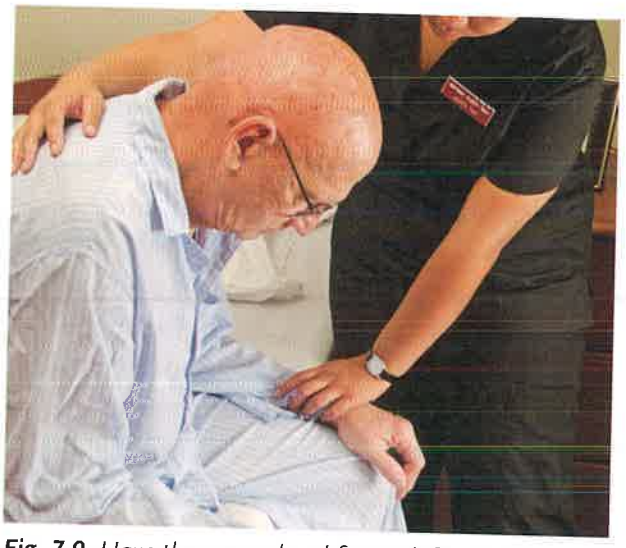


Fig. 7-9. *Have the person bend forward if he is sitting.*

3. Loosen any tight clothing.
4. Have the person stay in position for at least five minutes after symptoms disappear.
5. Help the person get up slowly. Continue to observe him for symptoms of fainting. Stay with him until he feels better.
6. If a person does faint, lower him to the floor or other flat surface. Position him on his back. If he has no head, neck, back, spinal, or abdominal injuries; breathing difficulties; or fractures, elevate his legs about 12 inches. If unsure about injuries, leave him flat on his back. Check to make sure he is breathing. (If the person is not breathing and has no pulse, begin CPR if you are trained and allowed to do so.) He should recover quickly, but keep him lying down for several minutes. Notify your supervisor immediately. Fainting may be a sign of a more serious medical condition.
7. Report and document the incident properly.

Nosebleed

A nosebleed can occur suddenly when the air is dry, when injury has occurred, or when a person has taken certain medications. The medical term for a nosebleed is **epistaxis** (*ep-i-STAK-sis*).

Responding to a nosebleed

1. Elevate the head of the bed or tell the client to remain in a sitting position, leaning forward slightly. Offer tissues or a clean cloth to catch the blood. Do not touch blood or bloody clothes, tissues, or cloths without gloves.
2. Put on gloves. Apply firm pressure on both sides of the nose, on the soft part, up near the bridge. Squeeze the sides with your thumb and forefinger (Fig. 7-10). Have the client do this until you are able to put on gloves.

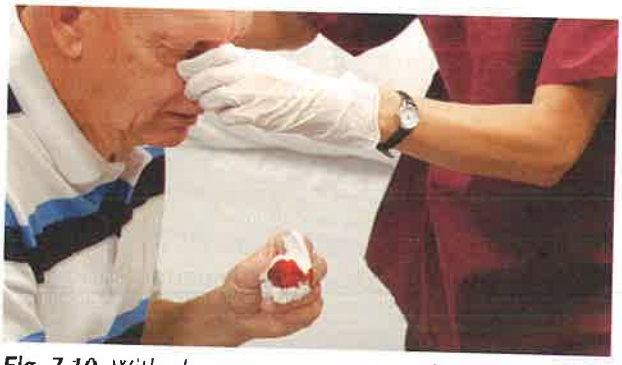


Fig. 7-10. *With gloves on, squeeze near the bridge of the nose on both sides, using your thumb and forefinger.*

3. Apply pressure until the bleeding stops.
4. Use a cool cloth or ice wrapped in a cloth on the bridge of the nose to help slow the flow of blood. Never apply ice directly to skin.
5. Remove and discard your gloves. Wash your hands.
6. Report and document the incident properly.

Falls

Falls can be minor or severe. All falls should be reported to the supervisor, even if the client says she feels fine. An incident report should be completed after a client falls. In the case of a severe fall, the HHA should call emergency medical services immediately.

Helping a client who has fallen

1. Assess the client's condition. Determine if client is unconscious, not breathing, has no pulse, or is bleeding severely. Get emergency medical help if any of these conditions exist.
2. Look for broken bones. Pain, body parts lying in an unnatural position, or bones protruding through the skin are indications. Look at both sides of the body to check for differences.
3. If client seems unhurt, encourage her to stay down until you can check her thoroughly.
4. Ask client to move each body part separately to be sure there are no strains, sprains, or fractures. A person with a serious sprain or fracture may complain of pain, have difficulty moving, or may not be able to move the affected area at all. Swelling and bruising may be present.
5. a) If you suspect a sprain or fracture:
   - Call your supervisor and report the fall immediately.
   - Keep the injured area in one position.
   - Do not move the client.
   - Cover the client with a blanket to prevent chills.

   b) If you find no evidence of injury:
   - Make the client as comfortable as possible.
   - Call your supervisor and report the fall immediately.
   - Do not move the client until you have spoken with your supervisor.
6. Report and document the incident properly.

3. Identify emergency evacuation procedures

During a fire or other disaster, home health aides may need to get themselves, clients, and clients' family members out of the home immediately. Leaving in an emergency is called **evacuation** (*ee-vac-yoo-AY-shun*). Because the HHA may not have time to think or plan in an emergency, she should know how to evacuate each client's home, following these guidelines:

- Locate all the doors and windows that could serve as exits in an emergency.
- In an apartment building, know where fire stairs are located. Elevators may be unsafe in an emergency.
- Know the location of disaster supplies if they are available in the home. These include fire extinguishers, ladders for escape from upper floors, first aid kits or supplies, and utility shutoff points.
- Discuss a plan for evacuation with clients and their family members, emphasizing that everyone should keep calm in an emergency.
- Know who will be responsible for helping children and people who are disabled in emergencies.
- Agree on a place outside the home for everyone to meet after evacuation.

Chapter 6 contains fire safety information.

4. Demonstrate knowledge of disaster procedures

Disasters can include fire, flood, earthquake, hurricane, tornado, or other severe weather. Human-created dangers, such as acts of terrorism, bomb threats, and active shooter situations can pose threats to the safety of healthcare workers and their patients and their families.

The disasters a person may experience depend, in part, on where he lives. Home health aides should know the appropriate action to take when

disasters occur. Each agency has a local and area-specific disaster plan, and HHAs will be trained on these plans. They should pay close attention to instructions. During natural disasters, agencies may rely on local or state emergency management groups and the American Red Cross to assume overall responsibility for people who are ill or disabled.

Guidelines: Disasters

The following guidelines apply to many disaster situations:

- Remain calm.
- Use the internet to stay informed, or keep the television or radio tuned to a local station to get the latest information.
- If a disaster is forecast (for example, a tornado or hurricane), be ready. Wear appropriate clothing and shoes. Have family members dressed and ready in case evacuation is necessary.
- Stay in contact with your supervisor or others if possible. Let someone know where you are, what the conditions are, and where you will go if you must evacuate.
- Locate disaster supplies. Ideally, a disaster supply kit should meet your needs for at least three days. The kit can be stored in sturdy, easy-to-carry containers such as backpacks, duffel bags, or covered trash containers. The kit should be assembled before disaster strikes and should include the following:
  - A three-day supply of water (one gallon per person, per day) and food that will not spoil
  - One change of clothing and footwear per person, and one blanket or sleeping bag per person
  - A first aid kit that includes the family's prescription medications
  - Emergency tools, including a battery-powered radio, flashlight, and plenty of extra batteries
  - An extra set of car keys and a credit card, cash, or debit card
  - Sanitation supplies
  - Chargers for phones, tablets, and laptops
  - Special items for infant, elderly, or disabled family members
  - An extra pair of eyeglasses
  - Important family documents in a waterproof container

In addition, you will be required to follow specific guidelines for the geographic area in which you work. For example, an HHA working where hurricanes are prevalent, such as in Florida, needs to know the guidelines for hurricane preparedness, as well as for storms and fires. The following guidelines are separated by the type of disaster:

Tornadoes

- Seek shelter inside, ideally in a steel-framed or concrete building.
- Stay away from windows.
- Stand in the hallway or in a basement, or take cover under heavy furniture.
- Do not stay in a mobile home or trailer.
- Lie as flat as possible.

Lightning

If outdoors, follow these guidelines:

- Avoid the largest objects, such as trees, and avoid open spaces.
- Stay out of the water.
- Seek shelter in buildings.
- Stay away from metal fences, doors, or other objects.
- Avoid holding metal objects, such as golf clubs, in your hands.

- Stay in automobiles.
- It is safe to perform CPR on lightning victims if you are trained to do so; they carry no electricity.

If indoors, follow these guidelines:

- Stay inside and away from open doors and windows.
- Avoid the use of electrical equipment such as hair dryers and televisions.

Floods

- Fill the bathtub with fresh water.
- Evacuate if advised to do so.
- Check the fuel level in automobiles. Make sure there is enough fuel to last through an evacuation if one becomes necessary.
- Have a portable battery-operated radio, flashlight, and cooking equipment available.
- Do not drink water or eat food that has been contaminated with flood water.
- Do not handle electrical equipment.
- Do not turn off gas yourself. Ask the gas company to turn off the gas.

Blackouts

- Get the flashlight or ask your client where the emergency supplies are kept. Take prompt action to maintain calm and provide light.
- Use a backup pack for electrical medical equipment, such as an IV pump. Backup packs do not last more than 24 hours, so contact emergency services when instructed.

Hurricanes

- Know the hurricane's category and track its expected path.
- Know which clients must go to shelters, skilled nursing facilities, hospitals, or other facilities, and which need special assistance. Be aware of people with special needs. High-risk people include the elderly and those unable to evacuate on their own. High-risk areas include mobile homes or trailers.
- Call your employer for instructions.
- Contact your clients if instructed to do so.
- Fill the bathtub with fresh water.
- Board up windows.
- Evacuate if advised to do so.
- Check the fuel level in automobiles.
- Have a portable battery-operated radio, flashlight, and cooking equipment available.

Earthquakes

If indoors, follow these guidelines:

- Drop to the ground.
- If possible, get under a sturdy piece of furniture, such as a heavy table, and hold on until the shaking stops.
- If no table or desk is available, stay crouched down in the inside corner of a building or house, and cover your face and head with your arms.
- Stay away from windows, outside walls, and anything that might fall over or fall down.
- Do not exit a building or house during the shaking.
- Do not use elevators.

If outdoors, follow these guidelines:

- Move away from buildings, electric poles and wires, and streetlights. Falling or flying debris is a far greater danger than ground movement.
- If driving, stop as quickly as is safely possible and stay in the vehicle. Avoid stopping under overpasses or near buildings or wires if possible.
- If trapped under debris after an earthquake, do not light a match or ignite a lighter, and

avoid kicking up dust. Breathe through a handkerchief or clothing and make tapping noises or use a whistle, if available, to get rescuers' attention. Do not shout. Shouting could cause you to inhale dangerous amounts of dust.

Active Shooter

- Follow the agency's emergency notification procedures.
- If the area cannot be safely evacuated, stay where you are.
- Turn off the lights, secure the door, and stay hidden from outside view.
- Turn off all phone ringers.
- If safe to do so, call 911 and notify the operator of your exact location.
- Provide information on the number and description of shooter(s), the number of victims and nature of their injuries, and their locations, if known.
- Move heavy furniture to barricade the door and cover any openings or windows in the door.
- When police arrive on the scene, do not move toward any police vehicle until directed to do so by the officers. Move with hands on top of your head and follow all directions given by police.
- Remain in the area until released by police.

Chapter Review

1. List two steps to follow when encountering an emergency situation.
2. What kind of information should a home health aide be prepared to give when calling emergency services?
3. Why would remaining calm and confident help in an emergency situation?
4. Why should an HHA not perform CPR if she is not trained to do so?
5. How are abdominal thrusts used to help someone who is choking?
6. If the person becomes unconscious while choking, what should the HHA do?
7. In what position should a person be placed if he is in shock?
8. What symptoms are women more likely to experience than men if they are having a myocardial infarction (heart attack)?
9. What can be done to slow bleeding from a wound?
10. When should an HHA suspect poisoning?
11. Why should ice not be applied to burns?
12. Why should an HHA not force anything into the mouth of a person who is having a seizure?
13. If a person feels like he is going to faint, in what position should he be placed?
14. Why should an HHA put on gloves if a client has a nosebleed?
15. If a client falls but it is only a minor fall, does the HHA need to report it to her supervisor?
16. If a client falls, is it okay for the HHA to move the client?
17. Why is it important to know how best to evacuate a home before an emergency occurs?
18. Describe five guidelines that apply in many disaster situations.

8

Physical, Psychological, and Social Health

1. Identify basic human needs

People have different genes, physical appearances, cultural backgrounds, ages, and social or financial positions. But all human beings have the same basic physiological needs. **Physiological needs** relate to the processes and activities that keep living things alive:

- Food and water
- Protection and shelter
- Activity
- Sleep and rest
- Comfort, especially freedom from pain

Home health aides help clients meet these basic needs. Activities of daily living (ADLs), such as eating, eliminating, bathing, and grooming, are the ways people meet their most basic physiological needs. By assisting with ADLs or helping clients learn to perform them independently, HHAs help clients meet their basic needs.

Human beings also have **psychosocial needs**, which involve social interaction, emotions, intellect, and spirituality. Although they are not as easy to define as physiological needs, psychosocial needs include the following:

- Love and affection
- Acceptance by others
- Safety and security
- Self-reliance and independence in daily living
- Contact with others (Fig. 8-1)
- Success and self-esteem

Fig. 8-1. *Interaction with other people is a basic psychosocial need. Home health aides can encourage clients to spend time with friends or relatives. Social contact is important.*

Health and well-being are affected by how well psychosocial needs are met. Stress and frustration occur when basic needs are not met. This can lead to fear, anxiety, anger, aggression, withdrawal, indifference, and depression. Stress can also cause physical problems that may eventually lead to illness.

Abraham Maslow was a researcher of human behavior. He wrote about human physiological and psychosocial needs. He arranged these needs by order of importance. He thought that physiological needs must be met before psychosocial needs can be met. His theory is called *Maslow's Hierarchy of Needs* (Fig. 8-2).

Fig. 8-2. *Maslow's Hierarchy of Needs is a model developed by Abraham Maslow to show how physiological and psychosocial needs are arranged in order of importance. Maslow believed that physiological needs must be met before psychosocial needs can be met.*

After meeting physiological needs, safety and security needs must be met. Feeling safe means not feeling afraid or unstable. Clients need to feel safe in their homes. Many things can cause a person to feel unsafe. An illness or disability can be frightening and make a person feel fearful and insecure. Losing some independence and needing help from caregivers, such as HHAs, may cause some uncertainty or discomfort. Clients need to feel safe with all care team members in their homes; they need to know that they and their personal possessions will be protected.

After physiological and safety needs are met, the need for love and belonging is important. This level involves feeling accepted, needed, and cared for. Regardless of their condition, clients need to know that their contributions are meaningful.

The need for self-esteem is the next level. This need involves respecting and valuing oneself, which comes from within, as well as from other people. Achievements that make a person feel valued are important. For clients, being able to do a task they were not able to do previously may satisfy this need. Hearing praise from HHAs about this new achievement may also help meet this need.

Self-actualization is the highest level. It means that a person tries to be the best person he can be; he tries to reach his full potential. This may mean different things for each person. The quest to reach this need continues throughout a person's life and may change as a person enters different stages of life.

In addition to the needs listed above, people also have sexual needs. These needs continue throughout their lives. The ability to engage in sexual activity, such as intercourse and masturbation, continues unless a disease or injury occurs to prevent it. **Masturbation** means to touch or rub sexual organs in order to give oneself or another person sexual pleasure. Clients have the right to choose how they express their sexuality. In all age groups, there is a variety of sexual behavior. This is also true of clients.

Sexual orientation is a person's physical, emotional, and/or romantic attraction to another person. Sexual orientation plays a big part in human sexuality. **Gender identity** is a deeply felt sense of one's gender. A person may have the gender identity of a man or a woman, or may not fit into either of those two categories. Terms related to sexual orientation and gender identity, listed alphabetically, include the following:

- **Bisexual, Bi**: A person whose physical, emotional, and/or romantic attraction may be for people of the same gender or a different gender.
- **Cisgender**: A person whose gender identity matches his or her birth sex (sex assigned at birth due to anatomy).
- **Coming out**: A continual process of revealing one's sexual orientation or gender identity to others.
- **Cross-dresser**: Typically refers to a heterosexual man who sometimes wears clothing and other items associated with women; cross-dressing is not associated with men who wish to transition (change genders).
- **Gay**: A person whose physical, emotional, and/or romantic attraction is for people of the same sex.

- **Heterosexual**: A person whose physical, emotional, and/or romantic attraction is for people of the opposite sex; also known as *straight*.
- **Lesbian**: A woman whose physical, emotional, and/or romantic attraction is for other women.
- **LGBT**: Acronym for lesbian, gay, bisexual, and transgender.
- **LGBTQ**: Acronym for lesbian, gay, bisexual, transgender, and queer.
- **Nonbinary** and/or **genderqueer**: A person whose gender identity does not fit into the category of man or woman; the person's gender may be in between those two categories or may be entirely different from them.
- **Queer**: A term used to describe sexual orientation that is not exclusively heterosexual; once considered a derogatory term, queer may not be accepted by everyone within the LGBTQ community.
- **Transgender**: A person whose gender identity conflicts with his or her birth sex (sex assigned at birth due to anatomy); transgender identity is not dependent on someone having undergone medical measures like hormones or surgery.
- **Transition**: The process of changing genders, which can include legal procedures, such as changing one's name and/or sex on documents, and medical measures, such as hormone therapy and surgery; it can also include telling others and using new pronouns.

More information may be found at the National Resource Center on LGBT Aging's website lgbtagingcenter.org or at GLAAD's website, glaad.org.

Guidelines: Respecting Sexual Needs

- G Always knock and wait for permission before entering a client's bedroom.
- G If you encounter a sexual situation between consenting adults, provide privacy and leave the room. Clients are allowed to meet their sexual needs however they choose, such as through sexual relationships or masturbation.
- G Do not make the assumption that all clients are heterosexual.
- G Be open and nonjudgmental about clients' sexual attitudes. Respect clients' sexual choices, sexual orientation, and gender identity.
- G When possible, ask transgender clients which pronouns they would like you to use and use them. Be patient if a client takes time to decide which pronouns are best. The client may decide a set of pronouns works for a time and then prefer a different set later. The pronoun *they* may be used for a single person whose gender identity is nonbinary.
- G Always use a transgender person's chosen name.
- G Do not view any expression of sexuality by the elderly as cute or disturbing or disgusting. That attitude is inappropriate. It deprives clients of their right to dignity and respect.
- G If you see sexual abuse happening, remove the client from the situation and take the client to a safe place. Contact your supervisor immediately.

2. Define holistic care

Holistic (*hole-IS-tik*) means considering a whole system, such as a whole person, rather than dividing the system up into parts. **Holistic care** means caring for the whole person—the mind as well as the body (Fig. 8-3). Holistic care takes into account a person's physiological, psychological, social, and spiritual needs. This is the approach home health aides should use when caring for clients. Caring for a person holistically is part of providing person-centered care. Person-centered care revolves around the client and promotes her individual preferences, choices, dignity, and interests.

Fig. 8-3. *Clients are people, not just lists of illnesses and disabilities. They have many needs, like any other people. Many have had rich lives with wonderful experiences. HHAs should take time to experience and care for each client as a whole person.*

A simple example of holistic care is taking time to talk with clients while helping them bathe. The HHA is meeting the physiological need with the bath and meeting the psychosocial need for interaction with others at the same time. Another way of practicing holistic care is considering psychosocial factors in illness, as well as physical factors. For example, Mr. Hartman looks thin and tired. The cause might be depression rather than an infection. The HHA does not need to determine the cause of his condition. However, by talking with him she might learn something that would help the rest of the care team. For example, she might learn that last year at this time his wife died, and he is still coping with that loss. She can and should share this information with the care team and document it.

3. Identify ways to help clients meet their spiritual needs

Clients may have spiritual needs, and home health aides can help with these needs. **Spiritual** means of, or relating to, the spirit or soul.

Helping clients meet their spiritual needs can help them cope with illness or disability. Spirituality is a sensitive area, and HHAs should always treat clients' needs and practices with respect.

Clients' beliefs will vary. Some may consider themselves deeply religious, while others may think of themselves as spiritual but not religious. Other clients may not consider themselves religious or spiritual at all. Clients may believe in God or may not believe in God. The important thing for home health aides to remember is to respect all clients' beliefs, whatever they are. HHAs must never make judgments about clients' spiritual beliefs or try to push their own beliefs on clients.

Guidelines: Respecting Spiritual Needs

- Learn about clients' religions or beliefs. Listen carefully to what clients say.
- Respect clients' decisions to participate in, or refrain from, food-related rituals. Accommodate practices such as dietary

restrictions. Never make judgments about them.

- Respect all religious items.
- Get to know the religious leader who visits or calls your client.
- Allow privacy for visits from a religious leader. (Fig. 8-4).

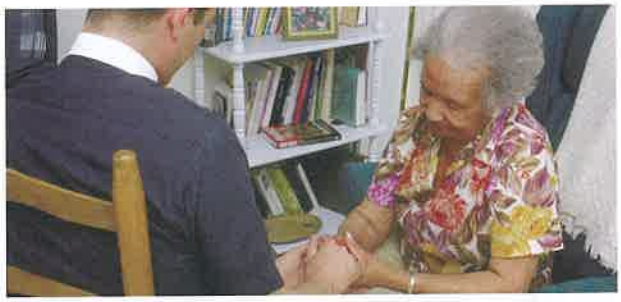


Fig. 8-4. *Be open to your clients' spiritual needs. Be welcoming and provide privacy when they receive visits from a spiritual leader.*

- If asked, read religious materials aloud.
- If a client asks you, help find spiritual resources available in the area. Check the internet for churches, synagogues, mosques, and other houses of worship.
- You should never do any of the following:
  - Try to change someone's religion
  - Tell clients their belief or religion is wrong
  - Express judgments about a religious group
  - Insist clients join in religious activities
  - Interfere with religious practices
  - Discuss your personal beliefs or opinions, either directly or indirectly

4. Discuss family roles and their significance in health care

Families play an important part in most people's lives. The concept of family is always changing. Often a family is defined by the level of support and connection people have rather than by biological relationships. There are many different kinds of families (Fig. 8-5):

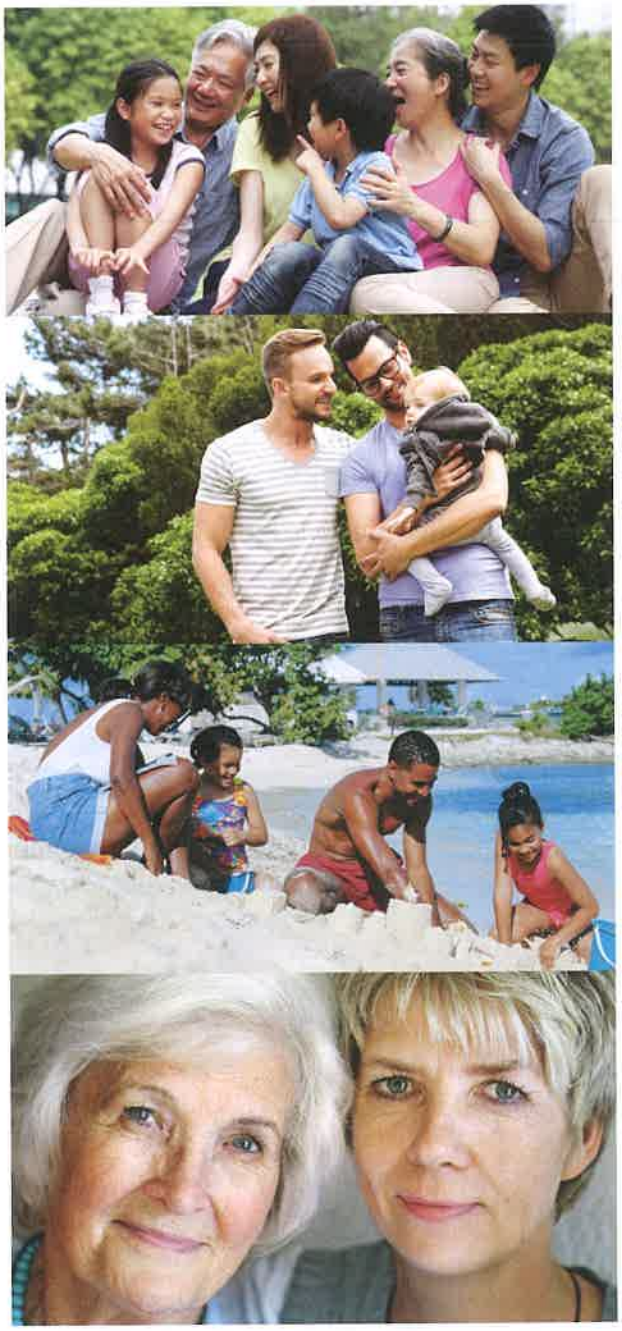


Fig. 8-5. *Families come in all shapes and sizes.*

- Nuclear families (two parents and one or more children)
- Single-parent families (one parent and one or more children)
- Married or committed couples of the same sex or opposite sex
- Extended families (parents, children, grandparents, aunts, uncles, cousins, other relatives, and even friends)

- Blended families (divorced or widowed parents who have remarried and have children from previous relationships and/or the current marriage)

Home health aides must respect all kinds of families. Clients with no living relatives may have friends or neighbors who function as a family. Whatever kinds of families clients have, HHAs must recognize the important role family can play. They may provide some of their loved one's care. Friends may also help with their care. They help in many other ways:

- Helping clients make care decisions
- Communicating with the care team
- Providing daily care when a home health aide is not present
- Giving support and encouragement
- Connecting the client to the outside world
- Giving assurance to dying clients that family memories and traditions will be valued and carried on

5. Describe personal adjustments of the individual and family to illness and disability

Illness or disability requires clients and families to make adjustments. Making these adjustments may be difficult (Fig. 8-6). The family's emotional, spiritual, and financial resources will influence how they adjust. Some personal adjustments include the following:

- Accepting the illness or disability and its long-term consequences or results
- Finding money needed to pay the expenses of hospitalization or home care
- Dealing with paperwork involved in insurance, Medicaid, or Medicare benefits
- Taking care of tasks the client can no longer handle
- Understanding medical information and making difficult care decisions
- Providing daily care when the aide cannot be there
- Caring for children while caring for an elderly loved one (called the *sandwich generation*—being "sandwiched" between two generations)

Fig. 8-6. *Family members may have a hard time adjusting to the additional responsibilities when a loved one becomes ill or disabled.*

The HHA should be sensitive to the big adjustments clients and their families may be making. The HHA can help them by doing her job well and can refer them to her supervisor if more help is needed. It is important for HHAs to be respectful and pleasant to friends and family members and to allow privacy for visits. After any visitor leaves, the HHA should observe the client and report any noticeable effects from the visit. Some clients have good relationships with their families; others do not. Any abusive behavior from a visitor toward a client should be reported immediately to the supervisor.

6. Identify community resources for individual and family health

The larger community—local government, social service agencies, religious institutions—can provide families with resources. These resources can help them through difficult times and help

solve problems. Such resources include meal or transportation services, **hospice care** (*HA-spis*, or care for the dying), counseling, and support groups (Fig. 8-7). Other community resources are the local Area Agency on Aging and the Alzheimer's Association. A list of contact information for some of these resources is located in Chapter 3. If clients ask a home health aide for more help, she can refer them to these resources. If no one asks but the HHA thinks help is needed, she should speak to the supervisor.

Fig. 8-7. *Meals on Wheels America (mowaa.org) and similar services provide nutritious meals to people who are unable to cook for themselves.*

7. List ways to respond to emotional needs of clients and their families

Clients or family members may come to home health aides with problems or needs. Changes in a client's health status can cause fear, uncertainty, stress, and anger. The home health aide's response will depend on many factors, including how comfortable she is with emotions in general, how well she knows the person, and what the need or problem is. The HHA should try to **empathize** (*EM-pa-thyze*), or understand how the person feels. Every person deals with challenges differently, and the HHA can consider what response might be best for any given client. This is part of providing person-centered care. In addition, the HHA can use the following ways to respond:

Listen. Often just talking about a problem or concern can make it easier to handle. Sitting quietly and letting someone talk or cry may be the best help the HHA can give (Fig. 8-8).

Fig. 8-8. *Sometimes listening to someone is the best way to provide emotional support.*

Offer support and encouragement. Saying things like, "You have really been under a lot of stress, haven't you?" or, "I can imagine that really is scary," can provide a lot of comfort. The HHA should avoid using clichés (common phrases that really do not mean anything), like, "It'll all work out." Things may not all work out. It is more comforting to the client if the HHA acknowledges how hard the situation is. Feelings should not simply be dismissed with a cliché.

Refer the problem to a social worker or supervisor. When an HHA feels that she cannot help the client, or when someone is asking for help outside her scope of practice, she should get someone else on the care team to handle the situation. She can say something like, "Mrs. Pfeiffer, I want to get you the help you need. May I have my supervisor call you?"

Chapter Review

1. List five physiological needs.
2. What psychosocial needs do humans have?
3. According to Maslow, which needs must be met first, physiological or psychosocial?

4. If an HHA encounters two consenting adults in a sexual situation, what should she do?
5. What does giving holistic care mean?
6. List five ways an HHA can help clients meet their spiritual needs.
7. List four ways that families can help clients.
8. What are six examples of personal adjustments that families may need to make when a family member becomes ill or disabled?
9. List three types of community resources available to clients and families in need.
10. When should an HHA refer a client's or family member's problem to a social worker or her supervisor?

9 Body Systems and Related Conditions

Bodies are organized into body systems. Each system in the body has a condition under which it works best. **Homeostasis** (*hoh-mee-oh-STAY-sis*) is the name for the condition in which all of the body's systems are balanced and are working together to maintain internal stability. To be in homeostasis, the body's **metabolism** (*me-TAB-uh-lism*), or physical and chemical processes, must be operating at a steady level. When disease or injury occur, the body's metabolism is disturbed, and homeostasis is lost.

Changes in metabolic (*me-tah-BOL-ic*) processes are called **signs** (objective information) **and symptoms** (subjective information). For instance, changes in body temperature could indicate that the body is fighting an infection. Noticing and reporting changes in clients is a very important part of a home health aide's job. The changes noted could indicate significant problems.

Each system in the body has its own unique structure and function. There are also normal, age-related changes for each body system. Knowing normal changes of aging will help HHAs better recognize any abnormal changes in clients. More information on normal changes of aging for each body system is in Chapter 11.

The body's systems can be organized in different ways. In this book the human body is divided into ten systems:

1. Integumentary (*in-teg-you-MEN-tar-ee*), or skin
2. Musculoskeletal (*mus-kyoo-lo-SKEL-e-tal*)
3. Nervous (*NERV-us*)
4. Circulatory (*SER-kyoo-la-tor-ee*)
5. Respiratory (*RES-spir-a-tor-ee*)
6. Urinary (*YOOR-i-nayr-ee*)
7. Gastrointestinal (*GAS-troh-in-TES-tuh-nul*)
8. Endocrine (*EN-doh-krin*)
9. Reproductive (*ree-pro-DUK-tiv*)
10. Immune (*i-MYOON*) and Lymphatic (*lim-FAT-ik*)

Body systems are made up of **organs**. An organ has a specific function. Organs are made up of **tissues**. Tissues are made up of groups of cells that perform a similar task. For example, in the circulatory system, the heart is one of the organs. It is made up of tissues and cells. **Cells** are the building blocks of the body. Living cells divide, grow, and die, renewing the tissues and organs of the body.

Diseases and conditions are either acute or chronic. An **acute illness** is one with severe symptoms; this type of illness is usually short-term. A **chronic illness** is a disease or condition that is long-term or long-lasting, even lasting over a lifetime. The symptoms are managed. Chronic conditions may have short periods of severity. The person may be hospitalized to stabilize the disease.

This chapter discusses the structure and function of each body system, as well as what is important to observe and report about each body system. Information about common conditions and diseases and related care is also included. However, confusion, dementia, and Alzheimer's disease—common conditions of the nervous system—will be discussed in Chapter 10. Chapter 11 contains information about the normal, age-related changes for each body system.

1. Describe the integumentary system and related conditions

The largest organ and system in the body is the skin, a natural protective covering, or **integument** (*in-TEG-you-ment*). Skin prevents injury to internal organs and protects the body against entry of bacteria. Skin also prevents the loss of too much water, which is essential to life. Skin is made up of layers of tissue. Within these layers are sweat glands, which secrete sweat to help cool the body when needed, and sebaceous glands, which secrete oil (sebum) to keep the skin lubricated. There are also hair follicles, many tiny blood vessels (capillaries), and tiny nerve endings (Fig. 9-1).

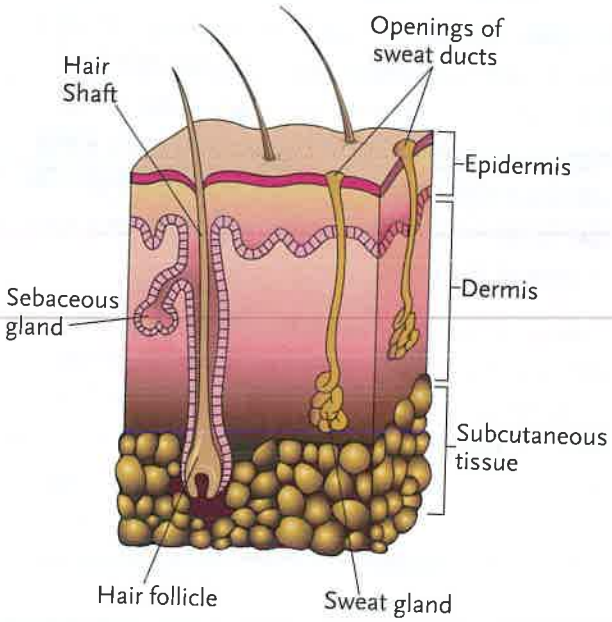


Fig. 9-1. *Cross-section showing details of the integumentary system.*

The skin is also a *sense organ* that feels heat, cold, pain, touch, and pressure. It then tells the brain what it is feeling. Body temperature is regulated in the skin. Blood vessels **dilate** (*DYE-late*), or widen, when the outside temperature is too high. This brings more blood to the body surface to cool it off. The same blood vessels **constrict**, or narrow, when the outside temperature is too cold. By restricting the amount of blood reaching the skin, the blood vessels help the body retain heat.

Observing and Reporting: Integumentary System

During daily care, a client's skin should be observed for changes that may indicate injury or disease. Observe and report these signs and symptoms:

- O/R Pale, white, reddened, or purple areas
- O/R Blisters or bruises
- O/R Complaints of tingling, warmth, or burning
- O/R Dry or flaking skin
- O/R Itching or scratching
- O/R Rash or any skin discoloration
- O/R Swelling
- O/R Cuts, boils, sores, wounds, or abrasions
- O/R Fluid or blood draining from the skin
- O/R Broken skin
- O/R Changes in moistness or dryness
- O/R Changes in an injury or wound (size, depth, drainage, color, or odor)
- O/R Redness or broken skin between toes or around toenails
- O/R Scalp or hair changes
- O/R Skin that appears different from normal or that has changed
- O/R In brown or black skin tones, look for changes in skin tone, skin temperature, and the feel of the tissue as compared to the skin nearby.

Pressure Injuries

Immobility reduces the amount of blood that circulates to the skin. Clients who have restricted mobility have an increased risk of skin deterioration at pressure points. **Pressure points** are areas of the body that bear much of the body's weight. Pressure points are mainly located at bony prominences. **Bony prominences** are areas of the body where the bone lies close to the skin. The skin here is at a much higher risk for skin breakdown. These areas include the elbows, shoulder blades, sacrum (tailbone), hips and knees (inner and outer parts), ankles, heels, toes, and the back of the head. Other areas at risk are the ears, the area under the breasts or scrotum, the area between the folds of the buttocks or abdomen, and skin between the legs (Fig. 9-2).

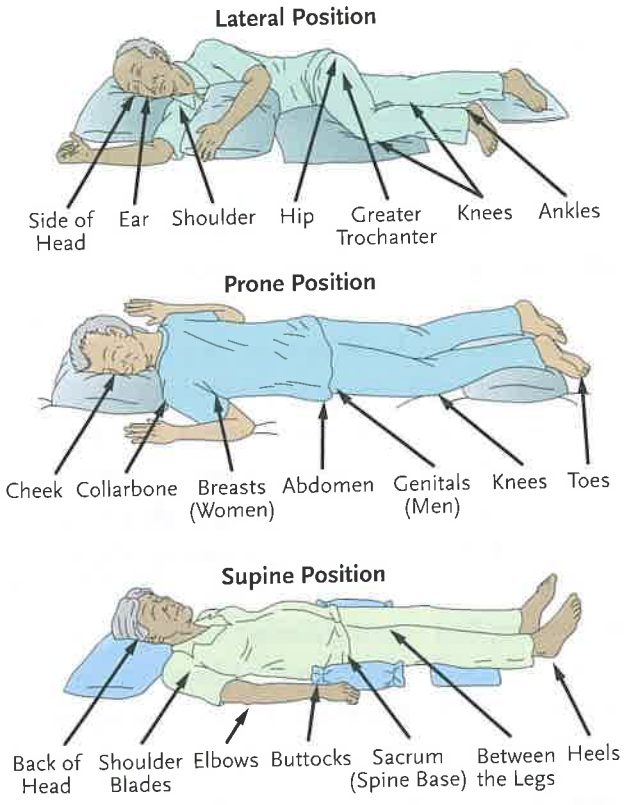


Fig. 9-2. Areas at higher risk for skin breakdown.

The pressure on these areas reduces circulation, decreasing the amount of oxygen the cells receive. Warmth and moisture also contribute to skin breakdown. Once the surface of the skin has broken down and is weakened, injuries can occur and may become infected, causing damage to the underlying tissue. When infection occurs, the healing process slows down. The injuries or wounds that result from skin deterioration and shearing are called **pressure injuries** (also called *pressure ulcers, pressure sores, decubitus* [*dee-KYOO-bi-tus*] *ulcers,* or *bed sores*). Shearing is rubbing or friction resulting from the skin moving one way and the bone underneath it remaining fixed or moving in the opposite direction.

If caught early, a break or tear in the skin can heal fairly quickly without other complications. However, if not caught early, a pressure injury can get bigger, deeper, and infected. Pressure injuries are painful and difficult to heal. They can lead to life-threatening infections. Prevention is very important and is the key to skin health. Pressure injuries are categorized by stages, which are as follows (Fig. 9-3):

- **Stage 1**: Skin is intact, but it may look red, and the redness is not relieved after removing pressure. Brown or black skin tones may not look red, but may appear to be a different color than the surrounding area. The area may be swollen, painful, firmer, softer, and warmer or cooler when compared to the area around it.
- **Stage 2**: There is partial-thickness skin loss involving the outer and/or inner layers of skin. The injury is pink or red and moist, and may also look like a blister.
- **Stage 3**: There is full-thickness skin loss in which fat is visible in the injury. Slough and/or eschar may be present. Slough is yellow, tan, gray, green, or brown tissue that is usually moist. Eschar is dead tissue that is hard or soft in texture and black, brown, or tan, and may be similar to a scab. The damage may extend down to, but not through, the tissue that covers muscle.
- **Stage 4**: There is full-thickness skin loss extending through all layers of the skin, tissue,

muscle, bone, and other structures, such as tendons. The injury will look like a deep crater, and slough and/or eschar may be visible.

- **Unstageable Pressure Injury**: There is full-thickness skin and tissue loss, but the extent of the damage cannot be determined because it is covered with slough or eschar. Once the slough and/or eschar is removed, the injury can then be staged (either Stage 3 or Stage 4).
- **Deep Tissue Pressure Injury**: The skin area is intact or nonintact and is deep red, purple, or maroon. The wound may appear as a blood-filled blister. The area may be painful and may be warmer or cooler than the surrounding tissue. Discoloration may be different in darker skin.

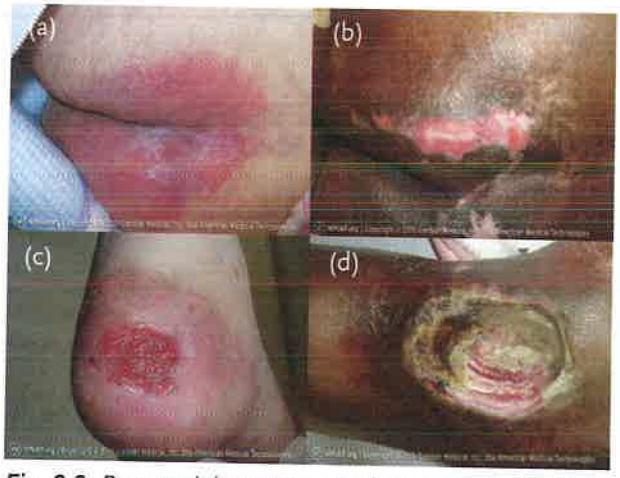


Fig. 9-3. Pressure injury stages in photos as described by the National Pressure Ulcer Advisory Panel (NPUAP).
(a) Photo of a Stage 1 pressure injury on the buttocks.
(b) Photo of a Stage 2 pressure injury on the buttocks.
(c) Photo of a Stage 3 pressure injury on the heel.
(d) Photo of a Stage 4 pressure injury on the foot. (PHOTOS COPYRIGHT © NATIONAL PRESSURE ULCER ADVISORY PANEL, NPUAP.ORG, USED WITH PERMISSION. ALL PHOTOGRAPHS ARE REPRINTED WITH PERMISSION OF THE COPYRIGHT HOLDER, GORDIAN MEDICAL, INC. DBA AMERICAN MEDICAL TECHNOLOGIES)

Observing and Reporting: Client's Skin

Observe and report these signs and symptoms:

- O/R Pale, white, reddened, gray, or purple skin
- O/R Blisters, bruises, or wounds on the skin
- O/R Differences in temperature of the skin when compared to the area around it
- O/R Complaints of tingling, warmth, or burning of the skin
- O/R Dry, cracked, or flaking skin
- O/R Itching or scratching
- O/R Rash or any skin discoloration
- O/R Swelling
- O/R Fluid or blood draining from skin
- O/R Broken skin anywhere on the body, including between the toes or around the toenails
- O/R Changes in existing injury, including size, depth, drainage, color, or odor

More information on care guidelines to promote healthy skin may be found in Chapter 16.

Wounds

A **wound** is a type of injury to the skin. Wounds are classified as either open or closed. An *open wound* has skin that is not intact. An open wound can be categorized in the following ways: incision, laceration, abrasion, or puncture wound. An incision is caused by a sharp-edged object, such as a knife or razor. An example of this type of open wound is a cut made during surgery with a surgical instrument. A laceration is an irregular wound caused by ripping or blunt trauma, such as tearing of skin during childbirth. An abrasion is a wound in which the top layer of skin is scraped or worn off, often by coming into moving contact with a rough surface. A puncture wound is a break in the skin caused by a sharp object such as a nail or a needle.

In a *closed wound*, the skin's surface has not been broken. Closed wounds can be contusions (bruises) or hematomas. A contusion is caused by blunt force trauma that damages tissue under the skin. A hematoma is caused by damage to a blood vessel that causes blood to collect under the skin.

Wounds are examined and cleaned with various liquids, such as tap water, sterile saline, or antiseptic solution. Bleeding may need to be stopped. Dressings, bandages, sutures, staples, or special strips or glue may need to be applied. Home health aides may assist with nonsterile dressing changes. Information on nonsterile dressings is included in Chapter 14. Information about sterile dressings is located in the Appendix at the back of the book.

Dermatitis

Dermatitis is a general term that refers to an **inflammation**, or swelling, of the skin. There are different types of dermatitis, including atopic dermatitis, also known as *eczema*, and stasis dermatitis. Dermatitis usually involves swollen, reddened, irritated, and itchy skin.

Stasis dermatitis is a skin condition that commonly affects the lower legs and ankles. The condition occurs due to a buildup of fluid under the skin. This buildup causes problems with circulation, and poor circulation results in skin that is fragile and poorly nourished. Stasis dermatitis can also lead to severe skin problems, such as open ulcers and wounds.

Early signs of stasis dermatitis include a rash; a scaly, red area; or itching. Other signs are swelling of the legs, ankles, or other areas; thin, tissue-like skin; darkening skin at ankles or legs; thickening skin at ankles or legs; signs of skin irritation; and leg pain. Home health aides should report any of these signs to their supervisor.

Ways to treat stasis dermatitis include surgery for varicose veins and medications, such as diuretics, to reduce fluid in the body. The client should wear stockings and shoes that fit properly and are not too tight. Elevating the feet may be ordered, and the legs should not be crossed. HHAs may need to apply elastic (antiembolic) stockings to help promote circulation and should be gentle when handling or cleaning the skin. The client may be on a low-sodium diet, and the care plan should be followed.

Sometimes stasis dermatitis can lead to a stasis ulcer. A stasis ulcer is an open wound resulting from inadequate oxygen and other nutrients to the tissues due to edema and decreased blood circulation. HHAs should always report any changes in the skin to avoid complications.

2. Describe the musculoskeletal system and related conditions

Muscles, bones, ligaments, tendons, and cartilage (*KAR-ti-lidj*) give the body shape and structure. They work together to move the body. The skeleton, or framework, of the human body has 206 bones (Fig. 9-4). In addition to allowing the body to move, **bones** also protect organs. For example, the skull protects the brain. Two bones meet at a **joint**. Some joints make movement possible in all directions. Other joints permit movement in one direction only. Muscles are connected to bone by tendons. **Muscles** provide movement of body parts to maintain posture and to produce body heat.

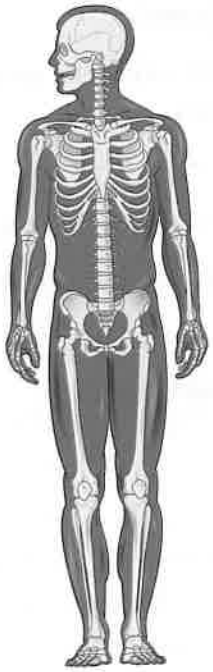


Fig. 9-4. *The skeleton is composed of 206 bones that aid movement and protect organs.*

Exercise is important for improving and maintaining physical and mental health. Inactivity and immobility can result in a loss of self-esteem, depression, pneumonia, urinary tract infections, constipation, blood clots, dulling of the senses, and muscle **atrophy** (*AT-roh-fee*) or **contractures** (*kon-TRAK-churz*). When atrophy occurs, the muscle wastes away, decreases in size, and becomes weak. When a contracture develops, the muscle or tendon shortens, becomes inflexible, and "freezes" in position. This causes permanent disability of the limb.

Range of motion (ROM) exercises can help prevent these conditions. With ROM exercises, the joints are extended and flexed in the measured degrees of a circle. Exercise increases circulation of blood, oxygen, and nutrients and improves muscle tone. Chapter 16 has information on ROM exercises.

Observing and Reporting: Musculoskeletal System

Observe and report these signs and symptoms:

- O/R Changes in ability to perform routine movements and activities
- O/R Any changes in a client's ability to perform ROM exercises
- O/R Pain during movement
- O/R Any new or increased swelling of joints
- O/R White, shiny, red, or warm areas over a joint
- O/R Bruising
- O/R Aches and pains reported

Arthritis

Arthritis (*ar-THRYE-tis*) is a general term that refers to inflammation, or swelling, of the joints. It causes stiffness, pain, and decreased mobility. Arthritis may be the result of aging, injury, or an autoimmune illness. An **autoimmune illness** causes the body's immune system to attack normal tissue in the body. Two common types of arthritis are osteoarthritis and rheumatoid arthritis.

Osteoarthritis (*AH-stee-oh-ar-thrye-tis*), also called *degenerative arthritis* or *degenerative joint disease (DJD)*, is a common type of arthritis that affects the elderly. It may occur with aging or as a result of joint injury. Hips and knees, which are weight-bearing joints, are usually affected. Joints in the fingers, thumbs, and spine can also be affected. Pain and stiffness seem to increase in cold, damp weather.

Rheumatoid arthritis (*ROOM-a-toyd ar-THRYE-tis*) can affect people of any age. Joints become red, swollen, and very painful. Deformities can result and may be severe and disabling (Fig. 9-5). Movement is eventually restricted. Fever, fatigue, and weight loss are also symptoms. Rheumatoid arthritis usually affects the smaller joints first, then progresses to larger ones. Other parts of the body that may be affected are the heart, lungs, eyes, kidneys, and skin. Rheumatoid arthritis is considered an autoimmune disease.

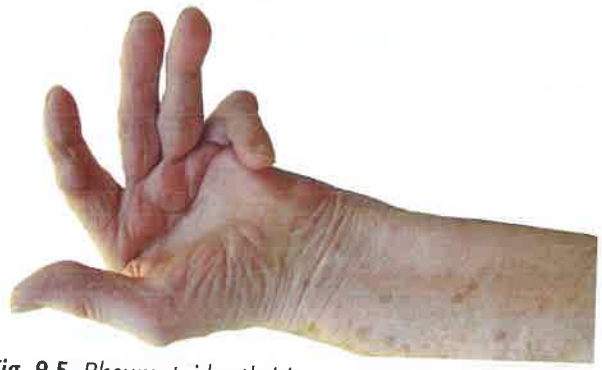


Fig. 9-5. Rheumatoid arthritis.

Arthritis is generally treated with the following:

- Anti-inflammatory medications such as aspirin or ibuprofen, as well as other medication
- Local applications of heat to reduce swelling and pain
- Range of motion exercises
- Regular exercise and/or activity routine
- Diet to reduce weight or maintain strength

Guidelines: Arthritis

- Watch for stomach irritation or heartburn caused by anti-inflammatory medications. Some clients cannot take these medications. Report signs of stomach irritation or heartburn to your supervisor immediately.
- Encourage activity. Gentle activity can help reduce the effects of arthritis. Follow the care plan instructions carefully. Use canes or other walking aids as needed.
- Adapt activities of daily living to allow independence. Many assistive devices are available to allow clients to bathe, dress, and feed themselves when they have arthritis (Fig. 9-6).

Fig. 9-6. *Special equipment, such as this plate, fork, and cup, can help a person with arthritis remain independent.* (PHOTOS COURTESY OF NORTH COAST MEDICAL, INC., WWW.NCMEDICAL.COM, 800-821-9319)

- Choose clothing that is easy to put on and fasten. Suggest handrails and safety bars for the bathroom.
- Promote person-centered care by treating each client as an individual. Arthritis is very common among elderly clients. Do not assume that each client has the same symptoms and needs the same care.
- Help maintain the client's self-esteem by encouraging self-care. Maintain a positive attitude. Listen to the client's feelings. You can help him remain independent as long as possible.

Osteoporosis

Osteoporosis (*os-tee-oh-poh-ROH-sis*) is a condition in which bones lose density, which causes them to become porous and brittle. Brittle bones can break easily. Osteoporosis is caused by any one (or a combination) of the following: a lack of calcium in the diet, the loss of estrogen, a lack of regular exercise or reduced mobility, or age. Osteoporosis is more common in women, especially after **menopause** (*MEN-oh-paws*) (the end of menstruation; occurs when a woman has not had a menstrual period for 12 months). Signs and symptoms of osteoporosis include low back pain, stooped posture, becoming shorter over time, and fractures. Osteoporosis is treated with medication, exercise, and supplements.

Muscular Dystrophy (MD)

Muscular dystrophy refers to a number of progressive diseases that cause a variety of physical disabilities due to muscle weakness. MD is an inherited disease; it causes a gradual wasting away of muscle, weakness, and deformity. The muscles of the hands are impaired, and there may be twitching of the hand and arm muscles. Legs may be weak and stiff. The person may be in a wheelchair. Most forms of MD are present at birth or become apparent during childhood. Many forms of MD are very slow to progress. Often people with MD can live to middle or even late adulthood. In the early stages of this disease, home health aides should help with activities of daily living or range of motion exercises. In the more advanced stages, assistance with skin care and positioning may be necessary as well.

Amyotrophic Lateral Sclerosis (ALS)

Amyotrophic (*a-me-o-TRO-fic*) **lateral sclerosis**, or **ALS**, often called *Lou Gehrig's disease*, is a progressive disease that causes muscle atrophy (weakening or wasting away) and eventually leads to death. A person may be diagnosed with ALS at any age. The average time a person lives

with this disease is between two and five years, though some people can live longer. Physical disabilities may begin with muscle weakness in the limbs or throat. Because ALS is progressive, disabilities get worse. Eventually, people who have this disease may have to breathe and be fed with the assistance of ventilators and tubes.

Guidelines: MD or ALS

- **G** In the early stages of these diseases, assist with ADLs or range of motion exercises.
- **G** Observe for any swallowing problems and report them to your supervisor.
- **G** In the more advanced stages, assist with skin care and positioning and perform ADLs for the client.

Chapter 16 contains information about fractures, which are musculoskeletal system disorders.

3. Describe the nervous system and related conditions

The nervous system is the control and message center of the body. It controls and coordinates all body functions. The nervous system also senses and interprets information from outside the human body.

The neuron, or nerve cell, is the basic unit of the nervous system. Neurons send messages or sensations from the receptors in different parts of the body, through the spinal cord, and to the brain.

The nervous system has two main parts: the **central nervous system** (**CNS**) and the **peripheral** (*per-IF-er-al*) **nervous system** (**PNS**). The central nervous system is composed of the brain and spinal cord. The peripheral nervous system deals with the periphery, or outer part, of the body via the nerves that extend throughout the body (Fig. 9-7).

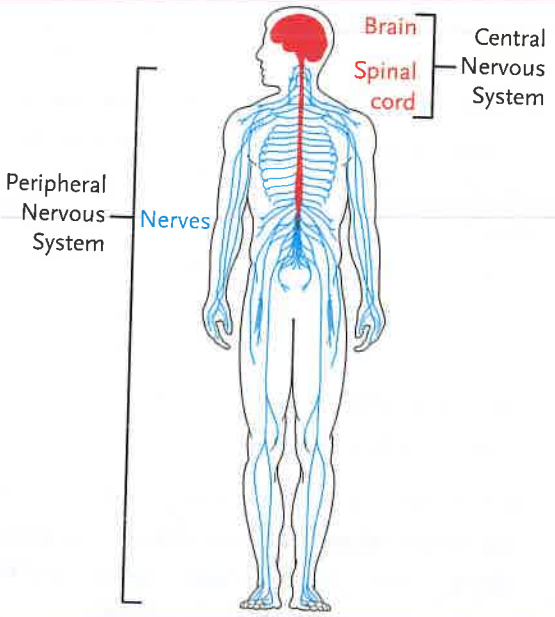


Fig. 9-7. *The nervous system includes the brain, spinal cord, and nerves throughout the body.*

Observing and Reporting: Nervous System

Observe and report these signs and symptoms:

- O/R Fatigue or pain with movement or exercise
- O/R Shaking or trembling
- O/R Inability to move one side of the body
- O/R Difficulty speaking or slurring of speech
- O/R Numbness or tingling
- O/R Disturbance or changes in vision or hearing
- O/R Dizziness or loss of balance
- O/R Changes in eating patterns and/or fluid intake
- O/R Difficulty swallowing
- O/R Bowel and bladder changes
- O/R Depression or mood changes
- O/R Memory loss or confusion
- O/R Violent behavior
- O/R Any unusual or unexplained change in behavior
- O/R Decreased ability to perform ADLs

CVA or Stroke

The medical term for a stroke is a **cerebrovascular accident** (**CVA**) (*se-ree-broh-VAS-kyoo-lar AK-si-dent*). CVA (sometimes called *brain attack*) occurs when the blood supply to a part of the brain is blocked or a blood vessel leaks or ruptures within the brain. An ischemic stroke is the most common type of stroke (Fig. 9-8). With this type of stroke, the blood supply is blocked. Without blood, part of the brain does not receive oxygen. Brain cells begin to die, and additional damage can occur due to leaking blood, clots, and swelling of the tissues. Swelling can also cause pressure on other areas of the brain.

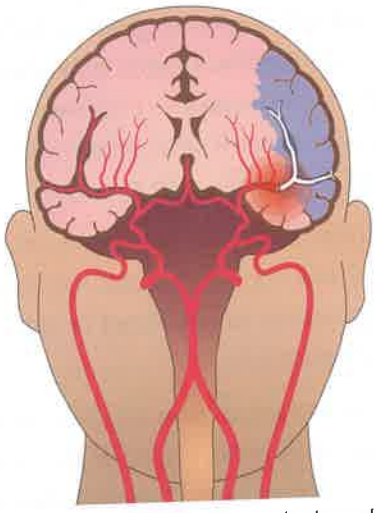


Fig. 9-8. *An ischemic stroke is caused when the blood supply to the brain is blocked.*

A quick response to a suspected stroke is critical. Tests and treatment need to be given within a short time of the stroke's onset (ideally within an hour). Early treatment may reduce the severity of the stroke.

A **transient ischemic attack** (**TIA**) (*TRAN-see-ent is-KEE-mik a-TAK*) is a warning sign of a CVA. It is the result of a temporary lack of blood supply to the brain. Symptoms may last up to 24 hours. They include difficulty speaking, weakness on one side of the body, temporary loss of vision, and numbness or tingling. These symptoms should not be ignored. An HHA should report any of these symptoms to the supervisor immediately. The following are also signs that a TIA or stroke is occurring:

- Facial numbness, weakness, or drooping, especially on one side
- Paralysis on one side of the body, called **hemiplegia** (*hem-i-PLEE-jee-a*)
- Arm numbness or weakness, especially on one side, called **hemiparesis** (*hem-i-pa-REE-sis*)
- Slurred speech or inability to speak, called **expressive aphasia** (*a-FAY-see-a*)
- Inability to understand spoken or written words, called **receptive aphasia**
- Use of inappropriate words
- Severe headache
- Blurred vision
- Ringing in the ears
- Redness in the face
- Noisy breathing
- Elevated blood pressure
- Slow pulse rate
- Nausea or vomiting
- Loss of bowel and bladder control
- Seizures
- Dizziness
- Loss of consciousness

In addition to the symptoms listed above, women may have these symptoms:

- Pain in the face, arms, and legs
- Hiccups
- Weakness
- Chest pain
- Shortness of breath
- Palpitations

F.A.S.T.

The acronym **F.A.S.T.** can be used as a way to remember the sudden signs that a stroke is occurring.

(F)ace: Is one side of the face drooping? Is it numb? Ask the person to smile. Is the smile uneven?

(A)rms: Is one arm numb or weak? Ask the person to raise both arms. Check to see if one arm drifts downward.

(S)peech: Is the person's speech slurred? Is the person unable to speak? Can the person be understood? Ask the person to repeat a simple sentence and see if the sentence is repeated correctly.

(T)ime: Time is of the utmost importance when responding to a stroke. If the person shows any of the symptoms listed above, report to the nurse immediately.

The website for the American Stroke Association (stroke.org) has more information.

Strokes occur on either the right or left side of the brain. Symptoms resulting from a stroke differ; they depend on which side of the brain is affected. Strokes that occur on the right side of the brain affect functioning on the left side of the body. Strokes that occur on the left side of the brain affect functioning on the right side of the body. The following problems can result from right-sided or left-sided damage from a stroke:

- Hemiplegia
- Hemiparesis
- One-sided neglect (tendency to ignore a weak or paralyzed side of the body)
- Loss of ability to tell where affected body parts are
- Expressive aphasia
- Receptive aphasia
- Inappropriate or unprovoked emotional responses, including laughing, crying, and anger, called **emotional lability**
- Loss of sensations, such as temperature or touch
- Loss of bowel or bladder control
- Cognitive impairments, such as poor judgment, memory loss, loss of problem-solving abilities, and confusion (an *impairment* is a partial or complete loss of function or ability)
- Difficulty swallowing, called **dysphagia**

Guidelines: CVA/Stroke

G Clients with paralysis, weakness, or loss of movement will usually receive physical or occupational therapy. Range of motion exercises will help strengthen muscles and keep joints mobile. Clients may also need to perform leg exercises to improve circulation. Safety is important when clients are exercising. Assist carefully with exercises as ordered.

G Never refer to the weaker side as the "bad side," or talk about the "bad" leg or arm. Use the term *weaker* or **involved** to refer to the side with paralysis.

G Clients with speech loss or communication problems may receive speech therapy. You may be asked to help. This includes helping clients recognize written words or spoken words. Speech-language pathologists will also evaluate a client's swallowing ability. They will decide if swallowing therapy or thickened liquids are needed.

G Experiencing confusion or memory loss is upsetting. People often cry for no apparent reason after suffering a stroke. Be patient an understanding. Your positive attitude will be important. Keeping a routine may help clients feel more secure.

G Encourage independence and self-esteem. Let the client do things for himself whenever possible, even if you could do a better or

faster job. Make tasks less difficult for the client to do. Acknowledge and praise clients' efforts to do things for themselves even when they are unsuccessful. Praise even the smallest successes to build confidence.

- Always check on the client's body alignment. Sometimes an arm or leg can be caught on something and the client is unaware.
- Pay special attention to skin care and observe for changes in the skin if a client is unable to move.
- If clients have a loss of touch or sensation, check for potentially harmful situations (for example, heat and sharp objects). If clients are unable to sense or move part of the body, check and change positioning often to prevent pressure injuries.
- Adapt procedures when caring for clients with one-sided paralysis or weakness. Carefully assist with shaving, grooming, and bathing.
- When assisting with transfers or walking, always use a transfer belt for safety. Stand on the weaker side. Support the weaker side. Lead with the stronger side (Fig. 9-9).

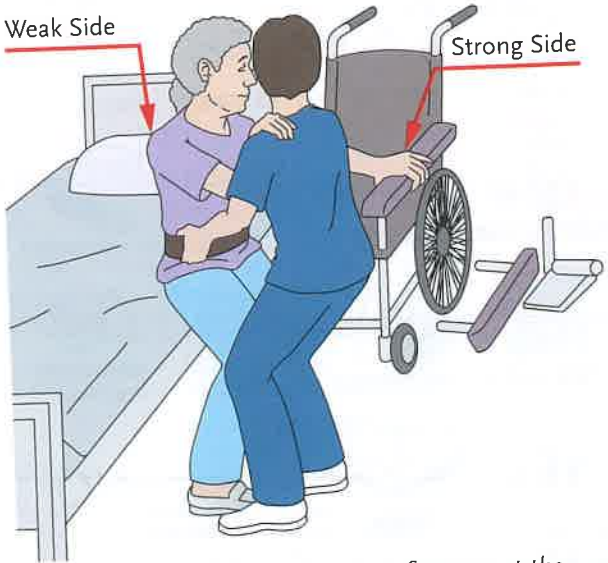


Fig. 9-9. *When helping a client transfer, support the weaker side while leading with the stronger side.*

When assisting with dressing, remember to

- Dress the weaker side first. Place the weaker arm or leg into the clothing first. This prevents unnecessary bending and stretching of the limb. Undress the stronger side first, then remove the weaker arm or leg from clothing to prevent the limb from being stretched and twisted.
- Use assistive equipment to help the client dress himself (see Chapters 13 and 16). Encourage self-care.

When assisting with eating, remember to

- Place food in the client's field of vision (Fig. 9-10). A nurse or doctor will determine a client's field of vision.

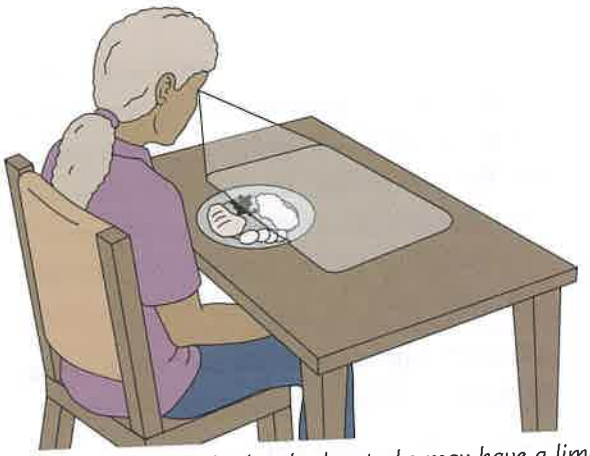


Fig. 9-10. *A client who has had a stroke may have a limited field of vision. Make sure the client can see what you place in front of her.*

- Use assistive devices such as silverware with built-up handle grips, plate guards, and drinking cups. (See Chapter 16.)
- Watch for signs of choking. Report any difficulty with swallowing. Soft foods may be ordered in the care plan if swallowing is difficult. Straws should not be used for someone with a swallowing problem.
- Always place food in the unaffected, or stronger, side of the mouth. Make sure food is swallowed before offering more bites.

When assisting with communication, remember to

- Keep questions and directions simple.
- Phrase questions so they can be answered with a "yes" or "no." For example, when helping a client with eating, ask, "Would you like to start with a drink of milk?"
- Agree on signals, such as shaking or nodding the head, or raising a hand or finger to indicate "yes" or "no."
- Give clients time to respond, and listen attentively.
- Use a pencil and paper if a client is able to write. A thick handle or tape wrapped around the pencil may help the client hold it more easily.
- Use verbal and nonverbal communication to express your positive attitude. Let the client know you have confidence in her abilities through smiles, touches, and gestures. Gestures and pointing can also help give information or allow the client to communicate with you.
- Use communication boards or special cards to make communication easier (Fig. 9-11).
- Keep a bell or other call signal within reach of clients. Clients can let you know when you are needed.
- Never talk about a client as if she were not there. Speak to all clients with respect.

When assisting with positioning, remember to

- Encourage the client to use and exercise her weaker side. Instruct her to use the strong arm or leg to assist with the range of motion exercises on the weak side. Rolling over onto the strong side first is recommended for changing positions. Remind recovering clients to place the strong foot under the involved ankle when crossing the legs in preparation for rolling over or moving the leg.

Fig. 9-11. A sample communication board.

- If the client is in a sitting position, place the elbow on an armrest to support the involved shoulder (Fig. 9-12).

Fig. 9-12. *Keep the involved shoulder supported while the client is sitting.*

- Ninety-degree flexion is a good position for the weak hip and knee. It is important to remember to position the involved side correctly. Often a person who has had a stroke cannot feel that one side of the body is weaker than the other.

Home health aides often help in the rehabilitation of a client who has suffered a stroke. People who have had a stroke may take a long time to recover. Therefore, it is important for HHAs to work with them in stages or steps that allow them to master simple goals first. An example is strengthening a weak arm. Doing this will help them gain confidence in their difficult fight to regain strength and ability.

Monitoring the home safety of clients who have had a stroke is essential. Clients who are unsteady, weak, or confused are at risk of falling. Clients with loss of sensation are at risk of burning themselves in the bathroom or at the stove. Here are some safety tips for the HHA to remember:

- Report any safety hazards, such as unnecessary clutter or throw rugs, to the supervisor.
- Unplug appliances such as toasters and coffee makers when not in use.
- Check the refrigerator and cabinets for spoiled food. A stroke may impair a person's sense of smell and taste.

Parkinson's Disease

Parkinson's disease is a progressive, incurable disease that causes a section of the brain to degenerate. Progressive means that the disease gets worse with time. Neurons in the brain that produce the substance called dopamine, a neurotransmitter, begin to break down and die. Parkinson's disease affects the muscles, causing them to become stiff, and movement may slow. In addition, it causes stooped posture and a shuffling gait, or walk. It can also cause pill-rolling. Pill-rolling is a circular movement of the tips of the thumb and the index finger when brought together, which looks like rolling a pill. Tremors or shaking make it very difficult for a person to perform ADLs such as eating and bathing. A person with Parkinson's may have a mask-like facial expression. Other symptoms are slurred speech and a monotone, softer voice. Medications are commonly used to treat this disease. Surgery may be an option for some people.

Guidelines: Parkinson's Disease

- Clients are at a high risk for falls. Visual and spatial impairments may occur, causing problems with bumping into doorways and navigating areas. Protect clients from any unsafe areas and conditions. Assist with ambulation as necessary.
- Help with ADLs as needed.
- Assist with range of motion exercises to prevent contractures and to help strengthen muscles.
- Observe for any swallowing problems and report them to your supervisor.
- Parkinson's disease may impair a person's sense of smell. Check for spoiled food.

- G Encourage self-care. Be patient with self-care and communication.
- G Depression and anxiety may accompany Parkinson's disease. Listen to clients when they want to talk. Offer relaxation techniques such as massage and listening to music. Report signs of depression to the supervisor. Chapter 18 has more information about depression and anxiety.

Multiple Sclerosis (MS)

Multiple sclerosis (**MS**) is a progressive disease that affects the central nervous system. When a person has MS, the **myelin** (*MYE-e-lin*) **sheath** that covers the nerves, spinal cord, and white matter of the brain breaks down over time. Without this covering, or sheath, nerves cannot send messages to and from the brain in a normal way.

MS progresses slowly and unpredictably. Clients who have this disease will have widely varying abilities. Symptoms will vary as well and may include blurred vision, tremors, poor balance, and difficulty walking. Weakness, numbness, tingling, incontinence, and behavior changes are also symptoms. MS can eventually cause blindness, contractures, and loss of function in the arms and legs (Fig. 9-13).

Fig. 9-13. *Multiple sclerosis is an unpredictable disease that causes varying symptoms and abilities. MS can cause a range of problems, including fatigue, poor balance, and trouble walking.*

Multiple sclerosis is often diagnosed in early adulthood. The exact cause is not known but it may be an autoimmune disease. There is no cure for this disease; it is mostly treated with medication. Some people who have MS use complementary treatments. Chapter 15 contains more information about complementary health practices.

Guidelines: Multiple Sclerosis

- G Assist with ADLs as needed. Be patient with self-care and movement. Allow enough time for tasks. Offer rest periods as necessary.
- G Give the client plenty of time to communicate. People with MS may have trouble forming their thoughts. Be patient. Do not rush them.
- G Prevent falls, which may be due to a lack of coordination, fatigue, and vision problems.
- G Stress can worsen the effects of MS. Be calm and listen to clients when they want to talk.
- G Symptoms of MS can sometimes change daily; offer support and encouragement, and adapt care to the symptoms reported.
- G Encourage a healthy diet with plenty of fluids.
- G Give regular skin care to prevent pressure injuries.
- G Assist with range of motion exercises to prevent contractures and to strengthen muscles.
- G Assist with housekeeping duties as needed.

Head and Spinal Cord Injuries

Diving, sports injuries, falls, car and motorcycle accidents, industrial accidents, war, and criminal violence are common causes of head and spinal cord injuries. Problems from these injuries range from mild confusion or memory loss to coma, paralysis, and death.

There are different types of head injuries, including a bruise (contusion), bleeding in the

brain that collects and forms a clot (hematoma), a skull fracture, scalp wound, or concussion (a banging movement of the brain against the skull). The effects a person experiences from a head injury vary, depending on what caused the injury and how severe it is. Clients who have had a head injury may have the following problems: permanent brain damage, intellectual disabilities, personality changes, breathing problems, seizures, coma, memory loss, loss of consciousness, **paresis** (*pa-REE-sis*), and **paralysis** (*pa-RAL-a-sis*). Paresis is paralysis, or loss of muscle function, that affects only part of the body. Often, paresis refers to a weakness or loss of ability on one side of the body.

The effects of spinal cord injuries depend on the force of impact and the location of the injury. The higher the injury on the spinal cord, the greater the loss of function. People with head and spinal cord injuries may have **paraplegia**, or loss of function of the lower body and legs. These injuries may also cause **quadriplegia**, which is loss of function in the legs, trunk, and arms (Fig. 9-14).

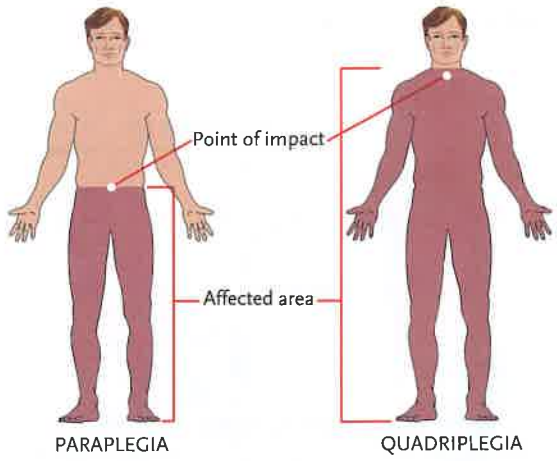


Fig. 9-14. *Loss of function depends on where the spine is injured.*

Rehabilitation is necessary for clients with spinal cord injuries. It will help them to maintain the muscle function that remains and to live as independently as possible. Clients will need emotional support as they adjust to their disability. Their specific needs will vary.

Guidelines: Head or Spinal Cord Injury

- G Give emotional support, as well as physical assistance. Frustration and anger may surface as they attempt to deal with the reality of their lives. Try not to take it personally.
- G Safety is very important. Be very careful that clients do not fall or burn themselves. Because clients who are paralyzed have no sensation, they are unable to feel a burn.
- G Be patient with self-care. Allow as much independence as possible with ADLs.
- G Give careful skin care. It is essential to prevent pressure injuries when mobility is limited.
- G Assist clients to change positions at least every two hours to prevent pressure injuries. Be gentle when repositioning.
- G Perform range of motion exercises exactly as ordered to prevent contractures and strengthen muscles.
- G Immobility leads to constipation. Encourage plenty of fluids and a high-fiber diet if ordered in the care plan.
- G Loss of ability to empty the bladder may lead to the need for a urinary catheter. Urinary tract infections are common. Encourage high intake of fluids. Give extra catheter care as needed.
- G Lack of activity leads to poor circulation and fatigue. Offer rest periods as needed. Special stockings (elastic/antiembolic) to help increase circulation may be ordered.
- G Difficulty coughing and shallow breathing can lead to pneumonia. Encourage deep breathing exercises as ordered.
- G Male clients may have involuntary erections. Provide for privacy and be sensitive if this happens. Behaving professionally helps put clients at ease.
- G Assist with bowel and bladder training as directed.

Amputation

Amputation is the surgical removal of some or all of a body part, usually an arm, hand, leg, or foot. Amputation may be the result of an injury or disease. After amputation, some people feel that the amputated limb is still there, or they feel pain in the part that has been amputated. **Phantom sensation** is the term used when a person feels that the body part is still there. The person may experience warmth, tingling, or itching in the area where the limb existed. **Phantom limb pain** occurs when the person feels pain in a limb (or extremity) that has been amputated. It may persist for a short time or for several years. The pain or sensation, which has various possible causes, including remaining damaged nerve endings, is real. It should not be ignored. Medication or physical therapy may be used to treat these conditions.

Guidelines: Amputation

- G Clients who have had a body part amputated must make many physical, psychological, social, and occupational adjustments. Be supportive during the continuing process of adjustment. When a body part has been amputated, day-to-day activities may be limited. A client will need special care to help him adjust to these changes. When the condition is new, a physical and/or occupational therapist may work with the client.
- G Assist clients in performing their ADLs.
- G Assist with regular changes of position to prevent pressure injuries.
- G Perform range of motion exercises as instructed. These exercises will help prevent contractures and other complications.
- G Phantom limb pain is real pain and should be treated that way. Report complaints of pain to your supervisor.
- G Follow the care plan for care of the prosthesis and the stump. See Chapter 13 for more information on prosthetics and related care.

The Nervous System: Sense Organs

The eyes, ears, nose, tongue, and skin are the body's major sense organs (Figs. 9-15 and 9-16). They are considered part of the nervous system because they contain receptors that receive impulses from the environment. They relay these impulses to the nerves.

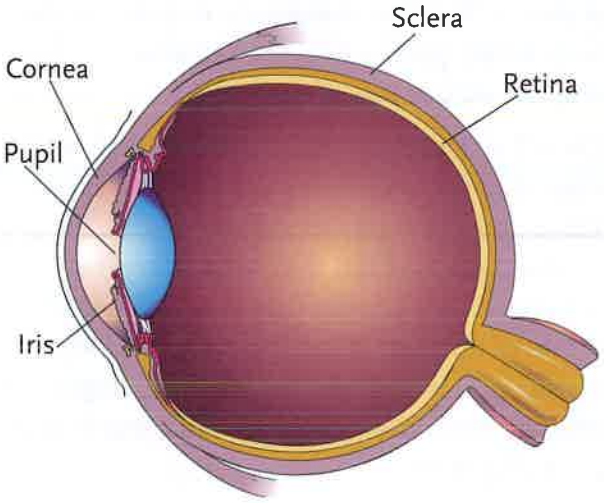


Fig. 9-15. The parts of the eye.

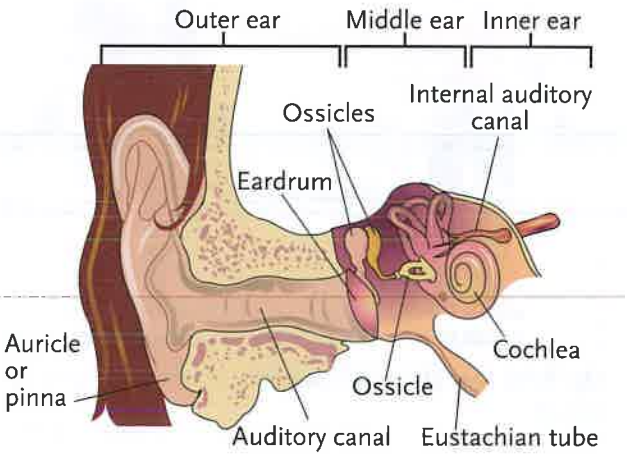


Fig. 9-16. The outer ear, middle ear, and inner ear are the three main divisions of the ear.

Observing and Reporting: Eyes and Ears

Observe and report these signs and symptoms:

- O/R Changes in vision or hearing
- O/R Signs of infection
- O/R Dizziness
- O/R Complaints of pain in the eyes or ears

Hearing Impairment

There are many different kinds of hearing loss. A person may be born with a hearing impairment or it may happen gradually. **Deafness** is partial or complete loss of hearing. It can occur as the result of heredity, disease, or injury. Some disorders affect a person's ability to hear. **Otitis media** (*oh-TYE-tis MEE-dee-a*) is an infection of the middle ear that can be caused by a variety of microorganisms. Bacteria grow inside the middle ear, which causes symptoms such as pain, pressure, fever, and a reduced ability to hear. Otitis media is treated with antibiotics.

In the elderly, aging commonly causes loss of hearing, as well as impaired vision, smell, and taste. If a person has a gradual hearing loss, he may not be conscious of it. Signs of hearing loss include the following:

- Speaking loudly
- Leaning forward when someone is speaking
- Cupping the ear to hear better
- Responding inappropriately
- Asking the speaker to repeat what has been said
- Speaking in a monotone
- Avoiding social gatherings or acting irritable in the presence of people who are having a conversation
- Suspecting others of talking about them or of deliberately speaking softly

People who have a hearing impairment may use a hearing aid, read lips, or use sign language. People with impaired hearing also closely observe the facial expressions and body language of others to add to their knowledge of what is being said.

Guidelines: Hearing Impairment

- G If the person has a hearing aid, make sure he is wearing it and that it is turned on. Chapter 13 contains more information about hearing aids.
- G Reduce or eliminate any background noise, such as televisions, radios, and loud speech. Close doors if needed.
- G Get the client's attention before speaking. Do not startle clients by approaching from behind. Walk in front of them or touch them lightly on the arm to let them know you are near.
- G Speak clearly, slowly, and in good lighting. Directly face the person (Fig. 9-17). The light should be on your face, not on the client's. Ask if he can hear what you are saying.

Fig. 9-17. *Speak face-to-face in good light.*

- G Do not shout or mouth the words in an exaggerated way.
- G Keep the pitch of your voice low.
- G Clients may read lips, so do not chew gum or eat while speaking. Keep your hands away from your face while talking.

- If the client hears better out of one ear, try to speak and stand on that side.
- Use short sentences and simple words. Avoid sudden topic changes.
- Repeat what you have said using different words when needed. Some people who are hearing impaired may want you to repeat exactly what was said because they missed only a few words.
- Use picture cards or a notepad as needed.
- Clients who are hearing impaired may hear less when they are tired or ill. This is true of everyone. Be patient and empathetic. Avoid long, tiring conversations.
- Some clients who are hearing impaired have speech problems and may be difficult to understand. Do not pretend you understand if you do not. Ask the client to repeat what was said. Observe the lips, facial expressions, and body language. Then tell the client what you think you heard. You can also request that the client write down words.
- Hearing decline can be a normal aspect of aging. Be understanding and supportive.

Vision Impairment

Vision impairment can affect people of all ages. It can exist at birth or develop gradually. It can occur in one eye or in both. It can also be the result of injury, illness, or aging.

Some vision impairment causes people to wear corrective lenses, such as contact lenses or eyeglasses. **Farsightedness** (hyperopia) is the ability to see objects in the distance better than objects nearby. It develops in most people as they age. **Nearsightedness** (myopia) is the ability to see things near but not far. It may occur in younger persons. Some people need to wear eyeglasses all the time. Others only need them to read or for activities that require seeing distant objects, such as driving. Surgery can also be performed to correct these eye problems.

People over the age of 40 are at risk for developing certain serious vision problems. These include cataracts, glaucoma, and blindness. When a **cataract** (*KAT-a-rakt*) develops, the lens of the eye, which is normally clear, becomes cloudy. This prevents light from entering the eye. Vision blurs and dims initially. Vision is eventually lost entirely. This disease process can occur in one or both eyes. It is corrected with surgery, in which a permanent lens implant is usually performed.

Glaucoma (*glaw-KOH-ma*) is a disease that is the leading cause of blindness in the United States. With glaucoma, the pressure in the eye (intraocular pressure) increases. This eventually damages the retina and the optic nerve. It causes loss of vision and blindness. Glaucoma can occur suddenly, causing severe pain, nausea, and vomiting. It can also occur gradually, with symptoms that include blurred vision, tunnel vision, and blue-green halos around lights. Glaucoma is treated with eye drops and other medications and sometimes surgery.

Guidelines: Vision Impairment

- Encourage the use of eyeglasses or contact lenses (contacts) if worn.
- If the client has eyeglasses, make sure they are clean. Clean glass lenses with water and soft tissue. Clean plastic lenses with cleaning fluid and/or a lens cloth. Eyeglasses should fit correctly and be in good condition (Fig. 9-18). Report to your supervisor if they are not in good condition or do not fit properly.

Fig. 9-18. *Eyeglasses must fit well, be clean, and be in good condition.*

- Contact lenses are made of many types of plastic. Some can be worn and disposed of daily; others are worn for longer periods. If the client is able, it is best to leave contact lens care to him.
- Identify yourself immediately when you enter the room. Do not touch the client until you have said your name. Let the client know when you are leaving the room.
- Provide adequate lighting at all times. Face the client when speaking.
- When you enter a new room with the client, orient him to where things are. Describe the things you see around you. Try not to use words such as "see," "look," or "watch."
- Always tell the client what you are doing while caring for him. Give specific directions, such as "on your right" or "in front of you."
- Use the face of an imaginary clock as a guide to explain the position of objects that are in front of the client (Fig. 9-19). For example, "There is a sofa at 7 o'clock."

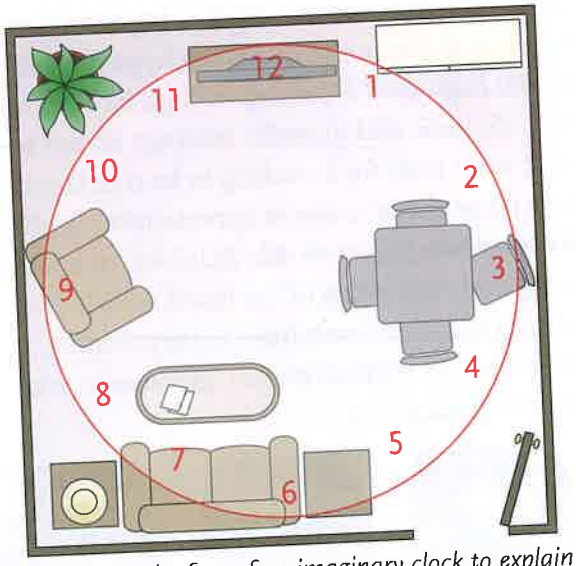


Fig. 9-19. *Use the face of an imaginary clock to explain the position of objects.*

- Do not move personal items, furniture, or other objects. Put everything back where you found it.
- Leave doors completely open or completely closed, never partly open.
- If the client needs guidance in getting around, walk slightly ahead. Let the client touch or grasp your arm lightly. This allows you to guide the person and warn him of steps, curbs, etc. Walk at the client's pace, not yours.
- Give assistance with cutting food and opening containers as needed.
- Use large clocks, clocks that chime, and radios to help keep track of time.
- Large-print books, audiobooks, digital books, and Braille books are available. Learning to read Braille, however, takes a long time and requires training.
- If the client has a guide dog, do not play with, distract, or feed it.
- Encourage the use of other senses, such as hearing, touch, and smell. Encourage the client to feel and touch things, such as furniture, clothing, or items in the room.

4. Describe the circulatory system and related conditions

The circulatory system is made up of the heart, blood vessels, and blood. The heart is the pump of the circulatory system. The heart pumps blood through the blood vessels to the cells.

The interior of the heart is divided into four chambers (Fig. 9-20). The two upper chambers are called the left atrium and right atrium. They receive blood. The two lower chambers, or **ventricles** (*VEN-tri-kuls*), pump blood. The blood carries food, oxygen, and other substances that cells need to function properly (Fig. 9-21).

The heart functions in two phases: the contracting phase, or **systole** (*SIS-toh-lee*), when the ventricles pump blood through the blood vessels,

and the resting phase, or **diastole** (*dye-AS-toh-lee*), when the chambers fill with blood. When a person's blood pressure is taken, the numbers measure these two phases (Chapter 14).

The circulatory system supplies food, oxygen, and hormones to cells. It supplies the body with infection-fighting blood cells and removes waste products from cells. The circulatory system also helps control body temperature.

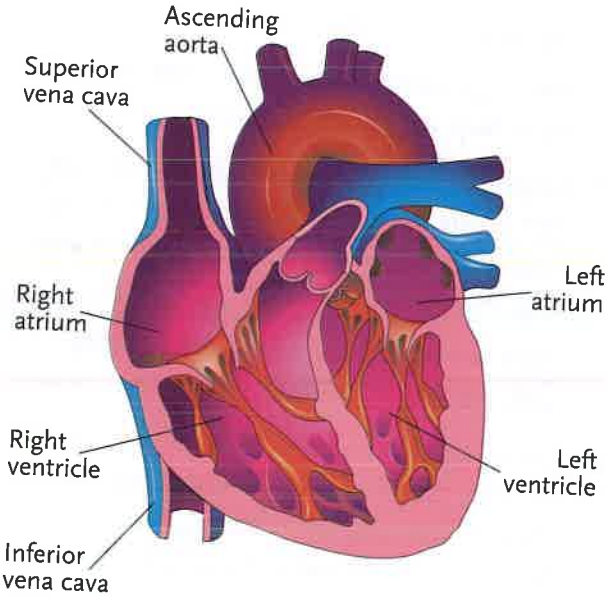


Fig. 9-20. *The four chambers of the heart connect to the body's largest blood vessels.*

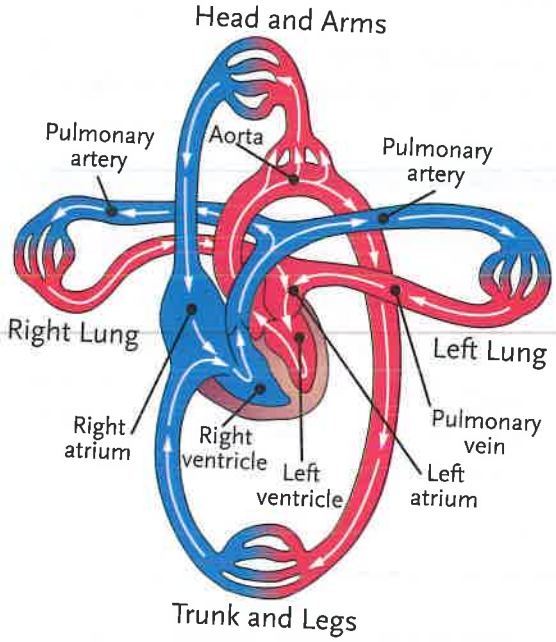


Fig. 9-21. *The flow of blood.*

Observing and Reporting: Circulatory System

Observe and report these signs and symptoms:

- O/R Changes in pulse rate
- O/R Weakness, fatigue
- O/R Loss of ability to perform ADLs
- O/R Swelling of ankles, feet, fingers, or hands (edema)
- O/R Pale or bluish hands, feet, or lips
- O/R Chest pain
- O/R Weight gain
- O/R Shortness of breath, changes in breathing patterns, inability to catch breath
- O/R Severe headache
- O/R Inactivity (which can lead to circulatory problems)

Hypertension (HTN) or High Blood Pressure

When systolic blood pressure consistently measures 130 mm Hg or higher or diastolic pressure regularly measures 80 mm Hg or higher, a person is diagnosed as having **hypertension** (**HTN**) (*high-per-TEN-shun*), or high blood pressure. (Systolic and diastolic readings do not both need to be high for a reading to be considered high.) The major cause of hypertension is **atherosclerosis** (*ath-er-oh-skle-ROH-sis*), or a hardening and narrowing of the blood vessels (Fig. 9-22). It can also result from kidney disease, tumors of the adrenal glands, pregnancy, and certain medications.

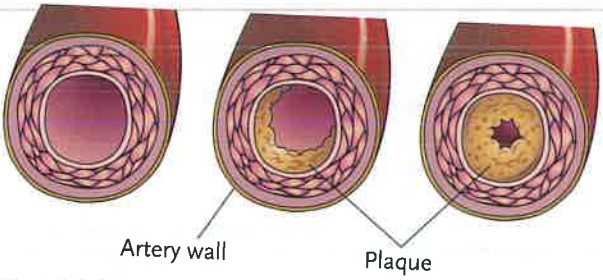


Fig. 9-22. *Arteries may harden or narrow because of a buildup of plaque. Hardened arteries cause high blood pressure.*

Hypertension can develop at any age. Signs and symptoms of hypertension are not always obvious, especially in the early stages. Often it is only discovered when a blood pressure measurement is taken by a healthcare provider. People with the disease may complain of headache, blurred vision, and dizziness.

Guidelines: Hypertension

- G Because it can lead to serious conditions such as CVA, heart attack, kidney disease, or blindness, treatment to control high blood pressure is essential. Clients may take medication that lowers blood pressure. They may take **diuretics** (*dye-you-RET-iks*). Diuretics are medications that reduce fluid in the body. Offer trips to the bathroom or a bedpan often. Respond to requests for assistance promptly.
- G Clients may have prescribed exercise programs and special diets, such as low-fat or low-sodium diets. Reducing the amount of sodium in the diet can help reduce extra fluid in the body. You will probably be required to measure blood pressure frequently. You can also help by encouraging clients to follow their diet and exercise programs.

Coronary Artery Disease (CAD)

Coronary artery disease occurs when the blood vessels in the coronary arteries narrow. This reduces the supply of blood to the heart muscle and deprives it of oxygen and nutrients. Over time, as fatty deposits block the arteries, the muscles that are supplied by the blood vessels die. CAD can lead to heart attack or stroke.

The heart muscle that is not getting enough oxygen causes chest pain, pressure, or discomfort, called **angina pectoris** (*an-JYE-na PEK-tor-is*). The heart needs more oxygen during exercise, stress, and excitement, as well as to digest a heavy meal. In CAD, narrow blood vessels prevent the extra blood with oxygen from getting to the heart (Fig. 9-23).

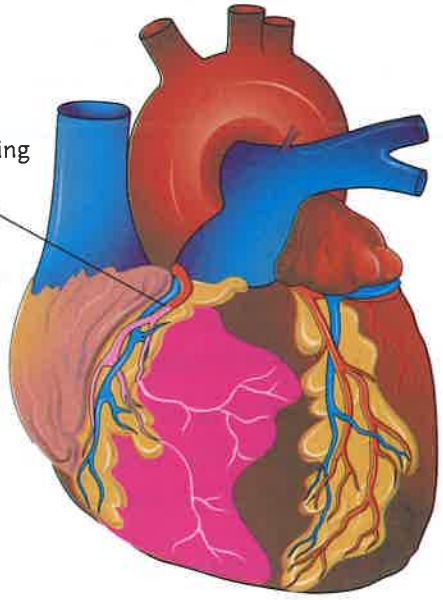


Fig. 9-23. *Angina pectoris is chest pain or pressure that results from the heart not getting enough oxygen.*

The pain of angina pectoris is usually described as pressure or tightness in the left side or the center of the chest, behind the sternum or breastbone. Some people have pain moving down the inside of the left arm or to the neck and left side of the jaw. A person suffering from angina pectoris may sweat or appear pale. The person may feel dizzy and have difficulty breathing.

Guidelines: Angina Pectoris

- G Encourage clients to rest. Rest is extremely important. Rest reduces the heart's need for extra oxygen. It helps the blood flow return to normal, often within 3 to 15 minutes.
- G Medication is also necessary to relax the walls of the coronary arteries. This allows them to open and get more blood to the heart. This medication, **nitroglycerin** (*nite-roh-GLIS-er-in*), is a small tablet that the client places under the tongue. There it dissolves and is rapidly absorbed. Clients who have angina pectoris may keep nitroglycerin

on hand to use as symptoms arise. Home health aides are not allowed to give medication. However, they may be allowed to assist clients with self-administration of medication. Chapter 15 has more information. Call your supervisor if a client needs help taking the medication. Nitroglycerin is also available as a patch. Do not remove the patch. Inform your supervisor immediately if the patch comes off. Nitroglycerin may also come in the form of a spray that the client sprays onto or under the tongue.

G Clients may also be required to avoid heavy meals, overeating, intense exercise, and exposure to cold or hot and humid weather.

Myocardial Infarction (MI) or Heart Attack

When all or part of the blood flow to the heart muscle is blocked, oxygen and nutrients fail to reach the cells in that area (Fig. 9-24). Waste products are not removed and the muscle cells die. This is called a **myocardial infarction (MI)**, or a heart attack. The area of dead tissue may be large or small, depending on the artery involved.

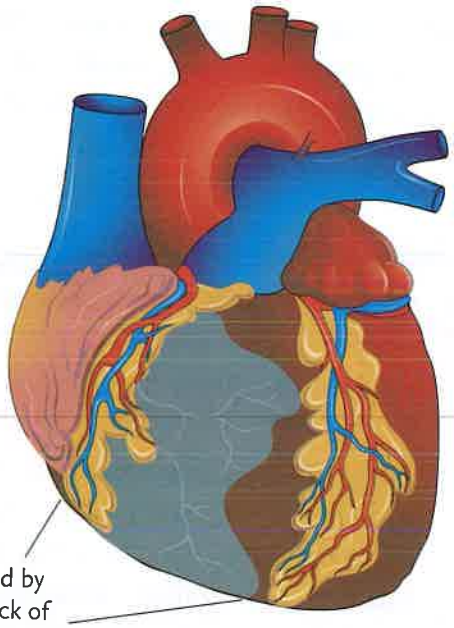


Fig. 9-24. A heart attack occurs when all or part of the blood flow to the heart is blocked.

Someone having a myocardial infarction must receive emergency treatment from medical personnel. This helps minimize damage and may prevent further illness or death. Chapter 7 contains information about warning signs of an MI.

Guidelines: Myocardial Infarction

G After a myocardial infarction, cardiac rehabilitation is usually ordered. This ongoing program is comprehensive and consists of a variety of components, including the following:

- A low-fat, low-sodium diet
- A regular exercise program
- Medications to regulate the heart rate and blood pressure, to lower cholesterol, and to lower triglycerides
- Regular blood testing
- Stopping smoking
- Avoiding cold temperatures
- A stress management program
- Mental health care to help deal with depression and anxiety

G Encourage clients to follow their special diets and to follow their exercise programs.

G Be encouraging if clients have quit or are trying to quit smoking.

G Reduce stress as much as possible. Listen when clients want to talk, and report signs of and complaints of stress to your supervisor.

Congestive Heart Failure (CHF)

Coronary artery disease, myocardial infarction, hypertension, and other disorders may all damage the heart. When the heart muscle has been severely damaged, the heart fails to pump effectively. When the left side of the heart is affected, blood backs up into the lungs. When the right side of the heart is affected, blood backs up into

the legs, feet, or abdomen. When one or both sides of the heart stop pumping blood effectively, it is called **congestive heart failure** (**CHF**).

Signs and symptoms of congestive heart failure include the following:

- Fatigue
- Rapid or irregular heartbeat
- Shortness of breath
- Dizziness
- Weakness
- Swelling of the feet and ankles (edema)
- Increased urination at night
- Weight gain

Guidelines: Congestive Heart Failure

- Although congestive heart failure is a serious illness, it can be treated and controlled. Medications can strengthen the heart muscle and improve its pumping.
- Assist the client as needed with getting to the toilet or commode. Because medications help eliminate excess fluids, the client will need more frequent trips to the bathroom. Keep a bedside commode nearby if the client is weak and has difficulty getting out of bed and walking to the bathroom.
- Encourage clients to follow special diet orders. A low-sodium diet and fluid restrictions may be recommended.
- A weakened heart pump may make it difficult for clients to walk, carry groceries, or climb stairs. Limited activity or bed rest may be prescribed. Allow for a period of rest after an activity.
- Measure intake of fluids and output of urine as directed (Chapter 14).
- Weigh clients as instructed. Clients may need to weigh daily at the same time to note weight gain from fluid retention.
- Apply elastic leg stockings as directed to reduce swelling in the feet and ankles.
- Assist with range of motion exercises as ordered. These exercises improve muscle tone when activity and exercise are limited (Fig. 9-25).

Fig. 9-25. *Range of motion exercises improve muscle tone.*

- Extra pillows may help clients who have trouble breathing. Keeping the head of the bed elevated may also help with breathing.
- Assist with personal care and ADLs as needed.
- A common side effect of medications for CHF is dizziness, which may result from a lack of potassium, although not all medications for CHF deplete potassium. High-potassium foods and drinks such as winter squash, baked sweet or regular potatoes, beans, raisins, apricots, prunes, bananas, prune juice, and orange juice can help. The care plan should mention the possible side effects of medication and signs or symptoms to report to your supervisor.

Peripheral Vascular Disease (PVD)

Peripheral vascular disease (**PVD**) is a disease in which the legs, feet, arms, or hands do not have enough blood circulation. This is due to fatty deposits in the blood vessels that harden over time. The legs, feet, arms, and hands feel cool or cold. Nail beds and/or feet become ashen

or blue. Swelling occurs in the hands and feet. Ulcers of the legs and feet may develop and can become infected. Pain may be very severe when walking, but it is usually relieved with rest. Risk factors for PVD include smoking, diabetes, high cholesterol, hypertension, inactivity, and obesity. Treatment includes quitting smoking, medications, exercise, and surgery.

5. Describe the respiratory system and related conditions

Respiration (*res-pir-AY-shun*), the body taking in oxygen and removing carbon dioxide, involves breathing in, **inspiration** (*in-spir-AY-shun*), and breathing out, **expiration** (*ex-pir-AY-shun*). The lungs accomplish this process (Fig. 9-26). The functions of the respiratory system are to bring oxygen into the body and to eliminate carbon dioxide produced as the body uses oxygen.

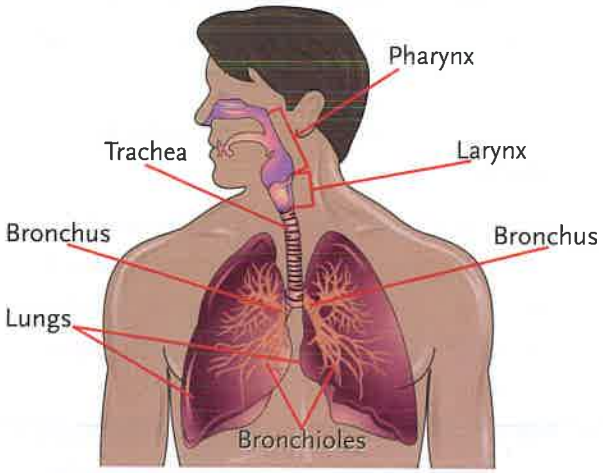


Fig. 9-26. The respiratory process begins with inspiration through the nose or mouth. The air travels through the trachea and into the lungs via the bronchi, which then branch into bronchioles.

Observing and Reporting: Respiratory System

Observe and report these signs and symptoms:

- O/R Change in respiratory rate
- O/R Shallow breathing or breathing through pursed lips
- O/R Coughing or wheezing
- O/R Nasal congestion or discharge
- O/R Sore throat, difficulty swallowing, or swollen tonsils
- O/R The need to sit after mild exertion
- O/R Pale, bluish, or gray color of the lips, arms, and/or legs
- O/R Pain in the chest area
- O/R Discolored **sputum**, mucus a person coughs up from the lungs (green, yellow, blood-tinged, or gray)

Chronic Obstructive Pulmonary Disease

Chronic obstructive pulmonary disease (**COPD**) is a chronic, progressive disease. This means a person may live for years with it but never be cured. COPD causes difficulty with breathing, especially with getting air out of the lungs. There are two chronic lung diseases that are grouped under COPD: chronic bronchitis and emphysema.

Bronchitis is an irritation and inflammation of the lining of the bronchi. Chronic bronchitis is a form of bronchitis that is usually caused by cigarette smoking. Symptoms include coughing that brings up sputum (phlegm) and mucus. Breathlessness and wheezing may be present. Treatment includes stopping smoking and possibly medications.

Emphysema is a chronic disease of the lungs that usually results from cigarette smoking. People with emphysema have trouble breathing. Other symptoms are coughing, breathlessness, and a rapid heartbeat. There is no cure for emphysema. Treatment includes managing symptoms and pain. Oxygen therapy, as well as medications, may be ordered. Quitting smoking is very important.

Over time, a person with either of these lung disorders becomes chronically ill and weakened. There is a high risk of acute lung infections, such as pneumonia. **Pneumonia** can be caused by a bacterial, viral, or fungal infection.

Acute inflammation occurs in lung tissue. The affected person develops a high fever, chills, cough, greenish or yellow sputum, chest pains, and rapid pulse. Treatment includes antibiotics, along with plenty of fluids. Recovery may take longer for older adults and persons with chronic illnesses.

When the lungs and brain do not get enough oxygen, all body systems are affected. Clients may have a constant fear of not being able to breathe. This can cause them to sit upright in an attempt to improve their ability to expand the lungs. These clients can have poor appetites. They usually do not get enough sleep. All of this can add to their feelings of weakness and poor health. They may feel they have lost control of their bodies, and particularly their breathing. They may fear suffocation.

Clients with COPD may experience the following symptoms:

- Chronic cough or wheeze
- Difficulty breathing, especially when inhaling and exhaling deeply
- Shortness of breath, especially during physical effort
- Pale, blue, or reddish-purple skin
- Confusion
- General state of weakness
- Difficulty completing meals due to shortness of breath
- Fear and anxiety

Guidelines: COPD

- G Colds or viruses can make COPD worse. Always observe and report signs and symptoms of colds or illness.
- G Help clients sit upright or lean forward. Offer pillows for support (Fig. 9-27).
- G Offer plenty of fluids and small, frequent meals.

Fig. 9-27. *It helps clients with COPD to sit upright and lean forward slightly.*

- G Encourage a well-balanced diet.
- G Keep oxygen supply available as ordered.
- G Medications that relax the air passages may be prescribed. These may be taken orally or inhaled directly into the lungs using sprays or inhalers. You may be assigned to observe the client taking his medication. More information about medication may be found in Chapter 15.
- G Being unable to breathe or fearing suffocation can be very frightening. Be calm and supportive.
- G Use proper infection prevention practices. Wash your hands often and encourage the client to do the same. Dispose of used tissues promptly.
- G Encourage as much client independence with ADLs as possible.
- G Remind clients to avoid situations where they may be exposed to infections, especially colds and the flu.
- G Encourage pursed-lip breathing. Pursed-lip breathing involves inhaling slowly through the nose and exhaling slowly through pursed lips (as if about to whistle).
- G Encourage clients to save energy for important tasks. Encourage clients to rest.

Report any of the following to your supervisor:

- Temperature over 101°F
- Changes in breathing patterns, including shortness of breath

- Changes in color or consistency of lung secretions
- Changes in mental state or personality
- Refusal to take medications as ordered
- Excessive weight loss
- Increasing dependence upon caregivers and family

Asthma

Asthma is a chronic, episodic disorder. It occurs when the respiratory system is hyperreactive (that is, it reacts quickly and strongly) to irritants, infection, cold air, or allergens such as pollen and dust. Exercise and stress can also worsen asthma. When the bronchi become irritated due to any one of these conditions, they constrict, making it difficult to breathe. As a response to irritation and inflammation, the mucous membrane produces thick mucus that further inhibits respiration. As a result, air is trapped in the lungs, producing coughing and wheezing.

Treatment for asthma includes medications that are given directly into the lungs using sprays or inhalers (Fig. 9-28). Clients with asthma should avoid triggers that bring on asthma attacks, such as allergens, smoke, strong odors, and strenuous exercise.

Fig. 9-28. Two different types of asthma inhalers. Clients with asthma should be encouraged to carry their inhalers at all times.

Upper Respiratory Infection (URI)

Upper respiratory infection (URI) is commonly called a cold. It is the result of a viral or bacterial infection of the nose, sinuses, and throat. Symptoms usually include nasal discharge, sneezing, sore throat, fever, and fatigue. For most people, a cold can be dealt with by the body's immune system and by rest and fluids. If the infection is bacterial, antibiotics may be prescribed. People who have upper respiratory conditions should not be exposed to cigarette smoke or other irritants. Clients may be more comfortable sitting up, rather than lying down.

Lung Cancer

Lung cancer is the growth of abnormal cells or tumors in the lungs. Symptoms of lung cancer include chronic cough, shortness of breath, and bloody sputum. More information about cancer is located later in the chapter.

Tuberculosis

Tuberculosis (TB) is a highly contagious lung disease. Symptoms include fatigue, loss of appetite, slight fever, prolonged coughing, and shortness of breath. Chapter 5 contains more information about tuberculosis.

6. Describe the urinary system and related conditions

The urinary system is composed of two kidneys, two ureters, one urinary bladder, a single urethra, and a meatus (Figs. 9-29 and 9-30). The urinary system has two important functions. Through urine, the urinary system eliminates waste products created by the cells. The urinary system also maintains the water balance in the body.

Observing and Reporting: Urinary System

Observe and report these signs and symptoms:

- O/R Weight loss or gain
- O/R Swelling in the upper or lower extremities
- O/R Pain or burning during urination

- O/R Changes in urine, such as cloudiness, odor, or color
- O/R Changes in the frequency and amount of urination
- O/R Swelling in the abdominal/bladder area
- O/R Complaints that the bladder feels full or painful
- O/R Urinary incontinence/dribbling
- O/R Pain in the kidney or back/flank region
- O/R Inadequate fluid intake
- O/R Confusion

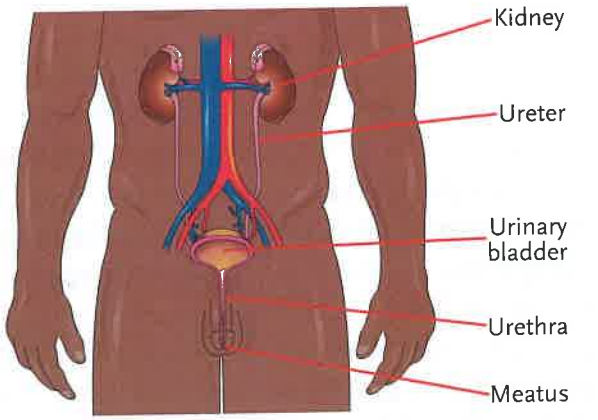


Fig. 9-29. *The urinary system consists of two kidneys and two ureters, the bladder, the urethra, and the meatus. This is an illustration of the male urinary system.*

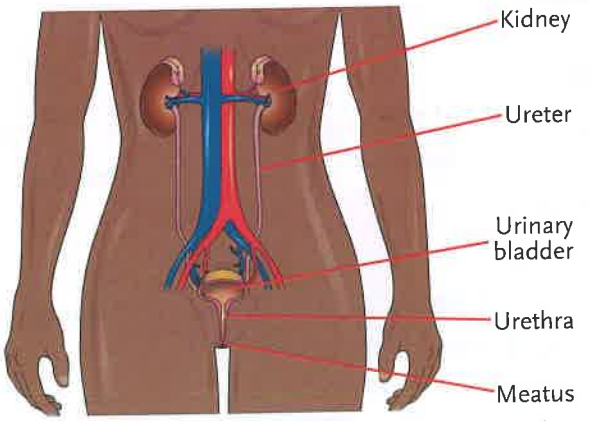


Fig. 9-30. *The female urethra is shorter than the male urethra. This is one reason why the female bladder is more likely to become infected by bacteria.*

Urinary Incontinence

When people cannot control the muscles of the bowels or bladder, they are said to be **incontinent**. **Urinary incontinence** is the inability to control the bladder, which leads to an involuntary loss of urine. Incontinence can occur in clients who are bedbound, ill, elderly, paralyzed, or who have circulatory or nervous system diseases or injuries. Incontinence is not a normal part of aging. Home health aides should always report incontinence. It may be a sign or symptom of an illness.

Guidelines: Urinary Incontinence

- G Offer a bedpan, urinal, commode, or trip to the bathroom often. Follow elimination schedules in the care plan.
- G Answer requests for help immediately.
- G Urinary incontinence is a major risk factor for pressure injuries. Document all episodes of incontinence carefully and accurately.
- G Cleanliness and careful skin care are important. Urine is very irritating to the skin. It should be washed off immediately and completely. Keep clients clean, dry, and free from odor. Observe the skin carefully when bathing and giving perineal care.
- G Change wet or soiled clothing immediately. Change bed linen any time it is wet or soiled. Use absorbent pads under bed linen for clients who are incontinent.
- G Some clients will wear disposable incontinence pads or briefs for adults. They help keep body wastes away from the skin. Assist clients as needed with changing wet briefs immediately. Do not refer to an incontinence brief or pad as a *diaper*. Clients are not children, and using that term is disrespectful.
- G Encourage clients to drink plenty of fluids.
- G Clients who are incontinent need reassurance and understanding. Be professional and kind when dealing with incontinence. Doing so may help put clients at ease.

Urinary Tract Infection (UTI)

A **urinary tract infection** (**UTI**) is a bacterial infection of the urethra, bladder, ureter, or kidney. This results in pain or burning during urination and the frequent feeling of needing to urinate. The infection is commonly caused by *Escherichia coli* (*E. coli*), which is a type of bacteria usually found in the gastrointestinal tract. If it moves from the anus into the urethra and then the bladder, it can cause a urinary tract infection.

UTIs are more common in women. This is due, in part, to the female urethra being shorter (one to one and one-half inches) than the male urethra (seven to eight inches). In addition, because the female urethra is located directly in front of the vagina and the anus, it is closer to potential sources of bacteria. Bacteria can reach a woman's bladder more easily.

Wiping the perineal (*payr-i-NEE-al*) area from front to back after bladder and bowel elimination helps prevent UTIs. Drinking plenty of water and other fluids can also help prevent UTIs. Antibiotics are usually prescribed to treat UTIs.

Kidney Stones

Kidney stones, also called *renal calculi* (*KAL-kyoo-lye*), form when urine crystallizes in the kidneys. The stones can block the kidneys and ureters, causing severe pain. Kidney stones often have no single cause, but may be the result of lack of fluid intake, diet, infection, disorders, or certain genetic factors.

Kidney stones are treated with increased water intake, as well as pain relievers and other medications. Larger stones may need to be treated with surgery or a procedure that uses sound waves to break up the stones.

Chronic Renal Failure

Chronic renal failure (**CRF**), also called *chronic kidney failure*, occurs because the kidneys become unable to eliminate certain waste products from the body. This disease can develop as the result of chronic urinary tract infections, high blood pressure, inflammation of the kidneys (nephritis), or diabetes. Excessive salt in the diet can also cause damage to the kidneys. Over time, the disease becomes worse. Kidney **dialysis** (dye-AL-i-sis), an artificial means of removing the body's waste products, can improve and extend life for several years. Clients will be on fluid restrictions of different degrees. Chronic renal failure can progress to end-stage renal disease, which is fatal without kidney dialysis or a kidney transplant.

7. Describe the gastrointestinal system and related conditions

The gastrointestinal (GI) system, also called the digestive system, is made up of the gastrointestinal tract and the accessory digestive organs (Fig. 9-31). The gastrointestinal tract is a long passageway extending from the mouth to the anus, the opening of the rectum. Food passes from the mouth through the pharynx, esophagus, stomach, small intestine, large intestine, and out of the body as solid waste (*feces* or *stool*). The teeth, tongue, salivary glands, liver, gallbladder, and pancreas are the accessory organs to digestion. They help prepare the food so that it can be absorbed.

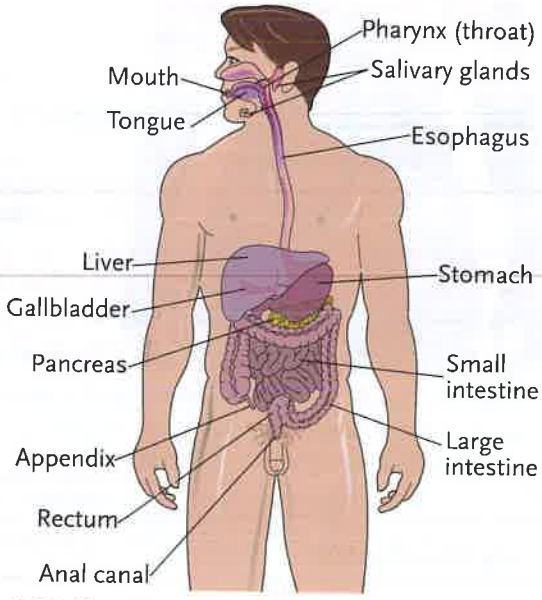


Fig. 9-31. *The GI system consists of all the organs needed to digest food and process waste.*

The gastrointestinal system has the following functions: digestion, absorption, and elimination. **Digestion** is the process of preparing food physically and chemically so that it can be absorbed into the cells. **Absorption** is the transfer of nutrients from the intestines to the cells. **Elimination** is the process of expelling wastes (made up of the waste products of food and fluids) that are not absorbed into the cells.

Observing and Reporting: Gastrointestinal System

Observe and report these signs and symptoms:

- O/R Difficulty swallowing or chewing (including denture problems, tooth pain, or mouth sores)
- O/R **Fecal incontinence** (inability to control bowels, leading to an involuntary passage of stool)
- O/R Weight gain or weight loss
- O/R Loss of appetite
- O/R Abdominal pain and cramping
- O/R Diarrhea
- O/R Nausea and vomiting (especially vomitus that looks like coffee grounds)
- O/R Constipation
- O/R Flatulence
- O/R Hiccups or belching
- O/R Bloody, black, or hard stools
- O/R Heartburn
- O/R Poor nutritional intake

Constipation

Constipation is the inability to eliminate stool (have a bowel movement), or the infrequent, difficult, and often painful elimination of a hard, dry stool. As a person ages, body waste moves more slowly through the intestines. This can cause more frequent constipation. Constipation can also result from decreased fluid intake, poor diet, inactivity, medications, certain diseases, or ignoring the urge to eliminate. Signs of constipation include abdominal swelling, gas, and irritability.

Treatment often includes increasing the amount of fiber eaten, increasing the activity level, and possibly medication. An enema or rectal suppository may be ordered to help with constipation. An enema is a specific amount of water, with or without an additive, that is introduced into the colon to stimulate the elimination of stool. A rectal suppository is a medication given rectally to cause a bowel movement. The Appendix at the back of this book contains more information about enemas.

Guidelines: Preventing Constipation

- G Clients may need to increase their fiber intake to help prevent constipation. A special diet that increases the intake of fiber and whole grains, such as whole grain cereals, bread, and raw fruits and vegetables, may be ordered (Fig. 9-32). Encourage clients to follow their diets.

Fig. 9-32. *Many raw fruits and vegetables are high in fiber and can help prevent constipation.*

- G Encourage clients to drink plenty of fluids. Offer different types of drinks that clients prefer.
- G Help clients follow ordered activity or exercise listed in the care plan.
- G Provide privacy for elimination.

Fecal Impaction

A fecal impaction is a hard stool that is stuck in the rectum and cannot be expelled. It results from unrelieved constipation. Symptoms include no stool for several days, oozing of liquid stool, cramping, abdominal swelling, and rectal pain. When an impaction occurs, a nurse or doctor will insert one or two gloved fingers into the rectum and break the mass into fragments so that it can be passed. Prevention of fecal impactions includes a high-fiber diet, plenty of fluids, an increase in activity level, and possibly medication. Early assessments of constipation may also help prevent impactions.

Hemorrhoids

Hemorrhoids are enlarged veins in the rectum. They may also be visible outside the anus. Constipation, obesity, pregnancy, chronic diarrhea, overuse of enemas or laxatives, and straining during bowel movements are common causes of hemorrhoids. Rectal itching, burning, pain, and bleeding during bowel elimination are signs and symptoms of hemorrhoids. Treatment includes adding more fiber into the diet and increasing fluid intake. Medications, compresses, and sitz baths are also used to treat hemorrhoids. Surgery may be necessary. Excessive cleaning and wiping of the area should be avoided. When cleaning the anal area, the home health aide should be very gentle to avoid causing pain and bleeding.

Diarrhea

Diarrhea is frequent elimination of liquid or semiliquid feces. Abdominal cramps, urgency, nausea, and vomiting can accompany diarrhea, depending on the cause. Bacterial and viral infections, microorganisms in food and water, irritating foods, and medications can cause diarrhea. Treatment of diarrhea usually involves medication, an increase in certain fluids, and a change of diet.

Gastroesophageal Reflux Disease

Gastroesophageal reflux disease, commonly referred to as **GERD**, is a chronic condition in which the liquid contents of the stomach back up into the esophagus. The liquid can inflame and damage the lining of the esophagus. It can cause bleeding or ulcers. In addition, scars from tissue damage can narrow the esophagus and make swallowing difficult.

Heartburn is the most common symptom of GERD. **Heartburn** is the result of a weakening of the **sphincter** (*SFINK-ter*) **muscle** that joins the esophagus and the stomach. When healthy, this muscle prevents the leaking of stomach acid and other contents back into the esophagus. Stomach acid causes a burning sensation, commonly called heartburn, in the esophagus. If heartburn occurs frequently and remains untreated, it can cause **ulceration** (*ul-ser-AY-shun*).

Heartburn and GERD must be reported to the supervisor. These conditions are usually treated with medications. Serving the evening meal three to four hours before bedtime may help. The client should not lie down until at least two to three hours after eating. Providing the client with extra pillows so the body is more upright during sleep can help. Serving the largest meal of the day at lunchtime, serving several meals of small portions throughout the day, and reducing fast foods, fatty foods, and spicy foods may also help. Stopping smoking, not drinking alcohol, and wearing loose-fitting clothing are often helpful as well.

Peptic Ulcers

Peptic ulcers are raw sores in the stomach. A dull or burning pain occurs one to three hours after eating, accompanied by belching or vomiting. Peptic ulcers can cause bleeding, and stool may appear black (tarry). Ulcers are caused by excessive acid secretion. Treatment includes antacids and other medications, as well as a change in diet. Clients with peptic ulcers should

avoid smoking and drinking too much alcohol and caffeine, which increase the production of gastric acid.

Ulcerative Colitis

Ulcerative colitis (*UL-ser-a-tiv koh-LYE-tis*) is a chronic inflammatory disease of the large intestine. Symptoms include cramping, diarrhea, pain occurring on one side of the lower abdomen, rectal bleeding, loss of appetite, and weight loss. Ulcerative colitis is a serious illness that can cause intestinal bleeding and death if left untreated.

Medications can relieve symptoms, but they cannot cure ulcerative colitis. Surgical treatment may include a **colostomy** (*koh-LOS-toh-mee*), which is the diversion of waste to an artificial opening (**stoma**) through the abdomen. Stool is diverted through the stoma instead of the anus. Chapter 14 contains more information about colostomy care.

Colorectal Cancer

Colorectal (*koh-loh-REK-tal*) **cancer**, also known as *colon cancer*, is cancer of the gastrointestinal tract. Signs and symptoms include changes in normal bowel patterns, cramps, abdominal pain, and rectal bleeding. Colorectal cancer must be treated with surgery. More information about cancer is located later in the chapter.

8. Describe the endocrine system and related conditions

The endocrine system is made up of glands in different areas of the body (Fig. 9-33). **Glands** are organs that produce and secrete chemicals called hormones. **Hormones** are chemical substances created by the body that control numerous body functions. Hormones are carried in the blood to the various organs.

The functions of the endocrine system are to maintain homeostasis through hormone secretion, influence growth and development, maintain blood sugar levels, and regulate levels of calcium and phosphate in the body. The endocrine system also regulates the body's ability to reproduce and determines how quickly cells burn food for energy.

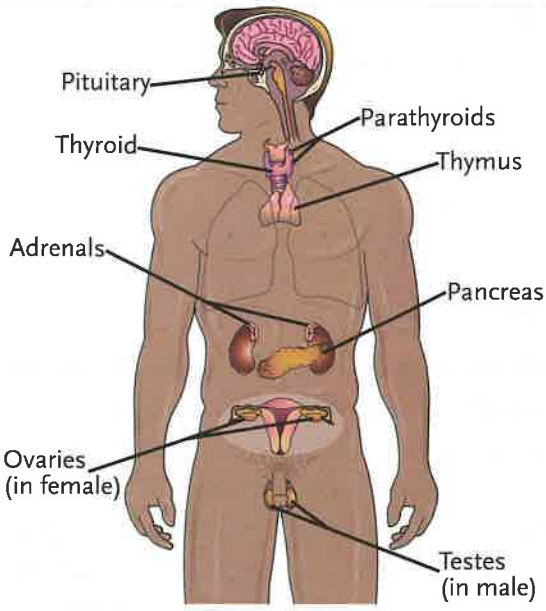


Fig. 9-33. *The endocrine system includes organs that produce hormones that regulate essential body processes.*

Observing and Reporting: Endocrine System

Observe and report these signs and symptoms:

- O/R Headache
- O/R Weakness
- O/R Blurred vision
- O/R Dizziness
- O/R Irritability
- O/R Sweating/excessive perspiration
- O/R Change in "normal" behavior
- O/R Confusion
- O/R Change in mobility
- O/R Change in sensation
- O/R Numbness or tingling in arms or legs
- O/R Weight gain or weight loss
- O/R Loss of appetite or increased appetite

- O/R Increased thirst
- O/R Frequent urination or any change in urine output
- O/R Hunger
- O/R Dry skin
- O/R Skin breakdown
- O/R Sweet or fruity breath
- O/R Sluggishness or fatigue
- O/R Hyperactivity

Diabetes

Diabetes mellitus, commonly called **diabetes** (*dye-a-BEE-tees*), occurs when the pancreas (*PAN-kree-as*) produces no insulin, too little insulin (*IN-su-lin*), or does not properly use insulin. **Insulin** is a hormone that works to move **glucose** (*GLOO-kohs*), or natural sugar, from the blood and into the cells for energy for the body. Without insulin to process glucose, these sugars collect in the blood and cannot get to cells. This causes problems with circulation and can damage vital organs.

Diabetes is common in people with a family history of the illness, in the elderly, and in people who are obese. Diabetes is a chronic disease that has two major types: type 1 and type 2.

Type 1 diabetes is usually diagnosed in children and young adults. In type 1 diabetes, the pancreas either produces no insulin or too little insulin. The condition will continue throughout a person's life. Type 1 diabetes is managed with daily injections of insulin or an insulin pump and a special diet. Regular blood glucose testing must be done.

Type 2 diabetes is the most common form of diabetes. In type 2 diabetes, either the body does not produce enough insulin or the body fails to properly use insulin. This is known as *insulin resistance*. Type 2 diabetes usually develops slowly. It is the milder form of diabetes. It typically develops after age 35; the risk of getting this type increases with age. However, the number of children with type 2 diabetes is growing rapidly. Type 2 diabetes often occurs in obese people or those with a family history of the disease. Type 2 diabetes can usually be controlled with diet and/or oral medications. Blood glucose levels should be tested regularly.

Other types of diabetes are prediabetes and gestational diabetes. **Prediabetes** is a condition in which blood glucose levels are above normal but are not high enough for a diagnosis of type 2 diabetes. Millions of people in the United States have prediabetes. Research indicates that some damage to the body, especially to the heart and circulatory system, may already be occurring during prediabetes. Prediabetes can be delayed or prevented with certain lifestyle changes, such as a change in diet, weight loss, and regular exercise.

Pregnant women who have never had diabetes before but who have high glucose levels during pregnancy are said to have **gestational diabetes**.

People with diabetes may have the following signs and symptoms:

- Excessive thirst
- Extreme hunger
- Frequent urination
- Unexplained weight loss
- Elevated blood sugar levels
- Glucose in the urine
- Sudden vision changes
- Tingling or numbness in hands or feet
- Feeling very tired much of the time
- Very dry skin
- Sores that are slow to heal
- More infections than usual

Diabetes can lead to further complications:

- Changes in the circulatory system can cause heart attack and stroke, reduced circulation, poor wound healing, and kidney and nerve damage.
- Damage to the eyes can cause vision loss and blindness.
- Poor circulation and impaired wound healing may result in leg and foot ulcers, infected wounds, and gangrene. Gangrene can lead to amputation.
- Insulin reaction and diabetic ketoacidosis can be serious complications of diabetes. Signs and symptoms of each are listed below.

Insulin Reaction and Diabetic Ketoacidosis

Insulin reaction and diabetic ketoacidosis are complications of diabetes that can be life-threatening. **Insulin reaction**, or **hypoglycemia** (*hye-poh-glye-SEE-mee-a*), can result from either too much insulin or too little food. It occurs when insulin is given and the person skips a meal or does not eat all the food required. Even when a regular amount of food is eaten, physical activity may rapidly metabolize the food so that too much insulin is in the body. Vomiting and diarrhea may also lead to insulin reaction in people who have diabetes.

The first signs of insulin reaction include feeling weak or different, nervousness, dizziness, and perspiration. These signal that the client needs food in a form that can be rapidly absorbed. A glass of milk, fruit juice, or water with sugar dissolved in it should be consumed right away. A glucose tablet is another quick source of sugar. The supervisor should be notified if a client has shown signs of insulin reaction. A fingerstick blood glucose test may need to be done right away. Other signs and symptoms include the following:

- Hunger
- Headache
- Rapid pulse
- Low blood pressure
- Cold, clammy skin
- Confusion
- Trembling
- Blurred vision
- Numbness of the lips and tongue
- Unconsciousness

Diabetic ketoacidosis (*KEE-to-a-si-DOH-sis*) (**DKA**) is caused by having too little insulin in the body. It can result from undiagnosed diabetes, infection, going without insulin or not taking enough insulin, eating too much, not getting enough exercise, or physical or emotional stress. The signs of the onset of diabetic ketoacidosis include increased hunger, thirst, or urination; abdominal pain; deep or labored breathing; and breath that smells sweet or fruity. The supervisor should be notified immediately if a client shows signs of diabetic ketoacidosis. The agency's policies and procedures regarding contacting emergency services should be followed. Other signs and symptoms of diabetic ketoacidosis include the following:

- Headache
- Weakness
- Rapid, weak pulse
- Low blood pressure
- Dry skin
- Flushed cheeks
- Drowsiness
- Nausea and vomiting
- Shortness of breath or air hunger (person gasping for air and being unable to catch his breath)
- Unconsciousness

Care Guidelines for Diabetes

Diabetes must be carefully controlled to prevent complications and severe illness. The care plan must be followed closely.

Guidelines: Diabetes

- **G** Follow diet instructions exactly. The intake of carbohydrates, including breads, potatoes, grains, pasta, and sugars, must be regulated. Meals must be eaten at the same time each day. The client must eat everything that is served. If a client refuses to eat what is directed, or if you suspect that she is not following the diet when you leave, report this to your supervisor. More information on diet for a person with diabetes is provided later in this chapter.
- **G** Encourage the client to follow her exercise program. Regular exercise is important. Exercise affects how quickly bodies use food, and it also helps improve circulation. Exercise may include walking or other active exercise (Fig. 9-34). It may also include passive range of motion exercises. Assist with exercise as necessary. Be positive. Try to make it fun. A walk can be a chore or it can be the highlight of the day.

Fig. 9-34. *Exercise programs are very important for clients with diabetes. They help to increase circulation and maintain a healthy weight.*

- **G** Observe the client's management of insulin. Doses are calculated exactly. They should be administered at the same time each day. Home health aides are not permitted to inject insulin. However, you may be asked to bring the insulin and supplies to the client, to check the expiration date, to store the insulin (usually in the refrigerator), and/or to keep a record of where on the body the insulin was injected. Know when clients take insulin and when their meals should be served. There must be a balance between the insulin level and food intake.
- **G** Perform blood tests as directed. A fingerstick blood glucose test is one type of blood test that may be used to check blood sugar. This is a simple test that is performed by quickly piercing the fingertip, then placing the blood on a chemically active disposable strip. The strip is inserted into a blood glucose meter, a special glucose monitoring machine (Fig. 9-35). The strip will indicate the result. Sometimes the care plan will specify a daily blood test for insulin levels. Not all states allow home health aides to do this. Know your state's rules. If allowed to assist with this procedure, your agency will train you how to do it. Always wear gloves when helping with glucose monitoring. Disinfect the blood glucose meter following manufacturer's instructions. A blood glucose meter should only be used by one person (not shared). Perform tests only as directed and allowed.

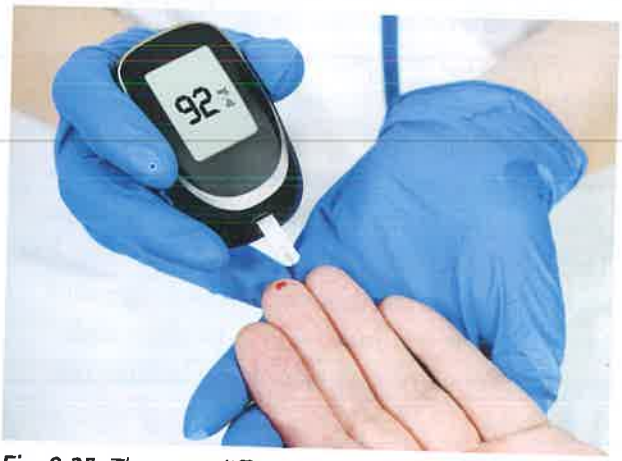


Fig. 9-35. *There are different types of equipment to measure glucose levels in the blood.*

G Proper foot care is vitally important for people with diabetes. Give foot care as directed. Because diabetes causes poor circulation, even a small sore on the leg or foot can grow into a large wound that may not heal. This can result in amputation. Careful foot care, including regular inspection, is very important (Fig. 9-36). The goals of diabetic foot care are to check for irritation or sores, to promote blood circulation, and to prevent infection.

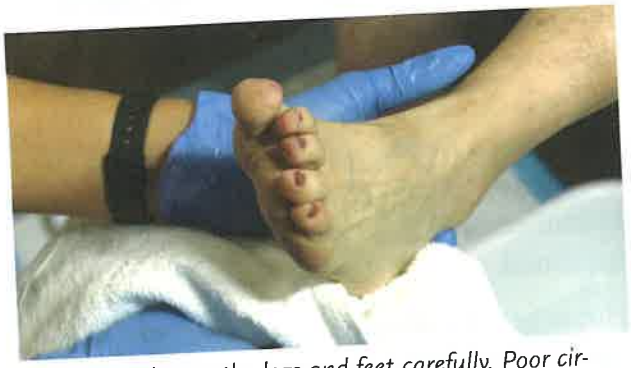


Fig. 9-36. *Observe the legs and feet carefully. Poor circulation can increase the risk of infection and the loss of toes, feet, or legs to gangrene.*

G Encourage clients to wear comfortable, supportive, well-fitting shoes that do not hurt their feet. Shoes made of material that breathes, such as leather, cotton, or canvas, help prevent buildup of moisture. To avoid injuries to the feet, clients should not go barefoot. Socks made of natural fibers such as cotton or wool are best because they absorb sweat. Socks should not be too tight. Home health aides should never trim or clip a client's toenails. Only a nurse or doctor should do this.

Report any of the following to your supervisor:

- Any sign of skin breakdown, especially on the feet and toes
- Visual changes, especially blurred vision
- Change in appetite (client overeating or not eating enough) or increased thirst
- Fruity or sweet-smelling breath
- Weight changes
- Nausea or vomiting
- Changes in urine output, any signs of urinary tract infection, fruity or sweet-smelling urine
- Change in mobility
- Numbness or tingling in the arms or legs
- Nervousness or anxiety
- Dizziness or loss of coordination
- Irritability or confusion

Providing foot care for a client with diabetes

Equipment: basin of warm water, mild soap, 2 washcloths, 2 towels, bath mat, lotion, clean socks, shoes or slippers, gloves

1. Wash your hands.
2. Explain the procedure to the client. Speak clearly, slowly, and directly. Maintain face-to-face contact whenever possible.
3. Provide privacy for the client.
4. Fill the basin halfway with warm water. Test water temperature against the inside of your wrist. Ensure it is safe. Water temperature should be no higher than 105°F. Have client check water temperature. Adjust if necessary.
5. Place the basin on the bath mat or a bath towel (protective barrier) on the floor (if the client is sitting in a chair) or on a towel at the foot of the bed (if the client is in bed). Make sure basin is in a position that is comfortable for the client. Support the foot and ankle throughout the procedure.
6. Put on gloves.
7. Remove the client's socks and completely submerge the client's feet in the water. Soak the feet for 15 to 20 minutes.
8. Put soap on a wet washcloth. Remove one foot from the water. Wash the entire foot gently, including between the toes and around the nail beds.

9. Rinse the entire foot, including between the toes.
10. Using a clean, dry towel or washcloth, pat the foot dry gently, including between the toes.
11. Repeat steps 8 through 10 for other foot.
12. Put lotion in one hand and warm it by rubbing your hands together.
13. Starting at the toes and working up to the ankles, gently rub lotion into the feet with circular strokes. Your goal is to increase circulation, so take several minutes on each foot. **Do not put lotion between the toes.** Remove excess lotion (if any) with a towel or washcloth. Make sure lotion has been absorbed and feet are completely dry.
14. Observe the feet, ankles, and legs for dry skin, irritation, blisters, redness, sores, corns, discoloration, or swelling.
15. Help the client put on clean socks and shoes or slippers.
16. Put used linens in the laundry. Pour water into the toilet and flush it. Clean and store the basin and supplies.
17. Remove and discard your gloves.
18. Wash your hands.
19. Document the procedure, including any abnormalities you observed on the feet or legs.

Meal Planning and Diabetes

People with diabetes must be very careful about what they eat. They must eat the right amount of the right type of food at the right time, and they must eat everything that is served. Calories and carbohydrates are carefully controlled, and protein and fats are also regulated. Foods that are high in sugar should be avoided, as they can cause problems with insulin balance.

The types and amounts of food are determined by nutritional and energy needs. A registered dietitian (RD) and the client will make up a **meal plan**, including snacks, that will include all of the right types and amounts of food for each day.

There are different methods of planning meals. The meal plan may use a carbohydrate-counting approach (often called *carb counting*). Carbohydrates raise the level of blood glucose. The amount of carbohydrates eaten, as well as the times they are eaten, must be regulated carefully. This helps keep blood glucose levels within a healthy range. The dietitian will determine the proper amount of carbohydrates for clients. Once the correct amount of grams of carbohydrates is determined, they need to be counted for each meal or snack. Nutrition labels need to be read, paying attention to serving size and carbohydrate content. Food portions may need to be measured.

Home health aides are not responsible for creating meal plans. A dietitian, along with the client, does this. However, if assigned to prepare food for the client, the HHA should follow the diet exactly. If the client is not following his diet, it should be reported to the supervisor. The ADA's website, diabetes.org, contains information about meal planning.

Hyperthryoidism (Overactive Thyroid Gland)

Hyperthyroidism (*high-per-THIGH-royd-ism*) is a condition in which the thyroid gland produces too much thyroid hormone. Body processes speed up and metabolism increases, causing weight loss, a rapid heartbeat, sweating, and nervousness. Hyperthyroidism is usually treated with medication. Occasionally, part of the thyroid is surgically removed.

Hypothryoidism (Underactive Thyroid Gland)

Hypothyroidism (*high-poh-THIGH-royd-ism*) is a condition in which the body lacks thyroid hormone. This causes body processes to slow down. It is an autoimmune disorder in which the body produces antibodies that attack the thyroid,

interfering with the production of thyroid hormone. Hypothryoidism is often caused by Hashimoto's thyroiditis. Symptoms of hypothyroidism include fatigue, weight gain, constipation, and intolerance to cold. Dry skin, hair loss, slow heart rate, and low blood pressure are other symptoms. Hypothyroidism is treated with thyroid hormone replacement therapy.

9. Describe the reproductive system and related conditions

The reproductive system is made up of the reproductive organs, which are different in men and women (Figs. 9-37 and 9-38). The reproductive system allows human beings to **reproduce**, or create new human life. Reproduction begins when a male's and female's sex cells (sperm and ovum) join. These sex cells are formed in the male and female sex glands. These sex glands are called the **gonads**.

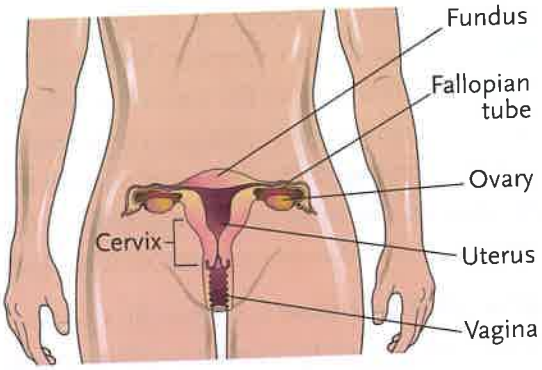


Fig. 9-37. The female reproductive system.

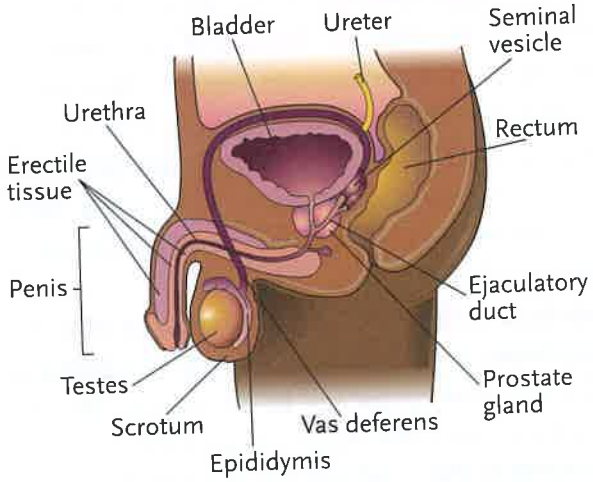


Fig. 9-38. The male reproductive system.

Observing and Reporting: Reproductive System

Observe and report these signs and symptoms:

- O/R Discomfort or difficulty with urination
- O/R Discharge from the penis or vagina
- O/R Swelling of the genitals
- O/R Blood in urine or stool
- O/R Breast changes, including size, shape, lumps, or discharge from the nipple
- O/R Sores on the genitals
- O/R Redness or rash on the genitals
- O/R Genital itching
- O/R Client reports erectile dysfunction (ED) (trouble getting or keeping an erection)
- O/R Client reports painful intercourse

Sexually Transmitted Infections

Sexually transmitted infections (STIs), or sexually transmitted diseases (STDs), are caused by sexual contact with an infected person. Sexually transmitted infections do not always have apparent signs and symptoms.

These infections are mostly transmitted through sexual contact, which includes sexual intercourse (vaginal and anal), contact of the mouth with the genitals or anus, and contact of the hands with the genital area. Some STIs can also be transmitted via needles during IV drug use, as well as during pregnancy or childbirth. The human immunodeficiency virus (HIV) and some kinds of hepatitis can be transmitted via needles, as well as through sexual contact. (HIV and AIDS are discussed in the next learning objective.)

Sexually transmitted infections cause a variety of signs and symptoms and health problems, which are detailed below. The transmission of some STIs can be reduced or stopped by using latex or polyurethane condoms.

Chlamydia infection is caused by organisms introduced into the mucous membranes of the reproductive tract. Chlamydia can cause serious infection, including pelvic inflammatory disease (PID) in women. PID can lead to infertility. Signs and symptoms of chlamydia infection include yellow or white discharge from the penis or vagina, burning during urination, swelling of the testes, painful intercourse, and abdominal and low back pain. Chlamydia is treated with antibiotics.

Syphilis is caused by bacteria. It can be treated effectively in its early stages, but if left untreated it can cause brain damage, mental health disorders, and even death. Babies born to mothers infected with syphilis may be born blind or with other serious birth defects. Syphilis is easier to detect in men than in women, due to open sores called **chancres** (*SHAYN-kers*) that develop on the penis soon after infection. In women, these sores may form inside the vagina.

The chancres are painless and can go unnoticed. If untreated, the infection progresses to rashes, headache, fever, weight loss, and muscle aches. Then, over time, if the infection is still not treated with penicillin or other antibiotics, it spreads to the heart, brain, and other vital organs. Untreated syphilis will eventually be fatal. The sooner the disease is treated, the better the person's chances of preventing long-term damage and avoiding infection of others.

Gonorrhea is caused by bacteria. Like syphilis, it is easier to detect in men than in women because many women with gonorrhea show no early symptoms. Men infected with gonorrhea will typically have a white, yellow, or green discharge from the penis. Painful or swollen testes and burning during urination are other common symptoms in men. Symptoms in women include cloudy vaginal discharge, along with vaginal bleeding between periods. Rectal itching, soreness, bleeding, or painful elimination of stool can occur in both men and women. If untreated, gonorrhea can cause blindness, joint infection, sterility, and pelvic inflammatory disease. Gonorrhea is treated with antibiotics.

Genital herpes, unlike the STIs discussed previously, is caused by a virus—herpes simplex type 1 (HSV-1) or type 2 (HSV-2). HSV-2 is generally the cause of genital herpes. Genital herpes cannot be treated with antibiotics, nor can it be cured. However, one type of medication makes it less likely that it will be transmitted to others. Once infected with genital herpes, a person may suffer repeated outbreaks of the disease for the rest of his life. A herpes outbreak includes burning, painful, red sores on the genitals that may take weeks to heal. The sores are infectious, but a person with genital herpes can spread the infection even when sores are not present.

Some people infected with genital herpes never experience repeated outbreaks. The later episodes may not be as painful as the initial outbreak. Treatment with antiviral medication can help people stay symptom-free for longer periods of time. The medication can also help lessen the duration and intensity of the episodes. Babies born to women infected with genital herpes can be infected during birth. Pregnant women experiencing an outbreak are usually delivered by Cesarean (*se-SAYR-ee-an*) section, or C-section.

Genital HPV infection is a sexually transmitted infection caused by human papillomavirus (HPV). HPV is a different virus than HIV and HSV (herpes). Genital HPV infection is spread primarily through genital contact and can infect the genital area of both men and women. This includes the penis, vulva, lining of the vagina, cervix, rectum, or anus. Many people have no signs or symptoms of HPV. Some HPV infections cause women to have an abnormal pap test. Genital warts may appear. They may also lead to the development of cervical cancer. Treatment to remove warts is done in a doctor's office or through the use of medication. There is no cure for HPV. However, an HPV vaccine, licensed by the Food and Drug Administration (FDA), is available and recommended for males

and females from age 9 to 26. It may help prevent genital warts and anal, vaginal, and vulvar cancers in women, and genital warts and anal cancer in men.

Vaginitis

Vaginitis, an inflammation of the vagina, may be caused by bacteria, protozoa (one-celled animals), or a fungus (yeast). Bacterial vaginosis occurs when there is an overgrowth of normal bacteria inside the vagina. Yeast infections are caused by an overproduction of a fungus called *Candida albicans*. Vaginitis may also be the result of hormonal changes after menopause. Women who have vaginitis have a white vaginal discharge, accompanied by itching and burning. Treatment of vaginitis includes oral medications, as well as vaginal creams or suppositories.

Benign Prostatic Hypertrophy (BPH)

Benign prostatic hypertrophy (**BPH**) (*be-NINE pros-TAT-ik HIGH-per-troh-fee*) is a disorder that is common in men over the age of 60. The prostate becomes enlarged and causes pressure on the urethra. This pressure leads to frequent urination, dribbling of urine, and difficulty starting the flow of urine. Urinary retention (urine remaining in the bladder) may also occur, causing urinary tract infection. Urine can also back up into the ureters and kidneys, causing damage to these organs. The cause of benign prostatic hypertrophy is unknown. Medications or surgery are used to treat this disorder. A test is also available to screen for cancer of the prostate. As men age, they are at increased risk for prostate cancer. Prostate cancer is usually slow-growing and responsive to treatment if detected early.

10. Describe the immune and lymphatic systems and related conditions

The immune system protects the body from disease-causing bacteria, viruses, and microorganisms in two ways. **Nonspecific immunity** protects the body from disease in general. **Specific immunity** protects against a particular disease that is invading the body at a given time.

The lymphatic (*lim-FAT-ik*) system removes excess fluids and waste products from body tissues and also helps the immune system fight infection. Closely related to both the immune and the circulatory systems, the lymphatic system consists of lymph vessels and lymph capillaries in which a fluid called **lymph** circulates (Fig. 9-39). Lymph is a clear, yellowish fluid that carries disease-fighting cells called **lymphocytes** (*LIM-foh-sytes*).

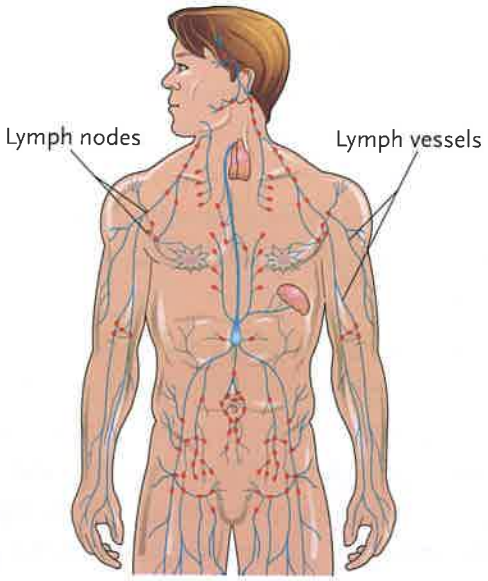


Fig. 9-39. *Lymph nodes work to fight infection and are located throughout the body.*

Unlike the circulatory system, in which the heart functions as a pump to move the blood, the lymph system has no pump. Lymph fluid is circulated by muscle activity, massage, and breathing.

Observing and Reporting: Immune and Lymphatic Systems

Observe and report these signs and symptoms:

- Recurring infections (such as pneumonia, diarrhea, and fevers)
- Swelling of the lymph nodes
- Increased fatigue

Acquired Immunodeficiency Syndrome (AIDS)

Acquired immunodeficiency (*im-YOUN-oh de-FISH-en-see*) **syndrome** (**AIDS**) is a disease caused by the **human immunodeficiency virus** (**HIV**). HIV attacks the body's immune system and gradually weakens and disables it. AIDS is caused by acquiring HIV through blood or body fluids from an infected person. AIDS is the final stage of HIV infection in which infections, tumors, and central nervous system symptoms appear due to a weakened immune system that is unable to fight infection. It can take years for HIV to develop into AIDS. However, not everyone who has HIV will get AIDS.

HIV is a sexually transmitted disease. It can also be spread through the blood by sharing needles from an infected person. More information on high-risk behaviors for contracting HIV, avoiding HIV, and transmission of HIV is in Chapter 5.

In general, HIV affects the body in stages. The first stage involves symptoms similar to flu, with fever, muscle aches, cough, fatigue, and swollen lymph glands. These are signs and symptoms of the body's immune system fighting the infection. As the infection worsens, the immune system overreacts and attacks not only the virus, but also normal tissue.

When the virus weakens the immune system in later stages, a group of problems may appear. These include opportunistic infections, tumors, and central nervous system symptoms that would not occur if the immune system were healthy. This stage of the disease is known as AIDS. The diagnosis of AIDS is made when a person's CD4+ lymphocyte (a type of white blood cell) count falls to 200 or below.

In the late stages of AIDS, damage to the central nervous system may cause memory loss, poor coordination, paralysis, and confusion. These symptoms together are known as **AIDS dementia complex**.

The following are the signs and symptoms of HIV infection and AIDS:

- Flu-like symptoms, including fever, cough, weakness, and severe or constant fatigue
- Appetite loss
- Weight loss
- Night sweats
- Swollen lymph nodes in the neck, underarms, or groin
- Severe diarrhea
- Dry cough
- Skin rashes
- Painful white spots in the mouth or on the tongue
- Cold sores or fever blisters on the lips and flat, white ulcers in the mouth
- Cauliflower-like warts on the skin and in the mouth
- Inflamed and bleeding gums
- Bruising that does not go away
- Susceptibility to infection, particularly pneumonia, but also to tuberculosis, herpes, bacterial infections, and hepatitis
- **Kaposi's sarcoma**, a rare form of skin cancer that appears as purple, red, or brown skin lesions
- ***Pneumocystis jirovecii* pneumonia** (*new-moh-SIS-tis yee-row-VET-zee new-MOH-nee-a*), a lung infection
- AIDS dementia complex

Opportunistic infections, such as pneumonia, tuberculosis, and hepatitis, invade the body because the immune system is weak and cannot defend itself. These illnesses complicate AIDS. They further weaken the immune system. It is difficult to treat these infections because generally, over time, a person with AIDS develops resistance to some antibiotics. These infections can cause death in people with AIDS.