Module 5: The Caregiver

Lesson 1: The Professional Caregiver

Key Terms

- **Activities of daily living (ADLs):** everyday personal care activities including bathing, bed mobility, eating, personal hygiene, medication assistance, walking/locomotion, transfers, and toileting.
- **Advocating**: to speak up or take action for someone else.
- **Common care practices**: general practices that caregivers use during personal care to promote a client's rights, dignity, comfort, and safety.
- **Instrumental activities of daily living (IADLs**): routine tasks at home or in the community such as cooking, shopping, cleaning, and paying bills.

- **Monitor**: to carefully observe or supervise a person or situation.
- **Nurse delegation (WAC 388-112A-0550**): when a licensed registered nurse transfers (teaches) a specific task for an individual client to a qualified long-term care worker. Nurse delegation is only allowed in some care settings.
- **Observation**: to watch, listen, or otherwise notice significant details about a client's physical, mental, and emotional state.
- **Personal care services**: tasks done to help a client with activities of daily living and instrumental activities of daily living.
- Professional boundaries: appropriate limits in a job relationship.
- **Prosthesis**: an artificial body part such as a leg, arm, breast, or eye

- The Professional Caregiver
  - A Home Care Aide is a professional caregiver.
  - See Home Care Aide Roles in Different Care Settings in the Resource Directory on page 276 for more information.
- Providing Personal Care:
  - Personal care tasks are the routine activities that we do to take care of ourselves. They include bathing, eating, and other self-care tasks that keep us clean, healthy, and well.
  - The client receives specific personal care services depending on their needs and preferences.

Activities of Daily Living (ADLs)

- ADLs are the tasks we do to meet the basic needs of our everyday lives.
- Bathing: taking a full-body bath/shower, sponge bath, or transferring in/out of tub/ shower
- Bed mobility: moving to and from a lying position, turning side to side, and positioning their body while in bed
- Body care: includes passive range of motion, applications of dressings (requires nurse delegation) and ointments or lotions to the body (may require nurse delegation), pedicure to file or trim toenails and apply lotion to feet Please be aware that body care DOES NOT include: • foot or nail care for clients who are diabetic or have poor circulation; and • changing bandages or dressings when sterile procedures are required.

- Dressing: putting on, fastening, and taking off all items of clothing, including a prosthesis
- Eating: eating and drinking, regardless of skill. Eating includes any method of receiving nutrition such as by mouth or tube (may require nurse delegation).
- Locomotion in room and immediate living environment:moving between locations in a room and immediate living environment. This might include walking or using a wheelchair or scooter. Also called “ambulation.”
- Locomotion outside of immediate living environment, including outdoors:moving to, and returning from, locations outside immediate living environment such as a patio or porch, backyard, the mailbox, or the next-door neighbor, etc. This might include walking or using a wheelchair or scooter. Also called “ambulation.”

- Medication management: receiving prescription or over-the-counter (OTC) medications, preparations, or herbal supplements. Some medication management requires nurse delegation
- Toilet use: using the toilet room, commode, bedpan, or urinal, transferring on/off toilet, cleansing the perineum, changing pads, managing an ostomy or catheter, and adjusting clothes
- Transfer: moving between surfaces (e.g. to/from bed, chair, wheelchair, shower chair). This may include cueing, hands-on assistance, or mechanical lifts.
- Personal hygiene: maintaining personal hygiene, including combing hair, brushing teeth, denture care, applying makeup, washing/drying face, hands, and menstruation care

Instrumental Activities of Daily Living (IADLs)

- IADLs are routine activities around the home or in the community. Some Home Care Aides might also assist with these household tasks.
- Meal preparation: planning meals, cooking, assembling ingredients, setting out food and utensils, and cleaning up after meals
- Ordinary housework: performing ordinary work around the house (e.g. doing dishes, dusting, making bed, tidying up, laundry
- Essential shopping: shopping for food, medical necessities, and household items to meet a client's health and nutritional needs. This includes shopping with or for a client.

- Wood supply: splitting, stacking, or carrying wood (when the client uses wood as the sole source of fuel for heating and/or cooking).
- Travel to medical services: traveling by vehicle to a medical office or clinic in the local area to obtain medical diagnosis or treatment. This includes a client driving a vehicle or traveling as a passenger in a car, bus, or taxi.
- Managing finances: paying bills, balancing a checkbook, managing household expenses. Although you may see this listed on a DSHS care plan, this task is normally done by family or friends of the client. DSHS does not pay caregivers to assist with managing finances
- Telephone use: receiving or making telephone calls, including the use of assistive devices such as large numbers on telephone or amplification as needed.

Level of Support.

- Every client needs a different level of support with personal care tasks. There are five levels of support on a DSHS CARE plan:
- • **Independent**: There are no safety concerns, and the client does not need any help or reminders with this specific task.
- • **Supervision**: The client can complete the task safely, but you will monitor to make sure. You may need to remind the client or coach them as they complete the task. Supervision does not include any hands-on support.

- **Limited Assistance**: The client is highly involved in the task but needs some hands-on assistance. You might help guide their hands or arms as they complete the task. Limited Assistance does not include any weight bearing support.
- • **Extensive Assistance**: The client needs weight bearing support or full assistance during parts of the task. You will need to support the client's weight or complete parts of the task for them.
- • **Total Dependence**: The client is unable to participate in any part of the task. You will need to do all parts of the task for the client.

Observing, Documenting, and Reporting

- Observing Changes from Baseline
  - A client's physical, mental, and emotional condition may improve or decline over time. You need to know the client's baseline and monitor carefully to recognize any changes.
- . Documenting observations means keeping a written record of any changes or concerns about a client. You must learn the documentation policies in your own care setting.
  - use a blue or black pen (do not use a pencil), your narrative is part of the permanent record; • write clearly and legibly; • do not use abbreviations that are not widely used; • include the correct date and time; • make sure your documentation is complete: o Description: what happened, when, and who was there? o Action: What did you, as the caregiver, do about the problem/issue/incident? o Response: How did the client respond to the problem, incident, or issue and your actions? What was the outcome? • sign your notes; and • never change or erase a record.
- Remember to always follow the specific rules and procedures around documenting and reporting in your care setting.

Professional Conduct and Boundaries

- Attendance :
  - The client, the rest of the care team, and your employer rely on you to come to work on time and as scheduled. Organize your personal life, such as transportation and child care, so you can keep your work obligations.
- Emergencies and Time Off
  - When you are absent or late because of an emergency, call your employer as soon as possible.
- Illness
  - Stay home from work if you have symptoms of a contagious illness such as vomiting, diarrhea, or fever

- Job Performance
  - To provide the best care possible, stay focused on your job while you are at work.
- Getting Organized
  - Make sure you understand your assigned duties and create a plan to get them all done.
- Getting Ready for Work
  - Preparing yourself mentally and physically for work each day will help you do your job well.

- Hair
  - Keep your hair clean, neat, and pulled back out of your face.
- Jewelry
  - Make sure your jewelry will not get in the way when you are performing care tasks. Avoid sharp jewelry that might tear a client's skin. Avoid dangling earrings and long necklaces because these can get caught or pulled and cause injury.
- Shoes
  - Wear shoes that you can work in comfortably and safely. Shoes must be closed-toe and should have slip-resistant soles. Tennis shoes, sneakers, or low oxfords are best.
- Clothing
  - Wear clean, comfortable clothing that you can move in. Clothes that are too tight can restrict movement, and baggy clothes may get caught and cause accidents. You may often work in a person's home or in a "home like" setting. Dress in clothing that is appropriate to the environment you are working in, or wear a uniform as outlined by your employer.
- Perfume
  - Avoid wearing perfume, fragrance or any other scented products. Many people have allergies or are sensitive to odors.
- Fingernails
  - Fingernails should be clean, filed smoothly, and short enough to prevent injury. Long fingernails can scratch, cut, pinch, or carry germs underneath them.
- Hygiene
  - Daily oral and body hygiene will help you and the client feel comfortable and stay healthy

Professional Boundaries

- Professional boundaries are the limits to your relationship with a client.
- Setting Boundaries:
  - Think about caregiving as your job and try to separate it from your personal life
- Warning Signs
  - spending your free time with a client; • sharing personal information or work complaints with a client; • giving special attention to one client over another; • keeping secrets with a client; or • taking gifts or money from a client.
- Maintaining Boundaries
  - Part of your job each day is to maintain your professional boundaries.

Preparing for and Responding to Emergencies

- Protecting client safety is a daily priority for a Home Care Aide. In an emergency situation, you are responsible for keeping the client safe.
- Prevent Accidents:
  - Practicing good safety habits can prevent accidents and injury.
- Responding to a Medical Emergency
  - Call 911 right away if a client experiences any of the following medical emergencies: • bleeding that will not stop; • breathing problems (difficulty breathing, shortness of breath); • change in mental status (such as unusual behavior, confusion, difficulty arousing); • chest pain; • choking; • coughing up or vomiting blood; • fainting or loss of consciousness; • head or spine injury; • mental health crisis, such as if someone is a danger to themselves or someone else; • severe or persistent vomiting; • sudden injury due to burns or smoke inhalation, deep or large wound, etc.; • sudden, severe pain anywhere in the body; • sudden dizziness, weakness or change in vision; • swallowing a poisonous substance; or • upper abdominal pain or pressure. Stroke and heart attack are common medical emergencies among older adults. Know the signs of each.

- Heart Attack Signs and Symptoms
  - • Pain or discomfort in the chest • Lightheadedness, nausea or vomiting • Jaw, neck or back pain • Discomfort or pain in the arm or shoulder • Shortness of breath • Indigestion/heart burn • Extreme fatigue

- Stroke Signs and Symptoms •
  - Numbness or weakness on one side of the body • Confusion or trouble speaking or understanding • Trouble seeing • Trouble walking or loss of balance • Severe headache with no known cause If you think your client might be having a stroke, B.E. F.A.S.T.

Preparing for Fire and Natural Disasters Emergencies

- can happen at any time, even in your first weeks on the job. From day one, think about how you would respond to a: • medical emergency, • fire, • earthquake, • flood, and • power outage.
- Adult family homes, enhanced service facilities and assisted living facilities have plans, policies and procedures for responding to emergencies and disasters
- Make sure you know the emergency evacuation procedure for your care setting. You also need to know the location of telephones, fire extinguishers, first-aid kits, and flashlights or emergency lighting.

Responding to a Fire

- The appropriate first response to a fire emergency depends on the situation.
- In general, follow the guidelines listed below. • Always help the client get to safety before you do anything else; • call 911 and report the fire - use a cell phone or a neighbor’s phone if necessary; and • if you must leave the home/building, stay as low as possible when exiting; there is less smoke closer to the floor.
- R= Rescue =Remove everyone from the
- A= Alarm=. Sound an alarm or call for assistance.
- C= Confine the area =vicinity Close doors and windows in the area.
- E= Extinguish=immediate Extinguish the fire if it is confined to a small area and if you feel confident to do so

Severe Heat

- Severe heat (above 90°F / 32°C) can cause illness and death.
- It is especially dangerous for people who are older, have health problems, or take certain medications.
- Home Care Aides must know how to help **clients stay cool, recognize symptoms of heat-related illness**, and **respond to emergency situations. Page 97**

Staying Cool

- Helping clients stay cool and hydrated is the best way to prevent heat-related illness.
  - • Stay inside. If going outside, limit time in heat to 10 minutes, wear sunscreen and a wide brimmed sunhat and do not over-exert. •
  - Keep shades, blinds, and curtains closed during the day. Open windows only at night, and only if it is cool outside.
  - • Use air conditioning and fans. (Note: fans alone are not enough to prevent heat-related illness if the temperature is in the high 90s or above.)
  - • Wear loose, lightweight, light-colored clothes.
  - • Take cool (not cold) showers or baths.
  - • Encourage the client to rest.
  - • Do not use the oven to cook. Offer cool meals and snacks.
  - • To help lower a client's body temperature, place cool cloths soaked in cool water on the back of their neck, wrists, ankles, and armpits.

Staying Hydrated

- Our bodies use water to stay cool when it is hot, so it is important to help clients stay hydrated.
  - • Offer plenty of liquids without alcohol, caffeine, or sugar. If a doctor has told the client to limit liquids, ask the doctor what to do in hot weather
  - . • Encourage clients to drink regularly, even if they do not feel thirsty.
  - • Gelatin, popsicles, and ice chips are a good way to get liquids in for clients who do not like to accept fluids.
  - • Eat frozen fruit like grapes, peaches, or pineapple chunks
  - . • The body loses salt when it sweats. This can cause heat cramps. Drinking fruit juice, vegetable juice, and sports drinks can help prevent or relieve heat cramps.

Symptoms of Heat-Related Illness

- At the first sign of any of these symptoms, move the client to a cooler location, have them rest and slowly drink cool water. Use cool cloths or a cool bath to help lower their body temperature. • Heavy sweating • Cold, pale skin • Fast, weak pulse • Nausea or vomiting • Muscle cramps • Tiredness or weakness • Dizziness • Headache • Feeling faint

Heat Stroke

- The following are symptoms of heat stroke, an emergency condition that requires immediate medical attention. • A temperature of 103°F or hotter • Hot red dry or damp skin • Not sweating, even if it is hot • Fast strong pulse • Changes in behavior, such as confusion, agitation, lethargy, staggering, being grouchy, or acting strangely • Passing out/losing consciousness

Calling 911

When calling 911:

- • stay calm; • briefly describe the problem;
- • give the address and the nearest major street or intersection; and
- • stay on the phone and follow the directions of the dispatcher.

Lesson 2: Mandatory Reporting and Preventing Mistreatment

- Mandatory Reporting
- Recognizing Signs of Abuse, Neglect, and Exploitation
- "Abuse" means the willful action or inaction that inflicts injury, unreasonable confinement, intimidation, or punishment on a vulnerable adult.
- Types of Abuse

Sexual Abuse

- “Sexual abuse” includes any form of non-consensual sexual conduct, including but not limited to unwanted or inappropriate touching, rape, sodomy, sexual coercion, sexually explicit photographing, and sexual harassment.
- Signs of sexual abuse include: • bruises around the breasts or genital area; • genital infections, vaginal or anal bleeding; • difficulty walking or sitting; • torn, stained, or bloody underclothing; • the vulnerable adult refuses to bathe; or • the vulnerable adult reports being sexually abused.

Physical Abuse

- “Physical abuse” means the willful action of inflicting bodily injury or physical mistreatment.
- Physical abuse includes, but is not limited to, striking with or without an object, slapping, pinching, choking, kicking, shoving, or prodding.
- Signs of physical abuse include: • bruises, black eyes, welts, cuts; • broken or fractured bones; • untreated injuries in various stages of healing; • unexplained injuries; • broken eyeglasses/frames; or • sudden change in behavior or unexplained withdrawal from normal activity; • signs of being restrained (bruising or unexplained marks on wrists, rope burn); • the vulnerable adult downplays injuries; • the vulnerable adult is reluctant to go to a doctor or changes doctors often; or • the vulnerable adult reports being harmed.

Mental Abuse

- “Mental abuse” means a willful verbal or nonverbal action that threatens, humiliates, harasses, coerces, intimidates, isolates, unreasonably confines, or punishes a vulnerable adult.
- Mental abuse may include ridiculing, yelling, or swearing.
- Signs of mental abuse include: • being emotionally upset, agitated, or anxious; • unusual behaviors (sucking, biting, rocking); • being extremely withdrawn or fearful; • nervousness around certain people; • depression or nightmares; or • the vulnerable adult reports being mentally abused.

Personal Exploitation

- “Personal exploitation” means an act of forcing, compelling, or exerting undue influence over a vulnerable adult causing the vulnerable adult to act in a way that is inconsistent with relevant past behavior, or causing the vulnerable adult to perform services for the benefit of another

Financial Exploitation

- “Financial exploitation” means the illegal or improper use of the property, income, resources, or trust funds of the vulnerable adult.
- Examples include illegally withdrawing money out of another person’s account, forging checks, or stealing things from the house.
- Signs of financial exploitation include: • putting additional names on bank accounts; • unauthorized ATM withdrawals; • missing checks; • sudden changes of a will or other financial documents; • using or taking a vulnerable adult’s property or possessions without permission; • unpaid bills; • telemarketing scams – which use lies, tricks, and threats to get a vulnerable adult to send money; • unexplained transfer of assets to others (e.g. stocks, bonds, deeds, titles); • sudden appearance of previously uninvolved relatives claiming money and/or possessions; or • the vulnerable adult reports exploitation.

Neglect

- “Neglect” is when a person with a responsibility for a vulnerable adult fails to provide necessary goods or services, fails to prevent physical or mental harm, or puts the vulnerable adult in danger.
- Examples include not providing basic items such as food, water, clothing, a safe place to live, medicine, or health care, etc.
- Signs of neglect include: • untreated injuries, health, or dental problems; • vulnerable adult does not have the right type of clothing for the season; • lack of food; • hazardous, unsanitary, or unsafe living conditions (i.e. no heat, no running water); • animal or insect infestation; • empty or unmarked medicine bottles or outdated prescriptions; • loss of eyeglasses, dentures, or other assistive devices; • untreated pressure injuries; • soiled clothing or bed; • the vulnerable adult is dirty or smells of urine or feces; or • the vulnerable adult reports neglect.

Abandonment

- “Abandonment” means action or inaction by a person or entity with a duty of care for a vulnerable adult that leaves the vulnerable person without the means or ability to obtain necessary food, clothing, shelter, or health care.
- Examples include deserting a vulnerable adult in a public place, leaving a vulnerable adult at home without the means of getting basic life necessities, or a caregiver working in a client’s home who quits without notice.
- Signs of abandonment include: • the vulnerable adult is left in a public place without the means to care for themselves; • the vulnerable adult is left alone at home and not able to care for themselves safely; • the caregiver does not show up to provide needed care resulting in an unsafe situation for the vulnerable adult; the caregiver quits without notifying case manager, supervisor, the vulnerable adult, or the vulnerable adult’s contact; • the vulnerable adult reports abandonment; • not following the care plan; • mismanaging medications; or • failure to address or report health concerns.

Self-neglect

- “Self-neglect” means the failure of a vulnerable adult, who is not living in a facility, to provide for themselves the goods and services necessary for their own physical or mental health, impairing their wellbeing.
- This definition may include a vulnerable adult who is receiving services through home health, hospice, or a home care agency, or an individual provider when the neglect is not a result of inaction by that agency or individual provider.
- Signs of self-neglect include: • hoarding; • not enough food or water; • hazardous, unsafe, or unsanitary living conditions; • inappropriate and/or inadequate clothing; • inadequate medical care, not taking prescribed medications properly

Making a Report

- You can make a report online or over the telephone.
- Reporting by Telephone You may contact any of the following:
  - DSHS's ENDHARM hotline: 1-866-ENDHARM (1-866-363-4276)
  - Adult Protective Services: 1-877-734-6277 (TTY: 1-833-866-5595)
- Contact APS for reports of allegations of abuse, abandonment, neglect, self-neglect and financial exploitation of vulnerable adults living in the community and in facilities.
- Complaint Resolution Unit: 1-800-562-6078 (TTY 1-800-737-7931)
- Contact CRU to report concerns regarding a person living in a facility (e.g. a nursing home, adult family home, Assisted Living, enhanced services facility, intermediate care for individuals with intellectual disabilities) or receiving supported living services.

- Online Reporting Online reporting is available 24 hours a day, seven days a week.
  - To make a report, visit: www.dshs.wa.gov/altsa/reportadultabuse
- If you are an employee of a residential facility, please complete a Residential Care Services Online Report: www.dshs.wa.gov/altsa/residential-care-services/ residential-care-services-online-incident-reporting Also report suspected abuse, neglect, or exploitation to your supervisor right away. The resident will be protected and an investigation will begin immediately.