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MANDATORY TRAININGS AND IN-SERVICE TABLE OF CONTENTS

No.	Training / In-Service Topic	Status
1	Abuse and Neglect	Completed
2	Blood Borne Pathogens	Completed
3	Tuberculosis (TB) Training	Completed
4	Infection Control	Completed
5	Emergency Preparedness	Completed
6	HIPAA Training (Privacy and Confidentiality)	Completed
7	Cultural Diversity and Sensitivity	Completed
8	Caring for Patients with Dementia	Completed
9	Alzheimer's Disease Education and Awareness	Completed

ELDER ABUSE AND NEGLECT: PREVENTING, RECOGNIZING, AND REPORTING*:* TEACHING PLAN

Lesson overview

Time: One hour

This lesson is required by many state regulatory agencies on an annual basis for staff in facilities that care for the elderly. It covers the prevention, recognition, and reporting of elder abuse and neglect.

Learning goals

At the end of this session, the learner will be able to:

1. Define different kinds of abuse and neglect.
2. Identify symptoms of caregiver stress that could lead to abuse or neglect.
3. List ways to prevent abuse and neglect.
4. Recognize signs of abuse and neglect.
5. Know how to report elder abuse and neglect.

Teaching plan

Give each learner a copy of the corresponding Learning Guide. For self-study, the learner may read this Teaching Plan and the Learning Guide and take the test.

Types of abuse

Introduce the lesson to your learners by asking them to do the "Ways Elders are Abused" Matching Activity on the Learner Guide, either individually or as a group. Answers: 1.d; 2.c; 3.b; 4.e; 5.a; 6.f. Ask if anyone can add anything to "Other Ways Elders Are Abused."

Who are the victims?

State that the typical abuse victim lives with and depends on a family member for daily care, but abuse is also a problem in institutional settings. Most victims are female, age 75 or over, with a mental or physical illness. Most are completely dependent on the abuser.

Who are the abusers?

State that most abusers are relatives who take care of the elderly person. The abusers may have problems such as alcohol or drug dependence, emotional or mental illness, or stress. Many times the abusers need as much help as the victim.

Caregiver stress

Explain that caregiver stress can be a problem for anyone caring for the elderly, and that this can lead to abuse. Instruct the learners to fill out the questionnaire "Are You an Overly Stressed Caregiver?" Ask for discussion. Point out that this questionnaire could be used for family caregivers as well.

Preventing abuse and neglect

Point out the ideas for preventing abuse at the bottom of the Learner Guide's first page. State:

1. Professional caregivers have valuable skills about ways to care for the elderly. *Work is less stressful when we know how to do it well.* We can also teach these skills to family members.
2. We can help each other by listening while we vent frustrations and by working together to solve problems. We can help family members by listening to their frustrations.
3. We must observe the elderly person's rights at all times, and teach them to others.

Recognizing abuse and neglect

Review the signs of abuse and neglect, and point out that some of these could happen even in a facility that cares for the elderly. Everyone should be alert to the signs.

Ask volunteers to read the case studies to the group. Call for answers and discussion. Answers: 1. verbal; 2. rights violation; try putting the mattress on the floor; 3. physical; document and report the bruises to supervisor, supervise visits between Mrs. Johnson and her son, and supervisor report possible abuse to authorities.

Reporting abuse and neglect

Explain your agency's and your state's reporting procedures, giving the appropriate regulatory agency's name and number to the learners.

Give learners a copy of the statement of resident or elder rights for your state.

Elder abuse: Any mistreatment or neglect of an elderly person. ***Everyone has the right to be treated with respect.***

There is no acceptable excuse for abuse and neglect of the elderly, but recognizing and preventing the problem of caregiver stress may help prevent some elder abuse.

Ways elders are abused

Match the Definition to the Term:

1. _____ **Psychological abuse**
2. _____ **Neglect**
3. _____ **Physical abuse**
4. _____ **Rights violations**
5. _____**Financial abuse**
6. _____**Sexual abuse**

a. Stealing or mismanaging the money, property, or belongings of an older person. Also called *exploitation*.
b. Using physical force to cause physical pain or injury.
c. Failing to provide something necessary for health and safety, such as personal care, food, shelter, or medicine.
d. Causing emotional or psychological pain. Includes isolation, verbal abuse, threats, and humiliation.
e. Confining someone against his will, or strictly controlling the elder's behavior. Includes improper use of restraints and medications to control difficult behaviors.
f. Forcing sexual contact without the elder person's consent, including touching or sexual talk.

Other Ways Elders Are Abused:

Overmedicating
Denying aids such as walkers, eyeglasses, or dentures
Dirty living conditions
Inadequate heating and air conditioning

Are you an overly stressed caregiver?

Answer these questions "yes" or "no."

1. I am frequently unable to sleep because I have so much on my mind. _____
2. Most of the time I don't feel very good. _____
3. I have difficulty concentrating, and often forget to do routine tasks. _____
4. I feel depressed or sad much of the time. _____
5. I feel worried and anxious almost all the time. _____
6. I lose my temper easily and become angry at other people. _____
7. I don't think there's anything wrong with me; I just wish everyone else would stop doing things that upset me. _____
8. Most days I feel irritable and moody, often snapping at others. _____
9. I feel tired almost all the time, and just drag myself through my days. _____
10. I'm too busy to do anything fun or to go out with my friends. _____

Any "yes" answers could be a sign of excessive stress. More than three "yes" answers should prompt you to talk to your supervisor or physician about the way you are feeling.

Caregivers who are feeling too much stress are more likely to be abusive or neglectful of the people in their care. To be a good caregiver, you must care for yourself as well as others.

Signs of elder abuse and neglect

Be concerned if you see an elderly person showing these new behaviors or signs:

Personality and behavior changes:

1. Becoming withdrawn, unusually quiet, depressed, or shy.
2. Becoming anxious, worried, easily upset.
3. Refusing care from caregivers.
4. Not wanting to be around people, not wanting to see visitors.

Physical signs:

1. Bruises or burns
2. In a woman, vaginal bleeding or bruising of the genitals or thighs
3. Fractures
4. Unreasonable or inconsistent explanations for injuries
5. Frequent emergency room visits

Signs of possible neglect:

1. Weight loss, malnutrition, or dehydration
2. Insufficient clothing, shoes, or basic hygiene items
3. Medications not filled or taken
4. Doctor visits not scheduled or kept
5. Unclean appearance or smell
6. Skin ulcers or sores
7. Declining health

While most of these things are controlled in an institution, it is possible for any of them to occur anywhere. Abusive or neglectful caregivers can be professionals as well as family members. It is important for everyone to be alert to the signs.

Case studies

What kind of abuse or neglect is happening in these stories?

1. Mr. Allen appears in the kitchen in only his underwear. He is yelling that someone has stolen his clothes. An attendant tries to steer him back to his room, but he refuses to go. The attendant says, "Mr. Allen, if you don't get dressed we're going to lock you in your room."

   A threat is a type of _____ abuse.

2. Mrs. Maguire falls out of bed almost every night. She can't manage to raise and lower bed rails without assistance, and she can't remember to use her call light. The agency decides to use bed rails anyway so she won't fall out. Mrs. Maguire is forced to stay in her bed all night and can't get up to the bathroom unless someone comes and helps her.

   Forced confinement is a type of

   _____

   What is a better solution to this problem?

   _____

3. Mrs. Johnson receives infrequent visits from her son, but every time he comes, you notice fresh bruises on her arms within a day of his visit. Mrs. Johnson insists they are nothing. This might be _____ abuse. What should be done?

REPORTING ABUSE OR NEGLECT

Anyone who knows of an elderly person being abused or neglected is obligated to notify the proper authorities. Reporting procedures vary by state. ***Any aide who suspects abuse of a resident by either a family member or another professional caregiver should first report it to his or her supervisor.*** You should become familiar with any statements of rights that your state has issued to protect the elderly and residents of care facilities—ask your supervisor for a copy.

Every state has an office or department that deals with abuse and neglect of the elderly. There are different names for these offices: Human Services, Adult Protective Services, Health and Welfare, Department of Aging, etc. Write the name and number of your state agency here:

_____

This is the place to call when you know of, or suspect, elder abuse or neglect.

ELDER ABUSE AND NEGLECT: TEST

Name: _____ Date: _____ Score: _____

(Need 8 correct answers to receive certificate)

Circle the right answers—some questions have more than one correct answer.

1. If you know of, or suspect, abuse or neglect of an elderly person, you should first:
   a. Confront the staff member or family member that you suspect of doing the abuse.
   b. Call the state agency that accepts abuse reports.
   c. Report it to your supervisor.

2. Some causes of abuse and neglect are:
   a. Caregiver stress.
   b. Emotional or mental illness.
   c. Alcohol or drug use.

3. Threatening an elderly person with punishment for not doing what you tell them to is:
   a. Acceptable if done with a soft tone of voice.
   b. Verbal abuse, and never acceptable.
   c. Useful in disciplining an older person.

4. Exploitation is a form of abuse that involves:
   a. Physical harm.
   b. Emotional harm.
   c. Misuse or theft of money, property, or other financial assets.

5. Some good ways to help prevent abuse are:
   a. Education, counseling, and support groups
   b. Listening, teaching caregiving skills, and communicating
   c. None of the above

6. Symptoms of possible abuse include the following:
   a. Dementia
   b. Becoming unusually quiet or withdrawn
   c. Bruises or burns

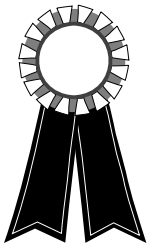
7. Symptoms of possible neglect include the following:
   a. Necessary medical visits not scheduled or kept
   b. Too many outside activities
   c. Lack of basic hygiene items and adequate clothing

8. Write the phone number of the state agency that accepts abuse and neglect reports: _____

9. Improper use of bedrails or other restraints is considered:
   a. Physical abuse
   b. Rights violation
   c. Emotional abuse

10. Abuse and neglect will not occur if we remember that everyone has the right to be treated with _____

Certificate of Achievement



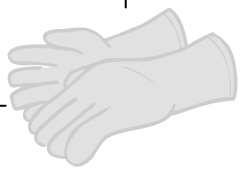
Awarded to: _____

For Completing the One-Hour Course Entitled
"Abuse and Neglect: Preventing, Recognizing, and Reporting"

Date of Course: _____ **Presented by:** Amos Wangombe MHCDS, RN

Facility: Joska Healthcare Solutions

Bloodborne pathogens and Standard Precautions



Teaching plan

To use this lesson for self-study, the learner should read the material, do the activity, and take the test. For group study, the leader may give each learner a copy of the Learning Guide and follow this Teaching Plan to conduct the lesson.

Objectives

Participant will be able to:

- Discuss harmful organisms that may be present in blood.
- Demonstrate precautions to prevent the spread of bloodborne diseases.
- Discuss procedures to follow after exposure to blood or body fluids.
- Understand the importance of vaccination against Hepatitis B.

Lesson

Write this matching quiz on a board or poster. Do not draw the connecting lines.

Pathogens	There is no vaccine against it.
Hepatitis B	These should be used with certain types of diseases.
Hepatitis C	There is a vaccine against it.
Standard Precautions	This is the best way to prevent the spread of disease.
Additional Precautions	These are tiny organisms that can cause disease.
Handwashing	These should be used at all times.

Ask a participant to draw one line matching an item in the left column with an item in the right column. Encourage the participant to ask others in the group for opinions if needed. Do the same thing with five other participants, until all the lines have been drawn connecting the phrases.

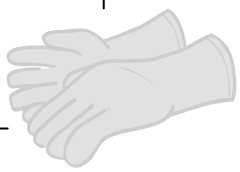
Hand out copies of the learning guide to participants. Lecture on the material in the guide, allowing for questions and discussion. Or, ask participants to read portions of the guide and tell the rest of the group what they learned.

Discuss the pyramid chart until everyone understands it. You may want to post it on an employee bulletin board as a reminder of infection control precautions. If possible, demonstrate proper handwashing technique and have participants practice.

Look at your matching quiz on the board again. Ask participants whether they need to change anything. Correct anything that was not matched to the right phrase.

Administer the test and grade it. Give certificates to those with at least 10 points.

Bloodborne pathogens and Standard Precautions



Learning guide

Why is it important to protect yourself from contact with blood and body fluids?

Although they can't be seen, there are hundreds of tiny organisms living in blood and other body fluids that can cause disease in humans. They are called "bloodborne pathogens."

Some of these organisms are harmless and can be handled easily by the body's immune system, but others can cause severe illness, such as hepatitis or AIDS.

Bloodborne diseases: HIV, Hepatitis B, Hepatitis C

Bloodborne pathogens include the hepatitis B virus (HBV), the hepatitis C virus, the human immunodeficiency virus (HIV) that causes autoimmune deficiency syndrome (AIDS), and others.

These pathogens are transmitted through contact with infected body fluids such as blood, semen, and vaginal secretions. Exposures occur (a) if the skin is punctured by a contaminated needle, razor, or other sharp item or (b) when broken skin or mucous membranes are splashed with blood or body fluid. Fortunately, most exposures do not result in infections.

Standard Precautions are designed to prevent transmission of HIV, HBV, and HCV. Standard Precautions must be observed in all situations where there is potential for contact with blood or other potentially infectious body fluids.

Standard Precautions apply to:

- Blood
- Semen
- Vaginal secretions
- Saliva
- Cerebrospinal fluid
- Synovial fluid
- Pleural fluid
- Peritoneal fluid
- Pericardial fluid
- Amniotic fluid
- Feces
- Nasal secretions
- Sputum
- Sweat
- Tears
- Urine
- Vomitus

Treat all human blood and body fluids as if they are infectious.
Remember who you are protecting—**YOURSELF!**

Standard Precaution #1: Handwashing

Handwashing is the single most important thing you can do to prevent the spread of infection. Thorough handwashing removes pathogens from the skin.

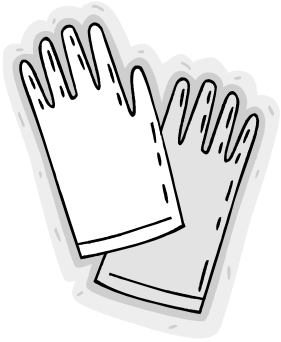
Wash hands before and after all client or body fluid contact. Immediately wash hands and other skin surfaces that are contaminated with blood or body fluids. When wearing gloves, wash hands as soon as the gloves are removed.

Germicidal handrubs are recommended **only** when you can't wash.

Proper handwashing procedure

1. Remove watch or push it up your arm. You should not wear rings or bracelets at work.
2. Do not touch the sink with your hands while you are washing, and stand back from the sink to keep it from touching your clothes.
3. Use warm water. Hot water may dry skin.
4. Either bar soap or liquid soap is okay. If using a bar, rinse it first and hold it the whole time you are lathering. Soap does not have to be an antiseptic type, unless you are doing an invasive procedure such as catheterization.
5. Wet your wrists and hands.
6. Apply plenty of soap. Work up a thick lather all over your hands and wrists, between your fingers and thumbs, and on the back of your hands and wrists.
7. Vigorously rub all areas of your hands, fingers, and wrists for **a minimum of 10-15 seconds.** Sixty seconds is better.
8. Clean under your nails by using the nails on your other hand, or rub your nails into the palm of your other hand. Clean around the top of your nails.
9. Rinse with warm water, letting water run down from wrists to fingertips and into the sink.
10. Dry with a clean paper towel and throw it away.
11. Turn off the faucet with a clean, dry paper towel and throw the towel away.
12. Use lotion on your hands to prevent irritation and chapping, which makes skin more prone to infection.

Standard Precaution #2: Gloves



- Use gloves in all situations where you may come in contact with blood or body fluids.
- Use gloves for client care involving contact with mucous membranes, such as brushing teeth.
- Change gloves and wash hands between client contacts.
- Use gloves when you have scrapes, scratches, or chapped skin.
- Do not wash or disinfect disposable gloves for reuse.

Standard Precaution #3: Protective barriers

Protective barriers, including gloves, reduce the risk of your skin or mucous membranes being exposed to potentially infective blood and body fluids. You should wear the appropriate barriers for the work you are doing.

Employers must provide suitable personal protective equipment (PPE) in the right sizes. Protective equipment includes gloves, gowns, masks, eye protection, face shields, mouthpieces, resuscitation devices, etc. Hypoallergenic gloves, glove liners, powderless gloves, or other alternatives must be available for those who are allergic to latex gloves.

The equipment you need depends on your work. When splashing of blood or body fluids is likely, wear the following PPE in addition to gloves:

- Mask if your face could be splashed with blood or body fluids.
- Eye protection if your eyes could be splashed with blood or body fluids.
- Gown if your clothing or skin could be splashed.

Standard Precaution #4: Proper disposal of sharp items

A “sharp” is any object that can penetrate the skin, such as needles, scalpels, broken glass, broken capillary tubes, and exposed ends of wires. A sharp is contaminated if it has been in contact with blood, body fluids, or body tissues.

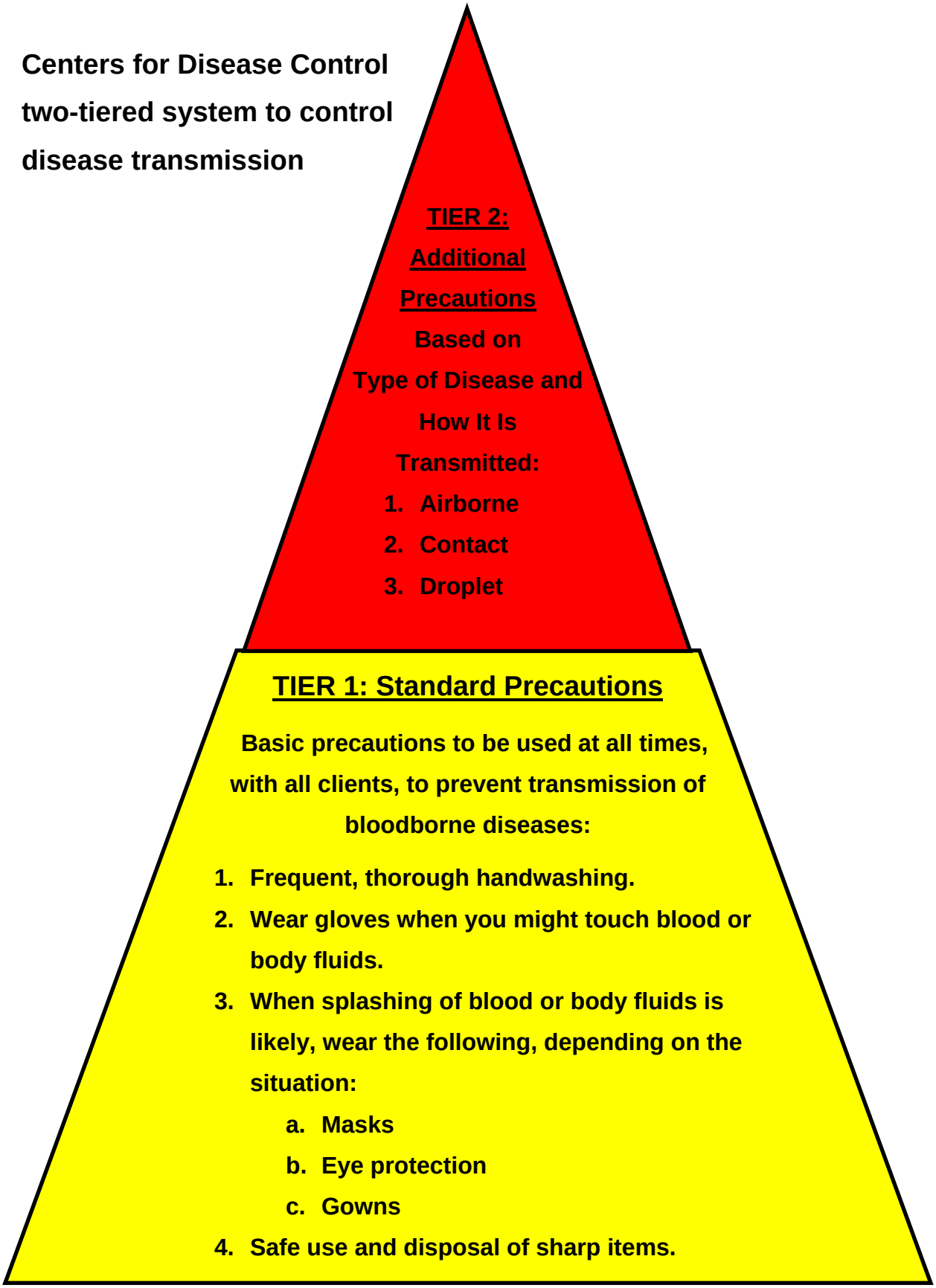
Contaminated sharps must be disposed of properly. Follow your organization’s policies. A puncture-proof biohazardous container must be used in care facilities. Biohazardous waste from facilities (not from client’s homes) must be disposed of by specially licensed companies.

- Be careful to prevent injuries from needlesticks and other sharp instruments after procedures, when cleaning used instruments, and when disposing of used needles. Do not recap or manipulate needles.
- Nursing and personal care facilities should be using, or planning to use, needleless injection systems or needles with injury protection. If you must use a regular needle, remember:
    - Do not recap needles. If it is absolutely necessary to recap a needle, use one hand to slide the needle into a cap lying on a flat surface. Do not hold the cap in your other hand while recapping.

Tips:

--Use thick rubber household gloves to protect your hands during housekeeping chores or instrument cleaning involving potential blood contact.
--Treat all linen soiled with blood or body secretions as potentially infectious.
--Surfaces that have been contaminated with blood or body fluids should be cleaned with a disinfectant according to your organization’s policies.

Centers for Disease Control two-tiered system to control disease transmission



IF AN EXPOSURE OCCURS

Immediately following an exposure to blood or body fluids:

- Wash needlesticks and cuts with soap and water.
- Flush splashes to the nose, mouth, or skin with water.
- Irrigate eyes with clean water, saline, or sterile irrigants.

Next,

- Report the exposure at once. Treatment may be recommended, and it should be started as soon as possible. See a medical professional.
- Discuss the possible risks and the need for treatment with the person managing your exposure.
- Remember that mandatory testing of a client is not legal. Clients who might be the source of an infection must give consent to be tested.

Workers' rights

The Occupational Safety and Health Administration (OSHA) is a federal agency that guarantees rights to a safe workplace. Under OSHA's rules, workers who might be exposed to contaminated blood or body fluids have specific rights.

Employers must train workers who might be exposed to blood or body fluids about the hazards and how to protect themselves. This training must occur during working hours at orientation at no cost to the employee, and annually thereafter.

Standard precautions must be practiced at all times. Puncture-proof and leak-proof containers must be provided for disposal of sharp items. There must be a system for reporting exposures to blood or body fluids.

Employers must provide free hepatitis B vaccine, free protective equipment and free immediate medical evaluation and follow-up for anyone exposed to blood or body fluids. Employees must receive confidential treatment, and their medical records must be protected.

Workers' responsibilities

- Always use standard precautions.
- Actively participate in evaluating safer equipment and encouraging your organization to purchase safer equipment. Be open to new products or practices that could prevent exposure and protect workers and clients.
- Be immunized against hepatitis B, getting the series of three injections.
- Report all exposures immediately after cleaning and disinfecting the exposed skin or mucus membranes.
- Comply with post-exposure recommendations of your organization.
- Support other workers who have been exposed. HIV-infected workers who continue working deserve support and confidentiality.
- Know your own HIV / HBV / HCV status. If you are positive for any of these viruses, you do not pose a risk for clients if you don't do invasive procedures.

Human Immunodeficiency Virus (HIV) is the virus that causes AIDS

Risk of infection after exposure

- Needlestick is the most common cause of work-related infection.
- Risk factors include the amount of blood or fluid, the puncture depth, and the disease stage of the infected person.
- The average risk of HIV infection after a needlestick or cut exposure is 1 in 300. The risk after exposure of the eye, nose, skin, or mouth to positive blood is less than 1 in 1000. If the skin is damaged, the risk may be higher.

Treatment after exposure

- There is no vaccine against HIV.
- Post-exposure treatment is not always recommended. A physician or exposure expert should advise you.
- Drugs used to prevent infection may have serious side effects.
- Perform HIV-antibody testing for at least 6 months after exposure.

99.7% of needlestick/cut exposures do <u>not</u> result in HIV infection.

Hepatitis B Virus (HBV)

Risk of infection after exposure

- Hepatitis B vaccine prevents this disease. Persons who have received the vaccine and developed immunity are at virtually no risk for infection. A series of three (3) injections are required, given initially, then 1–2 months later, then 4–6 months after the first injection.
- Workers should be tested 1–2 months after the vaccination series to make sure the vaccination has provided immunity.
- For the unvaccinated person the risk from a single needlestick or cut exposure ranges from 6%–30%, depending on the level of virus in the infected person's blood. A higher concentration of virus makes it more likely that someone exposed to that blood will become infected.

Treatment after exposure

- Everyone with a chance of exposure to blood or body fluids should receive hepatitis B vaccine, preferably during training, *unless it is contraindicated because of allergies, pregnancy, or potential pregnancy*.
- Hepatitis B immune globulin (HBIG) effectively prevents HBV infection <u>after</u> exposure. Recommendations for post-exposure management of HBV may include HBIG and/or hepatitis B vaccine. The decision to begin treatment is based on several factors, such as:
    - Whether the source person is positive for hepatitis B.
    - Whether the worker has been vaccinated.
    - Whether the vaccine provided immunity.

Hepatitis C Virus (HCV)

Infection with HCV carries a great potential for chronic liver disease and can lead to liver failure, liver transplants, and liver cancer.

Risk of infection after exposure

- Hepatitis C Virus (HCV) is a growing problem.
- The risk for infection after a needlestick or cut exposure to HCV-infected blood is 1.8%.
- The risk after a blood splash is unknown but is believed to be very small; however, HCV infection from such an exposure has been reported.

Treatment after exposure

- There is no vaccine against hepatitis C and no treatment after an exposure that will prevent infection.
- Immune globulin (HBIG) is not recommended.
- Following recommended infection control practices is vital.
- There are several tests that should be performed in the weeks after an exposure and for 4–6 months afterward. Confer with a physician or an exposure specialist.

Additional Precautions for infection control

If you know or suspect that a client has a disease that is spread in one of the following ways, use these extra precautions, **in addition to Standard Precautions:**

Airborne germs can travel long distances through the air and are breathed in by people. Examples of diseases caused by airborne germs: TB, chickenpox, shingles.

- Wear a mask. If the client has, or might have, tuberculosis, wear a special respiratory mask (ask your supervisor). A regular mask will not protect you.
- Remind the client to cover nose and mouth when coughing or sneezing.
- Treat the client's used tissues or handkerchiefs as infected material.

Contact germs can cause the spread of disease by touch. Examples of diseases caused by contact germs: pink-eye, scabies, wound infections, MRSA.

- Wear gloves.
- Treat bed linens, clothes, and wound dressings as infected material.
- Wear a gown if the client has drainage, has diarrhea, or is incontinent.
- Use a disinfectant to clean stethoscopes, blood pressure cuffs, or other equipment.

Droplet germs can travel short distances through the air, usually not more than three feet. Sneezing, coughing, and talking can spread these germs. Examples of diseases caused by droplet germs: flu, pneumonia.

- Wear a mask when working close to the client (within three feet).
-

Bloodborne pathogens
and
Standard Precautions test

Name_____ Date _____ Score _____

Circle or write the answer or answers. Ten correct answers are required to pass.

1. Name three bloodborne pathogens: _____, _____, _____. (worth three points)
2. All workers with a chance of exposure to blood or body fluids should receive Hepatitis B vaccine unless they shouldn't take it for medical or pregnancy reasons.

   True or False

3. Hepatitis B immunization requires a series of _____ injections.
4. Persons who have received HBV vaccine and developed immunity are at virtually no risk for infection for hepatitis B. True or False
5. There is a vaccine against HIV. True or False
6. Most exposures lead to HIV infection. True or False
7. There is no vaccine against hepatitis C and no treatment after an exposure that will prevent infection. True or False
8. Proper handwashing requires lathering with soap for at least _____ seconds.
9. The first thing you should do if you are exposed to blood or body fluids is:
   a. Wash needlesticks and cuts with soap and water.
   b. Flush splashes to the nose, mouth, or skin with water.
   c. Irrigate eyes with clean water, saline, or sterile irrigants.
   d. All of the above, depending on the area of the body exposed.
10. Standard precautions involve four basic things. Fill in the blanks below (four points).
    a. _____, _____ _____.
    b. _____ _____ when might touch blood or body fluids.
    c. Wear _____, _____ _____, or _____ when splashing of blood or body fluids is likely, depending on the situation.
    d. Safely use and dispose of _____ _____.

Certificate of Achievement

Presented to

_____

for completing the one-hour course

Bloodborne Pathogens and Standard Precautions

Date _____

Organization Joska Healthacare Solutions

Presented by Amos Wangombe, MHCDS,RN

TB INSERVICE

TEACHING PLAN

Define TB

Tuberculosis (TB) is an airborne infectious disease that is caused by a germ that gets into the lungs. TB is spread through casual contract. It is spread when the contact takes place in confined spaces and in poorly ventilated areas that increase the risk of exposure. It can also be spread on mucous droplets of an infected person through talking, laughing, singing, yelling, breathing or coughing.

Symptoms of TB may also be present in people who are not infected. These people may be a "carrier" but not be infectious. A carrier will not show signs and symptoms but will test positive on a TB skin test.

Let's Talk about TB

Before the 1940's TB was a common disease. TB was the leading cause of death in the United States. It has been estimated that one in seven deaths were caused by TB. Fortunately, a cure was found and TB was significantly reduced in the United States. When it seemed we had won the war against tuberculosis, it is now becoming a serious health threat again. During the mid 1980's, cases of TB began to increase, especially among the HIV positive population. New, drug resistant strains of TB have also been found. The World Health Organization estimates 1.7 billion people are infected with tuberculosis.

Healthcare workers are often exposed to diseases without their knowledge. This is important for everyone who works in healthcare to understand TB. Understanding symptoms and precautions is the only way to prevent getting or giving the disease. Knowledge takes the fear out of the unknown. TB is more common among older people, especially males, foreign borne individuals and individuals who are also infected with HIV. Anyone with a compromised immune system is at a greater risk of contracting TB.

In 2001, 1,145 cases of TB were reported in Florida, which made FL the 4th highest TB in the United States. 43% of the TB cases were reported in 2001 were from people outside the United States. In 1995, it was only 15%. 23% of the reported Florida TB cases in 2001 were HIV positive.

A simple TB skin test can identify those people who are either currently infected with the disease or have been exposed to it. A chest x-ray can then determine if the disease is present.

The CDC considers the following individuals at high risk for TB and recommends a TB skin test.

- Persons with signs or symptoms of tuberculosis
- Persons who have had contact with a person with active TB
- Persons with an abnormal chest X-Ray suggestive of TB

- Persons who inject drugs
- Persons with poor or compromised immune systems
- Groups at high risk of recent infection of TB (recent immigration from other countries, employees and residents of nursing homes, hospitals, prisons, and mental institutions)

The tuberculin test that gives the most accurate result is the Mantoux test, often call "PPD" named for the serum that is used. (Purified Protein Derivative). The serum is injected just below the skin, usually on the forearm, and then checked in 48-72 hours for results. If the area is red and raised, (6-10mm) it could be an indication of exposure to TB or active TB. The PPD is not 100% accurate. False positives and false negatives may occur. However, there is no better diagnostic test available. This skin test is a screening tool and is the traditional method of diagnosing individuals infected with mycobacterium tuberculosis.

Foreign Countries

People born in foreign countries may have been vaccinated with BCG. BCG is a vaccination for TB. This vaccination is not widely used in the United States, but is given to infants and small children in foreign countries where TB is high. BCG does not always protect the individual from TB.

A PPD test should not be given to people who have been vaccinated with BCG. BCG causes a false positive result. These individuals need to have a chest x-ray to determine their TB status.

(Just in case you're interested … BCG vaccine was named after the French scientists named Calmette and Guerin. The "B" stands for Bacillus.)

Symptoms of Tuberculosis

Just because a person has a cough or is tired, does not mean they have TB. TB is suspected when the symptoms last longer than three weeks, if the person has had a "positive" PPD, or if they have had a recent exposure to TB. Many other diseases, including HIV, have some of the same symptoms, so a visit to the doctor is always recommended for accurate diagnosing.

So, what are the symptoms of TB?

Respiratory symptoms lasting more than three weeks should be evaluated, especially if they are accompanied by one or more of the following:

- Fatigue (tired all the time)
- Malaise (generally "feeling bad")
- Loss of appetite
- Weight Loss (not planned)
- Fever
- Night Sweats

- Prolonged Coughing
- Coughing Up Blood
- Chest Pain

The Difference between TB Infection and TB Disease

There are two kinds of TB exposures.

1. TB Infection- also called latent TB, or inactive TB
2. TB Disease- also called active TB

TB Infection (inactive TB) – This means that the person has the TB germ, but doesn't look or feel sick. They cannot give another person TB. A TB skin test, given to someone who has inactive TB, will test positive. Sometimes, a doctor will prescribe preventative treatment. A single medication is given, usually for 6 months, but can be given for up to one year. Only about 5- 10% of inactive TB cases become active TB.

TB Disease- (active TB)- With active TB, the person usually feels sick. The person will have a cough for 3 weeks or more, feel weak, have a fever, have weight loss, and low appetite. They may have night sweats, or cough up blood. Sometimes, they have chest pains while coughing. This person IS contagious unless he or she is taking TB medications as directed by a physician. Treatment for active TB requires more than medication. The therapy usually lasts between six months and a year. After one to two weeks, the person is no longer contagious. TB patients who are prescribed medication (but stop taking them before they should, are at very high risk for a stronger form of TB). This form is resistant to the normally prescribed medications. Stronger drugs are taken for a longer period of time required to kill this type of TB. Without treatment, the disease will become worse. If TB is in the lungs, it may produce phlegm, mucous, and or blood. TB can get into other parts of the body as well, including the liver, kidneys, spine, bones and abdominal cavity. TB disease in other parts of the body has different symptoms than with TB in the lungs. Symptoms depend upon the part of the body that is infected.

A positive PPD requires a chest x-ray for complete diagnosis. The chest x-ray will show any damage to the lungs. Phlegm from a persistent cough can also be tested for TB. The test requires 3 different specimens. They must be obtained first thing in the morning after the patient has brushed their teeth and rinsed their mouth. A deep cough is needed to produce the phlegm, which is put into a sterile container and tested.

If TB bacilli are present in the lungs or throat, they can be exhaled into the air by breathing or coughing. Others can breathe in the bacilli and become infected. This is the reason that TB patients are isolated and visitors are required to wear masks.

How a Person Becomes Infected with TB

The organism, mycobacterium tuberculosis, is a bacterium. It is carrier on drops of moisture in the air. When the droplets are inhaled, they travel inside the lungs where they start to multiply. Once the TB germ has entered the body, the person now has TB INFECTION (inactive TB).

You cannot get TB by touching the person with TB or from their drinking glasses, clothing, shaking their hand or sitting on the same toilet seat.

The immune system traps TB with its white blood cells. The white blood cells try to destroy the bacteria to help keep the person from getting sick. These germs go into a "sleeping state". The infected person usually feels fine at this point. But often, when person is tired, run down, or the immune system is compromised by other diseases such as HIV, pneumonia, cancer, or diabetes, the germ breaks out of the capsules and begins to multiply. At his point, the person has TB DISEASE (active TB).

Medication Treatment

The type of treatment the individual will receive will depend on whether they have TB infection of TB disease. TB infection (Inactive TB) is usually treated with a drug called "INH", also known as Isoniazid. INH kills the TB bacteria that are in the body. If the person takes this medication as prescribed, it will usually keep them from getting the TB disease. Treatment is 6-12 months. Side effects include loss of appetite, nausea, vomiting, yellowish eyes skin, fever, abdominal pain, and tingling in hands or feet. Alcohol can increase the side effects and can contribute, to liver problems with these drugs, so while taking this medication, drinking alcohol not allowed.

Multi-drug therapy is required for TB Disease (active TB) and can include the use of Rifampin. Rifampin can turn urine orange. It may even turn tears or saliva orange. Rifampin will stain contact lenses, so persons taking this drug must wear their glasses until the treatment is over. Rifampin also causes sensitivity to the skin so a good sunscreen should be used. Rifampin may interfere with birth control pills. Alternate birth control methods must be used during the treatment. Alcohol should not be used while taking this drug.

Other drugs used include Pyrazinamide and Ethembutel. Streptomycin may also be given by injection. TB does not normally require hospitalization. Treatment can usually be given on an out-patient basis through a doctor's office.

Why Health Care Workers Need to be Concerned

At one time, TB in the United States had almost been eliminated. Unfortunately, because of HIV and other immune compromising diseases, it is on the rise. Prevention is the way to control this disease. As a healthcare provider, you have an increased risk of coming in contact with someone who has the disease. The greater your exposure to a person with the disease the greater your risk is of becoming infected.

In order to protect yourself you must understood all of the following:

- How TB is transmitted

- Testing for TB infection
- Wearing personal protective equipment (PPE) when in contact with people who have TB or have been exposed to TB
- Reporting to your supervisor any possible exposure to TB
- Participating in annual PPD screening tests.

PPE and Isolation Precautions

When working in a facility with patients who have TB, PPE (personal protective equipment) should be worn according to that facility's specific policy. The policy and procedures should cover the use glove, gowns, masks, as well as the proper disposal of these items.

The mask you will be required to use for an individual with TB is different from the general type of masks used: A TB mask is called a respirator mask. It's a special fitting respirator that will not allow the tiny TB particles to enter. It has a specially designee filter and is referred to as an N95 mask.

Isolation procedures include

An acid fast bacillus (AFB) isolation card should be present, instructing the health care worker to wear a mask, wear a gown, and to use gloves for touching the patient and/or all infected article. Good hand washing is very important. Any item in the isolation room should be treated as if it is contaminated. There should be an isolation cart outside the room with proper PPE available for immediate use.

Keep in mind that the air we breathe is a positive air pressure environment. A person with TB needs to be placed in a negative air pressurized room. Negative air pressure means air flows INTO the room from the outside. The air is also filtered back to the outside, passing through specially designed filters. The air is cycled through at least six times an hour. Remember to open doors SLOWLY to prevent air from flowing back into the building. The door must always remain closed. Wear a respirator mask when in a room that has known or suspected TB. You must be fitted for a respirator mask.

*** IMPORTANT TO REMEMBER ***

It very important that the mask fits your face without leaking. TB particles are very small and can get inside a mask that doesn't fit properly.

It you must take the patient out of the room for any reason, the patient is to wear a REGULAR SURGICAL MASK, NOT A RESPIRATOR TYPE N95, LIKE YOU WEAR TO ENTER THE ROOM!!! This is because the respirator N95 mask ONLY filters INHALED air NOT EXHALED AIR.

Home Care

Patients with newly diagnosed TB are placed on medication and when they are sent home, they are put on home isolation. This means they cannot go to any public places such as work, school, church or stores.

How infectious a patient is, is determined by a number of repeated tests. The tests must be negative for three days in a row before a patient is free to leave the home.

As treatment continues the patient feels much better. This means the medication is working. If the patient does not feel better after 3 weeks of medication, the medication may not be working. You should report this to your supervisor.

The local public health department tests everyone living in the home for TB. If anyone tests positive for the infection or disease they are treated with medication. The public health department does not recommend uninfected persons leave the home unless they are very young.

If the patient has active lung disease, with positive tests, the home care staff should wear a N9S fit-tested mask.

Home care staffs do not need to take any special precautions with their bags, equipment or clothing. These items do not present any TB risk to themselves or other patients.

Patients with active TB should be taught respiratory hygiene and cough precautions.

- Always cover the mouth when coughing or sneezing
- Use two Kleenex to cover the mouth
- Practice good hand washing including, after coughing, sneezing or contact with respiratory secretions
- Avoid singing or yelling
- Family members can decrease the possibility of becoming infected by sleeping in a different room than the patient while they are contagious.

Summary

TB is a disease that is spread from person to person through the air. It is particularly dangerous to those with a weakened immune system. TB is the leading cause of death among HIV infected people, accounting for about one in every three people infected with HIV.

TB is preventable. An annual TB skin test is necessary to identify exposure and begin proper treatment quickly to prevent transmission and even death.

It is important for the healthcare worker to understand how TB is spread and take all necessary precautions to prevent transmission and even death.

TEST

1. Tuberculosis is an airborne disease carried on mucous droplets. True or False
2. Tuberculosis is spread through casual contact such as hand shaking. True or False
3. Tuberculosis Is the leading cause of death in the United States. True or False
4. Your age, sex, or where you were born does not affect your risk for TB. True or False
5. When a patient goes home after being diagnosed with active TB and put on medication, they can go with the family grocery shopping. True or False
6. The Mantoux, or PPD skin test is done on the upper arm muscle. True or False
7. A positive PPD test means you have active TB. There is no need for further testing to confirm the results. True or False
8. BCG may affect the results of a PPD skin test. True or False
9. Signs and symptoms of TB include long-term cough, chest pains, shortness of breath, and coughing up blood. True or False
10. TB infection and TB disease is the same thing. True or False
11. People with HIV or compromised Immune systems, are already sick so they cannot get TB. True or False
12. An individual with inactive TB will have a positive skin test but no symptoms. True or False
13. TB can be diagnosed from a deep cough sputum specimen taken before bedtime. True or False
14. Home Care Staff do not need to take any special precautions with their bags, equipment or clothing. True or False
15. In a facility, when leaving the isolation room, a regular surgical mask should be worn by the person with active TB. True or False

Multiple Choice

16. Which of the following drugs are not used for treatment of:

a. Isoniazid

b. Ethembutel

c. Rifampln

d. They are all used for treatment of TB

17. Signs and symptoms of TB include:

a. coughing up blood, chest pain, sneezing

b. Long term cough, chest pain, coughing up blood

c. Chest pain, shortness of breath, migraine headaches

d. long term coughing, coughing up blood, increased appetite

18. The side effects of medication taken for TB include:

a. yellowish eyes or skin

b. abdominal pain

c. Increased symptoms with alcohol use

d. All of the above

19. It is important to use alternate birth control methods when

a. Inactive TB is present

b. Exposed to TB

c. Taking Rifampin to treat TB

d. None of the above

20. TB is:

a. preventable

b. treatable

c. dangerous to those with a weakened immune system

d. all of the above

ANSWER SHEET

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

Achievement Certificate

Awarded to: _____

For Completing the
One-Hour Course Entitled

"TB"

TB INSERVICE

Date of course: _____

Agency: Joska Healthcare Solutions

Presented by: Amos Wangombe MHCDS,RN

INFECTION CONTROL GUIDELINES: ***STANDARD PRECAUTIONS & ADDITIONAL PRECAUTIONS:*** **LESSON PLAN**

Lesson overview

Time: One hour

This lesson covers the guidelines developed by the U.S. Centers for Disease Control (CDC) in 1996 for preventing the spread of infection. These guidelines are in two sections, called **Standard Precautions** and **Additional Precautions**, and are designed especially for healthcare workers. The guidelines are an updated version of the 1985 CDC **Universal Precautions.**

Learning goals

At the end of this session, the learner will:

1. Understand the four disease transmission categories.
2. Understand Standard Precautions and how and when they should be used.
3. Understand Additional Precautions and how and when they should be used.
4. Be able to apply this understanding at work.

Teaching plan

1. Begin by asking the learners to tell you what they already know about Universal Precautions or Standard Precautions. Ask if any learner can give an example of an incident that taught them the importance of following infection control guidelines. Have your own story ready as an illustration if no one volunteers.
2. Explain the content in the lesson overview and list the learning goals, using a blackboard, grease board, or flip chart if available.

Section 1: Disease transmission

1. State: Diseases are transmitted from one person to another by four basic methods. Ask your learners to refer to the learning guide and tell you what those methods are.
2. Briefly discuss each of the four methods of disease transmission, allowing for input and questions.
3. Ask your learners to fill out the matching quiz on the learning guide. Discuss the answers

Section 2: Standard Precautions

1. State: "Standard Precautions are basic infection control guidelines. They should be used at all times as you perform your work. They protect others and us from diseases that are spread by bloodborne transmission."
2. Indicate the list of Standard Precautions on the handout. Ask learners to read parts of the list to the group.
3. Demonstrate proper hand washing with these three rules: 1. Use friction (rub hands together); 2. Wash for ten seconds (sing "Happy Birthday" while washing—takes ten seconds to sing); 3. Use soap and water (disinfectant gels are not adequate).
4. Show your learners how to use Standard Precautions when using and cleaning client care equipment—refer to the learning guide and your facility's procedures for specifics.
5. Allow for comments and discussion.

Section 3: Additional Precautions

1. Review the Additional Precautions for the three types of transmission included in the learning guide.
2. Ask the learners for examples of when these precautions should be used.

Conclusion

1. Have the learners complete the test. Grade the test in class so any wrong answers can be discussed and corrected.

2. Be sure your learners sign the achievement certificate and your sign-in sheet.

INFECTION CONTROL GUIDELINES:
STANDARD PRECAUTIONS & ADDITIONAL PRECAUTIONS:
LEARNING GUIDE

Disease transmission

Four ways diseases are passed around:

A—Airborne transmission:
Airborne germs can travel long distances through the air and are breathed in by people. Examples of diseases caused by airborne germs: TB, chickenpox.

B—Bloodborne transmission:
The blood of an infected person somehow comes in contact with the bloodstream of another person, allowing germs from the infected person into the other person's bloodstream. Blood and bloodborne germs are sometimes present in other body fluids, such as urine, feces, saliva, and vomit. Examples of diseases caused by bloodborne germs: AIDS, hepatitis.

C—Contact transmission:
Touching certain germs can cause the spread of disease. Sometimes you touch an infected person, having <u>direct</u> contact with the germ. Sometimes you touch an object that has been handled by an infected person, having <u>indirect</u> contact with the infection. Examples of diseases caused by contact germs: pink-eye, scabies, wound infections, MRSA.

D—Droplet transmission:
Some germs can only travel short distances through the air, usually not more than three feet. Sneezing, coughing, and talking can spread these germs. Examples of diseases caused by droplet germs: flu, pneumonia.

What kinds of germs are being spread in the following cases? Match the activity with the type of transmission by writing "A", "B", "C", or "D."

1. Changing the bed linens of a client with a rash, without wearing gloves. _____
2. Keeping a fan blowing and the door open when a client has shingles. _____
3. A client who has a cold sneezes on others sitting at her table. _____
4. Wipe urine off the floor without gloves. _____

Standard Precautions

1. Wash hands
- After touching blood, body fluids, or objects contaminated by blood or body fluids. Do this even if you were wearing gloves.
- After removing gloves.
- Between each client's care.

2. Wear gloves
- Whenever you touch blood, body fluids, or contaminated objects.
- Before touching a client's broken skin or mucous membranes (mouth, nose), put on clean gloves.
- Change gloves between tasks and between each client's care. Dirty gloves spread germs, just like dirty hands!

3. Wear a gown, mask, and goggles
- **<u>If</u>** you know you might get splashed with blood or body fluids. Use a waterproof gown if you might get heavily splashed.
- Remove dirty protective clothing as soon as you can and wash your hands afterward.

4. Keep everything clean
- Clean up spills as soon as possible.

USE *<u>STANDARD PRECAUTIONS</u>* FOR <u>ALL</u> CLIENT CARE. THIS IS BASIC INFECTION CONTROL FOR BLOODBORNE DISEASES—TO PROTECT YOU AND YOUR CLIENTS.

Standard Precautions for handling objects

1. Clean any equipment that has been used by one client before giving it to another client. Follow your facility's cleaning procedures.
2. Use disposable equipment only once.
3. Dirty linens should be rolled, not shaken, and should be held away from your body. Linens soiled with body fluids can be washed with other laundry, using your facility's procedures.
4. No special precautions are needed for dishes or silverware. Normal dish soap and hot water (water temperature must be hot enough to meet state requirements) will kill germs.
5. Change cleaning rags and sponges frequently.
6. Stethoscopes, blood pressure cuffs, and thermometers should be cleaned between each use, using your facility's procedures.
7. Dispose of dangerous waste such as needles VERY CAREFULLY. Needles and other sharp devices should go into clearly marked puncture-proof containers, NOT the regular trash container! DO NOT RECAP used needles—put them in the puncture-proof container without the cap on.
8. Trash that is contaminated with germs, such as wound dressings, should be disposed of according to your facility's procedures.
9. Any container marked "Biohazard" is only for discarding contaminated waste—don't remove anything from it! If you must handle anything in the container, always use gloves. Don't put your hand in anything that contains needles or other sharp objects.
10. Check your gloves and other protective clothing frequently. If you see tears or holes, remove the gloves, wash your hands, and apply clean gloves.

TIP: Don't touch your face (nose, mouth, eyes) when giving client care, unless you remove your gloves and wash your hands first. Protect yourself from infection.

Additional Precautions

If you know that a client has a disease that is spread in one of the following ways, use these extra precautions:

1. Airborne

- The client should have a private room, possibly one with a special air filter.
- Keep the client's room door closed.
- Wear a mask. If the client has, or might have, tuberculosis, wear a special respiratory mask (ask your supervisor). A regular mask will not protect you.
- Remind the client to cover nose and mouth when coughing or sneezing.
- Ask the client to wear a mask if he or she wants or needs to be around others.

2. Contact

- The client should be in a private room, but the door may stay open.
- Put gloves on before entering the room.
- Change gloves after touching a contaminated object (bed linens, clothes, wound dressings).
- Remove gloves right before leaving the room. Don't touch anything else until you wash your hands. Wash your hands ASAP!
- Wear a gown in the room if the client has drainage, has diarrhea, or is incontinent. Remove the gown right before leaving the room.
- Use a disinfectant to clean stethoscopes, blood pressure cuffs, or any other equipment used on the infected client.

3. Droplet

- The client should be in a private room, but the door may stay open.
- Wear a mask when working close to the client (within three feet).
- Ask the client to wear a mask if he or she wants or needs to be around others.

Handwashing rule: Rub hands together with soap and running water for at least 10 seconds. Germicidal gels are not enough!

USE *ADDITIONAL PRECAUTIONS* IN ADDITION TO STANDARD PRECAUTIONS WHEN A CLIENT HAS AN ILLNESS REQUIRING EXTRA INFECTION CONTROL MEASURES.

INFECTION CONTROL GUIDELINES:
STANDARD PRECAUTIONS & ADDITIONAL PRECAUTIONS: TEST

Name: _____ Date: _____ Score:_____
(number correct)

Circle the right answer.

1. If a client has the flu, you should use the following Additional Precautions:
   a. No Additional Precautions are necessary.
   b. Wear a mask, gown, gloves, and goggles whenever you are in the client's room.
   c. Wear a mask when working close to the client.
   d. Isolate the client from all contact with others.

2. You should use Standard Precautions when:
   a. A client appears to be sick.
   b. Doing all client care.
   c. You are sick.
   d. You know the client has AIDS or hepatitis.

3. When disposing of a needle or other sharp object, always:
   a. Place it carefully in a biohazard puncture-proof container without touching the sharp end.
   b. Recap it very carefully.
   c. Leave it alone and tell your supervisor.

4. When changing a bed or handling linens, the correct Standard Precautions procedure is to:
   a. Shake out the linens to remove any objects or dirt.
   b. Place the used linens on the floor or a table.
   c. Wash linens soiled with body fluids separately from other laundry.
   d. Roll the dirty linens up and hold them away from you until they can be placed in a laundry bag.

5. If a client has an infected wound, use the following Additional Precautions:
   a. Standard Precautions are good enough.
   b. Wear a gown, gloves, mask, and goggles while in the client's room.
   c. The client should not go to the dining room until the wound is healed.
   d. Put gloves on before entering the client's room and remove them right before leaving.

6. Clients may share walkers, wheelchairs, and other equipment without worrying about cleaning it between clients. True or False

7. Write the four types of disease transmission:

_____
_____

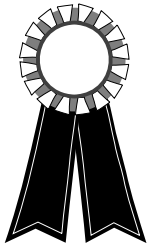
8. List the four basic rules of Standard Precautions:

_____
_____

9. Standard Precautions only protect against airborne diseases. For bloodborne, contact, and droplet transmission, Additional Precautions must be used. True or False

10. Airborne germs, like tuberculosis, can travel long distances through the air. True or False

Certificate of Achievement



Awarded to: _____

For Completing the One-Hour Course Entitled
"Infection Control: Standard and Additional Precautions"

Date of Course: _____ **Facility:** Joska Healthcare Solutions

Presented by: Amos Wangombe MHCDS, RN

EMERGENCY MANAGEMENT PLAN

An emergency is any situation that disrupts or alters the normal day to day business.

DEFINITION OF EMERGENCY

- Any natural, technological or civil emergency that causes damage of enough severity and magnitude to result in declaration of a state of emergency by a county, the Governor or the President of the United States.
- The Administrator or designee at the agency will make the decision to implement the plan.

REMEMBER

The Agency will present its best effort to provide care to clients in emergency situations. However, if the Agency is unable to comply with situations beyond its control making it impossible to provide services, such as when roads are impassable or when a client relocated to a place unknown by the Agency, the Agency is not required to continue to provide care.

POLICIES

- Emergency Preparedness
- 8.1 Emergency Preparedness Plan
- 8.2 Emergency Preparedness Policies
- 8.3 Emergency Preparedness Communication

Policy 8.1 Emergency Preparedness Plan

- In depth policies are in the Emergency Preparedness Section.
- The plan is an orderly procedure to be implemented in an emergency to ensure that the health care needs of clients continue to be met.
- All employees shall be oriented to the plan and their responsibilities.
- Possible emergency or risk factors will be identified for each client and appropriate emergency plans discussed with the client and/or responsible person at the time of admission.
- The disaster plan is reviewed at least yearly through the Professional Advisory Committee (PAC), if applicable, or the QAPI Committee.

Employee plan

- In-service on hire
- The agency will maintain and updated employee list with phone numbers
- The Agency will maintain an updated employee call tree that will be activated in the event of an emergency

Patient/Client plan

- Disaster classifications based on patient needs (Class I thru IV)
- Disaster code is assigned to the patient at SOC (start of care) and documented in the system, (as appropriate) and on the outside of the patient/client record
- Emergency information in SOC packets
- Special needs registration with local shelters

Patient DisasterClassifications

- Class I - Patients with life threatening conditions that require ongoing medical treatment or a medical device to sustain life.
- Class II - Patients with the greatest need for care will be seen as soon as possible. Patients requiring daily insulin injections, IV medications, sterile wound care of a wound with a large amount of drainage.
- Class III - Services could be postponed 24-48 hours without adverse effects. Diabetic patients able to self-inject, sterile wound care to a wound with minimal amount or not drainage.
- Class IV - Service could be postponed 72-96 hours without adverse effects. Postoperative with no wound, routine catheter changes or discharge within 10-14 days.

The client is provided with the following:

- A copy of the Agency's policy on how to handle disaster related emergencies in the home
- Client responsibilities in the Agency's Emergency Preparedness and Response Plan
- A list of community disaster resources that can assist during a disaster-related emergency
- Survival tips and plans for evacuation and sheltering in place

When an emergency is declared

- The Administrator will contact all office staff to inform them and have them contact the field staff.
- **Staff safety is a primary concern**
- Staff will not be asked to jeopardize their safety if the situation becomes potentially dangerous. If this occurs, authorities will be notified and if necessary, an ambulance will be called for the patient.
- Staff will be expected to contact the office and report their whereabouts and availability
- The patient/clients will be contact in order of their disaster classification assigned at the time of admission.

Policy 8.2
Emergency Preparedness Policies

- If inclement weather occurs the employee is expected to contact the office or answering service for instructions regarding the opening of the Agency.

- All staff that who can safely report to work are asked to do so. If you are not able to report to **work**, the supervisor should be notified so that any visits needed may be covered.

- If the office telephone service is out of order, operations will be maintained from an alternate location designated by the Administrator.

Policy 8.2-continued

- Patients/clients who rely on public transportation will be assisted by the Agency with alternate arrangements.
- Local authorities may be contacted to assist as needed.
- In the event of work stoppage by the Agency, the patient/client will be contacted, and appropriate arrangements will be made for services as possible.

Emergencies and Disasters

- Employees, for the benefit of their own safety must learn what to do in case of an emergency.
- Each employee must be familiar with the Agency's Disaster Plan, and a copy is maintained in the office.

Emergency Preparedness Policy 8.1

- The Emergency/Disaster Plan provides an orderly procedure to be implemented in an emergency to ensure that the health care needs of patients continue to be met.
- The Agency is not required to physically evacuate or transport a client in the event of an emergency.
- All employees will be oriented to the plan and their responsibilities in carrying out the plan.
- The Administrator or Agency manager is designated as the disaster coordinator. In his/her absence the Alternate Administrator or Agency Manager will act in this role.

Policy 8.1-continued

- The Agency has a continuity of operations business plan to address emergency needs, essential functions for the client services, critical

  personnel and how to return to normal operations as quickly as possible.

- The Agency has a risk assessment to identify the potential disasters from natural and man-made causes most likely to occur in the Agency's service **area.**

- The Agency will follow procedures for communicating with staff, clients/family, local, state and Federal emergency management services.

- This may include:

<- Emergency medical services

<- State regulatory departments

<- Other healthcare providers and suppliers

<- Alternate modes of communication or alert systems in the event of telephone or power failure

Pre-Impact Plan

- Decision to implement the Plan
- Call tree implemented
- Communication to all staff of emergency plan implementation and/or closure
- Determine patient classification list
- Patients contacted

Pre-Impact Considerations

- Run visit calendar to determine which patients will require visits
- Coordinate for visits as appropriate
- Make sure that all Special needs patients are registered with the county in which they reside

Agency considerations

- Security of the Office
- Rolling of the phones
- File back-up
- Security of equipment/files

Staff Emergency Preparedness Plan

- Know the Agency's Plan
- Have the automobile equipped
- Have alternative communication devices available for use
- Establish a family preparedness

Special Needs Considerations

HEARING ISSUES:

- Have a pre-printed copy of key phrases available, such as:
  - I use American Sign Language
  - I do not write or read English well
- Consider having a weather radio with visual/text display

VISION ISSUES:

- Mark disaster supplies with fluorescent tape, large print or Braille
- High powered flashlights
- Place security lights in each room to light path of travel

ASSISTIVE DEVICE USERS:

- Label equipment with simple instruction cards
- If you use a cane, keep extras in strategic locations
- Keep a spare cane in emergency kit
- Know what your options are if you are not able to evacuate with your assistive device.

Post-Impact Plan

- All employees to contact the Agency as soon as possible post disaster
- The Administrator will assess the status of the physical facility and ofsystems
- Post impact meeting
- Contact all patients per the calendar
- Document any significant information including missed client visits

Damage of Written Records

- If written records are damaged during a disaster, the Agency must not reproduce or recreate client records except from electronic records.
- Records reproduced from existing electronic records must include:
- The date the record was reproduced

  The Agency staff member who reproduced the record

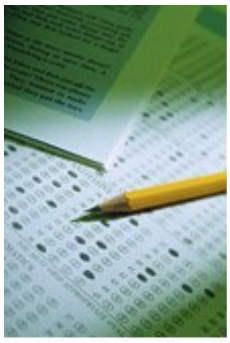
  How the original record was damaged

Follow up

- All disaster/emergency activities will be documented by the Administrator in the Agency records.
- Contacts with the clients shall be documented in the patient/client record.
- The Administrator shall declare when the emergency/disaster plan is discontinued.
- The details of the execution of the plan will be analyzed to determine any revisions that may be indicated for the plan.
- These recommendations will be provided to the PAC or the QAPI Committee who will advise the Board of Directors of any needed changes.

POST TEST

Score:



Emergency Management Plan Post Test

1. An emergency is any situation that disrupts or alters the normal day to day business
   a. True
   b. False

2. Who will make the decision to implement the plan?
   a. The Administrator or designee
   b. The Board of Directors

3. The Agency is required to provide care regardless of the situation.
   a. True
   b. False

4. The policies relating to Emergency Management is in:
   a. Administrative
   b. Patient Care
   c. Emergency Preparedness

5. When are employees oriented to the plan?
   a. When the disaster occurs
   b. On hire
   c. Within 90 days of hire

6. How often is the plan reviewed and updated?
   a. Yearly
   b. Every 6 months
   c. Yearly and when the plan is implemented

7. On admission the patient/client is assigned an emergency classification. What are the classifications:
   a. 1-3
   b. 1 through 4
   c. A-D

8. Patients with special needs will be registered with local shelters
   a. True
   b. False

9. During and emergency _____is a primary concern.
   a. Maintaining phone contact
   b. Securing the office
   c. Staff safety

10. How should the employee prepare for an emergency?
    a. Know the Agency's plan
    b. Have the automobile equipped
    c. Establish a family plan
    d. All the above

Emergency Management Test Answers

EMPLOYEE NAME: _____
DATE: _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Certificate of Achievement

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For completing the one-hour course

EMERGENCY MANAGEMENT

Date _____

Facility: __Joska Healthcare Solutions___

Presented by: __Amos Wangombe, MHCDS, RN___


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South Korea

Cultural Diversity History

First introduced in 2000 by the Department of Health and Human Services' Office of Minority Health, and then updated in 2010, the National Standards for Culturally and Linguistically Appropriate Services in Health Care work to increase cultural competence in the health care industry. Among these standards is a cultural diversity training recommendation. Since then, a number of federal agencies, including the Joint Commission on Accreditation of Health Care Organizations and the Centers for Medicare and Medicaid Services, have adopted the national standards and require health care professionals to receive cultural competence training.

Workforce Diversity Training

- Internal training focuses on the beliefs, attitudes and expectations of a culturally diverse workforce. The emphasis is on teamwork, developing good interpersonal relationships and maintaining effective work performance.
- Cultural diversity is essential to maintaining a balanced organization. In global organizations whose operations include business dealings and affiliations in other countries, understanding cultural differences is key to successful business partnerships.
- Employees should be aware of the importance of respecting the cultural differences of others, and employers can offer training to increase awareness and to better equip employees to function in a diverse workplace.

Importance of Cultural Diversity

- Recognizing and respecting cultural differences in the workplace is essential to a company’s organizational structure and the health of its human resources.
- Companies with employees of culturally diverse backgrounds recognize the benefits of having people with different perspectives, problem-solving skills and creativity.
- Many companies benefit from multilingual employees.
- Training is key to helping employees with different backgrounds understand and respect each other's differences so they learn to collaborate and achieve the company's goals.

Common Diversity Issues

- It is not uncommon for companies to hire employees of various nationalities and ethnic groups.
- Issues such as differences in pay or differing treatment of employees because of cultural differences could be perceived as discrimination.
- By emphasizing awareness of and promoting sensitivity to cultural issues, employers can show they recognize the contributions and value of all workers.

Importance of Cultural Competence

- Cultural competence relates to the quality of the day-to-day interactions and relationships between health care providers and patients.
- Unlike workforce diversity training, which affects patients indirectly, cultural competence affects patients directly.
- For example, the quality of patient interactions, including communication, determines how well or whether a patient is able to communicate symptoms, follow instructions and participate in his care. It also affects whether a patient feels respected or disrespected, as both an individual and a member of a cultural group.

Cultural Competence Training

- Working with a diverse patient population requires ongoing training that provides workers with specific knowledge, abilities and skills.
- For example, health care workers must understand common cultural barriers to preventing and treating conditions or disease.
- When interacting with patients, an ability to ask questions tactfully and respectfully and negotiate between a patient's cultural interpretation of a condition or disease and treatment expectations and options is crucial to good patient care.
- Practical skills such as using a telephone or working with an interpreter are also important.

Employee Relations

- The lack of cultural diversity or the perception of disrespect for other cultures can be detrimental to partnerships.
- Organizational leaders can benefit from understanding the differences in the way operations at other organizations are structured.
- Cultural differences are not limited to ethnicity and race relations; they extend to areas of religious views, sexuality and even differences in geographical differences pertaining to the location of one's upbringing.
- Consideration should be given to each of these areas when evaluating the organizational balance.
- Managers should demonstrate sensitivity to employees who express concern regarding the ability to interact with others in the group.
- In some cases, communication may be hindered due to cultural differences.
- Moving past these barriers requires training and sensitivity to the differences of the employees and ensuring that other employees recognize this importance as well.

Prevention and Education

- A complete understanding of cultural diversity is imperative for successful business operations.
- Mandatory diversity training for managers should be incorporated as part of a developmental learning process to ensure managers can effectively deal with diversity issues.
- By staying abreast of federal guidelines governing employment discrimination and the importance of cultural diversity and employment practices, managers become equipped on how to handle conflicts in the organization that may stem from these differences.
- Managers with an understanding of the importance of cultural diversity also can key in on employee relations and retention.

Workplace Discrimination Laws

- A company's leaders are charged with ensuring compliance with federal laws that govern the equal treatment of employees regardless of race, ethnicity, religious views and many other individual traits.
- When employees believe they are treated differently because of their individualism, this perception could lead to legal trouble for the company.
- The U.S. Equal Employment Opportunity Commission prohibits companies from discriminating against employees for any reason.
- Allegations of discrimination in the workplace, if proved, could result in financial penalties for the company.
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- Cultural diversity training and education is important to support the customer service efforts of an organization.
- Providing quality customer service across many cultures requires a solid understanding of what different cultures consider appropriate behavior.
- Diversity training will help businesses understand what barriers are affecting key customer relationships as well as improve communication between employees and their clients.

Tips on Culture Diversity in the Workplace

- Attempts at cultural diversity in the workplace have been met with mixed reviews, according to AdminSecret.com.
- To a small business owner, diversification may mean hiring only a handful of workers from different cultural backgrounds.
- However, due to the highly interdependent nature of the small-business work force, it is critical that diversity is implemented successfully.

Learn to Communicate

- You may need to communicate differently with workers from other cultures.
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- You may need to read and study about the differences in your worker home culture to build trust and avoid offending them.

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- To ensure that workers fully understand policies and procedures, you may need to spend additional time on training and orientation so that there are no ambiguities.
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- If you have a dress code, you may also need to clarify what attire is appropriate.
- Cultural diversity training can help employees improve their performance by creating a workplace free of judgments and stereotypes. Although employees may have certain opinions about their co-workers, diversity training will help employees recognize the behaviors that could possibly create a hostile or uncomfortable work environment.
- Educational activities about cultural variations also provide employees with a level of understanding about other cultures they may not have had before.

Orient Current Workers

- You may also need to spend some time getting your current workers to accept a more diverse work force.
- This may include sensitivity or diversity training that allows employees to understand the difficulties people from different cultures may have in adapting.
- You should also attempt to identify any issues your current workers may have with the implementation of a multicultural work force.

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- Education initiatives that teach employees how to succeed and perform optimally across a multi-cultural workforce can directly support diversity efforts in the workplace.
- Diversity education encourages thoughtfulness and consideration between co-workers of different nationalities and backgrounds.

Leadership Role

- The business owner and managers, bear the ultimate responsibility for developing a more diverse work culture.
- If they show strong leadership during this adjustment period by demonstrating commitment to diversity and including everyone in the process, the chances of attaining success in diversification are likely to increase.
- Supervisors are in a position where they have to manage the diverse perspectives of workers and customers.
- Managers are obligated to treat their people equally, but sometimes fall short of communicating effectively with individuals from diverse backgrounds or experiences.
- Training that focuses on managing a diverse workforce will help supervisors connect with all team members and include every worker in the activities that support the agency's bottom line.

Examples of Cultural Differences in the Workplace

- Workplace diversity trainers often mention that there are more similarities among employees than there are differences; however, despite the many common attributes employees share, there still exist cultural differences.
- Culture is defined as a set of values, practices, traditions or beliefs a group shares, whether due to age, race or ethnicity, religion or gender.
- Other factors that contribute to workplace diversity and cultural differences in the workplace are differences attributable to work styles, education or disability.

Generations

- There are cultural differences attributable to employees' generations.
- A diverse workplace includes employees considered traditionalists, baby boomers, Generation X, Generation Y and Millennials.
- Each generation has distinct characteristics.
- For example, employees considered baby boomers tend to link their personal identity to their profession or the kind of work they do. Baby boomers are also characterized as being committed, yet unafraid of changing employers when there's an opportunity for career growth and advancement. Employees considered belonging to Generation Y, on the other hand, also value professional development, but they are tech-savvy, accustomed to diversity and value flexibility in working conditions.

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- Differences exist between employees who equate academic credentials with success and employees whose vocational and on-the-job training enabled their career progression.
- The cultural differences between these two groups may be a source of conflict in some workplace issues when there's disagreement about theory versus practice in achieving organizational goals.
- For instance, an employee who believes that a college degree prepared him for managing the processes and techniques of employees in the skilled trades may not be as effective as he thinks when compared to employees with years of practical knowledge and experience.

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- Where an employee lives or has lived can contribute to cultural differences in the workplace.
- Many people would agree that there is a distinct difference between the employee from a small town and the employee from a large metropolis. New York, for example, is known for its fast pace and the hectic speed of business transactions. Conversely, an employee from a small, Southern town may not approach her job duties with the same haste as someone who is employed by the same company from a large city where there's a sense of urgency attached to every job task.

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- Ethnicity or national origin are often examples of cultural differences in the workplace, particularly where communication, language barriers or the manner in which business is conducted are obviously different.
- Affinity groups have gained popularity in large organizations or professional associations, such as the Hispanic Chamber of Commerce or in-house groups whose members are underrepresented ethnicities, such as the Chinese Culture Network at Eli Lilly. The pharmaceutical conglomerate organizes affinity groups to bridge cultural differences and establish productive working relationships within the workplace and throughout its global locations. In his article "Winning with Diversity," author Jason Forsythe explains that Eli Lilly's many affinity groups are necessary: "Because the company currently markets products in 156 countries and has affiliates in many of them, multicultural competency is a priority."

How to Resolve Cultural Communications in the Workplace

- Differences in race, sex, religious beliefs, lifestyle and sexual orientation are among many cultural differences that may affect how people communicate in the workplace.
- Resolving communications problems caused by cultural differences requires patience, understanding and respect.
- A major mistake is forming opinions before even engaging in communications.
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- Treating people as individuals regardless of culture is sometimes a key to resolving communication issues.
- For example, it is improper to assume that a woman takes a certain position on a subject because she is a woman. Such generalizations can cause conflict in communication.
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- Learning more about other lifestyles and cultures helps people avoid conflict in communication, particularly in multicultural settings. Information on cultural awareness is widely available in books at public libraries.
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Blame

- Conflict in communications between cultures also is avoidable when all parties resist assigning blame.
- Two companies merging staffs in a business transaction may have different styles of managing and working. Putting the teams together can cause an immediate clash of cultures, with problems intensified if both sides always blames the other for problems and breakdown in communication.
- Simply placing the blame on others is not constructive and can make communication problems worse.

Listening Skills

- Focusing on listening well with an open mind also helps resolve cultural communications problems.
- Paying close attention to words used in a conversation or other form of communication can help resolve these problems.
- It's also important to pay attention to the context of the discussion and the tone of the communication.

Cultural Diversity Policy 2.42

- The Agency will provide care to patients and families regardless of their cultural background and beliefs.
- Cultural considerations for all patients/clients shall be respected and observed. Where such considerations impede the provision of prescribed health care or treatment, personnel shall notify the supervisor and physician in an effort to accommodate the patient/client.
- Different cultural backgrounds, beliefs and religions impact the patient's lifestyles, habits, and view of health and healing. Employees must be able to identify differences in their own beliefs and the patient's beliefs and find ways to support the patient.
- Upon admission, staff will identify the patient's individual beliefs based on their cultural background and develop the plan of care accordingly.
- The Agency will not assign personnel unwilling to comply with the Agency's policy, due to cultural values or religious beliefs, to situations where their actions may be in conflict with the prescribed treatment or the needs of the patient.
- Cultural diversity training will be completed for all employees at time of orientation and annually thereafter.

Cultural Diversity Post Test

Employee name: _____

Date: _____

Score: _____

1. **How often is Cultural Diversity training required?**
    a. **On hire and annually**
    b. **On hire**
    c. **Every 6 months**
    d. **As needed**
2. **Cultural differences are not limited to ethnicity and race relations; they extend to areas of religious views, sexuality and even differences in geographical differences pertaining to the location of one's upbringing.**
    a. **True**
    b. **False**
3. **Where an employee lives or has lived can contribute to cultural differences in the workplace.**
    a. **True**
    b. **False**
4. **What federal agency prohibits companies from discriminating against employees for any reason?**
    a. **OSHA**
    b. **CMS**
    c. **U.S. Equal Employment Opportunity Commission**
    d. **All of the above**
5. **Cultural backgrounds may affect how people act, behave and communicate.**
    a. **True**
    b. **False**

6. **A diverse workplace includes employees considered:**
    a. **Traditionalists**
    b. **Baby boomers**
    c. **Generation X**
    d. **Generation Y**
    e. **Millennials**
    f. **All of the above**
7. **Culture is defined as a set of values, practices, traditions or beliefs a group shares, whether due to age, race or ethnicity, religion or gender.**
    a. **True**
    b. **False**
8. **By staying abreast of what 3 items, can managers become equipped on how to handle conflicts in the organization that may stem from cultural differences?**
    a. **State guidelines, agency policies and EEOC guidelines.**
    b. **Federal guidelines governing employment discrimination, the importance of cultural diversity and employment practices.**
    c. **Employees different religions, age of employees, birthplace of employees.**
9. **Conflict in communications between cultures also is avoidable when all parties resist assigning:**
    a. **Criticism**
    b. **Prejudices**
    c. **Blame**
    d. **All of the above**
10. **Staff will identify the patient's individual beliefs based on their cultural background and develop the plan of care accordingly at what point?**
    a. **On intake**
    b. **Upon admission**
    c. **When discharged**
    d. **All of the above**

CERTIFICATE Of COMPLETION

Has successfully completed the education in-service for

CULTURAL DIVERSITY

BY JOSKA HEALTHCARE SOLUTIONS INC

VALIDATED BY: Amos Wangombe MHCDS, RN

ON THIS DAY:


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Listening Skills

- Focusing on listening well with an open mind also helps resolve cultural communications problems.
- Paying close attention to words used in a conversation or other form of communication can help resolve these problems.
- It's also important to pay attention to the context of the discussion and the tone of the communication.

Cultural Diversity Policy 2.42

- The Agency will provide care to patients and families regardless of their cultural background and beliefs.
- Cultural considerations for all patients/clients shall be respected and observed. Where such considerations impede the provision of prescribed health care or treatment, personnel shall notify the supervisor and physician in an effort to accommodate the patient/client.
- Different cultural backgrounds, beliefs and religions impact the patient's lifestyles, habits, and view of health and healing. Employees must be able to identify differences in their own beliefs and the patient's beliefs and find ways to support the patient.
- Upon admission, staff will identify the patient's individual beliefs based on their cultural background and develop the plan of care accordingly.
- The Agency will not assign personnel unwilling to comply with the Agency's policy, due to cultural values or religious beliefs, to situations where their actions may be in conflict with the prescribed treatment or the needs of the patient.
- Cultural diversity training will be completed for all employees at time of orientation and annually thereafter.

Cultural Diversity Post Test

Employee name: _____

Date: _____

Score: _____

1. **How often is Cultural Diversity training required?**
    a. **On hire and annually**
    b. **On hire**
    c. **Every 6 months**
    d. **As needed**
2. **Cultural differences are not limited to ethnicity and race relations; they extend to areas of religious views, sexuality and even differences in geographical differences pertaining to the location of one's upbringing.**
    a. **True**
    b. **False**
3. **Where an employee lives or has lived can contribute to cultural differences in the workplace.**
    a. **True**
    b. **False**
4. **What federal agency prohibits companies from discriminating against employees for any reason?**
    a. **OSHA**
    b. **CMS**
    c. **U.S. Equal Employment Opportunity Commission**
    d. **All of the above**
5. **Cultural backgrounds may affect how people act, behave and communicate.**
    a. **True**
    b. **False**

6. **A diverse workplace includes employees considered:**
    a. **Traditionalists**
    b. **Baby boomers**
    c. **Generation X**
    d. **Generation Y**
    e. **Millennials**
    f. **All of the above**
7. **Culture is defined as a set of values, practices, traditions or beliefs a group shares, whether due to age, race or ethnicity, religion or gender.**
    a. **True**
    b. **False**
8. **By staying abreast of what 3 items, can managers become equipped on how to handle conflicts in the organization that may stem from cultural differences?**
    a. **State guidelines, agency policies and EEOC guidelines.**
    b. **Federal guidelines governing employment discrimination, the importance of cultural diversity and employment practices.**
    c. **Employees different religions, age of employees, birthplace of employees.**
9. **Conflict in communications between cultures also is avoidable when all parties resist assigning:**
    a. **Criticism**
    b. **Prejudices**
    c. **Blame**
    d. **All of the above**
10. **Staff will identify the patient's individual beliefs based on their cultural background and develop the plan of care accordingly at what point?**
    a. **On intake**
    b. **Upon admission**
    c. **When discharged**
    d. **All of the above**

CERTIFICATE Of COMPLETION

Has successfully completed the education in-service for

CULTURAL DIVERSITY

BY JOSKA HEALTHCARE SOLUTIONS INC

VALIDATED BY: Amos Wangombe MHCDS, RN

ON THIS DAY:

CARING FOR PATIENTS WITH DEMENTIA: LESSON PLAN

Lesson overview

Time: One hour

This lesson teaches useful ways to work with patients who suffer from dementia.

Learning goals

At the end of this session, the learner will:

1. Know the definition and symptoms of dementia.
2. Know some good ways to respond to difficult behavior.
3. Know the importance of trying to understand what a patient with dementia is thinking and feeling.
4. Understand the difficulties faced by someone with dementia.

Teaching Plan

Give each learner a copy of the corresponding learning guide. Before beginning, assign one of the case studies to each of three different learners. Ask them to be ready to present the case to the group. Decide whether you are going to give the matching test or use the bingo game as an alternative, or do both if you have time.

1. Explain that the learners will be examining good ways to work with patients who have dementia, and encourage the learners to ask specific questions about residents they assist. Many times other workers will have good ideas about how to help a specific patient, and they need opportunities to share this information with each other.

Section 1: Definition

1. Ask a learner to read the definition and causes of dementia from the learning guide. See if the learners have any questions about this information.

2. Briefly review the "Important things to remember about dementia" on the learning guide. Mention that it might seem time-consuming to try to figure out what a patient with dementia is thinking or feeling, but they have the right to expect this from their caregivers. In addition, spending the time to do this will often save time and difficulty later. Emphasize that there is not one right way to help, but that each individual person has special needs and special ways of relating that must be understood.

Section 2: Results and ways to manage

Discuss "The Results of Dementia" on the learning guide and lecture on the following ways to deal with symptoms:

1. Memory loss
   a. Teach a skill by repeating the procedure in exactly the same way over and over again.
   b. Provide opportunities for the patient to perform skills he or she remembers from before he developed his impairment (folding clothes, raking, sweeping, sanding wood, stuffing envelopes, piano playing).

2. Language loss
   a. It is up to the caregiver to understand and be understood by the patient.
   b. Ask direct, closed questions, not open-ended ones: "Would you like to play cards today?" not "What shall we do today?"

3. Attention loss
   a. Remember that patients hear what we say even if they don't seem to be listening.
   b. Minimize distractions.

4. Judgment loss
   a. Respect the individual's right to make his or her own decisions as you gently guide him through each step of a decision.

5. Loss of senses or perceptions
   a. Provide strong visual cues. For example, silverware on a white tablecloth might be difficult to see, so use a colored cloth.

6. Loss of muscle organization
   a. Start an activity for them at the beginning and see if muscle memory will take over.
   b. Male patients may be unable to get in a car on the passenger side because of long habit. Let them sit on the rear left side.

Section 3: Communication: Use the guide

Review "Communication tips and ways to help."

Section 4: Case studies: Use the guide

Ask three different learners to present one of the case studies to the group. Allow for discussion.

Section 5: Test or game

Ask the learners to complete the matching test or play the bingo game by calling out the test questions and letting the learners find the answers on their game cards.

CARING FOR PATIENTS WITH DEMENTIA: LEARNING GUIDE

Understanding dementia

Dementia is an *organic** mental disorder involving a general loss of intellectual abilities and changes in the personality.

**"Organic" means the disorder is caused by physical changes in the brain.*

Many different things cause dementia. The most common, in order of occurrence, are:

1. Alzheimer's disease
2. Strokes and other blood vessel diseases
3. Parkinson's and other nervous system diseases
4. Miscellaneous causes such as alcoholism, malnutrition, head injuries, drug reactions, thyroid disease, brain tumors, and infections.

<u>Important things to remember about dementia</u>:

⇒ Adult dementia sufferers deserve the respect and status they have earned. They often do not know their abilities have changed, and do not understand why people treat them differently. They must be given as many opportunities as possible to make decisions and retain control over their lives.

⇒ With the right environment and support, a patient's ability to function can be strengthened and improved. If those supports are removed, the resident's function will decline.

⇒ The deficiencies caused by dementia affect all areas of a person's life. Although the disability is invisible, it affects the patient's ability to do even the smallest activities.

⇒ The way a person with dementia behaves is not just the result of impaired brain functions. Behavior is often caused by efforts to meet needs while compensating for lost abilities.

⇒ We can help people with dementia by trying to understand what they feel and think.

Dementia is like looking at the world, and being seen by others, through a funhouse mirror.

The results of dementia

1. **Memory Loss**
   - Affects recent memories the most
   - Makes it difficult to learn anything new or to follow instructions
2. **Language loss** (the meaning of words)
   - Makes it difficult to recognize words and understand complex sentences
   - Makes it difficult to express ideas
3. **Attention loss**
   - Unable to start or stop a task
   - Easily distracted
4. **Judgment loss**
   - Cannot accurately assess circumstances
   - Unable to see consequences of actions
5. **Loss of perception or senses**
   - Unable to recognize things or people
   - Misinterpret what they see, hear, or feel
6. **Loss of muscle organization**
   - Unable to perform multiple step tasks
   - Require prompts or cues for routine tasks

Communication tips

- Be open, friendly, and gentle at all times.
- Always address the person by name to get his attention at the beginning of an interaction.
- Give your full attention to the conversation or task. This helps the patient stay focused.
- Briefly introduce yourself and offer some cues when you approach, stating your name and relationship and the purpose of your visit.
- Speak slowly, but do not speak down.
- Use gentle touching or hand holding, but get permission first.
- Avoid arguing and attempts to reason with a person who is upset. Acknowledge his or her feelings and calmly distract him or her with something calming, pleasant, and friendly.

Ways to help a patient perform a task:

1. Explain each step in simple language, one thing at a time.
2. Demonstrate each step, doing the task while he or she watches.
3. Move the person through the steps of the task, placing arms and legs in the right positions.
4. If distracted, begin again at the beginning.

Remember to be patient and unhurried!

Mrs. Allen is usually cooperative and pleasant. One day you find her wandering through the house, opening room doors and trying to get out an exit door. When you try to steer her back to her room, she becomes resistant, standing still and loudly shouting that she won't go with you. When you take her hand to guide her along, she swings at you with her other hand.

What caregivers may assume: Mrs. Allen must be progressing in her disease and should now be classified as "aggressive." She may need additional medication or evaluation in a hospital.

What is really happening: Mrs. Allen is thirsty (changes in the brain often make people with dementia very thirsty). She knows something is wrong and that she needs something, but she doesn't understand the sensation she is feeling. She also doesn't know how to meet the need, or what she should do to find water. So she is wandering the house looking for some cue that will help her know what she needs to do. When you try to prevent this activity, she naturally becomes angry at your efforts to keep her from meeting an important need. She feels she is defending herself from someone who is trying to harm her.

Try this: Help Mrs. Allen figure out what she needs. Ask questions to determine why she is wandering around. Did she lose something? Is she hungry? Is she thirsty? Does she need company? Is she bored? Make the questions simple and direct, allowing for yes or no answers. If she cannot answer your questions, try bringing her a glass of water or a piece of fruit. Check to see if she has soiled her clothing or needs to change into dry clothes. Once you have determined what Mrs. Allen needs and have met that need, she is more likely to return to her normal activities.

Case Studies: What Would You Do?

Mr. Blair is not normally incontinent. Recently, however, he has begun walking outside to relieve himself. Sometimes the workers find he has urinated in his wastebasket. Occasionally he wets himself. He has started to wander, and he often seems anxious and agitated.

What caregivers may assume: Mr. Blair has lost the ability to control his bladder and should be placed in adult incontinent briefs.

What is really happening: Mr. Blair cannot find the toilet. He spends much of the day looking for a place to urinate, but when he can't find one he relieves himself outside or in a wastebasket, most of which are brightly colored and easy to see.

Try this: Place a brightly colored toilet seat or toilet cover on Mr. Blair's toilet to help him locate it. If you notice Mr. Blair wandering anxiously or acting agitated, ask if you can help him find a bathroom and then guide him to one.

Miss Mead was a nurse for forty years. She refuses to eat. She doesn't eat the food you bring, but places the dishes on her windowsills and cabinets "for the others." She is losing weight rapidly but refuses to eat.

What caregivers may assume: Miss Mead will have to be placed in a hospital and fed with a stomach tube because of her refusal to eat.

What is really happening: Miss Mead is concerned for the "others" that she sees in her room. She believes that her reflections in the mirrors and windows are actually people that need her to care for them. She will not eat until she feeds them first.

Try this: Ask questions to determine what Miss Mead is trying to do. Once you understand the situation, remove the mirrors from Miss Mead's room. Cover the windows with blinds or shades. You could provide two trays of food, one for Miss Mead and one for "the others."

CARING FOR RESIDENTS WITH DEMENTIA: TEST

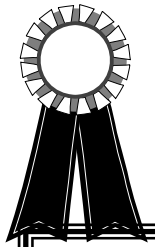
Name: _____ Date: _____ Score: _____
(Number correct)

Matching Test. Find the answer that best matches each situation. You will <u>not</u> use all the answers.

1. In the case study about Mr. Blair, the caregivers helped him by providing what? _____
2. We can help people with dementia by doing what? _____
3. Many times a person with dementia behaves in a difficult fashion because he or she is trying to: _____
4. When a person with dementia can't remember how to get in to a car, or starts to brush his hair with his toothbrush, which of the six "Results of Dementia" is causing the problem? _____
5. You should do this when starting a conversation with a resident with dementia: _____
6. When a person can't think of a word, or the words come out wrong or in the wrong order, they are experiencing which of the six "Results of Dementia?" _____
7. This is one way to help a person with dementia perform a task: _____
8. It is important that persons with dementia be allowed to do this as much as possible: _____
9. It is best to use these kinds of questions when dealing with patients with dementia: _____
10. Dementia is a condition that is characterized by: _____
11. We should try not to embarrass people with dementia but instead to_____

    a. put ourselves in their shoes, trying to understand what they feel and think
    b. tell the person how to do each step in simple language, one thing at a time
    c. address the person by name, and briefly introduce yourself and state the purpose of your visit
    d. treat them with respect
    e. watch for loss of muscle organization
    f. help them make decisions and retain control over their lives
    g. watch for language Loss
    h. provide strong visual cues (contrasting colors on things the resident uses)
    i. ask them to give you regular reports on the activities in the facility, giving them a feeling of responsibility similar to the work they did in their career
    j. ask them to quit complaining and try to be happy
    k. ask direct, closed questions such as "Would you like to wear this red dress today?" instead of open-ended questions like "What would you like to wear today?"
    l. watch for loss of intellectual abilities, and personality changes
    m. cope with or compensate for lost abilities

Certificate of Achievement



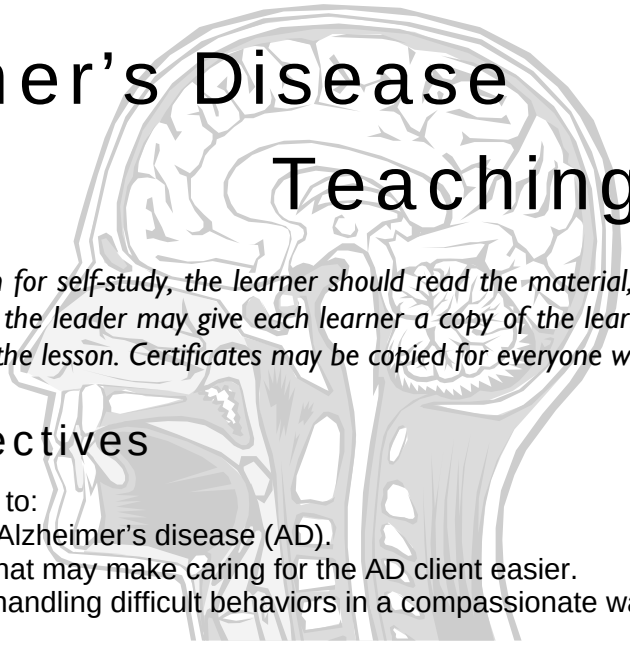
Awarded to: _____

For Completing the One-Hour Course Entitled
"Caring for Patients with Dementia"

Date of Course: _____ **Presented by:** Amos Wangombe MHCDS, RN

Facility: Joska Healthcare Solutions INC

Alzheimer's Disease Teaching Plan



To use this lesson for self-study, the learner should read the material, do the activity, and take the test. For group study, the leader may give each learner a copy of the learning guide and follow this teaching plan to conduct the lesson. Certificates may be copied for everyone who completes the lesson.

Learning objectives

Participants will be able to:

- Recognize signs of Alzheimer's disease (AD).
- Apply suggestions that may make caring for the AD client easier.
- Use techniques for handling difficult behaviors in a compassionate way.

Discussion

Ask participants to remember a time when they faced an unfamiliar situation. The first day of a new job, for example, usually requires talking to strangers, figuring out unfamiliar routines and tasks, and getting around in a strange building. Encourage the learners to tell you how they feel in such situations. Some natural feelings include confusion, puzzlement, nervousness, insecurity, or even fear.

Explain to participants that a person with Alzheimer's disease feels this way all the time. The world is more puzzling to them every day. Everyone seems to be a stranger, nothing seems familiar, and abilities they used to have are gone. When we try to see situations from the point of view of the person with Alzheimer's, it is easy to understand why they are sometimes anxious, irritable, or upset.

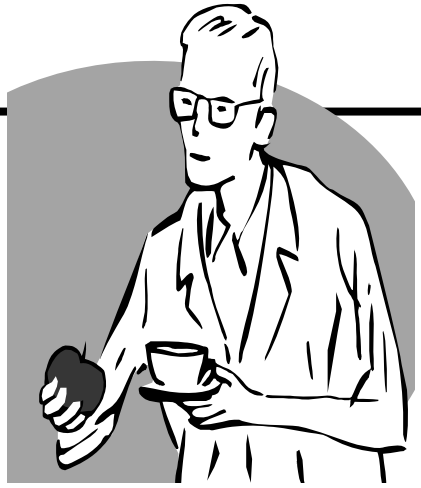
Lesson activities

Distribute index cards or paper. Ask each learner to write down a problem or question about caring for people with Alzheimer's disease. Have the learners fold the papers or cards and place them in a box or basket you provide.

Hand out copies of the learning guide. Have each learner draw a card from the basket. Instruct the learners to read the learning guide and try to find an answer to the question or problem. Allow enough time for everyone to find their answer, and then ask learners to read their question or problem aloud to the group and explain the answer they found. If there is no answer for the problem in the learning guide, have learners discuss possible solutions based on the principles in the lesson.

Discuss the important points of the lesson then have learners complete the test. Review the test together. Give certificates to learners with at least 7 correct answers.

Alzheimer's Disease Learning Guide



What it is
Causes
Complications
Treatment
Prevention and research
Signs
Caring for the AD client

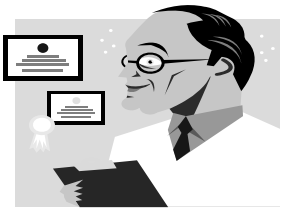
What it is

Alzheimer's disease (AD) is the most common form of dementia. More than 4 million Americans have AD. The disease is characterized by memory loss, language deterioration, poor judgment, and an indifferent attitude.

Dementia is a brain disorder that seriously affects a person's ability to carry out daily activities. It involves the parts of the brain that control thought, memory, and language. Healthy brain tissue dies or deteriorates, causing a steady decline in memory and mental abilities.

AD is not the only form of dementia. Doctors diagnose Alzheimer's disease by doing tests to eliminate all the other possible reasons for the person's symptoms. If no other cause is found, usually a diagnosis of Alzheimer's is given.

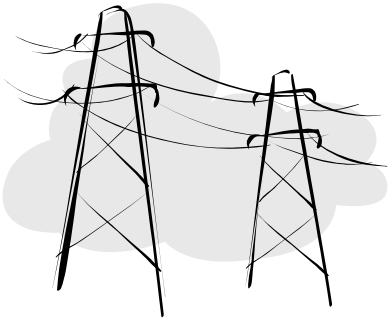
AD causes progressive degeneration of the brain. It may start with slight memory loss and confusion, but eventually leads to severe, irreversible mental impairment that destroys a person's ability to remember, reason, learn, and imagine. Usually, family members notice gradual—not sudden—changes in a person with AD.



As AD progresses, symptoms become serious, and family members usually seek medical help. Progression from simple forgetfulness to severe dementia might take five to ten years or longer.

People with mild AD may live alone and function fairly well. People with moderate AD may need some type of assistance. People with advanced AD generally require total care.

Causes



Think of the way electricity travels along wires from a power source to the point of use. Messages travel through the brain in a similar way, but they are carried by chemicals instead of wires. Information travels through the nerve cells in the brain so we can remember, communicate, think, and perform activities.

Researchers have found that people with AD have lower levels of the chemicals that carry these important messages from one brain cell to another. In addition, people with AD have many damaged or dead nerve cells in areas of the brain that are vital to memory and other mental abilities. Although the person's mind still contains memories and knowledge, it may be impossible to find and use the information in the brain because of AD.

Abnormal structures called plaques and tangles are another characteristic of AD.

- Plaques. It is believed that plaque deposits form between brain cells early in the disease process.
- Tangles. This refers to the way that brain cells become twisted, causing damage and nerve cell death.

These structures block the movement of messages through the brain, causing memory loss, confusion, and personality changes.

The person with AD has no control over these symptoms and cannot be held responsible for behavior problems.

Complications

Most people with AD die from another illness, not from AD. In advanced AD people lose the ability to do normal activities and care for their own needs. They may have difficulty eating, going to the bathroom, or taking care of their personal hygiene. They may wander away, get lost, or become injured. They may develop complicating health problems such as pneumonia, infections, falls, and fractures.

Treatment

There is no cure. Medications are available that may slow AD, lessening the symptoms, but they are unable to stop or reverse the disease. These include tacrine (Cognex), donepezil (Aricept), rivastigamine (Exelon), and galantamine (Reminyl).

Medicines are sometimes ordered to help with symptoms such as sleeplessness, wandering, anxiety, agitation, and depression.

Prevention and research

There is no known way to prevent AD. Researchers continue to look for ways to reduce the risk of this disease.

It is believed that lifelong mental exercise and learning may create more connections between nerve cells and delay the onset of dementia. People should be encouraged to learn new things and stay mentally active as long as possible.

Caring for the AD client

AD progresses at a different rate with each person. It is important to focus on things that the person with AD can still do and enjoy.

All persons with AD need unconditional love and constant reassurance, no matter what stage of the disease they are in.

You will recognize these signs in many clients with AD:

- Increasing and persistent forgetfulness.
- Difficulty finding the right word.
- Loss of judgment.
- Difficulty performing familiar activities such as brushing teeth or bathing.
- Personality changes such as irritability, anxiety, pacing, and restlessness.
- Depression. Depression may show itself in some of these ways:
  - Wandering.
  - Anxiety—this can be caused by noise, feeling rushed, and by large groups.
  - Weight loss.
  - Sleep disturbance.

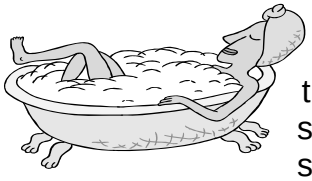
- Pacing and agitation. Agitation often is a symptom of underlying illness or pain. Medication can also cause agitation, as can changes in the environment.
- Cursing or threatening language.
- Disorientation, delusions, or hallucinations. A person with hallucinations sees, hears, or feels things that are not there. A person with delusions believes strongly in something that is not true, such as believing that he has been captured by enemies.
- Difficulties with abstract thinking or complex tasks. Balancing a checkbook, recognizing and understanding numbers, or reading may be impossible.

These suggestions will help you care for a client with AD:

Structure. Serenity and stability reduce behavior problems. When a person with AD becomes upset, the ability to think clearly declines even more.

- Follow a regular daily routine.
    - Plan the schedule to match the person's normal, preferred routine.
    - Find the best time of day to do things, when the person is most capable.
- Keep familiar objects and pictures around.

Bathing. Some people with AD won't mind bathing. For others it is a confusing, frightening experience. Plan the bath close to the same time every day. Be patient and calm. Allow the client to do as much of the bath as possible. Never leave the client alone in the bath or shower. A shower or bath may not be necessary every day—try a sponge or partial bath some days.



Dressing. Allow extra time so the client won't feel rushed. Encourage the client to do as much of the dressing as possible.

Eating. Some clients will need encouragement to eat, while others will eat all the time. A quiet, calm atmosphere may help the client focus on the meal. Finger foods will help those who struggle with utensils.

Incontinence. Set a routine for taking the client to the bathroom, such as every three hours during the day. Don't wait for the client to ask. Many people with AD experience incontinence as the disease progresses. Be understanding when accidents happen.

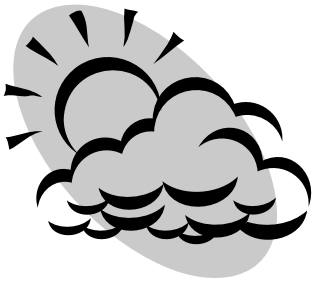
Communication. When talking, stand where the client can see you. Use simple sentences and speak slowly. Focus attention with gentle touching if permitted.

Environment. Make the environment familiar and safe. Set the water heater no higher than 120°. Keep medicines and any potentially dangerous items out of reach.

Exercise. This helps clients improve their motor skills, functional abilities, energy, circulation, stamina, mood, sleep, and elimination.

Avoid pushing the client to exercise, but provide encouragement. Give simple instructions. Mild stretching exercises are good. Demonstrate how to tense and release muscle groups in sequence, keeping the order the same each time. Exercise or walk at the same time each day. A daily walk may reduce wandering.

Night ritual. Behavior is often worse at night. Create a ritual that is calming. Soothing music is helpful for some. Leave a night light on to reduce confusion and restlessness.



Ideas for dealing with difficult behaviors

Sundown syndrome. Many clients with AD are more agitated, confused, or restless in the late afternoon or early evening. Research shows the following things help:

- Leave lights on and shut out the darkness by closing blinds and shades.
- Provide more activity earlier in the day. This will use up energy, reducing stress.
- Schedule essential activities and appointments early in the day.
- Encourage an afternoon nap every day. This reduces fatigue and agitation.
- Play classical music on a portable radio or tape/CD player through headphones or earpieces. This shuts out disturbing noises and soothes the client.
- Warm, relaxing baths, foot soaks, or massages may help.
- Reduce activity and distractions toward the end of the day.
- Discourage evening visits and outings.
- Avoid overstimulation. Turn off the television or radio before speaking to a client.
- Keep the client well hydrated by offering plenty of water throughout the day.

Hiding, hoarding, and rummaging. These common problems can be disturbing to caregivers and to others the AD client lives with. Try these strategies:

- Lock doors and closets.
- Put a sign that says “No” on places you want to keep the person out of, such as certain rooms, closets, or drawers.
- Watch for patterns. If a client keeps taking the same thing, give him one of his own.
- Don’t leave things lying around in the open; put things away neatly.
- Make duplicates of important items like keys and eyeglasses.

  - Keep the person’s closet open so she can see her things in plain view. When the client can see at all times that she still has her everyday items, she may not feel the need to go looking for them.
  - Designate an easily reached drawer as a rummage drawer. Fill it with interesting, harmless items like old keys on chains, trinkets, or plastic kitchen implements. Allow the client to rummage freely in this drawer.
- Look through waste cans when something is lost and before emptying them.
- Clients with AD tend to have favorite hiding places for things. Look for patterns.

Most behaviors have a reason.
Look for the reason for the behavior before responding.

Repetition. A person with AD can become fixated on a task and repeat it over and over without stopping. Pacing, turning lights on and off, or washing hands repeatedly are examples of this. As long as the activity isn't dangerous, there is nothing wrong with letting the person continue doing it. When the time comes that the client must be asked to stop, try these tips:

- Say "stop," firmly but quietly.
- Touch the person gently.
- Lead the person by the arm away from the activity.
- Point out something distracting.
- Say "Thank you for folding all those towels. Now let's go to dinner."

Confusion. Don't try to enter the person's world by pretending to see or hear the things they seem to see or hear. Help the person stay grounded in reality by patiently using some of these techniques:

- Ask questions with yes/no answers.
- Make positive statements that let the person know what you want. For example, say, "Stand still" instead of, "Don't move."
- Give the person a limited number of choices.
- Lay out clothes in advance. Keep the wardrobe simple, and try these things:
    - Avoid buttons and zippers if possible.
    - Use Velcro fastenings and elastic waistbands.
    - Limit the number of colors in the wardrobe.
    - Eliminate accessories.
- Use memory aids, such as posting a list of the daily routine or putting up a large calendar and clock. Other aids include:
    - Put name tags on important objects.
    - Use pictures to communicate if the person doesn't understand words.
    - Make memory books with pictures of important people and places.
    - Post reminders about chores or safety measures.
    - Put a sign that says "No" on things the person shouldn't touch.
    - Paint the bathroom door a bright color, and put a brightly colored seat cover on the toilet. These will remind the person where to go.

- Give simple, precise instructions. Reduce distractions during a task. Give only as much guidance as necessary.
- Say the person's name and make eye contact to get his attention before touching him.
- Reassure the person if needed, but don't needlessly distract a client who is doing a task.
- Each step of a process should be handled as a separate task. Instead of saying, "It's time for your bath," say "Take off your shoes. That's good. Now take off your socks."
- Allow plenty of time for every task.
- If the person can't complete a task, praise her for what she has accomplished and thank her for helping you.

Wandering. First, find out if the client needs something. Look for patterns in the wandering and possible reasons, such as time of day, hunger, thirst, boredom, restlessness, need to go to the bathroom, medication side effect, overstimulation, or looking for a lost item. Perhaps the client is lost or has forgotten how to get somewhere. Help meet the client's need and keep him or her safe by trying these things:

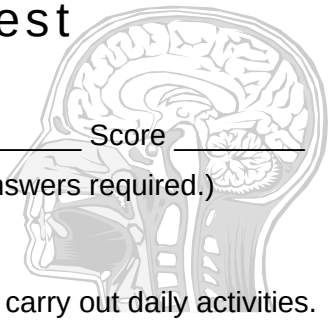
- Remind the client to use the bathroom every two hours.
- Have healthy snacks and a pitcher of water readily available.
- Provide a quiet environment away from noise, distraction, and glaring light.
- Provide a purposeful activity such as folding clothes or dusting.
- Provide an outlet such as a walk, a social activity, a memory book, or classical music played through headphones.
- Give the client a stuffed animal to cuddle.
- Keep lights on at night.
- Try using different shoes on the person. Some people wander when they are wearing shoes but not when they are wearing slippers.
- Use alarms, bells, or motion sensors. Bed alarms are flat strips laid under the sheets that sound when the person gets up. Outside doors should have bells or alarms that sound when opened. Motion sensors can be used in hallways.
- If the client is in a home or facility with stairs, porches, or decks, child safety gates should be used to block these. Two gates can be used for height.
- Use child-resistant locks on doors and windows.
- Put a black mat on the ground in front of outside doors, or paint the porch black. Clients with AD often will not step into or over a black area.
- If possible, the person should carry or wear some form of identification, such as an ID bracelet that looks like jewelry but is engraved with the person's name, address, and phone number.
- Educate neighbors on what to do if they find a wandering client.
- Call the police if an AD client wanders away.

Aggression and agitation. First be sure that the person is not ill or in physical pain, such as from an infection or injury. Then try these suggestions:

- Maintain a calm environment.
- Reduce triggers such as noise, glare, television, or too many tasks.
- Check for hunger, thirst, or a full bladder.
- Make calm, positive, reassuring statements. Use soothing words.

- Change the subject or redirect the person's attention.
- Give the person a choice between two options.
- Don't argue, raise your voice, restrain, criticize, demand, or make sudden movements.
- Don't take it personally if accused or insulted.
- Say, "*I'm sorry you are upset*; *I will stay until you feel better."* Don't say, "I'm not trying to hurt you."
- Encourage calming activities that have a purpose. Sorting and folding laundry, dusting, polishing, vacuuming, watering plants, and other quiet, repetitive tasks can be soothing.

Alzheimer's disease test



Name _____ Date _____ Score _____

Directions: Circle the best answer. (Seven correct answers required.)

1. Which statement is <u>not</u> correct?
    a. AD is a form of dementia that makes a person unable to carry out daily activities.
    b. AD is a progressive, degenerative brain disease.
    c. AD symptoms usually begin suddenly.
    d. AD is characterized by memory loss, language deterioration, poor judgment, and indifferent attitude.

2. Behavior is often worse at night. True or False

3. Benefits of exercise are:
    a. Helps to retain motor skills
    b. Improves circulation
    c. Improves sleep
    d. Aids in elimination
    e. All of the above

4. A daily walk may reduce wandering. True or False

5. During an episode of agitation, choose three things you can do that might help:
    a. Argue
    b. Offer choices between two options
    c. Make calm positive statements
    d. Restrain
    e. Say, "I'm sorry you are upset; I will stay until you feel better."

6. It is important to focus on things the AD client can still do and enjoy. True or False

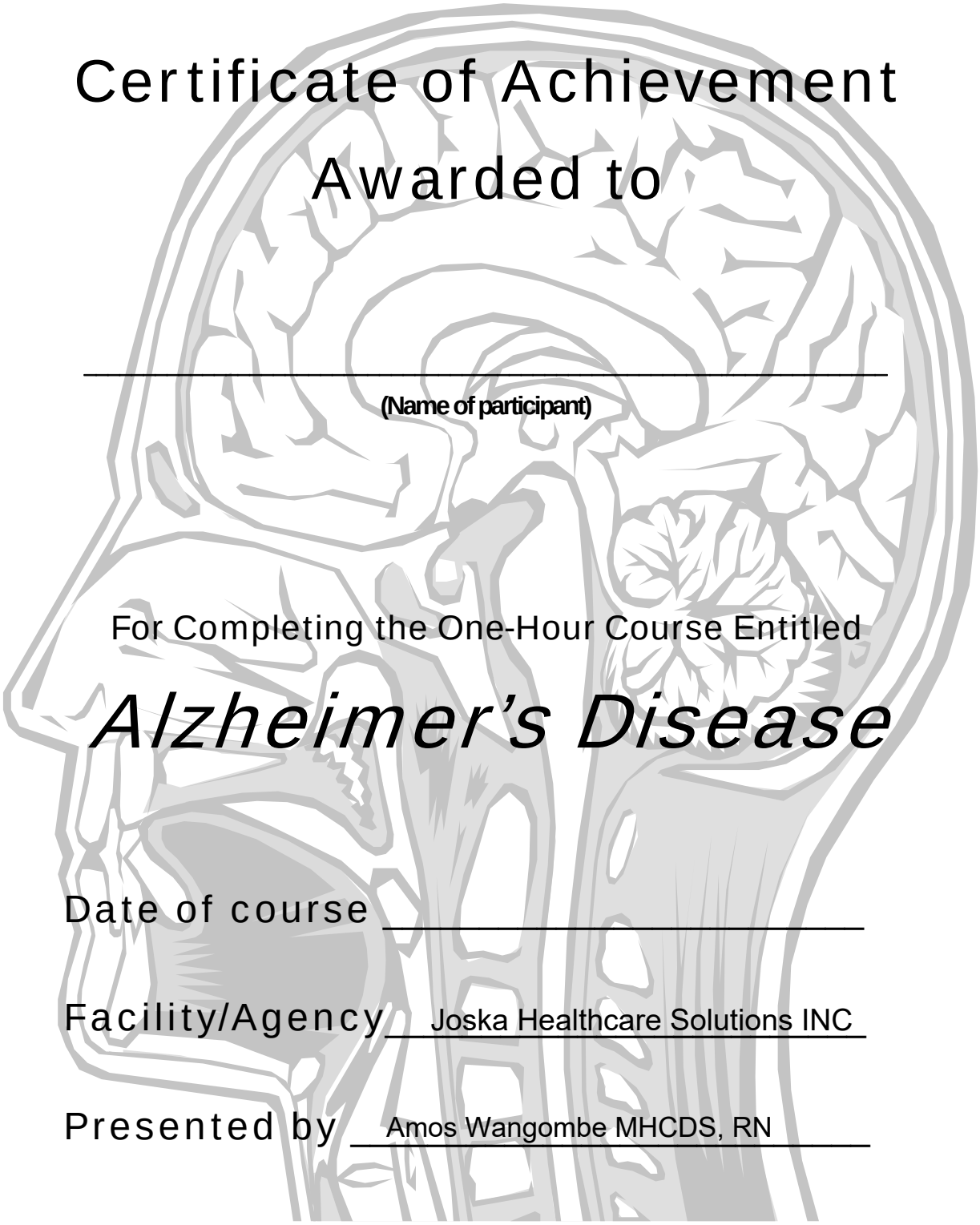
7. Serenity and stability reduce behavior problems. True or False

8. You would be surprised to find your AD client having an outburst of cursing or threatening language. True or False

9. When a client exhibits a difficult behavior, the first thing you should do is look for the
    a. family.
    b. nurse.
    c. reason.
    d. supervisor.

10. Clients with AD never hide something in the same place twice. True or False

11. It doesn't do any good to try to love or reassure a client with AD. True or False



Certificate of Achievement

Awarded to

_____

(Name of participant)

For Completing the One-Hour Course Entitled

Alzheimer's Disease

Date of course _____

Facility/Agency Joska Healthcare Solutions INC

Presented by Amos Wangombe MHCDS, RN

Joska AFC – In-Service Answer Key

1. Abuse and Neglect In-Service

1. c

2. a, b, c

3. b

4. c

5. a, b

6. b, c

7. a, c

8. 800-922-2275

9. b

10. Respect

2. Blood Borne Pathogens

1. HIV, HBV, HCV

2. True

3. Three

4. True

5. False

6. False

7. True

8. 10–15

9. d

10. a. Frequent, thorough hand washing
    b. Wear gloves
    c. Mask, eye protection, gown
    d. Sharp items

(Ten correct answers out of fifteen required for certificate.)

3. TB Training

1. True

2. False

3. False

4. False

5. False

6. False

7. False

8. True

9. True

10. False

11. False

12. True

13. False

14. True

15. True

16. D

17. B

18. D

19. C

20. D

4. Infection Control In-Service

1. c

2. b

3. a

4. d

5. d

6. False

7. Airborne, blood borne, contact, droplet

8. Wash hands, wear gloves, wear gown, mask, goggles if splashing expected, keep everything clean

9. False

10. True

5. Emergency Preparedness Training

1. a. True

2. a. The Administrator or designee

3. b. False

4. c. Emergency Preparedness

5. b. On hire

6. c. Yearly and when the plan is implemented

7. b. 1 through 4

8. a. True

9. c. Staff safety

10. d. All the above

6. HIPAA Training

1. T

2. T

3. F

4. T

5. T

6. T

7. T

8. T

9. F

10. T

11. T

12. T

13. A

14. C

15. C

16. C

17. B

18. D

19. C

20. B

21. A

22. B

23. A

24. A/B/C

25. C

26. B

27. B

28. C

29. C

30. C

7. Cultural Diversity Training

1. A

2. A

3. A

4. C

5. A

6. F

7. A

8. B

9. C

10. B

8. Caring for Dementia Patients Training

1. h

2. a

3. m

4. e

5. c

6. g

7. b

8. f

9. k

10. l

11. d

9. Alzheimer's Disease

1. c

2. True

3. e

4. True

5. b, c, e

6. True

7. True

8. False

9. c

10. False

11. False

Joska Healthcare Solutions Inc.

23 Trescott St Taunton, MA 02780

Tel 617-925-2156 Fax 617-925-2176

ACKNOWLEDGMENT AND ATTESTATION OF MANDATORY TRAINING

Name of the Caregiver: _____

Position/Title: Adult Foster Care Program Caregiver

Hiring Date : _____

Patient: _____

This document serves as formal acknowledgment that I, the undersigned Adult Foster Care Caregiver, have received and completed all mandatory trainings and in-service sessions required by Joska Healthcare Solutions Inc. These trainings are essential to ensure compliance, competency, and quality care within the scope of my responsibilities.

List of Mandatory Trainings/In-Services:

No.	Training / In-Service Topic	Status
1	Abuse and Neglect	Completed
2	Blood Borne Pathogens	Completed
3	Tuberculosis (TB) Training	Completed
4	Infection Control	Completed
5	Emergency Preparedness	Completed
6	HIPAA Training (Privacy and Confidentiality)	Completed
7	Cultural Diversity and Sensitivity	Completed
8	Caring for Patients with Dementia	Completed
9	Alzheimer's Disease Education and Awareness	Completed

Joska Healthcare Solutions Inc.

23 Trescott St Taunton, MA 02780

Tel 617-925-2156 Fax 617-925-2176

Caregiver Attestation

I hereby acknowledge that I have completed the above-listed mandatory training sessions and in-services. I understand the material presented and recognize its direct relevance to my job responsibilities and to the safety and well-being of the individuals under my care.

I agree to comply with the policies, procedures, and regulatory standards discussed in these trainings. I also confirm that I was given the opportunity to ask questions and seek clarification on each training topic.

AFC Caregivers Signature: _____ Date: _____

Agency representative (Program Director or Program Manager)

Name_____

Title: Program Director Care Manager

Signature_____

Date _____

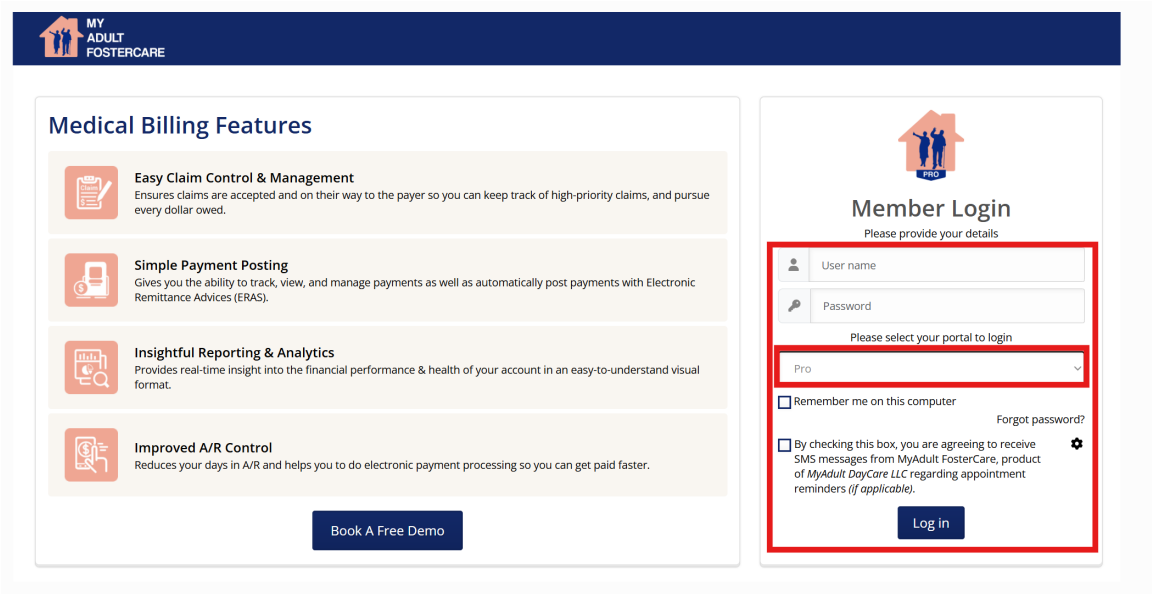
Completing and Signing Care Logs/Notes A Step-by-Step Guide: MyAdultFosterCare

Step 1: Access the Caregiver Portal

• Open your web browser and navigate to our website www.joskahealthcare.com and then click the caregiver Portal

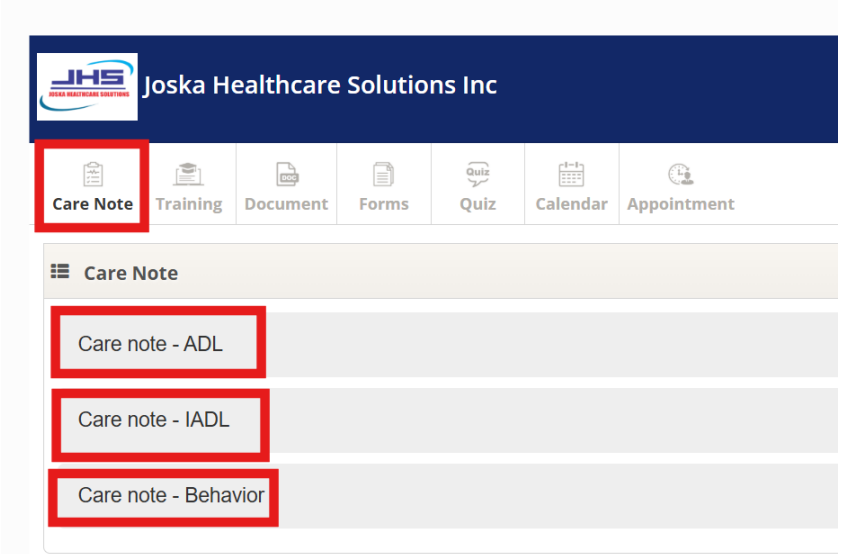
Step 2: Log In to Your Account into the caregiver portal

- Enter your username and password associated with your caregiver account.
- Please make sure to select the Pro as the portal type
  - Click "Login" to access your dashboard.



Step 3: Navigate to Care Logs

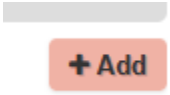
- Once logged in, locate the "Care Note", Care Note – ADL, Care note – IADL and Care note – behavior as shown below.



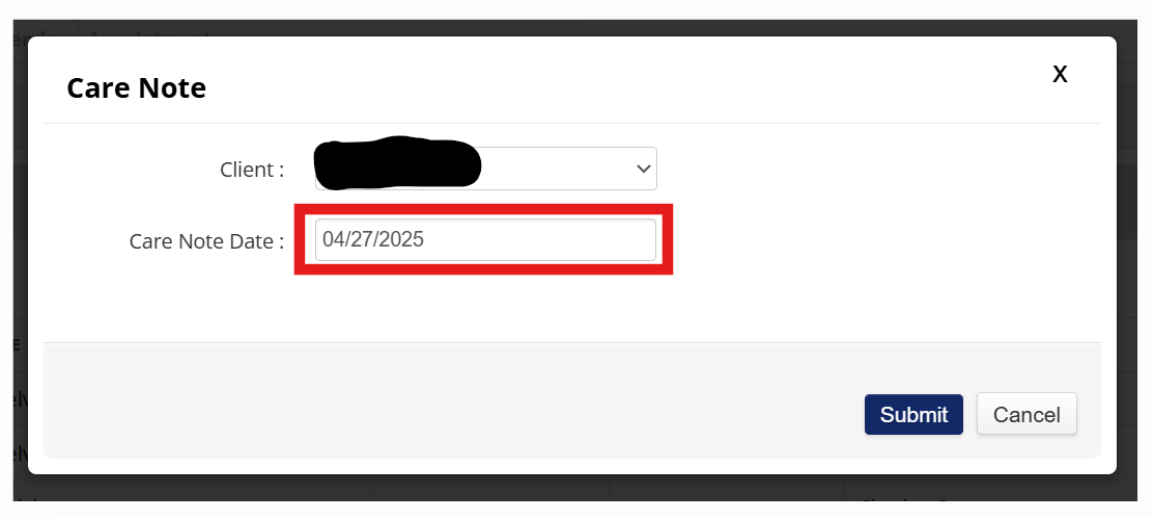
Step 4: Create or Update a Care Log – ADL ✍

• To add a new care note ADL, , click on Care Note – ADL. This will open a list of all the previous documented care notes – ADL.

- To add a New Care Note – ADL for the week, click the add button shown below.

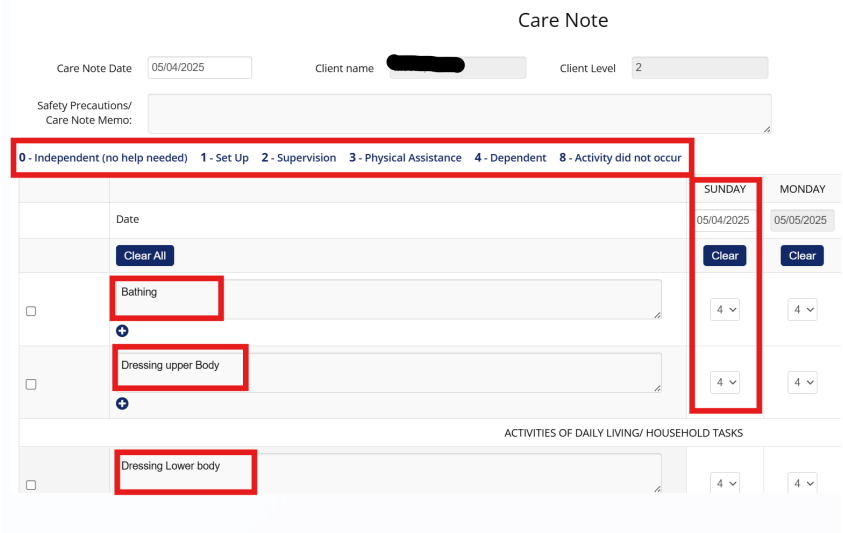


- After clincking the Add button, a new window showing the name of the patient and the date will pop up. Please select the appropriate dates that reflects the week you are documenting and click submit as shown below.



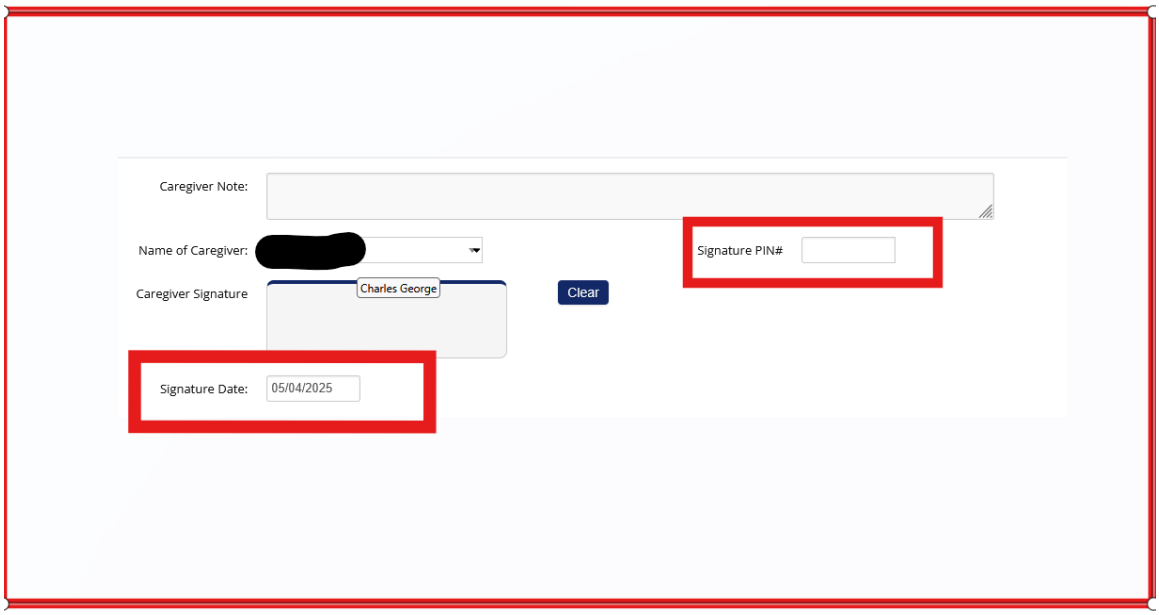
Step 5: Save and Review the Entry ☑

• The care log will automatically populate based on the already approved careplan. Please review it for accuracy and if you have any question or would like to make any changes, please reach out to the care manager or the program Nurse. Please see the sample below.



Step 6: Electronically Sign the Care Log

• Once the entry is finalized, enter your 4 digits PIN or 4 digits Birth year to "Sign" to add your electronic signature.
• Confirm your signature when prompted. This action verifies that the information entered is accurate and complete.



Step 7: Submit the Care Log

• After signing, click "Save and Submit" to send the care log for administrative review and record-keeping.
• Add the date the care note is being done.