Lesson #1

Title: Introduction to the Role of the Nurse Aide

Lesson Objectives:

- I. The student will be able to describe Long Term Care in comparison with other healthcare settings.
- II. The student will be able to describe the role of the Nursing Assistant, including the Scope of Practice and the role of facility policies and procedures which may govern care and conduct.
- III. The student will be able to explain the members and roles of the Interdisciplinary Care Team and the Chain of Command.
- IV. The student will be able to demonstrate the importance of both verbal and non verbal communication, barriers to effective communication, and interpersonal skills.
- V. The student will be able to explain culture change/resident centered care and the need to incorporate into daily care.

Key Terms:

Activity Director (AD) – an individual who plans the activities for the residents and assists them to socialize and to stay physically and mentally active.

Activities of Daily Living (ADLs) – personal daily care tasks including, bathing, dressing, caring for teeth and hair, toileting, eating and drinking.

Acute – a current illness that has severe symptoms and maybe as a result of a sudden onset.Administrator – manages all departments within the facility.

Adult Day Care – care given at a facility during day time hours; generally for individuals who need some assistance and/or supervision but are not seriously ill or disabled; usually reside outside of the facility.

Advanced Practice Nurse - a registered nurse having education beyond the basic nursing education and certified by a nationally recognized professional organization in a nursing specialty, or meeting other criteria established by a Board of Nursing.

Assisted Living – facilities where residents live who need limited assistance, but do not require skilled care.

Call Light – means to communicate to staff a need for assistance. The call light should be available to the resident at all times.

Certified Nursing Assistant (CNA) – an individual who has completed a state approved course and has successfully completed certification testing. A CNA provides direct care.

Chain of Command – the line of authority in the facility which addresses to whom each employee/department reports.

Chronic – the disease or condition is long term or will be long lasting.

Clichés – phrases that are used frequently and which often have a different meaning, making it difficult for the resident to understand.

Communication – the process of exchanging information with others.

Cultural Differences – beliefs, values, habits, diet and health practices that relate to a person's culture or religion.

Cultural Diversity – the variety of people living and working together in the facility

Culture – a system of behaviors people learn from the people by which they are surrounded.

Culture Change – a philosophy that focuses on providing "person-centered" care to residents and creating a positive work environment for healthcare workers

Denial – rejection of a thought or feeling.

Dependent – requires staff assistance to carry out activities of daily living.

Dietitian – plans menus, special diets and monitors nutritional needs of the resident.

Displacement – transferring a strong negative feeling to something or someone else.

Health Insurance Portability and Accountability Act (HIPAA) – law that requires health information to be kept secure (protected) and private.

Home Health Care – care provided in a person's home.

Hospice Care – care for individuals who have an estimated six months or less to live; hospice provides physical and emotional care and comfort.

Housekeeping Department – responsible to maintain the facility in a clean and sanitary manner **Independent** – able to carry out activities of daily living without staff assistance

Interdisciplinary Team – professionals from each discipline within the nursing facility who meet to discuss and plan the care of the resident.

Laundry Department – oversees laundering of facility linens and residents' personal clothing. **Licensed Practical Nurse (LPN)** – a licensed professional who has completed 1 to 2 years of education and has completed an exam for licensure.

Long Term Care (LTC) – care for persons who require 24 hour care and assistance.

Maintenance Department – maintains facility and grounds in good repair.

Medical Director – physician who provides oversight to the nursing staff regarding care provided to the residents.

Medical Doctor (MD) – physician

Non-Verbal Communication – communication without using words, such as facial expressions, tone of voice, posture, gestures, touch, body language, etc.

Objective Information – information based on what is factually seen, heard, touched or smelled. A direct observation

Occupational Therapist (**OT**) – a therapist who helps residents to learn to compensate for their disabilities and assist them with activities of daily living.

Ombudsman – resident advocate who investigates complaints and assists to achieve agreement between parties, often defending the rights of residents.

Optometrist – provides eye care for the residents.

Palliative Care – care that focuses on the comfort and dignity of the person rather than on curing him or her

Person-Centered Care – a philosophical approach to nursing home care that honors and respects the voice of elders and those working closest with them; it involves a continuing process of listening, trying new things, seeing how they work, and changing things in an effort to individualize care and de-institutionalize the nursing home environment.

Physical Therapist (PT) – provides therapy in the form of heat, cold, massage, ultrasound, electricity and exercise to residents with muscle, bone and joint problems. A PT may help a person to safely use a walker, cane or wheelchair.

Podiatrist – a physician who examines and cares for the residents' feet.

Policy – a course of action determined by the facility that should be taken every time a certain situation occurs.

Procedure – the steps to be taken to carry out a task; a particular way of doing something.

Professionalism – how a person behaves when he/she is on the job. Examples of professional interactions with the resident include, but are not limited to:

- Keeping a positive attitude doing the assigned tasks you are trained to perform
- Keeping information about the resident confidential

- Being polite not discussing your personal problems with a resident or with a co-worker in front of a resident.
- Not using profanity, even if a resident uses profanity
- Listening to the resident
- Calling the resident by Mr., Mrs., Ms., or by the name he/she prefers
- Always explaining the care you will be providing before beginning to provide the care
- Presenting a positive image through personal hygiene, appearance and state of mind

Projection – seeing feelings in others that are really one's own.

Qualified Medication Aide (QMA) – a certified nursing assistant who has completed required state training and has completed examination in an effort to administer medications and certain treatments in accordance with the specific scope of practice of the QMA

Rationalization – making excuses to justify a situation.

Registered Dietitian (RD) – a professional who creates special diets for residents with specific needs and plans menus to ensure residents' nutritional needs are met.

Registered Nurse (RN) – a licensed professional who has completed 2 to 4 years of nursing education and has completed the examination for licensure.

Regression – going back to an old immature behavior.

Repression – blocking painful thoughts or feelings from the mind.

Respiratory Therapist – provides breathing treatment(s) and special equipment for respiratory conditions.

Scope of Practice – the tasks for which a nurse aide is trained, thus, allowed to do.

Nurse Aide duties include but are not limited to:

- Feeding residents
- Helping residents with toileting and elimination needs
- Assisting residents to move safely around the facility
- Keeping residents' living areas neat and clean
- Encouraging residents to eat and drink
- Caring for supplies and equipment
- Helping to bathe and dress residents
- Making beds
- Helping residents with oral care and other hygiene needs

Skilled Care – medically necessary care given by a nurse or therapist

Slang- terms/words used that may be specific to a generation and not easily recognizable and/or easily misinterpreted by the resident.

Social Worker (**SW**) – an individual who helps residents with psycho-social needs and assists to arrange needed services.

Speech Therapist (ST) or Speech Language Pathologist (SLP) – a therapist who helps residents with speech and swallowing problems

Standard 14 – "The nurse aide will perform only the tasks in the course standards and Resident Care Procedures manual, unless trained appropriately by licensed staff of the facility with policies and procedures and a system for ongoing monitoring to assure compliance with the tasks. This additional training would only apply for tasks, which are not prohibited by paragraphs 2 and 3 of this section and by current rule, which prohibits the giving of injections. The nurse aide will not perform any invasive procedures, including enemas and rectal temperatures, checking for and/or removing fecal impactions, instillation of any fluids, through any tubing, administering vaginal or rectal instillations.

The nurse aide will not administer any medications, perform treatment or apply or remove any dressings. Exception to the above would be the application of creams/ ointments to intact skin as moisture barrier cream."

Subjective Information – information that could not be or was not observed. The information is based on what a person thinks or something that was reported by another person that may or may not be true.

Terminal illness – a disease or condition that will eventually cause death.

Verbal Communication – written or spoken messages.

- I. Introduction to Long Term Care
 - A. Long Term Care Acute, chronic and terminal illness
 - B. Skilled Care
 - C. Adult Day Care
 - D. Assisted Living
 - E. Home Health Care

- F. Hospice Care
- G. Palliative Care
- II. The Role of the Nurse Aide
 - A. Requirements
 - 1. Limited criminal history performed
 - 2. Mantoux testing or health screen and physical examination
 - 3. Completion of an approved training program
 - B. Professionalism
 - 1. Accountability
 - 2. Confidentiality
 - 3. Health Insurance Portability and Accountability Act (HIPAA)
 - C. Scope of Practice Standard 14 Indiana Specific
 - D. Provide care according to the resident's comprehensive care plan
 - 1. Direct care needs/Use of a Nurse Aide Assignment Sheet
 - Actively listen and communicate with the resident, the family and the health care team
 - F. Observe and report any change in the resident's appearance, behavior or mood to the nurse
 - 1. Objective observation/information
 - 2. Subjective observation/information
 - 3. Observations that indicate an acute condition requiring immediate attention from the nurse include but are not limited to: severe pain, fall/accident, seizures, swelling, bleeding, loss of consciousness, difficulty breathing
 - 4. Acute change in mental status confusion, lethargy, delirium
 - G. Participate in care planning, when requested
 - H. Follow policies and procedures
- III. The Care Team and the Chain of Command
 - A. Interdisciplinary Team often includes
 - Activity Director, Certified Nursing Assistant, Licensed Practical Nurse, Medical Doctor, Social Worker, Occupational Therapist, Physical Therapist, Qualified

Medication Aide, Dietary Manager and/or Registered Dietitian, Registered Nurse, Speech Therapist, Administrator

- 2. Resident and Family Member/Responsible Party
- 3. Ombudsman, upon resident request
- B. Chain of Command
 - 1. Director of Nursing
 - 2. Licensed Nurse (charge nurse/supervisor)
 - 3. Certified Nursing Assistant/ Qualified Medication Aide
- IV. Communication and Interpersonal Skills
 - A. Effective Communication
 - 1. Formulate the message
 - 2. Receive the message (listen)
 - 3. Observe for feedback
 - B. Verbal and Non-Verbal Communication
 - C. Barriers to Communication
 - 1. Clichés
 - 2. Slang
 - 3. Impairments
 - a. A person who is visually impaired relies on verbal cues, including words and tone of voice
 - a. State your name before beginning a conversation
 - b. Describe persons, things and environment
 - c. Inform the resident when you are entering or leaving the room
 - d. Explain in detail what you are doing and ask the resident what they would like to do independently
 - e. Touch the resident, if appropriate
 - f. Read resident's mail or personal documents, only if asked
 - g. Sit where resident can easily see you if resident has partial vision
 - b. A person who is hearing impaired relies on nonverbal cues including body language, sign language, and writing

- a. Speak slowly and distinctly
- b. Use short sentences
- c. Face the resident
- d. Use facial expressions and gestures
- e. Reduce outside distractions
- f. Use sign language and communication boards, if appropriate
- c. Be certain that the resident's hearing aid is in place and is working properly, if applicable
- d. A person who is cognitively impaired relies on both verbal and nonverbal cues and may need messages repeated frequently, using short sentences and simple words
- 4. Denial refusal to acknowledge existence of something: a refusal to believe in something or admit that something exists
- Displacement transfer of emotions or behavior: the transfer of emotion from the original focus to another less threatening person or object, or the substitution of one response or piece of behavior for another
- 6. Rationalization a defense mechanism whereby people attempt to hide their true motivations and emotions by providing reasonable or self-justifying explanations for irrational or unacceptable behavior
- 7. Regression reversion to earlier state: a return to an earlier or less developed condition or way of behaving
- 8. Repression a mechanism by which people protect themselves from threatening thoughts by blocking them out of the conscious mind
- D. Call Lights as the resident's means to Communicate with Staff
 - 1. Resident access to the call light place call light on resident's unaffected side.
 - 2. Staff response to the call light
- E. Promoting resident independence
 - 1. Activities of Daily Living (ADLs)
 - 2. Independence versus Dependence
- V. Resident-Centered Care (Person-Centered Care)

- A. Respecting resident choice/preference
 - Provide a home-like and safe living environment with daily routines designed to meet the resident's specific needs and in accordance with former lifestyle
- B. Practices which reflect resident-centered care (include, but not limited to :)
 - 1. Time to awake/retire to bed
 - 2. Frequency of bath/shower
 - 3. Preferred activities
 - 4. Choice of clothing
 - 5. Choice of mealtimes
 - 6. Choice of toileting times
- C. Cultural Diversity
- D. Respecting Cultural Differences
- E. Respecting Religious Preferences

Visual Aides:

- Comprehensive Care Plan
- Nurse Aide Assignment Sheet
- Standard 14

RCPS:

• None

Review Questions

- 1. To whom does the CNA report?
- 2. What is the difference between an objective and subjective observation?
- 3. Give examples of resident choices which could be honored by the facility to promote person-centered care.

Lesson # 2

Title: Resident Rights

Lesson Objectives:

I. The student will be able to explain the importance of Resident Rights.

II. The student will be able to describe the components/areas that are Resident Rights.

III. The student will be able to demonstrate ways to protect Resident Rights.

IV. The student will be able to describe the types of abuse, neglect and misappropriation.

V. The student will be able to demonstrate how to respond to situations related to abuse, neglect or misappropriation.

Key Terms:

Abuse – the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish; abuse can be <u>verbal</u> (something said-oral, written or gestured), <u>physical</u> (something done to the resident-rough handling/treatment, hitting, slapping, pinching, etc.), <u>emotional/mental</u> (humiliation, harassment, threats of punishment or deprivation) or <u>sexual</u> (harassment, coercion or sexual assault). <u>Any sexual relationship</u> with a resident is considered to be abuse.

Confidentiality – maintaining information as private.

Consensual – agreed to by the people involved; dome with the consent of the people involved. **HIPAA** – Health Insurance Portability and Accountability Act; Federal law that protects the privacy of individually identifiable health information; sets national standards for the security of electronic protected health information; and protects identifiable information being used to analyze patient safety events and improve patient safety.

Informed Consent – a person, after having been informed of potential negative outcomes, makes informed decisions about their healthcare.

Involuntary Seclusion – separation of a resident from other residents or from his/her room or confinement to his/her own room against the resident's will, or the will of the resident's legal representative.

Misappropriation – intentional use or theft of property or funds of another person for one's own use.

Neglect – failure to provide help or care when needed.

OBRA (**Omnibus Budget Reconciliation Act**) – law passed by federal government establishing minimum standards for nursing home care and for nursing assistant training.

Privacy – free of being observed or disturbed by other people.

Resident Rights – rights identified by OBRA relative to residents in long term care facilities; informs residents and others of the residents' rights within the facility.

Restraints – to physically restrict voluntary movement or use chemicals to revise/restrict resident behavior

- I. Resident Rights
 - A. Origin Omnibus Budget Reconciliation Act (OBRA) —Passed in 1987 due to reports of poor care and abuse in nursing homes
 - B. Purpose
 - a. Inform a resident how he/she is to be treated
 - b. Provide an ethical code of conduct for healthcare workers
 - C. These rights include the resident's right to:
 - 1. Exercise his or her rights;
 - 2. Be informed about what rights and responsibilities he or she has;
 - 3. If he or she wishes, have the facility manage his or her personal funds;
 - 4. Choose a physician, treatment and participate in decisions and care planning;
 - 5. Privacy and confidentiality;
 - 6. Voice grievances and have the facility respond to those grievances;
 - 7. Examine survey results;
 - 8. Work or not work;
 - 9. Privacy in sending and receiving mail;
 - 10. Visit and be visited by others from outside the facility;
 - 11. Use a telephone in privacy;
 - 12. Retain and use personal possessions to the maximum extent that space and safety permit;
 - 13. Share a room with a spouse or another, if mutually agreeable;

- 14. Self-administer medication, if the interdisciplinary care planning team determines it is safe;
- 15. Refuse a transfer from a distinct part, within the institution;
- 16. Be free from any physical or chemical restraints; and
- 17. Be free from verbal, sexual, physical and mental abuse, corporal punishment and involuntary seclusion.
- D. Protection of Resident Rights:
 - 1. Never abuse know your limits
 - 2. Types of abuse (explained in detail later)
 - 3. Report signs/symptoms of abuse, neglect and misappropriation (examples provided later)
- E. Privacy
 - 1. Avoid unnecessary exposure
 - 2. Do not open mail without permission
 - 3. Knock and request permission before entering room
- F. Confidentiality
 - 1. No gossip
 - 2. No sharing of resident information except with care team members
 - a. Health Insurance Portability and Accountability Act (HIPAA) law
 - to keep health information private
 - b. Social Media posting of resident's is considered abuse
- G. Resident Care
 - 1. Involve resident in care
 - 2. Explain procedures
 - 3. Respect refusal in care
 - 4. Report refusal in care

Note Introduce RCPs – "Initial Steps" and "Final Steps" to reinforce acknowledgement of Resident Rights observed when providing care.*

- H. Report and Document
 - 1. Be honest & truthful
 - 2. Notify supervisor immediately of abuse, neglect and/or misappropriation

- 3. Notify nurse about care questions
- 4. Report changes in condition
- I. Abuse, Neglect, and Personal Possessions/Misappropriation
 - A. Types of Abuse
 - 1. Physical
 - 2. Sexual
 - 3. Mental
 - 4. Verbal
 - 5. Financial
 - B. Neglect/Negligence
 - C. Involuntary Seclusion
 - D. Misappropriation
 - 1. Personal property
 - 2. Gifts
 - E. Signs and Symptoms
 - 1. Abuse
 - Conditions- suspicious marks, bruises, bite marks, fractures, dislocations, burns, scalp tenderness, nose bleeds, swelling, welts
 - b. Observations- fear, pain, withdrawal, mood changes, acting out, anxiety, guarding
 - 2. Neglect
 - a. Conditions pressure ulcers, dehydration, weight loss
 - b. Observations unclean, soiled bedding or clothing, unanswered call lights, wrong clothes, no glasses/hearing aids, uneaten food/snacks, no water available
 - c. Misappropriation
 - a. Conditions-anger, sadness, fear
 - b. Observations-missing items, comments from resident or family
 - F. Reporting
 - 1. Know facility policy

2. Report per your facility policy

Visual Aides:

• Resident Rights (poster and/or copy)

RCPS:

Introduce the students to:

- Initial Steps
- Final Steps

Review Questions

- 1. Give examples of Resident Rights.
- 2. How can Resident Rights be protected?
- 3. What are the different types of abuse?
- 4. Give examples of neglect
- 5. Give an example of misappropriation.
- 6. What is the first thing that should be done if you feel a resident has been abused?

Lesson #3

Title: Infection Control

Lesson Objectives:

I. The student will be able to explain the importance of Infection Control.

II. The student will be able to demonstrate the chain of infection.

III. The student will be able to describe the importance of hand hygiene.

IV. The student will be able to describe the importance of personal protective equipment.

V. The student will be able to explain both Standard and Transmission Based Precautions.

Key Terms:

Airborne Precautions – used for diseases that are transmitted through the air after expelled.

Blood borne Pathogens – microorganisms in human blood which can cause infection and disease in humans

Body Fluids – saliva, sputum, urine, feces, semen, vaginal secretions, and pus or other wound drainage.

Causative Agent - a biological agent (pathogen) that causes a disease

Center for Disease Control and Prevention (CDC) – federal governmental agency that issues guidelines relative to protection and manners to improve health.

Chain of Infection – an illustration to describe how a disease is transmitted from one person (or source) to another

Contact Precautions – used when there is risk for transmitting or contracting a microorganism from touching an infected object or person.

Direct Contact - touching an infected person, or his/her secretions.

Disinfection – chemicals used to decrease the spread of pathogens by destroying them.

Droplet Precautions – used when the disease causing microorganism does not stay airborne and only travels a short distance after being expelled

Hand Hygiene – hand washing with soap and water or using alcohol-based hand rub.

Healthcare Associated Infection (HAI) – infection acquired in a hospital or other healthcare setting; also known as a nosocomial infection

Indirect Contact - transmission of a disease without physical contact (e.g., touching a common object).

Infection Control – methods used to control and prevent the spread of tiny living things that are always present in the environment, however are not visible to the naked eye.

Isolation – measure taken to isolate the potentially harmful microorganism and prevent spread to other residents.

Localized Infection – an infection contained to a specific body part; thus, the infection is localized.

Mode of Transmission – how the pathogen travels from one person to another. Transmission can happen through the air, or through direct or indirect contact.

Nosocomial Infection – infection acquired in a hospital or other healthcare setting; also known as HAI (healthcare associated infection)

Pathogen – harmful microorganism; the causative agent.

Personal Protective Equipment (PPE) – barrier between a person and a potentially harmful microorganism

Portal of Entry – the way pathogens enter the body (e.g., mouth, nose, skin breaks, urinary tract and anus).

Portal of Exit – the ways pathogens leave the body (e.g., urine, feces, saliva, tears, drainage from wounds, sores, blood, excretion from respiratory tract or genitals).

Reservoir – where pathogens live and multiply.

Standard Precautions – treating all blood, body fluids, non-intact skin and mucous membranes as if they are infected.

Sterilization – destroys all microorganisms, not just pathogens.

Susceptible Host – the person who could be infected (e.g., elderly, persons who are not in good health, people who do not follow proper infection control precautions).

Systemic Infection – infection that occurs when pathogens enter one's bloodstream and move throughout the body causing general symptoms

Transmission Based Precautions – special precautions implemented on the basis of how the disease spreads.

- I. Introduction to Infection Control
 - A. Definition of Infection Control prevent and control the spread of infection
 - B. Role of Centers for Disease Control and Prevention (CDC)
 - C. Chain of Infection Links
 - 1. Causative Agent a pathogen or microorganism that causes disease
 - 2. Reservoir a place where a pathogen lives and grows
 - Portal of Exit a body opening on an infected person that allows pathogens to leave
 - 4. Mode of Transmission method of describing how a pathogen travels from one person to the next person
 - Portal of Entry a body opening on an uninfected person that allows pathogens to enter
 - 6. Susceptible Host an uninfected person who could get sick
 - D. Types of infections
 - 1. Systemic an infection that is in the bloodstream and is spread throughout the body, causing symptoms
 - 2. Localized an infection that is confined to a specific location in the body and has local symptoms
 - 3. Healthcare Associated Infections (HAIs)/Nosocomial infections that patients acquire within healthcare settings that result from treatment for other conditions.
 - E. Facility Infection Control Policy
 - 1. Key components
 - a. Procedures
 - b. Reporting
 - c. Surveillance
 - d. Compliance
- II. Hand Hygiene
 - A. Hand washing when hands are visibly soiled
 - B. Alcohol based hand rub

- C. Five Moments for hand hygiene World Health Organization (WHO)
 - 1. Before resident/patient contact
 - 2. Before aseptic task
 - 3. After exposure to blood/body fluids
 - 4. After resident/patient contact
 - 5. After contact with resident/patient surroundings
- D. Other Hand washing moments
- E. Important factors related to Hand Hygiene
 - 1. Visibly soiled with blood or body fluids
 - 2. Exposure to potential pathogens
 - a. Spores C-Diff requires hand washing
- F. Other factors related to Hand Hygiene
 - 1. Finger nails long fingernails harbor organisms
 - 2. Jewelry
 - 3. Intact skin
- G. Procedure for hand washing (See RCP)
 - 1. Demonstrate proper hand washing
 - 2. Explain rationale for each step

III. Personal Protective Equipment – PPE

- A. Purpose of PPE
- B. Types of PPE
 - 1. Gloves
 - 2. Gown
 - 3. Mask
- C. Procedure for PPE
 - 1. Demonstrate RCP:
 - a. Gloves
 - b. Gown
 - c. Mask

IV. Precautions

- A. Standard Precautions
 - 1. Hand Hygiene
 - 2. Personal Protective Equipment
 - 3. Disposal of contaminated equipment/supplies
- **B.** Transmission Based Precautions
 - 1. Airborne Precautions
 - 2. Droplet Precautions
 - 3. Contact Precautions

Visual Aides:

Utilize resources, charts, diagrams, etc., found at the ISDH Healthcare Associated Infections Resource Center <u>http://www.in.gov/isdh/24769.htm</u>

- WHO 5 Moments of Hand Hygiene
- WHO Hand Hygiene Checklist ("How to Hand wash")
- Chain of Infection Diagram

<u>RCPS</u>:

- Hand washing
- Gloves
- Gown
- Mask

Review Questions

- 1. What are the links in the "Chain of Infection"?
- 2. What is the most important action a healthcare worker can take to prevent spread of infection?
- 3. Describe the 5 Moments of Hand Hygiene.
- 4. Explain the importance of proper usage of personal protective equipment.

Lesson # 4 Title: <u>Infection Control, continued</u>

Lesson Objectives:

- I. The student will be able to describe conditions that are associated to infections.
- II. The student will be able to demonstrate proper hand washing technique and proper use of personal protective equipment.
- III. The student will be able to describe the importance of a clean environment.
- IV. The student will be able to verbalize rationale related to following proper technique related to hand washing and use of personal protective equipment.

Key Terms:

Acquired Immune Deficiency Syndrome (AIDS) - a disease of the human <u>immune system</u> caused by <u>human immunodeficiency virus</u> (HIV). The illness interferes with the immune system, making those with AIDS much more likely to get <u>infections</u>. Although considered a sexually transmitted disease, it is also spread through blood, infected needles, or to the fetus from its mother.

Clostridium Difficile (C-Diff) - <u>bacteria</u> which causes severe watery <u>diarrhea</u> and other intestinal disease when competing bacteria have been wiped out by antibiotics; It is spread by spores that are difficult to kill and can be carried on the hands of caregivers who have direct contact with residents or an environmental surface (i.e., floors, toilets, bedpans).

Disposable - a product designed for short-term use with most products only intended for single use.

Disinfect – to decrease spread of pathogens and disease by destroying pathogens.

Hepatitis – inflammation of the liver caused by infection.

Influenza - an <u>infectious disease</u> caused by a <u>virus</u>. The most common symptoms include <u>chills</u>, <u>fever</u>, <u>sore throat</u>, <u>muscle pains</u>, severe <u>headache</u>, <u>coughing</u>, weakness/<u>fatigue</u> and <u>general</u>

discomfort. Influenza is a more severe disease than the common cold.

Jaundice – a yellow/gold tint to the skin and eyes often seen in liver disease such as hepatitis or liver cancer.

Methicillin Resistant Staphylococcus Aureus (**MRSA**) – an antibiotic resistant infection often acquired in hospitals and other facilities; spread by direct physical contact.

Occupational Safety and Health Administration (OSHA) – federal governmental agency that protects workers from hazards on the job

Pediculosis – an infestation of lice.

Scabies - a contagious <u>skin infection</u> that occurs among humans and other animals. Caused by a tiny and usually not directly visible <u>parasite</u> which burrows under the host's skin, causing intense allergic <u>itching</u>

Tuberculosis (**TB**) – a bacterial infection that affects the lungs; causing coughing and difficulty breathing, fever and fatigue. It is an airborne disease, carried on droplets suspended in the air.

Vancomycin Resistant Enterococcus (VRE) – a strain of enterococcus that cannot be controlled with antibiotics; it is spread through direct and indirect contact.

- I. Infectious Disease/Infectious Condition
 - A. Acquired Immune Deficiency Syndrome (AIDS)
 - 1. Defintion
 - Transmission blood or body fluids; usually through contact with blood or sexual contact
 - 3. Prevention- Standard Precautions
 - B. Clostridium Difficile (C-Diff)
 - 1. Definition
 - 2. Transmission- spores which may survive up to six months on inanimate objects
 - 3. Prevention-Contact Precautions; requires caregiver to wash hands; not use alcoholbased hand rubs
 - C. Hepatitis
 - 1. Definition
 - 2. Transmission-fecal/oral; contaminated blood or needles; sexual intercourse
 - 3. Prevention-Standard Precautions
 - D. Influenza
 - 1. Definition

- 2. Transmission- direct or indirect contact; may also be airborne
- 3. Prevention-Standard Precautions; may require Droplet Precautions
- E. Methicillin Resistant Staphylococcus Aureus (MRSA)
 - 1. Definition
 - a. infectious-with symptoms
 - b. colonized-without symptoms
 - 2. Transmission-direct or indirect contact
 - 3. Prevention-Standard Precautions (colonized); Contact Precautions (infectious) dependent upon location; Droplet Precautions for a respiratory infection
 - F. Pediculosis
 - 1. Definition
 - 2. Transmission-direct or indirect contact; common use of combs/brushes, hats, linens
 - 3. Prevention-Contact Precautions
 - 4. Treatment- medications, environmental concerns.
 - G. Scabies
 - 1. Definition
 - 2. Transmission-direct or indirect contact; common use of linens
 - 3. Prevention-Contact Precautions
 - 4. Treatment- medications, environmental concerns.
 - H. Tuberculosis
 - 1. Definition
 - 2. Transmission- airborne; a resident who is suspected as having active Tuberculosis will be immediately transferred to a location where respiratory precautions (such as air exchange limited only to the room of the resident and use of respirators by caregivers) can be implemented
 - 3. Prevention-Airborne Precautions; relocation to an appropriate environment
 - I. Vancomycin Resistant Enterococcus (VRE)
 - 1. Definition
 - 2. Transmission-direct or indirect contact
 - 3. Prevention-Standard Precautions; may require Contact Precautions dependent upon location

- II. Infection Control Practices
 - A. Environmental cleaning
 - 1. High touch areas- bedrails, bedside equipment, remote control
 - B. Disposal of contaminated items/infectious waste
 - 1. Sharps containers
 - 2. Bio-hazardous waste containers
 - C. Linen
 - 1. Handling clean linen
 - 2. Handling/securing soiled linen
- III. Review of Personal Infection Control Practices
 - A. Hand washing/Hand Hygiene
 - B. Personal Protective Equipment
 - 1. Gloves
 - 2. Gown
 - 3. Mask

Visual Aides:

- PPE (gloves, gown, mask)
- Sharps container
- Bio-hazardous symbol
- Bio-hazardous bag/containers

RCPS:

Review

- Hand washing/Hand rub
- Gloves
- Gown
- Mask

Review Questions:

- 1. Describe direct contact which could spread infection.
- 2. Describe indirect contact which could spread infection.
- 3. If a resident has Clostridium Difficile, is an alcohol-based hand rub effective?

Lesson # 5

Title: <u>Medical Concerns/Emergency Procedures</u> Lesson Objectives:

- I. The student will be able to explain the need for safety and prevention measures/interventions.
- II. The student will be able to explain risk factors related to different types of accidents.
- III. The student will be able to demonstrate prevention strategies for different types of accidents.

Key Terms:

Cardiac Arrest – heart function and circulation stop.

Choking – a complete blockage of the airway requiring immediate action.

Disorientation – confused relative to time and/or place.

Environment - circumstances or conditions that surround an individual.

Fainting – sudden loss of consciousness because of inadequate blood supply to the brain.

Fracture – broken bone.

Hemiplegia – total paralysis of the arm, leg and torso on one side of the body.

Hemorrhage – excessive loss of blood from a blood vessel.

Paralysis – loss or impairment of the ability to move a body part, usually as a result of damage to its nerve supply.

Poisoning – to cause injury, illness, or death by chemical means

Risk Factor - a characteristic, condition, or behavior that increases the possibility of injury.

Scald – burn caused by hot liquids in contact with the skin.

Seizure (Convulsions) – sudden contractions of muscles due to a disturbance in brain activity **Shock** – state of being when vital parts of the body (brain, heart and lungs) do not get enough blood.

- I. Accidents
 - A. Types of Accidents

- 1. Falls/Fainting
- 2. Burns
- 3. Poisoning
- 4. Choking
- II. Falls the consequences of falls can range from minor bruises to fractures and life-threatening injuries.
 - A. Risk factors
 - 1. Personal
 - a. Medications
 - b. Gait or balance problems
 - c. Diagnosis paralysis, hemiplegia, weakness, disorientation
 - Gainting the sudden loss of consciousness because of inadequate blood supply to the brain. The cause can be pain, fatigue, hunger or medical conditions.
 - e. Bowel/Bladder status urgency, incontinence
 - f. Improperly fitting shoes or clothing
 - 2. Environment
 - a. Clutter
 - b. Slippery/wet floors or floors that have shiny waxed finishes.
 - c. Uneven surfaces
 - d. Poor lighting
 - e. Call light out of reach
 - f. Side rails
 - B. Prevention
 - 1. Know residents that are at high risk for falls
 - 2. Frequent toileting program
 - 3. Respond to call lights promptly
 - 4. Use of proper shoes/clothing
 - 5. Keep environment clear or free of obstacles
 - C. Intervention

- 1. If a resident begins to fall, never try to stop the fall. Gently ease the resident to the floor and:
 - a. Call for help immediately, and
 - b. Keep the resident in the same position until the nurse examines the resident
- D. (See RCP) Falling or Fainting
- III. Choking a blockage of the airway. This can occur when eating, drinking or swallowing.The resident often gasps or clutches throat (the universal sign for choking).
 - A. Risk Factors
 - 1. Diagnosis stroke, swallowing difficulty
 - 2. Medications
 - 3. Mental Status
 - a. Unconscious
 - b. Cognitive impairment wandering, eating others' food at an inappropriate consistency
 - B. Prevention
 - 1. Know residents that are at risk
 - 2. Special diets/thickened liquids
 - a. Soft/mechanical soft/pureed diets
 - b. Liquids consistencies
 - i. Nectar thick thicker than water
 - ii. Honey thick pours very slowly
 - iii. Pudding thick semi-solid (spoon should stand up straight)
 - C. (See RCP) Choking

IV. Burns/Scalds

- A. Risk Factors
 - 1. Diagnosis/Conditions stroke, paralysis, diabetes
 - 2. Mental Status/Cognitive impairment
 - 3. Heating appliances/equipment
 - 4. Smoking

- 5. Hot liquids
- B. Prevention
 - 1. Know residents that are at risk
 - 2. Check/report use of heating appliances
 - 3. Check water temperatures (bath, shower)
 - 4. Supervise smoking, when indicated
 - 5. Encourage use of smoking apron, cigarette extension, etc., when indicated
 - 6. Know location of nearest fire extinguisher or fire blanket
 - 7. Pour hot liquids away from residents
 - 8. Mugs with lids/adaptive devices

V. Poisoning

- A. Risk Factors
 - 1. Diagnosis/Conditions Dementia, Alzheimer's Disease, confusion
 - 2. Other factors
 - a. Wandering
 - b. Hoarding
- B. Prevention
 - 1. Proper storage of medications/supplies
 - 2. Lock storage/cleaning rooms, closets and carts
 - Material Safety Data Sheet (MSDS) all chemicals have a sheet that details the ingredients, dangers, emergency response to be taken, and safe handling procedure; required by OSHA
- VI. Medical Emergency
 - A. Types of Medical Emergencies
 - Heart Attack/Cardiac Arrest symptoms may include crushing pain (like someone sitting on the chest) which may go down left arm, be felt in neck or in jaw and doesn't go away
 - a. Notify the nurse immediately
 - b. Loosen clothing around the neck

- c. Do not give food or fluids
- d. Be prepared to initiate CPR if qualified
- e. Remain with resident until help arrives
- 2. Stroke/Cerebral Vascular Accident (CVA) symptoms may include dizziness, blurred vision, nausea/vomiting, headache, uneven grip or smile, slurred speech
 - a. Report symptoms to nurse immediately
- 3. Seizures/Convulsions
 - a. Call for nurse and stay with resident
 - b. Assist the nurse with positioning the resident on his/her side
 - c. Place padding under head and move furniture away from resident
 - d. Do not restrain resident or place anything in mouth
 - e. Loosen resident's clothing, especially around the neck
 - f. After the seizure stops, assist nurse to check for injury
 - g. Note duration of seizures and areas involved
- 4. Bleeding/hemorrhage
 - a. Use Standard Precautions
 - b. Apply direct pressure over the area with a sterile dressing or a clean piece of linen
 - c. Raise the limb above the level of the heart, if possible
- VII. Safety Measures/Prevention Strategies
 - A. Prevention is the key to safety
 - B. Observe for safety hazards, correct or remove hazard, report needed repair
 - C. Know residents' risk factors for accidents
 - D. Safety measures to follow:
 - 1. Call light available
 - 2. Clean/clear environment
 - 3. Report observations that are unsafe and/or equipment in need of repair

Visual Aides:

• Material Safety Data Sheet

<u>RCPS</u>:

- Falling or Fainting
- Choking
- Seizures

Review Questions

- 1. What is the universal sign that indicates choking?
- 2. What document provides first aid/response should a resident drink a chemical?
- 3. Explain the actions of the caregiver if a resident is having a seizure?