

October 2025

Long-term Care



Dining Assistant Curriculum – 2025



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Lesson 1: Health Care Delivery

Objectives:

- Identify the different providers in the health care delivery system
- Identify the health care team's role in the health care delivery system
- Identify the importance of the comprehensive care plan

Terminology

Activities of Daily Living (ADL) – Refers to mobility, eating, dressing, bathing, toileting, and transferring

Advocate – A person who defends the rights of another person

Communicate – Exchange information

Comprehensive care plan – A written plan or action developed by the health care team to meet each resident's highest functional, medical, nursing, mental, and psychosocial needs

Continuity of care – Getting everyone, from every department, on all shifts working toward the same goals using compatible methods

Disciplines - A branch or domain of knowledge, instruction, or learning

Maintenance care – Care that preserves function

Needs – Something required or essential

Preventive care – Care that stops disease or injury from happening

Psychosocial needs – Need for independence, a supportive environment, recognition as an individual, spiritual fulfillment, and social interaction

Resident – An individual who lives in a long-term care facility

Restorative care – Care aimed at regaining health and strength

Spiritual – The search for meaning in life, usually through religion

The healthcare system is composed of different parts designed to work together to make health care accessible to everyone. The healthcare system includes:

- **Hospitals** – Provide acute care (treatment for illnesses which come on suddenly and usually of short duration) and either general or specialized care (children's, cancer, psychiatric, AIDS)
- **Doctor's offices and clinics** – Provide maintenance and preventative care
- **Long-term care facilities** – Provide sub-acute care, rehabilitative services, and long-term care services
- **Home health agencies** – Provide care within the person's home
- **Hospices** – Provide care to the terminally ill (treatment for the dying person to improve comfort and quality of life)

Long-term care can be provided to an individual in their home or in a facility. If the care is provided in a facility, it must:

- Provide a home-like and safe living environment with daily routines designed to meet the resident's specific needs
- Coordinate resident care through the efforts of the health care team
- Provide activities for the residents
- Be subject to inspections by the federal government, the state department of health, and the local health and fire departments

Care is provided to residents by a health care team - a group of professionals and non-professionals, with special skills, who work together. The health care team's purpose is to create the highest quality of care necessary to meet the residents' needs. The health care team accomplishes this when information is shared, care is coordinated, and a comprehensive care plan is developed for each resident. The health care team members may include some or all the following, depending on the resident's individual needs:

- **Resident** – Efforts made to meet needs and maintain quality of life
- **Resident's family** – Provides information about resident to staff; may make decisions if the resident is unable
- **Physician** – Responsible for treatment of disease and illness
- **Nursing staff** – Monitors and promotes health, identifies needs, and assists with activities of daily living (ADLs). Staff include registered nurses (RNs), licensed practical nurses (LPNs), certified nurse aides (CNAs), qualified medication aides (QMAs), and dining assistants.
- **Ombudsman** – Resident advocate who investigates complaints and helps achieve agreement between parties

- **Social worker** – Counsels residents, family, and staff and obtains needed services
- **Activity director** – Plans and carries out appropriate activities for residents
- **Physical therapist** – Works with residents to maintain or to improve the resident's physical abilities
- **Occupational therapist** – Works with residents to maintain or to improve fine motor skills
- **Speech therapist** – Works with residents who have difficulty with speech, swallowing, and communication
- **Dietitian** – Plans menus, special diets, and monitors nutritional needs of the resident
- **Spiritual counselor**– Provides guidance and coordinates religious services for the residents
- **Administrator** – Manages all departments within the facility, establishes the policies/procedures, and is responsible for compliance with state and federal rules and regulations
- **Building maintenance** – Keeps building and grounds in good repair
- **Laundry** – Cleans resident's clothing and maintains linens
- **Dentist** – Provides routine and emergency dental care for the resident
- **Podiatrist** – Provides foot care for the resident
- **Optometrist** – Provides eye care for the resident
- **Respiratory therapist** – Provides breathing treatment and special equipment for respiratory conditions
- **Housekeeping** – Keeps the facility clean and sanitary
- **Qualified medication aide** – CNA that trained to pass medication
- **Qualified intellectual disability professional (QIDP)** – Person who is trained and experienced in assisting individuals with intellectual disabilities
- **Power of attorney/health care representative or guardian** – Makes decisions regarding care if resident is unable

Observations and discussions made by all members of the health care team provide the information necessary to complete the minimum data set (MDS). The MDS is a standardized assessment tool used to measure the physical, mental, and psychosocial status of each resident. The MDS provides guidelines to help develop the comprehensive care plan.

The comprehensive care plan fosters continuity of care. The plan includes:

- Identification of the cause and nature of the residents' needs
- Short-term and long-term goals for the residents
- Individualized approaches to reach the goals
- Disciplines responsible for monitoring the goal

Questions

- 1) What is the purpose of the health care team?
- 2) What is the purpose of the comprehensive care plan?

Lesson 2: Role of the Dining Assistant

Objectives

- Acknowledge the scope of practice of the dining assistant
- Identify certification process of a dining assistant
- Identify requirements necessary prior to resident contact

Terminology

Dining assistant – any individual who has successfully completed the state approved dining assistant curriculum training

The dining assistant is any individual who has successfully completed the state approved dining assistant curriculum in accordance with the State Rules 410 IAC 16.2-3.1-53.

Dining assistants are required to have completed the following:

- Criminal history check completed in accordance with IC 16-28-13-3, prior to any resident contact
- Tuberculosis (TB) testing or chest x-ray and a health screen, prior to any resident contact
- At least eight (8) hours of classroom instruction, prior to any resident contact, that includes:
 - Feeding techniques
 - Regular and special diets
 - Reporting food and fluid intake
 - Assistance with feeding and hydration
 - Communication and interpersonal skills
 - Infection control
 - Safety/emergency procedures including the procedure for an obstructed airway
 - Promoting residents' independence
 - Abuse, neglect, and misappropriation of property
 - Nutrition and hydration
 - Recognizing changes in residents that are inconsistent with their normal behavior and the importance of reporting these changes to the supervising nurse
 - Mental health and social service needs, including how to respond to a resident's behavior
 - Residents' rights, including the following:
 - Privacy
 - Confidentiality
 - Promoting a resident's right to make personal choices to accommodate

- their needs
 - Maintaining care and security of residents' personal possessions
 - Dignity
- Eight (8) hours of clinical instruction consisting of, but not limited to:
 - Feeding techniques
 - Assistance with eating and hydration

The facility is required to:

- Ensure the resident selection for dining assistance is based on the charge nurse's assessment and the resident's most recent assessment and plan of care
- Not allow the dining assistant to assist more than two residents at one time
- Ensure the dining assistant is oriented to:
 - The resident's diet, likes, and dislikes
 - Feeding techniques appropriate to the individual resident
- Document the use of a dining assistant on the resident's care plan, and review it at each care plan conference
- Check the nurse aide registry prior to training an individual as a dining assistant
- Use only individuals as dining assistants who have successfully completed an Indiana Department of Health (IDOH) approved training program for dining assistants

Scope of practice for the dining assistant includes:

- A dining assistant shall work under the supervision of a licensed nurse who is on the unit or floor where the dining assistance is furnished and is immediately available to assist, as needed
- In an emergency, a dining assistant shall call the supervising nurse using the resident call system or any other available method
- A dining assistant shall assist only residents who do not have complicated eating problems, including, but not limited to:
 - Difficulty swallowing
 - Recurrent lung aspirations
 - Tube or parenteral/IV feeding

Each dining assistant shall be issued a certificate/letter of completion from the training entity upon successful completion of the sixteen (16) hour dining assistant course.

Important points to remember:

- The dining assistant does not give nursing care
- Dining assistants should only perform those tasks for which they have been trained
- Dining assistants should only feed residents selected by the director of nursing (DON)

Questions

- 1) What must a person do to become a dining assistant?
- 2) How many residents can a dining assistant assist at one time during a meal?
- 3) What resident conditions or eating problems would prevent a dining assistant from assisting that resident?

Lesson 3: Feeding Techniques

Objectives

- Identify routine serving steps
- Understand feeding instructions for different types of residents
- Identify the different types of cuing and assistive devices
- Identify and recognize the importance of special needs

Terminology

Aspiration – Act of breathing of food or fluid into the windpipe or lungs

Assistive devices – Equipment that assists a resident with performing a task. Also known as “adaptive equipment.”

Cuing – Giving the resident suggestions as to what to do; prompting

Dysphagia – Difficulty in or inability to swallow

Pocketing – During feeding, the accumulation of food between the teeth and cheek

Stroke – A sudden impairment of circulation in one or more of the blood vessels supplying the brain. Also known as cerebrovascular accident (CVA).

Swallowing is an important part of the feeding process. Swallowing is a sequence of events involving several different structures:

- **Mouth** - Food/liquids are put into the mouth where saliva starts preparing the food/liquids for swallowing and digestion
- **Teeth** - Chew or break the food into smaller pieces
- **Tongue** – Fleshy, muscular organ that moves the food inside the mouth and mixes the pieces of food with the saliva. The tongue then moves the food to the back of the mouth causing the swallowing reflex to be initiated.
- **Pharynx** - The muscle that joins the mouth and esophagus. The swallowing reflex moves the food into and through the pharynx.
- **Larynx** (voice box) - During the swallowing reflex, the larynx shuts and breathing stops as the food/liquid passes through the pharynx. This process is to avoid food/liquid from entering the lungs.
- **Esophagus** – The muscle that connects the pharynx to the stomach. Contraction (peristalsis) of this muscle causes the food/liquid to move through the esophagus and into the stomach for continued digestion.

Serving the tray or meal:

- Know facility policy related to how meals are served. Serving can be directly from the kitchen, from a food cart, separate courses, or all courses together.
- Residents should be seated upright and comfortable. Do not re-position the resident; notify a qualified team member to correct the position.
- Check the diet card for each resident if present. Checking the diet card is very important to avoid mistakes and problems that can occur if a resident is given the wrong diet or food. The diet card should include:
 - Resident's name
 - Diet information
 - Food likes and dislikes
 - Allergies
 - Other important or special instructions
- Provide the resident with a clothing protector, if desired. (To maintain the resident's dignity, do not refer to a clothing protector as a "bib.")
- Perform hand washing prior to serving trays (See Lesson 8: Infection Control)
- Be certain the dining area is clean and free from unpleasant odors
- Allow the resident to wash his/her hands and face before the meal
- Allow the resident time to pray before the meal, if desired
- Check the resident's menu card for name, diet, restrictions, likes, and dislikes. Be certain the tray is complete and correct.
- Meals should be delivered so hot food is hot and cold food is cold. Serve food at the temperature the resident desires. If food is cold, return it to dietary and request a replacement.
- Allow residents to do as much as possible for themselves
- Serve all the residents at one table before serving another table
- Slow eaters may need more time to eat. Serving them first may be beneficial.
- Dishes and flatware should be placed on the table, not left on the tray
- Open, or offer to open, condiment packages
- Assist, or offer to assist, with seasoning
- Prepare, or offer to prepare, bread and butter
- Cut food, if needed, into small, bite-sized pieces
- Open and pour beverages into a cup or a glass. Provide a straw if the resident can use it and requests it. (Some residents may use shorter straws for drinking).
- Peel, stir, or prepare other foods as needed. Examples: peel fruits, stir coffee/tea after adding condiments, prepare baked potato or add condiments to a sandwich.
- Do not make inappropriate remarks about the food. (example: "That smells awful.")
- Remove plate covers or trays from the area after serving
- Ask if the resident needs anything before leaving

Feeding, cueing, and assisting with eating in bed. **Feeding** instructions for residents who cannot feed themselves:

1. Sit at eye level with the resident. Never lean over the resident.
 - A. If you are right-handed, sit on the right side of the resident
 - B. If you are left-handed, sit on the left side of the resident
 - C. Never stand up while feeding a resident
 - D. If you are feeding two residents at the same time, make sure food and utensils are kept separate
2. Protect the resident's clothing with a covering
3. Offer food on a spoon and fill it only half full. Use a spoon from which the resident can easily remove the food.
4. Give food from the tip of the spoon
5. Identify the food with each bite
6. Be aware of food temperatures
 - A. Warn the resident if the food is hot
 - B. Allow the food time to cool
 - C. Never blow on the food to cool the food
7. Feed the resident slowly, and in small amounts, to prevent choking and aspiration
8. Don't mix the foods together unless the resident prefers to be served that way
9. Place the spoon on the unaffected side of the mouth if the resident has weakness or paralysis on one side
10. Be sure the resident's mouth is empty before offering more food
11. Allow the resident time to chew and to swallow the food before offering more food
12. Offer fluids at regular intervals
13. Offer liquids with a straw, if the resident prefers, and it is not contraindicated
14. Use a napkin to wipe the resident's mouth, as needed, throughout the meal
15. Be patient, empathetic, and encouraging. Do not force food.
16. After the meal, clean the resident's face and hands, as needed
17. The dining assistant must wash their hands before and after assisting with feeding

Cueing – Some residents may require cues during the meal. The cues can be verbal or physical. Cues should be short and clear. Allow the resident sufficient time to complete one cue before giving another cue.

- Verbal cues – Cues that involve speaking and giving instructions
 - Give verbal cues slowly
 - Give verbal cues one at a time, in a gentle and respectful manner

- Examples of verbal cues:
 - Pick up your spoon
 - Put some carrots on the spoon
 - Lift the spoon to your mouth
 - Open your mouth
 - Put the spoon in your mouth
 - Take the spoon out of your mouth
 - Chew the carrots
 - Swallow the carrots

Verbal cues can be used individually or in a sequence.

Physical cues – Cues that involve using your hand over the resident's hand and guiding. Verbal cues are also used with physical cues.

- Always verbalize the steps to the resident
- Guide or assist the resident
- Allow the resident to do as much as possible independently
- Examples of physical cues:
 - Say "here is your spoon," and then place the spoon in the resident's hand
 - Say "put some carrots on the spoon," and then put your hand over the resident's hand, guide it to the carrots, and place the carrots on the spoon
 - Say "lift the spoon to your mouth," and then guide the resident's hand and spoon to their mouth
 - Say "put the spoon in your mouth," and then guide the spoon into the resident's mouth

Physical cues can be used individually or in a sequence.

Assisting a resident with eating in bed – Some residents may need to be fed in bed due to weakness, illness, or preference. When assisting a resident in his/her room, always check the room and the resident prior to serving the tray. Resident's room should be clean (no bedpans or urinals present) and have sufficient light. Resident should also be in the correct position. A dining assistant does not position a resident. Have a qualified staff position the resident. Reminder – always remember to knock on the resident's door and to wait for permission before entering a resident's room.

Instructions for assisting a resident with eating in bed:

- 1) Wash hands
- 2) Offer a clothing protector
- 3) Check the resident's diet card and verify the resident has the correct tray
- 4) Place the tray on the overbed table in front of the resident and prepare or assist with serving, as needed
- 5) Sit at eye level with the resident. If the resident's bed is high, you may need to stand

while assisting the resident. Check with the nurse.

- 6) Encourage the resident to assist as much as possible and use cues, as needed.
- 7) Prepare food as needed. (See serving routine)
- 8) Assist the resident with eating and drinking. (See feeding instructions)
- 9) When the meal is complete, assist the resident with wiping his/her hands and face, and remove the clothing protector as needed.
- 10) Before leaving the resident's room, make sure the resident has his/her call light and water, if allowed, within reach.
- 11) Remove the meal tray from the resident's room. Be sure to check the tray for any personal items, such as glasses or dentures.
- 12) Wash your hands
- 13) If a resident does not need assistance with feeding:
 - a. Make sure the resident is prepared and positioned properly for the meal
 - b. Make sure the tray is prepared for the resident
 - c. Make sure the call light is within the resident's reach
 - d. Check on the resident at intervals during the meal

Assistive devices and special needs

Assistive devices or adaptive equipment are special items that can be used by residents with certain conditions to assist with feeding. Residents need to be instructed in the use of these items.

Assistive devices include:

- **Non-skid mat** – Placemat that prevents dishes from sliding
- **Plate guard** – Metal or plastic rim that attaches to the plate to keep food from being pushed off the plate
- **Scoop bowl** – Bowl with a rounded-over rim that prevents food from spilling
- **Lidded cup** – Prevents the liquid from going into the resident's mouth too quickly and prevents spilling of the liquid
- **Cutout cup** – Cup that is notched for resident's nose, so the resident does not have to bend his/her head back to take a drink
- **Glass or cup holder** – Curved handles that fit over resident's hand; used for residents that cannot grasp or hold glasses or cups
- **Built-up handles** – Foam tubing that is placed over the handles of flatware. Utensils with large handles can also be used.
- **Weighted forks and spoons or resident wrist weights** – Heavier utensils or weights attached to resident's wrist. Used to stabilize hand and arm movements of residents who experience tremors or shake when eating.
- **Angled forks and spoons** – Utensils that are bent or shaped at different angles to assist residents who cannot bend their wrists
- **Rocker knife or rocking T-knife** - allows residents to cut food using only one hand

Special Needs

Difficulty in swallowing. Symptoms include:

- "Pockets" food in cheeks
- Resident states the food won't go down
- Excessive drooling
- Coughing before, during, or after swallowing food or liquid
- Hoarseness, change in tone of voice, or gurgling when breathing
- The dining assistant should report these symptoms to the nurse
- If the resident displays these symptoms, the dining assistant should discontinue feeding the resident

Aspiration is the breathing of food or fluid into the windpipe or lungs. Aspiration is a serious condition that can occur in residents with swallowing difficulty. Dining assistants are not permitted to feed residents with difficulty swallowing. If a resident should develop signs and symptoms of difficulty swallowing, stop feeding the resident immediately and report it to the nurse.

A dining assistant should NOT feed stroke residents with dysphagia. If dysphagia is not present:

- Make sure the plate and the utensils are within the resident's field of vision
- Utilize appropriate adaptive feeding utensils specific to the resident's needs
- Place the spoon of food on the unaffected side of the resident's mouth
- Encourage one sip of liquid after each bite of food has been swallowed
- Observe the resident for signs of choking
- Approach the resident from the unaffected side

Blindness:

- Tell the resident what is on the tray
- Describe the food on the resident's plate like the face of a clock (example: Carrots at 3 o'clock, potatoes at 6 o'clock, etc.)

Hearing impaired:

- Get the resident's attention by clearly saying their name. Do not touch the resident as this may startle or scare them
- Speak up, but do not shout, and pronounce all syllables in each word
- Make sure the resident is looking at you when you speak
- Make sure the resident heard what you said

Dining atmosphere – A pleasant atmosphere helps residents enjoy their meals.

Preparing the resident for a meal:

- Allow the resident to wash hands and face
- Make sure the resident has their glasses, hearing aids, and dentures, if needed
- Make sure the resident is comfortable
- Make sure the resident is sitting at the correct table

Things to remember:

- Avoid unnecessary noise with trays and dishes
- Avoid excessive personal conversation
- Check independent residents at intervals
- Pay attention to the residents

Questions

- Where should the dining assistant be when feeding a resident?
- What are some signs a resident is having difficulty swallowing?
- What should a dining assistant do if a resident exhibits difficulty swallowing?
- When serving the resident's tray, what information should be checked on the diet card and why?

Lesson 3: Feeding Techniques

Procedure 1: Assist to Eat

Steps	Rationale
1. The dining assistant washes own hands.	
2. Assist the resident with washing hands and/or face, as needed.	Promotes good hygiene and prevents the spread of infection.
3. Make sure the resident is in a comfortable, sitting position.	The resident will be more comfortable while eating the meal.
4. Check the meal card for name and diet. Check the tray for the correct food, condiments, and utensils.	Since the resident's diet is ordered by the doctor, the tray should contain foods permitted by the diet.
5. Serve the tray with the main course closest to the resident.	
6. Offer the resident a napkin.	Protects the resident's clothing.
7. Cut and season the food, butter the bread, and open cartons, as needed.	The resident should do as much as possible to improve independence and self-esteem.
8. Check the resident frequently for any need for assistance.	Allows the dining assistant to monitor the resident's safety.
9. When the resident has finished eating, remove the napkin and tray.	
10. Assist the resident with washing hands and face, as needed.	Promotes self-esteem and prevents the spread of infection.
11. Report any uneaten food or fluid portions to the nurse.	Provides the nurse with necessary information to properly assess the resident's condition.
12. The dining assistant washes own hands upon completion of assisting the resident.	

Lesson 3: Feeding Techniques

Procedure 2: Feeding

Steps	Rationale
1. The dining assistant washes own hands.	
2. Assist the resident with washing hands and/or face, as needed.	Promotes good hygiene and prevents the spread of infection.
3. Make sure the resident is in a comfortable, sitting position.	The resident will be more comfortable while eating the meal.
4. Check the meal card for name and diet. Check the tray for the correct food, condiments, and utensils.	Since the resident's diet is ordered by the doctor, the tray should contain foods permitted by the diet.
5. Set the tray on the over-the-bed table or dining table and describe the food to the resident.	
6. Place napkin or clothing protector under the resident's chin and across chest.	Protects the resident's clothing.
7. Ask the resident which food they prefer to eat first.	The resident has the right to choose.
8. Fill spoon half full with food. Direct the food to unaffected side of mouth, if applicable.	The resident will be able to chew and to swallow smaller amounts of food offered on the strong side.
9. Allow the resident time to chew and to swallow. Offer fluids as the resident wishes and diet allows.	Minimizes the risk of choking.
10. Wipe the resident's mouth, as needed.	Promotes self-esteem and prevents the spread of infection.
11. Remove the napkin or clothing protector and the tray when the resident is finished eating.	
12. Wash the resident's hands and face, as needed.	

13. Report any uneaten portions of food or fluid to the nurse.	Provides the nurse with necessary information to properly assess the resident's condition and needs.
14. The dining assistant washes own hands upon completion of assisting the resident.	

Lesson 4: Regular and Special Diets

Objectives

- Identify the need for diets and/or special diets
- Acknowledge the different types of diets
- Recognize the importance of following prescribed diets

Terminology

Consistency – Texture of density, firmness, or viscosity

Diabetes – Disease in which the body's ability to produce or respond to the hormone insulin is impaired, resulting in abnormal metabolism of carbohydrates and elevated levels of glucose in the blood and urine.

- Dietary requirements are necessary for all residents
 - Diets are ordered by the physician. The resident's diet is determined by conditions, problems, diagnoses, and/or preferences.
 - Medications may interact with certain foods and require an alteration in diet
 - Diets, menus, and meals are planned and reviewed by the dietician and dietary department
- Types of diets
 - **Regular diet** – No limitations or restrictions
 - **Modified diet** – Alterations in food consistencies
 - Clear liquid - Liquids such as tea, broth, juices, or gelatin
 - Full liquid – Clear liquids and milk or milk products
 - Pureed – Food that has been processed, blended, or ground to the consistency or texture of paste, mashed potatoes, or baby food
 - Mechanical soft – Food that has been ground or chopped to a fine consistency
 - **Special or therapeutic diets** – Diets that are necessary to treat a specific condition or diagnosis
 - Low-sodium diet – Heart disease, kidney disease, high blood pressure
 - Fluid-restricted diet - Heart disease, kidney disease
 - Low-protein diet – Kidney disease, especially if receiving dialysis
 - Low-fat/low-cholesterol diet – Elevated cholesterol levels, heart disease, liver disease
 - Low sugar/low carbohydrate diet - Insulin or non-insulin dependent diabetes
 - Low calorie diet – Weight loss
 - Allergies – Reactions to certain foods that when eaten can result in minor to severe (life-threatening) conditions. Some common food

allergies can be milk, nuts, eggs, wheat, or fish

- **Preference diets** – Diets that are the personal choice of the resident
 - Vegetarian diets – No meat or poultry (some vegetarians will eat fish)
 - Vegan diet – No animal or animal products, such as eggs or milk
 - Kosher diet - Specific dietary rules associated with the Jewish faith, related to types of foods, preparation of food, and/or mixing of foods.

- Some examples of religious dietary restrictions:
 - Muslims – No pork
 - Mormons – No caffeine
 - Hindus – No beef
 - Catholics – No meat on Fridays during Lent

Common dietary abbreviations

NCS – No concentrated sweets

NAS – No added salt

RF – Restricted fluids

Na – Sodium

NPO – Nothing by mouth

ADA – American Diabetic Association

CHO – Carbohydrate

The dining assistant's role:

- Follow the resident's diet card
- Be aware that diet preference may be related to religious beliefs
- Dietary restrictions are usually related to health conditions and failure to follow the proper diet can cause health problems for the resident

Questions

- Who is responsible for the resident's diet?
- What conditions may require special dietary considerations?
- Why is it important to know if a resident has food allergies?

Lesson 5: Reporting Food and Fluid Intake

Objectives

- Identify the importance of reporting food/fluid intake
- Be able to determine the percentage of food consumption
- Be able to convert fluid or liquid measurements

Terminology

Cubic centimeter – Metric unit used to measure volume (example: 30 cubic centimeter (cc) = 30 milliliters (ml) = 1 ounce (oz))

Dehydration – Condition in which the body's fluid output exceeds the body's fluid intake

Hydration – Taking in and maintenance of adequate fluid in the body.

Milliliter – Metric unit used to measure volume (example: 30 milliliters (ml) = 30 cubic centimeters (cc) = 1 ounce (oz))

- Measurement and conversion of food/fluid
 - Correct and accurate measurement of food/fluid is necessary to determine the resident is getting adequate nutrition and hydration
 - Facility policy may vary in relationship to the recording method for the measurement of food/fluid consumption. For example, the policy may be to measure the total food or to measure each food on the plate. The dining assistant must know the facility policy requirements.
 - Accurate recording of food intake is important as poor intake, or a change in the amount of intake, can be related to the resident's condition. The percentage of intake is an example for recording food consumption:
 - R = Refused = 0% or no food
 - P = Poor = 25% (very small amount of food)
 - F = Fair = 50% (half of the food)
 - G = Good = 75% almost all the food
 - A = All = 100% (all the food)
- Fluid intake is also important to prevent dehydration or other health problems. Fluid intake can be measured in ounces (oz), cubic centimeters (cc), or milliliters (ml). A cubic centimeter (cc) is the same volume as a milliliter (ml). (1 cc = 1 ml) Most residents require at least six to eight glasses or 48-64 ounces (oz), or about 1,500-2,000 cubic centimeter (cc) or milliliters (ml) of fluids per day.

Although cubic centimeter is still widely used as a unit of measurement, milliliter is the preferred unit of measurement for liquids.

- The fluid conversion is 1 oz = 30 cc or 30 ml
- Examples of container capacities:
 - Water glass = 8 oz = 240 ml
 - Juice glass = 4 oz = 120 ml
 - Coffee cup = 6 oz = 180 ml
 - Styrofoam cup (3 inches) = 6 oz = 180 ml
 - Ice cream = 3 oz = 90 ml
 - Soup bowl = 8 oz = 240 ml
 - Cereal bowl = 8 oz = 240 ml
 - Individual milk carton = 8 oz = 240 ml

- Recording of food/fluid intake
 - Recording must be correct and accurate
 - Recording must be legible
 - Recording should be done per facility policy.
 - Nutrition record – Usually for meals
 - Intake/output record – Records fluids taken into and excreted out of the body

Questions

- Why is reporting and recording intake important?
- How many cubic centimeters are in 2 oz.?
- True or false? It is not necessary for the dining assistant to know the facility's policy on recording food consumption.

Lesson 6: Nutrition and Hydration

Objectives:

- Identify conditions that can contribute to nutritional changes
- Identify signs of dehydration
- Identify ways to improve food/fluid intake

Terminology

Nutrient – Foods or liquids that supply the body with chemical compounds (such as protein, fat, carbohydrate, vitamin, or mineral) essential for growth and maintenance of life

Nutrition is the process by which the body takes in and utilizes food to maintain health. Good nutrition is important because it promotes physical and mental health, increases energy level and resistance to illness, and aids in the healing process. A balanced diet is necessary for good nutrition and health.

Nutrients include:

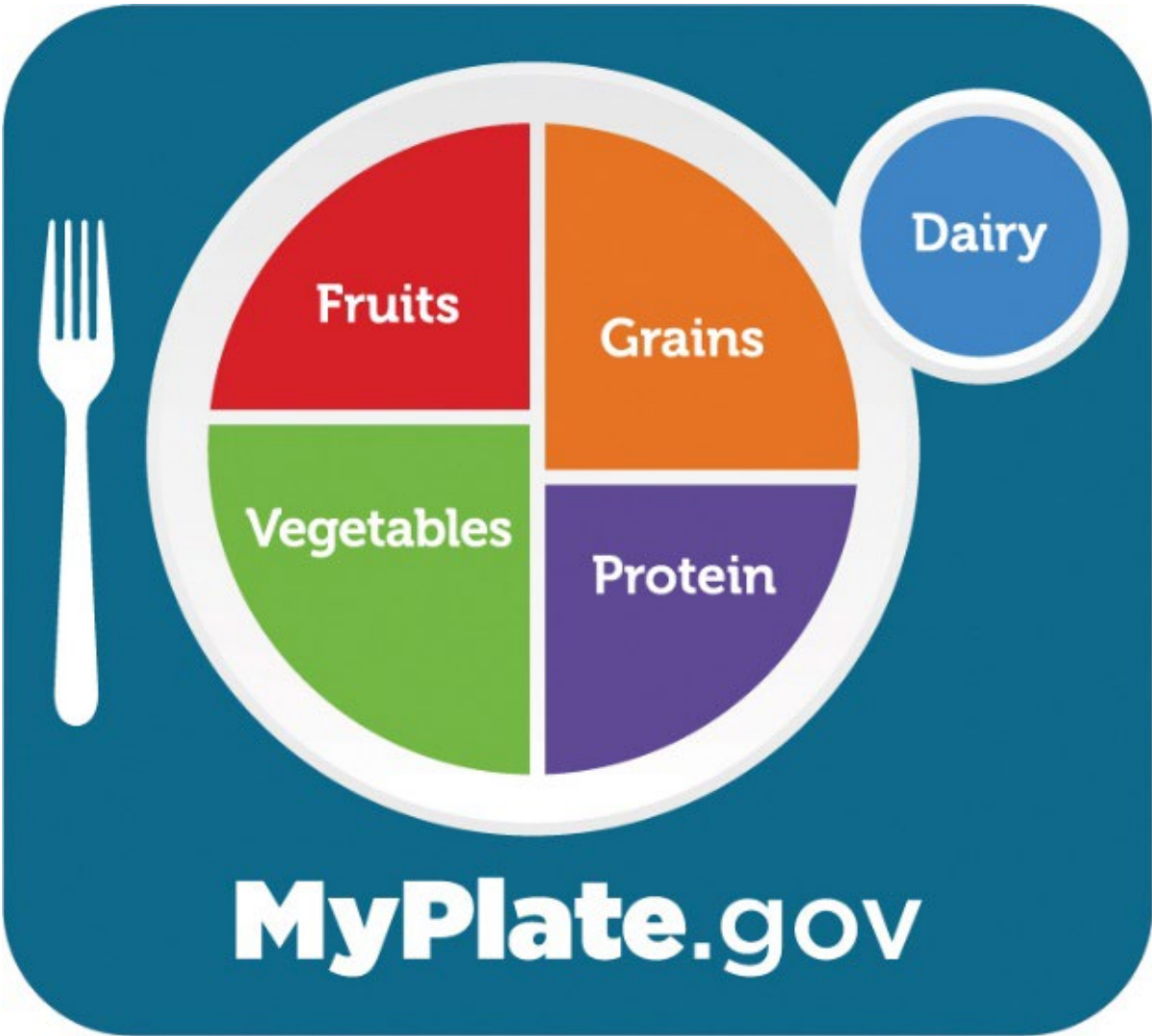
- Carbohydrates – provide energy and fiber
- Proteins – promote growth and repair of tissue
- Fats – help the body use certain vitamins; provide a concentrated form of energy
- Vitamins – help the body function
- Minerals – builds body tissue, regulates body fluids, promotes bone and tooth formation, and affects nerve and muscle function.

MyPlate – The U.S. Department of Agriculture replaced the Food Guide Pyramid with MyPlate in 2011. MyPlate uses information from the Food Guide Pyramid and provides a modern, personalized approach to healthy eating.

MyPlate divides foods into five (5) groups:

- Fruits
- Vegetables
- Protein
- Grains
- Dairy

MyPlate is the official symbol of the five food groups. The MyPlate symbol (below) is a simple visual reminder to include a variety of foods in your diet.



Supplements and between-meal snacks may be ordered by the physician to increase protein and calorie intake. Supplements can be served with a meal, mid-morning, mid-afternoon, or at bedtime.

Types of supplemental nourishment may include:

- Milk
- Juice
- Gelatin
- Custard, ice cream, sherbert
- Crackers
- Nutritional supplementation products (i.e. Ensure, Nutra-Shake, etc.)
- When serving supplementary nourishment:
 - Provide the necessary supplies (i.e. napkins, straws, and flatware)
 - Follow the facility policies for distribution and serving of supplementary nourishment to the residents

Body functions in older adults that can affect nutrition:

- Metabolism – Slows; the person becomes less active; muscles become weaker; the person does not get as hungry, but stills need the nutrients
- Sensory function:
 - Vision - Decreased sight can cause food to not look the same
 - Smell and taste - Decreased or lack of smell or taste can make eating less desirable
- Loss of appetite – Can be due to illness, medication, changes in sensory function, decreased activity, and/or depression
- Dental problems - Lack of teeth or poor fitting dentures can interfere with chewing. Chewing may also cause pain.
- Swallowing problems – May be caused by diseases or conditions. A dining assistant does not feed residents with swallowing difficulty.
- Digestive disorders - Digestion may take longer and/or be less efficient. Residents may also have problems with constipation and/or food intolerance

Points to remember that can improve nutritional intake:

- Serve smaller portions
- Serve a variety of food items
- Increase exercise
- Make meals a pleasant, social event
- Make sure the dining area is clean and free of odors
- Allow enough time for the resident to eat the food
- Serve food at the proper temperature

Hydration is the taking in and maintaining of adequate fluid in the body. Failure to take in adequate fluids will result in dehydration. Changes or declines in physical and mental status can cause a resident not to recognize or express the need for fluids.

Causes of dehydration:

- Failure to drink or consume adequate fluids
- Fever
- Vomiting
- Diarrhea
- Urinary tract infection
- Exposure to heat

Factors that can lead to the causes of dehydration:

- Unable to recognize or to express thirst
- Fear of incontinence
- Decreased kidney function
- Medications
- Swallowing difficulty

Signs of dehydration:

- Confusion
- Dry or cracked lips
- Dry eyes
- Dry mouth
- Drowsiness
- Weakness
- Changes in color of and/or amount of urine

Prevention of dehydration:

- Give fluids on a frequent and regular basis. Handing the resident a glass of water often works better than asking if the resident would like a drink.
- Encourage fluid intake
- Provide resident's preferred fluids
- Assist with the glass or straw if necessary

Questions:

- What are the basic nutrients?
- What are factors that can cause decreased food intake?
- How can a dining assistant help prevent dehydration?

Lesson 7: Communication and Interpersonal Skills

Objectives:

- Understand the four elements of successful communication
- Understand the steps to effective communication
- Identify the need for listening skills
- Identify barriers to communication and necessary interventions in response to those barriers

Terminology

Aphasia - Inability to express oneself properly through speech, or the loss of verbal comprehension

Cognitive – Mental process by which an individual gains knowledge

Communication - Exchange of information; a message sent is received and interpreted by the intended person

Feeling – a state of emotion, not able to be measured; subjective data

Paraphrase – to repeat a message using different words

Rapport - a close relationship with another

Reporting - a verbal or written account of resident care and observations

Sensory - relating to sensation involving one or more of the five senses (seeing, hearing, touching, smelling, tasting)

Four elements of successful communication:

- Formulating the message – Must be organized, complete, and understandable.
- Sending the message through:
 - Verbal communication – Written or spoken words
 - Nonverbal communication – Facial expressions, tone of voice, posture, gestures, touch (body language), or call light
- Receiving the message – Listener must prepare to receive the message, concentrate on the content, and actively listen
- Observing the feedback – The sender must interpret the verbal and nonverbal response of the listener. What is observed may be more important than what is heard.

Steps to effective communication:

- Speak clearly and slowly using a gentle tone
- Be at eye level looking directly at the person
- Use appropriate nonverbal communication
- Use language familiar to the listener
- Use words with only one meaning
- Allow time for the listener to process the information
- Give facts, not opinions, unless specifically requested
- Make the message logical and brief
- Repeat a message, using exactly the same words, if necessary

Active listening skills promote good relationships and influence relationships with others. To actively listen:

- Use body language that shows interest and concern (eye contact, lean forward)
- Avoid interrupting the speaker (allow the person to finish his/her thought)
- Give the speaker feedback, both verbal and nonverbal, to demonstrate active listening
- Avoid judging the other person based on your own personal opinions and beliefs
- Elements that can influence relationships with others include:
 - Prejudices
 - Frustrations
 - Attitudes
 - Life experiences

Barriers to effective communication include:

- Cultural differences – Beliefs, values, habits, diet and health practices that relate to a person's culture and religion
- Age – People of different ages and eras with different values and communication styles
- Practice of:
 - Labeling
 - Talking too fast
 - Avoiding eye contact
 - Belittling a resident's feelings
 - Physical distance
 - Changing the subject
 - False assurances and clichés
 - Giving advice
- Ineffective communication
 - Disguised messages
 - Conflicting messages
 - Unclear meanings
 - Abstractions
 - Perception

Impairments – Physical and/or mental limitations requiring special considerations when communicating

- Visual – Relies on verbal cues, including words and tone of voice
 - State your name before beginning a conversation
 - Describe people, things, and the environment
 - Tell the resident when you are entering or leaving the room
 - Explain in detail what you are doing and ask the resident what they would like to do for themselves
 - Sit where the resident can easily see you if the resident has partial vision
- Hearing – Relies on nonverbal cues including body language, sign language, and writing
 - Speak slowly and distinctly
 - Use short sentences
 - Face the resident
 - Be certain the light source is on you and behind the resident
 - Use facial expressions and gestures
 - Reduce outside distractions
 - Use sign language and message boards, if appropriate
 - Be certain the resident's hearing aid is in, if applicable

Cognitive – Relies on both verbal and nonverbal cues

- Repeat messages frequently using exactly the same words
- Use short sentences
- Use simple words
- Avoid words with more than one meaning
- Be brief
- Avoid other distractions

Speech – Relies on both verbal and nonverbal cues

- Unable to express thoughts or feelings
- Can become frustrated easily
- Allow sufficient time
- May need to write or use gestures

Interpersonal skills necessary to form positive relations between people include:

- Patience – Capacity to be even-tempered and calm
- Courtesy – Capacity to have respect and consideration for others
- Tact – A sense of what to do or to say to maintain a good relationship with others and to avoid offending someone
- Empathy – The ability to understand another person's point of view and to share in another person's feelings or emotions

The dining assistant's role:

- Always use tact
- Use gestures and posture to show you care
- Practice active listening
- Be patient with residents who have difficulty communicating
- Develop positive relationships with residents and coworkers
- Never say, "I know how you feel," because you don't
- Always include the resident in the conversation. Do not talk over the resident.
- Offer choices when appropriate
- Always be polite and courteous

Questions

- What are the four elements of effective communication?
- What are some barriers to effective communication?
- How can active listening skills be improved?

Lesson 8: Infection Control

Objectives

- Recognize the way infection is spread
- Identify interventions which will break the chain of infection

Terminology

Disinfect – The use of chemicals or boiling water to reduce the number of microorganisms

Healthcare-associated infection (HAI) (also known as nosocomial infection) - An infection acquired during a stay at a healthcare facility

Mantoux test - Skin test to determine past or present exposure to tuberculosis

Microorganism - A tiny living thing that can only be seen with a microscope

Pathogen - Microorganism capable of producing disease

Personal hygiene - Cleanliness including bathing, using deodorant, mouth care, and wearing clean clothing

Sterilize - The process of using steam or chemical solutions to kill all microorganisms

Vaccine - Weakened or inactivated disease-producing organism taken orally or by injection to protect against disease

Infection control means preventing the spread of microorganisms by following certain practices and procedures.

Microorganisms:

- Are the largest population of life forms on earth
- Exist everywhere - water, air, soil, plants, animals, minerals, humans
- Cannot be seen with the naked eye
- May be harmful - harmful microorganisms that may cause infections are called pathogens (germs) and include bacteria, viruses, fungi, and protozoa

The "infection chain" explains how pathogens move from one place to another. The six links which make up the chain include:

- Pathogen - The causative agent: bacteria, virus, fungi, and protozoa
- Reservoir - The place where pathogens live and multiply (especially places that are warm, dark, and moist): on linen, equipment, surfaces, animals, and humans
- Portal of exit - The way pathogens leave the body: urine, feces, saliva, tears, drainage from wounds, sores, blood, excretion from respiratory tract or genitals
- Route of transmission - How pathogens travel: in the air, in contaminated soil and water, on objects (dirty linen, your clothing, equipment), by insects (flies,

- mosquitoes, maggots), and on people (especially on hands)
- Portal of entry - The way pathogens get into the body: mouth, nose, skin breaks, urinary tract, and anus
- Susceptible host - The person who can be infected: the very young, the elderly, unhealthy people, people who are exposed to large numbers of pathogens, and people who do not follow proper infection control practices

Breaking the chain of infection controls the spread of infection. To prevent the spread of infection while assisting residents with dining needs:

- Use good hand washing technique. Hand washing is the best way to prevent the spread of infection.
- Follow employee health policies - Stay home when ill, take advantage of vaccines (such as flu and pneumococcal vaccines), have a Mantoux test or chest x-ray as indicated, be familiar with the facility's exposure plan policy
- Take care of yourself - Good personal hygiene, good nutrition, adequate fluid, rest, and exercise
- Practice medical asepsis - Keep clean items away from dirty items, handle linen properly, remove and clean dirty articles and equipment quickly, handle food and food trays properly
- Use standard precautions
- Follow facility policy regarding the separation of people with infections from others, which helps prevent healthcare-acquired infections (HAI)

Standard precautions are guidelines developed by the Center for Disease Control (CDC) to reduce the risk of transmission of pathogens from both known and unknown sources of infection in a health care setting. Every person is treated as potentially infectious. Sources of infection include blood, all body fluids, secretions and excretions (except sweat) regardless of whether they contain visible blood, non-intact skin, and mucous membranes. Standard precautions include:

- Wearing gloves when indicated for resident care
 - Before assisting a resident with the dining experience, consider the possibility of contact with the resident's bodily fluids and ask yourself the following questions:
 - Is the resident on isolation precautions?
 - Does the resident spit or drool?
 - Do you have a rash or open area on your hands?
- Washing your hands at appropriate times
- Cleaning common use equipment between residents

Isolation (transmission-based) precautions may be ordered to prevent the transmission of pathogens.

- Airborne precautions - Pathogens are transmitted on dust particles in air currents. Examples include tuberculosis, chickenpox, and measles
- Droplet precautions - Pathogens are transmitted in droplets when a person coughs, sneezes, or talks. Examples include pneumonia, influenza, COVID-19, and scarlet fever.
- Contact precautions - Pathogens are transmitted by direct contact (skin-to-skin) with the resident or indirect contact with surfaces or care items in the resident's environment. Examples include conjunctivitis, scabies, and impetigo.

Some infections of concern in long term care include:

- Hepatitis - Contagious disease of the liver caused by a virus and spread by exposure to infected blood, sexual contact, and fecal/oral contact (symptoms are flu-like; severe infection can cause permanent liver damage and death)
- Scabies - Skin infection caused by a mite and spread by direct contact (symptoms include itching, skin irritation in the form of a rash. All contacts, bedding, and clothing must be treated to prevent spread and re-infestation).
- Tuberculosis (TB) - Chronic bacterial infection that usually affects the lungs, but may also affect the kidneys, bones, and brain. TB is spread through the air in droplets from sputum of people with active disease (symptoms include fever, loss of appetite, fatigue, productive cough, and night sweats).
- Acquired Immune Deficiency Syndrome (AIDS) - Results from infection with Human Immunodeficiency Virus (HIV) which destroys the body's ability to fight infection. The virus is spread through infected blood and body fluid. Early symptoms are flu-like; followed by a symptom-free period, which can last many years (one to ten or more). No cure is known.
- Methicillin-resistant staphylococcus aureus (MRSA) - Bacteria that no longer responds to antibiotics normally used to treat staphylococcal infections. MRSA can be transmitted on the hands of health care workers. To prevent the spread, follow standard precautions.

The dining assistant's role:

- Wash your hands before and after serving food or feeding a resident
- Clean spills quickly
- Follow standard precautions
- Remove gloves and wash your hands immediately after completing a task
- Never wear gloves in the hallway, unless you have a rash or an open sore
- Keep the environment clean
- Keep linen away from your clothing
- Consider all blood, body fluids, and excrement contaminated

Questions:

- Define and give examples of pathogens
- Explain infection control
- What is the best and easiest way to prevent the spread of infection?
- What is a healthcare-acquired infection (HAI) (nosocomial infection)?
- What are standard precautions?
- When should gloves be worn while assisting a resident with dining needs?
- What is the purpose of isolation precautions?

Lesson 8: Infection Control

Procedure 3: Handwashing

Step	Rationale
1. Turn on the faucet with a clean paper towel.	
2. Adjust the water to an acceptable temperature.	Hot water opens pores, which may cause irritation.
3. Angle arms down, holding hands lower than elbows. Wet hands and wrists.	The hands are the most contaminated. <ul style="list-style-type: none">• Water should run from cleanest to dirtiest area.• Lather and use friction to loosen skin oils and to allow pathogens to be rinsed away.• Wrists are cleanest, fingertips dirtiest.• Soap left on skin may cause irritation and rashes.
4. Apply enough soap to cover all hand and wrist surfaces. Work up a lather. Note: Direct care givers must rub hands together vigorously, as follows, for at least 20 seconds, covering all surfaces of the hands and fingers. <ul style="list-style-type: none">• Rub hands palm to palm.• Right palm over top of left hand with interlaced fingers and vice versa.• Palm to palm with fingers interlaced.• Back of fingers to opposing palms with fingers interlocked.• Rotational rubbing of left thumb clasped and right palm, and vice versa.• Rotational rubbing, backwards and	

<p>forwards, with clasped fingers of right hand and left palm, and vice versa. Clean fingernails.</p> <ul style="list-style-type: none"> • Rinse hands with water down from wrists to fingertips. 	
<p>5. Dry thoroughly with single use towels.</p>	<p>Skin may chap if left damp.</p>
<p>6. Use a paper towel to turn off the faucet and discard the paper towel.</p> <p>Note: Acrylic or artificial nails are difficult to clean under and may harbor bacteria.</p>	<p>Hands will be re-contaminated if you touch the dirty faucet with clean hands or if the paper towel is used after turning off the faucet.</p>

Lesson 8: Infection Control

Procedure 4: Gloves

Step	Rationale
1. Wash hands (according to procedure #3)	
2. Put on gloves.	
3. Check for tears or holes in gloves.	Damaged gloves do not protect you or the resident.
4. Perform feeding assistance as needed.	
5. Remove one glove by grasping the outer surface just below the cuff with the other gloved hand.	Both gloves are contaminated and should not touch unprotected skin.
6. Pull glove off so it is inside out.	The dirtiest part of the glove is concealed.
7. Hold the removed glove in your gloved hand.	
8. Place two fingers of ungloved hand under cuff of other glove and pull down so first glove is inside second glove.	Touching the outside of the glove with an ungloved hand causes contamination.
9. Dispose of gloves without contaminating hands.	Hands may be contaminated if gloves are rolled or moved from hand to hand.
10. Wash hands (according to procedure #3)	

Never re-use or use the same pair of gloves to provide services or treatment for more than one resident. Discard and re-glove, as necessary, when moving from a soiled area to clean area to prevent cross contamination.

Lesson 9: Safety and Emergency Procedures

Objectives

- Assist in any disaster or emergency
- Recognize emergency situations
- Identify factors necessary for a safe environment

Terminology

Airway obstruction – Blockage of the windpipe

Choking – Upper airway obstruction

Abdominal thrusts and back blows – An emergency intervention implemented on a person observed to be choking to cause the person to expel the object

Safety – Providing an environment in which the resident feels safe and secure is an important goal of each member of the health care team. Each member must strive to maintain a safe environment to prevent an emergency and must also know how to respond to an emergency.

To promote and to provide safety for the residents includes:

- Environment:
 - Keep the traffic patterns clear in residents' rooms and hallways
 - Walk, never run, and stay to the right of the hallway
 - Clean up spills immediately. Use "Wet Floor" signs when necessary.
 - Place litter in proper containers
 - Approach swinging doors with care
 - Report potentially hazardous conditions to the nurse immediately
 - If you don't understand something, ask for an explanation
- Infection control:
 - Wash your hands properly
 - Always use standard precautions
 - Handle linen and equipment according to infection control practice
- Resident safety:
 - Keep frequently used items within resident's reach
 - Use wheelchair locks when needed
 - Make sure resident's arms and legs are protected
 - Use care when pushing wheelchairs; always push forward, do not pull wheelchairs behind you
 - Make sure the resident is properly positioned for meals, do not re-position the resident, notify qualified staff for assistance

- Always verify the resident's identity before giving food or fluids
- Use care when handling hot items
- Follow supervisory nurse's instruction related to resident
- Oxygen precautions:
 - Oxygen is highly flammable; use electrical appliances with caution when around oxygen
 - Keep open flames away from oxygen (matches, lighter, and cigarettes)

Emergency procedures

Choking - Occurs when food or other objects become stuck in the throat. Resident will start coughing if something is stuck in his/her throat.

- What to do if a resident starts choking:
 - Stay with the resident
 - Encourage the resident to cough it out
 - Send someone to get the nurse or yell for help
- Risk factors related to choking:
 - Too large or not chewed properly bites of food
 - Food that is too dry
 - Too much talking or laughing while eating
 - Poor fitting dentures
 - Illness or weakness

Airway obstruction - Happens when food or another object blocks the windpipe

- Partial airway obstruction – Resident can speak, has a weak cough and may have difficulty breathing. There may be a high-pitched sound (whistle) when the resident inhales.
 - Stay with resident
 - Call for or send someone for help immediately
- Complete airway obstruction – This is a life-threatening situation. The body cannot receive oxygen. The resident is unable to speak, usually grabs or gestures at the throat. If assistance is not given, the resident will become unconscious. Signs of airway obstructions are:
 - Resident is unable to speak
 - Resident is unable to breathe
 - Resident becomes unconscious
 - Resident's skin turns blue

Abdominal thrusts and back blows – Emergency technique for dislodging food or an object from the person’s windpipe

- **Choking** - Complete blockage of the airway requiring immediate action
 - Resident cannot breathe, speak, or cough and has no chest movement
 - Resident grasps or clutches at throat

NOTE: IDOH does not mandate the American Heart Association (AHA) or the American Red Cross choking protocol. Follow your facility’s training and protocol.

The American Red Cross recommends abdominal thrusts and back blows.

- Call for a nurse and stay with the resident
- Ask the resident if he/she can speak or cough
- If the resident cannot speak or cough, bend the resident forward at the waist and give five back blows between the shoulder blades with the heel of one hand
- If the resident continues to be unable to speak or cough, place a fist with the thumb side against the middle of the resident’s abdomen, just above the navel
- Grasp fist with the other hand
- Press fist into the abdomen with five quick inward and upward thrusts
- Repeat sets of five back blows and five abdominal thrusts until the object is expelled, the resident can cough forcefully, breathe, or becomes unconscious
- Assist the nurse with documentation of the event by providing your observation

The American Heart Association (AHA) recommends abdominal thrusts only.

- Call for a nurse and stay with the resident
- Ask the resident if he/she can speak or cough
- If the resident cannot speak or cough, place a fist with the thumb side against the middle of the resident’s abdomen, just above the navel
- Grasp fist with the other hand
- Press fist into the abdomen with five quick inward and upward thrusts
- Continue abdominal thrusts until the object is expelled, the resident can cough forcefully, breathe, or becomes unconscious
- Assist the nurse with documentation of the event by providing your observation

For a choking resident who is lying down:

- Place the resident face up
- Kneel astride the resident’s thighs. If the resident is too large to straddle, kneel close to his/her side with your knees parallel to the resident’s hips.

- Place the heel of one hand on the resident's abdomen in the midline between the navel and the rib cage. Place the second hand on top of the first hand.
- Press into the abdomen with quick upward thrusts
- Repeat several times, if necessary, until the object is expelled

For a choking resident who goes unconscious and stops breathing:

- Start standard cardiopulmonary resuscitation (CPR)
- Assist in the resident's transfer to the hospital, if necessary
- Assist the nurse with documentation of the event by providing your observation

Fire

Common causes of fire emergencies in a facility:

- Faulty electrical wiring or equipment
- Careless or unsupervised smoking

Fire prevention for oxygen use:

- Do not allow any smoking or open flames near oxygen
- Use electrical appliances cautiously near oxygen
- Follow smoking regulations
 - If smoking is permitted in the facility, residents and staff are to smoke only in designated areas (refer to facility smoking policy)
 - Provide ashtrays and dispose of contents into approved containers

In the event of a fire, apply the principles of RACE:

- **R** = Remove residents from the immediate fire area to a place of safety
- **A** = Activate the fire alarm
- **C** = Contain the fire by closing doors and windows
- **E** = Extinguish the fire

Fire extinguishers are rated A, B, or C according to the type of fire that may be put out.

- **A** = Paper, wood, cloth
- **B** = Oil, grease
- **C** = Electric

Most extinguishers in facilities are rated all 3 (ABC) and may be used for all types of fire.

To use a fire extinguisher:

- **P** = Pull pin
- **A** = Aim nozzle
- **S** = Squeeze handle
- **S** = Sweep from side to side

If a fire occurs:

- Never use an elevator
- Avoid inhaling smoke, stay low and cover your mouth with a wet cloth
- Be familiar with the facility's emergency policy and procedure
- Know which residents will require the most assistance due to physical or cognitive impairment

Disaster emergency – A sudden event that has widespread damage to property, and causes injuries or death; may include flood, tornado, earthquake, blizzard, fire, or explosion.

- Be familiar with community and facility disaster plans
- Know the facility evacuation plan
- Remain calm
- Remove residents from immediate danger
- Follow the nurse's instruction

Other emergencies – Dining assistant will need to call for help and stay with the resident until assistance arrives. Other emergencies include, but are not limited to:

- Heart attack
- Seizure
- Fall
- Poisoning
- Bleeding
- Fainting
- Scalds/burns

Dining assistant's role

- Always be aware of safety
- Observe and report unsafe situations to the nurse immediately
- Know the facility policy/procedure for emergencies and disasters
- Be knowledgeable about symptoms that need to be reported
- Understand safety is an important consideration for the dining assistant and the resident

Questions

- What are the signs of airway obstructions?
- What are the signs of choking?
- What does RACE mean?

Lesson 9: Safety and Emergency Procedures

Procedure 5: Choking (Per American Red Cross)

Steps	Rationale
1. Call for a nurse and stay with the resident.	Allows you to get help while continuously providing for the resident's safety and comfort.
2. Ask the resident if he/she can speak or cough.	Identifies sign of a blocked airway (not being able to speak or cough).
3. If the resident is seated, ask the resident to stand, if possible.	Puts the dining assistant in correct position to perform procedure.
4. If the resident cannot speak or cough, bend the resident forward at the waist and give five back blows between the shoulder blades with the heel of one hand.	
5. If the resident continues to be unable to speak or cough, place a fist with the thumb side against the middle of the resident's abdomen, just above the navel.	Positions the fist for maximum pressure with least chance of injury to resident.
6. Grasp your fist with your other hand.	Allows you to stabilize the resident and apply balanced pressure.
7. Press fist into abdomen with five quick inward and upward thrusts.	Forces air from lungs to dislodge object
8. Repeat sets of five back blows and five abdominal thrusts until the object is expelled, the resident can cough forcefully, breathe, or becomes unconscious.	
9. Assist the nurse with documentation of the event by providing your observation.	
10. Dining assistant should wash hands following procedure.	

Procedure 5: Choking (Per American Heart Association)

Steps	Rationale
1. Call for a nurse and stay with the resident.	Allows you to get help while continuously providing for the resident's safety and comfort.
2. Ask the resident if he/she can speak or cough.	Identifies sign of blocked airway (not being able to speak or cough.)
3. If the resident is seated, ask the resident to stand, if possible.	Puts dining assistant in correct position to perform procedure.
4. If the resident cannot speak or cough, place a fist with the thumb side against the middle of the resident's abdomen, just above the navel.	Positions fist for maximum pressure with least chance of injury to resident.
5. Grasp your fist with your other hand.	Allows you to stabilize resident and to apply balanced pressure.
6. Press fist into abdomen with five quick inward and upward thrusts.	Forces air from the lungs to dislodge object.
7. Continue abdominal thrusts until the object is expelled, the resident can cough forcefully, breathe, or becomes unconscious.	
8. Assist the nurse with documentation of the event by providing your observation.	
9. The dining assistant should wash hands following procedure.	

Procedure 6: Fire

Steps	Rationale
1. Remove residents from the area of immediate danger.	Residents may be confused, frightened, or unable to help themselves.
2. Activate fire alarm.	Alerts the entire facility of danger.
3. Close doors and windows to contain fire.	Prevents drafts that could spread the fire.
4. Extinguish a small fire with a fire extinguisher, if possible.	Prevents the fire from spreading.
5. Follow all facility policies and procedures.	Facilities have different methods of dealing with emergencies. Follow the policies and procedures of your facility.

Lesson 10: Abuse, Neglect, and Misappropriation of Property

Objectives

- Know and define abuse, neglect, and misappropriation of property
- Identify different types of abuse
- Recognize examples of abuse, neglect, or misappropriation of property

Abuse/Neglect/Misappropriation of Property – The resident has a right to be free of verbal, sexual, physical, and mental abuse. This includes corporal punishment and involuntary seclusion. Residents' personal possessions must always be safe.

- A resident must not be subject to abuse or neglect by anyone, including, but not limited to, facility staff, other residents, consultants, volunteers, staff of other agencies providing service to the resident, family members, legal guardians, friends, or any other individual.
- All facilities must have a policy related to abuse, neglect, and misappropriation of property. This policy includes steps to follow to report possible incidents. Supervisory personnel must be notified of any incidents.

Guidelines/Terminology

Abuse – Any physical or mental injury or sexual assault inflicted on a resident in the facility, other than by accidental means

Verbal abuse – The use of oral, written, or gestured language that willfully includes disparaging or derogatory terms to residents, their families, or within their hearing distance, regardless of their age, ability to comprehend, or disability. Examples of verbal abuse include threats of harm or saying things to frighten a resident, such as telling a resident that he/she will never be able to see their family again.

Sexual assault – Sexual contact or behavior that occurs without consent of the victim

Physical abuse – Includes, but is not limited to, hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment

Mental abuse – Includes humiliation, harassment, and threats of punishment or deprivation

Involuntary seclusion – Separation of a resident from other residents, from their room, or confinement to their room (with or without roommates) against the resident's will, or the will of the resident's legal representative. Emergency or

short-term, monitored separation from other residents will not be considered involuntary seclusion, and may be permitted, if used appropriately. This seclusion can only be for a limited time, as a therapeutic intervention to reduce agitation, until professional staff can develop a plan of care to meet the resident's needs.

Neglect – Failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness

Misappropriation of resident property – The deliberate misplacement, exploitation, wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent

Fraud – A deception deliberately practiced to secure unfair or unlawful gain

Examples of abuse/neglect/misappropriation of property

- Abuse
 - Threatening or frightening a resident
 - Pinching, slapping, kicking, or pushing a resident
 - Withholding food or fluids from a resident as punishment
 - Leaving a resident in soiled linen or clothing
 - Yelling angrily at or making fun of a resident
 - Humiliating a resident
 - Making disparaging or derogatory remarks to a resident
 - Sexual coercion or harassment
 - Verbal harassment
 - Yelling at residents for spilling food

- Neglect
 - (Can result in) weight loss
 - Refusal to provide care
 - (Can result in) dehydration
 - Pressure sores
 - Not bathing or providing personal care
 - Not answering call lights or a resident's request
 - Not dressing the resident properly or in dirty clothing
 - Leaving a resident unattended when an injury may occur

- Misappropriation of property
 - Temporary or permanent use of resident's property
 - Taking resident's money for personal use
 - Taking or using resident's credit cards, checking account, telephone, social security number, etc.

Dining assistant role:

- Know and follow the facility's policy on reporting. If you do not report incidents, you become part of the abuse, neglect, or misappropriation of property
- Immediately report any abuse, neglect, or misappropriation of property that is witnessed
- Immediately report any abuse, neglect, or misappropriation of property that a resident reports to you
- Always treat residents with respect
- Report changes in resident's condition or behavior

Questions

- What are the different types of abuse?
- Who is responsible for reporting abuse and neglect?
- What are some examples of abuse that can occur during a meal?

Lesson 11: Recognizing and Reporting Changes

Objectives

- Identify physical, sensory, and psychosocial changes that occur with the aging process
- Identify different types of observation
- Recognize the importance of reporting observation and information

Terminology

Physical – Pertaining to the body

Psychosocial – Pertaining to both psychological and social factors

Sensory – Pertaining to or related to the senses

The aging process is a series of physical, sensory, and psychosocial changes that occur over the course of many years.

Physical changes occur in all body systems causing body processes to slow down.

- Respiratory system - Lung capacity decreases as chest wall and lungs become more rigid. Deep breathing is more difficult. Air exchange decreases causing the person to breathe faster to get enough air when the person is exercising, is ill, or is stressed.
- Circulatory system - Blood vessels become more rigid and narrow. The heart muscle must work harder, which may result in high blood pressure and poor circulation.
- Gastrointestinal (stomach) system - Taste buds lose sensitivity causing decreased appetite. Tooth and gum problems result in inability to eat properly. Digestive secretions decrease causing constipation and food intolerance problems.
- Urinary system - Kidney function decreases slowing removal of waste. Bladder tone decreases resulting in more frequent urination, incontinence, bladder infections, and urinary retention.
- Endocrine system - Insulin production decreases possibly causing excess sugar in blood. Adrenal gland secretions decrease, reducing the ability to handle stress. Thyroid gland secretions slow down decreasing metabolism.
- Reproductive system - Hormone production decreases. Decreased estrogen in females causes menopause. Decreased testosterone in males slows sexual response. The prostate gland may become enlarged causing difficulty when urinating.
- Integumentary system (skin) - Loss of fat and water in skin causes increased sensitivity to cold, wrinkling, and sagging. Decrease oil production causes dry skin

and hair. Decreased sweat gland function causes loss of ability to regulate body temperature. Changes in pigmentation (skin color) causes gray hair and liver spots. Loss of capillary (vein) function causes yellowing of skin, thickening of nails, and thinning of hair.

- Musculoskeletal system (muscles) - Bones become more brittle and porous and may fracture easily. Loss of muscle strength and tone causes weakness and feeling tired. Less flexible joints make moving more difficult. Changes in the spine and feet result in height loss, postural changes, and difficulty walking.
- Nervous system - Decreased blood flow to certain areas of the brain causes decreased short-term memory. Nerve cells die causing decreased perception of sensory stimuli and less awareness of pain and injury.

Sensory changes affect how the older person perceives the environment. All information about the environment is sent to the brain through the senses. The following are changes related to the five senses:

- Sight - Changes in the eye affect visual perception. There may be a decrease in the ability to focus on close objects and to distinguish colors. Pupil size becomes smaller, and less light reaches the inner eye, making it more difficult to see in low light.
- Hearing - Structures within the ear become stiff, causing the loss of hearing of high frequency sounds. Soft wax production decreases, and hard, dry wax can build up and cause hearing loss.
- Smell - The ability to smell decreases which can cause a decrease in appetite. Identifying smells can become more difficult (i.e. body odors, smoke, chemicals).
- Taste - Taste buds are less perceptive, especially salty and sweet tastes. More seasoning may be needed for food.
- Touch - Decreased sensitivity in the skin results in less information from touch. Hot items are difficult to detect, which can lead to burns. Injuries from bumping may not be readily felt, so may not be treated promptly. A person may also drop things more often.

Psychosocial changes that occur with aging affect how people perceive themselves as individuals and as a part of society:

- Social changes - Loss of friends and relatives, loss of ability to participate in social functions
- Status changes - Changes in the individual's role within a group (family, community, or workplace) may result in feelings of being less productive and less respected
- Economic changes - Changes in income and ownership. The person may have given up his/her home, car, or other possessions.
- Positive self-esteem – May become difficult to maintain

Observing and reporting is the most important way to communicate within the health care team.

Observation is the gathering of information about a resident using your senses. Methods of observation include:

- **Objective observation** – Data available through the senses
 - **Sight** – Skin color, level of consciousness, bruises
 - **Sound** – Moans, cough
 - **Smell** – Foul odor, bad breath, odor to urine or stools
 - **Touch** – Warm or cold skin, rashes

- **Subjective observation** – Data reported or said by a resident or another person about the resident; statements like "I'm dizzy," "that hurts," or "Mom looks pale."
 - Observation that indicates an acute condition and requires immediate attention from the nurse may include, but are not limited to:
 - Severe pain
 - Anxiety
 - Mood swings
 - Fall or accident
 - Confusion
 - Depression
 - Skin tears
 - Loss of consciousness
 - Bruises
 - Odor
 - Cold, clammy skin
 - Bleeding
 - Seizures
 - Sudden changes
 - Choking
 - Incontinence
 - Difficulty breathing
 - Vomiting
 - Fever
 - Behavioral changes
 - Swelling

To "report" means to inform the person in authority (the nurse) about information observed, received, and the care given. Telling another dining assistant, CNA, or QMA about the observation, information, or care is not reporting.

Report information should always include:

- Resident's name
- Location
- Time
- Detailed description of the event

Types of reporting include:

- Objective – Information that is factual. Information gathered through observation is obtained by looking, listening, smelling, and touching.
- Subjective – Information that is based upon opinion, interpretation of a situation, or what is told to you. Subjective information may not be factual.
- Routine – Information about care given; is usually given at the end of the meal or shift.
- Immediate – Information that needs attention now due to urgency or safety.
 - Examples include, but are not limited to:
 - Any change in a resident's alertness
 - Falls or bleeding
 - Change in a resident's condition
 - Complaints of not feeling well or of pain
 - Dangerous situations, such as wet floors or broken glass
 - Resident abuse or neglect

Questions

- What needs to be reported and to whom?
- What are some of the physical changes that occur with aging?
- What is the difference between objective and subjective observations?

Lesson 12: Mental Health and Social Service Needs, Including How to Respond to a Resident's Behavior

Objectives

- Identify causes of cognitive impairment
- Identify response to difficult behavior
- Identify intervention related to behaviors during meals

Terminology

Catastrophic reaction – A strong emotional response often related to frustration

Sun downing – Becoming more restless and confused in the evening

Cognitive impairment may cause changes in the resident's behavior. Understanding and responding appropriately to behaviors is important when dealing with residents with cognitive impairment.

Cognitive impairment is a temporary or permanent change within the brain, which affects a person's ability to think, reason, and learn.

- Temporary causes may include stress, medication, pain, depression, vitamin deficiency, thyroid disease, alcohol, or head trauma
- Permanent causes may include severe head trauma, illness, disease, or brain damage at birth

Disorders that may cause cognitive impairment include:

- **Depression** – Emotional sadness and withdrawal, usually caused by loss of a person, possession, health, choice, or self-esteem
- **Anxiety** – Persistent feelings of fear and nervousness
- **Suspiciousness** – Distrust of others
- **Delusion** – False belief not supported by reality
- **Paranoia** – Irrational feeling of being persecuted, suspiciousness, or hostility
- **Schizophrenia** – Psychotic disorder characterized by a distortion of reality, and disorganized or fragmented thoughts, perceptions, or emotional reactions
- **Intellectual disability** – A process which slows or stops a child's brain from maturing; most common causes include difficult birth, Down syndrome, high fever, or drug or alcohol abuse during pregnancy
- **Dementia** – Progressive mental deterioration due to organic brain disease, which causes structural changes within the brain. Alzheimer's disease is the most common

form of dementia.

Dementia causes progressive deterioration of memory, judgment, orientation, physical skills, language, and communication.

- Behaviors common to residents with advanced dementia may include sun downing, catastrophic reactions, wandering, pacing, pillaging, hoarding, agitation, anxiety, hallucination, and delusions
- Techniques used to reduce the effects of advanced dementia, which should be initiated only upon instruction from the nurse, include:
 - Reality orientation – Helps a resident remain aware of his/her environment, time, and him or herself
 - Validation therapy – Helps a resident improve dignity and self-worth by having his/her feelings and memories validated
 - Reminiscing – Allows a resident to talk about past experiences, especially pleasant ones

Dementia residents need assistance in the following:

- Safety - Monitor resident's movement and environment for possible hazards
- Nutrition - Providing a resident with appropriate amounts of food and/or supplements
- Hydration - Offering and providing adequate amounts of fluid

Difficult behavior may result from too much stimulation, a change in routine or environment, physical pain or discomfort, reactions to medications, or fatigue. When responding to difficult behavior:

- Remain calm, speak slowly and clearly
- Avoid approaching the resident from the side or back
- Try to distract the resident's attention and to redirect the behavior
- Allow the resident to express feelings if talking reduces agitation
- Do not respond to verbal attacks, argue, or accuse the resident
- Stay a safe distance from the resident
- If a resident is hitting or kicking, move out of the way; never hit back

Intervention for behaviors dining assistants may encounter:

- Resident refuses to eat:
 - Ask the resident why he/she is refusing to eat
 - Encourage, but do not force, the resident to eat
 - Offer favorite foods
 - Report refusal to eat to the charge nurse
- Resident does not open their mouth:
 - Ask the resident to open his/her mouth

- Gently place or touch the spoon to the resident's lip
- Resident bites down on the spoon:
 - Ask the resident to open his/her mouth
 - Wait until the jaw relaxes; do not try to pull the spoon out (do not use plastic spoons for this resident because the spoon could break and cause injury)
- Resident eats with his/her hands:
 - Provide finger foods
 - Hand the spoon to the resident
- Resident holds food in his/her mouth:
 - Remind the resident to chew and to swallow
 - Make sure the resident has swallowed before offering the next bite
 - Wait and watch for swallowing
 - Offer a drink
- Resident pockets food:
 - Remind the resident to chew and to swallow
 - Put small amounts of food on the spoon
 - Allow the resident more time between offering bites of food
- Resident wanders away:
 - Make sure the food is ready when the resident arrives at the table
 - Keep noise and distractions to a minimum
 - Maintain a routine
 - Offer finger foods
- Resident plays with food:
 - Serve one item at a time
 - Assist with eating
 - Use lids on cups or glasses

Questions

- What are some causes of cognitive impairment?
- How should a dining assistant respond when a resident exhibits a difficult behavior?
- What are some common interventions for difficult behaviors during meals?

Lesson 13: Resident Rights and Independence

Objectives

- Identify resident rights
- Recognize the importance of maintaining resident independence
- Understand the dining assistant's role in protecting resident rights

Terminology

Confidentiality – Keeping information private

Resident rights:

- Rights are human privileges and legal protections. Residents have the legal rights of all United States' citizens. Residents also have rights related to their everyday lives and care in a nursing facility. A facility must inform residents of their rights in writing.
- Resident's rights include, but are not limited to:
 - **Right to confidentiality** - Personal information, medical records, written and telephone communications, medical treatment, personal care, behavior, and meetings with family are not discussed unless appropriate. To maintain confidentiality:
 - Never discuss a resident's personal or medical information with friends, family, news media, or others
 - Only discuss resident information with other members of the health care team in a private place.
 - **Right to information** – The resident has the right to see personal and medical records; the right to be fully informed of total health status in a language the resident understands; the right to be informed of any changes in service the resident is charged for or not charged for; the right to see financial records; and the right to be informed of advocacy groups' phone numbers. Also, the most recent survey must be posted in the facility.
 - **Right to choose** - The resident has the right to refuse treatment and to self-administer medication, if deemed safe; to choose a personal physician; to participate in his/her care planning; to perform voluntary or paid services; to keep and to use personal possessions as space permits; to participate in activities in and out of the facility; and to have space available for private meetings.

- **Right to privacy** - To provide privacy the dining assistant should always:
 - Knock on the door and announce yourself to the resident
 - Never open mail or go through the resident's belongings unless requested by the resident
 - Provide privacy when appropriate during the resident's dining experience

- **Right to dispute services and to file grievances** - The resident can voice complaints without fear of retaliation, get prompt action on complaints, or have the ombudsman program investigate complaints from the resident or family. To support this right, the dining assistant should:
 - Tell the nurse if the resident or family voices a complaint
 - Never let a complaint negatively affect how you assist a resident
 - Understand that if the resident complains about you, the facility must investigate

- **Right to be free of abuse** - Includes verbal, sexual, physical, or mental abuse, corporal punishment, and involuntary seclusion (see Lesson 10)

Practices a dining assistant should follow to maintain residents' rights:

- Address the resident by their name, as Mr., Mrs., or Miss, or by the resident's preference. Avoid terms such as "honey" or "sweetie."
- Always be respectful and kind
- Make eye contact when talking with a resident
- Allow the resident to complete his/her own sentences
- Explain to the resident what assistance will be provided
- Promote a positive attitude
- Treat all residents equally
- Never threaten or yell at residents
- Allow the resident to make choices
- Immediately report any concerns to the supervising nurse

Resident independence - Not having to rely on another person for routine activities, such as eating and drinking. People tend to take routine activities for granted until they are unable to perform them. This results in a loss of independence.

Loss of independence can cause:

- Negative self-image
- Anger toward caregivers, self, or others
- Feelings of helplessness, hopelessness, or sadness
- Feelings of being useless
- Increased dependence
- Depression

Prevent loss of independence:

- Encourage the resident to do as much as possible for him or herself
- Allowing a resident to do for himself/herself may take more time. Be patient.
- Allow the resident to make choices
- Respect the resident's choices

Role of the dining assistant in protecting residents' rights:

- Understand that violating the resident's rights is against the law
- The dining assistant is a resident advocate
- Encourage the resident to exercise his/her rights
- Immediately report anyone who abuses the resident's rights
- Always treat residents the way you would expect to be treated if you were in their situation
- Remember privacy and confidentiality promote the resident's dignity and self-esteem

Questions

- What are the six resident rights?
- How can a resident's independence be maintained?
- What are rights?

Procedures

1. Assist to Eat
2. Feeding
3. Handwashing
4. Gloves
5. Choking
6. Fire

Procedure 1: Assist to Eat

Step	Rationale
1. The dining assistant washes own hands.	
2. Assist the resident with washing hands and/or face, as needed.	Promotes good hygiene and prevents spread of infection
3. Make sure the resident is in a comfortable, sitting position.	The resident will be more comfortable while eating the meal.
4. Check the meal card for name and diet. Check the tray for the correct food, condiments, and utensils.	Since the resident's diet is ordered by the doctor, the tray should contain foods permitted by the diet.
5. Serve the tray with main course closest to the resident.	
6. Offer the resident a napkin.	Protects the resident's clothing.
7. Cut and season food, butter the bread, and open cartons, as needed.	The resident should do as much as possible to improve independence and self-esteem.
8. Check the resident frequently for any need for assistance.	
9. When the resident has finished eating, remove the napkin and tray.	
10. Assist the resident with washing hands and/or face, as needed.	Promotes self-esteem and prevents the spread of infection.
11. Report any uneaten food or fluid portions to the nurse.	Provides the nurse with any necessary information to properly assess the resident's condition.
12. The dining assistant washes own hands upon completion of assisting the resident.	

I verify these procedures were taught and successfully demonstrated according to IDOH standards:

Dining assistant's name: _____ Date: _____

Instructor's name: _____ Date: _____

Procedure 2: Feeding

Steps	Rationale
1. The dining assistant washes own hands.	
2. Assist the resident with washing hands/face as needed.	Promotes good hygiene and prevents the spread of infection.
3. Make sure the resident is in a comfortable, sitting position.	The resident will be more comfortable while eating the meal.
4. Check the meal card for name and diet. Check the tray for the correct food, condiments, and utensils.	Since the diet is ordered by the doctor, the tray should contain foods permitted on the diet.
5. Set the tray on the over-the-bed table or dining table and describe the food to the resident.	
6. Place napkin or clothing protector under the resident's chin and across chest.	Protects the resident's clothing.
7. Ask the resident which food they prefer to eat first.	The resident has the right to choose.
8. Fill the spoon half-full of food. Direct the food to the unaffected side of mouth, if applicable.	The resident will be able to chew and to swallow smaller amounts of food offered on the strong side.
9. Allow the resident time to chew and swallow. Offer fluids as the resident wishes and diet allows.	Minimizes the risk of choking.
10. Wipe the resident's mouth, as needed	Promotes self-esteem and prevents the spread of infection.
11. Remove the napkin or the clothing protector and the tray when the resident is finished eating.	

12. Wash the resident's hands and/or face, as needed.	
13. Report any uneaten portions of food or fluid to the nurse.	Provides the nurse with the necessary information to properly assess the resident's condition and needs.
14. The dining assistant washes own hands upon completion of assisting the resident.	
<p>I verify these procedures were taught and successfully demonstrated according to IDOH standards:</p> <p>Dining assistant's name: _____ Date: _____</p> <p>Instructor's name: _____ Date: _____</p>	

Procedure 3: Handwashing	
Step	Rationale
1. Turn on the faucet with a clean paper towel.	
2. Adjust the water to an acceptable temperature.	Hot water opens pores, which may cause irritation.
3. Angle arms down holding hands lower than elbows. Wet hands and wrists.	The hands are the most contaminated. <ul style="list-style-type: none"> • Water should run from cleanest to dirtiest area.
<p>4. Apply enough soap to cover all hand and wrist surfaces. Work up a lather.</p> <p>Note: Direct care givers must rub hands together vigorously, as follows, for at least 20 seconds, covering all surfaces of the hands and fingers.</p> <ul style="list-style-type: none"> • Rub hands palm to palm. • Right palm over top of left hand with interlaced fingers and vice versa. • Palm to palm with fingers interlaced. • Backs of fingers to opposing palms with fingers interlocked. • Rotational rubbing of left thumb clasped and right palm, and vice versa. • Rotational rubbing, backwards and forwards, with clasped fingers of right hand and left palm, and vice versa. Clean fingernails. • Rinse hands with water down from wrists to fingertips. 	<ul style="list-style-type: none"> • Lather and use friction to loosen skin oils and to allow pathogens to be rinsed away. • Wrists are cleanest, fingertips dirtiest. • Soap left on skin may cause irritation or rashes.
5. Dry thoroughly with single use towels.	Skin may chap if left damp.
6. Use a paper towel to turn off the faucet and discard the paper towel.	Hands will be re-contaminated if you touch the dirty faucet with clean hands or if the paper towel is used after turning off the faucet.
<p>Note: Acrylic or artificial nails are difficult to clean under and may harbor bacteria.</p>	

I verify that these procedures were taught and successfully demonstrated according to IDOH standards:

Dining assistant's name: _____ Date: _____

Instructor's name: _____ Date: _____

Procedure 4: Gloves

Step	Rationale
1. Wash hands (according to procedure #3).	
2. Put on gloves.	
3. Check for tears or holes in gloves.	Damaged gloves do not protect you or the resident.
4. Perform feeding assistance as needed.	
5. Remove one glove by grasping the outer surface just below the cuff with the other gloved hand.	Both gloves are contaminated and should not touch unprotected skin.
6. Pull glove off so it is inside out.	The dirtiest part of the glove is concealed.
7. Hold the removed glove in your gloved hand.	
8. Place two fingers of ungloved hand under cuff of other glove and pull down so first glove is inside second glove.	Touching the outside of the glove with an ungloved hand causes contamination.
9. Dispose of gloves without contaminating hands.	Hands may be contaminated if gloves are rolled or moved from hand to hand.
10. Wash hands (according to procedure #3).	

Never re-use or use the same pair of gloves to provide services or treatment for more than one resident. Discard and re-glove, as necessary, when moving from a soiled area to clean area to prevent cross contamination.

I verify that these procedures were taught and successfully demonstrated according to IDOH standards:

Dining assistant's name: _____ Date: _____

Instructor's name: _____ Date: _____

Lesson 9: Safety and Emergency Procedures

Procedure 5: Choking (Per American Red Cross)

Steps	Rationale
1. Call for a nurse and stay with the resident.	Allows you to get help while continuously providing for the resident's safety and comfort.
2. Ask the resident if he/she can speak or cough.	Identifies sign of a blocked airway (not being able to speak or cough).
3. If the resident is seated, ask the resident to stand, if possible.	Puts the dining assistant in correct position to perform procedure.
4. If the resident cannot speak or cough, bend the resident forward at the waist and give five back blows between the shoulder blades with the heel of one hand.	
5. If the resident continues to be unable to speak or cough, place a fist with the thumb side against the middle of the resident's abdomen, just above the navel.	Positions the fist for maximum pressure with least chance of injury to resident.
6. Grasp your fist with your other hand.	Allows you to stabilize the resident and apply balanced pressure.
7. Press fist into abdomen with five quick inward and upward thrusts.	Forces air from lungs to dislodge object
8. Repeat sets of five back blows and five abdominal thrusts until the object is expelled, the resident can cough forcefully, breathe, or becomes unconscious.	
9. Assist the nurse with documentation of the event by providing your observation.	
10. Dining assistant should wash hands following procedure.	

I verify that these procedures were taught and successfully demonstrated according to IDOH standards:

Dining assistant's name: _____ Date: _____

Instructor's name: _____ Date: _____

Procedure 5: Choking (Per American Heart Association)

Steps	Rationale
1. Call for a nurse and stay with the resident.	Allows you to get help while continuously providing for the resident's safety and comfort.
2. Ask the resident if he/she can speak or cough.	Identifies sign of blocked airway (not being able to speak or cough.)
3. If the resident is seated, ask the resident to stand, if possible.	Puts dining assistant in correct position to perform procedure.
4. If the resident cannot speak or cough, place a fist with the thumb side against the middle of the resident's abdomen, just above the navel.	Positions fist for maximum pressure with least chance of injury to resident.
5. Grasp your fist with your other hand.	Allows you to stabilize resident and to apply balanced pressure.
6. Press fist into abdomen with five quick inward and upward thrusts.	Forces air from the lungs to dislodge object.
7. Continue abdominal thrusts until the object is expelled, the resident can cough forcefully, breathe, or becomes unconscious.	
8. Assist the nurse with documentation of the event by providing your observation.	
9. The dining assistant should wash hands following procedure.	

I verify that these procedures were taught and successfully demonstrated according to IDOH standards:

Dining assistant's name: _____ Date: _____

Instructor's name: _____ Date: _____

Procedure 6: Fire

Steps	Rationale
1. Remove residents from the area of immediate danger.	Residents may be confused, frightened, or unable to help themselves.
2. Activate fire alarm.	Alerts the entire facility of danger.
3. Close doors and windows to contain fire.	Prevents drafts that could spread the fire.
4. Extinguish a small fire with a fire extinguisher, if possible.	Prevents the fire from spreading.
5. Follow all facility policies and procedures.	Facilities have different methods of dealing with emergencies. Follow the policies and procedures of your facility.
<p>I verify that these procedures were taught and successfully demonstrated according to IDOH standards:</p> <p>Dining assistant's name: _____ Date: _____</p> <p>Instructor's name: _____ Date: _____</p>	

References

American Heart Association <https://www.heart.org/>

American Red Cross <https://www.redcross.org/>

CDC "Covid-19." <https://www.cdc.gov/covid/index.html>

CDC "Hand Hygiene in Healthcare Settings." <https://www.cdc.gov/handhygiene/index.html>

Indiana Department of Health (2015) Nurse Aide Curriculum. Indianapolis, IN; Indiana Department of Health.

Indiana Department of Health (2025) Qualified Medication Aide Curriculum. Indianapolis, IN; Indiana Department of Health.

MyPlate. "Learn How to Eat Healthy with MyPlate." <https://www.myplate.gov>