

StaffQuest

Continued Education For Certified Nursing
Assistants, and Health Professionals



Annual Inservice
Module

CONTINUED EDUCATION FOR HEALTH PROFESSIONALS

Annual Inservice Module

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Infection Control

All residents, visitors, employee's blood and body fluids will be considered potentially infectious. All employees will follow hand washing, Personal Protective Equipment use (PPE), and the use of Standard/Universal precautions for Disease Prevention/Control.

Standard /Universal Precautions

This is defined as taking precautions when exposure to blood and other body fluids, non-intact skin or mucous membranes is possible. Standard precautions should be used when caring for all individuals.

❖ Use appropriate barrier precautions

➤ Gloves

- Latex *disposable* gloves should be worn:
 - Whenever the potential of contact with blood or body fluids is possible.
 - As outlined by specific departmental policies based on Center for Disease Control (CDC) guidelines.

➤ Mask and Eye Protection

- Mask and eye protection should be worn:
 - To protect your mouth, eyes, nose and face from splashing, spraying or spattering of blood or bloody fluids.

➤ Gowns

- Gowns should be worn:
 - To protect your body from contamination during a task in which there is the potential for exposure to blood or body fluids.

➤ Isolation

- All PPE must be worn in a room in which the resident is on isolation.
 - All isolation rooms must be posted outside the door and PPE made available outside the door.
 - Other issues
 - Practicing good hygiene, a scheduled cycle for *disinfecting* of equipment, appropriate *cleaning* of blood/body fluid spills, proper *disposal* of needles and other sharps, as well as use of *precaution* when handling soiled linen and garbage, will help prevent the spread of infection.
 - ❖ Hand Washing
 - Procedure
 - Adjust the temperature of the water (water should be warm, but not hot enough to cause burns).
 - Wet hands under running water.
 - Wash hands thoroughly with a germicidal soap for 10-15 seconds.
 - Rinse hands thoroughly.
 - Dry hands thoroughly with a paper towel and dispose of that towel.
 - With a clean paper towel, turn off running water at faucets, then dispose of paper towel.
 - Hand washing should be done:
 - Upon arrival at work, before starting your work assignments.
 - After contact with blood or body fluids.
 - In between contact with residents.
 - Before clean procedures.
 - Before serving food or feeding/ preparing meals.
 - After going to the bathroom, coughing, sneezing or blowing your nose.
 - Before going home at the completion of your shift.
 - ❖ Special Ventilation devices should be used during resuscitation efforts to prevent contact with saliva.
-

- ❖ Healthcare workers with open lesions or exudative dermatitis that cannot be covered by PPE should refrain from direct patient care.
- ❖ Pregnant healthcare workers should be especially familiar with and adhere to precautions.

Modes of Transmission

- ❖ Direct Contact
 - Touching Contaminated Material
- ❖ Indirect Contact
 - Microorganisms Spread From One Person to Another by an Object
- ❖ Droplets
 - Microorganisms Spread by Coughing, Sneezing or Exhaling
- ❖ Airborne
 - Microorganisms Traveling in the Air by Themselves or on Dust Particles
- ❖ Common Vehicle
 - Microorganisms Spread to Many People by One Source
- ❖ Vectorborne
 - Microorganisms Spread by Insects

Drug Resistant Bacteria

- ❖ MRSA/Methicillin-Resistant *Staphylococcus Aureus*
 - *Staphylococcus aureus* is found in 23-30% of the noses of normal healthy people and is commonly found on the skin.
 - This strain of *S. aureus* is resistant to the antibiotic called methicillin.
 - This strain is sensitive to other antibiotics and infections can be treated.
- ❖ VRE/Vancomycin-Resistant *Enterococci*
 - Enterococci are bacteria found in the feces of most humans.

- This strain of enterococci is resistant to the antibiotic called vancomycin.
- ❖ Preventing the Spread of MRSA/VRE
 - Hand washing between residents.
 - Isolation procedures.
 - Wearing of PPE.
 - Proper disposal of linens and trash (red bag).
 - Thorough cleaning of the environment and equipment.

Rights And Dignity

Quality of life is reflected by each resident being treated with the utmost dignity, care and respect.

Resident Rights

- ❖ Free choice of attending physician.
- ❖ Full advance information in writing on rights, treatment and participation on care and treatment decisions.
- ❖ The right to be fully informed.
- ❖ Freedom from involuntary, physical or chemical, restraints, except for safety of resident or others and upon physician order.
- ❖ Privacy in accommodations, belongings, communications, information, visits and meetings of family and resident groups.
- ❖ The right to personal belongings.
- ❖ Confidentiality of personal and clinical records.
- ❖ The right to be treated with consideration and respect.
 - Dignity as an individual.
 - Called by proper name.
- ❖ Right to individual needs, accommodations and preference.
- ❖ The right to refuse even though results could be detrimental to the resident.
- ❖ Right to voice grievances and to be free from reprisal.
- ❖ Right to participate in resident and family groups.
- ❖ Right to participate in social, religious, civil and community activities.
- ❖ Manage personal finances or receive complete accounting without commingling with facility funds.
- ❖ The right to privacy by married couples.
- ❖ The right to reasonable access of state agencies.
- ❖ The right to reasonable access by long-term care ombudsman.

Dignity Issues

- ❖ Urine bags covered while in bed and during ambulation and transportation.
- ❖ Urinals are to be appropriately stored, cleaned promptly and have lids for odor control.
- ❖ Never set urinals/bedpans next to water pitchers, bedside stand or overbed table.
- ❖ Only expose necessary body parts during care. Use bath blankets.
- ❖ Talk to your residents, not about them.
- ❖ Remember to knock on the door, no matter if it is completely open, half open or totally shut.
 - Announce yourself and state your purpose for being in the room.
- ❖ Always move residents in a forward motion, never pull them backward and never take more than one resident at a time.
- ❖ Hair should be neat and clean.
 - Combed/brushed as part of morning care.
 - In a private area.
- ❖ There should be no body odor.
- ❖ Fingernails should be neat and clean.
 - Fingernails should be trimmed in the resident's room.
- ❖ Always use privacy curtains.
- ❖ Don't call your residents Honey, Darling or Sweetheart.
- ❖ Clothes and gowns should be neat and clean.
- ❖ Do not place clean linen on dirty surface, or dirty linen on the floor.
- ❖ Each resident must have his or her own personal items (e.g. Hair brush, comb, toothbrush, soap, etc...)
- ❖ Be sure your residents call system is completely functional.
 - Answer call lights promptly.

- 3 minutes for routine calls
- Emergency or alarms immediately
- ❖ Remember proper positioning
 - Use pillows, wedges, etc...
 - Change q2 hours
- ❖ When feeding resident; sit to feed, have eye contact and conversation.
- ❖ Feed residents in a dignified manner, never mix pureed items together
 - Do Not force feed
- ❖ Remember mouth care. Wipe residue from mouth after meals and medications.
- ❖ Residents should have shoes, socks or slippers.
- ❖ Remember to use eyeglasses and dentures.
- ❖ Treat residents as human beings not a disease or condition.
- ❖ Shave men as needed.
- ❖ Change linen as necessary.
- ❖ Unit should be maintained in a quiet manner, especially during sleep hours.



Abuse Prevention

It is the responsibility of our employees, facility consultants, attending physicians, family members, visitors, etc., to promptly report any incident of neglect or resident abuse, including injuries of unknown origin, and theft or misappropriation of resident property to facility management.

Definitions of Abuse

- ❖ Abuse means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical pain or mental anguish.
 - Interpretation- this presumes that instances of abuse of any resident, whether cognizant or not, cause physical harm, pain, or mental anguish.
- ❖ Act 13 Definitions:
 - *Serious Bodily Injury.* An injury, which creates a substantial risk of death or which causes serious permanent disfigurement or protracted loss or impairment of the function of a body member or organ.
 - *Serious Physical Injury.* An injury that causes a person severe pain or significantly impairs a person's physical; functioning, either permanently or temporarily.
 - *Sexual Abuse.* Intentionally, knowingly or recklessly causing or attempting to cause rape, involuntary deviate sexual intercourse, sexual assault, indecent assault or incest.
- ❖ Types of Abuse:
 - *Verbal Abuse*-refers to any use of oral, written, or gestured language that includes disparaging and derogatory terms to residents or their families, or within hearing distance to describe residents, regardless of their age, ability to comprehend, or disability.
 - Examples:
 - Threats of harm.
 - Saying things to threaten a resident.

- ◆ Telling a resident she will never see her family again.
- *Sexual Abuse*-includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault.
- *Physical Abuse*-includes, but is not limited to, hitting, slapping, pinching, kicking, etc. It also includes control of resident's behavior through corporal punishment.
- *Involuntary Seclusion*-means separation of a resident from other residents, from his or her room, or confinement to his or her room (with or without roommates) against the residents will or the will of the resident's legal representative.
 - Temporary, monitored separation from others will not be considered involuntary seclusion and may be permitted if used for a limited period of time as a therapeutic measure until professional staff can develop a plan of care to meet the resident's needs.
- *Mental Abuse*-includes, but is not limited to, resident humiliation, intimidation, threatening demeanor, harassment, threats of punishment or deprivation, or denial of food or privileges.
- *Neglect*-means failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness. Neglect occurs on an individual basis when a resident receives a lack of care in one or more areas.
 - Examples:
 - Absence of frequent monitoring for a resident known to be incontinent, resulting in being left to lie in urine or feces.
 - Failing to assist a resident with feeding, resulting in them not eating.
- Neglect also occurs when a number of residents receive a lack of care in one or more regulatory groupings; a finding which reflects the facility's failure to have developed policies or implemented procedures to prohibit neglect.
 - Interpretation-Neglect refers to failure through inattentiveness, carelessness, or omission to provide timely, consistent, safety, adequate and appropriate services, treatment and care, including but not limited to: nutrition, medication, therapies, and activities of daily living. The absence of reasonable accommodations of individual needs and preferences may result in resident neglect.
- *Misappropriation of Resident Property*- means the deliberate misplacement, exploitation, or wrongful (temporary or permanent) use of a resident's belongings or funds without the resident's consent.

Signs And Symptoms

The following are some examples of actual abuse/neglect and signs and symptoms of abuse/neglect that should be promptly reported. However, this listing is not all-inclusive. Other signs and symptoms or actual abuse/neglect may be apparent. When in doubt report it.

❖ Signs of Actual Physical Abuse

- Welts or bruises
- Abrasions or lacerations
- Fracture, dislocations or sprains of questionable origin
- Black eyes or broken teeth
- Improper use of restraints
- Sexually exploited
- Rape
- Excessive exposure to heat or cold
- Involuntary seclusion
- Multiple burns or human bites

❖ Signs of Actual Physical Neglect

- Malnutrition and dehydration (unexplained weight loss)
- Poor hygiene
- Inappropriate clothing (soiled, tattered, poor fitting, lacking, inappropriate for the season)
- Decayed teeth
- Improper use/administration of medications
- Inadequate provision of care
- Caregiver indifferent to resident's personal care and needs
- Failure to provide privacy

- Left alone, but needs supervision
- ❖ Signs/Symptoms of Psychological Abuse/Neglect
 - Resident clings to abuser/caregiver
 - Paranoia
 - Depression
 - Confusion
 - Disorientation
 - Withdrawal
 - Inconsistent injury explanation
 - Low self esteem or self worth
 - Anger
 - Suicidal

Reporting

Any employee observing, or having knowledge of any action or situation, which is detrimental to, a resident must immediately report the incident, verbally to the Nursing Supervisor.

The Elderly

The elderly may experience various physical, mental and emotional changes. Consequently care of these residents should be conducted in a manner conducive to these changes.

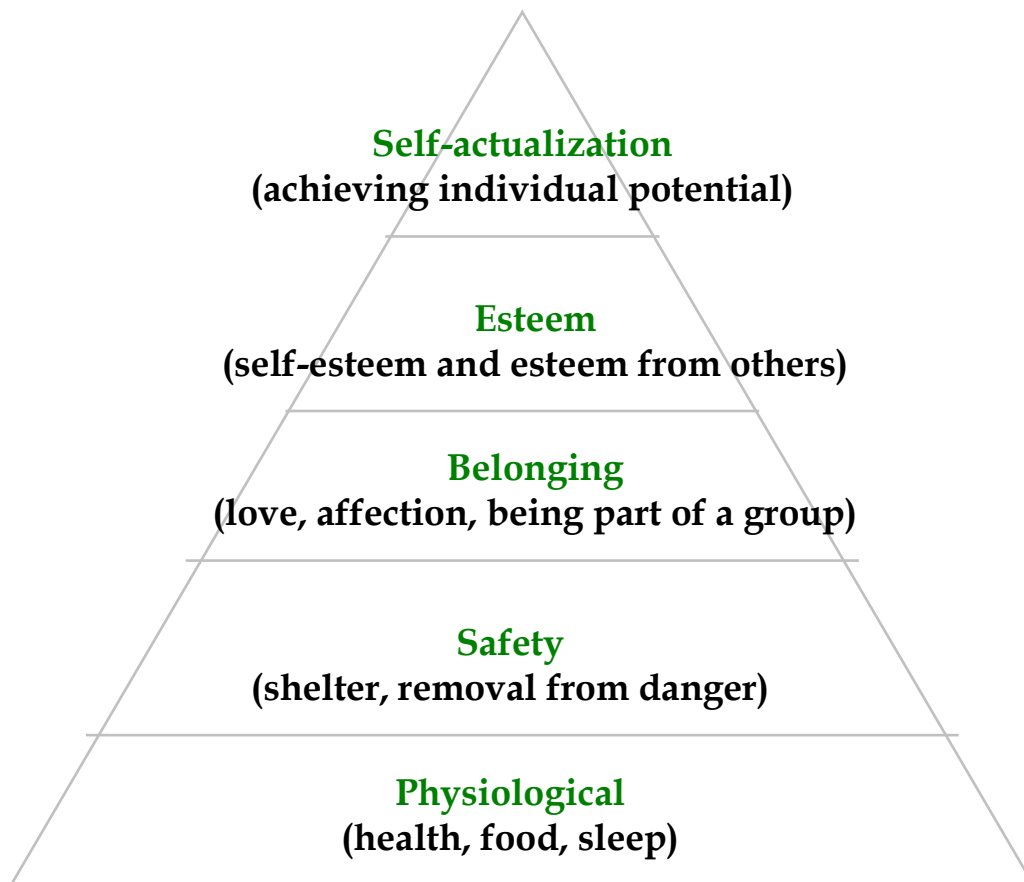
Normal Changes or Conditions of Aging

- ❖ *Musculo-skeletal* changes or conditions such as arthritis and osteoporosis can lead to:
 - Joint stiffness
 - Pain
 - Loss of range of motion
 - Altered balance
- ❖ *Neurological* changes or conditions can lead to:
 - Decreased coordination
 - Forgetfulness
 - Disorientation
 - Sensory impairments
 - Decreased vision
 - Decreased hearing
 - Decreased touch
 - Pain
- ❖ *Vascular* changes can lead to:
 - *Dizziness*
 - *Confusion*
 - *Syncope*
- ❖ Changes in the *Renal* and *Gastrointestinal* systems can lead to *bowel* and *bladder* incontinence.

- ❖ Changes in *psychological conditions* or the *neurological system* can lead to:
 - Depression
 - Dementia
 - Cognitive loss
 - Mania
 - Combativeness

Maslow's Hierarchy

- ❖ The hierarchical effect
 - The lower the needs in the hierarchy, the more fundamental they are and the more a person will tend to abandon the higher needs in order to pay attention to sufficiently meet the lower needs.



❖ The Five Needs

- *Physiological needs* are to do with the maintenance of the human body.
 - If we are unwell, then little else matters until we recover.
- *Safety needs* are about putting a roof over our heads and keeping us from harm
 - If we are rich, strong and powerful, or have good friend, we can make ourselves safe.
- *Belonging needs* introduce our tribal nature.
 - If we are helpful and kind to others they will want us as friends
- *Esteem needs* are for a higher position with a group.
 - If people respect us, we have a greater power.
- *Self-actualization needs* are to 'become what we are capable of becoming', which would be our greatest achievement.

❖ Three More Needs

- Maslow later added three more needs by splitting two of the above five needs.
 - Between esteem and self-actualization needs were added:
 - Need to know and *understand*, which explains the cognitive need of the academic.
 - The need for *aesthetic beauty*, which is the emotional need of the artist.
 - Self-actualization was divided into:
 - Self-actualization, which is realizing one's own potential, as above.
 - Transcendence, which is helping others to achieve their potential.

The Aggressive Resident

- ❖ Clues to aggressive behavior
 - Muscle tension
 - Clenched jaw
 - Glaring eyes
 - Clenched fists
 - Activity
 - Pacing
 - Rocking
 - Kicking
 - Clenched teeth
 - Speech
 - Loud
 - Rapid
 - Changeable
- ❖ Residents may be verbally or physically aggressive
- ❖ Causes of aggression
 - Usually a result of *Anger*
 - Mistaking a person for someone else
 - Losing control over life
 - Physical discomfort
 - Believe someone will harm them
 - Hearing/ vision impairment
 - Illness
 - Changes in medication

❖ What can you do?

- Be aware of combative behavior and develop empathy and understanding.
- Understand the reason for their behavior.
- Recognize the signs of anger to protect the resident and yourself.
- Trust your “gut” feeling.
 - Often the aggressive behavior occurs suddenly.
 - Be prepared.
- Be sure the resident knows what you are going to do.
 - Many residents have a short attention span - Explain, Explain and Explain.
- Allow the resident to choose and make some decisions to provide a sense of control.
- Provide a predictable schedule.
- Don't stand over or talk down to the resident and use a soothing voice.
- Keep your movements slow, calm and be respectful.
- Don't turn your back and stay at arms length.
- Always report all signs of anger and aggressiveness to the nurse.
- Never allow yourself to be cornered in a room with the resident between you and the door.
- Don't escalate the tension with verbal bantering.
 - Basically, don't argue with the resident.
- Get help from other support staff when offering care.
 - Get a witness if you are anticipating abuse of any kind,
- Remove yourself from the situation if you are concerned for your safety.
- Get assistance quickly, via call bell or vocal projection, if a situation becomes violent.
- Protect other residents from abusive behavior.
- Fill out an incident report for proper documentation of the occurrence.

Dementia Residents

❖ Recommended approaches for communication:

- Always approach in a calm manner.
- Do not startle by approaching from behind.
- Establish eye contact before proceeding.
- State your name and what your function is on each encounter.
- Explain tasks and thoughts in simple, concise statements.
- Do not give too much information in one sentence.
 - Present one idea at a time.
- Use appropriate gestures and visual cues or aids to convey your message.
 - Demonstrate by modeling an activity.
- Give adequate time to respond.
- If it is necessary to repeat a statement or question, use exactly the same words.
- Keep reassurance simple or try to redirect to another task or activity.
- Do not talk to the resident like he or she is a child.
- Do not talk about the person as if they are not there.
- Remove noise and distractions or remove the resident from the noisy area.
- Avoid arguing.
 - Leave the resident and return later.
- Provide a structured environment.
 - Be consistent.
- Use validation therapy and reality orientation as appropriate
 - Know the difference and know which is best in a given situation.
- Provide constant reassurance.

Elopement

- ❖ Provide early intervention to ensure the safety of residents at risk of elopement.
- ❖ All employees will assist in identifying residents at risk of elopement. A resident at risk of elopement is defined as a resident
 - Having a history of wandering.
 - Having an elopement.
 - Aimlessly wandering through corridors.
 - Attempting to open stairwell/exit doors.
- ❖ Any employee who identifies a resident at risk of elopement should immediately notify the charge nurse.
- ❖ The charge nurse will
 - Notify the physician to obtain an order to use the Wander-Guard bracelet.
 - Place Wander-Guard band and activate signaling device on resident's dominant wrist or ankle.
 - Implement Wander-Guard procedures.
- ❖ The admission committee will be knowledgeable of the location and count of residents at risk of elopement so that determinations can be made of the ability to serve potential applicants who are at risk of elopement.
- ❖ All members of the Interdisciplinary Care Team Plan Team will assure that the resident's interdisciplinary care plan is updated upon identification of a resident at risk of elopement.
- ❖ The activity department will complete an assessment to determine programs that will occupy the resident's time.
- ❖ Employees will follow the door alarm procedure at all times.

Elopement Procedure

All door buzzers are to be kept activated 24 hours a day. Be sure to familiarize yourself with each facilities specific procedure.

- ❖ When a report of a resident being missing is given to anyone, the general procedure is as follows:
 - Immediately notify licensed person in charge.
 - Immediately notify Director of Nursing and Administrator.
 - Notify Police if necessary.
 - A written report will begin to describe incidents of the elopement and notification procedure.
 - The nurse in charge will notify family.
 - Department of Health will be notified by phone as soon as possible.
 - Family will be notified as soon as the resident is returned to the facility.
 - The DON and Administrator will do internal investigations for cause and effect of elopement, and further action necessary to prevent future occurrence.
 - Staff will be alerted to the findings of the investigation and educated in preventative measures to betaken.



Fire

Fire is the most common and most deadly of the life threatening emergencies encountered in health care facilities. It is also the most preventable. For this reason, and for the protection of the residents, staff and visitors, it is imperative that all employees read and familiarize themselves with each facility Fire Plan.

Fire Prevention

The best way to fight fire is to take serious steps toward preventing a fire emergency from occurring. The following fire prevention tips should be used to help the facilities from experiencing a fire emergency.

- ❖ Smoke only in authorized areas and extinguish all smoking materials in proper receptacles.
- ❖ Do not give matches or lighters to residents.
- ❖ Supervise all residents while they smoke.
- ❖ Use all gas, electrical and oxygen equipment in a safe and informed manner.
- ❖ Report any fire hazard and/or safety hazard to your supervisor or maintenance department immediately.
- ❖ Maintain proper storage procedures for all flammable liquids and other supplies.
- ❖ Avoid clutter. See that trash and other combustibles are properly and swiftly removed.
- ❖ Be fire safety aware. Be alert for potential fire emergency problems.

The above mentioned tips along with regular fire safety training will assist in keeping all facilities fire safe and well prepared to respond effectively to a fire emergency.

- All employees should feel free to participate in any fire in-services, trainings or drills at any facility.

Important Things To Remember

- ❖ Dr. Red is the code name for FIRE.
- ❖ There should always be a professional designated to be a “Fire Coordinator” in a fire emergency. Be sure to know who this person is and follow their instruction.
- ❖ Stay calm-Do Not panic.

- ❖ Evacuate residents in immediate danger.
- ❖ Sound the alarm.
- ❖ Confine the fire. Shut the doors and windows.
- ❖ Clear all hallways.
- ❖ Do Not use fire extinguishers unless life is in immediate danger.
- ❖ Stay out of the way of fire fighters.
- ❖ Turn off oxygen
- ❖ Do not cross the fire line.
- ❖ Never use the elevator during a fire emergency.

Methods of Evacuation

If a total evacuation is deemed necessary, the facility “Fire Coordinator” or a firefighter, if present, will determine a safe location at the exterior of the building and instruct staff to:

- ❖ Evacuate residents in the following order:
 - Ambulatory Residents – form a chain and keep together.
 - Wheelchair bound residents – if possible, take resident to the safe location and bring chair back to evacuate other residents.
 - Non-Ambulatory residents – can use the bed, stretcher or blanket drag.
- ❖ *Carry*: To immediately rescue a resident, it may be necessary to carry them from the area of danger. Several factors must be considered in emergency carrying of residents:
 - The nature of the emergency.
 - The weight and condition of the resident.
 - The strength and adaptability of the rescuer.
 - Types of carries are the one-person carry, two-person carry and the blanket drag.
- ❖ *Wheel Chairs*: Use, if available, to evacuate residents in danger. Never allow the chair to be occupied unless you no longer need it for evacuation of other residents.

- ❖ *Beds:* Do not evacuate residents in their beds unless directed by the “Fire Coordinator” or the fire department. Beds are large, difficult to maneuver, and block hallways.
- ❖ *Other:*
 - Keep low when traveling through smoke. Smoke and heat rise. Crawl along the floor if necessary.
 - DO NOT RUN.
 - When going through smoke, cover the face from the nose down.
 - Do not touch anything and watch for falling debris, wire, etc.

“RACE”

R_{escue/React/Respond}

- ❖ Remove patients from danger. Close door behind you.

A_{larm/Alert}

- ❖ Pull the nearest fire alarm. Execute your fire plan.

C_{onfine/Contain}

- ❖ Close patient room doors or evacuate as planned.

E_{vacuation/Extinguish}




- ❖ Extinguish if small fire or keep confined. Evacuate residents in immediate danger.

Fire Detection, Notification And Suppression Equipment

- ❖ Smoke Detectors
 - When activated by smoke, most of the detectors sound the in-house fire alarm and notify the 911 Emergency Communications.
- ❖ Sprinklers
 - Each sprinkler head is activated by a high temperature condition. When activated, the sprinkler head automatically provides a shower of water to suppress the fire, the in-house alarm is automatically activated and 911 is notified.
- ❖ Fire Alarm Pull Boxes
 - These pull boxes are the primary manual method of sounding an alarm. Pull down the tab to activate the unit.

Fire Extinguishers

- ❖ Your extinguisher must fit the fire.

ORDINARY	FLAMMABLE	ELECTRICAL
 A	 B	 C
COMBUSTIBLES	LIQUIDS	EQUIPMENT

- ❖ What you must know:
 - Where is the nearest extinguisher?
 - Is it the correct type for the fire?
 - Remember the simple word PASS.

“PASS”

Pull the pin at the top of the extinguisher.

- ❖ The pin releases a locking mechanism and will allow you to discharge the extinguisher.

Aim at the base of the fire, not the flames.

- ❖ This is important-in order to put out the fire-you must extinguish the fuel.

Squeeze the lever slowly.

- ❖ This will release the extinguishing agent in the extinguisher.
 - If the handle is released, the discharge will stop.

Sweep from side to side.

- ❖ Using a sweeping motion, move the fire extinguisher back and forth until the fire is completely out. Operate the extinguisher from a safe distance, several feet away, and then move towards the fire once it starts to diminish.
 - Be sure to read the instructions on your fire extinguisher-different fire extinguishes recommend operating from other distances.
 - REMEMBER: Aim at the base of the fire NOT the flames.



Clinical Applications

One of the key functions of a CNA is properly assessing and recording vital signs.

Vital Signs

Determining these values is extremely critical for proper care. Important medical decisions are made based on these collected values. If the data is inaccurate that may cause involuntary resident injury.

- ❖ Vital signs include the following:
 - Blood pressure
 - Heart rate
 - Respiratory rate
 - Temperature
- ❖ Determining these values is extremely critical for proper care. Important medical decisions are made based on these collected values. If the data is inaccurate that may cause involuntary patient injury.
- ❖ Blood Pressure
 - Is primarily taken on the forearm.
 - Is taken using a sphygmomanometer and a stethoscope.
 - The systolic pressure is recorded first and is recorded over the diastolic pressure.
 - Normal adult blood pressure is 120/80 mm Hg.
- ❖ Heart Rate
 - May be taken at many different locations.
 - The most common are the brachial arteries in the forearm and the carotid in the neck.
 - The most accurate is to record heart rate over a sixty-second time frame.
 - Hearts rates calculated over a 15-30 minute time frame have less accuracy.

- An abnormal pulse blood flow pattern may not be detected in a short time frame.

❖ Respiratory Rates

- Are generally calculated over a one-minute time frame.
- The rise and fall of the chest can be detected with a hand over the chest or observation.
- Increased or labored respiration can indicate a need for immediate medical interventions.

ADLs

A compassionate CNA with a positive attitude during ADL care can brighten a resident's day.

❖ ADL stands for activities of daily living.

❖ This includes:

- Shaving
- Bathing
- Dressing
- Grooming
- Almost all daily functions

❖ If the residents are unable to assist in their own ADLs, then total care will have to be provided.

❖ Sometimes this is an extremely difficult task. Another CNAs assistance may be required for these ADLs.

❖ Follow the golden rule, "Do unto others, as you would have them do unto you." Let this be your guide in the care you provide.

❖ ADL care often provides the opportunity for proper skin inspection.

- If a wound develops on a patient, report it immediately to your supervisor.
- Wounds are much easier to treat if early intervention occurs by health care providers.
- CNAs can be the eyes of detection that lead to successful early intervention.



Posture and Body Mechanics

The job of a CNA requires a lot of lifting during a regular shift. Proper back care is critical in being able to work as a CNA.

Principles

The basic rules of back care apply with transfers, bathing and dressing of residents. Following these principles will allow improved back safety.

- ❖ Rotation or torque of the low back has created thousand of injuries with healthcare providers.
- ❖ There are many different types of transfers.
 - Squat pivot, stand pivot and the two-man lift are just a few.
 - Most facilities now have a no lift facility.
 - Mechanical lifts should be used where indicated.
- ❖ The rules of lifting are as follows:
 - Maintain a wide base of support with the lift.
 - Lift with legs and not your back.
 - Use momentum to your advantage.
 - Maintain an upright posture during the lift.
 - It is easier to push than pull.
 - Test the load prior to the lift or transfer.
 - Get help if it is necessary to safely lift.
 - If injured seek immediate medical intervention.
 - Tighten your abdominal muscles with the lift.
 - Use a staggered stance to distribute forces properly.
 - Don't twist. Turn your feet. If you twist, you could increase torque on your back and lower extremities, which could result in back injury.
 - Hold the resident or object close to your body to decrease the lever arm force required.

- Communicate with your resident about and during transfer.
 - Prepare for a worst-case scenario and predetermine your course of action if the lift or transfer is not going to go smoothly.
 - If you get a bad start during a transfer, do not force it. Sit the resident back down and try again.
- ❖ It is strongly recommended that you participate in an exercise for strengthening if cleared by your medical doctor to allow for safe repetitive lifting.

PROM

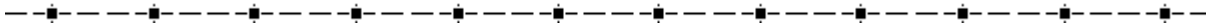
Passive Range of Motion- If a resident requires PROM, it will be indicated in their care plan. This is very important to the resident and must not be overlooked.

- ❖ PROM is to be done gently and slowly.
- ❖ If the resident shows any indication of pain or discomfort, notify the charge nurse before continuing.
- ❖ Remember to explain and talk to the resident while you are doing their PROM. Explain what you are doing and give them reassurance that you are not trying to hurt them.
- ❖ PROM can be required on but not limited to:
 - Neck
 - Fingers
 - Wrists
 - Elbows
 - Trunk
 - Shoulders
 - Lower extremities
- ❖ If you are uncertain how to do any of these exercises with your resident, consult care plan notes, supervisor or physical therapy.

Ambulation

During ambulation of a resident that requires assistance it is strongly suggested to use a gait belt. This is for the safety of yourself, as well as the resident.

- ❖ Gait that requires assistance may require quick responses by the CNA for balance.
- ❖ Stand slightly behind and to the weak side of the resident with gait to increase safety.
- ❖ Determine if the resident has any special weight bearing precautions prior to ambulation.
- ❖ If the resident has a catheter, keep the catheter below the level of the bladder during gait.
- ❖ If the resident has a PEG tube or abdominal incision, be sure to put the gait belt above the site.
- ❖ If a resident begins to fall while using a gait belt:
 - Pull them close to your body with the gait belt.
 - Ease the resident to the floor by letting them slide down your leg.



As healthcare providers we all need to be conscious of those around us and treat everyone, including residents, co-workers and visitors with dignity and respect. We must be aware of our surroundings and maintain an attitude geared toward safety. Some of the people we come into contact with have no one to care or share with other than us. Please treat these people as you would want someone to treat your loved one.

Please click [here](#) to sign the In-Service Acknowledgment.