Personal Care Services Training

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Personal Care Services vs. Skilled Nursing Care

- 5122-30-26 Personal care services; 5122-30-28 resident medications; home health care.
- Personal care services include, but are not limited to, the following:
  1. Assistance with walking and moving, dressing, grooming, toileting, oral hygiene, hair care, eating, and nail care;
  2. Budgeting and teaching of money management skills;
  3. Assistance with self-administration of medication, in accordance with rule 5122-30-28 of the administrative code; and
(4) Preparation of special diets, other than complex therapeutic diets, for residents who require them, pursuant to the instructions of a physician or a licensed dietitian and in accordance with paragraph (B) of rule 5122-33-20 of the Administrative Code.

(C)(1) The requirement to provide such personal care shall not be construed to require or permit the imposition of such activity, advice, or assistance on any matter in which the resident is able to perform the activity under his own direction.

(B) No class two facility shall admit or retain any resident in need of skilled nursing care unless all of the following are the case:

(1) The care will be provided on a part-time, intermittent basis; consisting of fewer than 8 hours in a 24 hour day, or fewer than 40 hours in a 7 day period, and not more than a total of 120 days in any 12 month period. The skilled nursing care must be provided by an appropriately licensed employee or contract employee of one or more of the following:
Personal Care Services vs. Skilled Nursing Care

(a) A home health agency certified under Title XVIII of the "Social Security Act," 49 Stat. 620 (1935), 42 U.S.C. 301, as amended;

(b) A hospice care program licensed under Chapter 3712 of the Revised Code;

(c) A mental health or substance use treatment provider, or board.

(C) In class two facilities, the facility shall monitor and report changes in the health status of residents that would require a change in facility type or referral for skilled nursing care or licensed health professional intervention and contact the resident’s physician, source of medical care, or case manager within 24 hours. When a resident is observed to have difficulty in self-administering medication, a new assessment of the resident’s capacity to self-administer the medications prescribed for them with or without assistance must be obtained. If an updated assessment determines that the resident is no longer capable of self-administering medication, the facility must provide a discharge or transfer notice to the resident in accordance with rule 5122-30-27 of the Administrative Code. An operator may not transfer such a resident to another class two residential facility.
Ohio Revised Code 3721.01 Definition

(D) "Skilled nursing care" means procedures that require technical skills and knowledge beyond those the untrained person possesses and that are commonly employed in providing for the physical, mental, and emotional needs of the ill or otherwise incapacitated.

"Skilled nursing care" includes, but is not limited to, the following:

(a) Irrigations, catheterizations, application of dressings, and supervision of special diets;

(b) Objective observation of changes in the patient's condition as a means of analyzing and determining the nursing care required and the need for further medical diagnosis and treatment;

(c) Special procedures contributing to rehabilitation;
(d) Administration of medication by any method ordered by a physician, such as hypodermically, rectally, or orally, including observation of the patient after receipt of the medication; or

(e) Carrying out other treatments prescribed by the physician that involve a similar level of complexity and skill in administration.

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**Personal Care Services vs. Skilled Nursing Care**

**Professionalism**

What makes a good Direct Care worker?
Professionalism means...

- Working in a professional way
- Always doing your best work
- Showing pride in yourself and your work
- Showing respect for the resident
  - Professionalism shows in the way you look, talk, and act
  - Also by being on time and ready to work

Professionalism means...

- Important things to remember about being prepared to do your best work:
  - What things could I wear?
    - Wear clean clothes
    - Wear clothes and shoes that are easy and safe to work in
    - Wear a name badge that is easy to see and read
    - Follow the established rules of your ACF
What things should I not wear?
- Do not wear clothes that are too tight or show too much skin
- Do not wear something that you mind getting dirty
- Do not wear clothes with holes or wrinkles
- Do not wear large earrings, rings and bracelets
Professionalism means...

- Personal things to take care of so you are not distracted at work:
  - Plan child care, if needed. Have a back-up plan
  - Let people know they can't reach you when you are at work, except for emergencies
  - Don’t answer your cell phone at work, unless it’s an emergency
  - Reschedule any appointments that conflict with work time
  - Get a good night’s sleep

What makes a good Direct-Care Worker?

- A good direct-care worker has the knowledge, attitudes, and skills to assist residents
- Knowledge- a good direct-care worker knows about:
  - ADLs
  - Emergencies
  - Healthy food
  - Signs of abuse and neglect
What makes a good Direct-Care Worker?

- A good direct-care worker knows how to:
  - Assist different kinds of residents
  - Do his or her job well
  - Keep germs from spreading

What makes a good Direct-Care Worker?

- Attitudes- a good direct-care worker:
  - Cares about residents
  - Feels curious about residents
  - Is patient with residents
  - Respects residents who are different from him/her
  - Takes pride in his or her work
What makes a good Direct-Care Worker?

Attitudes- a good direct-care worker:
- Shares personal information only with members of the resident’s health care team
- Does what he or she says he or she will do
- Gives residents privacy
- Tells the truth
- Works well with other people

What makes a good Direct-Care Worker?

Skills- A good direct-care worker can assist residents to:
- Bathe
- Eat
- Get around
- Get dressed
- Use the bathroom
What makes a good Direct-Care Worker?

Skills- A good direct-care worker can:
- Be gentle
- Cook, clean, and shop
- Listen and communicate well
- Help the resident solve problems

Communication

“It’s not what you say, but how you say it”
Communication

Communication Involves Three Components:
- Verbal Messages - the words we choose
- Paraverbal Messages - how we say the words
- Nonverbal Messages - our body language

In order to communicate effectively, we must:
- Send clear, concise messages
- Receive - Hear and correctly understand messages someone is sending to us

Sending Messages

Effective Verbal Messages:
- Are brief and organized
- Are free of jargon
- Are not critical, blaming, judgmental or accusatory - not therapeutic
Sending Messages

Non-Verbal: Facial Expression

Through our body language we are always communicating, whether we want to or not...

Sending Messages

Non-Verbal: Eye Contact

Maintaining eye contact is usually interpreted as attending to the speaker
  - This gives the resident the impression that you are listening and shows that you are paying attention

  - This gives you the opportunity to look at the resident and note any changes

  - Always maintain positive eye contact during your interaction
Non-Verbal: Postures and Gestures

Paraverbal:

- Refers to the messages that we transmit through the tone, pitch, and pacing of our voices

- It is not what we say, it is how we say it
A sentence can convey entirely different meanings depending on the emphasis on words and the tone of voice.

For example, the statement, "I didn't say you were stupid" has different meanings, depending on which word is emphasized: "I didn't say you were stupid.

"I didn't say you were stupid."

"I didn't say you were stupid."

"I didn't say you were stupid."

Inconsistent communication can undermine trust and the ability to build a therapeutic relationship.

When a person sends a message with conflicting verbal, paraverbal and nonverbal information, the nonverbal information tends to be believed.
Which are you likely to believe: What you see or what you hear?

Consider the example of someone telling you they're not mad through a clenched jaw, hard eyes, and steely voice.

Receiving Messages

Listening

The key to receiving messages effectively is *listening and* requires more than just hearing words

- Requires concentration and energy
- Includes a desire and willingness to try and see things from another's perspective
- Requires that we suspend judgment
Receiving Messages

Key Listening Skills

- Giving full physical attention to the speaker:
  - Leaning gently towards the speaker
  - Facing the other person squarely
  - Maintaining an open posture with arms and legs uncrossed
  - Maintaining an appropriate distance between us and the speaker
  - Moving our bodies in response to the speaker, i.e., appropriate head nodding, facial expressions

Reflective Listening Skills

- The process of restating, in our words, the feeling and/or content that is being expressed

- We validate that person by giving them the experience of being heard and acknowledged
Basic Reflective Listening Formula

<table>
<thead>
<tr>
<th>Tentative Opening</th>
<th>+ Feeling</th>
<th>+ About/Because/When + Thought</th>
</tr>
</thead>
<tbody>
<tr>
<td>It sounds like</td>
<td>you feel mad</td>
<td>about...</td>
</tr>
<tr>
<td>I hear you saying that</td>
<td>you feel sad</td>
<td>because of...</td>
</tr>
<tr>
<td>If I hear you correctly</td>
<td>you feel glad</td>
<td>when...</td>
</tr>
<tr>
<td>You seem to be saying</td>
<td>you feel afraid</td>
<td>about...</td>
</tr>
<tr>
<td>I think I hear you saying</td>
<td>you feel confused</td>
<td>because of...</td>
</tr>
<tr>
<td>I’m not sure I am following,</td>
<td>you feel ashamed</td>
<td>about...</td>
</tr>
<tr>
<td>Am I hearing you say</td>
<td>you feel lonely</td>
<td>when...</td>
</tr>
</tbody>
</table>

Receiving Messages

Understanding

When we listen effectively we gain information that is valuable to understanding the problem as the other person sees it

When we have a deeper understanding of another's perception, whether we agree with it or not, we hold the key to understanding that person's motivation, attitude, and behavior

“Most people do not listen with the intent to understand; they listen with the intent to reply.”
Stephen R. Covey
**Barriers to Effective Communication**

- **Verbal Communication Barriers**
  - Attacking (interrogating, criticizing, blaming, shaming)
  - "You Messages" (moralizing, preaching, advising, diagnosing)
  - Showing Power (ordering, threatening, commanding, directing)
  - Other Verbal Barriers: shouting, name calling, refusing to speak

- **Nonverbal Communication Barriers**
  - Flashing or rolling eyes
  - Quick or slow movements
  - Arms crossed, legs crossed
  - Gestures made with exasperation
  - Slouching, hunching over
  - Poor personal care
  - Doodling
  - Staring at people or avoiding eye contact
Key Communication Concepts for the Direct Care Worker

- What you say and how you say it is important to your success
- Being able to comfortably talk with and listen to residents is key to establishing cooperation and positive relationships
- Being able to introduce yourself is a critical skill every direct care worker needs

Introducing Yourself

- Here are a few reminders about how to introduce yourself to a resident:
  - Use your first and last name...this may depend on the policy of the ACF
  - Call the resident by Mr./Mrs. and their last name
    - Residents who want you to use their first names will tell you their name or nickname
Avoid using terms like “sweetie” or “dear”
- Residents may be offended by these terms

Use a relaxed and friendly tone of voice

Remember that your “body language” will say more than words
- Body language should match what you are saying

Establish eye contact with the resident

Introducing Yourself

Many older people who have difficulty hearing rely on “lip-reading” to understand what others are saying
- Never shout, it raises the pitch of the voice
- Many older people lose the ability to hear high-pitched sounds

Listen, focus on what the resident is trying to tell you
Residential Class II facilities provide a home for individuals who need assistance with a variety of daily care needs.

The goal is to provide services for individuals to live as independently as possible.

Residential staff must respect and honor the uniqueness and choices of each resident.

They must allow individuals to be involved in decisions that impact their lives.
The following general guidelines should be followed when working with residents:

- Respect each as an individual by calling him/her by name rather than by disability, diagnosis, or room number
- Ask the resident what he/she wants and needs, his/her preferences, likes and dislikes
- Know each resident’s health conditions so you can know how to appropriately encourage physical and social independence

Emphasize what the resident likes and can do rather than his/her deficits or difficulties

Encourage each resident to be active in his/her care, both physically and in making decisions

Acknowledge the resident’s cultural traditions, memories, experiences and values

Ask the resident if he/she wants help rather than just doing it for him/her
Goal of the Residential Facility

- Treat the resident with respect in the tone of your voice and in your behavior toward him/her
- Provide privacy to each resident when dressing and bathing; knock and ask before entering a resident’s bedroom
- Don’t talk to the resident as if he/she was a child, speak with respect in an adult manner

Goal of the Residential Facility

- In the facility it is important to try to help residents feel respected and independent
- They may not be able to do everything for themselves, but they can make decisions about how much others help them
- Remember: To assist residents in living their lives independently it’s important to let them control as much as they can
  - Simple choices help residents maintain control within safe bounds
Respecting Differences

Cultural Diversity

Why do I need to know about the different cultural backgrounds of residents?

- To better show respect
- To provide assistance in ways that are culturally familiar
- To help develop positive relationships
Cultural Diversity

People from very diverse cultural backgrounds may come to reside in your residential facility, many with different:

- Beliefs
- Values
- Ways of Communicating
- Ways of Thinking

In order to provide the best quality care and give everyone the respect they deserve, it is important to understand how culture affects the way we live our lives every day.

So, what is culture?

- A set of values, beliefs and behaviors
- The “truths” accepted by members of the group
- Most cultural rules are not written down, we learn them from the group
Cultural Diversity

- We tend to interpret other people’s behaviors through our own culture
- We expect people to think and act the way people in our culture do
- We even interpret their behavior through our own expectations

Cultural Diversity

- When people from a different culture act differently than people in our own culture we may consider their behavior to be:
  - Strange
  - Inappropriate
  - Wrong
Cultural Diversity

- It’s important to remember that cultural differences are not good or bad; they aren’t right or wrong.
- They are just different ways of doing and thinking.
- Direct care staff need to recognize and be respectful of cultural differences.

Cultural Diversity

- An example of cultural differences
  - Eye Contact
    - What kind of eye contact do we prefer in America?
    - We like direct eye contact when we are talking.
    - It is a sign of respect.
    - In some other cultures looking directly into the eyes of another person may be a sign of disrespect.
    - This is particularly true when speaking to someone in authority.
    - Direct eye contact may be interpreted as being a challenge to one’s authority.
Cultural Diversity

• Always ask questions to make sure that you understand the meaning of behavior that seems out of place

• Seek additional information about a culture to gain a better understanding

Respecting Differences

Mental Illness
Mental Health

What is Mental Health?
- Being emotionally stable
- Being able to get along with others/ good relationships
- Being able to work/ maintain stable employment
- Being able to cope with life’s challenges

Mental Illness

What is Mental Illness?
- A brain disorder that affects how a person thinks, feels, and acts towards others
- Resulting in behavior that is not appropriate for the life situation
- It can have long-term affects on how a person gets along in life
What causes Mental Illness?

It is probably a combination of factors
- Chemical imbalance in the brain
- Heredity
- Accident/ Head injury
- Emotional trauma
- Drug or alcohol abuse
- Long term isolation from other people
- Other illnesses

A resident with a mental illness may be younger and in an ACF due to his/her care needs, or the resident may be elderly with a mental illness

It is important to remember that most symptoms of mental illness that you may observe are not a person’s choice or bad behaviors
Signs of Mental Illness

It’s important to recognize the basic signs you might see in a resident with a mental illness.

It is also important to remember that these signs could indicate other problems or illnesses.

Report what you see and don’t try to decide for yourself what it means.

Physical signs:

- Not able to sleep
- Tired and sleeping more than normal
- Headaches
- Diarrhea
- Nausea
- General pain
Mental Illness

Emotional signs:
- Mood swings
- Anxious all the time
- Sadness
- Hopelessness
- Fears
- Not knowing where they are
- Imagining people or events

Mental Illness

Social signs (around other people):
- Aggression
- Withdrawal (lack of interest in people or activities)
- Over-dependent on others
- Suspicious of others (paranoia)
- Acting like a child (regression)
Mental Illness

Many people with a mental illness will be on medication and under the care of a doctor to treat these symptoms. These medications can greatly decrease and often eliminate the symptoms, but only as long as the patient takes their medication as prescribed. Persons with a mental illness may need reminded to take their medication.

Mental Illness

Working with residents with a mental illness is a big job. It may help to think of the word **EARS**

- **Empathize**
- **Accept**
- **Respect**
- **Support**
Mental Illness

- **Empathize** with the resident and their family
  - Think about how each person feels
  - Show that you care
  - Try to help the person feel better

Mental Illness

- **Accept** the resident and their family
  - Accept the person—even if you don’t understand the way the person acts
  - Accept the person—even if the person’s ideas don’t seem right
Mental Illness

- **Respect** the resident and their family
  - Avoid arguing and giving advice
  - Help the resident stay part of their family

Mental Illness

- **Support** the resident and their family
  - Assist the resident with daily tasks and personal care
  - Keep the resident safe
  - Report any changes in how the resident acts that you or the family notice
Developmental Disabilities

What is a Developmental Disability?
- A life-long condition
- With mental or physical problems, or both
- That develops before age 22
Developmental Disabilities

Having a developmental disability means that a person will be challenged in at least 3 of these areas:
- Independent living
- Being able to earn money to support oneself
- Learning
- Walking and moving around
- Communicating with words
- Taking care of oneself
- Making decisions for oneself

What causes developmental disabilities?
- Brain injury or infection- before, during, or after being born
- Abnormal genes or chromosomes
- Very premature birth
- Poor diet and health care
- Drug use by the mother during pregnancy (includes drinking alcohol and smoking)
- Child abuse
Residents with a developmental disability have social interests and needs that match their age. Keep this in mind as you consider the music they like, the clothes they want to wear and the activities they enjoy. Get to know the abilities of each person and allow as much independent decision-making as possible.

It is important not to talk to or treat a person with a developmental disability like a child. He/she is an adult who likes adult activities and has adult interests.
What is Dementia?

- Gradual decline in mental and social functioning compared to an individual’s previous level of functioning
- May include memory loss, personality change, behavior problems, and loss of judgment, learning ability, attention and orientation to time and place and to oneself
- Alzheimer’s disease is the most common cause of dementia
The Elderly

Some other changes are more visible:
- People grow shorter as the vertebrae compress on each other
- Density of bones decreases (mostly in women)
- Muscle tone and size decrease, tendons become less flexible and cartilage deteriorates
- Skin becomes drier and less elastic, in other words it doesn’t have as much stretch as younger skin
- Skin also gets thin, making it easier to bruise, scratch or tear

The Elderly

Sensory changes
- Hearing loss occurs
- Sounds in the higher frequency range are lost first
- Sounds must be louder to be heard (can contribute to isolation, anxiety and depression in the older adult)
The Elderly

Communicating with residents who suffer from hearing loss:
- Make sure they are wearing hearing aids and that batteries are working
- If they do not wear hearing aids:
  - Face the person and get their full attention before talking
  - Decrease noises
  - Speak clearly and slowly
  - Speak at a lower pitch or your normal voice
  - Use pleasant facial expressions and gestures

If they do not wear hearing aids (cont’d):
- Remove gum and candy from your mouth
- Keep your hands away from your face in case they follow your lips to understand what you are saying
- Allow time between sentences and rephrase sentences if necessary
- Use a pad of paper to write notes
The Elderly

Sensory changes (cont’d)

- Vision changes
  - Lack of ability to see close and read
  - Larger print is helpful
  - Do not see as well at night
  - May need twice the light they needed in the past
- Sensitivity to smell and taste
  - Decrease with age
  - Cannot taste food the way they used to
  - Less interest in eating because of this
  - May have a reduced appetite and weight loss

The Elderly

- Sense of touch
  - Sense of touch may decrease as skin loses sensitivity
  - Pressure, pain, cold and heat don’t feel the same as they used to
  - May cause them to drop things
  - May not notice water temperature, so increased risk of being burned
Psychological issues

- Older people must make many adjustments
- Often these adjustments are handled without any problem and the quality of life stays high
- Sometimes people struggle, and in some cases experience stress that reduces their quality of life
- It is normal for any of us to be temporarily depressed over a loss
- Over time we adjust and the situational depression lifts

Depression that continues without improvement is not a normal part of aging

People who are depressed have a much higher risk of suicide
The Elderly

Symptoms of depression include:
- Sadness
- Guilt
- Sense of worthlessness
- Hopelessness
- Fatigue
- Tearfulness
- Weight loss
- Irritability
- Excessive complaints of aches and pains that have no apparent cause
- Anger
- Sleep disturbances

Respecting Differences

Tools for your toolbox for residents with cognitive impairment
Cognitive Impairment

Most frequent reasons:
- Mental Illness
- Developmental Disability
- Dementia

You are likely to be faced with challenging behaviors on a regular basis.

You can use certain techniques and ways of communicating in order to increase or decrease certain behaviors.

We are going to discuss very basic tools, please refer to the resident’s support plan and consult with your supervisor if further intervention is required.
Tools for Your Toolbox

Tool #1 - Talk to the resident, ask questions
- If there is a change in the resident’s behavior there may be a simple fix
- If we don’t ask questions we could make wrong assumptions and provide the wrong care/assistance
- Remember residents don’t always communicate clearly or effectively

Tools for Your Toolbox

Tool #2 - Use positive reinforcement/ rewards
- If you see good or desired behavior by a resident, praise the good behavior
- Behavior that is rewarded will be repeated
Tools for Your Toolbox

- Tool #3 - Listen with understanding
  - Try to understand the resident’s feelings
  - When we show a person we are interested and want to understand their feelings we are showing that we care about them
  - We connect with them on a more personal level which can help them feel less lonely
  - We show this by listening and talking with the resident

Tools for Your Toolbox

- Tool #4 - Smile and keep it positive!
  - A smile can go a long way when working with people
  - The times you feel least like smiling are when it will be the most important that you make your best effort
  - Take a deep breath, go into the room with a smile and be positive
Tools for Your Toolbox

Tool #5- Provide firm, but gentle prompting and redirection

- Never make demands or shame the resident
- Try to avoid “you” statements...”You need to take a shower.” “You didn’t brush your teeth”
- Instead say, “It’s almost time for breakfast, I need your help this morning, here are your towels for the shower”
- “Which would you like to start with, brushing your teeth or taking your shower?”

Tools for Your Toolbox

Tool #6- Resist the urge to control the situation

- Trying to control a frustrated or aggressive resident will likely make the situation worse
- Try changing your behavior/actions
Infection Control

What you do to prevent or stop germs from spreading
Infection Control

- Germs cause illness and disease
- As a direct care staff person you will come into contact with body fluids that contain germs

Infection Control

- Take these steps to control infection:
  - Wash your hands
  - Do not touch residents’ body fluids
  - Wear gloves, an apron, and a mask, as needed
  - Get rid of germs on things and in the work areas
  - Put waste in the right place
General Rules:
- Cover your mouth when you cough or sneeze
- Do not come to work when you’re sick
- Eat a healthy diet
- Keep your nails short
- Wash your hands
- Wear a mask and gloves, as needed
- Wear simple jewelry

Washing your hands is the best way to control infections!
This seems like such an obvious thing to do
Numerous studies show that many, including health care workers, often forget to wash their hands as thoroughly and as frequently as they should
Infection Control

When to wash hands:
- Before and after wearing gloves
- At the start of the workday and several times throughout the day
- When your hands are visibly dirty
- Before having direct contact with a resident’s skin
- After having direct contact with a resident’s skin, especially when the skin has wounds or is broken
- After assisting with toileting

Infection Control

When to wash hands:
- After you use the bathroom
- Before eating
- Before preparing food
- Before serving food
- After wiping noses, sneezing or touching the face
- After smoking
How to wash hands properly:
1. Wet your hands under warm, running water
2. Rub your hands together with soap and work up a good lather to all surfaces from 2 inches above the wrists for 20 seconds or sing the ABC’s (which takes 20 seconds)
3. Wash the palms, sides and the back of your hands, in between your fingers, your thumbs and under your fingernails
4. Rub the nails of each hand across the palm to remove dirt from under the fingernails

Repeat steps 3 and 4 for 20 seconds
1. Rinse your hands under warm, running water. Make sure you get all of the soap off
2. Dry your hands with a clean towel or paper towel. Pat your hands, and work toward your forearms
3. Turn the faucet off with the paper towel and use the paper towel to open the door as you leave the restroom so that you do not pick up germs from the handle
Personal Care Services

Activities of Daily Living (ADL’s)
Personal Care Services

- Think about everything you had to do to get ready and get here today...
- Now think about what would happen if you couldn’t do these things any longer or had great difficulty doing them.
- You would probably find life more difficult.
- You might feel frustrated, helpless or vulnerable.

For many, a loss in the ability to do simple daily things can make them feel badly about themselves.

- They feel angry with the world around them.
Personal Care Services

Which activities are important?
- ADL’s
  - Eating and drinking
  - Ambulating
  - Transferring
  - Taking medication
  - Personal hygiene
  - Bladder and bowel management
  - Positioning and changing position in a chair or bed
  - Dressing

Personal Care Services

Four general helping rules:
1. The support plan is the starting place for knowing what kind of help is needed by each resident
2. When you are unsure about preferences or if help is needed, ask
3. Try to use a “person-centered” approach
   - This involves respecting and honoring the uniqueness of each person and respecting that person’s right to be involved in all decisions that impact on his/her life
4. If you believe the resident is in immediate danger of injury, move to help right away
**Personal Care Services**

- **Person-centered care**
  - In person-centered care, the resident and worker:
    - Have strong ties
    - Make choices together
  - In person-centered care, the resident:
    - Has the right to choose, as much as possible, what kind of care he/she will get
    - Is the expert on what he or she likes or dislikes
  - In person-centered care, workers:
    - Care as much about the resident’s feelings as they do about their health
    - Focus on the residents, rather than on their problems

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**Ambulating/Walking**

Assisting a Resident to Walk
Ambulating/Walking

Walking with a Resident
- Walk beside a resident who is weak or unsteady
- As you walk you can put your arm around the resident’s waist as needed or support
- When helping with stairs, you can steady the resident by taking his/her arm on the side that is not holding the railing

Ambulating/Walking

Minimizing the risk of injury when a resident starts to fall
Minimizing Injury When a Client Starts to Fall

Ambulating/Walking

Helping the visually impaired
Assisting the Visually Impaired

Bathing and Dressing

Personal Hygiene
While most residents in a residential facility are capable of taking care of their own personal hygiene needs, many may need help. In providing assistance, from the beginning it is important to communicate to residents two things:
  - He/she is expected to do as much as they can for him/herself and not be overly dependent (they are in a residential facility for a reason though)
  - The resident’s preferences will be respected
Bathing and Dressing

- Remember that self-care is always the goal.
- Although it may take longer for a resident to do a task, it is best for them to do as much as they can for him/herself.
- The way in which you assist with personal care and hygiene ties to feelings of self-esteem and can reinforce the feeling of being valued.

Bathing and Dressing

- A bath can be therapeutic by improving blood flow, easing discomfort and helping the resident to relax.
- The following is a list of ways in which you may assist a resident with a shower or tub bath, depending on his/her level of independence in bathing:
Bathing and Dressing

- Gather needed supplies ahead of time (prior to getting the resident into the bath or shower)
- Make sure the bathroom is a comfortable temperature and the door is closed for privacy
- Make sure there is a non-slip safety mat on the bottom of the shower or tub to prevent falls
- Place shower bench or seat in the shower so the resident can sit down while he/she showers
- Place a nonskid bathmat on the floor in front of the shower or tub

Bathing and Dressing

- Be aware that an older person's skin is thin and sensitive to high temperatures, irritation, and harsh soaps
- Check the water temperature and water pressure and make adjustments before the resident gets into the tub or shower. NEVER turn on hot water once the resident is in the tub or shower
- Be aware that getting into and out of a tub may be difficult for the resident and offer assistance
Bathing and Dressing

- It is important to assist with dressing in a way that respects the resident’s dignity
- It is important to ask what kind of assistance the resident wants or needs
  - Encourage the resident to do as much as he or she can
  - Ask the resident to choose the outfit
  - Provide privacy in the room
  - Provide personal privacy by undressing or dressing one body area at a time and keeping the resident covered

- Keep eye contact so the resident won’t feel like you are staring at their body
- Keep talking with the resident
- Assistance should be provided by a care giver of the same sex as the resident

Other Tips
- Lay clothing out in the order you will use it
- Clothes should be easy to put on and take off
- Put clothing on weaker side first
- Take clothing off stronger side first
- Go slow; let the resident set the pace
Washing, drying and styling a resident’s hair can take 30-60 minutes. Consider scheduling a shampoo on a non-bath day to conserve the resident’s energy. Hair should be combed or brushed every day to stimulate scalp circulation and distribute natural oils to the ends of the hair shaft. Daily washing isn’t necessary, but hair should be washed regularly, at least once per week.
Shaving

Safety Razor or Electric Razor

1. Shaving with a Safety Razor
   - If a resident who uses a safety razor needs help shaving, do the following:
     - Collect all supplies needed for procedure
     - Wash the resident’s face
     - Place a warm wash cloth on one side of the face to make the whiskers stand up
     - Shave in the direction the whiskers grow
     - Tighten the skin on the area to be shaven- never shave over a bony area
Shaving

- Pull either up or down instead of shaving over a bony area
- Pull the lip taut, shave horizontally along the edge and in the corner of the mouth
- Lather and shave in an upward direction
- Rinse in an upward direction
- Rinse the shaver

Use a fresh blade for each shave. A separate razor should be used for each resident, disposable razors may be helpful

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Shaving

- Electric Razor
  - If the resident uses an electric razor make sure that it is clean
  - Shave the resident’s face in the stubble
  - Don’t drag the razor on the face
  - Clean the razor when done
  - Do not use an electric razor in or around water
Hand and Nail Care

Weekly Attention

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**Hand and Nail Care**

- You may only need to supervise this activity, but some residents may need assistance
- Care should include:
  - Wash hands under running water and clean under nails using the pointed end of an orangewood stick
  - Massage the nails and cuticles with lotion. The massage stimulates circulation, and helps strengthen nails. Lotion massaged on cuticles helps to prevent hangnails
  - Soak the nails in warm, soapy water for 3-5 mins
Hand and Nail Care

- Push cuticles back gently. Harsh rubbing or poking at the cuticles can cause them to split into hangnails and could cause infection.
- Shape nails into an oval using the fine side of an emery board, making sure not to file too close to the sides of the fingers.
- Move the emery board in one direction rather than using a sawing motion that can leave rough edges.
Oral Care

Oral health important to overall well-being

Oral Care

- Your residents should not ignore oral health
- Tooth loss and other issues don’t have to be the result of old age
- Treatment should be sought for pain, bleeding, broken teeth, etc.
- Dental Decay
  - The cause is the same for everyone
  - Residents should use fluoride toothpaste and floss
  - Residents need oral care two times per day
Saliva
- Needed to moisten mouth, wash food away from teeth, and lower effects of acids that cause decay
- Older adults produce less, encourage older residents to drink fluids

Gum Disease or Periodontal Disease
- Leading cause of tooth loss in adults
- Good brushing and flossing is essential as a means of preventing gum disease

Dentures
- Should fit properly and not rub against the gums
- When dentures are removed for cleaning, mouth should still be brushed and rinsed with mouthwash or water
- Dentures should be scrubbed daily and stored in a denture cleaning solution if not in the mouth
- Hands should be washed before and after handling dentures
Oral Care

Cleaning Dentures
- Remove dentures from the resident’s mouth
- They should remove, if possible
- Scrub the dentures thoroughly on all surfaces with a denture brush and cool water
- To prevent breakage, line the bottom of the sink with a towel, fill with water to cushion the dentures if they slip out of your hands

Toileting/Elimination
Toileting/Elimination

Assisting a resident to follow a healthy toilet schedule

- Find out when and how often a person needs the toilet
  - How many times a day do you need to go?
  - Do you wake up during the night to use the toilet?
  - Is there anything else I should know about when and how often you need the toilet?

Toileting/Elimination

- Assist a resident to get to the toilet right away
  - Some people are incontinent
  - They cannot hold their urine or feces
  - Urge people to eat and drink things that help their bodies get rid of waste
    - Encourage residents to drink fluids
    - If it is okay with their doctor, have them eat foods high in fiber (fresh fruits and vegetables)
Toileting/Elimination

- Give a person as much privacy as you can
  - It can help them feel you respect them
- Before deciding how much privacy to give a person:
  - Ask them how much privacy they want
  - Think about their health and state of mind
  - Make sure they will be safe
  - Tell where you will be
  - Make sure you are near by to hear them, if needed

Toileting/Elimination

- Think about how the person feels
  - Ask them often if they need to use the toilet. That way they won’t have to ask for help
  - Make sure you ask in private
  - Listen well
- Be patient
  - Don’t rush a person on the toilet, but also don’t leave them alone for a long time
  - It’s okay to do something else, but stay close
The Visually Impaired Resident

Helping the Visually Impaired at Mealtime
The Resident with Trouble Swallowing

Helping Clients That Have Trouble Swallowing
Assisting with Self-Administration of Medication

OAC 5122-30-28

OAC Requirements

(B) Staff of a residential facility shall not administer medication to the facility's residents, except in a class one residential facility,

Staff of class one and class two facilities may assist with the self-administration of medication as part of personal care services in accordance with this rule.

(C) Staff shall assist with self-administration or supervise the self-administration of prescription medication only for whom the medication was prescribed and according to the prescribing physician’s written statement.
OAC Requirements

(E) Staff, who have training required in paragraph (B) of rule 5122-30-20 of the Administrative Code, may only perform any of the following in providing assistance with self-administration of medication:

- Remind a resident when to take medication, and watch to ensure that the resident follows the directions on the container.
- Assist a resident in self-administration of medication by taking the medication from the locked area where it is stored and handing it to the resident. If the resident is physically unable to open the container, a staff member may open the container for the resident.

OAC Requirements

- The staff member shall check the name on the prescription label and verify that the resident’s name on the prescription label corresponds to the resident requesting the medication before handing it to the resident.
- The staff member may read the label and directions on the medication container to the resident upon request.
- The staff member also may remind the resident and any other individual designated by the resident when prescribed medication needs to be refilled.
- Staff members shall not assist a resident with self-administration of a prescription medication that belongs to another resident.
OAC Requirements

Assist a physically impaired but mentally alert resident, such as a resident with arthritis, cerebral palsy, or Parkinson’s disease, in removing oral or topical medication from containers and in consuming or applying the medication upon request by or with the consent of the resident ("topical medication" means a medication other than a debriding agent used in the treatment of a skin condition or minor abrasion, and eye, nose, or ear drops excluding irrigations).

If the resident is physically unable to place a dose of medicine to his or her mouth without spilling it, a staff member may place the dose in a container and place the container to the mouth of the resident.
Assisting with Self-Administration

Documentation Suggestions
- List of resident medications aka Medication Record (required by rule)
- Document when residents take medications (or refuse)

Best Practice Approach
- The 5 “Rights” of Medication Assistance
  - **Right** Resident takes the **Right** Medication and the **Right** Dosage (Amount) at the **Right** Time by the **Right** Route
Assisting with Self-Administration

**Right Resident**
- Make sure you know the identity of the residents.
- If you are a new employee or have new residents, work with another staff member who knows the residents.
- Some facilities keep pictures of residents (with their permission) with the medication. You should still confirm the resident’s identify with the resident.

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**Right Medication**
- Check the medication three times
- Check the Medication Record
- Check the medication label
- Verify the labeled container with the Medication Record
- Read the label to the resident
Assisting with Self-Administration

Right Dosage

- Check the dosage
- Make sure the resident takes the correct amount of medication, whether it’s in spoonfuls, tablets, or drops
- Use the proper measuring tools

Right Time

- Medications must be offered at the time prescribed
- Standard practice is that medications must be given within 30 - 60 minutes before or 30 - 60 minutes after the time indicated on the label and medication record
Assisting with Self-Administration

Right Route

Make sure resident takes the medications in the manner directed. For example, ear drops are placed in the ear, etc.

Change in Orders

Any change in directions for use of a medication for which the facility is providing assistance with self-administration of medication must be accompanied by a written medication order issued and signed by the resident’s health care provider.

Unlicensed persons cannot implement any changes without first obtaining a written order.
Assisting with Self-Administration

“As Needed” or “PRN” Medication Labels

- Assistance with an “as needed” or “PRN” medication by an unlicensed person may only occur at the request of a competent resident.

- A resident who is unable to request an “as needed” or “PRN” medication appropriately would require this type of medication to be administered by a licensed person, (i.e. Licensed nurse).

Assisting with Self-Administration

“As Needed” or “PRN” Medication Labels

- Unlicensed persons can only assist competent residents with “PRN” or “as needed” medications with an appropriate medication label.

- The instructions must be clear and not require any judgment on your part.
Assisting with Self-Administration

“As Needed” or “PRN” Medication Labels

“PRN” or “as needed” medication labels should include the following:

- The conditions for which the medication should be given (ex: for pain)
- The dosage of medication to give (ex: 1-2 capsules)
- The hours it should be given (ex: every 3-4 hrs)
- The upper limit of dosages (ex: maximum of 6 capsules per day)
- May include follow-up Instructions (ex: Call doctor if symptoms persist more than 3 days)

PRN Label- Is this enough information?
PRN Label- Does this label tell you enough?

Assisting with Self-Administration

- Medication Orders Which Require Judgment or Discretion
  - As an unlicensed person, you are prohibited by law to assist with medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires your judgment or discretion
Orders Requiring Judgment

![Image of medication label]

Assisting with Self-Administration

- Advising the Resident and Your Employer when you are Unable to Assist With a Medication
  - When medication orders or new deliveries of labeled medications are received, check to make sure the instructions do not require judgment.
  - If the instructions are not clear, or if you will be required to make a decision about when or how to give the medication, contact your manager or owner.
  - Advise him/her that you are unable to assist the resident with the medication and the exact reasons for this notice.
Assisting with Self-Administration

Advising the Resident and Your Employer when you are Unable to Assist With a Medication

- Advise the resident or guardian that the medication requires judgment
- If you are to assist with the medication, call the health care provider to request clear instructions
- Let the resident or guardian know that you will inform him/her of the results of your conversation with the health care provider

Assisting with Self-Administration

Advising the Resident and Your Employer when you are Unable to Assist With a Medication

- When contacting the health care provider about medications that require discretion or judgment, inform the health care provider that you are not a nurse, but are assisting a resident with his/her medications as allowed in an adult care facility
- Inform the provider that as an unlicensed person, you are prohibited from assisting with medication which requires your discretion or judgment, and that you would like to discuss the options for the resident
Assisting with Self-Administration

Assistance with Medication does not include:
- Mixing, compounding, converting or calculating medication dosages
  - This includes crushing meds and mixing with applesauce
- Preparation of syringes for injections and giving injections
- Administration of medications through intermittent positive pressure breathing machines or a nebulizer

Assisting with Self-Administration

Assistance with Medication does not include:
- Parenteral preparations (medications which are not taken by mouth or applied topically such as intravenous medications, etc.)
- Irrigations or debriding agents, such as for the treatment of pressure sores;
- Rectal, urethral, or vaginal preparations (such as suppositories);
Assisting with Self-Administration

- Assistance with Medication does not include:
  - “As needed” medications which require judgment
  - Any medication which requires judgment or discretion on the part of the unlicensed staff person

Assisting with Self-Administration

- Medication Storage
  - Medication must be either:
    - Centrally stored in a locked manner, or
    - In residents’ individual locked personal storage areas (usually located in resident bedroom), for residents who administer medication without assistance
  - Medications requiring refrigeration shall be refrigerated
    - In locked container in the refrigerator, or the refrigerator is locked, or the room or area where the refrigerator is located is locked
  - “Locked” means at all times, other than when medication is being self-administered by the resident
Assisting with Self-Administration

Medication Storage
- At room temperature, unless required to be refrigerated
  - Manufacturer recommended temperature is 68 - 77 degrees
  - Excessive heat can decrease the efficacy of medications, which in some cases can be life threatening (ex: nitroglycerin or insulin)
- Located in an area free of dampness

Medication
- All prescribed medications shall be clearly labeled with the resident's name, the name and strength of the medication and the prescription number, if any, the date dispensed, the name of the physician, and the instructions for use
- Kept in legally dispensed, labeled package, & kept separately from the medication of other residents, e.g. do not put two residents’ meds in the same bottle
Assisting with Self-Administration

Medication
- Residential facility cannot remove and repackage medication from the pharmacy-dispensed container
  - Most commonly seen as setting up weekly pill minders
- Residential facility cannot recommend over-the-counter meds to residents

Assisting with Self-Administration

At Discharge
- Send a resident's medications with the resident upon permanent transfer or discharge, or
- Dispose of the medications with the consent of the resident and in accordance with applicable state and federal laws, regulations, and rules
  - Pharmacy board can be a resource
Assisting with Self-Administration

Access to Medication

- Staff trained to assist with self-administration of medication must have access to keys to the locked storage at all times.
- Residents can keep asthma inhalers and epi-pens on their person.

Storage of Medications by Residents

- If a resident self-administers medication, does the medication have to be stored in the resident’s personal locked storage area?
  - No – it may still be stored in the central, locked storage area.
- If the resident maintains his/her own medication, and does not keep it properly locked, must the facility allow the resident to continue to maintain his/her own medications?
  - No – that can endanger other residents.
Questions

Personal Care Services Training

For questions after today’s training, please contact your assigned surveyor
Thank you