

Seniors•At•Home Homecare
2245 Post Street • San Francisco • California 94115

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Seniors • At • Home

*a division of Jewish Family and Children's Services
of San Francisco, the Peninsula, Marin and Sonoma Counties*

Homecare Training

***2245 Post Street
San Francisco, CA 94115
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NAME: _____

DATE: _____

Orientation Training Pre-Test. This will be reviewed in class.

The following are True/False statements. Please put a T or F next to each statement.

- ___ 1. Basic Human Needs are the cleaning and personal care products the clients should have in their homes.
- ___ 2. As people age, they gradually lose their ability to learn.
- ___ 3. Progressive confusion and lack of judgment are normal signs of aging.
- ___ 4. The temperature on the heating pad should be set not higher than “medium” when left on overnight.
- ___ 5. Feedback is an essential component of effective communication.
- ___ 6. People who have a stroke always have a problem speaking.
- ___ 7. Parkinson’s Disease is associated with tremors and problems with posture, balance, and walking.
- ___ 8. We should bend at the waist to pick up and/or move an object.
- ___ 9. You should try to change the behavior of someone with Alzheimer’s disease by being rigid, firm, and persistent.
- ___ 10. Loose carpets, inadequate lighting, obstructed pathways, and faulty electricity are examples of fire and safety hazards in the home.
- ___ 11. Universal Precautions/Universal Standards means treating everyone’s body fluids as though they are infectious.
- ___ 12. Symptoms of active TB (Tuberculosis) include cough, bloody sputum, weight loss, and fever.
- ___ 13. Fatigue, distraction, lack of concentration, and stress are major contributions to accidents and errors.
- ___ 14. An unusual incident, such as a client fall or an employee injury, must be reported immediately to the Home Care Agency office.
- ___ 15. It is the responsibility of the Home Care Agency employee to be familiar with and have a plan for emergency preparedness in each client’s home.
- ___ 16. Hospice is a word that applies to the care of a terminally ill person.

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- ___17. Homecare employees may give medications if instructed to do so by a family member.
- ___18. Most of the clients clothes should be washed in the hottest water possible, and bleach added whenever possible.
- ___19. When a client has difficulty feeding him/herself, the homecare worker should always feed the client.
- ___20. Clients who are on a low salt diet do not have to restrict food with sodium.
- ___21. Cholesterol and fat substances are found in all foods

I. Body Mechanics and Transfers

This important unit explores how to use your body to prevent injury, maximize strength, and conserve energy. By learning and employing correct principles, you will avoid accidents and injuries to both you and your client.

There will be a demonstration of proper body mechanics and transfers. You will be asked to demonstrate a proper transfer. There will be an evaluation of your transfer.

You will have an opportunity to ask questions.

Ten Commandments of Body Mechanics

1. When standing for long periods of time, use a footrest to relieve sway back.

6. Lifting. Use "work" (thigh) muscles by straightening your legs.

2. Size up load and get help. If your load (equipment or material) to be lifted is more than you can handle, regardless of the weight, seek assistance.

7. Be smooth and synchronized. Avoid strain produced by jerky movements. Get together with the person helping you. (It's a good idea to count 1, 2, 3.)

3. Check your footing. Your feet should be apart to give you a broad base of support for better balance and stability.

8. Turn. Don't twist. Shift the position of your feet to turn. Don't twist your body.

4. Move close. Instead of reaching from a distance, move in and hold the object close to your center of gravity (concentrate the mass in your pelvic area).

9. Don't lift when you can pull or push the object. It's safer and easier that way.

5. Squat. Don't use "mobility" (back) muscles. Bend your hips and knees and keep your back straight.

10. Teach and preach what you have learned to others so all of us will lift well and safely.

Body Mechanics: Step and Sequence for Transfers

Ask yourself these questions and follow the procedure.

1. Am I ready?

Do I know what I am going to move?

- Do I know its size, shape and weight?
- Do I know how the weight is distributed?
- Do I know how much and where support is needed?

Do I know how I am going to move the object or client?

- Will I push, lift, lift, or slide?
- Am I knowledgeable and experienced?
- How much weight can I support?
- Do I need assistance? Is assistance available?

Do I know about the client?

- Physiological condition: circulation, balance, pain, dizzy, area of involvement
- Emotional factors: Fear, trust...
- Mobility
- Comprehension
- Motivation

Do I know when?

- Is everyone ready?
- Is it convenient for the client?
- Is there sufficient time?

2. Is the client ready?

- Does the client understand?
- Is it convenient for the client?
- Is the client anxious?

3. Is the equipment ready?

- Do I know how to operate the equipment?
- Is the equipment ready and available for use?
- Is the equipment operable and safe?
- Is the equipment in the proper place?

4. Wash your hands!

After all the preparation is completed, you are ready to begin the transfer.

Remember

Proper body mechanics and transfers must be practiced all the time, at home, at play, and at work. Immediately document and report to the Homecare Agency any injury or unusual circumstances.

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The Essentials of a Correct Transfer

1. Wash your hands.
2. Provide privacy for the client.
3. Introduce yourself and explain what you are going to do.
4. Use a transfer/gait belt if indicated.
5. Determine if the client has one side stronger than the other. If possible, transfer to the stronger side.
6. Ask the client to move forward in the chair; assist if necessary.
7. Be sure the client is wearing well fitting, non-skid shoes.
8. Check that the client's feet are apart, flat on the floor, and slightly behind her/him.
9. Place you legs between the client's legs.
 - If you are transferring to the right, your left leg is between the client's legs.
 - If you are transferring to the left, your right leg is between the client's legs.
 - If the client has a weak leg/knee/side, be prepared to support that area with your knee.
 - One of your feet should be facing the client; the other in the direction that you are going.
10. If you are assuming most of the transfer, your face should be facing the direction that you are going so that you have a clear vision of where you will be. If the client is assuming most of the transfer, the client should have the clear vision of where to go.
11. Move close to the client; with each hand, reach around and behind the client's waist and take a hold of the belt.
12. Plant your feet firmly on the floor, bend at the waist, and tell the client to rock three times gently (or rock the client) so that at the count of "three" the client's body is forward - "Nose over Toes."
13. At the count of "three", transfer the client to the other surface.
14. If the client is assuming most of the work, as in a stand by or minimum transfer:
 - Assess the client; assist if necessary.
 - It may be preferred that the client push down on the arms of the chair.
 - You still proceed with step 1 through step 8, and instruct the client to rock three times so that his/her body is moving forward when it is time to stand - "Nose over Toes."
 - Instruct and guide the client to the chair and tell the client that he/she should be able to feel the chair against the back of his/her knees before attempting to sit.
 - The client should be reminded to bend the knees and lean slightly forward - "Nose over Toes."
15. The client should do as much of the transfer that is safe and possible.
16. Wash your hands.
17. Report and document any unusual or unexpected circumstances to the office.

II. Universal/Standard Precautions; Infection Control Tuberculosis (TB)

This unit explores universal/standard precautions, infection control, and tuberculosis.

After reviewing the following pages related to infection/standard precautions, infection control and tuberculosis we will view a video. You will have an opportunity to ask questions.

Proper glove technique will be demonstrated; you will be asked to give a return demonstration of proper glove technique.

Purpose

To provide a consistent, uniform approach to preventing the transmission of infection.

Policy

Homecare Agency employees practice Universal Blood and Body Fluid Substances Precautions for all clients.

Infectious diseases are a major risk to patients, visitors and staff. There are many different infectious diseases, some of which are spread through direct contact while others are spread through the air. The infectious disease that pose the greatest "risk to health care workers include:

- HIV infection
- Hepatitis (A, B, C, D, E, and G)
- Pneumonia
- Gastroenteritis (caused by salmonella, shigella, etc.)
- Staph and strep infections

Blood and certain body substances may contain disease-causing organisms. These body substances include:

Specific body fluids/substances include: blood, semen, vaginal secretions, tissues, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, breast milk, feces, saliva, nasal secretions, sputum, sweat, tears, and urine.

Universal Precautions must be strictly followed whenever there is the possibility of exposure to blood or other body fluids/substances. All staff needs to exercise good judgment in making decisions about anticipating exposure and when to use appropriate barrier precautions.

Universal Precautions are guidelines that are a standardized way for health care workers to prevent the transition of disease to themselves or their clients.

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Universal Precautions are used with all clients - everyone is assumed to be harboring a transmissible organism, no matter what the person's diagnosis, age, sex sexual preference, or activities

Many diseases and pathogens are transmitted through the blood and body fluids. Body fluids include, but are not limited to: sputum, urine, saliva, pus, stool (feces), and drainage of any kind.

All body substances except sweat should be considered potentially infectious.

Know the precautions you must take if exposure to blood or other body fluids, broken skin, or mucous membranes is possible.

- √ Follow standard or universal precautions for all clients.
- √ Assume that **every** person has something that you could acquire
- √ Follow transmission basic precautions for any one who may have a contagious disease:
 - Airborne precautions for infectious dust particles or small particle droplets.
 - Droplet precautions for infectious large particle droplets (such as from sneezing or coughing).
 - Contact precautions (skin to skin contact or contact with a contaminated object).

Hand washing is an important part of infection control.

Wash your hands frequently and as required: (Waterless hand cleaner and gloves are available in the Homecare Agency Office)

- Before and after client contact
- Upon arriving and before leaving client's home
- Before, during and after food preparation
- Before eating and before serving food
- After toileting
- After touching pets/animals
- After touching contaminated items
- After touching garbage
- Before and after putting on gloves
- After touching the mouth and/or coughing and/or sneezing
- Use liquid soap, warm, running water and *friction*.
- Wash for at least 10 seconds.
- *Rinse* well, beginning at fingertips, so dirty water runs off at wrists.
- Dry hands on *paper* towels.
- Use dry paper towels to turn off faucets.
- Wash *immediately* before and after client contact,
- If contaminated with body fluids/substances,
- *Before* putting on gloves or preparing or eating food
- *After* removing or disposing of gloves.

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- There is a waterless hand-washing product available if water facilities are not available in the home. Hand washing facilities should be located as soon as possible after leaving the home and hands washed with soap and water following above procedure. Waterless hand cleaner and gloves are available in the Homecare Agency Office.
- Clients should wash hands before eating and after elimination.

Use PPE as required:

- Always wear gloves if contact with blood or other body substance is possible. .
- Wear eye and/or face protection, and protective coverings such as gowns and boots if splashing is possible
- Use surgical mask or HEPA (high-efficiency particular air) respirator, depending upon which types of transmission-based precautions are needed.

Prevent injuries from sharps:

Only authorized Homecare Agency nurses may handle sharps.

- Dispose of used sharps promptly after use in designated containers only. Never reach inside the container.
- Dispose of used sharps containers properly, following the Homecare Agency guidelines.
- Do not recap needles. If absolutely necessary to recap, a mechanical device or the proper one-handed technique must be used.

Remember

- √ Use and remove gloves properly
- √ Clean up spills promptly using standard precautions
- √ Handle linen and laundry following standard precaution guidelines. Handle, wash, sterilize, and/or disinfect client-care equipment properly.
- √ Dispose of infectious wastes properly.

Always report any exposure incident immediately to the Homecare Agency.

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Infection Control In the Home

General Housekeeping

- A good disinfectant is household bleach mixed with water: for each one part bleach add ten-part water. This can be kept for one month.
- Use 1:10 bleach solution to clean bathroom surfaces, sinks, countertops and obviously soiled furniture.
- Sponges and mops used to clean up body fluid spills should not be rinsed out in the sink or where food is prepared.
- Dirty mop water should be poured down the toilet rather than the sink.
- Keep rooms well aired to decrease the risk of colds, flu, and other airborne communicable diseases.
- Infectious organisms may be found in animal waste, birdcages, cat litter boxes, and fish tanks. They should be cleaned frequently.
- Maintained by someone other than a person with AIDS or other causes of immunosuppression. Immunosuppressed clients should also avoid exposure to sources of stagnant water such as flower vases, denture cups, irrigation solutions, respiratory equipment, and liquid soap.

Blood/Body Fluid Spills

- Spills should be mopped or wiped up with hot soapy water and then disinfected with bleach and allowed to air dry. *Disposable gloves are to be worn for the clean up.*
- Soiled sponges and mops can be disinfected by soaking in a 1:10 bleach solution for 10 minutes.

General Hygiene

- Personal items such as toothbrushes, razors and enema equipment should not be shared.
- Maintaining a state of personal cleanliness is the key to reducing infection transmission from person to person. This includes: bathing regularly, washing hands frequently and covering the mouth and nose when coughing and sneezing.

Laundry

- Used towels and washcloths should not be shared.
- At the *minimum*, gloves are to be worn when handling soiled linens.
- Linen or clothing soiled with feces, urine, or drainage should be placed in a plastic bag which is tied shut until soiled items are laundered. Never place soiled linen on the floor. *Contaminated laundry should be handled as little as possible.*
- Soiled clothing and linen should be washed as promptly as possible. Wash items separate from other laundry and after the other family laundry, especially when the client has a draining wound or communicable disease.
- Machine washing (colorfast) - One cup of household bleach in hot water and laundry detergent
- Hand washing (colorfast) - Two tablespoons of household bleach in 1 gallon of warm water and laundry detergent; soak for 10 minutes and rinse.

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- Machine washing (non-colorfast) - One cup of Lysol in warm water and laundry detergent Wash again with water only to remove Lysol.
- Hand washing (non-colorfast) - Two tablespoons of Lysol in I gallon of warm water and laundry detergent; rinse at least three times to remove Lysol.

Equipment/Non-Disposable Instruments

- Contents of commodes, bedpans, emesis basins and urinals should be emptied into the toilet as soon as possible.
- When emptying waste into the toilet, be sure to avoid splattering contents.
- Urinals, bedpans, and commode pans are cleaned using this method: Rinse with water. Scrub with liquid soap and warm water using brush. Rinse with warm water. Rinse with 1:10 bleach solution. Allow to air dry or wipe dry with paper towel. Disinfect the brush.
- All cleaning solutions should be disposed in toilet. For appropriate use and disposal of protective wear, see Personal Protective Equipment section.

Thermometers

When digital thermometers are shared between family members, the disposable sheaths must be cleaned with bleach solution or alcohol.

Glass thermometers used in the home should be rinsed with soap and water before and after use. If the thermometer will be used by more than one family member, it should be soaked in 70-90% ethyl alcohol for 30 minutes followed by a rinse under a stream of water.

Medical Equipment

Glucometers will be cleaned by wiping with 1:10 bleach solution as necessary and at least weekly. Blood under the faceplate will cause a false reading.

Recommend small spray bottle with 1:10 bleach mixture. Solution to be changed at least monthly.

Soiled durable medical equipment in the home, such as wheelchairs, commode chairs, etc., is cleaned using this method: Wipe away any gross matter with disposable tissue and dispose of in toilet. Wash with warm soapy water. Wipe equipment with 1:10 bleach solution and allow to air dry.

See Personal Protective Equipment section for information regarding use of appropriate protective wear.

General Information

Food and drink should not be kept in refrigerators, freezers, shelves, and cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.

Eating, drinking, smoking, applying cosmetics or lip balm, handling contact lenses are prohibited in work areas where there is a reasonable likelihood of exposure to body fluids/substances.

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Staff who have draining lesions or weeping dermatitis are to call Director of Patient Care Services immediately. Staff will refrain from all direct client care and from handling client care equipment until the condition resolves; unless secretions can be contained and Director of Patient Care Services approves.

All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.

Client/Family Education

The Homecare Agency may instruct clients and family about any precautions relating to infection control that are appropriate to the client's care needs as outlined in this material.

Clean Technique

- Clean Technique means hands, instruments, supplies, and care methods are free from pathogens.
- Clean technique is used in all procedures not designated as sterile.
- It reduces the occurrence of infection.

Wounds

Wound care is done by home care agency nurse.

- Draining or weeping wounds are covered with appropriate dressings by the home care agency nurse.
- Soiled dressings are disposed of following waste disposal guidelines above.
- Consider dressing packages non-sterile when they are unsealed or wet.

Home Maintenance Precautions for Preventing Disease -Review

- Wash hands frequently: before working in the kitchen and after handling soiled or contaminated materials and after going to the toilet.
- Clean counters, tables and shelves where food is prepared and stored. Food may be contaminated if placed on soiled work areas or in unclean utensils.
- Keep food covered: close cartons and replace covers to prevent infestation by bugs or contamination.
- Garbage disposal: drain off liquid before putting it in a paper or plastic pail. Roll or wrap garbage in paper and place outside in large, covered can or down the apartment incinerator chute each day. Do not put hard or stringy food in the garbage disposal if there is one.
- Tin cans and bottles should be rinsed out to destroy odors and discourage insects and small animals – rats and mice.
- Wash garbage cans, dirty water pails and trash cans with hot, soapy water.
- Clean all areas of the bathroom carefully, especially around the commode. The warmth and moisture of the bathroom are conducive to the growth of germs.
- Cover the nose and mouth when coughing or sneezing.
- Cover open sores or cuts on the fingers or hands with clean bandages. If these areas are slightly infected, serious infections may be transmitted while handling food.

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Housekeeping Tasks – Rules of Organization

General Guidelines

Before starting housekeeping tasks, be sure you understand each individual client's preferences, the use of products, and the use of the equipment.

- . Easier to clean if you have a plan – but be flexible.
- . Not every job has to be done every day: some jobs weekly, others just once in a while.
- . Don't try to do too many "special" jobs on the same day.
- . Learn to do each cleaning job the right way (basically, top to bottom except on walls – prevent streaking).
- . Try out little tricks to make it easiest for you. Take fewer steps, try to reach and bend and stoop as little as possible. When you find the most comfortable way to do a job – and still do it right – that's the best way for you.
- . Collect all the cleaning supplies and tools you will need for each job. Keep them handy to the place where you are working. Basic set of cleaning tools should include two types:
 - . Those necessary to soften and remove soil that has dried and hardened on washable surface (wet mops, pails, toilet brush, sponges),
 - . Those necessary for removing dry dirt and dust (vacuum cleaner and attachments, carpet sweeper, dust mop, dust cloths, floor broom, brush and dustpan).
- . Carry your cleaning supplies in a basket with a handle or in any cart that you can roll. Then they can be transported quickly and easily.

Job Scheduling

- . Daily jobs
 - . Kitchen
 - 0. dishes
 - 0. tables and counters
 - 0. stove top and oven spills
 - 0. empty trash
 - 0. sink
 - 0. sweep floor; mop if necessary: damp mop wooden floors. Do not add soap or other products without consulting client.
 - . Bathroom
 - 0. empty wastebaskets
 - 0. wash sinks and toilets
 - 0. wet-mop floor if necessary
 - . Bedroom
 - 0. air beds and make them up; wash/replace soiled linens if needed
 - 0. put clothes away or into wash
 - 0. straighten room and empty trash
 - 0. dry-mop floor
 - 0. dust furniture and window sills
 - . Livingroom

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- 0. tidy up; throw out papers; empty ashtrays and wastebaskets
- 0. dry-mop floor
- 0. dust furniture and window sills
- . Dining Room
 - 0. clean up crumbs under, around and on top of table and chairs
 - 0. dust furniture and window sills
- . Weekly Jobs
 - . Kitchen
 - 0. Cleanout refrigerator and wash inside and outside. Do this day before weekly marketing. Do not use soap or cleaning products - use baking soda with vinegar and water.
 - 0. Give stove thorough washing, inside and outside.
 - 0. Scrub non-wooden floors with hot, sudsy water and hot rinse water. Use wax only with permission.
 - . Bathroom
 - 0. Use toilet-bowl cleaner, then scrub toilet bowl with the toilet brush and hot, sudsy water. Remember to disinfect brush.
 - 0. Wash the mirrors.
 - 0. Make sure there is enough soap in each soap dish.
 - 0. Scrub floor; wax with permission.
 - 0. Launder the bath mat and bathroom rug. Do not put rubber back mats in hot dryer.
 - . Bedrooms
 - 0. Open the closet doors, so that the clothes can air out.
 - 0. Put clean sheets and pillow cases on the beds. Change or wash the mattress covers or waterproof pads, if they are soiled.
 - 0. Vacuum floors or use a slightly damp mop to pick up dust.
 - 0. Use slightly damp mop to dust bare floors.
 - 0. Use sponge or cloth squeezed out of sudsy water to wipe fingerprints from walls, woodwork, and light switches. Vinegar and water or a product of client's choice can also be used.
 - 0. Dust furniture, light fixtures, lamps, books, and small things.
 - . Dining Room
 - 0. Sweep or vacuum carpet or rug.
 - 0. Use slightly damp mop to dust bare floors.
 - 0. Use cloth squeezed out of hot, sudsy water to clean fingerprints off walls, woodwork, and light switches. Vinegar and water or a product of client's choice can also be used.
 - 0. Dust the furniture, light fixtures, any open shelves and ornamental china, glassware or silver.

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Steps to Successful Laundry

- I. Washing
 - a. Basic steps to follow for successful laundering results:
 - i. Sort cloths carefully
 - ii. Pretreat spots, stains before washing
 - iii. Use the correct water temperature
 - iv. Use the right kind and amount of cleaning product
 - v. Know your washer and how to use it
 - vi. Use the right washing action
 - vii. Rinse items thoroughly
 - viii. Dry cloths completely
 - b. Sorting
 - i. Purpose: to separate the items that could in some way damage other garments. Some things to consider when sorting clothes are: color, type of fabric, garment construction, amount and kind of soil, and size of item.
 - ii. Suggested sorting guide
 1. sturdy white and colorfast items
 2. non-colorfast items
 3. heavily soiled items
 4. delicate items
 - iii. Before and during sorting
 1. mend and repair holes, snags, rips, tears, pulled seams, and weak spots
 2. empty pockets, remove buckles and other non-washable ornaments and trims
 3. close zippers and other fasteners
 4. pretreat garments
 - c. Pretreating
 - i. Definition: Special treatment of heavy soil, spots and stains before washing. The sooner a spot or stain is treated, the easier it is to remove. Some stains may be set by washing. Some oily stains harden with age and become almost impossible to remove. Many stains are hard to see once the fabric becomes wet. Try to identify what caused the stains and treat them accordingly.
 - ii. See following table for common stains which require pretreatment.
 - d. Detergents and bleach
 - i. Two types of detergent:
 1. light duty – designed for washing lightly soiled fabrics such as silk, wool, lingerie, hosiery. Ex. – Chiffon, Dreft, Ivory, Joy, Lux, Swan, Thrill, Vel, Dove, Palmolive, Woolite
 2. heavy duty – workhorses for the family wash; more effective than light-duty detergents for cleaning moderately or heavily soiled fabrics. Ex. – normal sudsing: Ajax, Bold, Breeze, Cheer, Drive, Fab, Gain, Oxydol Plus, Premium Duz, Punch, Silver Dust, Surf,

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Tide, Trend, Whisk, Cold Power, Era, Dynamo; Low sudsing: All, Dash, Cold Water All, Salvo Tablets

Removing Stains. Always place a clean white cloth under spot to be treated.

STAIN	HOW TO REMOVE
Blood	Presoak in cold water; if stain is stubborn rub in detergent, then launder using safe bleach.
Butter, oils	Rub cornstarch on spot or use powdered cleaning produce or cleaning fluid according to instructions.
Chocolate	Soak in cold water, and rub detergent directly on stain. Launder in water as warm as the fabric allows.
Coffee, tea	Pour hot water directly on spot then wash as usual. Use water as hot as the fabric allows.
Cosmetics	Presoak in detergent and water, then launder.
Crayon and candle wax	Scrape off as much as possible. (Crayons have a wax base.) Place blotting papers under spot and on top of spot. Rub hot iron over blotter. The wax should melt into the blotter. Launder, using safe bleach and detergent.
Deodorants	Presoak area with white vinegar, rinse and launder.
Fruits	Rinse in cold water. If stain is stubborn, put 1 tablespoon of baking soda in a quarter of water to neutralize the acid. Rinse and launder.
Grass	Rub detergent into the spot. Launder with safe bleach and detergent.
Ink, magic marker, felt tip pens	Remove washable ink by rubbing cold water and detergent into the spot. Ballpoint pens make a stain that can be removed with dry cleaning fluid. Permanent or nonwashable inks must be removed by a professional dry cleaner.
Lipstick	Remove with cleaning fluid. Make sure the fluid will not ruin fabric by first testing on an inside seam area.
Meat juice, eggs	Scrape off then sponge area with cold water. Rub detergent and launder.
Rust	Use dry cleaning fluid then wash as usual.
Scorch (marks from hot iron)	Dampen a white cotton cloth in cold water to which a small amount of bleach has been added. Quickly rub over the scorched spot. Turn the iron to a cooler setting – wait until the spot has dried, then proceed with ironing. Deeply scorched items may need to be patched.

III. Emergencies

Emergency Preparedness Plan

The agency has developed the following emergency preparedness plan for providing continuing client care and support at a safe and therapeutic level in the event of an emergency that would result in interruption of client care.

1. Emergency situations include, but are not limited to, the following:
 - Inclement weather (i.e., heavy rains etc.)
 - Natural disasters (i.e., flood, earthquake, etc.)
 - Major industrial or community disaster (i.e., power outage, fire, road blocks, etc.)
 - Labor/strike conditions
 - Agency personnel illness affecting significant number of personnel

2. The decision to implement the emergency preparedness plan will be made by the Director of Patient Care Services or designee upon becoming aware of any emergency situation.

3. The clinical supervisor and/or designee will be responsible for triaging all client care according to the following categories:
 - Category I: clients who can safely forego care or a scheduled visit without a high probability of harm or deleterious effects; this category may include routine supervisory visits, evaluation visits, clients with frequencies of one or two times a week if health status permits, or if a competent family/caregiver is present.
 - Category II: clients with recent exacerbation of disease process; clients requiring moderate level of care that should be provided that day; clients with essential untrained families/caregivers not prepared to provide needed care.
 - Category III: clients who cannot safely forego care and require health care intervention regardless of other conditions. Clients in this category may include: highly unstable clients with a high probability of hospitalization if homecare is not provided; clients with no family/caregiver or other outside support.

Procedures

1. The Clinical Supervisor and/or designee(s) will assign category classifications for all current clients.

2. The Clinical Supervisor and/or designee(s) will assign all available, qualified personnel to care for first, Category III clients and second, Category II clients. Category I clients and any Category II clients who do not receive scheduled care services will be notified by phone as soon as possible.

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3. New clients will not be accepted for care until the emergency situation is controlled or staffing levels permit. Clients accepted, but not yet admitted, will be triaged as noted above.
4. In the event of a prolonged emergency situation, the Administrator/Project Director and/or designee will:
 - Determine staffing availability and limitations including assistance available from external staffing agencies.
 - Identify those clients who could be discharged from homecare earlier than anticipated.
 - Determine course of action based on above information.
 - Identify clients with continuing care needs.
 - Contact other area homecare organizations to determine degree to which they may accept new clients if the decision is made to transfer.
 - Notify attending physicians regarding recommendations for continued care for clients on caseloads.
 - Make transfer or discharge arrangements as indicated, notifying clients and families/ caregivers as appropriate.
 - In prolonged emergency situations, the agency will retain only those clients for which it can safely and adequately provide care.
5. Safety of clients and agency personnel will take priority in all emergency situations.
 - Weather and road conditions will be monitored via local weather reports and state patrol reports.
 - Natural or community disasters will be monitored via the Emergency Broadcasting System, reports from local authorities, reports from other local health care facilities.
 - Strike conditions will be monitored via liaison with local unit representatives.
6. In all emergency situations, the Director of Patient Care Services or designee will maintain communications and act as the spokesperson between other facilities, media, and safety authorities.

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Emergency Instructions

If you have a health emergency, difficulty breathing, bleeding, severe weakness, or any other condition that you feel warrants immediate medical attention, call your physician, or 911 immediately. Notify the Homecare Agency.

In the event of a disaster, such as an earthquake, the Homecare Agency will make every effort to continue to provide services. However, if telephone communications are impaired, our ability to contact you may be difficult or impossible. If highways and streets are damaged or closed, our ability to visit may also be limited or impossible.

It is recommended that you carry with you a battery operated radio and a flashlight, and that you have these available in your home and at work. If a disaster occurs, stay tuned to one of these radio stations:

KNBR AM-630
KCBS AM-740
KGO AM810
KDLA AM1310

These radio stations will provide updates and general emergency instructions in the event of a disaster.

For general instructions regarding emergencies, refer to the Pacific Bell telephone book. In front of the white pages there is a section entitled: "First Aid and Survival Guide." Familiarize yourself with this section before a crisis. Furthermore, we recommend that you are current in a Basic First Aid and CPR.

Important Phone Numbers

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Weather Report

National Weather Forecast Office Phone Number 831-656-1725
Weather Forecast Phone Number 415-837-5000 Ext. 2010

Road Conditions

State Transportation: Dept. of Cal Trans:
Outside Local Calling Area 817-1717
San Francisco Area: District 4 1 510-286-4444
State Highway Patrol:
Outside Local Calling Area 1-800-427-7623

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The following safety precautions have been established for all personnel to follow when emergency conditions warrant such action. These safety precautions are not all-inclusive. Others may be added or become necessary during the actual emergency.

Severe Weather/Earthquakes:

- Have emergency equipment and medical supplies readily available.
- Move client away from windows.
- Stay away from windows.
- Secure all glass and other breakable objects.
- Turn hallway lights ON. If electricity is out, use flashlights. Do not use candles until certain there is no gas leak.
- Close all drapes.
- CLOSE exit doors.
- Monitor weather bulletin/radio announcements.
- Do not go outside unless assured that it is safe to do so.
- REMAIN CALM. DO NOT PANIC.

Floods:

The following safety precautions have been established for all personnel to follow during flood warnings, alerts, or an actual flood. These safety precautions are not all-inclusive. Other precautions may become necessary or required.

A. Precautions before the flood:

1. When a flood alert or warning is issued, store drinking water.
2. TURN OFF all unnecessary electrical appliances.
3. Do not touch any electrical appliance unless it is dry.
4. Open basement windows to equalize water pressure on the walls and foundation.
5. Move client to upper floor or to other designated areas.
6. Move all essential equipment and supplies to safe areas.

B. After the flood:

1. Do not use any open flame devices until the home has been inspected for possible gas leaks.
2. Watch for live electrical wires.
3. Do not turn on any electrical appliance until it has been inspected.
4. Do not use any food supplies that have come in contact with floodwaters.
5. Provide emergency medical treatment required.

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G. Flash Floods:

1. Flash floods can happen without warning.
2. When a flash flood warning is issued, take immediate action
3. Protect client, as well as yourself to the best of your ability.

Fires:

Clients should not smoke in bed.

- Always use caution when smoking; avoid smoking in bed.
- Relocate heaters away from passageways and flammable materials.
- Store flammable and combustible items away from the range and oven.

If agency personnel discovers a fire while in the home, the following steps should be taken:

- Remove anyone in IMMEDIATE danger.
- Close the door to the room of fire origin, if possible.
- Notify the fire department (use 911, if appropriate).
- Stay calm. Don't panic.
- Remain with the client/family/caregiver.
- Notify the homecare office.

IMPORTANT

Be familiar with emergency egress in each client's residence. After you visit the client the first time, leave by an exit from which you did not enter. In an apartment and/or high rise building, look in the hall for the "EXIT" sign – open the door and determine where the steps will lead you to safety.

IV. Environmental Safety

Utilities

Attention is given to:

- Placement of electrical cords
- Condition of electrical cords/outlets
- Use of extension cords

Prevention tips and suggestions should be made so as to reduce the risk of electrical problems and potential hazards in the home. Prevention tips may include, but are not limited to:

- Removal of cords from under furniture or carpeting
- Replace damaged or frayed cords
- Follow UL rating label guidelines when using extension cords
- Never use nails or staples to secure wires
- Replace bulbs with the correct type and wattage
- Never defeat the grounding feature; move cords and appliances away from sink areas and hot surfaces
- Report all electrical hazards to the Homecare supervisor

Medical Equipment

Homecare employees:

1. Should report immediately and document any medical equipment malfunction to their clinical supervisor.
2. The clinical supervisor is responsible for reporting the malfunction to the equipment company.
3. An incident report will be completed.
4. If the medical equipment malfunction or misuse results in serious injury, illness, or death the Director of Patient Care Services should be notified immediately. The Director of Patient Care Services must report the illness, injury, or death in association with any medical device to the FDA within ten working days of the event in order to be in compliance with the Safe Medical Devices Act of 1990.

V. Elder Abuse

Elder abuse, as defined by Chapter 1184 of the California Statutes of 1982 (AB 1805) is the "infliction of injury, intimidation, cruel punishment, or other treatment with resulting physical harm or pain or mental suffering, or the deprivation by a caregiver of goods or services which are necessary to avoid physical harm or mental suffering."

Neglect is "the failure of any person having the care of custody of a dependent adult to exercise that degree of care which a reasonable person in a like position would exercise"

Abuse and/or neglect may be intentional, or due to the caregiver's lack of knowledge or capacity to care for the person. Caregivers who are under stress (either physical or emotional), caregivers who do not have the knowledge to meet the needs of their client, caregivers who may suffer from some forms of emotional and/or physical illnesses, and caregivers who have drug or alcohol related problems are particularly at risk for committing elder abuse.

As an employee of the Agency, you are mandated by the State of California to report any evidence of, or suspicion of elder abuse.

Notify the Agency immediately if you have evidence of, or are suspicious of, any event, situation, or condition in which your client may be the victim of abuse.

In an emergency, when you and/or the client is in immediate urgent danger, call 9-1-1

In addition, you may report Elder Abuse to the following numbers:

San Francisco County: 415-557-5230
San Mateo County: 1-800-675-TIES (8437)
Santa Clara County: 408-928-3860
Marin County: 415-499-7118
Alameda County: 510-567-6894

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Indications and Examples of Abuse

Physical

- Direct beatings or evidence of and/or explained bruises, burns, bleeding, wounds, welts or other skin injuries.
- Presence of old and new bruises at the same time.
- Bruises that may resemble confinement, such as bedsores, rope burns.
- Poor skin hygiene; soiled clothing or bed.
- Dehydration, malnutrition, or weight loss without explored cause.
- Medication mismanagement: too much, too little, or none.

Psychological and Verbal

- Verbal assaults, threats, fears, isolation, withholding emotional support.
- Unusual or unrealistic isolation or restrictions.
- Client appears frightened, depressed, helpless, anxious, confused, disoriented, and/or angry.
- Client unrealistically or inappropriately not allowed be with others without the caregiver being present.

Material

- Theft, misuse of funds or property, extortion, duress, fraud.
- Unusual bank activity or questionable check signatures.
- Recent changes in will, power of attorney, house title, or other documents that might indicate an unusual benefit by another person.
- Unusual interest by another in the amount of money the client has, where it is, who is entitled to it, or concern that too much is being spent for client care or well being.
- Lack of necessary assertive devices, such as walkers, commodes, canes, wheelchairs.
- Non-provision of personal aids, such as glasses, hearing aids, dentures.

Violation of Rights

- Coercion, locking up, forced removal from home or forced entry into a facility, such as a nursing home.

Denial of Basic Human Needs

- Food, shelter, clothing, health care, psychological support.
- Lack of medical care.

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Incident Reporting

Definition

An incident is defined as an unusual event involving agency personnel, patient and/or family/caregiver. The event is considered unusual if the result was unintended, undesirable and/or unexpected. An incident is also any event that is not consistent with the routine operation of the agency or the routine care/service of a patient. It may be actual or potential

Reportable Occurrences

1. Loss or Breakage to client's equipment, property or belongings.
 - Patient/family/caregiver reports missing articles from home after home visit.
 - The Homecare Agency employee is involved in damage/breakage to client's personal belongings or equipment.
 - The Homecare Agency employee discovers client's equipment or personal belongings missing from the premises.
2. Equipment/Medical Device
 - Not delivered, not working, not used
 - Injury resulting from use
 - Potential injury from use.
3. Building Security, such as: fire, unidentified persons in the home/premises.
4. Patient Endangerment
 - Suspected abuse or neglect by family/caregiver.
 - Patient confused and essentially helpless without adequate care by others.

Notification to the state Elder-at-Risk program and/or Protective Services must be made by mandated reporters.

5. Homecare Agency personnel endangerment, such as; verbal and/or physical assault while on duty.
6. Inappropriate behavior exhibited towards the Homecare Agency employee.
7. Pressure sores: development of new pressure sores or one that worsens.
8. Refusal of treatment, such as: Patient/family/caregiver refuses treatment after start of care, against the professional advice of agency personnel.
9. Problem with Procedures, Protocol Errors, Agency Policies.
10. Medication mismanagement, misuse, refusal, side effects, untoward outcomes.

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11. Attended/Unattended Falls
 - Patient sustains injury subsequent to falling while agency personnel present.
 - Patient/family/caregiver reports a fall sustained by the patient during the course of his/her time on service.

12. Cardiac Arrest: witnessed cardiac or respiratory arrest.

13. Other:
 - Agency personnel accept compensation or private employment from patient/family/ caregiver.
 - Any reference to legal action by patient, family/caregiver, physician or attorney.
 - Any occurrence or observation that the agency personnel believe involves actual or potential injury to the patient, the company or its agency personnel.

What To Do

If you have been involved in, or have knowledge of an incident or potential incident, you must notify the Homecare office immediately. Call the Homecare office and be prepared to give an accurate, objective account of the circumstances. DO NOT discuss the incident with anyone other than the Homecare office unless you are directed to do so by the Homecare office or an authorized law enforcement representative. Document the circumstance, to whom and the date and time of reporting, and the action taken. A representative from the Homecare office will provide you with the necessary forms that you will complete and submit to the Homecare office.

VI. Clients with Special Needs

As our employee you may be asked to take an assignment to care for an individual with Dementia or Alzheimer's disease. For the best possible care for the client, and the best assignment for you, our Homecare staff must have an understanding of your experience working in this situation.

Taking care of a person with Dementia and/or Alzheimer's disease is a unique situation requiring special skills. You are required to be knowledgeable about, and to have had experience with, taking care of individuals with Dementia and/or Alzheimer's disease if you accept this assignment.

Alzheimer's Disease

Alzheimer's disease is a progressive, degenerative disease that attacks the brain and results in impaired memory, impaired thinking, impaired behavior and impaired judgment. It affects an estimated 2.5 million American adults. The incidence of Alzheimer's disease is more likely to occur as a person gets older.

Scientists continue to look for the cause of Alzheimer's disease. For one form of the disease, there is strong evidence that a defect exists in a single gene in a chromosome. In addition, scientists continue to explore areas such as a slow virus and environmental toxins, such as aluminum. Alzheimer's disease cannot be prevented, nor is there a cure or a treatment available to stop or reverse the disease. Medications are available that appear to slow down the loss of memory. Other medications may be helpful in managing some of the most troubling symptoms associated with Alzheimer's disease, such as depression, behavioral disturbances, sleeplessness, and anxiety.

Alzheimer's disease has a gradual onset. In the early stages, the person may try very hard to cover up what might be the obvious symptoms that the disease is present. These symptoms, such as memory loss, loss of intellectual abilities, disorientation to time and place (and eventually to person), lack of judgment, and changes in personality and behavior progress to the point where the symptoms interfere with the person's work, social activities, and activities of daily living. Eventually the symptoms render the person unable to assume self-care. How quickly, and to what extent these symptoms occur and progress, varies from person to person. The average life span for people with Alzheimer's disease is about eight years, although many people with Alzheimer's disease live considerably longer.

There is no single diagnostic test for people with Alzheimer's disease. A complete physical, psychiatric, and neurological evaluation should be obtained when symptoms are noticed. Although computerized imaging of the brain may indicate specific changes that may be consistent with Alzheimer's disease, a definitive diagnosis of the disease cannot be made until after death. At this time, if the disease is present, microscopic examination of the brain reveals the presence of neurofibrillary tangles and clusters of degenerating nerve endings called neuritic plaques.

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Communication Techniques for Working with People with Alzheimer's Disease

1. Never assume that the person cannot understand what is being said.
2. Use creativity and flexibility; if one approach does not work, be ready to try another.
3. Create a calm environment and establish routines.
4. Create a safe environment; remove all hazards that could be dangerous.
5. Simplify each task and activity as much as possible, breaking them into easy steps.
6. Do not frighten the person by approaching or talking from behind.
7. Discuss only concrete actions and objects; avoid the abstract.
8. If it is necessary to repeat statements, use the same words. If this does not work, try to rephrase the sentence using more concrete words.
9. Present only one idea at a time; do not try to give too much information in one sentence - use short sentences; give simple messages.
10. Concentrate on the present; avoid the past and the future.
11. Do not offer choices that make decisions difficult.
12. Avoid situations that may bring about frustration or anger.
13. Anticipate the person's needs.
14. Do not argue with the person. Agree, if possible, distract and divert.

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Challenging Situations

Exercise Scenarios

Situation #1:

The person with Alzheimer's disease is sitting in a chair. She is staring straight ahead, clenching her teeth and rubbing one hand over the other. You attempt to find out what is bothering her.

Situation #2:

The person with Alzheimer's wants to look at a certain old picture that is hanging on a wall somewhere in the house. He cannot remember where the picture is and has difficulty telling you what he is looking for

Situation #3:

The person believes it is Sunday rather than Wednesday and wants to go to church. She repeatedly asks how soon you'll be ready to leave with her

Situation #4:

The person with Alzheimer's begins telling a story that seems made-up. Throughout the story, the person with Alzheimer's asks you questions that pertain to the story. You feel compelled to respond.

Situation #5:

The person with Alzheimer's insists that you remind him how to drive the car. When you try to distract him or change the subject, he only grows angrier.

Parkinson's Disease

Parkinson's is a progressive and irreversible disease. While the intellectual skills are not affected and the client can work and participate in many activities, the use of the body becomes progressively impaired. As the medications only take care of the symptoms as the disease progresses, it is important that these client's receive their medications on time. This is usually a long term assignment, and as these clients will need increasing assistance with their activities of daily living, the assignment requires that you have excellent body mechanics and transfer skills. In addition, you must be able to recognize your limitations and inform the agency if and when the assignment exceeds your abilities.

Parkinson's Disease is a slowly progressive disorder of the central nervous system. It is caused by the degeneration of the pigmented neurons in a specific part of the brain called the Substantia Nigra, resulting in a decrease in the availability of dopamine.

The exact cause of Parkinson's Disease problem is unknown.

There are four major symptoms of Parkinson's Disease:

11. Bradykinesia (slowness in initiating movement which may contribute to decrease facial expression, change in speech patterns, small-lettered handwriting, trouble with fine finger movements)
11. Rigidity: Stiffness when the arm, leg, or neck are moved
11. Resting tremor: tremor most prominent at rest, when sitting quietly
11. Loss of postural reflexes: poor balance and coordination.

Secondary symptoms may include depression, emotional changes, memory and sleep problems, changes in speech patterns, urinary and bowel difficulties, low blood pressure upon standing, or problems in chewing or swallowing.

The progression of the disease varies among patients. For some the disease will progress slowly over a 20-30 year period, while progressing much faster for others. Without treatment, pronounced disability occurs in about nine years.

Symptomatic treatment of Parkinson's Disease is usually successful, especially in the early years, although it does not stop the progress or cure the disease. The treatments include:

- Medications: Medication regimes can provide dramatic relief from the symptoms of Parkinson's. The therapy is tailored individually to each person and often takes time to identify the medicine and the dosage that will work best to relieve the symptoms. The goal is to provide the amount and combination of medications that will relieve the symptoms without causing side effects. The side effects may include nausea and vomiting, low blood pressure, involuntary movements, depression and restlessness.

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Levodopa is a drug commonly prescribed. It helps replenish the brain's low supply of dopamine, and helps mask the debilitating symptoms for many with Parkinson's Disease. Other drugs include blocking neurotransmitters, which oppose dopamine's action, and those drugs that inhibit the enzyme that shuts off dopamine's action. In addition, new drugs that mimic the action of dopamine, called dopamine agonists, are also available and may be used alone or in combination with levodopa.

- **Diet and Exercise:** People with Parkinson's Disease find that eating a well balanced diet is important in maintaining their general health and strength. In some cases the doctor may recommend adjusting the consumption of protein for those taking levodopa, because protein may interfere with the absorption of the drug.

People with Parkinson's Disease find that exercise, especially swimming and walking, helps maintain muscle tone and strength and improves mobility. In addition, physical therapy or muscle-strengthening exercises, in addition to range of motion exercises are often recommended.

Stroke
(CVA: Cerebrovascular Accident)

The care of a client who has had a stroke may vary greatly from client to client. In addition to other factors, the client's condition is determined by the part of the brain that has been injured, and the amount of damage that has been done. The client may rehabilitate to being independent and no longer requiring assistance, or the deficits may be such that long term assistance is required. In some situations you may be asked to be trained in specific exercises, transfer techniques, and/or the provision of special needs.

A stroke, or CVA, is an interruption in the blood flow to the brain. Approximately 500,000 people a year have a stroke in the US. It is often referred to as "brain attack" because of its' similarity to a "heart attack." which is an interruption in the blood flow to the heart. In both instances an area is deprived of oxygen and the affected area is impaired.

A stroke can be caused by a hemorrhage in the brain, a thrombosis, an embolysis, or a tumor. The extent of damage that is caused by the stroke is determined by the area in the brain that is affected and the amount of area involved. Thus, some people suffer "mild" strokes, while others may have a massive, fatal stroke.

There are several important warnings of a stroke:

2. Sudden temporary weakness or numbing of the face, arm, or leg.
2. Temporary difficulty or loss of speech or trouble understanding speech.
2. An episode of double vision.
2. Unexplained headaches or change in the pattern of headaches.
2. Temporary dizziness or unsteadiness.
2. A recent change in personality or mental ability.

Risk Factors:

Certain medical conditions, including high blood pressure, TIA'S (transient ischemic attacks), previous stroke, heart disease (especially atrial fibrillation), diabetes, and carotid artery disease are major risk factors for a stroke

Stroke risk can be reduced by:

2. Controlling your blood pressure
2. Not smoking
2. Limiting alcohol use
2. Lowering cholesterol
2. Controlling your weight
2. Seeking medical attention and accepting treatment for atrial fibrillation.

One of the most important factors related to stroke is seeking medical attention promptly. There is evidence that suggests that the sooner medical attention is obtained and treatment is begun, the more successful the treatment results will be.

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The brain is a complex organ in which one side of the brain controls the opposite side of the body.

Damage to the left side of the brain typically causes impairment to the right side of the body, and results in problems with speech and language skills.

- The comprehension ability of these people is usually better than their ability to speak.
- These people are likely to recognize that there is a problem, and become frustrated and/or depressed.
- They may be slow, anxious and hesitant when approaching the unfamiliar.

Damage to the right side of the brain typically causes impairment to the left side of the body.

- These people may appear unaware that they have any problems.
- Because the speaking ability of these people may appear intact, it is often easy for others to overlook the person's problems.
- These people more commonly have special-perceptual deficits, resulting in problems judging distance, size, position, rate of movement, and form and relations of parts to the whole.
- These people often suffer from "one sided neglect". In this situation, the person cannot recognize or perceive one side of the body or one side of vision.
- Although these people may be able to describe a task in detail, they may not be able to do it. They may become uncooperative, unmotivated, dependent and/or confused when encouraged to perform. These people may be impulsive and act too fast, overestimating their own abilities.
- These people may go beyond what is safe and use poor judgment.

Damage to any part of they brain may cause:

- Problems with "Quality Control". This is the inability to guide and check one's own behavior; doing the right thing at the right time.
- Memory impairment, including decreased retention span and remembering selectively or parts of a message
- Difficulty learning, especially new information
- Difficulty applying information learned from one setting to another
- Emotional labile: Unpredictable and uncontrollable crying and loss of emotional control
- Depression
- Sensory deprivation. Signals from the outside world that are cut off or decreased may result in confusion, delusions, and/or hallucinations

HIV and AIDS

Clients with HIV/AIDS are highly susceptible to infections. For this reason, you will need to be aware of the many ways in which infections can be spread. In addition to what you practice for standard infection control and universal precautions, you will be given specific information regarding household management and the selection and preparation of food. The individual plan may also include specific instructions for exercise and rest.

AIDS is caused by a virus called HIV (Human Immunodeficiency Virus)

When a person is infected with HIV, the virus infects and can kill certain cells in the immune system called T-helper cells. This weakens the immune system so that other specific infections can occur. The person is diagnosed as having AIDS (Acquired Immunodeficiency Syndrome) when they become sick with other specific infections or when the number of T-helper cells has dropped very low.

People at highest risk of AIDS and HIV infection

- People who share needles
- Men who have sex with other men
- Babies born to mothers who have HIV
- People who received blood transfusion or blood products before 1985 (antibody test available) which might have been infected with HIV
- Anyone who has sex with anyone who has or is at risk of AIDS or HIV infection

HIV is in blood and other body fluids

The virus is in the blood, semen, menstrual blood, vaginal secretions, and breast milk, and rarely in saliva and tears. The virus can be there even if the person has no symptoms of HIV infection or AIDS. People who are infected with HIV will carry the virus for the rest of their lives

HIV is spread by exposure to HIV infected blood and HIV infected body fluids

HIV can be spread during sex, by sharing dirty needles to inject drugs, or from mother to baby (before or during birth, or by breast-feeding). HIV is rarely spread by being stuck by a needle, or by getting blood or other infected body fluids onto a mucous membrane (mouth or eyes) or onto broken skin. The virus is not spread by casual contact like living in the same household, or working with a person who carries HIV.

Certain symptoms and conditions may be associated with HIV/AIDS

These symptoms and conditions may include: fever, weight loss, swollen lymph glands in the neck, under arms or groin, white patches in the mouth (thrush), certain cancers (Kaposi's sarcoma, certain lymphomas, certain invasive cervical cancers), and infections (Pneumocystis pneumonia, certain types of meningitis, toxoplasmosis, certain blood infections, TB, etc.).

A blood test may tell if you have HIV infection or AIDS

You can get an HIV blood test at your doctor's office or at Counseling and Testing Sites throughout California. Call your local health department for information.

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There is treatment for people with HIV infection and AIDS

Many drugs are available to treat the infection and cancers associated with AIDS. There are also drugs available for people with HIV infection that can help prevent them from getting sicker.

HIV and AIDS are preventable:

- Abstinence, monogamy (with an uninfected partner), use of barrier protection (condoms) are the most protective prevention strategies.
- People who use IV drugs should try to get off drugs. If they can't they should always use new needles or should clean needles and works with bleach and water.
- It is recommended that people with HIV or AIDS should discuss their HIV serostatus with their doctors and dentists, and inform their sex and needle-sharing partners.
- Women who are pregnant or planning a pregnancy are encouraged to talk with their doctor about being tested for HIV. If a mother is known to be infected with HIV, there is treatment to decrease the chance that her baby will become infected.
- Universal precautions and standard precautions such as use of gloves, goggles, gowns, etc., are used by health care practitioners for prevention of transmission or any communicable disease including HIV.

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Hospice and Palliative Care of JFCS

As the community grows and changes, so do the needs of its members. Today, there is an increasing desire to stay at home with family and loved ones, surrounded by personal belongings, and sentimental memories during the final phase of life. Hospice and Palliative Care of JFCS recognizes the struggle that patients and families may experience as they try to provide quality end-of-life care at home.

Hospice and Palliative Care of JFCS provides compassionate, specialized health care and support for patients facing the advanced stages of life-threatening illness, such as cancer, Alzheimer's, AIDS, ALS, and/or end-of-stage heart or lung disease. The focus of Hospice is on comfort care, not cure. The patient who chooses Hospice care receives a variety of non-curative medical and support services for his or her terminal illness. Emphasis is on providing comfort and relief from pain and other uncomfortable symptoms so that the patient can fully concentrate on living. Services also include ongoing emotional and spiritual support to patients and caregivers.

VII. Communication

Good, effective communication is a critical part of your role as an employee.

Communication does not mean just talking or speaking- it is a skill that must be learned and practiced!

During this part of our orientation, we will be exploring our individual methods of communicating and discussing how we can develop the tools that will improve our communication skills!

About Communication

What is Communication?

- Exchange of information between people or between people and the environment.
- An interaction between people, things, and/or the environment; a sharing of feelings, words, and thoughts.

When Do We Communicate?

- To learn about others
- To tell information to others (or things)
- To express feelings

How Do We Communicate?

- Communication is presenting something to another person or thing; it is everything that you say and/or do that tries to get the message across.
- It is a combination of what you say (verbal communication), the way you say it, and what you do not say.
- It is what you do while actually saying something (non-verbal communication), such as gestures, mannerisms, posture, eye contact, - things that are considered body language.

Elements Needed to Communicate

- Message: Information sent in a manner that can be understood.
- Sender: First person or thing that communicates.
- Receiver: Person or thing to whom message is sent.
- Feedback: Acknowledgment or indication between sender and receiver that messages are sent or received.

When Does Communication Break Down?

- Sender can't talk
- Receiver can't hear
- Language barrier
- No feedback

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- Failure to listen
- Different values and customs

Communicating, Observing, Reporting, and Documenting

Good **communication** skills must be learned and practiced! They include:

1. Being a good listener.
2. Making sure you have the client's attention before speaking.
3. Understanding the client's culture, habits, physical and cognitive limitations.
4. Verifying that the client can hear you.
5. Using simple sentences.
6. Eliminating or reducing environmental and background noises.
1. Speaking slowly and in a "normal loudness level without shouting.
2. Giving the client ample time to respond
9. Addressing the client directly and including the client in discussions.
10. Not chewing or eating while speaking.
11. Accompanying speech with gestures and appropriate body language.

Good **observation** skills are an important part of your job:

1. Clients are not always able to tell us or recognize areas that may be of concern.
Clients depend upon you to use good observation skills.
2. Good observation skills include using your senses of hearing, touching, seeing, and smelling to get the information that will benefit your client.

Good **reporting** skills include knowing when and how to give information to your supervisor and the Homecare AGENCY.

Each assignment and client has a specific person to whom you report. Know who this is **before** you start work.

Good **documentation** is written information that is factual, accurate, spelled correctly, legible, and signed. It includes the date, time, description of the event or circumstance, the date, time, and to whom it was reported, and any action taken.

Report:

1. When you are ill or injured.
2. When you will be late for or cannot go to work.
3. When the client, another employee, or anyone other than a Homecare Agency representative asks you to change your schedule.
4. When someone other than a Homecare Agency representative asks you to do or not to do something that is on the care plan, or you cannot locate or do not understand the care plan.

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5. When you are asked to do something beyond which you are comfortable and/or competent.
4. When there is a problem with any medical equipment in the home.
4. When the client asks you to give or buy medications, alcohol, or drugs.
4. When there is a change in any skin condition, including red, blistered, and/or opened areas.
4. When there is evidence of bruises, burns, or other bodily injury.
4. When the client has a change in urine or bowel frequency, regularity, or appearance.
4. When the client complains of, or has the appearance of, having pain.
4. When the client falls, or you have knowledge of the client having fallen while unattended.

Remember

When you **report** an observation it must be factual, objective, concise, and clear. It **does not** include your or anyone else's personal, professional, or medical opinion. In addition to the above, when the information is written or *documented* it must be **legible, dated and signed**.

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Exercise

Is this an opinion or a fact? In each pair, one sentence states an opinion. The other sentence states a fact. Put an **O** next to each opinion. Put an **F** next to each fact.

1. _____ His temperature was 102 degrees.

_____ He felt very hot.

2. _____ He does not look very good.

_____ There are red spots on his face.

3. _____ He fell down when he tried to walk.

_____ He must be tired.

4. _____ His hands are shaking.

_____ He seems nervous.

Communication Techniques

This is a communication technique used to make a request to change a behavior, or to state displeasure. It is not to be used with people who are confused or cognitively impaired.

- 0. State what the person has said or done.

- 0. Express with an emotion how you feel.

- 0. Offer an alternative to help the situation.

- 0. State the consequences (what will happen).

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Exercise
Appropriate Responses

Please read each paragraph – we will discuss appropriate responses in class.

10. Your client says to you, “I heard you won’t be able to work for me next week because of your vacation. I know your sister, and I like her very much. The agency sent her once before when you were away. Can you talk to her and see if she can work for me while you’re away?”
10. Your client complains to you about how much she has to pay and tells you that she thinks it’s not fair. She says, “Will you work for me for less money?”
10. Your client says, “I know you have never done this for me before and I’ve never discussed it with the agency, but would you please take my dog down the block to be groomed?”
10. Your client says, “It would be much more convenient for me if you would change your hours so that you would come to work an hour earlier. Can you start tomorrow?”
10. The nurse says to you, “I won’t be coming out to put these bandages on Mr. Smith anymore. Let me show you how it’s done so that you can continue to do it.”
10. The client’s son says to you, “I’ve been thinking about putting Mom in a Nursing Home, but I really don’t know which one is the best for her. Do you have any recommendations?”

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Exercise
What is Your Opinion?

Opinions: What do you say?

Your client's trust you and very often ask your opinion regarding situations that cause them concern. How would you respond to the following questions?

0. It's hard for me to put my car in the garage after I use it every time. Do you think it would be all right if I part it in my driveway for a few minutes during the day?
0. It's getting harder and harder for me to drive my car. Do you think that I should sell it?
0. The doctor would like to see me this week. Do you think it's better for me to go on Wednesday or Thursday?
0. The doctor says I should change my medicine to three times a day. That's so inconvenient for me. I think I'll just keep the old schedule. What do you think?
0. I don't care what I eat for dinner tonight. Do you prefer to make chicken or fish?
0. I'm not hungry tonight. I don't feel like eating anything. Do you think that I am sick?
0. This house seems so big for me. What do you think about closing the doors to the rooms that we don't use?
0. My children say that this house is too big for me. Do you think that I should move?

VIII. Providing Personal Care Services

Personal refers to the body, appearance, and privacy. Providing a person with personal care services involves assistance with bathing, grooming, exercise, and simple treatments for the sick and people with disabilities.

In carrying out personal care procedures, these principles should be your guide.

- | | |
|---------------|---|
| Safety | is especially important in evaluating the environment, doing procedures and moving ill persons. |
| Comfort | should be considered in every procedure. Both the person receiving care and the– homecare worker should be comfortable while care is being provided. When care is finished, the person should be in a comfortable position. |
| Economy | applies to saving time, effort, and supplies. |
| Effectiveness | means that the procedure has accomplished what it was supposed to. Does the person express a feeling of well-being and comfort? |
| Neatness | should be reflected in the appearance of the person assisted. Also the room and equipment should be kept orderly to save steps and time. |
| Security | means that the person <u>feels</u> safe and secure and <u>feels</u> better for my having been there. |

Assisting with Bathing and Grooming

PURPOSES for giving a bath in bed are:
(Also, assisting client with shower or tub bath)

5. To clean and refresh the person.
5. To aid in the elimination of wastes from the skin.
5. To aid in stimulating circulation (AVOID PRESSURE SORES).
5. To provide passive and active exercise.
5. To provide socialization.
5. To provide physical contact.
5. For observation.

How often a bath is given depends on such factors as the physical condition of the person, age and type of skin. Older people have less oil and perspiration; therefore a daily bath with soap may not be desirable. Washing the rectal and genital areas and under the arms may be all that is needed. However, a cool sponge bath will be needed if the person perspires profusely.

Ready to Do the Bath Together

WASH YOUR HANDS – PUT ON GLOVES

EQUIPMENT NEEDED: ALREADY PREPARED BY BED

AGAIN ENCOURAGE PERSON TO ASSIST IN BATH

DISCUSS YOUR REASON FOR VARIOUS TECHNIQUES

SET THE TONE OF BATHING AS A PLEASURABLE EXPERIENCE.

ENCOURAGE THE PERSON TO WASH HIMSELF OR HERSELF AS MUCH AS POSSIBLE. HAVE A BRIEF DISCUSSION WITH CLIENT OF EACH OTHERS RESPONSIBILITIES.

WASH CLEAN AREAS TO DIRTY AREAS.

Choose a bath time convenient for the family/person, if possible.

Make sure the room is warm.

Organize equipment needs by bed (several towels, washcloths (2), basin or large bowl, soap, body powder, lotions, deodorant, etc.)

Keep person warm with a sheet or blanket while bathing.

Place a towel under the part being washed to keep the bed dry.

Change water when oiled, soapy or cool (two times or more if needed).

Test water temperature on the inner wrist to make sure it is not too HOT, especially for the older person.

Think of the person's dignity and privacy.

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Continually note changes in the person's skin (reddened areas, break in skin) where bed sores may develop. (If bath is given semi-weekly, the pressure areas of the skin will need to be examined daily).

Use soap sparingly.

AGAIN ENCOURAGE PARTICIPATION BY THE PERSON.

0. Remove the top bedding so that it will not get wet. Fold it neatly and cover the person with a light sheet or blanket.
0. Place a towel under the person's head.
0. If the person is unable to wash his or her face, form a washcloth mitt to eliminate dangling ends of the washcloths.
0. Wash eyes with clear water, cleansing from inner corner of the eye to the outer corner.
0. Using firm, gentle strokes, wash face from midline outward. If skin is dry use clear water.
0. Wash, rinse, and dry area.
0. Place towel under far arm with another towel to set the basin on (or basin set up, on TV table side of bed.) Wash with long strokes, rinse. Let the person soak hand/fingers in the basin. DRY.
0. Repeat the procedure with the other arm.
0. Cover chest and abdomen with towel, fold the blanket back to the thighs.
0. Wash, rinse, and gently dry neck, chest and abdomen.
0. CHANGE WATER. Check to be sure it is not too HOT/COLD.
0. Remove bath cover to expose far leg and place towel under the leg.
0. Place a towel under the basin near the foot.
0. Lower the foot into the basin to soak; this helps soften the nails and skin and feels good.
0. Wash, rinse and dry the leg.
0. Repeat the above steps for the leg close to you.
0. Dry carefully between the toes.
0. Observe feet and use pumice or emery board to smooth calluses. DO NOT CUT THE TOE NAILS.
0. CHANGE THE WATER AGAIN.
0. Turn person on side, drape blanket around back and buttock.
0. Tuck towel along the back under the buttocks and shoulders.
0. Wash, rinse and dry the back and buttocks. Cover the back.
0. CHANGE THE WATER AGAIN.
0. Place towel under the buttocks. Be sure the person washes carefully the genitals first, then between the buttocks. This is important to prevent bladder infections.
0. Rinse and dry thoroughly. If the person is unable to wash genitalia and buttocks, the aide should complete this part of the bath.
0. Apply body lotion/powder as desired – often done after cleaning each area (optional).
0. Remove gloves and dispose.
0. Wash hands.

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Shaving

Assisting a man to shave: Shaving adds to a man's comfort and appearance. Encourage him to shave himself. (Electric razor is easier for both of you.)

12. WASH YOUR HANDS. PUT ON GLOVES.
12. GATHER EQUIPMENT.(razor/soap/shaving cream/hot water basin/towel/washcloth, hand mirror)
12. Place towel over chest.
12. Wash face with soap/water/leave it wet.
12. Steam beard with warm washcloth.
12. Rub shaving cream into beard.
12. Pull skin tight over the area of shave.
12. Shave in the direction the hair grows with gentle, short strokes.
12. Rinse the razor.
12. Rise the face and pat it dry.
12. Clean up equipment.
12. Remove and dispose of gloves.
12. Wash hands.

Ask client if he would like to see himself in the mirror

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Mouth Care

Care of the mouth gives a person a feeling of cleanliness and well-being and helps prevent gum disease and tooth decay. It also lessens bad breath. **WASH YOUR HANDS AND PUT ON GLOVES BEFORE BEGINNING THIS RESPONSIBILITY.**

Arrange the equipment, placing it within easy reach of the person in the bed so that as much of the mouth care can be done by the client as possible.

Assist in:

0. Raise the person to an upright position; provide a hand mirror if necessary.
0. Place towel under head.
0. Place the basin at the side of the head.
0. Place the toothbrush at an angle against the gum line.
0. Gently brush back and forth with short strokes, on both the outer and inner surfaces of the teeth and the chewing surfaces.
0. Remove gloves and dispose.
0. Wash hands.

Flossing Teeth. Break off about 18 inches of dental floss and wrap most of it around the middle finger of one hand. Wrap an inch or two around middle finger of other hand. Gently insert the floss between the teeth and using a sawing motion, clean between the teeth. Rotate the floss from hand to hand as each space is cleaned. **WASH HANDS AND PUT ON GLOVES BEFORE ASSISTING WITH THIS PROCEDURE.**

Care of Dentures.

If the person has dentures, encourage their use as much as possible. If the person resists, find out if it is because they do not fit properly or are irritating. If so **REPORT THIS TO YOUR SUPERVISOR.**

WASH YOUR HANDS AND PUT ON GLOVES. Dentures (use a tissue or wipe to lift one end of the denture to break the suction. Place the dentures in a container of water.

To **AVOID BREAKING** them, put a small towel or washcloth in the bottom of the basin. Use a denture brush/cleaning agent provided by client, (baking soda or commercial product) to clean them. Ask the person to rinse his or her mouth, then brush the gums with a soft brush. Replace dentures. Keep the dentures in water when not being used. Remove gloves and dispose, wash hands.

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Catheter Care

Sometimes a person who is unable to control urination will be equipped with a catheter that stays in place at all times. This permits a person to lead a more active life. You are not allowed to insert or irrigate catheters. If the client has a catheter, a nurse will instruct you in the procedures that you may perform involving catheter care. In general, you should check (using gloves) that:

3. The skin around the catheter is clean and free from irritation.
3. The catheter is firmly in place.
3. There are no kinks in the tubing and the urine is flowing freely. IF you notice a blockage of the urine, contact your supervisor immediately.
3. Document, report to supervisory any evidence of:
 - . Catheter dislodgement or obstruction
 - . Any leakage from catheter or catheter bag
 - . Any change in urine amount, color, odor
 - . Any skin irritation, itching, rash
 - . Any attempt by client to remove catheter
 - . Any evidence of pain or discomfort

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Procedure for use of Urinal

0. GET ORGANIZED!
0. Wash hands and put on gloves.
0. Use the protector under the person's hips.
0. Give the person the urinal, or if he is helpless, place it between his legs in a position to collect the urine.
0. Provide for privacy by replacing covers and leaving the room.
0. Observe contents, dispose of contents.
0. Wash urinal.
0. Inspect for soiled sheets or bed clothes; change if necessary.
0. Help person wash hands.
0. Remove gloves and dispose.
0. Wash hands.

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Procedure for use of Bedpan

0. Get organized!
0. Wash hands and put on gloves.
0. Warm the bedpan with warm tap water and dry it.
0. Cover the bedpan with a paper towel or washable cloth when carrying it to the person.
0. Add extra protection to the bed, even if a plastic or rubber sheet is used on the mattresses; an extra cloth may be placed under the person's hips.
0. Sprinkle talcum powder or cornstarch on the bedpan seat – only if there are no sores or dressings – to make it easier to get on and off the pan; if the person is thin, add small pad to cushion the seat (a sanitary pad or soft cloth may be used).
0. Place the bedpan on the bed near the person's hips, open end toward the foot of the bed.
0. Fold the top covers to one side to avoid soiling and partially drape the sheet or blanket to prevent chilling and provide privacy.
0. If a person needs help in raising the hips, have him flex his knees, place one hand under the small of the back and, on signal, push his hips and adjust the pan for comfort.
0. Assist the person to a sitting position if possible and provide toilet paper and a call signal; then leave the room to allow for privacy if it is safe. Remind the female to wipe from front to back to avoid germs into the vagina and bladder.
0. Have the person flex his knees and push down with his heels and hands as the bedpan is removed.
0. Remove the bed protector, cover the pan, and take it to the bathroom.
0. Inspect the contents of the pan.
0. Rinse the bedpan with cold water to prevent coagulation of the proteins; dispose of contents.
0. Clean the bedpan with soap and water, cover and store.
0. Inspect for soiled sheets or bed clothes; replace if necessary.
0. Help the person to wash his hands.
0. Position him comfortably.
0. Wash hands and remove gloves and dispose.

Foot Care

Elderly people frequently tend to neglect their feet because they cannot bend over and reach them. Neglected feet can cause serious walking difficulties and much discomfort. Ill-fitting shoes also cause serious foot problems.

People with diabetes and circulation problems should make regular visits to the podiatrist. The podiatrist will trim the nails, and remove callouses and dry patches safely. People who have extremely thick, hard nails should also be encouraged to visit a podiatrist. You are not permitted to cut a client's toenails.

A homemaker can:

- Soak the feet as often as needed in very warm water and soap solution. This helps to keep the skin soft.
- Use pumice stone to remove hard, dry skin, and rub briskly with a towel afterwards to remove loose skin.
- File the nails across in a straight line. This helps to prevent ingrown nails.
- Apply light mineral oil after bath or soaking. This helps to keep skin soft.
- Encourage the wearing of well-fitting, comfortable shoes.

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The Back Rub

Giving the client a back rub gives you the opportunity to observe the client's back for any signs of injury or skin irritation. It also refreshes the client, relaxes the client's muscles, and stimulates circulation. Back rubs are usually given as part of the morning care after the client's bath. They are also given in the evening before a client goes to sleep, and during the day whenever the client changes position. Some client's do not like a back rub. Respect their wishes, unless the back rub is ordered to increase circulation. Then discuss this problem with your supervisor.

Procedure:

8. Assemble the equipment:
 - . Towels
 - . Lotion (warm the lotion by placing the bottle in a pan of warm water, if necessary)
8. Wash your hands.
8. Have the client lie on his/her back or side, whichever is preferred.
8. Apply the lotion to your hands, and then apply the lotion to the entire back with the palms of your hands.
8. Use firm long strokes from the buttocks to the shoulders and the back of the neck and shoulders.
8. Remember to use proper body mechanics!
8. Exert firm pressure as you stroke upward from the buttocks towards the shoulders: use gentle pressure as you move your hands down the back. Do not lift up your hands as you massage.
8. When you are finished, pat the client's back dry with the towel and assist the client getting dressed, if necessary.
8. Tidy the bed and client area and put away the equipment.
8. Wash your hands.
8. Record and report that you have completed the procedure, if required. Also note or report to your supervisor anything about the client that you have observed.

IX. Medications

Medications are prescribed by a physician, dispensed by a pharmacist, and administered, or given without client assistance, by a nurse. All these professionals are licensed by the state to perform their duties which are very specific. Failure to stay within the state guidelines can result in a legal action. As a home care provider you are NOT licensed to administer medication. Although your responsibilities do not include giving medication, there are observations and safety factors to be aware of when taking care of a client who is taking medication. If you ever have a question about a situation involving medication, do not hesitate to ask your supervisor.

Some observations that should be reported:

3. If your client is not taking the medication exactly as it has been prescribed.
3. If your client is taking medication (prescription or over-the-counter) of which your supervisor is not aware.
3. If your client does not know why he is taking his drugs.
3. If your client has nausea, vomiting, diarrhea, itching, difficulty breathing, a rash or hives soon after he takes his medication.
3. If his orientation, concentration, memory, or mood changes soon after he takes his medications.

Medications must be carefully stored to protect young children and to help ensure effectiveness and safety in the use of medications.

0. Check to see that medications are stored away from light and heat as a change in the chemical composition may result.
0. Medications should not be used if the label is missing or cannot be clearly read.
0. Consult the supervisor and the family about destroying unlabeled medicine, a label that cannot be clearly read, or that is outdated.
0. Medications should not be moved within the medicine cabinet or storage area. People expect medication to be in a certain place and do not always look at the label.
0. When someone is taking medicine, be sure that there is a good light so that the medical label can be read clearly.
0. Keep medications out of reach of children and confused, forgetful clients.

X. Feeding the Client

Sometimes it will be necessary to feed persons who for some reason cannot feed themselves. The following are some points that will make being fed more pleasant:

- Wash hands.
- Get organized!
- If possible, have the person sit up as erectly as possible, or positioned for comfort; have napkins placed and the others ready.
- The individual should be allowed to feed himself if he is able – give assistance when needed or asked for. Feeding oneself will give a person feeling of independence. Allow person to use either or both hands.
- Take time to make eating a highlight of the day – flowers, music, nice setting.
- Do not rush the feeding – a person can swallow only so fast; allow plenty of time; reheat food; bring some out and the rest later.
- Be understanding – the person would feed himself or herself if it were possible.
- Be gentle with forks and spoons.
- Gently wipe off the corners of the mouth periodically throughout the meal; allow person to do this.
- Straws or training cup may aid in the feeding of liquids.
- Do not mix all of the food together; offer each food separately as it would be most commonly eaten.
- Keep the conversation pleasant.
- Individuals may prefer to hold the cup when drinking – do not fill all the way up; consider size of glass.
- When offering a glass or cup, touch it to the lips.
- Offer the person an opportunity to rinse his mouth after eating.
- The person will feel less rushed if the one doing the feeding sits. Consider actually eating with the person.
- If the person is blind, explain where food is on the plate using the hands on a clock as an indicator. For example, mashed potatoes at the 5 o'clock position.
- In the case of one-sided facial weakness or paralysis, feed small bites; place food in the stronger or unaffected side.
- Avoid foods that easily cause choking – stringy meat, fish with bones, tough vegetables.
- Be sure person swallows the food and does not keep it in his mouth – do not attempt to feed more until food in mouth is gone.
- If person starts to choke, do not panic – reassure him – tell him to lean forward or turn head to one side. Allow person to spit this food out, if necessary.

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Check Sheet on Cooking Hazards

Do you:

NO YES

- Keep pot and pan handles positioned toward back of stove?
- Avoid clothing with long flowing sleeves that may easily catch on pot handles and/or cause burns?
- Clean up spills on floors immediately to prevent falling?
- Avoid broken or chipped cooking utensils or serving pieces?
- Turn off the range and oven when no in use?
- Check electric cords on appliances periodically for worn places? Replace if necessary?
- Avoid overloading electrical outlets? Unplug those appliances that are no in use?
- Dry hands before using electrical appliances?
- Have gas ranges checked by gas company periodically?
- Store knives carefully?
- Keep a box of baking soda near the stove to use in case of great fire?

Check Sheet on Sanitation Procedures

In the kitchen, do you:

NO YES

- Keep work surfaces clean and the work area well organized and orderly so that each part of the work may be carried through to completion without hazard?
- Use only clean utensils in preparing, cooking, and serving food?
- Use clean dishrags and towels?
- Use very hot water and detergent to wash utensils and dishes?

In handling foods, do you:

NO YES

- Refrigerate unused foods and clean up any spillage promptly?
- Cover all foods that are refrigerated? Some foods have strong odors and will ruin the flavor of other, more bland food.
- Refrigerate warm foods before they cool? Prompt refrigeration discourages growth of bacteria that occurs when foods cool at room temperatures.
- Cook meats until they are done? Temperature charts are given in most basic cookbooks.
- Wash fresh fruits and vegetables before using?
- Check expiration dates now on most foods before purchasing? Usually, the latest date will be found on packages at the back of a display.

Eating and Swallowing Problems

What to look for and report: Unrecognized and untreated problems with food and fluids can result in serious complications. Caregivers can evaluate and report the nature of the difficulty to their doctor by asking the following questions:

3. Does the person...
 - . Cough or choke during meals?
 - . Cough or choke after meals?
 - . Cough or choke with certain food textures or thick liquids only?
 - . Have difficulty swallowing pills or capsules?
 - . Collect food on one side of the mouth?
 - . Have difficulty starting to swallow?
 - . Complain of fullness or a lump in the throat?
 - . Drool or have too little saliva?
 - . Spike a temperature without apparent cause?
 - . Forget and need reminders to chew and swallow?
 - . Impulsively eat fast or fill the mouth too full?
3. Does the person's...
 - . Voice gurgle during meals?
 - . Pillow get wet overnight?
3. If dry mouth is a problem foods can be moistened with...
 - . Gravy and sauces
 - . Pureed fruits and vegetables
 - . Butter or margarine
 - . Soup
 - . Juice/milk
3. If thin liquids are a problem, thicken...
 - . Cold drinks with gelatin
 - . Hot liquids with potato flakes
 - . Milk products with rice cereal
3. If chewing is a problem, serve...
 - . Ground meats with gravy
 - . Soft vegetables and fruits instead of stringy types (asparagus/pineapple)
 - . Canned fruits
 - . Cooked instead of raw fruits and vegetables
 - . Bread instead of rolls

XI. Getting Organized

Time-Saver Checklist

Answer the questions which follow either yes or no in the space provided.

NO YES

- () () Do I think ahead – have my schedule so well in mind I don't have to spend time wondering what to do?
- () () Do I act promptly – not lose time deciding whether to do a task now or later on ?
- () () Do I have a place for everything – know where to locate things quickly to avoid losing time looking for something?
- () () Do I concentrate on one thing at a time – not let distractions enter in to slow me down?
- () () If possible, do I finish my work once I start it – avoid the delay of having to pick up where I left off?
- () () Am I a careful worker – do things efficiently the first time and not waste time and energy doing them over again later on?
- () () When I finish a job, do I put the used materials away – know that it takes less time to start on a new task when things are orderly than when things are cluttered?
- () () Do I have a desirable attitude toward doing things which have to be done – realize time passes more quickly when a task is enjoyed, and drag when it is disliked?

Number of questions answered by YES: _____

Number of questions answered by NO: _____

Comparing your total number of YES answers with your NO answers should give you an idea of your need to know more about time savers and how you can use them.

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Suggestions for Improving Use of Time and Energy

0. Save energy by setting to do task when possible.
0. Use principles of body mechanics to avoid body harm and possible loss of time and energy.
0. Use both hands as often as possible.
0. Assemble all tools and materials needed for a task before starting. This eliminates trips while doing the task.
1. Make sure areas for work are uncluttered and well lighted.
2. Plan each item needed from a store so as to avoid making extra trips.
3. Keep traffic areas clear to avoid extra steps in walking around things.
4. Store things used frequently in places that are easily accessible.
5. Use trays, carts, baskets to carry several things, removing dishes from the table and baskets to carry laundry.
6. Use the right tool for a task; for example, a vegetable peeler is quicker than a knife.
7. If there are stairs in a house, do as much as possible when upstairs to avoid making many up and down trips.
8. Do tasks in such an order that they do not need to be redone (for example, straighten furniture as you vacuum, not before).
9. If space is available, prepare often-used food items ahead of time and freeze or store for quick use.
10. Consider how you might change the menu to save preparation time.
11. If oven is being used, try to cook more than a single item in it to save energy and time.
12. Encourage family members to do things for themselves and to assist in household tasks such as hanging up clothes and rinsing the bathtub after use.
13. Take a few moments early in the day to go over the day's tasks mutually or on paper. Reorganize as needed.
14. Arrange a schedule according to the frequency with which tasks are to be done: monthly, weekly, or daily.

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Planning a Menu

As the homemaker/home health aide, you may find it necessary to purchase food for the client. First, develop a menu of what foods will be prepared. Check the ingredients the client has on hand. Then make a shopping list. A list will help avoid unnecessary trips to the store for forgotten ingredients. It will also prevent duplicate buying of foods already on hand, and if grouped by types of food, avoid extra steps in the market. When planning a meal, remember:

- Variety – a well-balanced diet consists of getting nutrients from many different kinds of food. No one food is perfect.
- Texture – combining crispy foods with smooth soft foods makes each texture seem more interesting. Unless the client is on a special diet where the texture of the food is controlled, try to choose different types of textures within each meal served.
- Flavors – if all foods in the meal have a strong distinctive taste, they will compete with one another and overwhelm the client’s taste buds. Keep the strong flavored foods as the spotlight with milder tasting foods as the background in a meal.
- Color – give each meal eye appeal by keeping the colors compatible. A sprig of parsley, radish roses, olives, or carrot curls ma make an interesting dash of color to an otherwise drab-looking meal.
- Cost – most clients are not free to spend an unlimited amount of money on their food, so plan meals that are within their budgets.

All the food eaten during a day is included in the planning. The food may be eaten at three traditional meals or as “snacks” throughout the day. Plan meals as close to the client’s usual eating habits as possible.

When a client’s diet is changed, special care should be taken to try and keep this new diet as close to the diet of the other family members as possible. For example: foods for client on a salt-free diet should be separated from the other family members’ food before salt is added. But the food may be the same.

Food habits can also be influenced by the religious beliefs or ethnic background of the clients. In some Jewish households, a kosher kitchen may be kept. This means that utensils and equipment used for meat products are kept separately from those used for dairy products. Meat and dairy products may not be eaten at the same meal. The degree to which a client keeps a kosher home should be discussed with the family.

People who have strong bonds with their ethnic background may choose foods that are not familiar to the homemaker/home health aide. Frequently, clients will not keep to a prescribed diet but eat foods which are more familiar to them. Encourage the client to stay on his therapeutic diet and notify the supervisor. Most of the time, your client’s therapeutic diet can be adapted to his ethnic preferences. If you are unfamiliar with the dietary habits of your client, discuss this with your supervisor. Then you will learn and you will be able to help your client with his ethnic tradition.

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Shopping Tips

At the market or grocery store:

1. Compare different brands of the same food. A store brand may be cheaper than a nationally advertised one.
2. Consider the way in which the food will be used. For example, use a cheaper brand of tomatoes for a casserole dish where appearance is not so important.
3. Read the label to be sure you are getting the kind and amount of product you need.
4. Consider whether or not a larger size is a good buy for you – if it is not used, will it spoil?
5. Make a list. List the items as they are grouped in the store.
6. Consider the value of coupons or “specials”.
7. Ask for and bring back a receipt.
8. Never shop for food when you are hungry!!!

Special Diets

Kosher Diet

- A. People who keep kosher diets cannot mix dairy with meat (i.e., if serving chicken, do not serve with a cream sauce)
- B. Fish is OK. Seafood is not. Fish must have fins.
- C. No pork products
- D. Some clients use different silverware and dishes when serving – inquire with client.
- E. These foods are neutral and can be served with dairy and/or meat
 - i. Eggs
 - ii. Fruit
 - iii. Vegetables
 - iv. Grains
 - v. Fish
 - vi. Nuts

Understanding Low Sodium Diets

7. Excessive salt (sodium) in the diet has been linked with hypertension (high blood pressure). High blood pressure, in time, can result in heart or kidney diseases or stroke.
8. Sale and sodium are often used interchangeably. That is because salt is 40% (almost ½) sodium.
9. Sodium amounts are often listed in milligrams per serving on food labels. We need only 1,100 to 3,300 milligrams (mg) of sodium a day. We could get more than we need from the food we eat without adding any extra salt.
10. One teaspoon (1 tsp) of salt contains almost 2,000 milligrams of sodium.
11. Labels that don't list ingredients by amounts will list the item in the order of their dominance. That is, the first ingredient listed will be the one most used in the product.

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12. When reading labels, look for other sodium containing items such as MSG (monosodium glutamate), baking soda (sodium bicarbonate), garlic/onion celery salt, brine and sodium citrate.
13. Commercially prepared salt substitutes can contain potassium which can be harmful. Do not use this without a doctor's permission.
14. Remove the saltshaker from the table where you eat.
15. Do not add any salt to any food without tasting it first.
16. Include more low sodium foods such as most fresh fruits, vegetables, fresh meats and poultry, hot cereals and grains.
17. Avoid higher sodium foods such as baked goods, most cheeses, lunchmeats, seafoods, many dry cereals, and some canned or dehydrated soups.
18. Spices and herbs can replace salt. These recipes can be placed or shaken and used instead of salt:

The following foods, condiments, and seasonings are high in salt or sodium compounds and must be omitted or limited on any sodium-restricted diet:

1. Salted or smoked meat (bacon, jam, chipped or corned beef, jerky, lunch meats, Bologna, salami, pepperoni, liverwurst, Spam, and other similar canned meats, wieners, salt port, sausage, smoked tongue, frozen turkey, roast and salted Kosher meats).
2. Salted or smoked fish (anchovies, caviar, salted cod, herring, sardines, kippered salmon, and canned salted fish) and shellfish.
3. Buttermilk cheese (especially processed cheese, such as Velveeta, and cheese spreads, such as Cheese Whiz).
4. Salted canned vegetables or vegetable sauces, sauerkraut and salted vegetable juices, such as tomato and V-8.
5. Commercially salted frozen lima beans, peas, potatoes and mixed vegetables; also commercially frozen vegetables in sauces.
6. All commercially canned, salted soups; dehydrated soups; salted broths and bullion cubes, unless labeled low sodium.
7. T.V. dinners, Chinese dinners, pizza, and prepared luncheon or dinner dishes, such as canned spaghetti, Hamburger Helper, and meat pies.
8. Prepared frozen cream pies and cheesecake, instant pudding mixes, and self-rising flour.
9. Catsup, chill sauce, seafood cocktail sauce, barbecue sauce, soy sauce, meat sauce, and other sauces containing salt.
10. Salted nuts, salted popcorn, potato chips, corn chips, saltines, Shake N' Bake mixes, snack crackers, pretzels, party spreads and dips, and salted peanut butter.
11. Olives, pickles, relishes, French dressing and other salad dressings that are highly salted.
12. Any food prepared by soaking in brine.
13. Salt, regular baking powder; soda, salted meat tenderizers, seasoned salts, and Accent (monosodium glutamate).

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Saltless Surprise

2 tsp garlic powder
1 tsp basil
1 tsp anise seed
1 tsp oregano
1 tsp powdered lemon rind or dry lemon juice

Put ingredients into blender and mix well. Store in glass container, label well and add rice to prevent caking.

Pungent Salt Substitute

3 tsp basil
2 tsp savory (summer savory is best)
2 tsp celery seed
2 tsp ground cumin seed
2 tsp sage
1 tsp lemon thyme
2 tsp marjoram

Mix well and then powder with mortar and pestle or food processor

Mix well and then powder with mortar and pestle.

Low Fat – Low Cholesterol Diets

Name That Fat

With all the talk about good fats and bad fats these days, you may be getting a little confused. The following explanations will help you cut through some of that confusion.

Total Fat is the combination of all fats eaten in the diet which include saturated, monounsaturated, and polyunsaturated fats. It is recommended to keep the total fat intake below 30% of total calories with 10% from monounsaturated and 10% from polyunsaturated fats.

Saturated Fats are usually found in animal fats as well as some vegetable fats such as coconut oil, palm oil, cocoa butter, and solid vegetable shortening. Most saturated fats remain hard at room temperature and raise the level of cholesterol in the blood. This type of fat should be reduced in the diet.

Polyunsaturated Fats have been found to lower the cholesterol in the blood. Safflower, sunflower, and corn oils are examples of polyunsaturated fats. These fats are of plant origin and liquid at room temperature.

Monounsaturated Fats are called “neutral” fats. Olive and peanut oils are examples of monounsaturated fats. Current research indicates that monounsaturated fats may tend to raise the

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good cholesterol referred to as High Density Lipoprotein cholesterol (HDL) and lower total blood cholesterol. Current research indicates that monounsaturated fats may tend to raise the good cholesterol referred to as High Density Lipoprotein cholesterol (HDL) and lower total blood cholesterol.

Hydrogenated fats are polyunsaturated oils that have been processed to become more saturated. This process improves the shelf life of a product, but also increases the saturated fat content. Read food labels and avoid products with hydrogenated oil.

Cholesterol is a fat-like substance manufactured by the body and consumed in foods we eat; it is usually present in the blood. It is found in foods of animal origin, and not found in foods of plant origin. Butter, lard, egg yolks, fatty meats, and sour cream are a few examples of foods high in cholesterol.

Triglycerides are blood lipids (fats) and are the major component of fatty tissue. People often have elevated blood triglycerides because they are overweight or because they may be eating a diet high in simple carbohydrates or alcohol. A 12-14 hour fast is necessary to have an accurate triglycerides result.

Omega-3 Fatty Acids are polyunsaturated fatty acids found in fish. Some recent studies have shown that eating fish which contain omega-3 fatty acids may lower blood cholesterol and triglycerides levels while increasing HDLs.

How to Switch From Whole Milk to Nonfat Milk

Week 1: Buy whole milk and lowfat milk. Mix them in equal quantities, and drink the mixture for the first week.

Week 2: Drink lowfat on its own.

Week 3: Mix lowfat and nonfat. Start with $\frac{1}{4}$ nonfat and build up to half, then $\frac{3}{4}$ nonfat.

Week 4: Drink nonfat on it's own!!

How to Substitute for Butter or Solid Shortening

Substitute a margarine with liquid oil as the first ingredient. OR use vegetable oil by itself; replace each cup of solid shortening with $\frac{2}{3}$ of a cup of oil (but adjust the amount of water to compensate for the extra liquid). You can even use oil for piecrusts, at the rate of $\frac{1}{2}$ cup of oil to 2 cups of flour. The texture will be different but it will taste good.

When a recipe calls for three or four eggs, use one or two fresh ones, and make up the difference with egg substitute.

When making egg dishes, such as omelets or French toast, use two egg whites to one yolk.

Dip fish or chicken in buttermilk, then cornmeal, then bake.

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Always drain off fat – especially from chopped meat before adding to other dishes or serving.

Refrigerate soups and stews and chill thoroughly. Remove fat that collects on top and throw out.

HIGH FAT CHEESE

American	Cheddar	Cream	Gouda	Muenster
Blue	Colby	Cheese	Gruyere	Roquefort
Brick		Gjetost	Jack	Swiss

MODERATELY HIGH FAT CHEESE

Danbo	French Goat	Lappi Mozzarella	Samsøe
Fontina	Cheese	Tybo	String

LOW FAT CHEESE

Baker's Cheese	Farmer's Cheese	Regular Cottage Cheese
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VERY LOW FAT CHEESE

Low Fat Cottage
Ricotta (if made with skim milk)
Special cheese foods: Countdown, lifeline

XII. Taking Care of Yourself

The following recommendations will help you do your best work.

1. Know your limits. Do not extend yourself beyond which you are truly physically and emotionally capable and willing.
2. Maintain your basic human needs.
3. Allow time for rest, exercise, diversion, and privacy.
4. Develop good communication skills.
5. Ask for assistance and support from the Homecare AGENCY; do not be afraid to ask questions or seek advice, and/or admit your feelings.
6. Attend seminars and trainings to maintain and improve your professional skills.
7. Be realistic about what you can accomplish.
8. Develop and maintain a sense of humor.
9. Learn to recognize early signs of stress and develop a plan for how to handle it.
10. Know your strengths and weaknesses.
11. Learn by your mistakes and acknowledge your successes!
12. Know that not every job is right for every person. The better you know yourself, the easier it will be to avoid or handle stress, and the more likely you will be to obtain job satisfaction.

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NAME: _____

DATE: _____

Orientation Training Post-Test. This will be reviewed in class.

The following are True/False statements. Please put a T or F next to each statement.

___ 1. Basic Human Needs are the cleaning and personal care products the clients should have in their homes.

___ 2. As people age, they gradually lose their ability to learn.

___ 3. Progressive confusion and lack of judgment are normal signs of aging.

___ 4. The temperature on the heating pad should be set not higher than “medium” when left on overnight.

___ 5. Feedback is an essential component of effective communication.

___ 6. People who have a stroke always have a problem speaking.

___ 7. Parkinson’s Disease is associated with tremors and problems with posture, balance, and walking.

___ 8. We should bend at the waist to pick up and/or move an object.

___ 9. You should try to change the behavior of someone with Alzheimer’s disease by being rigid, firm, and persistent.

___ 10. Loose carpets, inadequate lighting, obstructed pathways, and faulty electricity are examples of fire and safety hazards in the home.

___ 11. Universal Precautions/Universal Standards means treating everyone’s body fluids as though they are infectious.

___ 12. Symptoms of active TB (Tuberculosis) include cough, bloody sputum, weight loss, and fever.

___ 13. Fatigue, distraction, lack of concentration, and stress are major contributions to accidents and errors.

___ 14. An unusual incident, such as a client fall or an employee injury, must be reported immediately to the Home Care Agency office.

___ 15. It is the responsibility of the Home Care Agency employee to be familiar with and have a plan for emergency preparedness in each client’s home.

___ 16. Hospice is a word that applies to the care of a terminally ill person.

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- ___17. Homecare employees may give medications if instructed to do so by a family member.
- ___18. Most of the clients clothes should be washed in the hottest water possible, and bleach added whenever possible.
- ___19. When a client has difficulty feeding him/herself, the homecare worker should always feed the client.
- ___20. Clients who are on a low salt diet do not have to restrict food with sodium.
- ___21. Cholesterol and fat substances are found in all foods