KANSAS

CERTIFIED HOME HEALTH AIDE

20-HOUR CURRICULUM

Kansas Department for Aging and Disability Services (KDADS)
Health Occupations Credentialing
503 S. Kansas Ave
Topeka, KS 66603
www.kdads.ks.gov

July 1, 2005

KANSAS CERTIFIED HOME HEALTH AIDE - TABLE OF CONTENTS

Unit	Title	Page
1	Orientation to Home Care	1
2	Working with People	2
3	Home Management	5
4	Nutrition and Meal Preparation	6
5	Adapting Personal Care Activities in the Client's Home	8
6	Mother and Infant Care	9
7	Observing Client's Medication	11
8	Special Procedures and Emergency Care	12
9	Reporting, Documentation, and Observation	14

Unit 1 – Orientation to Home Care

The function of a home health agency is to provide care for the acutely or chronically ill, disabled, or for those who are dying in their own homes. Home health agencies promote individual and community health.

Home health agencies may be part of a county or city health department, hospital, or a proprietary agency (privately owned). Organization within an agency may vary, but generally consists of a board, administrator, and staff personnel. Some professionals may consult with home health agencies as their services are needed, rather than being available on a full-time basis. Many services are provided because of a physician's order.

There are several different personnel types within in agency. Along with the governing board, **Directors or Administrators** may be responsible for setting and carrying out policies, and they provide management for the agency. Among Nursing Personnel will be **Registered Nurses (RNs)**, **Licensed Practical Nurses (LPNs)**, and **Home Health Aides (HHAs)**. RNs supervise and provide nursing care for clients. They teach care techniques to clients and client's family members and they work as part of the team to prepare a plan of care for each client. LPNs provide nursing care under the direction of an RN. HHAs give personal care to clients as specified and supervised by health professionals (often the RN). HHAs help maintain stability in the home by carrying out routine home management tasks and helping the client/family to resume these functions.

Along with Nursing Personnel and Administrators, there are many specialized personnel involved in care:

A **Physical Therapist (PT)** is concerned with the restoration of function and prevention of disability following disease, injury, or loss of a body part. PTs may use exercise, heat, cold, massage, and corrective devices. An example would be a PT assisting a client in exercising a knee that has just had surgery.

An **Occupational Therapist (OT)** is concerned with restoration of function and prevention of disability in training or retraining the client to perform activities of daily living. An example would be an OT assisting a stroke victim on relearning how to brush their teeth.

A **Respiratory Therapist (RT)** assists a chronically ill person with respiratory problems. They will assist with oxygen, breathing treatments, and inhaled medication.

A **Social Worker** will coordinate community resources to meet client/family needs.

A **Speech/Language Pathologist or Therapist** will treat those with speech disorders caused by physical defects, such as from a stroke or mental disorder.

A **Dietitian or Nutritionist** assists clients/families with issues related to special diets or adequate nutrition.

All personnel involved in care for the client are part of the team which will formulate a plan for total care. This team also includes the client and their family members. The **Care Plan** is the basis for routine care and is modified as the client's needs change.

There are different legal and ethical aspects of working as a home health aide. Just as CNAs in a facility, an HHA must respect the confidentiality of the client's and family's information and they must be aware of the client's rights and responsibilities. You must know what tasks have been assigned for each client and provide care according to the care plan, within the limits allowed by law for HHAs. **When unusual incidents arise, you should always ask the supervisor immediately for guidance.** You must document the time when the supervisor was called and what the incident entailed. Types of incidents which need to be reported are any accidents involving the client, their family or visitors, or the home health aide in the client's home or on their property. Other incidents may be suspected drug abuse, sexual harassment, physical or verbal abuse, neglect, exploitation, and illegal activities in the home.

Unit 2 – Working with People

Working as an HHA, it is important to know and understand how to work with many different types of people. The following are some definitions to assist in understanding the people you may be caring for:

A **Family** is a unit bound together by common interests. A family may not always be a traditional model of "2 parents plus children." A family may be considered all members of a household under one roof. Some functions a family provides is maintaining stability, protecting one another, and passing on cultural heritage. Families can teach self-sufficiency and survival techniques.

A **Home** is a dwelling place for the family unit, but the term "Home" can mean many things to different people. It can be an environment that offers security and happiness. It can mean a valued place of origin. It can mean the place where one was born. It could be an experience or history, such as where a family lives together as a family unit. When you enter a home, you are working with a family unit and you become aware of how that family operates.

A **Culture** is a way of life passed down from generation to generation. In the U.S., people come from many cultural and religious backgrounds which may be different from your own. Cultural background can determine how your client meets strangers or how they feel about your presence in their home. Religious differences also influence the way people behave. It may be a very important aspect of your client's life. Religious and cultural differences you may encounter can include languages, morals, customs, foods, response to grief and pain, reactions to illness and treatment, how children are disciplined, and days of worship.

As a Home Health Aide providing care in a client's home, your goal in working successfully with people should include respecting individual lifestyle practices. You many need to assist the client/family to maintain the home environment during illness, disability or other crisis. You should encourage and motivate the recovering client and their family to assume increased home management responsibilities as home care may be limited in duration. The client and family may also benefit from an increased feeling of independence.

Under the guidance of the supervising nurse, you can help the family solve problems of home maintenance that are due to a lack of skills or knowledge. In helping the client/family you should always be patient and flexible. Show them how to do a task while you explain. Ask them to return the demonstration, and compliment and point out results.

Behavior

An important aspect in dealing with people is understanding types of behavior which may occur in reaction to stress, including approaching death. Some types of behavior you may witness may include:

- Denial, such as denying that a loved one is about to die or keeping the truth about an illness from the ill person. An appropriate response to denial would be trying to understand why the client is denying reality. Do not try to force clients to "accept the truth." You may want to get guidance from your supervisor for handling individual situations.
- Depression, indicated by such things a poor appetite, lack or personal interaction, or lack of vocal and facial expressions. Try to interest the client in meaningful activities and involve them in decision making when possible. Establish a daily routine and avoid being overly cheery.

- Over-dependence, such as not taking responsibility as one is able. You can assist the client toward becoming independent through encouragement and praise. You can help their family relate to the client in this same manner.
- Irritable or abusive language or behavior. In these situations, it is important that you remain calm, and do not take it personally. Attempt to correct any valid complaints. Discuss these situations with your supervisor when necessary.

Knowing and utilizing appropriate responses to these behaviors is important. When caring for a dying person at home you should be honest, be a good listener, don't dominate the conversation, and don't offer false assurances.

Behaviors involving children are also important for an HHA to understand. Children may display behaviors when they feel their security is threatened. They may withdraw or be shy, they may show fear or act aggressively. They may have nightmares or show fear of the dark. They may exhibit over-dependence and they may even show a change in toilet habits. Changes in the home may be the cause of these behavioral symptoms. These changes could be due to financial pressures, noise and activity restrictions, fear and anxiety, or changes in family member roles.

The role of the Home Health Aide in working with children will be to assist in maintaining stability in the home by keeping familiar routines in mealtimes, sleep patterns, play, work, and bath. Include the child in household tasks to which he/she has been accustomed. Observe the behavior of the child and their responses. Treat each child as an individual. Use praise and positive suggestions and provide them with choices. Involve parents in discipline.

Mental Health

It is important to know the difference between a mentally healthy individual and those that have a mental illness. Mentally healthy individuals manage change effectively, accept responsibility for their own feelings and actions, and they generally have positive relationships with others. A mental illness can be displayed as difficulty functioning satisfactorily in society as a result of changes in thoughts, behavior, personality or emotions. A mental illness can be temporary or permanent.

The role of a Home Health Aide in situations where there is a mental illness is to assist with day-to-day management of the home, while observing and reporting to the supervisor or appropriate person. HHAs must observe and report progress or setbacks in client/family behavior, such as changes in appetite, attention to personal appearance, and ability to make decisions. Always provide friendly understanding and assurance to family members and encourage the client to regain independence as much as possible.

Another mental health issue you may see in your work is a client with a developmental disability. A developmental disability can be defined as a severe, chronic, mental, or physical disability occurring before adulthood, which may necessitate care for an extended duration. In working with a developmentally disabled person and family to carry out the plan of care you will need to use resource people, such as social worker, physical therapists, etc. The plan of care may identify that the role of the Home Health Aide is to relieve family members of their around-the-clock responsibilities as caregivers.

Abuse

As a Home Health Aide, it is your responsibility to observe and report any signs of abuse. Unfortunately, there is insufficient research at present to characterize those who abuse the elderly. Characteristics of parents who abuse children may be that they are isolated from others, distrustful, have unrealistic expectations of the child, and react negatively to the child. They may react inappropriately to inquiries and situations requiring medical care. They may have been abused or neglected as children themselves and they may come from any economic, cultural, or racial background.

Indications of abuse of children may be physical appearance, such as visible skin injuries like burns, bruises, or welts. Behaviors may be extreme, such as fearful and passive, or aggressive. They may be wary of physical contact and may show evidence of poor care in feeding, dressing, and medication.

Indications of abuse of the elderly may be physical signs including burns, bruises, signs of hair pulling, or signs of being tied to a bed or chair. Rapid weight loss not associated with disease can be another physical sign. Behavioral signs include being extremely fearful, such as being afraid of an adult caregiver.

If you should observe any signs of abuse, you must write down all observations which cause suspicion of abuse. Include the date and time of your observations. Report these observations to the supervisor for further investigation. Record the date and time the supervisor was notified. The Kansas Child Protection Act requires suspected abuse of children observed by health care workers to be reported to the Department of Social and Rehabilitation Services or the District Court. Persons making such a report are assured immunity from liability if the report was made in good faith.

Hospice and Palliative Care

Hospice is a service provided to those with a terminal illness. If a client is receiving hospice care, it is important to respect the goals and choices of the dying person. Hospice care respects the client's needs and wants and gives them control over what they want. It also gives them a choice of caregivers. Hospice services include medical, emotional, social, and spiritual needs of the dying person. Hospice service also includes palliative care, which is pain management. There are different choices offered regarding comfort care and pain management. Hospice services assist family in making changes and adjusting to those changes as the illness changes and offers support for rest and respite for the caregiver and family. Hospice assists the families to cope and grieve and provide physical care of the dying client.

Grieving is the physical and emotional response to the loss and the process of acceptance. Grief can take months and is individualized. The dying process and grieving can be influenced by cultural, religious, and family differences. As a Home Health Aide, your response is to listen and to understand and provide support and privacy. Understand and acknowledge your own feelings and seek support when challenged beyond the functioning ability.

If a death occurs in the home, call the nurse/case manager at once. Await instructions and note time of death. If the nurse/case manager is present, assist with preparation of the body for the family and the funeral home. If death has taken place before your arrival, notify nurse supervisor/case manager immediately and listen for instructions. Do not touch or move the body. The nurse will be responsible to notify physician, authorities if required, family, and funeral home.

Unit 3 – Home Management

Guidelines for Maintaining a Clean and Safe Environment

1. Follow a written work plan. Start with a one-week schedule and decide priorities of tasks, consulting with supervisor and client as necessary. Organize and plan work for subsequent visits but retain flexibility. Explain plan to client/family.
2. Use standard infection control practices in the home, including handwashing (especially after handling spoiled or contaminated articles) and limiting spread of potential pathogens (such as sputum or body drainage). Standard infection control is important to protect both the HHA and clients seen on following visits.
3. Identify and eliminate safety hazards, as possible. Keep areas where people walk free of clutter and adequately lighted. Eliminate or properly position throw rugs to avoid causing falls. Store potentially toxic or flammable substances in original containers in a safe location.
4. Use good body mechanics, especially when lifting.
5. Use cleaning and laundry products properly. Read labels.

Housekeeping Guidelines

1. Make a list of needed supplies. Use products available in the home. Improvise when necessary. An example is a dilute solution of chlorine bleach or pine oil solution may be used as a disinfectant if it will not damage the item.
2. Find out how to use appliances in the home before you use them.
3. Complete specific tasks as necessary: dusting, care for floors and rugs, care for bathroom and kitchen.

Laundry Guidelines

1. Handle soiled linens and clothing appropriately.
2. Sort clothes according to color, fabric, and degree of soiling.
3. Read clothing labels to identify washing and drying specifications.
4. Read label on detergent box or bottle to determine amount of use.
5. Remove clothes from dryer immediately once they are dry, then hang or fold. This will reduce the ironing needed, saving both time and energy.
6. Iron clothes, if needed.

Unit 4- Nutrition and Meal Preparation

Nutrition is basic for maintaining health. It is needed to give energy for the body's functions and provides for growth and replacement of body tissues. Nutritional requirements vary at different stages of life and with certain medical conditions. Adequate nutrition is especially important for ill people to maintain muscle strength, prevent decubiti, promote healing, and help meet the stresses placed on the body. Each food group provides nutrients that are needed daily. No one food or group of foods provides all the required nutrients. Remember, it is the client's right to refuse to follow any special diet or dietary restrictions.

Basic Food Groups

1. Dairy – Provides minerals needed for bones and teeth. This group includes milk, milk products, cheese, ice cream, and yogurt.
    a. Recommended Daily Serving for Child (1-8 years) – 4 servings (child serving size is ½ to ¾ of the adult serving.
    b. Recommended Daily Serving for Youth (9-24 years) – 3 servings
    c. Recommended Daily Serving for Adult – 2 to 3 servings
    d. Recommended Daily Serving during Pregnancy and lactation – 3 servings
    e. Serving size examples for Youth or Adult: 8 oz milk/yogurt, 1.5 oz natural cheese (swiss, cheddar, etc.), 2 oz. processed cheese (American), 1 cup tofu, or 2 cups cottage cheese.
2. Protein – Provides minerals for tissue building. This group includes meat, fish, poultry, eggs, dry beans, beans, peas, and nuts.
    a. Recommended Daily Serving – 2 to 3 servings
    b. Serving size examples for Youth or Adult: 2 to 3 oz. of meat, fish, or poultry, 1 cup booked beans, 2 eggs, or 4 Tbsp. peanut butter
    c. A Child serving is 1/3 to 2/3 of the Adult serving.
3. Fruits and Vegetables – Provides vitamins, fiber, and minerals as a source of energy for the body to burn. Foods in this group may be fresh, frozen, dried, canned, or juice.
    a. Recommended Daily Serving – 5 to 9 servings, including a vitamin A and C source.
    b. Serving size examples for Youth or Adult: 1 cup fresh leafy vegetable, like spinach, ½ cup fresh, cooked, or canned vegetables or fruit, ¾ cup fruit or vegetable juice, 1 medium apple, orange, or banana, ¼ cup dried fruit.
    c. A Child serving size is ¼ to ¾ of the Adult serving.
4. Grains – Provides carbohydrates for energy, vitamins, fiber, minerals, and iron. This group includes bread, cereal, rice, pasta, and flour products. Whole grain and enriched products are preferred.
    a. Recommended Daily Serving – 6 to 11 servings
    b. Serving size examples for Youth or Adult: 1 slice of bread, ½ hamburger bun, bagel, or English muffin, ½ cup cooked cereal, rice, or pasta, 1 oz. dry ready-to-eat cereal, 4 small crackers, 1 large or 2 small tortillas.
    c. A Child serving size is ¼ to ¾ of the Adult serving.
5. Fats, Oils, Sweets – Provides storage for fat soluble vitamins and facilitates body processes. This group includes oils, butter, margarine, sweets, and fat/oil sources such as meat, nuts, and seeds.
    a. Should constitute 30% or less of the total daily calories for Children and Adults, with 10% or less from saturated fats.
6. Fluids – Provides hydration for tissue structure and form, and to regulate and facilitate body processes. Fluids also can be used to provide protein, carbohydrates, vitamins, minerals, and fats in the diet. Adequate fluids can be taken in as water, milk, juices, ice cream, gelatin, pudding, or soup.
    a. Recommended Daily Serving for Adults – 6 cups of fluid/1500 cc's.
    b. Fluid requirements of children and youth vary by age and body weight. The dietitian or nurse will calculate the amount of fluid required.

Modified Diets

- Diabetic diet: Avoid concentrated sweets such as candy, cake, etc.
- Low Sodium diet: Avoid salty meats such as bacon or ham, processed cheese, vegetables prepared in brine such as pickles, breads, crackers, chips with salt topping, canned or frozen vegetables or soup which have added salt, salted peanut butter.
- Low Cholesterol diet: Avoid cream, butter, cheese, ice cream, whole milk, egg yolks, fat meats, lard, shell fish, organ meats such as liver and kidney.
- Low Fat diet: Avoid oils, butter, margarine shortening, lard, meat fats, whole milk, processed meats, fried foods.

Planning and Preparing Meals

The day's menu should meet minimum recommended amounts of the basic food groups for the adult or child and should balance the number of calories taken in with the number of calories expended to maintain normal body weight. The menu plan should take into consideration the client's food preferences and eating pattern, such as how many meals and snacks, and when the heavy meal is eaten. No one food can supply all of the nutrients needed; therefore, a varied diet is necessary. Check product labels to see how much food is considered a serving and to see the amount of each nutrient included in the product. Color, texture, and flavor variation in the meal should be considered. For economy, plan to use foods which are in season or specially priced. To properly prepare meals, you will need to know how to follow a recipe, terms used for cooking including measuring, equipment, and preparation, measuring equivalents, how to measure ingredients, different methods of cutting, mixing, and cooking foods, and substitutions for kitchen tools and ingredients.

Your role as a Home Health Aide may be limited to using the menu plan to prepare a shopping list for someone else to use. When making a list for someone else, be very specific. If you are the one purchasing food, check eggs to make sure there are no cracks, as bacteria can enter the egg. Cans shouldn't have dents, bulges, rust, or leaks. Place fresh meat in plastic bags to prevent it from dripping and contaminating other food in the grocery cart or refrigerator at home. Check frozen foods to make sure they are firmly frozen. Check all packaging for the expiration date. Check labels to make sure the food meets the client's dietary requirements. Pick up frozen food last.

When storing food, packaged foods should be used prior to the expiration date. Rotate food so oldest is used first. Foods which show spoilage should be discarded. Refrigerate or freeze perishable foods within 2 hours of purchase or preparation. Meats should be refrigerated or frozen. Ground meat and variety meats spoil more quickly, so they should be used soon after purchase. Most fruits and vegetables stay fresh longer in the refrigerator. Potatoes, bananas, and onions stay fresh in a cool dry place. Eggs, dairy, and foods high in fats require refrigeration. Dry foods such as flour and pasta should be kept in tightly covered containers in a cool dry place. Bread and baked goods stay fresh at room temperature 3 to 4 days. Bread can also be frozen. Store canned foods in cabinets away from the stove or oven.

It is important to prepare and handle food safely. Wash hands before and after handling raw food. Separate raw, cooked, and ready-to-eat foods. Work surfaces, sinks, utensils, hands and dishcloths should all be clean. Sanitize wooden and plastic cutting boards between each use. Wash fresh fruits and vegetables before using. Do not use rusty, damaged, or bulging cans of food, cracked eggs, or contaminated food. Store knives carefully and avoid putting them loosely in the dishpan. Cook foods to a safe temperature. Read and follow labels.

When serving food, use clean dishes and utensils, not those used in food preparation. Keep hot foods above 140 degrees F. In environmental temperatures of 90 degrees F. or warmer, hold cooked foods no longer than one hour before reheating, refrigerating, or freezing. Below 90 degrees F., no longer than two hours. Pack lunches in insulated carriers with a cold pack and keep carriers out of the sun. Cover and reheat leftovers thoroughly before serving (rolling boil for sauces, soups, gravies; 165 degrees F. for all others).

Unit 5 – Adapting Personal Care Activities in the Client's Home

Bedmaking
Because a bed may be low to the floor, you may kneel or squat while changing linens. A draw sheet or pull sheet may be improvised by folding a large sheet in half (top to bottom). A plastic tablecloth or shower curtain may be used for a waterproof protective sheet. Using thin plastic such as a dry cleaner's bag can be dangerous.

Mobility
For transferring and walking, use a wide belt or sturdy strip of cloth to substitute for a transfer belt, if needed. To assist the client in turning or sitting up, a pulling rope may be tied to the foot or side of the bed. A sliding board which fits between the bed and chair may help the client move independently. For instructions in preparing and using the board, contact the Physical Therapist. To assist clients in transferring from wheelchair to a car, assess the situation. Select the seat which provides adequate room and support. Push seat as far back as possible or use back seat if 4-door car. You may lower the door window to allow client to use the frame for support while transferring. A family member may assist from inside the vehicle.

Bathing
When bathing, if the tub or shower does not have a non-skid bottom, use a non-skid rubber mat. If suggested by the nurse or therapist, family members may add security fastened grab bars to the tub or wall. A low bench or stool inside the tub may assist the person who has difficulty lowering himself/herself and getting up again. A transfer belt may be used to help the client get into and out of the tub. Emptying the tub and drying the client before helping from the tub may provide for a more secure grip. The client may be able to get out of the tub more easily by turning over onto hands and knees, using the edge of the tub or grab bars to push up to a standing position. If using a shower, a chair or stool inside the shower can provide security for the client who cannot stand steadily during the shower.
When washing hair in bed, use a shampoo pan. You can improvise a shampoo pan from a shallow disposable baking pan, clean bed pan, or other container.

Intake and Output
When measuring intake and output, measure and make a reference list of amounts in household cups and glasses used by clients. A glass quart jar, clean plastic milk jug or similar container can be used as a urinal. To make a graduate out of a clear plastic bottle, mark the outside with tape after pouring in measured amounts of liquid.

Feeding
Enlarge handle of ford or spoon by covering with foam rubber, such as a round curler pad. Other special eating utensils may be purchased.

Dressing
When dressing you may need special tools such as a button aid, long shoe horn, or elastic shoe laces.

Communicating
You may use charts or a communication board with pictures cut from magazines or flash cards to help the client with expressive aphasia.

Obtaining Equipment
If the client/family need personal care equipment, such as commode, hospital bed, raised toilet seat, walker or wheelchair, etc., you should consult your supervisor. These devices may be rented from pharmacies, medical supply stores, or local community service groups. Family members may be quite ingenious in developing solutions to personal care problems. You may learn from family members as well as help them.

Unit 6 – Mother and Infant Care

The reason for using the services of a Home Health Aide is usually because of special care needed by mother or infant, or because the mother is not capable of meeting the demands of the family. While as a Home Health Aide you may help with infant care, you should strive toward relieving the mother of as many household tasks as possible, to free the mother to care for the infant herself, promoting the bonding. The mother with a newborn may experience a wide fluctuation in emotions, including weepiness, irritability, and elation. You should be accepting of this behavior. Remind the mother that it is normal and temporary and can be helped by getting adequate rest. You should observe and report or urge the mother to report signs of infection (elevated temperature, pain in breasts or abdomen, odorous vaginal discharge), or vaginal bleeding (bright red vaginal flow longer than several days post-partum). For breastfeeding mothers, cleanse breasts with water as directed by physician and encourage nutritious diet and adequate fluids.

Bottle Preparation

To prepare a bottle for feeding, wash hands. The method of bottle preparation is to be chosen by the family with physician's recommendation. Use clean bottles and nipples washed in hot sudsy water and rinsed in very hot water. Use disposable pre-sterilized bottle liners and nipples boiled or washed in hot water. Sterilize bottles by boiling them and then storing them closed. Prepare formula according to directions for the type of formula on hand. Refer questions concerning formula preparation to the supervising nurse.

Feeding Infant

To feed and burp an infant, make sure he/she is dry and comfortable. Check the temperature of the formula by squirting some on the inside of your wrist to make sure it is not too hot. Hold the infant during the feeding. Do not prop the bottle. Burp the baby after every 2 to 4 ounces of formula by changing its position to a more upright one. A cloth should be close to his/her mouth for catching spit-up formulas.

Umbilical Cord Care

Within 5 to 10 days of birth, the umbilical cord will become dry, dark, and will eventually fall off. This does not cause the baby discomfort. Apply alcohol to the cord at diaper changes. Keep the diaper folded down and away from the cord. If the cord is not dropping off, or smells foul, or the area around the cord is red, contact the supervising nurse.

Circumcision Care

Follow the physician's instructions for care. Observe and report bleeding and drainage.

Bathing Infant

While the umbilical cord is still attached, the infant is not submerged in water. He/she is given a sponge bath. After the umbilical cord has fallen off, the infant can be submerged into water for his/her bath. A sink or baby

tub works well and should be clean prior to use. Have all equipment, including bath water, ready before you start. Hold on to the infant at all times. Wash each eye with a separate clean cotton ball, or separate corners of a clean washcloth. Wash skin creases under arms, neck, legs, and knees using a minimum of mild soap. Use mild shampoo or soap on hair and scalp. For girls, wash between labia. For boys who are uncircumcised, retract the foreskin, wash penis, and return foreskin. Lift the infant into a towel and dry, paying special attention to drying creases, and then dress the infant.

Diapering Infant

Change diapers frequently. Wash and dry genital area to avoid skin irritation. Care for cloth or disposable diapers as directed by the family. Consult supervisor with questions concerning care.

Safety Principles for Infant Care

Wash hands before handling infant. Always stay with infant whenever he/she is on a surface from which he/she could fall. Infant seats tip over easily. Keep small objects of choking size out of reach of the infant. Any object that is small enough to fit through a 1 ¼ inch circle or is smaller than 2 ¼ inches long is unsafe for children under 4 years old. After feedings, place the infant on its side to avoid aspiration. Watch for these signs of potential infant health crises which should be reported:

1. Vomiting for more than one day.
2. Diarrhea/watery frequent stools for more than one day.
3. Fever of 100 degrees Fahrenheit axillary or 101 degrees Fahrenheit orally or higher. Do not take an infant's temperature rectally. There is a danger of bowel perforation. You could also use a ThepaCdot thermometer (one-time use).
4. Difficulty breathing. The infant may be unable to nurse or take a bottle.
5. Severe pain indicated by crying that can't be comforted or sleep changes such as sleeping more or less than usual.
6. Cloudy or foul-smelling urine. Brown, red, or pink urine. Increased frequency of urination.
7. Bulging soft spot on infant's head, when the infant is not crying.
8. Skin rash or severe bruises.

Unit 7 – Observing Client's Medication

As a Home Health Aide, you may be expected to assist clients was they take their medication. It is NOT within the legal role of a Home Health Aide to administer medication. You should check with the supervising nurse about the particular client's medications and side effects, and when questions arise. You may remind clients to take medication, hand them the medication container, loosen a cap or lid, or provide a glass of liquid. You may also assist with other medication equipment, such as inhalers, nebulizers, and automatic pill dispensers. Read directions before instructing the client and call supervisor if concerns arise.

You should observe and report to your supervisor if the client is not taking medication at the proper time, not following directions for taking their medications, or if the client is taking the wrong prescription, outdated medications, or over the counter medications which are not part of the care plan. Also report if a client doesn't understand the reason for the medications or any changes in behavior or complaints of side effects of prescriptions.

Store medications safely by making sure medication containers have a legible label with expiration date on it. Medications should be stored out of reach of children and confused or forgetful clients. Medications should be stored away from extreme heat, light, or cold. If medications are improperly stored, change the place of storage only with the client's and/or family's permission. The nurse fills the client's pill box (1 week-single dose, 1 week-4 dose, or automatic device) upon client's or family's request to be done. Medication preparation needs to be in the Care Plan. You as a Home Health Aide are prohibited from filling the box. You may hand the box to the client.

Dispose of old medications safely. Report to the nurse or supervisor any outdated/unlabeled medications in the home. The nurse is responsible for disposal. Document that the medications were reported to the nurse.

Oxygen Therapy

Document the rate of oxygen flow. Contact your supervisor if the rate of flow doesn't follow physician's orders. Document that the supervisor was contacted. If an oxygen tank has a jar of water for humidity, fill and change the water per the Care Plan and supervisor's instruction. Use only distilled water. Remind client/family of need to eliminate sparks and flame near oxygen. Post "no smoking" signs. Use cotton clothing and bedding around oxygen. Clothing and bedding may be saturated with oxygen, so be careful when handling as static electricity could emit sparks. Room humidifiers can decrease static electricity. Do not light candles, gas heaters, or other open flames in room. Be sure that full and empty oxygen tanks are securely in place. Follow directions when filling a portable oxygen tank from a supply tank of oxygen.

Unit 8 – Special Procedures and Emergency Care

Technique for Changing a Clean Dressing:

1. Assemble all supplies needed
2. Wash hands
3. Put on gloves
4. Remove the old dressing, discarding it in a plastic or paper bag. Use a plastic bag if dressing is soaked and/or dripping. Observe characteristics of the wound and drainage.
5. Cleanse the wound as instructed by supervisor.
6. Remove gloves, wash hands, put on new gloves.
7. Apply clean dressing, touching only edges, and tape in place.
8. Remove gloves and wash hands again.

Cast Care

Until the cast dries it should be left uncovered and handled/positioned in such a way that the wet cast does not become indented or misshapen. Support it with pillows. Observe for signs that cast is too tight such as tingling or numbness, pale or cold fingers or toes on cast extremity, or pain or pressure in the cast area. Once a cast is dry, protect the edges which are likely to become soiled with tape or plastic wrap. Washing it with water may cause it to crumble. Report observations of casted extremity such as numbness or tingling of fingers or toes, pale or cold fingers or toes, swelling or unusual odor. Skin under the cast may itch, but one should avoid scratching under the cast with sharp objects since this may break the skin. Instead, lightly tap the cast or blow cool air under the cast.

Prosthesis or Brace Care

Have the device in use at the prescribed times and in the prescribed manner. Observe and report skin irritations and worn or broken parts of the device. Assist in keeping the device clean.

Use of a Vaporizer or Humidifier

The purpose of a vaporizer or humidifier is to improve breathing by adding moisture to the air. Older devices put steam from boiling water into the air, but they presented a potential for burns. Newer devices pump cool water particles into the air. Points to consider in operation of these devices are to place them on a solid surface, below bed level. Moist air should blow toward the client but not directly onto him/her. Read and follow directions for use. Always unplug devices before moving, cleaning, or adding water.

Fire Emergency

With the client, begin to plan for a fire emergency. Designate exits and decide how a client could be removed from the home. Determine what safety hazards exist (oxygen, smoking) and which safety devices are present (fire extinguisher, smoke detector). During a fire emergency remove client, family, and yourself and call the fire department.

Obstructed airway/Choking

If an infant or child has an obstructed airway, support the infant or child face down, with head lower than chest. Give five quick blows to back, between shoulder blades. If the obstruction is not dislodged, use five chest thrusts on an infant. Use the abdominal thrust motion on a child. If a bystander is present, ask them to

call 911 while you try to dislodge the obstruction. If you are alone, try to dislodge the obstruction for one minute, then call 911 and continue to try to dislodge the obstruction until you are exhausted, or help arrives.

Diabetic Emergency

Regulation of diabetes involves a balance among food eaten, amount of insulin, and client's activity. You should observe and report if the client is unable to maintain usual levels of food intake or activity or if the client has difficulty with diabetes medication. **Unusual symptoms or behavior should be reported immediately to the nurse supervisor.** Some symptoms to report include nausea and vomiting, increased thirst and urination, lethargy, confusion, sweating, weakness, nervousness, and unconsciousness.

No Response at Client's Door

If you knock on a client's door and there is no response, attempt to determine if the client is inside. Observe if the door is locked from inside, look in windows, and phone client from your cell phone or a neighbor's home. Follow agency policy for specific action, such as contacting supervising nurse, call client's emergency contact person, or calling the police. If the client is apparently dead when discovered, check for signs of life, then follow agency policy. Possible actions might be to call the agency, police, or notifying physicians.

Unit 9 – Reporting, Documentation, and Observation

A **Medical Record** is a legal record in which the client's medical information regarding their care is stored. The medical record may be read by the nurses, physicians, and insurance companies. Remember that confidentiality is a commitment to keep the client's information private.

A **Visit Record**, also called a visit summary, contains notes and documentation verifying the visit to the home. It is a documentation of tasks that have been identified on the care plan and your assignment. A visit record may be kept in a notebook or on a clipboard used when going from one home to the other. Follow the agency's policy on use and storage of the visit record. Keep all information regarding the client in a secure area of the car and away from any public view.

What should be kept in the Visit Record:

- A complete note for each visit. Some agencies use a checklist with a space for your signature and time that you were providing care.
- Include what was in your care plan and your assignment duties.
- Any observations significant for the nurse to know.
- Daily measurements that may have been assigned, which may include weights, blood pressure, temperature, or pulse.
- Any safety issues related to the care of the client.
- Any statement by the client pertinent to the care that may be unusual.

Much of the communication with the supervisor is the documentation. The supervisor or case manager can view the documentation and learn what the visit included. ***Remember – if it wasn't documented, it wasn't done.*** It is important to document all of the care that was ordered and provided. In cases of identified issues regarding abuse, neglect, or exploitation, it is important to have the objective information in the client's medical record.

The Home Health Aide is sometimes the only person to see the client on a regular basis. Changes can be noticed more frequently than by a nurse. Your observations of a client are important information for the nurse to receive. Use of the senses can assist in observation and documentation of significant information.

- Sight – Look at changes since the last visit to the home. Look at surroundings.
- Hearing – Listen to what the client says and how it is said.
- Touch – Feel the skin for changes
- Smell – Note unusual odors, including home odors.

When making a report, it is important to collect the right kind of information before reporting and/or documenting. Objective reporting is what you actually see, feel, smell, or hear. This is what is reported to the nurse and documented. Subjective reporting is your opinion or what someone else says. If you wonder whether something is significant enough to be reported, remember that it is always better to report something if you are unsure. All of the observations, reporting, and documentation will help the nurse make decisions regarding client care.