Bird In The Hand Healthcare Staffing
Home Services Training

Job Responsibilities and Limitations

Home service workers are responsible for light cleaning, cooking, running errands, and doing laundry, as well as assisting clients with bathing, showering, grooming, and other personal hygiene tasks. They also engage clients in activities like reading, talking, and playing games. Home Service workers are generally limited to providing non-medical services. Assist clients with self-administration of medications only. They provide a vital service to the elderly, sick and disabled who prefer to age, recuperate and lead as independent a life as possible from the comfort of their home. Assist clients with walking, including the use of walkers and wheelchairs, when applicable. Record and report changes in the client's physical condition, behavior or appearance to supervisor Assist clients in and out of bed, excluding the use of mechanical lifting equipment unless trained and documented as competent. All services delivered must also be documented in the appropriate charting.

Home service workers are not replacements for a nurse. They cannot administer medicines without the client being able to take on their own. The personal assistant may take medicines out of a clearly labeled med planner and hand them to the client, but cannot physically administer the medicines. Personal assistants are also not to perform any duties they are not certified in - pulse, temperature, and respirations, for example, are not to be taken. Home service workers are not employed to perform household duties. Although they are to assist with light housekeeping – and only if it pertains to the family member they are caring for – they are not a replacement for a house helper.

Communication

Communication is a huge key point in taking care of a loved one/or a resident. So, yes, the way you use communication can be perceived and analysed by others so that they may react and be affected accordingly. As a result, things should go smoother. If your communication somehow comes across as degrading or negative, then it will be viewed and taken as that, which in turn would ultimately make the job more difficult.

Communication is the process of sending and receiving a message. It consists of verbal and non-verbal communication. Verbal communication has to do with words, whether they are written, read, or said aloud.

Some examples of non-verbal communication or "body language" are: messages sent through either facial expression, gestures, tone of voice, eye contact, and touch.

Examples of good communication: be patient, listen, body language, keep things and words simple and easy to understand. Examples of bad communication: dont argue

with anyone, interrupt a conversation, appear bored or impatient, pass judgment or give advice, and threaten or use harsh language.

When caring for a patient that is vision impaired, it is best to explain what you are doing as you do it, say their name to get their attention, use common sounds, such as ringing a bell, whistling, etc., make sure eyeglasses have up-to-date prescriptions and are clean.

The best way to communicate with a deaf or hearing impaired elder involves: using visual actions, get their attention before talking to them, talk at a normal pace, raise your voice some and lower your tone, absolutely no yelling, no background noises that can be distracting.

To be able to communicate fluently with a speech imparied elder there are some examples to help along the process. For example, keep it simple and clear, have patience, and pay attention to body language so you can gauge their tone and attitude.

In the event of a patient becoming angry, don't take it personally. Often, they are upset about the situation and don't know how to handle it. Give them some space and listen to their concerns.

Observation, Reporting, and Documentation

When you observe your clients, you take note of facts and events. Observations may be subjective or objective.

If a client *tells* you something, it is subjective information and should be written inside quotation marks. (For example, Mrs. Smith states, "I feel like I'm getting a cold.")

Objective observations include things you can see, hear, smell and feel.

- With your eyes, you can see a client's: Daily activities such as eating, drinking, ambulating, dressing and toileting. Body posture. Skin color, bruising or swelling. Breathing pattern. Bowel movement (including the color, amount and consistency). Urine (including color, amount and frequency). Facial expressions (such as smiling, frowning, grimacing or crying).
- With your ears, you can hear a client's: Raspy breathing. Coughing. Sneezing.
- With your nose, you can smell a client's: Breath. Body odor. Environment (such as an unusual chemical odor or gas leak).
- With your fingers, you can feel a client's: Skin temperature. Skin texture. Pulse.

The Rules of Good Documentation

- RULE #1: MAKE IT COMPLETE! In general, your documentation will be complete if you include: The correct date and time. The client's correct name. The tasks you perform with each client and how the client responds to your care. Any changes you notice in a client's condition.

Any care that was refused by the client. Any phone calls or oral reports you made about the client to a supervisor. (Include the supervisor's name.) Your signature and job title.

- RULE # 2: KEEP IT CONSISTENT! Documentation is consistent when it remains true to the client's care plan. Physician and nursing orders. The observations that your coworkers have made about the same client. Your documentation will be consistent if you: Use workplace-approved medical terms and abbreviations. Perform your care according to each client's care plan. If you are unable to follow the care plan on a particular day, document the reason why. **Tell your supervisor right away if you notice changes in a client's condition** so that your observations can be shared with other members of the health care team. This keeps your coworkers from documenting incorrect information. For example, you take your client's BP and it's suddenly very high. If you don't inform the nurse, she may document that the client's vital signs are normal. This can cause confusion and have a negative effect on client care. If you make home health visits, be sure your documentation matches the visit frequency ordered by the physician.
- RULE #3: KEEP IT LEGIBLE! Remember, the purpose of documentation is to communicate with other members of the health care team. (If you are the only person who can read your handwriting, your documentation won't communicate anything to anybody!) Use a black or blue ballpoint pen. (The ink from felt tip pens tends to "bleed".) Watch your handwriting . . . messy documentation could come back to haunt you in a lawsuit. Print with block letters. Cursive handwriting tends to be hard to read and should not be used in a medical chart. Flow sheets are often used as a quick way to document vital signs, weights and other tasks. If you use flow sheets, make sure they are legible. Here are a couple of tips: Fill out the flow sheet properly. For example, do you circle numbers or words on the flow sheet? Or, are you supposed to make marks like X's or checkmarks? Don't try to cram long narrative documentation onto a flow sheet.
- RULE #4: MAKE IT ACCURATE. Documentation is accurate when it is true. Your documentation will be accurate if you: Use appropriate medical terms and abbreviations that have been approved by your workplace. Use correct spelling and proper English. Double check that you've written down the correct client name (and ID number, if required). Handle errors correctly. Record only the facts...not your opinions about those facts. For example, if your client seems dizzy and confused, don't write what you guess to be true, like "Client acts like she's on drugs". Instead, stick to the facts, like "Client is unable to stand up without assistance and called me

by her mother's name several times". Record what a client tells you by quoting his exact words. For example: If your client says, "I want my daughter to visit", don't put what he said in your own words such as "client misses his daughter". That's not really what he said!

- ❖ RULE #5: FINISH ON TIME! Documenting on time means writing information down as it happens and turning in your paperwork when it is due. Your documentation will be on time if you: Write information down immediately. For example, if you take a client's vital signs, document them right away. Don't wait until you finish your care and leave the room. The longer you wait, the more likely you are to forget some of the details. Be sure you make note of exact times on your documentation. Don't guess at the time or put a general time frame like "Day Shift". Note the time of your arrival and your departure from each client's home. Use the proper time format according to your workplace policy. For example, some healthcare organizations use a twelve hour clock, noting whether it's AM or PM. Others use a twenty-four hour clock—also called military time. Using military time, 6:00 PM is written as 1800. All documentation must be completed prior to leaving after a shift. (Remember: completing visit notes on time helps you and your workplace get paid!)

Performing Personal Care Tasks

1. Bathing: The caregiver may assist Client with bathing, providing there are no skilled skin care needs or skilled dressings that need attention before, during, or after bathing.
2. Skin Care: The caregiver may perform general skin care assistance only when the skin is unbroken, and when any chronic skin problems are not active. The skin care must be preventative rather than therapeutic in nature, and may include the application of non-medicated lotions and solutions, not requiring a physician's prescription. Caregivers are not permitted to perform wound care, dressing changes, or application of prescription medications.
3. Hair Care: The caregiver may assist Client with the maintenance and appearance of their hair, including shampooing with a shampoo that does not require a physician's prescription, drying, combing, and styling. A caregiver may not cut or color the hair.
4. Nail Care: The caregiver may assist with soaking of nails, pushing back cuticles without utensils, and filing of nails. Caregivers are not allowed to trim nails!
5. Oral Hygiene: The caregiver may assist a conscious client with mouth care which includes denture care and basic oral hygiene. Illness and disease may cause someone to have bad breath and infections in their mouth. Oral hygiene should be given every morning and after each meal. There are certain things to look for

in/on a resident's mouth, including: dry, cracked, or blistered lips. Redness, irritation, sores, or white patches in the mouth or on the tongue. Bleeding, swelling, or extreme redness to the gums. Dentures need the same persistent care that natural teeth receive and should always be stored in a container filled with cool water. They will dry out and warp otherwise.

6. Shaving: The caregiver may assist Client with shaving only with an electric or safety razor. Shaving can be done every day, or when the client wants it to be done. It can be done using an electric razor or a safety razor.

   The caregiver should follow this procedure if using a safety razor:

   - ❖ Wash your hands.
   - ❖ Apply disposable gloves.
   - ❖ Use warm, not hot water. The specific temperature is not important; simply make sure that it is comfortable to touch.
   - ❖ Spread a towel across the client's chest and tuck it up under the chin.
   - ❖ Moisten the client's face using a washcloth and water.
   - ❖ Spread shaving cream on the client's face.
   - ❖ Hold the skin with the fingers of one hand so that it is tight and then move the razor in the same direction that the hair grows.
   - ❖ Rinse the razor often. When finished, wash the skin with a washcloth and water.
   - ❖ If the client is cut during shaving, make sure this fact is documented and report it to an immediate supervisor.

7. Dressing: The caregiver may assist Client with dressing which includes assistance with ordinary clothing and application of support stockings of the type that can be purchased without a physician's prescription.

Be flexible. Wearing a bra or pantyhose may not be important to her, especially if it's an added hassle. Allow enough time for the person to do as much as possible for themself. If the client can put clothing on but only needs help with buttons or shoes, give time to do it. Let the client choose what to wear. You can lay out two choices to simplify this for someone who is confused.

Be sure shoes or slippers are well-fitting and do not have gum soles, which can cause people to trip. Consider easy-to-use clothes with large front fasteners (zippers or Velcro,) elastic waistbands and slip-on shoes.

To minimize the stress on a person's weak side, put the painful or weak arm into a shirt, pullover or jacket before the strong arm. When taking them off, take out the strong arm first.

8. Feeding: The caregiver may provide assistance with feeding when the client can independently swallow or be positioned upright. Feeding assistance does not include syringe, tube feedings, and intravenous nutrition.

9. Assistance with Ambulation: Clients that use adaptive equipment for ambulation, such as walkers, canes, or wheelchairs must have been released to work on his/her own by the prescribing individual or provider responsible for training them on the safe and appropriate use of the equipment.

When ambulating with a patient, you walk beside the patient and provide assistance. It is important to prepare the area before ambulating with the patient. Make sure that the room is not cluttered and remove any obstacles. A cluttered room increases the chances of trips or falls.

Sometimes a transfer belt, or gait belt, is necessary for assistance with ambulation. The belt should be fitted snugly around the client's waist. The belt is simple to apply and provides a secure grip to assist you in transferring or walking with a client.

10. Exercise and Transfers: The caregiver may provide passive assistance with exercise which is limited to the encouragement of normal bodily movement, as tolerated, on the part of the client, and to encore with a prescribed exercise program. The caregiver may assist with transfers only when the client has sufficient balance and strength to reliably stand and pivot and assist with the transfer to some extent. Adaptive and safety equipment may be used in transfers, provided that the client is fully trained in the use of the equipment and can direct the transfer step by step. Adaptive equipment may include, but is not limited to, wheel chairs, tub seats, and grab bars. In general, the caregiver may not assist with transfers when the client is unable to assist with the transfer and/or lifting assistance exceeds 25 pounds. Under certain circumstances, the caregiver may assist the client in the use of a mechanical or electrical transfer device.

If the patient is able to support his/her own weight, assistance may not be needed. The patient may be able to move from place to place without help, you should only stand by for safety as needed.

If the patient is able to partially support their own weight, assistance will be necessary. This may involve a stand and pivot technique and may include the use of a transfer belt. Remember, a manual transfer is intended to **assist**, NOT lift a patient.

11. Positioning

Everyone positions themselves when they sit, stand, move, and lie down. The position we use for these activities affects circulation, joint pressure, and muscle use. People with limited mobility who sit or lie down for long periods of time are prone to skin breakdown and deterioration of muscles or nerves. Using correct positioning can prevent these problems. It is important to limit pressure over bony parts of the body by changing positions. Use pillows to keep knees and/or ankles from touching each other. Clients who are bedridden should avoid lying directly on their hip bones when on their sides. Assist clients to use positions that spread weight and pressure evenly, with pillows placed to provide support and comfort.

Important things to remember when positioning:

- ❖ Always be familiar with a client's plan of care. Specific issues such as fractures, skin integrity, and health condition will determine the type of positioning that should be done.
- ❖ Turn individuals who cannot turn themselves at least every two hours when in bed. A person in a wheelchair should change positions at least every hour. External pressure from staying in one position compresses the skin's blood vessels and obstructs circulation, especially over the bones, leading to skin breakdown.
- ❖ When moving a client, lift rather than drag. Dragging creates friction and heat, which can lead to skin breakdown.
- ❖ Straighten sheets and clothing to remove wrinkles.

12. Toileting: The caregiver may assist the client to and from the bathroom, provide assistance with bed pans, uinals, and commodes; provide peri care; or change clothing and pads of any kind used for the care of incontinence. The caregiver may empty or change external urinary collection devices such as catheter bags or suprapubic catheter bags. The caregiver may empty ostomy bags and provide assistance with other client-directed ostomy care only when there is no need for skilled skin care, observation, or reporting to a nurse. The caregiver may not perform digital stimulation, insert suppositories, or give an enema.
13. Medication Reminding: the caregiver may assist only when medications have been preselected by the client, a family member, a nurse, or a pharmacist and stored in containers other than the prescription bottles, such as medication minders. Medication minder containers must be clearly marked as to day and time of dosage. Medication reminders include: inquiries as to whether medications have been taken; verbal prompting to take medications; handing the appropriately marked medication minder container to the client; and opening the appropriately marked medication minder container for the client if they are physically unable to open the container. These limitations apply to all prescription and all over-the-counter medications.

Assisting with Adaptive Equipment

Assistive devices for mobility can mean the difference between being able to perform simple daily activities and having complete reliance on others. Cane walkers, wheelchairs, wheelchair ramps, stairlifts, and seat assists can all help seniors get around with ease. This is an essential part of helping seniors safely go about their daily routines, and it's essential to ensuring ongoing health and dependence. Why? Because falls and fear of falling can lead to debilitating declines in strength, flexibility, and range of motion. Properly using devices such as wheelchairs, scooters, walkers, canes,

crutches, prosthetic devices, and orthotic devices is essential for the senior's stability, safety, and security.

Patient lifts, or hoyer lifts, help caregivers lift and transfer patients from spot to spot. People who can't bear their own weight for any length of time can benefit from these lifts. Patients can fall from lifts, causing injuries like head trauma and fractures, and even death. For this reason, it's important to receive training—and do lots of practice runs—before operating a Hoyer lift. Beyond training, the most important thing to know is that it should be operated by two or more people. No one should do it by themselves. Sit-to-stand lifts help secure patients as they shift from a seated position to a standing position (as opposed to helping someone who is lying down move into a chair, for example). If the client being lifted is able to assist with the lift in any way, a sit-to-stand lift is often a great choice. You also need to prepare the environment ahead of time: Remove clutter and make sure the space is clear. You don't want things to get in the way while the lift is in use.

Determining which sling is appropriate depends on factors like a person's height, weight and hip measurement. Universal slings, or U-slings, which support the entire body and often make the most sense for transporting people from bed to the toilet. Full body slings, which offer a high back and solid head support. Standing slings, which suit those with partial mobility, as well as head and neck control.

Other adaptive equipment may include:

- Hearing aids to help people hear or hear more clearly.
- Closed captioning to allow people with hearing problems to watch movies, television programs, and other digital media.
- Physical modifications in the built environment, including ramps, grab bars, and wider doorways to enable access to buildings, businesses, and workplaces
- Adaptive switches and utensils to allow those with limited motor skills to eat, play games, and accomplish other activities
- Devices and features of devices to help perform tasks such as cooking, dressing, and grooming; specialized handles and grips, devices that extend reach, and lights on telephones and doorbells are a few examples

Infection Prevention and Control Procedures

Equipment or items in the patient environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents (e.g., wearing gloves for direct contact, contain heavily soiled equipment, properly clean and disinfect or sterilize reusable equipment before use on another patient).

The following are six (6) standard precautions, identified by the Center for Disease Control and Prevention (CDC) Healthcare Infection Control Practices

Committee (HICPAC), which apply during any episode of patient care: 1. Hand Hygiene; 2. Environmental Cleaning and Disinfection; 3. Injection and Medication Safety; 4. Appropriate Use of Personal Protective Equipment; 5. Minimizing Potential Exposures; and 6. Reprocessing of reusable medical equipment between each patient and when soiled.

Examples of infection control practices include monitoring work related employee illness and infections, analyzing them in relation to patient infections, and taking appropriate actions when an infection or communicable disease is present to prevent its spread among staff, patients, family and visitors.

Housekeeping

Always remember: protect your eyes and skin, read all label instructions, do not mix cleaning products, leave cleaners on a surface only for recommended time, change cleaning water when moderately dirty, and store all cleaning products safely.

Light housekeeping includes, but is not not limited to: tidying up of rooms in which the client spends his/her time (bedroom, living room, kitchen), washing dishes after meals (wiping spills on sink or floor, "spot cleaning), sweeping kitchen floor when needed, passing the vacuum in rooms used by client, tidying bathrooms after use by the client (rinsing tub or shower after use, wiping spills on sink or floor).

The caregiver does not provide a general housekeeping service as this should be provided by a professional home cleaning agency. It is recommended that clients engage an independent cleaning service for tasks such as: scrubbing floors in the kitchen and bathrooms, carpet cleaning, window washing, dusting behind and under furniture, drapery cleaning and heavy laundry.

Safety Precautions

Client safety is one of the primary responsibilities of every healthcare worker. Clients need extra safety precautions if they are weakened, unsteady on their feet and/or suffer from an altered mental status. Chances are, most of your clients have one or more factors that add to their risk of injury. By doing everything you can to maintain their safety, you'll promote a higher quality of life for all your clients.

The best way to avoid injury when transferring or repositioning clients is to use equipment and transfer assist devices, such as lifts or low-friction slide sheets. Clearly communicate your intentions and instructions to the client.

When making beds, avoid bending at the back and flexing your knees as you make the bed. Walk around the bed instead of reaching over it. If you have to work from one side, keep one hand on the bed for support.

Carry loads you can comfortably manage while doing laundry. Avoid bending forward, fold clothes at a comfortable height and avoid twisting when lifting.

Some helpful tips on home safety:

- Remove all fall hazards. Falls are the leading cause of injury.
- Keep emergency numbers handy. Know who the emergency contacts are, have your supervisor's number saved in your phone (our office number), and know you can call 911, if needed.
- Consider any stairs. Test stair railings. Clear the stairs of any clutter.

Recognizing Emergencies

If you ever think a situation is too dangerous or risky to handle alone, you should always call 911 or a designated emergency number.

Some examples of emergencies are:

- Cardiac emergencies: Heart attacks, Sudden Cardiac Arrest, breathing emergencies
- Choking
- Bleeding emergencies (yes nosebleeds can be an emergency too)
- Sudden illnesses: Diabetic emergencies, shock, allergic reactions, seizures
- Suspected broken bones/bruising
- Environmental emergencies: Heat related or cold related situations
- Poisoning

You should always have sound judgment and keep calm. The victim suffering is most likely experiencing not only physical pain but some type of emotional and situational turmoil in their head. As a responder, you don't need to have every answer at your disposal. It is imperative you keep the victim calm, and assure them that you have the situation under control.

Here is how to decide what the best plan of action is to respond:

1) Check the scene, then check the person
    a) Checking the scene makes sure nothing will happen to you when you respond. If you have deemed your scene safe to enter, proceed by checking the person. Make note if the victim is conscious or not and then use them to help assess the situation at hand. You can ask them all about how they got into this situation and use your first aid skills to help them out. If the victim is not conscious, CALL 911 or the designated number immediately. Furthermore, you can proceed to care within your scope of practice and certification.
2) Call the appropriate phone number
    a) 911 is the best phone contact but sometimes there are other designated numbers in place (look for emergency contacts)

so be mindful of that small detail. It is important either way to call someone and alert others of the situation.

3) Care for the individual
    a) When providing care to anyone in an emergency situation always make sure to use proper PPE (Personal Protective Equipment). Furthermore, proper PPE can lower the risk for infection and the spread of disease.

Only do what you are trained to do (act within your scope of practice). When you care for someone, it is noteworthy to provide care that is consistent with your level of training and certification. When you administer care consistent with your degree of training you are ensuring you are protecting the victim and protecting yourself.

First-aid procedures covered in a basic course include CPR, the Heimlich maneuver, and how to assess and treat minor injuries including wounds, burns, sprains, and broken bones. The three P's of first aid are: Preserve life, Prevent deterioration, Promote recovery.

Maintaining Confidentiality

As a healthcare worker, it is very important to remember to keep a patient's information private and confidential. Some guidelines for protecting private and confidential information includes: Do not ever release information to media or newspapers; Don't release information to the police without first alerting a supervisor. Instead, refer them to an appropriate manager; Do not keep a copy or make copies of resident information; Any item with a resident's name or identifying medical information should NEVER be placed in general trash receptacles. They should be shredded for appropriate disposal of confidential information.

Patient privacy and confidentiality generally refers to a patient's right to:

- Decide what personal health information can be shared with others
- Decide how that information can be shared, and with whom it may be shared
- Not have information about resident or client discussed in areas where others could overhear
- Privacy also refers to the right to have physical privacy (curtains pulled)
- Patient confidentiality generally refers to a patient's trust that health information will only be shared with those who need to know, and in order to provide appropriate care.

Understanding Dementia

Dementia is the loss of cognitive functioning - thinking, remembering, and reasoning - to such an extent that it interferes with a person's daily life and activities. Some people with dementia cannot control their emotions, and their personalities may

change. Dementia ranges in severity from the mildest stage, when it is just beginning to affect a person's functioning, to the most severe stage, when the person must depend completely on others for basic activities of living. People with dementia often feel alone, isolated and left out of events and social gatherings due to their inability to easily recall places and names.

The symptoms of dementia can vary and may include:

- Experiencing memory loss, poor judgment, and confusion
- Difficulty speaking, understanding and expressing thoughts, or reading and writing
- Wandering and getting lost in a familiar neighborhood
- Trouble handling money responsibly and paying bills
- Repeating questions
- Using unusual words to refer to familiar objects
- Taking longer to complete normal daily tasks
- Losing interest in normal daily activities or events
- Hallucinating or experiencing delusions or paranoia
- Acting impulsively
- Not caring about other people's feelings
- Losing balance and problems with movement

Observe your resident closely for difficulty in eating, chewing, or swallowing. The difficulty may be caused by the muscles or nerves not working properly anymore or by the resident forgetting how to do it.

Problem Solving for Challenging Behavior with Dementia

Because they're not able to clearly communicate their needs, people with dementia may lash out when they're afraid, frustrated, angry, or in pain or discomfort. Since you're feeling attacked, your instincts might prompt you to argue and fight back – but that only makes the situation worse.

Here are some tips for dealing with aggressive behavior:

- Be prepared with realistic expectations. Knowing that these episodes are a common part of the disease reduces your shock and surprise when it does happen and may also make it a little easier to not take the behavior personally.
- Try to identify the immediate cause or trigger. Think about what happened just before the aggressive outburst started. Something like fear, frustration, or pain might have triggered it.
- Rule out pain as the cause of the behavior. Many individuals with dementia aren't able to clearly communicate when something is bothering them. Instead, being in pain or discomfort could cause them to act out. Check to see if they need pain medication for

existing conditions like arthritis or gout, if their seat is comfortable, or if they need to use the toilet.

- Use a gentle tone and reassuring touch. Staying calm and breathing slowly helps to reduce everyone's anger and agitation. Speak slowly and keep your voice soft, reassuring, and positive.If appropriate, use a gentle and calming touch on the arm or shoulder to provide comfort and reassurance.
- Validate their feelings. Try to look for clues to their emotions in their behavior and speak in a calm and comforting way. Reassure them that it's ok to feel that way and that you're there to help.
- Calm the environment. A noisy or busy environment could also trigger aggressive dementia behavior.
- Shift focus to a different activity. If the current or previous activity caused agitation or frustration, it could have provoked an aggressive response. After giving the resident a minute to vent their feelings, try to shift their attention to a different activity – something they typically enjoy.
- Remove yourself from the room. In some cases, nothing works to calm the person.If that happens, it may be best to leave the room to give them some space and to give yourself time to calm down and regain balance. They may be able to calm themselves or might even forget that they're angry.Before leaving, check to see that the environment is safe and that they're not likely to hurt themselves while you're gone.
- Make sure you and the resident are safe and call for help in emergencies. If the resident can't calm down and is becoming a danger to you or to themselves, you'll need help from others. Contact the family emergency contact(s) and your immediate supervisor.

Abuse and Neglect

Abuse is some action by a trusted individual that causes physical and/or emotional harm to the victim. It is important to understand the types of abuse that may occur in the home health care setting so that you can protect yourself or a loved one. Individuals receiving home health care may be vulnerable to abuse if they are isolated from other families and become dependent on the care provider.

Some common types of abuse seen in a home health care setting are:

- Physical abuse - involves the striking, pushing or hitting of the patient. It also includes using restraints in an inappropriate manner and keeping necessary items like glasses or a cane away from the patient.

- Emotional Abuse - includes verbal abuse like calling the patient bad names, screaming at the patient, using vulgar language, and humiliating him or her. Patients who are suffering emotional abuse may become depressed, have increased anxiety or revert to childlike behavior like sobbing or rocking back and forth.
- Financial Abuse - involves taking the property of the patient, mismanaging his or her financial accounts, changing the titles or deeds of property belonging to the victim, or having the patient make changes to his or her estate plan to the benefit of the care provider.
- Sexual Abuse - involves sexual assault, rape or inappropriate touching of a patient who does not want it or who does not have the mental capacity to consent to it. Victims of sexual abuse may show signs like bleeding, soiled undergarments, fearfulness or sexually transmitted diseases.

Neglect is when someone fails to do things that are necessary to meet the needs of the person they are caring for. The two types of neglect are: Passive neglect - when people don't mean to do harm. Active neglect - when people know better and still fail to do what is needed to properly provide the care. Some signs of neglect are:

- Staying in an environment that is dirty, or smells of urine or feces.
- Have an unusual weight loss.
- Don't have enough clothes to stay comfortable and/or warm.
- Seems poorly fed or dehydrated.
- Beg for food constantly
- Have muscles that are contracted
- Have chronic bed sores.

When an adult, who because of a disability or other condition or impairment is unable to seek assistance, professionals and state employees must report, within 24 hours, any suspected abuse, neglect or financial exploitation to your direct supervisor. If you feel nothing is being done, then report to the Department on Aging's Adult Protective Services Program. Any mandated reporter required to report suspected abuse, neglect, or financial exploitation and who willfully fails to report the same, is guilty of a Class A misdemeanor.

Tips on Reporting Abuse & Neglect:

Always:

- Remember that keeping quiet about abuse and neglect of your clients is against the law!
- Remember that you are not expected to prove that a client is being abused or neglected. That is to the authorities. You are expected to report things that you have actually seen or heard that seem suspicious.
- Be sure to report just the facts about a situation.

- ❖ Make sure you are clear about your responsibilities when it comes to reporting abuse and neglect.

  Never:
- ❖ Jump to conclusions. Stick to the facts when reporting any client situation.
- ❖ Try to solve abuse and neglect situations on your own.
- ❖ Stay quiet about signs of abuse and neglect because you don't want to get involved.
- ❖ Report your suspicions without telling your supervisor first. Your supervisor is responsible for the client too.
- ❖ Forget that you will not get in trouble for reporting suspected abuse - even if the authorities don't find any abuse or the client refuses help from the authorities.

Disaster Planning

Tornadoes can form without much of a warning. Stay alert and pay attention when a tornado watch or warning is issued in the area. A funnel cloud, roaring noises, dark skies, debris, and hail are signs you need to take shelter immediately. Although there is no completely safe place during a tornado, some locations are safer than others. Safe places include a storm cellar, a basement, or an inside room without windows on the lowest floor (such as a bathroom, closet, or center hallway).

Flash floods are the most dangerous type of flooding. Flash floods can sweep away everything in their path.Most flash floods are caused by slow-moving thunderstorms and occur most frequently at night.

Terms used to describe flood threats are:

- Flood Watch: This means flooding or flash flooding is possible. Be extremely cautious when driving, especially at night.
- Flood Warning: This means flooding is occurring or will occur soon and is expected to occur for several days or weeks. If advised to evacuate, do so immediately.
- Flash Flood Warning: This means a flash flood is occurring or is imminent. Many smartphones automatically receive flash flood warnings to alert you about flash flooding nearby, even if you are traveling. Flash flooding occurs very quickly, so take action immediately.
- Flash Flood Emergency: This means severe flash flooding resulting in a severe threat to human life and catastrophic damage is happening or will happen soon.

In the event of a fire, remember time is the biggest enemy and every second counts! It is best to protect against fire by changing the batteries in smoke and carbon monoxide detectors regularly, place a fire extinguisher somewhere easily accessible, use common sense when cooking, study the electrical cords for fraying or for broken prongs. The RACE formula stands for **R**emove any people in direct danger, **A**larm by calling the fire department, **C**ontain the fire by closing doors and windows, **E**xtinguish the fire, if possible, or **E**vacuate, if needed.

What to do during a blackout? Turn off or disconnect any appliances, equipment (like air conditioners) or electronics you were using when the power went out. When power comes back on, it may come back with momentary "surges" or "spikes" that can damage equipment such as computers and motors in appliances like the air conditioner, refrigerator, washer, or furnace. Only use a flashlight for emergency lighting. Never use candles! Leave one light turned on so you'll know when your power returns.