

Fundamentals of Caregiving

3rd Edition Facilitator's Guide



Aging and Long-Term Support Administration

Message to the Facilitator

This Facilitator's Guide is a side-by-side companion to the Fundamentals of Caregiving 3rd Edition. It presents information, tools, and techniques to help community and facility instructors guide participants through the Home Care Aide core basic knowledge and skills training.

Because this curriculum is intended for Home Care Aides who work in a wide variety of care settings, it covers a broad range of topics and situations, not all of which may be applicable to your participants' care settings. You are encouraged to tailor the course to meet the needs and realities of the participants in your class and make it your own. Sharing your own caregiver stories and experiences gives your participants an invaluable perspective.

One major new element of the FOC 3rd Edition is the focus on person-centeredness. Module 2: Person-Centered Care has been added to help your participants understand and begin to adopt the fundamentals of person-centered care.

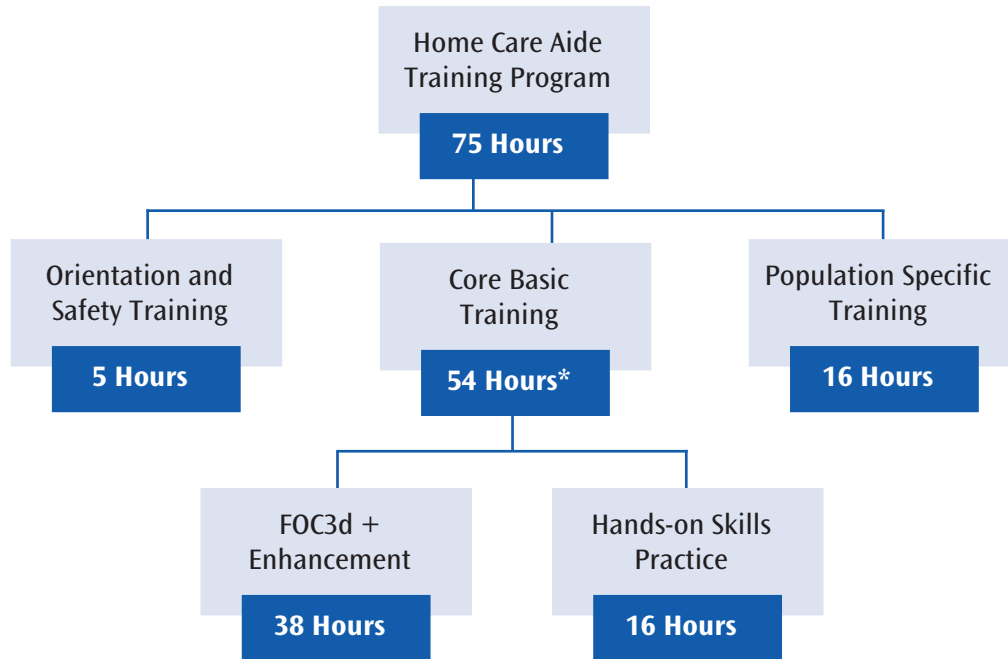
We encourage you to also approach your class in a person-centered way. Get to know your participants, who they are, what experience they have, and what is important to them. This gives the participants a strong model for person-centered approaches in their own work.

Thank you for all the good work that you do.

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Introduction to the Home Care Aide Training Program



*Recommended breakdown of hours.

Orientation and Safety Training must be completed before the long-term care worker can begin providing care (WAC 388-112A-0200 through 388-112A-0240).

Fundamentals of Caregiving (FOC) 3rd Edition covers the core competencies that describe the behavior, knowledge, and skills outlined for basic caregiver training in WAC 388-112A-0320.

Enhancements means additional time and training provided for skills practice and supplemental learning materials and/or classroom activities that help a long-term care worker to thoroughly learn the course content and skills. Enhancements may include new participant materials, videos or DVDs, online materials, and additional participant activities per WAC 388-112A-0300(4). Some suggestions for enhancements are included in this facilitator's guide.

Hands-on Skills Practice means hands-on skills practice in a lab setting or with clients while on the job based on the Skills Practice Procedure Checklist for Home Care Aides.

Population Specific is training on topics unique to the care needs of the population that the home or provider serves.

Suggested Schedule

How your class moves through the instructional and skills practice hours will depend on many factors. The following is a suggested schedule that you will modify to fit your context. The Fundamentals of Caregiving 3rd Edition covers the required core competencies for Home Care Aide training. Extra time should be used for additional skills practice.

Day	Module – Topic (Hours allotted)	Inst. Hours
Day 1	Module 1 – Course Introduction	1
	Module 2 – Person-Centered Care Lesson 1: Introduction to Person-Centered Care (2.5) Lesson 2: Honoring Differences (1.5)	4
	Module 3 – Communication Lesson 1: Basic Communication (2) Lesson 2: Overcoming Challenges (1)	3
Day 2	Module 4 – Clients and Their Rights Lesson 1: The Client (1.5) Lesson 2: Resident and Client Rights (2.5)	4
	Module 5 – The Caregiver Lesson 1: The Professional Caregiver (2.5) Lesson 2: Mandatory Reporting and Preventing Mistreatment (1.5)	4
Day 3	Module 6 – Infection Control and Prevention Lesson 1: Breaking the Chain of Infection (2) Lesson 2: Blood-Borne Pathogens (1.5)	3.5
	Module 7 – Mobility Lesson 1: Safely Assist with Walking and Transfers (1.5) Lesson 2: Falls and Prevention (1)	2.5

Day	Module – Topic (Hours allotted)	Inst. Hours
Day 4	Module 8 – Skin and Body Care (cont.) Lesson 1: Skin Care (2) Lesson 2: Body Care (2)	4
	Module 9 – Nutrition and Food Handling Lesson 1: Nutrition (2) Lesson 2: Safe Food Handling (1.5)	3.5
Day 5	Module 10 – Toileting Lesson 1: Bowel and Bladder (1) Lesson 2: Assistance with Toileting (1.5)	2.5
	Module 11 – Nurse Delegations and Medications Lesson 1: Nurse Delegation and Self-Directed Care (1) Lesson 2: Medication Assistance and Medication Administration (3)	4
Day 6	Module 12 – Self-Care for Caregivers Lesson 1: Practicing Self-Care (1) Lesson 2: Surviving Loss and Grief (1)	2
Day 7	Hands-on Skills Practice	8
Day 8	Hands-on Skills Practice	8
	Total instructional hours	38
	Hands-on skills practice in a skills lab or on-the-job training	16
	Total core basic hours	54

Teaching the Course

The facilitator should strive to create a comfortable, safe, participant-centered classroom environment in which everyone feels encouraged to participate and contribute. This includes treating participants as equals and peers. Remember that facilitating means helping.

Instructional Content

The learner's guide has been designed to support effective self-study. Participants can read and complete most exercises on their own. However, the facilitator plays an indispensable role in supporting participant success. It is expected that the facilitator will cover the content in the learner's guide with the participants.

Each Lesson follows a standard organization:

1. **Learning Objectives:** Learning Objectives are the key knowledge and skills outlined for basic caregiver training in WAC 388-112A-0320. The lesson content, checkpoints, and module reviews are based on these objectives. Learning objectives are a key part of adult learning, so make sure to highlight these at the start of each lesson.
2. **Key Words:** These key words highlight and define the key concepts for each lesson. Participants must have a solid understanding of these terms. You may want to encourage participants to make a set of flash cards to practice with as the class progresses through the course.
3. **Overview:** Each lesson begins with an overview of its content and relates the material to the Home Care Aide's role in supporting clients. These often highlight top level must-know information.
4. **Topic Headings and Content:** The many subjects within the Fundamentals of Caregiving are organized under headings and subheadings. General concepts are explained first, with supporting details and examples following under subordinate headings.
5. **Activities:** Most topics are accompanied by activities. These range from individual reflection questions to group activities. The facilitator may choose which activities to work through in class, and/or substitute their own.
6. **Summary:** Each lesson ends with a summary of the main points and relates them back to the participant again.
7. **Checkpoint:** The lesson checkpoints allow participants to test their own recollection and understanding of the material.
8. **Module Review:** Module reviews are short multiple-choice or true/false quizzes that test the participant's understanding of the material. Participants should complete these quizzes individually either in class or at home and go over the answers together in class. These quizzes can be either open or closed book at the facilitator's discretion. Module reviews are not graded.
9. **Module Scenario:** Modules with a skills focus include Module Scenarios, which are integrated knowledge and skills practice activities in class. Module Scenarios provide critical practice and are mandatory.

Skills Demonstration and Practice

The Home Care Aide Training Program requires hand-on skills practice either in a fully equipped lab setting or through DSHS approved on-the-job training.

A Fully Equipped Lab Setting

A fully-equipped lab setting is a well-lighted area that contains a mannequin and all other supplies needed for participants to learn and practice the skills required for the Prometric skills exam. Other needed supplies include:

- | | | |
|--|--|---|
| <input type="checkbox"/> basins | <input type="checkbox"/> handwashing sink | <input type="checkbox"/> shaving lather |
| <input type="checkbox"/> bath blanket or large towels | <input type="checkbox"/> latex or similar gloves for patient care | <input type="checkbox"/> sheets and bedding |
| <input type="checkbox"/> bed (adjustable preferred) | <input type="checkbox"/> laundry basket | <input type="checkbox"/> shirt, pants, socks, and shoes |
| <input type="checkbox"/> bed pads or large towels | <input type="checkbox"/> lotion | <input type="checkbox"/> simulated medications and supplies |
| <input type="checkbox"/> bedpan | <input type="checkbox"/> mannequin | <input type="checkbox"/> sink and sink liners |
| <input type="checkbox"/> catheter/condom catheter supplies | <input type="checkbox"/> medication bottle with labels and pills such as candies | <input type="checkbox"/> soap |
| <input type="checkbox"/> chair with armrests | <input type="checkbox"/> medication documentation paper | <input type="checkbox"/> soiled linen container |
| <input type="checkbox"/> nail clippers | <input type="checkbox"/> napkins | <input type="checkbox"/> stockings |
| <input type="checkbox"/> clothing and footwear | <input type="checkbox"/> non-skid footwear | <input type="checkbox"/> table |
| <input type="checkbox"/> clothing protector or cover | <input type="checkbox"/> orange sticks | <input type="checkbox"/> toilet |
| <input type="checkbox"/> denture cup | <input type="checkbox"/> PPE (facemasks, gowns, face shields, goggles) | <input type="checkbox"/> toilet tissue |
| <input type="checkbox"/> denture storage container | <input type="checkbox"/> paper plates and cups (for practice only) | <input type="checkbox"/> toothbrush |
| <input type="checkbox"/> dentures | <input type="checkbox"/> paper towels | <input type="checkbox"/> toothettes |
| <input type="checkbox"/> eating utensils | <input type="checkbox"/> pillows | <input type="checkbox"/> towels |
| <input type="checkbox"/> emery boards | <input type="checkbox"/> running water | <input type="checkbox"/> trash can |
| <input type="checkbox"/> food, beverage | <input type="checkbox"/> safety razor | <input type="checkbox"/> washcloths |
| <input type="checkbox"/> gait belt | | <input type="checkbox"/> wheelchair with footrests |
| <input type="checkbox"/> gloves | | |
| <input type="checkbox"/> gown or sleepwear | | |

Facilitating Skills Practice

Facilitating skills practice includes:

1. Demonstrating the skill
2. Setting up skill stations
3. Forming Doer, Observer, Client (DOC) teams
4. Monitoring teams as participants practice the skills

1. Skill Demonstrations

Demonstrating skills is more than just “showing” participants how to do something. Teaching a new skill requires a well thought out process that includes an overview of the skill, demonstrating the skill, reviewing the skill with a participant volunteer, and time for participants to practice.

Step 1: Introduce the skill: Give a clear and brief overview of the task or skill you will demonstrate. Build a bridge for the participants so they understand why it is important to know how to perform the skill correctly.

Step 2: Tell them how: Go through each step in the proper sequence, demonstrating and explaining the mechanics of each step. This allows the participant to see the steps from start to finish and gives them a good visual of the entire procedure. Make sure all participants can see the skill being demonstrated.

Step 3: Review: Ask for a volunteer to demonstrate how to do the new skill or task in front of the group. Before beginning, review the steps once again. This process helps participants see common mistakes made when first beginning to learn the skill. It also reinforces that it isn't as easy as it looks to do it yourself.

Step 4: Practice: Allow participants to practice in skill stations.

2. Setting Up Skill Stations

A bed, chair, hand washing facility, wheelchair, mannequin, and other supplies for teaching all of the personal care tasks must be in the classroom.

The supplies needed for each skill station will change depending on which skills are taught and practiced during that portion of the day. Set skill stations up prior to participants needing to use them.

Skill stations should be set up so DOC teams can rotate through different stations during skills practice. For example, supplies for mouth care, denture care, and shaving may be at one station with foot care, fingernail care, and bed bath at

another station. This helps reduce the amount of supplies required (though for larger classes you likely need more than one skill station with the same equipment) and helps keep the DOC teams focused.

How many skills you wish to demonstrate before you have the participants practice in skill stations is left to your discretion. Keep in mind, participants can only retain so much new information at one time. Participants need to practice soon after a skill demonstration. It is recommended that you demonstrate several skills and then allow participants to practice.

3. DOC Teams

A DOC team is comprised of three participants with distinct roles.

D-Doer - The person who takes the role of the caregiver and performs the selected care task.

O-Observer - The person who observes, helps make sure tasks are done correctly, and offers feedback to the doer.

Note: Besides making sure the doer performs the physical aspects of the skill correctly, the observer should be instructed to watch for and provide feedback on the Common Core Practices and Communication and Client Rights (the first two skills checklists on the Skills Practice Procedure Checklist for Home Care Aides).

C-Client - The person who takes the role of the client.

Setting Up DOC Teams

Assign participants to the DOC team. Consider skill, experience, and language proficiency when assigning teams. Be sensitive to individual participant needs, and form DOC teams to address those needs.

When first introducing the DOC teams to participants, explain the different roles and why they are being used during the course. Explain each DOC team member must practice each role. Roles should not be switched until each Doer has successfully completed the assigned skill.

4. Instructor Role During Skills Practice

Your role during the skills station practice time is to monitor the participants and make sure:

- participants are performing the skills correctly;
- the groups stay focused;
- each team member takes on each role; and
- questions are answered.

Adult Learning

Adults learn best when they are involved in and in charge of their own learning. Passive instruction, reading aloud verbatim from the textbook, and lecturing are not optimal to meet their needs. Participants should have the opportunity to read, discuss, visualize, ask questions about, and apply the concepts they study.

The suggested activities in the learner's and facilitator's guides give participants the opportunity to engage with the instructional content in variety of ways. The following is a brief description of some of the methods and techniques suggested throughout the course.

Guided Discussion: The facilitator poses a question or idea to the entire class, and participants share their thoughts. The facilitator may take notes at the front of the class. Typically, the facilitator has a direction in mind that they encourage the discussion to follow.

Small Group Discussion: Participants work with a neighbor or a few peers to discuss a question or topic posed by the facilitator. The facilitator may move between groups to participate, guide, or monitor as needed. Groups may report back to the whole class after their discussion.

Brainstorming: Participants use creative thinking to form ideas in response to a question, problem, or scenario. Brainstorming should be free of criticism and judgment; the goal is to create a diversity of ideas looking at the issue from as many points of view as possible.

Role Play: Participants take the role of someone else (a client, for example), and act out a scenario to explore the emotions and first-person experience of the other person.

Games: A game is a set of rules in which the players make choices to achieve some objective. Games are powerful learning tools because they encourage application of knowledge and creative thinking.

Question and Answer (Q/A): Q/A gives the participants the opportunity to ask direct questions. The answers might be straight forward and factual, or they may prompt a discussion or research. In many cases, the facilitator may not have the answer on hand. Any questions that cannot be answered at the moment should be recorded and answered later. Q/A is also an excellent way for the facilitator to evaluate participants' knowledge and identify gaps.

For more techniques and methods, see pages 18-20 in your Adult Education textbook (DSHS 22-1678).

Literacy and Language

For participants with limited English proficiency or lower literacy, pairing participants up and having one read aloud to the other can be helpful. You might also pair together participants who speak the same languages. The learner's textbook is available in multiple languages at:

<https://www.dshs.wa.gov/altsa/training/dshs-curriculum-and-materials-available>

The skills practice procedure checklist is also available in multiple languages at:

https://www.dshs.wa.gov/office-of-the-secretary/forms?field_number_value=16-245&title=

Lesson Planning



The Fundamentals of Caregiving, 3rd Edition consists of 12 Modules, each containing one or two lessons. This Facilitator’s Handbook includes guides for each module with instructions and suggestions for the facilitator.

The content of this guide, however, is only a suggested outline. It will take your expertise, experience, and passion to flesh out each lesson with visuals, real-life examples, and additional activities.

Creating a written lesson plan is one effective strategy you can use to prepare for class. By planning what you will talk about and what you will ask the participants to do, you can stay on schedule and make sure you incorporate active participation.

Sample Lesson Plan

This is one type of lesson plan you could create for your class. You can use this as a model to create your own lesson plans. Remember that you give the textbook life to create a meaningful learning experience!

Module 4, Lesson 1 (90 minutes)			
Topic	Pages	Main Points and Activities	Time
Learning Objectives and Overview	56	<ul style="list-style-type: none">  Read aloud (or ask a participant to read aloud) the learning objectives.  Read aloud (or ask a participant to read aloud) the overview. 	5 min.
Do you have any questions before we begin this lesson?			
Clients	57	<ul style="list-style-type: none"> <input type="checkbox"/> All kinds of people receive care. <input type="checkbox"/> They need assistance because of functional, physical, or mental challenges. <input type="checkbox"/> Home Care Aides assist people to stay in control of their lives and keep their independence. ? Ask participants “What emotions would you feel if you lost the ability to do activities they enjoy?” ★ Emphasize that a client’s quality of life depends on their ability to have self-determination. 	5 min.
Care Teams	57	<ul style="list-style-type: none"> <input type="checkbox"/> The care team works together to support the client. <input type="checkbox"/> The client is the center of their care team. <input type="checkbox"/> A Home Care Aide is an important member of the care team. They are responsible for observing, reporting, and communicating with the rest of the team, as well as providing support. ? Ask participants “What kinds of people might be on a client’s care team?” ✓ Refer participants to the list on page 57. ★ Emphasize that the client decides who is on their care team. 	5 min.

(continued on next page)

Module 4, Lesson 1 (continued)			
Topic	Pages	Main Points and Activities	Time
Service Plans	58	<ul style="list-style-type: none"> <input type="checkbox"/> Client, case manager, and care team work together to create the service plan (or CARE plan). <input type="checkbox"/> The service plan explains what tasks the client needs support with, who will provide that support, and what kind of support they need. <input type="checkbox"/> The service plan will change when the client's needs change. ★ Emphasize that the Home Care Aide often observes and reports these changes to the care team. <input type="checkbox"/> For DSHS clients, the case manager makes changes to the service plan. ➤ Tell participants to look at the activity on page 58. Have them work in small groups to answer the questions for one of the profiles (5 minutes). Then have each group report back to the class (5 minutes). 	15 min.
Do you have any questions about clients, care teams, or service plans?			
Aging and Health	59	<ul style="list-style-type: none"> <input type="checkbox"/> Aging affects everyone differently. Many factors affect how people age. <input type="checkbox"/> Direct participants to the Recipe for Healthy Aging on page 276. These are activities Home Care Aides might encourage/help a client to do. 	5 min.
Understanding the Aging Process	59	<ul style="list-style-type: none"> <input type="checkbox"/> Home Care Aides need to understand the aging process so they can help a client get the support and care they need. <input type="checkbox"/> There are many stereotypes (misunderstandings) about aging. ? Ask participants "What do people usually think about older adults?" ★ Emphasize that a client might not receive the care they need if caregivers assume that the problems they see are a normal part of aging. Many conditions are treatable. 	5 min.
Common Physical Changes associated with Aging	59-60	<ul style="list-style-type: none"> <input type="checkbox"/> Home Care Aides should watch for changes in clients' health. <input type="checkbox"/> Common physical changes include changes to the senses and parts of the body. ➤ Ask a volunteer to read the list on page 59-60. Ask participants to list any other common changes associated with aging they know. 	10 min.
Common Diseases and Conditions	60	<ul style="list-style-type: none"> <input type="checkbox"/> The most common diseases and conditions for older adults are listed on page 60. <input type="checkbox"/> Participants can find a lot of detailed information on these and other conditions on pages 356-385. ➤ Tell participants to flip to those pages in their book and briefly look at the kind of information provided there. This is a reference they can use in the future. 	5 min.
Memory and Aging	60	<ul style="list-style-type: none"> <input type="checkbox"/> Memory loss is not a normal part of aging. <input type="checkbox"/> Sudden memory loss can be a sign of a serious condition and needs to be reported right away. ★ Emphasize that memory loss or delirium can be caused by dehydration, illness, reactions to medication, depression, and/or stress. 	5 min.
Do you have any questions about aging and health?			

(continued on next page)

Module 4, Lesson 1 (continued)

Topic	Pages	Main Points and Activities	Time
Summary and Checkpoint	61	<ul style="list-style-type: none"> 📖 Read aloud (or ask a participant to read aloud) the summary. ➤ Tell participants to try to answer the questions from memory individually (5 minutes). Then call on participants to share their answers and correct as needed (5 minutes). <ol style="list-style-type: none"> 1. Improved health and well-being. (page 56) 2. The case manager with the client and their care team. (page 58) 3. The client. (page 57) 4. When their needs or preferences change. (page 58) 5. No. (page 60) 	10 min.
WATCH: “The Thin Edge of Dignity” by Dick Weinman https://www.youtube.com/watch?v=UciTFCPCivI			20 min.

Module Scenarios

How your class completes the module scenarios will depend on the location and setting of your training. The following method is designed for a classroom setting with an equipped skills lab.

1. Completing the “Research” and “Problem Solve” Steps

Group the participants in their DOC teams. Instruct participants to:

- read through the module scenario
- review the highlighted disease(s) in the Common Diseases and Conditions appendix; and
- work through the specific steps called out in “Problem Solve”.

Remind participants there may be more than one problem in the scenario and there is not “one” right answer.

2. Completing the “Demonstrate” skill

Once the research and problem-solving steps are completed, have participants practice the skill with their DOC team.

3. Group Discussion on the Problem Solving

Ask the groups to identify what problem they selected to focus on, the solution they picked, and why.

This normally generates a lively discussion – which is also an important learning experience for participants. It helps reinforce that there are always a variety of factors influencing what is happening with a client, different perceptions of “what” the problem is, and many ways to solve similar situations.

4. Large group skill demonstration (by one team)

Select one group or ask for one team to volunteer to demonstrate the skill.

Give the assigned team a minute to choose who will demonstrate. They should then perform the assigned demonstration in front of the class.

Hands-On Skills Practice

Soon after completing modules that introduce skills, set aside sufficient time for each participant to practice at skill stations. It is recommended that participants practice the skills they have studied before moving on to the next module. However, your context and time limitations will be a factor in this decision, and it is ultimately up to the facilitator’s discretion to decide when participants will practice skills.

Module 1 Guide: Course Introduction

Overview for the Facilitator

Module 1 introduces participants to the Home Care Aide training and the learner's textbook. It covers the HCA training and continuing education requirements. It also gives participants an outline of the components of the course and strategies for successfully completing the course.

Note: This module presents a generic overview of the HCA course. The instructor should tailor the content to suit their own class structure and policies wherever appropriate.

Lesson 1: Introduction

Key Concepts

- Home Care Aide Training Requirements
- How This Class Works
- Successfully Completing This Course

Home Care Aide Training Requirements

Lead a discussion through the training requirements and timeframes.

Training Certificates: Make sure participants understand that they are responsible for keeping track of their own training certificates and continuing education hours. Invite participants to ask questions if they have any.

Home Care Aide Exam: You may want to show the Prometric website's page on the Home Care Aide exam. <https://www.prometric.com/test-takers/search/wadoh>

Continuing Education Requirements: You may want to show the DSHS webpage on continuing education. <https://www.dshs.wa.gov/altsa/training/continuing-education-ce>

DOH Home Care Aide Application: Make sure participants understand they must complete a Home Care Aide Application with the Department of Health in order to take the Prometric exam and get their credentials. You may want to show the DOH webpage. <https://doh.wa.gov/licenses-permits-and-certificates/professions-new-renew-or-update/home-care-aide/licensing-information>

How This Class Works

Learning Goals: Go through each goal one at a time. For each goal, ask participants how achieving this goal helps a caregiver provide quality care.

How the Class is Taught: Adjust this section to fit your individual class. Keep in mind that adult learners need to be actively involved.

The Learner's Guide (This Book): Have participants turn to the table of contents at the beginning of the Learner's Guide. Give a general overview of each of the modules and the breadth of material the class will cover.

Introduce participants to each of the other sections of the Learner's Guide, explaining what types of information they can find in the Resource Directory, Glossary, Common Diseases and Conditions, and the Skills Checklists.

Learner Expectations: Include any other expectations you may have for your class. As an optional exercise, you could put the participants into small groups to brainstorm how an effective learner behaves. You may also consider working with the participants to create a class charter, or agreement between all participants about shared expectations for classroom participation and behavior.

What You Can Expect from The Instructor: Make sure participants see these paragraphs and ask if they have any questions.

Successfully Completing the Course

In addition to the recommendations presented here, you may want to share your own advice or insight as the instructor of basic training. You might also invite participants to share their own strategies and ideas.

Getting to Know Classmates: This activity should only take about 10 minutes, depending on size of class. After the interviews, give participants about 15 seconds to complete their introduction of their partner.

You might do this exercise at the beginning of the first meeting, before going over lesson 1. Other “icebreaker” activities/games may also be useful to get the participants talking to each other. You can find many ideas online by searching for “icebreaker activities.”

Checkpoint

1. 75 hours
2. The long-term care worker
3. 120 days
4. Apply through the Department of Health
5. 12 hours
6. dshs.wa.gov/altsa/training/continuing-education-ce

Module 2 Guide: Person-Centered Care

Overview for the Facilitator

Module 2 gives participants an overview of the philosophy and strategies of person-centered care. Lesson 1 introduces person-centered concepts. The activities give participants an opportunity to think more deeply about person-centered philosophy. Lesson 2 focuses on individuality and cultural differences. It presents tools and strategies to provide unbiased, culturally appropriate care to all clients.

Lesson 1: Introduction to Person-Centered Care

Media Options

- Conversations with Ivanova: People First and Identity First Language (Informing Families) <https://youtu.be/Ddcl-yA88MU>

Key Concepts

- Person-Centered Philosophy
- Learning about People
- Valuing People
- Supporting People

Person-Centered Philosophy

Guide a discussion over the main points and questions. One option for this lesson is to ask participants to answer or discuss the four questions for each concept as you move through them.

Ask participants what they think it means when we say person-centeredness is like a philosophy. (It is not a set of steps you can learn. It is a collection of related concepts and values that MAY affect how you think and choose to behave.)

The following is background information for the facilitator:

- Fact – Water boils at 100 degrees.
- Opinion – Pizza is super yummy (arguably a fact).
- Concept – A general idea about something. A set of related thoughts. For example, caregiving is a concept.
- Process – A series of actions meant to produce a result. For example, how to don gloves.
- Values – Beliefs that you think important, useful, or worthwhile. Do you value customer service (which is a concept)?
- Principle – Beliefs that guide your actions or how you judge actions. For example: “Do unto others as you would have them do unto you.”
- Rules – A conduct guide. Long-term care workers must complete basic training within.
- Philosophy – A way of thinking and a set of beliefs about the world.
- Customer service is a concept. You may or may not value the concept. If you do value it, you might choose to apply those concepts to your daily activities. In which case you will be living by the principles of good customer services. Those guiding principles might be defined in terms of rules and processes.
- We are going to discuss several related concepts. We hope that the participants will value these concepts. A collection of related concepts that you value might be called an ideology.

Learning about People

Lead a discussion, or ask participants to discuss in small groups, why it's important to get to know a client as a person. Invite participants to share their ideas about how to get to know someone while providing care.

Note for the facilitator: We are hoping to learn that HOW we learn about people is also person-centered. The approach is tailored to the individual. Consider the difference between someone who is paranoid and fearful of strangers and someone who is hungry for attention. For one, the PROCESS of getting to know them is a highly meaningful activity in and of itself. For the other, it may be seen as an intrusion or violation. How might you get to know someone who doesn't want to share, or do you?

Discovering the Whole Person: Ask participants to share their answers to the activity "A More Whole Introduction." There are a number of things here that touch on person-centered concepts. Be sure to point out that option A focuses mostly on what the person needs while B recognizes need, but also abilities and strengths. Also point out that option A uses non-person-first language, which we will discuss later. Did any participants notice that?

Example of a whole person introduction:

"Michael Sheehan is short (that is a relative fact when compared to national averages). He is obese (also fact). He has diabetes (yet another fact, unfortunately). He also has a PhD in instructional design, 20+ years of Information Technology experience, has published both research and art, builds furniture with handtools, and (according to his father) is frequently guilty of the sin of pride. He may have difficulty tying his own shoes, but he is repulsed by the idea of someone helping him with that task." All humans are RICHLY COMPLEX whether you happen to know it or not.

Possible discussion questions:

- What value do you find in this concept of learning about the whole person, and focusing on their strengths?
- Do you think that this concept can be applied to caregiving? How?
- Do you think it would make any difference? What might the difference be?

Recognizing and Respecting Worldviews, Perspectives, and Attitudes: Invite participants to suggest what kinds of differences in worldview, perspective, or attitude might present challenges to the caregiving relationship. Consider things like political beliefs, religious beliefs, and beliefs about human sexuality. Have participants brainstorm ways to remain non-judgmental, tolerant, and respectful while providing care in these kinds of situations. Share any relevant stories you may have or invite participants to share their own experiences if they feel comfortable.

Questions to consider:

- Do you think that tolerance is something we could PRACTICE? What would that look like?
- Is there any difference between putting up with, tolerating, respecting, and honoring?
- What principles should we follow?
- Should we fake it to get along, or should be authentic? Should we share differences of opinion?

Learning What is Important To/For the Person:

Lead a discussion about the differences between important TO and important FOR. Give participants a few minutes to fill in their own Important To/ Important For chart. Then ask participants to work with each other to brainstorm ways to find the balance. Encourage participants to think about and discuss why it is important to understand both what is Important To and For a client in the context of caregiving.

This activity may take additional guidance. Encourage participants to choose ideas that are specific and relevant to their everyday life. Consider, for example, if they write “world peace” as Important To and “watching their sugar intake” as Important For. Will these lead to a good discussion about balancing? It may work better to first select a few important For, and then match each one to an Important To that might be considered in conflict. Alternatively, the participants could start by selecting a few important To.

Note to the facilitator: The concept is Important To / Important For. Relevant principles include “it is important to help people find a good balance,” and “It’s the client’s evaluation that matters most.” If we were writing a process for helping clients find a balance, what might the first step of that process be? Maybe we could express interest in doing so and ask if the client is also interested or at least willing to engage in that activity.

Questions to consider:

- What is the scope of practice here?
- Are we paid to assist the clients with important FOR items only?
- Why would DSHS want us to spend care hours on what is important TO?
- How much time spent on each?
- Does that question also require a balance?

Learning to Communicate Effectively with the Person: Ask participants to read the example and brainstorm answers to share in small groups or with the whole class.

Valuing People

Ask participants to share their own ideas about what it means to value someone and how we treat someone whom we value.

Affording Respect and Dignity: Ask participants to discuss the two caregiver scenarios. Prompt a discussion about any challenges there might be to providing person-centered care when on a tight schedule, and ways to be more person-centered even in a short amount of time.

Person-First Language: Ask participants to share their answers as a whole class or in small groups. Discuss how each sentence is or is not person-centered and why.

Recognizing the Dignity of Risk: Guide a discussion through the main points. Emphasize the fact that caregivers do not promote reckless behavior. Point out that honoring a client’s self-direction and control is not mutually exclusive or in conflict with always promoting good health and safety.

Encourage participants to use “I” statements when sharing with a client why they are concerned. Phrases such as “I am concerned about your safety” are more respectful than “That is too dangerous for you.”

Assign participants to work in pairs and roleplay. One participant is a client who wants to do something that is not completely healthy or safe, and the other participant is their caregiver. Encourage pairs to practice following the steps to resolve the situation.

If you are a facility instructor, make sure to tell participants if/where they should document their conversation with the client.

Celebrating Cultural Identity, Diversity, and Individuality: Lesson 2 will go into culture and differences in more detail. For now, invite participants to brainstorm types of cultural or other individual differences that might impact the caregiving relationship.

Supporting People

Guide a discussion through the main points and ask participants to share their answer to the questions in small groups or a whole class.

Promoting Choice, Direction, and Control:

Emphasize the importance of supporting a client's choice, direction, and control on their quality of life. Ask participants to reflect on how losing these would affect their own lives.

Promoting Self-Determination, Self-Direction, Autonomy, and Independence: Ask participants to discuss the "Think About It" scenario with a partner. Invite participants to share other examples of support a caregiver might give that empowers the client to do things for themselves.

Exercising Power With Rather than Power Over:

Ask participants to write down a few ways people could support them to enjoy things that are important to them.

Guide a discussion about "fixing" vs. "supporting." Offer your own examples of fixing vs. supporting. Ask participants why they think it is important to understand the difference between fixing vs. supporting in their personal lives and in the context of caregiving.

Building Good Relationships: Ask participants to work in small groups to describe how they build a good relationship with someone in their daily life. Ask if this would be any different in a caregiving situation.

Facilitating Teamwork: Emphasize that as Home Care Aides, the participants are members of a team that supports the client. Briefly mention their responsibilities to monitor and report changes.

Tailoring your Care: Guide a discussion about what it means to tailor care and give examples from your own experience. Invite participants to share any stories they might have and are comfortable sharing.

Advocating for the Person: Guide a discussion about the meaning of advocacy and how it applies to caregiving. Use example from your own experience and/or invite participants to share.

Checkpoint

Answers will vary. If time allows, have participants work in partners or small groups to discuss their answers to the checkpoint questions.

Lesson 2: Honoring Differences

Media Options

- Safe and Visible – Creating a Care Facility Welcoming to LGBT Seniors (Lavender Seniors) <https://youtu.be/-iVLJmYfjTo>

Key Concepts

- Culturally Appropriate Care
- Bias
- Respecting Sex and Gender Identity

Lesson Notes

This lesson touches on discrimination, racism, bias, privilege, and other concepts which may likely cause some discomfort amongst you and the participants. Before starting the lesson, think about your own biases and how they might affect how you present this material. Have a discussion with the participants about the possibility of discomfort and the importance of keeping an open mind to the material and to each other during discussions. As the facilitator, you need to help maintain a safe environment. If a discussion becomes heated, remind everyone that the goal is to listen respectfully to each other, not debate.

Suggested points include:

- See discomfort as a potential teacher. Embrace the awkward. Take risks. Choose brave engagement.
- Speak your truth but hear others as well.
- RESPECT: always show respect for each other.
- Seek understanding, not agreement. People do not change their minds easily. Listening to each other is a good goal.
- Expect and accept non-closure. The issues presented here do not have easy answers. Having the discussion is valuable in and of itself.
- Be ok with what you don't know. Be comfortable with asking questions.

- Be comfortable with silence. It takes some longer to process what they have heard or seen.
- Practice empathy. Put yourself in the other person's place and assume they are doing their best.
- Remember self-care. These discussions may trigger strong emotions, especially for people who have experienced discrimination and oppression in their lives.

Culturally Appropriate Care

Guide a discussion about how differences in culture and identity might impact preferences for care.

Identity and Individuality: Emphasize that the caregiver's culture and identities also impact the care they provide, and they need to be self-aware of those effects to provide culturally appropriate care.

Intersectionality: Ask participants to suggest how intersectionality might impact a client's preferences.

Cultural Self-Reflection: Make sure participants have time to complete the Cultural Self-Reflection activity, but do not expect the participants to share all these personal details unless they are comfortable to do so.

Getting to Know a Client: Ask participants to discuss their answers to the question in the box. Encourage specific examples from personal experience.

Cultural Humility: Emphasize that cultural humility is an ongoing process of self-reflection. It is difficult to see past our own values and beliefs, and it takes time to develop cultural humility.

Exercise: 1-2-4-All (<https://www.liberatingstructures.com/1-1-2-4-all/>) – Ask participants to consider these questions: “What is the biggest challenge in trying to provide culturally appropriate care? How might a caregiver overcome that challenge?” Then follow this procedure:

1. Ask participants to think silently about the questions for 1 minute.

2. Ask participants to work in pairs, sharing and generating more ideas for 2 minutes.
3. Combine pairs into groups of four; share and develop ideas for 4 minutes.
4. Ask each group to share “What is one idea that stood out in your conversation?” (all groups should share within 5 minutes).

Bias

Guide a discussion about the definition of bias. Consider exploring some real-life examples but be aware of how those examples might make people in the class feel.

Explicit vs. Implicit Bias: Make sure participants understand the difference between explicit and implicit bias. Emphasize that everyone has implicit bias and that they are invisible to ourselves.

Negative Effects of Implicit Bias: These are just some examples. Discuss as a class or in small groups other ways bias could negatively affect a caregiving relationship.

Reducing Implicit Bias: Go over the strategies as a class. Note that the implicit tests at implicit.harvard.edu/implicit are designed to work best with a keyboard and may not function correctly on a phone or tablet.

Respecting Sex and Gender Identity

Lead a discussion through the main points. Emphasize the disparities in Long-Term Care for people who are part of the LGBTQ community.

Best Practices for Creating a Safe Environment:

Lead a discussion through the DOs and DON'Ts. Emphasize that it is impossible to tell who is part of the LGBTQ community just by looking. This is why it is necessary to always be intentionally welcoming.

Respectful Language: As an optional activity, go over some other examples of respectful language found on the web pages provided: hrc.org/resources/glossary-of-terms and lgbtq.wa.gov/data/general-information-and-definitions

Honoring Gender Identity: Guide a discussion through the main points. Make sure that participants understand the key concept that gender identity is an internal concept and is separate from gender expression and anatomy. Emphasize using the person’s name and pronouns correctly to respect their identity.

Exercise: Role-Play – Participants will work together to write a short skit about a caregiver who witnesses bullying or discrimination. The length of this activity can be adjusted based on how many participants are in your class. For this activity, follow these steps:

1. Put participants in groups of two or three.
2. Ask participants to invent a scenario in which they witness one person bullying another because of a difference or bias. Prompt the groups to think about questions like “what should the caregiver do or say?” and “How would the bully and person being bullied react?”
3. Give each group about 10 minutes to write a short script. Then have each group act out their skit in front of the class.
4. Ask the class to comment on how well the caregiver handled the situation.

Checkpoint

Answers will vary. If time allows, have participants work in partners or small groups to discuss their answers to the checkpoint questions.

Module 3 Guide: Communication

Overview for the Facilitator

Module 3 gives participants an overview of communication strategies that will help them provide quality care. Lesson 1 introduces strategies for both verbal and non-verbal communication. It also presents ideas for overcoming barriers to communication and effective problem solving. Lesson 2 focuses on monitoring a client for hearing loss or impairment and communicating through challenging circumstances.

Note: This module references the service plan, care team, as well as documenting and reporting. These topics are covered in detail in Modules 4 and 5.

Lesson 1: Lesson Title

Key Concepts

- Listening
- Managing Your Communication
- Barriers to Effective Communication
- Navigating Challenging Communication
- Effective Problem Solving

Lesson Notes

The communication skills needed to effectively engage a client is something that should be reinforced throughout the course. The participants will see important communication and client rights skills listed in the Skills Checklists.

Listening

Active Listening: Give participants time to complete the “Active Listening Self-Evaluation.” Encourage participants to be as honest with their answers as possible. Don’t ask or expect participants to share their answers. Explain that they will use their answers later in the lesson.

Seven Keys to Becoming an Effective Active Listener: Guide a discussion through the seven keys. Emphasize that clients often need time to think about and articulate what they want to say. Remind participants that patience is important, and to give clients the time they need.

After going over this section, ask participants to review their answers to “Active Listening Self-Evaluation” to identify areas they can improve. Emphasize that to be an effective active listener, the goal for questions 1-5 is “sometimes or never” and 6-9 is “often or always.”

Ask for volunteers to share any “aha’s” they had about their listening skills - both positive and needing work. Reinforce that reflecting on these areas help indicate where they can improve their active listening skills.

Recognizing Nonverbal Communication:

Emphasize that recognizing nonverbal signs of pain and confusion is a key responsibility for Home Care Aides. These should be documented and reported. Use the photos on pages 33-34 to illustrate nonverbal signs of pain and confusion.

Listening with Empathy: Guide a discussion through the section, then ask participants to complete the “Exercise for Listening with Empathy” individually or in pairs or small groups. After a few minutes, ask for volunteers to share their answers. Discuss their answers as a class.

Managing Your Communication

Effective Use of Body Language in Caregiving: Use the photos in this lesson to discuss the importance of body language. Here are some example discussion questions:

- What is the person's body language communicating? Why do you think so?
- If this person told you everything was just fine, would you believe them? Why not?
- If, as a caregiver, your body language looked like this, how engaged and respected do you think the client would feel?
- How would you feel about asking this person for help?
- What messages is this person communicating with their body language?
- Do you think the client would feel respected and would want to engage with this person?

Demonstrate examples of gestures, posture, and facial expressions that communicate respect and engage the client. Also demonstrate gestures, posture, and facial expressions to avoid such as crossed arms, tapping foot, and hurried speech.

Effective Use of Your Spoken Words: Demonstrate things to avoid such as elevated voice, infantile talking, calling the client "sweetie" or "dear," and patting the client's head.

Matching Your Body Language with What You Say:

Use the picture of the tired caregiver on page 38. Ask participants:

- This person is your coworker, and you have just asked them if they have time right now to help you with something. They say "Yes, no problem." Would you believe them? Why or why not?
- What other messages might this person's body language be communicating?

Ask participants to brainstorm ways to match body language and verbal message.

Making Sure Your Message Has Been Understood:

Guide a discussion through the main points.

Emphasize that caregivers should confirm the client's understanding regularly and use these strategies to clarify if needed.

Barriers to Effective Communication

Lead a discussion through the main points.

Environmental Barriers: Ask participants to work in small groups or as a whole class to list any barriers to effective communication where they work. Then in small groups, or as a whole class, brainstorm effective ways to eliminate those barriers.

Communicating while wearing masks may be challenging for both clients and Home Care Aides. Getting the client's attention first, speaking slowly and clearly, and using body language can help.

Conversational Bad Habits: Guide a discussion around the questions after "avoiding" and invite participants to share their answers if they feel comfortable.

Navigating Challenging Behaviors

Guide a discussion through the topic. Give some examples of challenging behavior or ask participants to share their own experiences. Demonstrate the three steps to responding appropriately. Emphasize the power of deep breathing exercises and practice with the class. There are many free apps available to download that will help practice deep breathing regularly.

Effective Problem Solving

Guide a discussion through the 4-step method. Give examples of problems or ask participants to volunteer experiences they have had. Emphasize the importance of including the client in the problem-solving process. Give one or two example problems and work through each step in small groups or as a class.

Checkpoint

1. Understanding and demonstrating sensitivity to the feelings of another.
2. Seven. Examples will vary.
3. Examples will vary.
4. Pay attention to feedback, communicate in ways that work best for the client, and try again if the message is not understood.
5. Reacting is acting without thought. Responding is acting with thought.
6. Understand the problem, brainstorm solutions, pick a solution and do it, get feedback about how it worked.

Lesson 2: Overcoming Challenges

Media Options

- Disability Sensitivity Training Video (Please play video in its entirety and mention that it is from the District of Columbia Office of Disability Rights)
<https://youtu.be/Gv1aDEFIXq8>

Key Concepts

- Hearing Loss or Impairment
- Overcoming Difficulties with Communication

Hearing Loss or Impairment

Guide a discussion through the topic. Emphasize the importance of observing, documenting, and reporting signs of hearing loss or impairment.

Overcoming Difficulties with Communication

There is a lot of information packed into these lists. Select and review several bullets. Encourage participants to read through them again later.

Share your experiences working through communication challenges. Invite participants to share their stories as well.

Checkpoint

1. Any change from the client's usual condition and level of ability.
2. Answers will vary.
3. Discuss your observations with the client and their care team.
4. The Hearing Loss section of the Resource Directory.
5. Answers will vary.

Module Review Key

1. D
2. False
3. B
4. B
5. B
6. True
7. False
8. True
9. True

Module 4 Guide: Clients and Their Rights

Overview for the Facilitator

This module gives participants the opportunity to understand long-term care from the client's point of view. By placing themselves in the client's shoes, the participant will reflect on the importance of independence and self-determination on quality of life. Lesson 1 introduces the concepts of the care team and the service plan. Lesson 2 goes in depth into client and resident rights and how these relate to the caregiver's job. After this module, participants should have a good understanding of their role in promoting a resident's independence, self-determination, and rights.

Lesson 1: The Client

Media Options

- The Thin Edge of Dignity by Dick Weinman
<https://youtu.be/UciTFCPCivI>
- A New Wrinkle on Assisted Living (Zahra Premji, reporter and anchor at CBC Vancouver News, and Kaan Eraslan, Kaan Eralsan media owner)
<https://youtu.be/PniXnNfupnU>

Key Concepts

- Clients
- Aging and Health

Clients

Terminology “client” or “resident”: Explain that for the purposes of this training, the term “client” means any person who is receiving long-term care services. “Client” is inclusive of “resident.” When the term “resident” is used, it specifically refers to a client who lives in an Assisted Living Facility (ALF), Enhanced Services Facility (ESF), or Adult Family Home (AFH). This distinction is sometimes important, as in the Resident Rights section of Lesson 2. For facility instructors, identify the preferred terminology in your care setting.

Service Plans: The service plan is introduced here to explain that it reflects the client's choices and desires about the care they need. Emphasize the caregiver's role in following and keeping the service plan up to date. Remind participants that other terms may be used for the service plan such as “negotiated service agreement,” or “care plan.” Make sure participants know what the service plan is called in their care setting.

Module 5 covers the difference between a DSHS CARE assessment and facility service agreement (or negotiated care plan) and how a caregiver uses a service plan to understand their duties.

Aging and Health

Understanding the Aging Process: This section explains how misunderstanding the effects of aging can lead to clients not getting the care they need. Guide participants through the reflection questions and try to draw out as many examples as possible.

Common Physical Changes Associated With Aging: Select several of the listed common changes of aging. Ask participants to comment on:

- the types of things they may see in an aging client;
- what the client may be experiencing (both positive and negative) because of it; and
- types of things they may need to report.

Common Diseases and Conditions: Ask participants to volunteer what disease and/or conditions the client they are caring for is living with. Ask them to talk about:

- how the condition impacts the client's personal care requirements,
- what they did to learn about the client's disease/condition,
- what additional things they do to support the client in maintaining independence.

The importance of the client's disease or condition impacting care is reinforced throughout the curriculum. Set a good foundation!

Memory and Aging: Emphasize that dementia is not a normal part of aging and explain why it is important to watch for signs of delirium and find its root causes.

Checkpoint

1. Preserve dignity, and improve wellbeing and quality of life.
2. The client and their care team work together to develop the service plan. With a DSHS CARE plan, the case manager creates the service plan.
3. The client chooses the other members of their own care team.
4. A client's service plan would change when their needs and/or preferences change.
5. No, memory loss is not a normal part of aging.

Lesson 2: Resident and Client Rights

Key Concepts

- Basic Rights
- Resident Rights
- Legal Protections

Basic Rights

Ask participants to reflect on client rights from a client's position. What might be happening in a client's life that makes these basic rights even more important?

Freedom from Abuse and Neglect: Mandatory reporting is covered in Module 5, but mention here that Home Care Aides are legally required to report suspected abuse and neglect.

Balancing a Client's Right of Choice and Safety: Review with participants what constitutes "immediate danger" and when it is and is not appropriate to call 911.

The issue of balancing client choice and safety is discussed here and is returned to at several different points of the curriculum. Set a strong foundation.

Note that in Example 1 in the textbook, Sasha is a non-binary person and uses the pronouns they/ them.

Select one of the following brief situations or make up some of your own. After presenting the situation, ask participants to volunteer an appropriate response to the client using the steps outlined for balancing choice and safety.

Situation 1: You are supporting Ann in her home. Ann is unsteady on her feet when she walks. She has a quad cane but doesn't like to use it at home. When walking in the house, Ann grabs and uses the furniture to steady herself. You are afraid she is going to fall.

Situation 2: You are working in an adult family home with Sam who has refused to bathe for several days. Sam is on the schedule to have a shower or bath this morning and again says he doesn't want it. Besides the obvious smell coming from Sam, he has had serious skin problems in the past.

A Restraint-Free Environment: Help participants identify and correct mistaken beliefs they may have regarding the use of restraints with this activity: Ask participants to give some examples of times they have seen restraints used. Give your own examples if the participants do not come up with any (e.g. to keep the person from falling out of bed, to keep a person from sliding down in a wheelchair).

Ask the participants to discuss possible reasons the restraints were used (e.g. to prevent the person from injuring him/herself or to stop a problem behavior).

Ask participants to brainstorm some of the negative outcomes that could happen with the use of restraints in those situations.

Have participants brainstorm ways to handle the same situations without restraints.

Reinforce that:

- any unchallenged beliefs about restraint use needs to be updated with current information; and
- the more we have learned about the use of restraints—the stronger the case becomes for never using them.

When Something Becomes a Restraint: Guide a conversation about the difference between “medical devices” and “restraints.” Make sure participants understand that some medical devices have safety risks, such as lap belts and side rails. These can become restraints if not used properly.

Alternatives to Restraints: Offer one of your own examples of successful alternatives highlighting the positive impact on the client. Ask participants to give examples of alternative solutions they have seen or used.

Confidentiality and Privacy: Select one of the following brief situations below or make up some of your own. After reading the situation, ask participants to offer an appropriate caregiver response to ensure the client’s private information is kept confidential:

Situation 1: You work for a home care agency. One day while you are working in a client’s home, the client’s sister is visiting from out of town. She pulls you aside and asks you to fill her in on how her sister is “really” doing.

Situation 2: You are a caregiver working at an assisted living facility. While walking down the corridor, you see a friend of your client. The friend comes up to you and says, “I hear Mary had a really bad night. Do you think she is getting worse?”

Situation 3: Your shift at an adult family home is about to start and you run in to a co-worker who has been working all day. Your co-worker tells you Joe has been sad because his son did not come for a visit this afternoon. She then goes on to say, “Can you believe the way his son treats him?”

Residents Rights

Ask participants to choose three or four resident rights, and brainstorm real-life situations that can make it challenging for a caregiver to support this right.

Brainstorm ways caregivers can deal with the real-life pressure AND support a client’s rights in these situations.

Suggested rights for this activity:

- Choose activities, schedules, and health care consistent with his or her interests, assessments, and negotiated care plan;
- Interact with members of the community both inside and outside the facility;
- Make choices about aspects of his or her life in the home that are significant to the resident;
- Wear their own clothing and decide their own dress, hair style, or other personal effects according to individual preference;

Legal Protections

POLST Form and DNAR: Emphasize the policies in your care setting about what caregivers are to do if they find a client who appears not to be breathing. Explore scenarios such as aspiration or accidents. Make sure participants know what to do when they find themselves in this situation based on the policies of their workplace.

Washington State Long-Term Care Ombuds Program: Check with your local Ombuds office for any additional resources to use in the class. Many local offices are willing to send a guest speaker to the class or provide booklets or videos that are very helpful to participants.

Checkpoint

1. A person does not lose any rights when they start to receive long-term care services.
2. Answers will vary.
3. Answers will vary.
4. When it prevents the client from moving the way they want to.
5. Explain why you are concerned, offer safe alternatives, report concerns, and document concerns.
5. The Ombuds program or DSHS at 1-866-ENDHARM

Module Review Key

1. False
2. C
3. B
4. False
5. A
6. A
7. C
8. False

Module 5 Guide: The Caregiver

Overview for the Facilitator

Module 5 introduces the core responsibilities of Home Care Aides. Participants will have the opportunity to learn how their approach to work can affect a client's quality of life. Lesson 1 introduces the Home Care Aide's "job description," including the concepts of Activities of Daily Living and Common Care Practices. Lesson 2 focuses on the Home Care Aides' duties as a mandatory reporter for all allegations of abandonment, abuse, financial exploitation, and neglect.

Skills: Common Care Practices, Communication and Client Rights

Lesson 1: The Professional Caregiver

Media Options

- Calling 911: What People with Disabilities Need to Know and Need to Do (Mid-Atlantic ADA Center) <https://youtu.be/kkkaht5bPP8>

Key Concepts

- The Professional Caregiver
- Providing Personal Care
- Observing, Documenting, and Reporting
- Professional Conduct and Boundaries
- Preparing for and Responding to Emergencies

The Professional Caregiver

Guide a discussion through each of the 5 caregiver responsibilities. For each item, try to draw out:

- why this is important for the client;
- why this is important for the caregiver.

Reinforce that these 5 basic job responsibilities are a caregiver's "job description."

Providing Personal Care

Personal Care Services: Put participants in pairs or small groups. Ask them to brainstorm answers to reflection question for a few minutes. Instruct them to focus on emotions and feelings. Circulate amongst the groups and facilitate as needed. At the end of the few minutes, have each group report to the whole class one or two ideas they discussed. This activity helps participants empathize with clients who need support with ADLs.

Activities of Daily Living (ADLs): Point out that each ADL has a Skills Checklist entry and that each of these tasks is explained in detail in the rest of the Fundamentals of Caregiving. If time allows, you might give participants one or two examples to look up in their own materials.

Highlight that some ADLs require nurse delegation, which is covered in Module 11.

Service plans: The Home Care Aide certification covers all care settings, so the information presented in the Fundamentals of Caregiving is necessarily broad. Participants should understand that there are a variety of service plans they might see. These service plans may have different names such as "negotiated care plan," "negotiated service agreement," or "DSHS CARE plan." Make sure participants know what service plans are called, and where they can find them, in their work setting.

Exercise: Check the Service Plan - There are two example service plans in the Resource Directory appendix. One is a DSHS CARE Plan with Assessment Details and Service Summary, and the other is a Negotiated Service Agreement from an ALF. Use a variety of activities to give participants the chance to look at each example and compare them.

Have participants work individually or in groups to find specific details in both example service plans such as:

- each client's diagnoses;
- what types of medication assistance each client needs;
- what ADLs each client needs assistance with;
- each client's preferences about certain care tasks;
- emergency contacts;
- how best to communicate with each client (if included); etc.

Client Centered Care: This section emphasizes the importance of person-centered care during personal care tasks. It encourages caregivers to see clients as whole people, rather than a list of tasks. A Home Care Aide who shows the client that they really care and think about the client can have a profound impact on that person's quality of life.

(Skill) Common Care Practices: Have participants refer to their Skills Checklist and look at Common Care Practices and Communication and Client Rights. Make sure participants understand that these are essential every time they interact with a client.

Emphasize the following steps during this skill. These are frequently missed points on the skills test:

- Use infection control measures and standard precautions to protect the client and the HCA throughout the procedure.
- Leave common use items within client's reach at end of care (e.g. phone, glasses, remote, tissue, glass of water)

Invite participants to share their answers to the Common Care Practices Activity, and give feedback.

Remember to have participants practice the Common Care Practices and Communication and Client Rights whenever they practice a personal care task.

Protecting Client Privacy: Guide a discussion on the importance of protecting client privacy. Discuss what needing help with personal care can be like for a client and highlight the importance of supporting the client emotionally.

Put participants into small groups to discuss these questions (and/or others you create):

- How easy is it for you to ask for help?
- What are some of the emotions that come up when you HAVE to have someone do something for you?
- How easy would it be to ask a stranger/family member to do something personal for you?
- What are some of the reasons it can be uncomfortable for a client to have someone help with personal care?

- How might this impact a client's need for respect for their privacy?

Have each group share their answers to one or two of the questions. Then have them return to their groups to discuss the following:

- What are some "real-life" issues that come up that may stop a caregiver from remembering this important aspect of providing care?
- What are some ways they can remember to honor a client's privacy?

Supporting Client Independence

Guide a discussion about the difference between doing something for a client and helping them do as much as they can for themselves. Emphasize that maintaining independence and doing things for themselves is critical to a client's wellbeing.

Observing, Documenting, and Reporting

Review several examples from each category of the types of changes a caregiver should look for. For each example, highlight:

- the need to use all of your senses to observe changes;
- why and what a caregiver might need to know about a client's disease/condition as it relates to these symptoms;
- how to relate the change to baseline and determine when something is significant to report.

Exercise: Be a People Watcher: Put participants into teams of 3-5 people. Each team chooses a person or group of people to observe for a period of 1-2 minutes (e.g. out a window in the classroom, a grocery store, mall, a busy street, a facility, or other area). The person(s) being observed are not to know they are being watched or disturbed in any way. Participants should not discuss their observations with other team members.

Once the observation is complete, participants are to take 1-2 minutes and write down what they observed. This should be as soon as they can after making their observations.

Once each team member has had a chance to write down their observations, ask team members to:

1. share with each other their observations and compare notes;
2. Identify what they saw in common and what they saw differently.
3. Ask:
 - a. Did participants see different things?
 - b. What are some of the reasons each person saw something different (assuming they did)?
 - c. How does this impact the need to write observations objectively?

Exercise: Objective documentation - This exercise gives participants practice identifying differences between objective and subjective observation and documentation.

Write the following pairs of statements (or use your own) up on the board or read them out loud. Have participants decide which sentence is objective and which is subjective.

For the subjective sentences, ask for volunteers to suggest how to make the description more objective. An example of a more objective statement is listed after each subjective statement.

1. Ahmad was very upset today. **(subjective)**
(Better: Ahmad said he was sad and disappointed that his daughter didn't visit today.)
2. Mrs. Smith spoke in a loud voice. **(objective)**
3. Mx. Duarte said they have a headache. **(objective)**
4. Bev appeared ill. **(subjective)**
(Better: Bev felt warm when I touched their forehead.)
5. Mr. Smith called me by his daughter's name today. **(objective)**
6. Mr. Smith seemed confused. **(subjective)**
(Better: Mr. Smith asked the same question three times within 5 minutes.)
7. Donald was drunk today. **(subjective)**
(Better: Donald smelled of alcohol and his speech was slurred.)
8. Observed two empty scotch bottles in Donald's room. **(objective)**

Professional Conduct and Boundaries

Emergencies and Time Off: Make sure participants understand the policies about what to do if they get sick, need time off, or cannot come to work for another reason.

Getting Ready for Work: Highlight the health and safety concerns for each category of preparation (Hair, Jewelry, etc.). Make sure participants understand the dress code or uniform policy in their workplace.

Professional Boundaries: Ask participants to brainstorm the types of situations/problems that arise when caregivers don't keep clear boundaries (e.g. higher possibility of burnout, not supporting a client's independence). Give some examples from your own experience, if possible.

Note: The word "boundaries" may be confusing. Participants may struggle with this topic because the word "boundary" implies a physical limitation, like a fence line or property line. Describing it as not only a physical barrier, but an emotional barrier can also be challenging. Be prepared to clarify the meaning of "boundary" in this context, and make sure participants understand.

Warning signs: Use a guided discussion to have participants look at each of the warning signs and discuss why it leads to problems with the caregiver/client relationship.

Have participants list any additional warning signs they see within themselves or others.

In a survey of successful, long-term caregivers, viewing caregiving as a job was the most important way to maintain clear, professional boundaries. Stress this important boundary with the class.

Preparing for and Responding to Emergencies

A lot of this information is review of Orientation and Safety training. Make sure participants know how to respond to fire, earthquake, flood, power outage, etc. in their care settings.

Preventing Accidents: Make sure participants know how to report problems and to whom.

Responding to Medical Emergencies: Spend time going over the symptoms of stroke and heart attack. Emphasize that caregivers should not wait if they see any symptoms – every minute counts. Calling 911 immediately can save a person’s life as well as their cognitive and physical abilities.

Stroke Signs and Symptoms: Stroke causes brain cells to die. The longer a stroke goes untreated, the more damage it can do. EMS services can start treatment in the ambulance, and can take patients directly to stroke-capable hospitals. For these reasons, it is important to call 911 as soon as the signs of a stroke appear. Review the B.E.

F.A.S.T. list of symptoms and make sure participants understand the importance of calling 911 immediately.

Severe Heat: Share more strategies for encouraging clients to get liquids in:

- Jell-o, Popsicles and ice chips are a good way to get liquids in for those who don’t like to accept fluids. Other suggestions
- Do not add salt to food
- Brush your teeth more often to feel refreshed.
- Suck on a lemon wedge. You can freeze it first if you like.
- Add lemon to water and ice for a thirst-quenching effect.
- Suck on a ice chips. Ice stays in your mouth longer than water.
- Eat frozen fruit like grapes, peaches, or pineapple chunks

Calling 911: Make sure participants understand the emergency procedures and when to call 911 in their care setting.

Checkpoint

Answers will vary based on the participant’s care setting.

Lesson 2: Mandatory Reporting and Preventing Mistreatment

Key Concepts

- Mandatory Reporting
- Risk Factors
- Recognizing Signs of Abuse, Neglect, and Exploitation
- Making a Report

A Note about Key Words

Key words in this lesson are legal definitions from RCW 74.34.020. The language may be difficult for some participants. Spend time going over the key words and help participants understand the definitions.

Mandatory Reporting

Participants must understand that they are mandatory reporters of all allegations of mistreatment of a vulnerable adult (abuse, neglect, financial exploitation, and abandonment). Emphasize also that any adult living in a residential facility or receiving services from a Home Care Aide is a vulnerable adult.

Brainstorm some reasons why caregivers might not report. Write ideas on the board. Some possible reasons include:

- I am not 100% sure.
- Someone else will call.
- It probably isn't even happening.
- The client will get mad.
- I will get the person in trouble.
- Someone will be angry at me.

For each item, have participants talk about the reasons this is a common reaction people have.

Have participants brainstorm how to overcome their fear and report the abuse.

Remind participants that it is a gross misdemeanor (a crime) for a mandatory reporter to knowingly fail to make a report. People are being prosecuted for failing to report.

Risk Factors

Emphasize that there are many myths and mistruths about people who experience abuse and abusers. Caregivers, family members, and other clients may all be perpetrators of abuse. Anyone can experience abuse.

Caregivers snapping from burnout and harming a client (a common belief) does not happen often, but it does happen. A caregiver is more likely to abuse a vulnerable adult if they are a family member and any of the items listed as things contributing to abuse are present.

Recognizing Signs of Mistreatment

Guide a discussion through all the kinds of mistreatment. Be sure to highlight the following areas:

Sexual Abuse: Emphasize that any sexual conduct between a staff member and a vulnerable adult (whether in a facility or not) is considered sexual abuse.

Personal Exploitation: Have participants discuss the “What Would You Do?” question in small groups and then report their answers to the class.

Making a Report

DSHS has a “no wrong door” policy for reports of suspected mistreatment. This means reporters can use any of the given phone numbers or websites, and the report will be processed and sent to the correct agency. However, sending a report to the correct channel may help the vulnerable adult get the help they need more quickly.

Review the different reporting options and when each would be most appropriate.

Emphasize that the caregiver should also report to their supervisor when they notice signs of mistreatment.

Checkpoint

1. Any mandatory reporter, including long-term care workers.
2. As soon as it is safe for you and the client to do so.
3. Call 911.
4. Answers will vary.
5. Answers will vary.
6. 1-866-ENDHARM, 1-877-734-6277

Module Review Key

1. A
2. A
3. True
4. False
5. A
6. Subjective
7. B
8. C
9. True
10. True
11. A
12. Financial Exploitation: 2, Abandonment: 3, Neglect: 4, Abuse, 1
13. A
14. True

Module 6 Guide: Infection Control and Prevention

Overview for the Facilitator

This module introduces infectious disease and infection control. Participants will have the opportunity to understand how infections spread and what they can do to prevent it. In lesson 1, participants will study the “chain of infection” to learn how infections spread, and practice what they must do to prevent it, including proper hand hygiene and correct use of gloves and other PPE. Lesson 2 focuses on understanding and preventing the spread of blood borne pathogens including HIV/AIDS.

Skills: SWIPES, Hand Washing, Put on Gloves, Take off Gloves

Lesson 1: Infection Control

Suggested Media

- Using Personal Protective Equipment (PPE) (CDC) <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>
- Hand Hygiene: Why, How & When? (Brochure – WHO) https://www.who.int/gpsc/5may/Hand_Hygiene_Why_How_and_When_Brochure.pdf
- Glove Use (Leaflet – WHO) https://www.who.int/gpsc/5may/Glove_Use_Information_Leaflet.pdf
- How to Remove Gloves (Infographic - CDC) <https://www.cdc.gov/vhf/ebola/pdf/poster-how-to-remove-gloves.pdf>
- Cover your Cough (Infographic – CDC) https://www.cdc.gov/flu/pdf/protect/cdc_cough.pdf
- Demonstration of Donning (Putting On) Personal Protective Equipment (PPE) (CDC) <https://youtu.be/H4jQUBAlBrI>
- Demonstrating of Doffing (Taking Off) Personal Protective Equipment (PPE) (CDC) <https://youtu.be/PQxOc13DxvQ>

(Source: CDC - no endorsement or recommendations implied - available on the CDC website at no charge)

Key Concepts

- Infectious Disease
- Preventing Infections
- Strengthening the Immune System

Infectious Disease

Signs and Symptoms of Infection: Refer learners to the Common Diseases and Conditions appendix. Assign learners (individually, in pairs, or in small groups) to find symptoms of some common infections (pneumonia or TB) and report their findings to the class.

Make sure learners know how, when, and to whom they should report signs of infection.

Preventing Infections

The Chain of Infection: Take 2-3 diseases (e.g. flu, HIV, Hepatitis A) and walk learners through the chain highlighting:

- where the pathogen grows and what it needs to multiply;
- how it gets out of the body;
- how it is transmitted;
- how it gets into the next host;
- the types of things that make a person susceptible.

Have learners brainstorm ways caregivers can break the link of infection for these diseases (e.g. washing their hands, disinfecting the kitchen, etc.)

SWIPES: Make sure learners understand what “SWIPES” means and that it happens at the beginning of every personal care task.

(Skill) Handwashing: Refer learners to the Skills Checklist and demonstrate handwashing. Refer learners to the diagram in the Fundamentals of Caregiving as a good visual reminder of the proper steps.

See Facilitating Skills Practice at the beginning of this handbook for more information on how to setup and demonstrate skills.

OPTIONAL Exercise (Highly Recommended):

Use Glo Germ to show participants how effective their handwashing technique is.

- Put a small amount of Glo Germ on each participant's hands.
- Have them wash according to the proper handwashing procedure.
- Use a black light to let learners see how good a job they did with their hand washing technique in removing the Glo Germ.
- Remind participants that areas that show up are germs that can be spread. This will point out areas of their hand washing technique that require more work.

(Skill) Put on Gloves: Demonstrate putting on gloves. Emphasize the communications step in consideration of the client's feelings and explaining how gloves will protect both the client and Home Care Aide. Also emphasize the need to wash hands before putting on gloves.

(Skill) Take off Gloves: Demonstrate taking off gloves. Refer participants to the infographic in their textbook. Emphasize that the last step in the skill is to wash hands.

(Skill) Putting on and removing Personal

Protective Equipment (PPE): These are not tested skills on the Prometric skills test, but they are essential for infection control. These tasks are required to be demonstrated, in the presence of a qualified instructor, as part of a Home Care Aide certification class.

Respiratory Hygiene / Cough Etiquette: Refer learners to the Cover your Cough infographic from CDC.

Cleaning and Disinfecting the Environment:

Demonstrate how to properly clean up a blood or body fluid spill. This should include the proper procedure, standard precautions required, and the supplies needed to clean and disinfect surfaces.

Participants are not expected to practice this skill - but understanding how to do it correctly is important. The purpose of the demonstration is to give participants a good visual demonstration of the proper steps and reinforce the need for standard precautions any time they clean up blood or body fluids.

Strengthening the Immune System

Vaccines and Immunizations: Emphasize that vaccines are rigorously tested for safety and efficacy, and save lives. Direct learners to https://www.vaccines.gov/who_and_when/health_care_workers for more detailed information on which vaccinations are recommended for them.

Checkpoint

1. Document the symptoms and report them to the appropriate person in your care setting.
2. Gather supplies, wash hands, identify yourself to the client, provide privacy throughout care, explain to the client what you are doing, and scan the area to be sure everything is back in place.
3. Answers will vary.
4. Wear gloves.
5. Use a bleach solution or commercial household cleaning solution.
6. Answers will vary.

Lesson 2: Blood-Borne Pathogens

Media Options

- Personal Stories from People Living With HIV (video – ViiV Healthcare)
<https://youtu.be/2y84PSXayyY>

Key Concepts

- Blood-Borne Pathogens and Diseases
- HIV/AIDS

Blood-Borne Pathogens and Diseases

Common Blood-Borne Diseases: Guide a discussion about Hepatitis B and C. Highlight that they can be spread through contact with dried blood. Direct participants to the [Common Diseases and Conditions](#) section and explore the details of Hepatitis.

How Blood-Borne Pathogens Spread in the Workplace: Review the standard precautions from Lesson 1, focusing on how they prevent the spread of blood-borne pathogens. Emphasize that Home Care Aides must use standard precautions any time they may come in contact with a client's blood, body fluids, broken skin, or mucous membranes. Also emphasize that blood-borne pathogens cannot be spread by contact that does not include blood, body fluids, broken skin, or mucous membranes.

Exposure to Blood-Borne Diseases: Guide a discussion about the immediate and further actions a caregiver should take if they are exposed in any of the methods described. Make sure participants understand the policy on exposure in their workplace.

HIV/AIDS

How HIV Spreads: Guide a discussion about how HIV can and cannot spread. Emphasize that caregivers must treat all clients with dignity and respect.

How HIV Works in the Body: Guide a discussion about how HIV compromises the immune system.

Acquired Immune Deficiency Syndrome (AIDS): Make sure participants understand the difference between HIV and AIDS.

Treatment for HIV/AIDS: Guide a discussion through the therapy and treatment options for HIV/AIDS. Emphasize that people living with HIV/AIDS can suppress the virus and prevent its spread through medication.

Testing for HIV: Guide a discussion about the importance of testing. Make sure participants know the policy in their care setting. Emphasize that testing is confidential or anonymous.

Law Against Discrimination: Refer participants to the HIV and Employment Protection entry in the Resource Directory. Emphasize that discriminating against a client because of HIV or suspected HIV is a violation of their rights.

Stigma: Have participants form small groups and brainstorm ways they can prevent stigma against people living with HIV in their workplace. Each group should report to the whole class.

Checkpoint

1. Answers will vary.
2. Answers will vary.
3. Flush eyes immediately with clean running water for 5 minutes Rinse mouth with a 50/50 mix of hydrogen peroxide and water, then rinse with plain water. Get medical attention.
4. HIV is a virus that causes AIDS, a syndrome.
5. No.
6. It is protected health information and sharing the information could lead to stigmatization.

Module Review Key

1. False
2. B
3. C
4. False
5. False
6. True
7. A
8. B
9. True
10. C
11. False
12. True
13. A

Module 7 Guide: Mobility

Overview for the Facilitator

Module 7 introduces the personal care tasks related to mobility. Lesson 1 emphasizes the importance of mobility in maintaining independence, safe body mechanics, and tips for assisting a client to walk and transfer. Lesson 2 focuses on the causes and effect of falls, as well as how to reduce the risk of falls and what to do when a client is falling or has fallen.

Skills: Assist a Client to Walk, Transfer a Client from Bed to Chair or Wheelchair

Lesson 1: Safely Assist with Walking and Transfers

Media Options

There are many videos that demonstrate proper body mechanics available on the internet.

- The Caretaker Crisis: Investigating work-related Injuries in healthcare (WA State Dept. of Labor and Industries)
<https://www.youtube.com/watch?v=BI9fIVLtlE>

Key Concepts

- Supporting Mobility
- Body Mechanics
- Common Care Practices with Mobility
- Skill: Assist a Client to Walk
- Skill: Transfers

Supporting Mobility

Guide a discussion with the participants about why mobility is so important to people. Help the participants think about the emotions they would feel if they needed help to move around their own home. Emphasize the importance of person-centered care such as communicating with the client before, during, and after transfers and making sure the client has what they need within reach after the transfer.

Body Mechanics

Demonstrate proper body mechanics including feet position and keeping the spine straight. Emphasize the importance of preventing back injury and how to lift with the legs instead of the back muscles. Show some common mistakes and how to avoid them. Warn participants of the consequences of improper body mechanics.

Remind participants that Home Care Aides are expected to use proper body mechanics when performing personal care tasks. During skills practice, watch and make sure participants are using good body mechanics.

Common Care Practices with Mobility

Common Care practices and Communication and Client Rights were introduced in Module 5. SWIPES were introduced in Module 6. Guide a discussion reviewing why these are essential parts of every personal care task.

Skill: Assisting a Client to Walk

Demonstrate the skill, then put participants into DOC teams to practice.

Emphasize the following steps during this skill. These are frequently missed points on the skills test:

- Cue client to push up with arms from chair to stand.
- Cue client to reach for chair before sitting.

Since Assisting a Client to Walk is part of the Module Scenario, you can wait and have participants practice the skill then - or have them practice right after your demonstration.

If you have participants practice now, one group will still demonstrate the skill after the Module Scenario research, problem solving, and discussion.

Skill: Transfer a Client from Bed to Chair or Wheelchair

Demonstrate the skill, then put participants into DOC teams to practice.

Emphasize the following steps during this skill. These are frequently missed points on the skills test:

- Assist client to apply non-skid footwear before standing.

- Position wheelchair to allow for pivot with front interior wheel at side of bed, with chair parallel or slightly angled, before beginning transfer.
- Have the client's feet (wearing shoes) positioned flat on the floor before standing.
- Cue client to hold onto armrest(s) before sitting in wheelchair.

Assistive Devices for Transfers: Demonstrate the correct way to use a transfer/gait belt, including how to hold it securely.

Guide a discussion to review how enablers such as bed rails can become restraints, and what a Home Care Aide should do if they see this happening.

Safety with Transfers: Summarize the potential danger of transfers, and how to stay safe while performing these personal care tasks.

Checkpoint

1. Any three steps of proper body mechanics.
2. No.
3. A gait belt.
4. Lifting a person can cause injury to both the caregiver and client.
5. When they prevent the person from moving as they want.
6. Stop the transfer, reassess the situation, and get help if possible.

Lesson 2: Falls and Prevention

Media Options

- 6 Steps to Prevent a Fall (National Council on Aging © 2021)
<https://vimeo.com/148517287>

Key Concepts

- Fall Statistics
- Causes of Falls
- What to Do If You See a Client Falling

Fall Statistics

Guide a discussion about the dangers of falls. If you have any stories to share about falls, this can be a powerful way to emphasize the importance of fall prevention. Consider inviting participants to share their stories as well.

Causes of Falls

Emphasize what the Home Care Aide can do to minimize the risk of falls, including looking for environmental hazards and monitoring the client for health-related causes.

What to Do if you See a Client Falling

Demonstrate the proper way to assist a client who is falling. Emphasize that the Home Care Aide should tell the client what they are doing to help the client not to panic.

Participants are **not** expected to practice the skill.

What to Do if a Client has Fallen on the Floor:

Make sure participants know the policy in their care setting for when a client has fallen.

What to Do After a Fall: Guide a discussion about Home Care Aide responsibilities after a fall happens.

Checkpoint

1. 1 in 4 Americans 65+ fall each year.
2. Answers will vary.
3. Answers will vary.
4. Sturdy walking shoes that support their feet and ankles.
5. No. Help guide them to the floor and protect their head.
6. Answers will vary.

Module Review Key

(Transfers should be practiced in a skill station before beginning the Module Review and Module Scenario.)

1. True
2. False
3. A
4. False
5. B
6. B
7. C

Module Scenario Instructions (20-30 minutes)

Review with participants the purpose of the module scenario. Module scenarios reinforce and give participants practice in:

- problem solving in common caregiving situations;
- understanding how caregiving is impacted by a client's disease and/or condition;
- performing the selected skill correctly while demonstrating respect towards a client and their rights.

Module 8 Guide: Skin and Body Care

Overview for the Facilitator

Module 8 introduces personal care tasks related to skin and body care. Lesson 1 presents the causes and prevention of skin breakdown, focusing on responding to and avoiding pressure injuries. Lesson 2 gives participants general tips on performing a wide range of personal care tasks. Both lessons emphasize the importance of regular observation, documentation, and reporting.

Skills: Turn and Reposition a Client in Bed, Mouth/ Oral Care, Denture Care, Shave with a Safety Razor, Fingernail Care, Foot Care, Assist a Client with a Bed Bath, Assist Client with a Weak Arm to Dress, Put a Knee High Stocking on a Client, Passive Range of Motion for One Shoulder, and Passive Range of Motion for One Knee and Ankle

Note: There are two module scenarios in this module, one for lesson 1 and another for lesson 2. The first module scenario should be completed after lesson 1, before starting lesson 2.

Lesson 1: Skin Care

Media Options

- There are many example images of skin breakdown available on the internet. Google image search is a suggested resource.

Key Concepts

- Promoting Healthy Skin
- Observing and Reporting Skin Problems
- Pressure Injuries
- Preventing Pressure Injuries

Promoting Healthy Skin

Guide a discussion through the five ways to help keep skin healthy. Emphasize the tasks that cannot be performed by a Home Care Aide without nurse delegation (Module 11).

Observing and Reporting Skin Problems

Emphasize the importance of asking a client about any skin changes if the caregiver does not have the opportunity to observe the client's skin directly.

Skin Problems a Caregiver May See: It is recommended that you show participants color images of each type of skin problem as a learning aid.

Pressure Injuries

Emphasize that observation and prevention of pressure injuries is a key part of a Home Care Aide's job.

Causes of Pressure Injuries and High Risk for Pressure Injuries: Guide a discussion of why each situation might put a client at risk for a pressure injury. Highlight any aspects of promoting healthy skin care that help to prevent pressure injuries in each area.

Pressure Points: Review each of the different possible pressure points. Clearly note on your own or a volunteer's body exactly where each of the pressure points would be.

Ask participants to brainstorm what can happen that would be a problem for several of the major pressure points (e.g. someone sleeping on their hipbone); Ask participants to brainstorm things they could do or use to help prevent pressure in these situations.

Skill: Turn and Reposition a Client in Bed

Demonstrate the skill. Participants are expected to practice the skill at a skill station.

Highlight the need for proper body mechanics.

Reinforce what “proper” body alignment is in a bed and a chair.

Emphasize the following steps during this skill. These are frequently missed points on the skills test:

- Support upper arm using padding or pillow.
- Leave client in side-lying position, avoiding direct pressure on hipbone.

Since repositioning is part of the Lesson 1 Module Scenario, you can wait and have participants practice the skill then - or have them practice before you do the Scenario.

If you have participants practice now, it is still expected that one group will demonstrate the skill after the Module Scenario research, problem solving, and discussion steps.

Skin Care Tips for Positioning a Client Confined to a Bed or Chair: Demonstrate proper placement of pillows and proper positioning of a client if the head of the bed must be raised. Participants are not expected to practice this skill.

Checkpoint

1. Answers will vary.
2. Ask the client about any skin changes.
3. At least every 2 hours.
4. A draw sheet.
5. On bony prominences.
6. Answers will vary.

Lesson 2: Body Care

Media Options

- There are a wide variety of video options related to these skills available on the internet. Suggested resources include Google and YouTube. Before showing a video in class, watch it to ensure that it is accurate and appropriate.

Key Concepts

- Skill: Mouth/Oral Care
- Skill: Denture Care
- Skill: Shave with a Safety Razor
- Skill: Fingernail Care
- Skill: Foot Care
- Skill: Assist a Client with a Bed Bath
- Skill: Assist a Client with a Weak Arm to Dress
- Skill: Put a Knee-High Stocking on a Client
- Skill: Passive Range of Motion (for One Shoulder and One Knee and Ankle)

Note on Skills Testing

Facilitators may choose to use some of the practice time to test or finish testing participants on the mandatory skills from previous modules such as handwashing, putting on and taking off gloves, and transfers.

Participants who are not being tested should be busy practicing in their DOC teams on the new skills you have covered.

Integrating the Fundamentals of Caregiving and the Skills Checklist

This lesson is heavily skills based. The participant's textbook supplements the skills checklist with important suggestions, background information, and warnings for each skill.

One possible way to teach this content would be to go over the textbook entry for each skill just before, or while, demonstrating it. Then, put participants into their DOC teams to practice at skill stations.

If any DOC team finishes early, encourage participants to also go back and practice any of the other skills they have learned thus far in the course.

Participants are expected to practice all of the skills in this lesson at skill stations with their DOC teams.

It is expected that all personal care tasks will be practiced by participants in their DOC teams before doing the Module Review.

Skills Practice and Demonstration

It is recommended that you demonstrate and have participants practice a small number of skills at once. Watching too many demonstrations in a row before practicing may make it difficult to apply learning.

Participants may also find it difficult to retain what they have seen if they watch a series of skills demonstrated and leave for the day before being able to practice.

In general, participants need to practice a skill as soon as possible after watching a demonstration.

Skill: Mouth/Oral Care

Emphasize the following steps during this skill. These are frequently missed points on the skills test:

- Brush, or offer to brush, the client's tongue.
- Use barrier (e.g., towel) to protect client's clothing while providing mouth care and remove at completion of procedure.

Skill: Denture Care

Emphasize the following steps during this skill. These are frequently missed points on the skills test:

- Place a clean denture in denture cup filled with clean and cool or tepid water or denture solution.
- Remove gloves without contaminating self after rinsing and storing equipment.

Skill: Fingernail Care

Make sure participants understand that Home Care Aides may not clip the fingernails of clients who have diabetes or circulatory problems, and should not use an orange stick on those client's fingernails.

Emphasize the following steps during this skill. These are frequently missed points on the skills test:

- Dry client's hand, including between fingers, after removing from water and before cleaning under or shaping fingernails.

Skill: Foot Care

Make sure participants understand that Home Care Aides may not clip the fingernails of clients who have diabetes or circulatory problems, and should not use an orange stick on those client's toenails.

Emphasize the following steps during this skill. These are frequently missed points on the skills test:

- Observe condition of skin and foot separating toes to check between and turn foot to look at heel before beginning foot cleansing.

- Submerge foot in water with basin filled to level sufficient to cover foot completely.
- Wash client's entire foot, including between toes with soapy washcloth after soaking.
- Dry client's foot, including between toes, after removing from water and before cleaning under or shaping toenails.

Skill: Put a Knee-High Stoking on a Client

Emphasize the following steps during this skill. These are frequently missed points on the skills test:

- Prepare stocking for application by turning sock inside out to at least the heel area.

Skill: Passive Range of Motion (for One Shoulder and One Knee and Ankle)

Emphasize the following steps during this skill. These are frequently missed points on the skills test:

- Move client's straightened arm away from side of body towards head of bed (HOB) and return toward side as one repetition (shoulder abduction/adduction).
- Provide rotation exercise to the shoulder.

Checkpoint

1. To improve appetite and to make the meal more enjoyable.
2. In a clean denture cup with solution or cool water.
3. The moisture promotes fungal growth.
4. Any time it gets soapy, cool, or dirty.
5. The client.
6. Yes.
7. Keeps a client's joints flexible and strong, reduce stiffness, and increase range of motion.

Module Review Key

1. False
2. True
3. B
4. B
5. True
6. A
7. B
8. C
9. False

Module Scenario Instructions (20-30 minutes)

Both Module Scenarios are required.

Review with participants the purpose of the module scenarios. Module scenarios reinforce and give participants practice in:

- problem solving in common caregiving situations;
- understanding how caregiving is impacted by a client's disease and/or condition;
- performing the selected skill correctly while demonstrating respect towards a client and their rights.

Note: In Module Scenario 2, Mx. (pronounced “mix”) Stevens asks the caregiver to do two things that they cannot do: clip toenails and clean and bandage sores without nurse delegation. Emphasize these restrictions and focus on problem solving Mx. Stevens request.

Notes:

Module 9 Guide: Nutrition and Food Handling

Overview for the Facilitator

Module 9 introduces participants to the basics of good nutrition and safe food handling practices. Lesson 1 focuses on how to build healthy eating patterns through variety and proportion. It emphasizes the importance of reducing harmful fats, sodium, and added sugar while increasing dietary fiber and water intake. Lesson 2 gives participants an overview of foodborne illness and the safe food handling practices that prevent foodborne illness.

Skills: Assist a Client to Eat

Note: The learning outcomes associated with the module are related to caregivers understanding nutrition so if they are required to shop and/or prepare meals, they will be able to go into a store and know how to choose and prepare healthier foods using food labels, basic nutrition guidelines, and the healthy eating pyramid.

Students are not expected to become experts in nutrition. Content on Learner's Guide pages 178-183 (up to the Meal Planning and Shopping section) has been included so the student has a basic understanding of what to look for (see above) and has reference materials during and after the course.

Although the emphasis of the module is on the client, good nutrition is also important for caregivers. The need for caregivers to make healthy food choices for good self-care is referenced in Module 12 (Self Care and the Caregiver). Remind students of how important.

Lesson 1: Nutrition

Media Options

- The Nutrition Source (Harvard T.H. Chan School of Public Health)
<https://www.hsph.harvard.edu/nutritionsource/>

The Nutrition Source website provides a wealth of media, resources, and information on the topics of Healthy eating, including The Healthy Eating Pyramid and The Healthy Eating Plate.

Key Concepts

- Healthy Eating
- Guidelines of Good Nutrition
- Planning, Shopping, and Preparing Meals
- Dietary Modification: Requirements and Restrictions
- Skill: Assist a Client to Eat
- Recognizing and Reporting Signs of Malnutrition and Dehydration
- Problems Caused by Dietary Issues or Mistakes

Healthy Eating

Guide a discussion about the importance of food both physically and emotionally. You might use the discussion questions in the textbook in a large group discussion or have participants discuss them in small groups and report back to the class. Emphasize the benefits of the client being able to eat what they prefer.

Variety: Have each participant write down all the foods they ate yesterday and compare their list to the Healthy Eating Pyramid. Invite participants to share their results with the class; did their own eating pattern match the one suggested in the Healthy Eating Pyramid? If not, what foods should they eat more or less of?

Amount: Follow the activity suggestion in the textbook: ask participants to plan a meal using their favorite foods in the ideal proportions. Invite participants to share their plate with the class.

Guidelines of Good Nutrition

Guide a discussion through fats, sodium, sugar, fiber, and water.

Fats: Emphasize that saturated fats and trans fats are easy to identify because they are solid at room temperature, but harder to spot in prepared foods. Make sure participants can find the saturated fat and trans fats in a nutrition label (including in the list of ingredients).

Sodium: Emphasize that most of the sodium people eat comes from processed and packaged foods. Invite participants to share what they do or can do to reduce sodium in their own diets.

Sugar: Emphasize that there are many words for sugar on a nutrition label. Refer to the previous example under “fats” to find the corn syrup and sugar listed separately.

Dietary Fiber: Refer participants to the list of foods they ate yesterday. Ask them to evaluate their fiber intake and brainstorm how to add high fiber alternatives into their diet and that of a client.

Exercise: Food Labels – Bring in several food product labels, including products that appear healthy but are actually high in fat, sugars, and sodium.

- Have participants form small groups and evaluate the labels and determine which ones best follow the guidelines of good nutrition.
- For foods that do not, invite participants to brainstorm healthier alternatives.

Planning, Shopping, and Preparing Meals

Emphasize the benefit of choosing whole foods rather than prepared or packaged foods. Invite participants to share their own smart shopping tips for saving money while buying quality food.

Exercise: Meal Planning – This exercise will give participants practice in gathering needed information from a client to prepare appropriate meals.

- Put participants in pairs or small groups.
- Refer participants to the DSHS CARE Assessment Details or Negotiated Service Agreement examples in the Resource Directory (each of these presents a different example client).
- Using the information they find, participants must plan breakfast, lunch, and dinner for one of the two example clients. The plan should meet the guidelines of healthy eating and good nutrition as well as the client’s individual needs and preferences.
- Ask each pair or group to present their meal plan and explain how they developed it. Ask each presenter to emphasize how they incorporated the specific client’s needs and preferences.

Dietary Modification: Requirements and Restrictions

Refer participants to the Negotiated Service Agreement in the Resource Directory and ask them to find the dietary restrictions (shellfish allergy) and preferences (meat and potatoes) for Mr. Packard. Use Mr. Packard as an example while guiding a discussion through this section.

Balancing Choice with Safety: Emphasize that it is the client’s choice what to eat. Also emphasize the responsibility of the Home Care Aide to document and report food choices that are unhealthy or not following the prescribed diet.

Food Allergies: Emphasize that an allergic reaction is a serious emergency.

Dysphagia: Emphasize the importance of understanding a client’s prescribed diet. Refer participants to the dysphagia information in Clients who Have Difficulty with Eating in the Resource Directory for more information.

Skill: Assist a Client to Eat

Demonstrate the skill. Emphasize to the participants that a clothing protector is often perceived as disrespectful and that wearing one is the client's choice.

Emphasize the following steps during this skill. These are frequently missed points on the skills test:

- Sit to assist the client to eat.

Recognizing and Reporting Signs of Malnutrition and Dehydration

Guide a discussion through the warning signs and importance of reporting.

Problems Caused by Dietary Issues or Mistakes

Review the list of example issues and/or include your own. Have participants discuss ways to prevent each issue in pairs, small groups, or as a class.

Checkpoint

1. Half the plate filled with whole grains and healthy protein, and the other half with mostly vegetables and some fruit. A healthy plate may include healthy oils and should include water, tea, or coffee.
2. From their service plan.
3. Explain concerns, offer safe alternatives, report concerns to the appropriate person in your care setting, and document concerns and what you did.
4. Answers will vary.
5. Answers will vary.
6. Answers will vary.

Notes:

Lesson 2: Safe Food Handling

Media Options

- Tacoma-Pierce County Health Department (TPCHD) Food Safety Materials
<https://www.tpchd.org/healthy-places/food-safety-materials>

TPCHD provides several visual resources for food safety.

Key Concepts

- Foodborne Illness
- Preventing Foodborne Illness

Foodborne Illness

Causes and Sources of Foodborne Germs: Guide a discussion through the causes of foodborne illness and their sources. Ask participants to suggest ways to prevent the spread of foodborne germs for each source.

Highly Susceptible Populations: Emphasize that the listed foods should be avoided for people of highly susceptible populations.

Potentially Hazardous Foods: Refer participants to the Potentially Hazardous Foods (PFHs) fact sheet in the Resource Directory. Ask participants if they were surprised by any of the foods listed there.

Preventing Foodborne Illness

Lead a discussion through each of the sections. Invite participants to ask any question they may have.

Practice Good Personal Hygiene: Emphasize the three most important things a Home Care Aide can do to prevent the spread of foodborne illness:

- not working while sick
- regularly washing hands the right way at the right times
- not touching ready to eat food with bare hands

Clean and Sanitize Surfaces and Equipment:

Emphasize that vegetables should be washed, but meat, poultry, and eggs should not.

Separate to Prevent Cross-Contamination: Make sure participants understand the tips to prevent cross-contamination.

Cook and Maintain Food at Proper Temperatures:

Emphasize the danger zone, the importance of keeping hot food hot and cold food cold, and the safe cooking temperatures for each type of food.

Chill and Store Foods Properly: Emphasize that leftovers should be cooled in shallow pans (less than 2 inches thick) to reach a safe temperature quickly.

Checkpoint

1. People who are younger than 5, older than 65, pregnant, or immunocompromised.
2. Answers will vary.
3. When they have symptoms of diarrhea, vomiting or jaundice, been diagnosed with infections that can spread through food, have infected, uncovered wounds, or have continual sneezing, coughing, or runny nose.
4. Ready-to-eat foods.
5. Cleaning uses soap and water to remove dirt and food. Sanitizing uses chemicals or heat to kill germs.
6. To prevent bacteria from growing quickly on food.

Module Review Key

1. False
2. B
3. B
4. True
5. B
6. B
7. True
8. True
9. True
10. False
11. C
12. True
13. A

Module 10 Guide: Toileting

Overview for the Facilitator

Module 10 introduces participants to concepts they need to support a client's healthy bowel and bladder functioning and provide assistance with toileting. Lesson 1 focuses on the range of normal bowel and bladder functioning and signs and symptoms of common bowel and bladder problems. The lesson directs participants to report any changes they observe. Lesson 2 focuses on the skills and assistive devices for providing assistance with toileting. The emphasis is on promoting client dignity, privacy, and independence.

Skills: Assisting with Perineal Care, Assist Client with Use of a Bedpan, Catheter Care, and Condom Catheter Care

Lesson 1: Bowel and Bladder

Media Options

It may be helpful to show images of stool and urine to demonstrate the range of normal and identify signs of problems (such as blood in the stool or dark urine). An image search on the internet will yield many options

Key Concepts

- Urinary and Bowel Function
- Problems with Urinary and Bowel Function

Urinary and Bowel Function

Guide a discussion through normal and not normal urinary and bowel function. Emphasize the need to report any signs that are not normal for the client.

Maintaining Good Urinary and Bowel Function:

With the whole class or in small groups, ask participants to brainstorm answers to the following questions:

What are ways to respectfully learn what the client's usual toileting pattern is?

How do each of these steps assist a client in maintaining good urinary and bowel function?

Problems with Urinary and Bowel Function

Guide a discussion through the signs and symptoms of each problem. Emphasize the importance of watching for and reporting any signs of problems. Make sure participants know who they should report to in their own workplace.

Urinary Tract Infections (UTI): Emphasize that dizziness and irritability can be signs of UTI.

Urinary Incontinence: Emphasize that most urinary incontinence can be cured or improved. Absorbent products are not an effective treatment. There is stigma around urinary incontinence, and people are hesitant to discuss it.

Constipation/Fecal Impaction: Emphasize that the participant should report signs of constipation right away and not wait.

Diarrhea: Emphasize the need for good perineal care to make sure the area stays clean and dry and prevent infection.

Checkpoint

1. Answers will vary.
2. Emptying the bladder about every 3-4 hours, getting up once a night to empty the bladder.
3. No.
4. UTI
5. If there are more than two episodes within 24 hours or accompanied by other symptoms.
6. Black, “tarry,” or bright red.

Notes:

Lesson 2: Assistance with Toileting

Key Concepts

- Caregiver's Role in Toileting
- Skill: Assisting with Perineal Care
- Skill: Assist Client with Use of a Bedpan
- Incontinence Products
- Urinary Catheters
- Skill: Catheter Care
- Skill: Condom Catheter Care

Caregiver's Role in Toileting

Guide a discussion through each type of assistance a caregiver might provide. Emphasize the importance of knowing each client's needs and preferences. Ask participants to brainstorm how they could protect a client's privacy, dignity, and independence with each task.

Skill: Assisting with Perineal Care

Guide a discussion through the signs and symptoms of each problem. Emphasize the importance of watching for and reporting any signs of problems. Make sure participants know who they should report to in their own workplace.

Cover the general tips during the skill demonstration.

Emphasize the following steps during this skill. These are frequently missed points on the skills test:

- For a client with female anatomy: Dry perineal area by patting with towel moving from front to back.
- Wash, rinse, and dry perineal area and buttocks.
- Wipe from front to back when washing, rinsing and drying peri-anal area.

Skill: Assist Client with Use of a Bedpan

Demonstrate the skill. Participants are expected to practice the skill at a skill station.

Cover the general tips during the skill demonstration.

Incontinence Products

Emphasize that incontinence briefs should be called "briefs" and never "diapers" to protect client dignity.

Urinary Catheters

Guide a discussion through the different types of urinary catheters. Emphasize that inserting a straight catheter requires nurse delegation or self-directed care. Both nurse delegation and self-directed care are covered in detail in Module 11, Lesson 1. Also emphasize that Home Care Aides are not allowed to insert or replace indwelling catheters.

Skill: Catheter Care

Demonstrate the skill. Participants are expected to practice the skill at a skill station.

Cover the general tips during the skill demonstration.

Emphasize the following steps during this skill. These are frequently missed points on the skills test:

- Hold catheter near opening (meatus) to prevent tugging when washing and rinsing catheter.
- Remove gloves without contaminating self after rinsing and storing equipment.

Skill: Condom Catheter Care

Demonstrate the skill. Participants are expected to practice the skill at a skill station.

Cover the general tips during the skill demonstration.

Checkpoint

1. Between the genitals and the anus.
2. It is easy to get infection or skin damage.
3. Answers will vary.
4. It is not respectful.
5. No.
6. Emptying, cleaning, and replacing the bag.

Module Review Key

1. True
2. False
3. C
4. True
5. False
6. B
7. True
8. C

Module 10 Scenario Instructions (20-30 minutes)

Review with participants the purpose of the module scenario. Module scenarios reinforce and give participants practice in:

- problem solving in common caregiving situations;
- understanding how caregiving is impacted by a client's disease and/or condition;
- performing the selected skill correctly while demonstrating respect towards a client and their rights.

Module 11 Guide: Nurse Delegation and Medications

Overview for the Facilitator

Module 11 introduces the concepts that a participant needs to know in order to safely and appropriately perform medication assistance. Lesson 1 introduces the concepts of nurse delegation and self-directed care. It emphasizes which tasks require nurse delegation and the requirements of nurse delegation training. It also explains what self-directed care is and when it is possible. Lesson 2 differentiates between medication administration and medication assistance and emphasizes how a Home Care Aide can perform medication assistance while staying within their scope of practice.

Skills: Medication Assistance

Note: Although this textbook is not used to train Individual Providers, Home Care Aides trained with this material may become IPs later in their careers and need to understand the rules around self-directed care.

Lesson 1: Nurse Delegation and Self-Directed Care

Key Concepts

- Nurse Delegation
- Self-Directed Care
- Differences between Nurse Delegation and Self-Directed Care

Lesson Note

Nurse delegation applies not only to Certified Home Care Aides but also Nursing Assistants – Certified and Nursing Assistants – Registered. Therefore,

this lesson uses the term “long-term care worker” when explaining nurse delegation. Make sure that participants know that long-term care worker includes Home Care Aides.

Nurse Delegation

Guide a discussion through the requirements for nurse delegation, emphasizing the training required prior to nurse delegation, types of tasks that must be delegated before performing, and the tasks that cannot be delegated.

Exercise: Nurse Delegation or Not? – Present a list of tasks to the class, either verbally or written on a board or screen, and ask participants to identify tasks that cannot be performed without nurse delegation. Ask participants to answer individually or in small groups and report back to the class. Check answers and give feedback to make sure tasks that require nurse delegation are clearly understood. Encourage participants to share their own examples of tasks that would or would not require nurse delegation.

Self-Directed Care

Guide a discussion through the rules of self-directed care. Emphasize that self-directed care is only applicable when a client living in their own home employs a paid personal aid or state-funded individual provider. Home Care Aides who work for home care agencies or in adult family homes or residential facilities do not participate in self-directed care. Make sure each participant knows whether self-directed care is possible in their specific care setting.

Checkpoint

1. Be a certified LTCW, pass the ND class, be willing to perform the specific skilled task, and show the RN that you can correctly perform the task.
2. Nurse Delegation for Nursing Assistants and Home Care Aides.
3. The delegating nurse.
4. Performing, observing, reporting changes in client's condition, reporting changes to delegated medications or treatments, or those that may require delegation, renewing certification on time.
5. Clients who live in their own homes and who employ a paid personal aide such as an Individual Provider.
6. No.

Lesson 2: Medication Assistance and Medication Administration

Key Concepts

- Medication Basics
- Medication Assistance and Medication Administration
- Skill: Medication Assistance
- Storage and Disposal of Medications

Medication Basics

Guide a discussion through the basics of medication. It may be helpful to bring a variety of different medications and packages for hands-on examples and practice.

Medication Interactions and Side Effects:

Emphasize that all side effects require attention by a healthcare provider and must be reported to the appropriate person in the care setting. Emphasize the risks of medication interactions and importance of reading medication labels and inserts for warnings.

Medication Assistance and Medication Administration

Guide a discussion through what is considered medication assistance and medication administration. Emphasize that medication administration requires nurse delegation and that otherwise a Home Care Aide may only perform medication assistance.

Client Rights: Emphasize the main rights clients have relating to medication.

Medication Assistance in Assisted Living Facilities:

Make sure this exception in assisted living facilities is not confused with “Self-Directed Care.” This exception is exclusive to assisted living facilities

under the specific circumstances that the client is able to accurately direct the Home Care Aide and have a physical limitation that prevents them from self-administering without assistance.

Skill: Medication Assistance

Demonstrate the skill. Participants are expected to practice the skill.

Emphasize the following steps during this skill. These are frequently missed points on the skills test:

- Select the correct medication bottle.
- Cue client to drink full cup of water.
- Ask client or check if medication is swallowed or check that swallowed.

Since this is the only skill in this module and is called out in the Module Scenario, you can wait and have the participants practice it when working on the Module Scenario.

Five “Rights” of Medication: Guide a discussion through each “right.” Emphasize the importance of checking for right medication three times to minimize medication errors.

Observation, Documentation, and Reporting:

Make sure participants know how, when, and to whom they should report a side effect, reaction, changes, concerns, or errors.

Storage and Disposal of Medications

Guide a discussion through the best practices of medication storage and disposal. Make sure participants know the specific policies and procedures in their own workplace.

Checkpoint

1. No.
2. To recognize them when they occur, report them, and respond to severe side effects.
3. Yes, if there are specific, written directions to follow or the client indicates they need the medication.
4. Report any errors as soon as possible.
5. Ask the client why they do not want to take the medication and offer a remedy. If there is no solution, report to the appropriate person in your care setting and document that the client did not take the medication, why, and who you notified according to the rules of where you work.
6. Right medication, right client, right dose, right route, right time.

Module Review Key

1. See chart below

Task	Medication Assistance	Medication Administration under Nurse Delegation	Home Care Aide may not perform
Putting medication in a client's mouth or applying to skin		X	
Placing a medication in a client's hand	X		
Using nursing judgment about a medication			X
Steadying or guiding a client's wrist	X		
Reminding or coaching a client to take medication	X		

2. True
3. False
4. B
5. A
6. False
7. B
8. B
9. False

Module 11 Scenario Instructions (20-30 minutes)

Review with participants the purpose of the module scenario. Module scenarios reinforce and give participants practice in:

- problem solving in common caregiving situations;
- understanding how caregiving is impacted by a client's disease and/or condition;
- performing the selected skill correctly while demonstrating respect towards a client and their rights.

*****Legally, a caregiver can open the medication bottle; this is part of medication assistance and is within the scope of practice of the caregiver. Your supervisor will need to be notified, so that his service plan can be updated to reflect this level of assistance.*****

*****Poking of the skin, including injecting insulin, is considered medication administration and requires additional training for the caregiver, and RN delegation. The caregiver should report to the supervisor immediately so that appropriate level of care can be provided for Mr. Gaines*****

Notes:

Module 12 Guide: Self-Care for Caregivers

Overview for the Facilitator

Module 12 presents the importance and fundamentals of effective self-care for caregivers. Lesson 1 introduces the concepts of stress and burnout and gives participants the opportunity to practice self-care techniques. Lesson 2 focuses on strategies to navigate grief and loss for both the caregiver and clients.

Lesson 1: Practicing Self-Care

Media Options

- Audio for Guided Meditation (scroll down to step 3) (Helpguide.org) <https://www.helpguide.org/articles/mental-health/emotional-intelligence-toolkit.htm>
- The 5-4-3-2-1 Method: A Grounding Exercise to Manage Anxiety (This project was created by The Partnership in Education, a program supported by the National Institute of General Medical Sciences, the National Institutes of Health under Award Number R25GM132910.) <https://youtu.be/30VMIEmA114>
- The three secrets of resilient people | Lucy Hone | TEDxChristchurch (Attributed to TED) <https://youtu.be/NWH8N-BvhAwe>

Key Concepts

- Caregiver Stress and Burnout
- Practicing Self-Care

Caregiver Stress and Burnout

Guide a discussion through the topic. Engage participants by asking questions for them to answer individually or in small groups:

- What is it about caregiving that leads to burnout?

- What stops you from doing what you need to do to avoid burnout?
- How can neglecting your own personal care impact a client?

Signs and Symptoms of Stress and Burnout: If you are comfortable with it, share a story of a time when you were stressed, and how it made you feel. Invite participants to share their own experiences with stress, if they are comfortable sharing. What emotional or physical effects did they feel?

Causes of Stress (Stressors): Guide a discussion through the main points. Invite participants to share any other sources of stress they know of.

Problems in the Workplace: Emphasize that while stress is normal for caregivers, discrimination, harassment, and abusive conduct are not, and that caregivers do not have to suffer this mistreatment.

Negative Thinking: Invite participants to share positive thinking phrases they could say to themselves. Suggestions include “I’m doing my best, and that’s enough,” and “I can’t do everything, but I can do this.”

Ask participants if they can think of any other strategies to change negative thinking. Some suggestions include:

- Write down your thoughts.
- Fact-check yourself – are my thoughts true?
- Ask “is this thought helpful and kind?”
- Ask what you would tell a friend with the same thought?
- Can you reframe the thought to something more realistic?
- Ask yourself how you can find meaning in the current situation?
- Turn a thought into meaningful action that will make you feel better.
- Identify your strengths.
- Shift your view to see the opportunity for change and growth.
- Rephrase or reframe your negative thoughts.

Practicing Self-Care

Self-Assessment for Stress: The checklist has been included as a tool to help participants assess their current and potential issues with self-care. Give participants time to complete the checklists during the lesson.

Encourage participants to be as honest with their answers as possible. Do not ask or expect participants to share their answers.

Once participants have completed the checklist, have participants brainstorm why several “yes” answers could potentially be an issue for a caregiver.

Tips for Making Positive Behavior Changes: Guide a discussion through the main points. Emphasize habits take time to change (weeks to months) so realistic goals and rewards are important.

Finding Positive Outlets for Your Emotions: Guide a discussion through the section. Invite participants to share any additional positive ways they have found to deal with strong emotions.

Exercise: Setting a Personal Goal (10 minutes) – This activity will help participants define and commit to one small action towards better self-care and reinforce the essential steps needed to successfully make lifestyle changes. Ask participants to work individually through the following steps.

- Reflect and choose one small goal that would help them take better care of themselves.
- Define one or two small steps they could make toward that goal.
- Define one or two problems or obstacles that may arise that might stop them from taking these steps.

Now put the participants into pairs and ask each pair to work together through the last steps.

- Share with each other their goals and potential obstacles. Work together (like a support system) to brainstorm some possible solutions to the problems/obstacles.
- Decide what reward they will give themselves for committing to taking this small step.

Deep Breathing Techniques: Demonstrate the deep breathing technique. Participants are expected to practice it at least once during the training.

One or both of these relaxation techniques can be introduced and used early and throughout the training. For example, they are a great way to get participants focused after an activity or before testing.

Progressive Muscle Relaxation (PRM): Demonstrate the PMR technique. Participants are expected to practice it at least once during the training.

Getting Enough Sleep: Direct participants to the [Tips for Getting a Good Night’s Sleep](#) on page 351 in the [Resource Directory](#). Invite participants to share their own healthy tips as well.

Healthy Choices for Physical Activity: Invite participants to share their ideas for simple activities they can do to get enough exercise.

Making Healthy Choices for Nutrition: Ask participants to recall the basic guidelines of nutrition that were introduced in Module 9: Eat less unhealthy fats, added sugar, and salt, and eat more fiber (vegetables and whole grains!), and drink more water!

Value Your Role as a Caregiver: Ask participants to brainstorm and list things that give them a sense of pride in what they do.

Checkpoint

1. Answers will vary.
2. Stress caused by exposure to other people's traumas.
3. Answers will vary.
4. To manage stress and avoid burnout.
5. Seven to eight hours of sleep. 150 minutes a week of moderate intensity activity such as brisk walking and 2 days of muscle-strengthening activity.

Notes:

Lesson 2: Surviving Loss and Grief

Key Concepts

- Caregiver Stress and Burnout
- Practicing Self-Care

Grief

Guide a discussion through the topic. Ask participants to brainstorm some of the ways caregiving may be impacted if a client is grieving.

Symptoms of Grief: To increase participants' understanding and empathy for people who have suffered losses and the impact it has on their life, guide them through the following exercise.

Exercise: Experiencing grief – Ask participants to take out a piece of paper. Have them divide and tear the paper into 3 equal pieces. On each piece, the participants should write one thing that is important to them (e.g. health, family, vision, car, money, pets).

Once participants are done writing, have them individually hold the three pieces of paper like playing cards in front of them – so that they can see what is written and no one else can.

Have participants turn to their neighbor and randomly pick one piece of paper from each other's hand. Explain that they are not to look at the paper but simply place it in front of their neighbor, face down.

Explain to participants that they have just lost that item, forever. They will not get it back.

Repeat again until participants are left with one piece of paper in their hands.

As a whole class or in small groups, discuss the following questions:

- How did it feel to think about losing these items?
- What happens to people when there are losses from all different parts of their lives?
- How does this exercise relate to what a client may have experienced?
- How might this impact how you provide care?

The Process of Grieving: Emphasize that experiencing and expressing the feelings of grief is necessary to move through the process of grieving. Ignoring the feelings or “being strong” and not talking about them make it harder to heal.

Supporting Others Who are Grieving or Facing Death: Guide a discussion through the main points. Engage participants in a discussion around what are some helpful things a caregiver might do to support a grieving client.

Hospice Care

If you or any of the participants in class have experience with hospice, and if you are comfortable, share your experiences. Emphasize to participants that they may or may not be involved with hospice care, depending on their work setting.

Checkpoint

1. Answers will vary.
2. Answers will vary.
3. Grief is a stressor, and self-care will help cope with the stress and prevent burnout.
4. Acknowledge and express your feelings.
5. Contact local hospitals, hospices, funeral homes, and counseling centers.

Module Review Key

1. False
2. True
3. B
4. False
5. A
6. False
7. False
8. B
9. True
10. B

Answer Keys

Module 1

Lesson 1 Checkpoint (page 7)

1. 75 hours
2. The long-term care worker
3. 120 days
4. Apply through the Department of Health
5. 12 hours
6. dshs.wa.gov/altsa/training/continuing-education-ce

Module 2

Lesson 1 Checkpoint (page 18)

Answers will vary.

Lesson 2 Checkpoint (page 28)

Answers will vary.

Module 3

Lesson 1 Checkpoint (page 45)

1. Understanding and demonstrating sensitivity to the feelings of another.
2. Seven. Examples will vary.
3. Examples will vary.
4. Pay attention to feedback, communicate in ways that work best for the client, and try again if the message is not understood.
5. Reacting is acting without thought. Responding is acting with thought.
6. Understand the problem, brainstorm solutions, pick a solution and do it, get feedback about how it worked.

Lesson 2 Checkpoint (page 52)

1. Any change from the client's usual condition and level of ability.
2. Answers will vary.
3. Discuss your observations with the client and their care team.
4. The Hearing Loss section of the Resource Directory.
5. Answers will vary.

Answer Keys

Module 3 Review (page 53)

1. D
2. False
3. B
4. B
5. B
6. True
7. False
8. True
9. True
4. When it prevents the client from moving the way they want to.
5. Explain why you are concerned, offer safe alternatives, report concerns, and document concerns.
6. The Ombuds program or DSHS at 1-866-ENDHARM

Module 4

Lesson 1 Checkpoint (page 61)

1. Preserve dignity, and improve wellbeing and quality of life
2. The client and their care team work together to develop the service plan. With a DSHS CARE plan, the case manager creates the service plan.
3. The client chooses the other members of their own care team.
4. A client's service plan would change when their needs and/or preferences change.
5. No, memory loss is not a normal part of aging.

Lesson 2 Checkpoint (page 74)

1. A person does not lose any rights when they start to receive long-term care services
2. Answers will vary.
3. Answers will vary.

Module 4 Review (page 75)

1. False
2. C
3. B
4. False
5. A
6. A
7. C
8. False

Module 5

Lesson 1 Checkpoint (page 100)

Answers will vary based on the participant's care setting.

Answer Keys

Lesson 2 Checkpoint (page 108)

1. Any mandatory reporter, including long-term care workers.
2. As soon as it is safe for you and the client to do so.
3. Call 911.
4. Answers will vary.
5. Answers will vary.
6. 1-866-ENDHARM, 1-877-734-6277

Module 5 Review (page 109-110)

1. A
2. A
3. True
4. False
5. A
6. Subjective
7. B
8. C
9. True
10. True
11. A
12. Financial Exploitation: 2, Abandonment: 3, Neglect: 4, Abuse: 1
13. A
14. True

Module 6

Lesson 1 Checkpoint (page 123)

1. Document the symptoms and report them to the appropriate person in your care setting.
2. Gather supplies, wash hands, identify yourself to the client, provide privacy throughout care, explain to the client what you are doing, and scan the area to be sure everything is back in place.
3. Answers will vary.
4. Wear gloves.
5. Use a bleach solution or commercial household cleaning solution.
6. Answers will vary.

Lesson 2 Checkpoint (page 133)

1. Answers will vary.
2. Answers will vary.
3. Flush eyes immediately with clean running water for 5 minutes. Rinse mouth with a 50/50 mix of hydrogen peroxide and water, then rinse with plain water. Get medical attention.
4. HIV is a virus that causes AIDS, a syndrome.
5. No.
6. It is protected health information and sharing the information could lead to stigmatization.

Answer Keys

Module 6 Review (page 134)

1. False
2. B
3. C
4. False
5. False
6. True
7. A
8. B
9. True
10. C
11. False
12. True
13. A

Module 7

Lesson 1 Checkpoint (page 144)

1. Any three steps of proper body mechanics.
2. No.
3. A gait belt.
4. Lifting a person can cause injury to both the caregiver and client.
5. When they prevent the person from moving as they want.
6. Stop the transfer, reassess the situation, and get help if possible.

Lesson 2 Checkpoint (page 150)

1. 1 in 4 Americans 65+ fall each year.
2. Answers will vary.
3. Answers will vary.
4. Sturdy walking shoes that support their feet and ankles.
5. No. Help guide them to the floor and protect their head.
6. Answers will vary.

Module 7 Review (page 151)

1. True
2. False
3. A
4. False
5. B
6. B
7. C

Module 8

Lesson 1 Checkpoint (page 160)

1. Answers will vary.
2. Ask the client about any skin changes.
3. At least every 2 hours.
4. A draw sheet.
5. On bony prominences.
6. Answers will vary.

Answer Keys

Lesson 2 Checkpoint (page 169)

1. To improve appetite and to make the meal more enjoyable.
2. In a clean denture cup with solution or cool water.
3. The moisture promotes fungal growth.
4. Any time it gets soapy, cool, or dirty.
5. The client.
6. Yes.
7. Keeps a client's joints flexible and strong, reduce stiffness, and increase range of motion.

Module 8 Review (page 170)

1. False
2. True
3. B
4. B
5. True
6. A
7. B
8. C
9. False

Module 9

Lesson 1 Checkpoint (page 189)

1. Half the plate filled with whole grains and healthy protein, and the other half with mostly vegetables and some fruit. A healthy plate may include healthy oils and should include water, tea, or coffee.
2. From their service plan.
3. Explain concerns, offer safe alternatives, report concerns to the appropriate person in your care setting, and document concerns and what you did.
4. Answers will vary.
5. Answers will vary.
6. Answers will vary.

Lesson 2 Checkpoint (page 202)

1. People who are younger than 5, older than 65, pregnant, or immunocompromised.
2. Answers will vary.
3. When they have symptoms of diarrhea, vomiting or jaundice, been diagnosed with infections that can spread through food, have infected, uncovered wounds, or have continual sneezing, coughing, or runny nose.
4. Ready-to-eat foods.
5. Cleaning uses soap and water to remove dirt and food. Sanitizing uses chemicals to heat or kill germs.
6. To prevent bacteria from growing quickly on food.

Answer Keys

Module 9 Review (page 203-204)

1. False
2. B
3. B
4. True
5. B
6. B
7. True
8. True
9. True
10. False
11. C
12. True
13. A

Module 10

Lesson 1 Checkpoint (page 214)

1. Answers will vary.
2. Emptying the bladder about every 3-4 hours, getting up once a night to empty the bladder.
3. No.
4. UTI
5. If there are more than two episodes within 24 hours or accompanied by other symptoms.
6. Black, "tarry," or bright red.

Lesson 2 Checkpoint (page 223)

1. Between the genitals and the anus.
2. It is easy to get infection or skin damage.
3. Answers will vary.
4. It is not respectful.
5. No.
6. Emptying, cleaning, and replacing the bag.

Module 10 Review (page 224)

1. True
2. False
3. C
4. True
5. False
6. B
7. True
8. C

Answer Keys

Module 11

Lesson 1 Checkpoint (page 233)

1. Be a certified LTCW, pass the ND class, be willing to perform the specific skilled task, and show the RN that you can correctly perform the task.
2. Nurse Delegation for Nursing Assistants and Home Care Aides.
3. The delegating nurse.
4. Performing, observing, reporting changes in client's condition, reporting changes to delegated medications or treatments, or those that may require delegation, renewing certification on time.
5. Clients who live in their own homes and employ a paid personal aide such as an Individual Provider.
6. No.

Lesson 2 Checkpoint (page 248)

1. No.
2. To recognize them when they occur, report them, and respond to severe side effects.
3. Yes, if there are specific, written directions to follow or the client indicates they need the medication.
4. Report any errors as soon as possible.
5. Ask the client why they do not want to take the medication and offer a remedy. If there is no solution, report to the appropriate person in your care setting and document that the client did not take the medication, why, and who you notified according to the rules where you work.
6. Right medication, right client, right dose, right route, right time.

Module 11 Review (page 249-250)

1. Medication Administration under Nurse Delegation, Medication Assistance, Home Care Aide may not perform, Medication Assistance, Medication Assistance.
2. True
3. False
4. B
5. A
6. False
7. B
8. B
9. False

Module 12

Lesson 1 Checkpoint (page 265)

1. Answers will vary.
2. Stress caused by exposure to other people's traumas.
3. Answers will vary.
4. To manage stress and avoid burnout.
5. Seven to eight hours of sleep. 150 minutes a week of moderate intensity activity such as brisk walking and 2 days of muscle-strengthening activity.

Answer Keys

Lesson 2 Checkpoint (page 272)

1. Answers will vary.
2. Answers will vary.
3. Grief is a stressor, and self-care will help cope with the stress and prevent burnout.
4. Acknowledge and express your feelings.
5. Contact local hospitals, hospices, funeral homes, and counseling centers.

Module 12 Review (page 273)

1. False
2. True
3. B
4. False
5. A
6. False
7. False
8. B
9. True
10. B

Notes:

