

Employee Initial Training



Colorado CareAssist

1. Communicating with the Elderly and Disabled:

Overview: Whenever possible, communicate using a preferred communication method. When offering assistance, wait until the offer is accepted. Treat with the same respect as others. Use appropriate language:

(A) USE Descriptive Phrases:

- Person who cannot see/hear
- Person with physical disability
- Person with cognitive disability
- Person with epilepsy

(B) AVOID Labels:

- Deaf / Blind
- Crippled
- Retarded
- An Epileptic

(C) COMMUNICATING WITH THOSE VISUALLY IMPAIRED

- Identify yourself at the beginning of a conversation
- Speak in a normal tone of voice
- Give clear explanations and descriptions
- Notify when you are leaving
- Do not touch or distract a service animal

(D) COMMUNICATING WITH THOSE HEARING IMPAIRED

- Tap the person gently on the arm or shoulder to get his/her attention
- Speak normally, clearly and directly to the person
- Keep hands away from face and use short, simple sentences
- If a Sign Language Interpreter is used, speak directly to the person, not to the interpreter

(E) COMMUNICATING WITH THOSE PHYSICALLY DISABLED

- When talking with a person using a wheelchair, position your body at that person's eye level
- Don't touch the wheelchair or any other assistive device
- Don't pat head or shoulders of those using a wheelchair
- Never pretend to understand when you don't
- Offering to shake hands IS appropriate

(F) COMMUNICATING WITH THOSE COGNITIVELY DISABLED

- Maximize Attention
- Expression & Body Language
- Simple Communication
- Support the Conversation
- Assist with Visual Aides
- Get Their Message
- Encourage and Engage

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2. Behavior Management Techniques

Those we care for may have issues with **Alzheimer's, dementia, or brain injury** and sometimes will experience behavior problems that may include the following:

- Wandering
- Aggressiveness
- Hallucinations
- Sleeping difficulties
- Eating difficulties

This can be difficult and make the role as a caregiver very challenging. We can often improve the experience for those we care for by creating a different and less stressful environment. Making simple changes in an atmosphere of caring can ease the stress for the client and significantly improve the caregiver's experience as well.

Caregivers watch for changes in appetite, aches and pains, fatigue, and any bowel distress or urinary tract infections, what may seem like a psychological problem can be addressed with appropriate medications under the supervision of family members and medical professional and then some behavior management.

Caregivers are not responsible for solving health and mental illness problems, but they are the eyes and the ears for the family members and doctors. Seniors don't have to suffer with ongoing mental illness as many treatments and behavior modification techniques can be put in place for a happier life.

(A) Be observant

- Watch for a persistent sad, anxious, or empty mood.
- Watch for feelings of guilt, hopelessness, worthlessness, pessimism (for example, "I don't know if I can go on.")
- Watch for a loss of interest or pleasure in hobbies and activities that were once enjoyed.

Some symptoms may be side effects of medication the older person is taking for a physical problem. They may also be caused by another condition or illness the person has such as heart disease, stroke, diabetes, cancer, and Parkinson's disease. Depression is NOT a normal part of aging

(B) Be supportive.

It is important to let the person know that you are there to listen and spend time together doing things you both enjoy. In your conversation, be concrete and direct, though kind. For example, you could say, "You don't seem to be yourself these days. I've noticed that you have been sleeping more and not reading the paper like you used to enjoy doing. Are you OK?" You may find that the person will become defensive, tearful, or angry. However, it is important to keep in mind that your concern could be very helpful, even if it takes the person some time to come around. If you get a reaction like this, follow up at a later time. You might say, "I'm sorry you found what I asked you to be upsetting. I just wanted to help. Please let me know if I can help in any way."

(C) Avoid being overly light-hearted or confrontational.

Many people make the mistake of trying to get a depressed person to "snap out of it." Some do this by cracking lots of jokes and making light of the person's feelings. Other people will try to get tough with the depressed person, saying things like, "You don't have anything to be upset about," or "Think of all the people who are worse off than you." Such approaches are rarely helpful and may even backfire. The depressed person is likely to feel worse and may even become angry.

(D) Ask questions.

Depressed people often feel very alone and isolated. You might say, "I hope you won't find my questions rude," or "Please let me know if I am asking something too personal," then ask! Providing the opportunity to talk can be a valuable gesture in helping a depressed person.

(E) Get some help if you are concerned about suicidal thoughts

- Call your supervisor and report the situation so that an appropriate referral can be made. If the person is having suicidal thoughts, DO NOT LEAVE THE PERSON ALONE.
- **Treatment/management** Is left up to the individual, their family, and the health care professional. However, keeping the family informed of the signs and symptoms is very helpful.

(F) Become an expert listener!

- Be quiet.
- Pay attention to what the client is saying.
- Stop all other activities. Focus on the speaker.

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- Look and sound interested.
- Do not interrupt the speaker. Let the client finish, even if it takes a long time.
- Do not try to think of a response while the person is speaking.
- Do not finish sentences that the speaker begins.
- Listen for feelings.
- Clarify what the speaker has said.
- Ask open ended questions that encourage the speaker to continue.
- **Along with other communication techniques you need to use a calm, reassuring approach.** (for example, “I understand you are upset but you will be safe here.”).
- Listen with concern and understanding.

(G) Reduce Stress

1. **Make client feel safe and secure.** A caregiver needs to be there when needed. When the client feels like they can trust the caregiver, they feel safe and their anxiety lessens. We show this by securing clients from falls, being on time, helping the clients as needed, and encouraging open communication.
2. **Enhance the client’s control.** Allow the client as much choice as possible in what they want to eat, how they want to spend their time, in what ways you can help them. Allow them to direct their life and their care as much as possible. This will greatly reduce their stress. Aging for some is a powerless experience. As you allow choice, they feel more in control and this will improve their sense of well-being. For the less active, they can control the position of their bed, control the temperature of the room, control the brightness of the lights, control the loudness of the sound they are listening too. Encourage this sense of control. You will both enjoy less stress.
3. **Do one thing at a time.** This is the simplest and best way to start reducing stress. Allow the client to focus as much as possible on doing one thing at a time.
4. **Simplify the schedule.** A hectic schedule is a major cause of high stress. Simplify by maintaining a schedule that involves only the essential activities in your client’s life. Schedule events or activities that are well spaced in the clients day giving time to rest.
5. **Get moving.** If the client is able with no physical restrictions, do something active each day — It doesn’t have to be grueling to reduce stress. Even strolling out of doors can bring a relaxed smile to the face. Nature or a view from the window can bring great comfort.
6. **Encourage healthy eating.** Clients sometime have a restrictive diet anyway but eating more fruits and vegetables can often reduce stress. Invite them to drink more water as dehydration can be a source of fatigue which may bring on further sad feelings.
7. **Do something calming.** Calming could be taking a nap, or a bath, or reading. A client may have loved house work, bring some clothes to fold together.
8. **Have a blast! Be creative.** Have fun each day, even if it’s just for a few minutes. We would love our caregivers to find ways to make their clients smile. In working with a client you will have many opportunities to find out what they enjoy or have enjoyed doing. This allows a caregiver creativity and inviting the client to enjoy those things again. Did they like the beach? Watch a beach movie together. Did they like to dance? Place some music from their era. Music is a powerful way to make the client feel like themselves again.
9. **Keep things Clean and if allowed, declutter.** Keeping the home clean and organized reduces stress and is usually part of the caregiver responsibilities. Decluttering, if allowed, may still cause stress for the client if not done correctly. First and foremost is the client’s safety which may be an initial push for decluttering. Declutter **ONLY** under the direction of the client or the client’s family members. When things are moved or looked into by caregivers without the supervision of the client or a family member, there may be a misunderstanding where things have gone and this may cause undue stress and fear. Decluttering will create a less stressful environment but must be done with care and oversight.
10. **Be on time or early.** Being late can be very stressful for our clients. Try to arrive on the job on-time or a little early. If a caregiver is responsible for getting a client to an appointment, try to leave earlier by getting ready earlier, and make sure space is scheduled between appointments or activities so the client isn’t rushed. Things always take longer than normal, so schedule some buffer time.

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3. Personal Care Worker Techniques

TASK	NON-SKILLED LIMITATION BY PCW	SKILLED CARE NEEDED
(1) Skin care	A personal care worker may perform general skin care assistance. - only when skin is unbroken, - when any chronic skin problems are not active. - when skin care provided is preventative rather than therapeutic in nature - may include the application of non-medicated lotions and solutions, or lotions and solutions not requiring a physician's prescription.	A skilled care provider is needed for: - wound care other than basic first aid, - dressing changes, - cleaning catheter site area, - application of prescription medications, - skilled observation, - reporting.
(2) Ambulation.	A personal care worker may generally assist consumers with ambulation. - who have the ability to balance and bear weight, - with an assistive device prescribed by a health professional	A skilled care provider is needed when a consumer has a total hip replacement and uses a walker post-surgery.
(3) Bathing	A personal care worker may generally assist consumers with bathing.	A skilled care provider is needed when a consumer has dressings that will need attention <i>before, during or after bathing.</i>
(4) Dressing	A personal care worker may assist consumers with dressing. - assistance with ordinary clothing, - application of support stockings of the type that can be <u>purchased without a physician's prescription.</u>	A skilled care provider is needed for: - application of an ace bandage - anti-embolic or pressure stockings, - physician-ordered prescription items.
(5) Exercise	A personal care worker may assist consumers with exercise. - may remind the consumer to perform ordered exercise program, - assistance with exercise is limited to the encouragement of normal bodily movement, as tolerated, on the part of the consumer, - may offer encouragement with a prescribed exercise program.	A skilled care provider is needed for: - assistance with a plan of exercise prescribed by a licensed health care professional - passive range of motion exercises
(6) Feeding.	A personal care worker may assist a consumer with feeding. - when the consumer can independently chew - when consumer can swallow without difficulty - be positioned upright.	A skilled care provider is needed for: - syringe feedings, - tube feedings, - intravenous nutrition. - high-risk choking.
(7) Hair care.	A personal care worker may assist a consumer with hair care. - the maintenance and appearance of their hair. - may include shampooing with non-medicated shampoo or shampoo that does not require a physician's prescription, - drying, combing and styling of hair.	A skilled care provider is needed for any hair care that involves a physician prescription of hair products.
(8) Mouth care	A personal care worker may assist and perform mouth care. - denture care - basic oral hygiene	A skilled care provider is needed for mouth care for: - unconscious consumers, - consumers who have difficulty swallowing, - consumers at risk for choking - consumers at risk for aspiration.
(9) Nail care	A personal care worker may assist generally with nail care. May include - soaking of nails, - pushing back cuticles without utensils, - filing of nails. Assistance by a personal care worker <u>shall not include</u> - nail trimming.	A skilled care provider is needed for nail care for consumers with any condition that may involve peripheral circulatory problems OR loss of sensation (e.g., diabetes).

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<p>(10) Positioning.</p>	<p>A personal care worker may assist consumers with positioning.</p> <ul style="list-style-type: none"> - when the consumer is able to identify to the personal care staff, verbally, non-verbally or through others, when the positions need to be changed and -only when skilled skin care, as previously described, is not required in conjunction with the positions. - positioning may include simple alignment in a bed, wheelchair, or other furniture. 	<p>A skilled care provider is needed for positioning whenever a consumer is unable to indicate the need for position change either verbally, non-verbally or through others.</p>
<p>(11) Shaving.</p>	<p>A personal care worker may assist consumers with shaving only with an electric or a safety razor</p>	<p>A skilled care provider is needed for shaving when no electric or safety razor is available.</p>
<p>(12) Toileting.</p>	<p>A personal care worker may assist consumers</p> <ul style="list-style-type: none"> - to and from the bathroom, - with bedpans, urinals and commodes; - with pericare, or changing of clothing and pads of any kind used for the care of incontinence. 	<p>A skilled care provider is needed for toileting for anything except the most basic of toileting tasks.</p>
<p>(13) Urinary Collection</p>	<p>A personal care worker may empty urinary collection devices, such as catheter bags.</p>	<p>A skilled care provider is needed for the insertion and removal of catheters and care of external catheters.</p>
<p>(14) Ostomy Help</p>	<p>A personal care worker may empty ostomy bags and provide assistance with other consumer-directed ostomy care only when there is <u>no</u> need for skilled skin care or for observation or reporting to a nurse.</p>	<p>A skilled care provider is needed for:</p> <ul style="list-style-type: none"> - an ostomy change - orders for observation and reporting - digital stimulation - suppository insertion - an enema
<p>(15) Transfers</p>	<p>A personal care worker may assist with transfers only when the consumer has sufficient balance and strength to reliably stand and pivot and assist with the transfer to some extent. Adaptive and safety equipment may be used in transfers, provided that</p> <ul style="list-style-type: none"> - consumer and personal care worker are fully trained in the use of the equipment - can direct the transfer step by step. <p>Adaptive equipment may include, but is not limited to wheel chairs, tub seats and grab bars.</p> <p>Gait belts may be used in a transfer as a safety device for the personal care worker as long as the worker has been properly trained in its use (and evidence of same exists in the workers and consumer file).</p> <p>Personal care workers, with training and demonstrated competency, may assist a consumer in a transfer involving a lift device.</p> <p>A personal care worker may assist the informal caregiver with transferring the consumer provided the consumer is able to direct and assist with the transfer.</p>	<p>A skilled care provider is needed for transfers when the consumer is unable to assist with the transfer,</p>
<p>(16) Medication reminding</p>	<p>A personal care worker may assist a consumer with medication reminding only</p> <ul style="list-style-type: none"> - when medications have been preselected by the consumer, a family member, a nurse or a pharmacist - are stored in containers other than the prescription bottles, such as medication minders. <p>Medication minder containers shall be clearly marked as to day and time of dosage and reminding includes:</p> <ul style="list-style-type: none"> - inquiries as to whether medications were taken - verbal prompting to take medications 	<p>A skilled care provider is needed for medication administration beyond medication reminding.</p> <p>Note: Any irregularities noted in the pre-selected medications such as medications taken too often, not often enough or not at the correct time as marked in the medication minder container, shall be reported immediately</p>

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	<p>- handing the appropriately marked medication minder container to the consumer</p> <p>- opening the appropriately marked medication minder container for the consumer if the consumer is physically unable to open the container.</p> <p>These limitations apply to all prescription and all over-the-counter medications.</p>	by the personal care worker to the supervisor.
(17) Respiratory care	<p>Respiratory care is considered skilled care <u>and shall not</u> be performed by a personal care worker</p> <p>Personal care workers may temporarily remove and replace a cannula or mask from the consumer's face for the purposes of shaving or washing a consumer's face.</p> <p>Personal care workers may set a consumer's oxygen flow according to written instruction when changing tanks, provided the personal care worker has been specifically trained and demonstrated competency for this task.</p>	<p>A skilled care provider is needed for respiratory care which includes:</p> <ul style="list-style-type: none"> - postural drainage, - cupping, - adjusting oxygen flow within established parameters, - nasal, - endotracheal, - tracheal suctioning.
(18) Accompaniment.	<p>A personal care worker may accompany the consumer on excursions to the extent necessary and as specified on the service plan when all the care that is provided by the personal care staff in relation to the trip is unskilled personal care, as described in these regulations.</p>	
(19) Protective oversight.	<p>A personal care worker may provide protective oversight including stand-by assistance with any personal care task described in these regulations.</p> <p>When the consumer requires protective oversight to prevent wandering, the personal care worker <u>shall have been trained in appropriate intervention and redirection techniques.</u></p>	
(20) Respite care and companionship	<p>A personal care worker may provide respite and companionship in the consumer's home according to the service plan as long as the necessary provision of services during this time does not include skilled personal care services as described in this regulation.</p>	
(21) House-keeping services.	<p>A personal care worker may provide housekeeping services.</p> <p>Where meal preparation is provided, the personal care worker should receive instruction regarding any special diets required to be prepared.</p>	
Infection Control	<p>A PCW will wash hands before and after assistance given for an appropriate ADL. A PCW will wear gloves when appropriate.</p>	

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4. Emergency and Safety Procedures

DISASTER AND EMERGENCY PROCEDURES:

Though emergency situations can be very stressful for everyone, it is important to remain as calm as possible. Then get help as quickly as possible. Individuals with disabilities and those who are elderly are vulnerable. They are more likely to injure themselves in the home or become seriously ill. They may require immediately medical attention. It is very possible a situation may arise where the PCW must make an emergency 911 call. Some situations that would require you to call 911: Chest pain/Shortness of breath/Suspected heart attack or stroke/Suspected heat stroke/Non-responsiveness/Confusion that is not common with individual/Individual falls and cannot get up/Fire/Safety issues, such as gas leaks.

Don't Forget:

- ✓ Do not leave client unattended for a long period of time. Continue to render assistance to them while waiting for EMS.
- ✓ Continue to communicate to client throughout
- ✓ Know the full address where you are to prevent EMS from unnecessary searching of location

Tips: Preferred “land line” phone be used if available when calling 911. Stay calm, take deep breaths, constantly check client for responsiveness & make sure they are safe in the environment. State the nature of the emergency clearly & concisely when calling. State the nearest cross streets & telephone number. Remain on the line until dispatch tells you to hang up. Render first aid if needed. Stay alert to surroundings. Stay with client. Be available to answer questions from the emergency response system (EMS) team.

MEDICAL EMERGENCIES:

- ✓ If you have First Aid training or CPR training, you will need to decide when to apply your training skills.

FALLS:

- ✓ According to statistics, one-third of adults age 65 and older fall each year.
- ✓ Leading cause of injury deaths and most common cause of nonfatal injuries and hospital admissions for trauma. Women fall more often than Men, but males are more likely to die from the fall. Females more at risk for hip fractures. Elder persons in the 85 and older are 10 times more likely to break a hip than age 60-65.
- ✓ The risk factors are: Weakness in lower body/walking & balance problems/poor vision/diseases like arthritis, diabetes, Parkinson's, dementia/medications or alcohol.

Responding to a fall: If they are starting to fall, attempt to lower them gently to the floor. Take care not to injure yourself. Have the individual lie still while you look for any injuries. If the individual is not complaining of pain, you may assist them in getting up.

If individual has already fallen/ (or if complaining of pain after a fall): Do not move the person. Make them comfortable without moving any body parts, call 911 and allow them to evaluate. Call your supervisor for any further instructions. If the individual is not responsive, call 911 immediately.

Fall prevention: Because most falls occur at home, it is necessary for the PCW to help in reduce “home hazards” to make living areas safer by taking the following precautions: Remove tripping hazards such as throw rugs and clutter in walkways, use non-slip mats in bathtubs & on shower floors, have grab bars installed next to toilet and in tub and shower, have handrails installed on both sides of stairways, improve lighting throughout home, keep flashlight near bed & wheelchair, keep telephone w/in reach of bed or wheelchair, exercise to improve strength and, have eyes checked once a year, have the client's doctor or pharmacist review all their medications (over-the-counter & prescription meds) to check for any negative side effects or interactions. Also, possibility of reducing some of the medications. This would include tranquilizers, sleeping pills, and anti-anxiety drugs as well as Benadryl (any medication that can increase dizziness, drowsiness, etc.)

FIRE SAFETY: Oxygen, heat & fuel are the three elements for a fire (remove one element and fire will extinguish).

- If you are in immediate danger due to flames or smoke, GET OUT and stay out. Call 911.
- If there is a fire extinguisher available (and is updated), use it (see steps below, P.A.S.S).
- **MOST IMPORTANTLY:** Make sure you and the client are safe and free from possible injury or smoke inhalation. Determine if the fire is fightable with your available resources. Throwing a heavy blanket on a fire or person on fire an extinguish small flames (depriving the fire of oxygen). 911 needs to be called immediately, especially if the fire is too large or spreading, if your knowledge of using an extinguisher is not adequate or extinguisher is not correct for type of fire.

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- **P.A.S.S. – the acronym for using the fire extinguisher.** **P=Pull** the pin from the handle area at the top of the Fire Extinguisher & remove the hose from the clamp (if applicable). **A=Aim** the hose nozzle at the base of the fire. (be at least 10 ft. from the fire). **S=Squeeze** the lever to release the chemical. **S=Sweep** the hose nozzle from side to side at the base of the fire. (allows 10 seconds of extinguisher power).

Tips: Know location of fire extinguisher, know the type (is it for paper or grease fires- ABC covers most fires), is it charged or expired? Stand 10 ft. away, it is heavy and blast is only for a few seconds, **spray at base of fire** (aiming high spreads fire).

Don't Forget: Where is client? Are they safe? Free from smoke? **If there is any doubt about the fire or safety EVACUATE IMMEDIATELY.** Leave building promptly, do not take possessions, stay low under smoke line (crawl if necessary). Try and cover mouth & nose to prevent smoke inhalation to avoid toxic fumes. Once out do not go back inside. Call 911 from cell or neighbor's phone.

Fire Prevention: Inspection of the following to prevent fires: Home heating devices/cigarette lighters/upholstered furniture/matches/bedding/wearing (apparel).

Most Important fire safety measure: Make sure client has at least one working fire alarm on every floor preferable near the bedrooms and/or kitchen. Test the battery monthly. Replace every 6 months.

Safety tips for Personal Care Worker:

Cooking Tips: Never leave stove unattended while cooking. If you need to step away, turn off flame or carry a large spoon w/you to remind you or set a timer. Wear tight fitting clothes when cooking over an open flame & keep pot holders & towels away from flame. If food or grease catches fire, smother the flames. Slide a lid over the pan & turn off the heat. Do not try and use water to extinguish a grease fire. Make sure the stove is kept free of grease buildup. If deep-frying, never fill the pan more than 1/3 full of oil or fat. Turn pot handles away from the front of the stove to prevent them from being knocked off or pulled down. No metal or foil in microwave.

Smoking: Never smoke in bed, make sure client is alert if smoking. Never smoke near oxygen or open flames. No smoking under the influence of alcohol or if taking prescription that cause drowsiness or confusion. Never leave smoking materials unattended (collect in large, deep ashtrays & soak ashes in ashtray before discarding them). Check around furniture, for any discarded or smoldering smoking materials.

Heating: Keep electrical space heaters at least 3 ft. from anything that can burn, including people. Turn them off when you leave the room or go to sleep. Make sure kerosene heaters are never run on gasoline or any substitute fuel. Check for adequate ventilation to avoid the danger of carbon monoxide poisoning. The heating systems and chimneys should be checked and cleaned once a year by a professional. Open fireplaces can be hazardous, needing to be covered w/tempered glass or fireplace screening and raised hearth 9-18" high. Never store fuel for heating equipment in the home. Keep outside or in detached storage shed.

Electrical safety: Never use an appliance with exposed wires. Replace all cords that have exposed or broken wires. If an appliance begins to smell suspicious or you see smoke, unplug it immediately. Never overload extension cords or outlets: Don't plug in several items. Keep extension cords out of traffic areas. Electric blankets or heating pads should conform to the appropriate standards and have overheating protection. Do not wash electric blankets repeatedly. This can damage their electrical circuitry. Use only tested and UL-listed electrical appliances. Consider using new heat generating pads or blankets in place of electric ones. Turn heating pads off when the person falls asleep.

Using Oxygen: Oxygen should not be flowing near open flames or a heat source. Don't smoke near oxygen. A client using oxygen should not smoke with tubing in place and oxygen on. Oxygen should be at least three feet from an electric space heater. Put up signs stating that oxygen is in use and asking visitors not to smoke. Secure oxygen tanks so that they cannot be knocked over or be bumped into. Strap the tank to a closet wall or into the backseat of a car in the upright position. To move an oxygen tank, carry it or use a cart. Don't knock over or bump the oxygen tank. Don't put the tank on its side to roll it. If the valve is damaged, the tank can act like a torpedo.

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5. Coordination with Community Service Providers

Colorado CareAssist, pursuant to Code of Colorado Regulations 6.13, shall coordinate consumer services with known Outside Resources providing care and services to the same consumer.

1. The Agency may learn, during conversations with the client, family or friends, of an Outside Resource providing services to the client.
2. The Agency may recommend the services of an Outside Resource if, during a visit or a client assessment, an Agency employee determines the needs of the client cannot be met by the Agency.
3. The Agency shall take an active role in the coordination of client care with Outside Resources.
4. The Agency shall contact the Outside Resource to request a conversation to discuss how, if possible, the agencies can support the care each is providing.
5. HIPAA Privacy Standards shall be followed with the information shared with Outside Resources/ kept to a minimum and given on a "need to know" basis.

GUIDELINES

- Maintain a complete and current listing of relevant Outside Resources.
- Work closely with Outside Resources to address related issues to:
 - share knowledge of available services in the community; and,
 - assure knowledge is current for changes in programs, funding, eligibility or other of service limitations.
- The Agency Case Managers shall aid clients in the transition process by:
 - coordinating community resources;
 - being supportive;
 - acting as the client's advocate,
 - reinforcing the client's needs assessment;
 - promoting the transition;
 - encouraging clients to self-manage as much of their care as possible;
 - providing educational information to support client/client's representative's participation in care planning;
 - protecting client's confidentiality when releasing information;
 - maintaining and promoting client's dignity;
 - respecting cultural, religious, cultural, sexual and socioeconomic diversity(ies);
 - being empathetic and respectful in client/client's representative interactions;
 - recognizing and use client's strengths to effect the change;
 - assisting client to use coping skills and insights to manage the change;
 - relaying information in client's language even if translation and/or interpretation services have to be used;
 - assessing Caregiver's ability to understand and relay information. and,
 - providing support to family members and other informal caregivers, as required.

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6. Clean, Safe, and Healthy Environment

BASIC FIRST AID and HOME SAFETY –

For Basic First Aid, assess the following: Evaluate the scene, Assess safety, Prioritize care, Check for medical alert tags, Do head-to-toe check, Move only if necessary.

- **NO BREATHING:** Care givers for Colorado CareAssist **SHOULD NOT do CPR, they are to call 911 and follow directions. If CPR qualified:** Lay the person on his or her back/ Give chest compressions/Tilt head slightly/Breathe into the person's mouth/Continue until EMS personnel arrive
- **BLEEDING:** Stop the flow of blood/Wear gloves/Cover the wound/Apply pressure. If a body part has been amputated, put it on ice
- **SHOCK:** Lay the victim down/Cover/Raise feet
- **ANAPHYLACTIC SHOCK:** Give the victim medication/Call for help ASAP/Start CPR if necessary
- **HEART ATTACK:** Call 911/Make victim comfortable/Loosen tight clothing/Check for medication/Keep victim still/Don't give stimulants
- **CHOKING:** Ask a person to speak or cough/Deliver 5 back blows/Perform abdominal thrusts/Repeat sequence of back blows and abdominal thrusts
- **IF ABDOMINAL THRUSTS DON'T WORK:** Call 911/Finger sweep/Abdominal thrusts/Check ABCs/Perform CPR if not breathing
- **ELECTRICAL SHOCK:** Don't touch! /Turn power off/Call 911/Remove person from live wire/Check for breathing
- **BURNS:** First-degree burns—Reddened, painful skin/ Second-degree burns—Blistering/ Third-degree burns—Charring, deep tissue damage
- **BROKEN BONES:** Look/Ask/Treat for shock/Move to cool place
- **HEAT EXHAUSTION:** Lay victim down/Elevate feet/Loosen clothing/Give fluids/Apply cool compresses
- **HEATSTROKE:** Immediately call 911/Cool the person down/Monitor
- **FAINING:** Check for breathing/Administer CPR if necessary/Call 911 if more than a few minutes/If conscious, lay the victim down with feet elevated
- **EPILEPTIC SEIZURES:** Remove victim from hazards/Check for breathing/Nothing in the mouth/Keep comfortable/Call 911 if medical assistance is needed

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For Home Safety:

Electrical Safety

- Electrical cords will not be placed beneath furniture, carpeting or rugs. Frayed cords will be replaced.
- Extension cords will not be overloaded. (Check rating label on cord and appliance.)
- Multiple outlet adapters should not be used in electrical outlets.

Rugs, Runners, and Mats

- Remove all area rugs, mats, and runners if possible to avoid trip hazards.
- If left in place, loose rugs, runners, and mats should be secured with double-sided adhesive or rubber matting.
- Carpet edges should be tacked down if loose.
- Torn or frayed carpeting should be repaired, replaced, or removed.

Telephone

- Locate at least one phone in an area that will be accessible if an accident leaves you unable to stand.
- Post an emergency telephone number near the phones.

Fire Safety

- Fire regulations recommend at least one smoke detector on every level of home.
- Developing an evacuation plan and practice evacuation in the event of fire. (Family members who are non-ambulatory or require assistance should be removed first.)
- Establish clear pathways to all exits. Do not block exits with furniture or boxes.
- Do not leave cooking unattended for extended periods of time.
- Chimneys should be inspected annually to avoid dangerous build up of creosote.
- Kerosene heaters, wood stoves and fireplaces should not be left unattended while in use.

Cupboards and Closets

- Cupboards should be organized so that frequently used items are on lower shelves.
- Use a sturdy stepladder to reach items on high shelves.
- Heavy items should be stored flatly on lower levels of closet to avoid falling and injury.

Bathroom

- Tub and shower should have textured surface or non-skid mats or strips to avoid falls.
- Grab bars to assist transfers should be installed in tub, shower and toilet area.
- Check water temperature with hand before entering tub or shower.
- Night-light should be used in bathroom.

Stairs, Hallways, and Passageways

- Keep a clear path for mobilization.
- Wires and cords must be kept out of walking area.

Basement

- Use correct size fuses at all times.
- Gasoline, paints, solvents and such products should be stored in covered containers away from furnace, heater, water heater, ranges and other appliances.
- Spills should be cleaned promptly.
- Old newspapers and cleaning clothes should not be stockpiled.

Outdoors

- Entranceways should be clear of leaves, snow and ice.
- Sidewalks should be even and intact. (remove loose stones or gravel.)

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7. Infection Control

INFECTION CONTROL – Infectious Diseases - Infectious/Communicable Diseases are those that are capable of being transmitted from one person or species to another. They include, but are not limited to air-borne diseases, blood-borne diseases and fluid-borne diseases.

Preventing infection depends on how the disease is transmitted and the source of the infection. Germs or microorganisms are tiny particles that can be found in the air, on the ground, in our bodies.

Pathogens often live in a specific environment. Some infections are spread by touching objects that an infected person has touched and other diseases spread as we come in contact with the body fluids of an infect person including blood or saliva.

Sources of infection include the following: Air/Food/Water/Eating & drinking utensils/medical dressings/Personal hygiene equipment/Direct contact/Insects/Animals

People are at greater risk for getting infections if they:

- Have weakened immune systems such as very young or elderly persons.
- Are on medication that suppresses the immune system (for example, organ transplant patients).
- Are on prednisone or similar medications.
- Have HIV/AIDS.
- Are not eating healthy foods, not sleeping enough, and are under increased stress.

To help the body fight off diseases, there are simple things you can do every day. You can reduce the spread of infectious microorganisms by:

- Washing your hands after urinating, having a bowel movement, or changing tampons, sanitary napkins or pads.
- Washing your hands after contact with any body fluid or substance, whether it is your own or another person's.
- Washing your hands before handling, preparing, or eating food.
- Washing fruits and raw vegetables before eating or serving them.
- Covering the nose and mouth when coughing, sneezing or blowing the nose.
- Bathing, washing hair, and brushing teeth regularly.
- Washing cooking and eating utensils with soap and water after use.

Germs multiply rapidly in warm, dark, moist environments so keep those areas on a person's body (for example, groin folds) and in living areas (shower corners) clean.

UNIVERSAL PRECAUTIONS: *Universal Precautions* are measures that can be followed to help prevent the spread of infection through contact with potentially infectious materials. All blood and body fluids are considered potentially infectious materials and every client is handled as if he/she could have an infectious disease. *Universal Precautions* include:

- 1) Frequent hand washing, practicing other hygienic measures in the home
- 2) Wearing personal protective equipment
- 3) Handling correctly: sharp objects, body specimens, blood and body fluid spills, household waste, laundry and

Hand washing - is one of the easiest and most effective ways to prevent the spread of infection when proper techniques are used at the appropriate times when working with clients. It is imperative that all steps are demonstrated for proper hand washing techniques.

When to wash your hands:

- Immediately upon arrival and before leaving a client's home.
- Immediately if contaminated by blood or any other bodily fluid.
- Before and after contact with a new client.
- Before and after use of gloves.
- After handling soiled linens or waste.
- Before and after contact with any wounds.
- After using the restroom.

Procedure: Hand Washing

1. Collect items needed for hand washing.
2. Remove all jewelry on hands, fingers, wrists -recommended
3. Turn on the water and adjust the temperature. Water should be warm but not hot.
4. Wet hands under running water with fingertips pointed down.
5. Apply soap to hands (liquid soap in a pump is best).

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6. With fingertips pointing down, lather hands well. Rub your hands together in a circular motion to generate friction. Wash carefully between fingers, palms, the back of hands and under/around any jewelry.
7. Rub your fingernails against the palm of the opposite hand to push soap under the nails.
8. Remember: You need to wash your hands a minimum of 20 seconds. (Sing "Happy Birthday" twice, or "Twinkle-Twinkle Little Star", to yourself as a timer.)
9. Wash a full hand's distance up both wrists as well.
10. With fingertips pointed down, rinse off all soap thoroughly.
11. Dry hands with a clean paper towel.
12. Use paper towel to turn off the water and to open the restroom door if needed.
13. Drop paper towel in trash container

Personal protective equipment (PPE) - such as disposable gloves, allows you to create a barrier between yourself and germs. By using disposable gloves you are preventing the spread of infectious diseases like the common cold, the flu, MRSA or HIV, just to name a few. Wearing gloves is not just for your protection but the protection of others as well. Disposable gloves should be worn when:

- Touching blood or body fluids.
- You or the individual you are caring for has cuts, sores or other skin openings.
- There is possible contact with feces, urine, vomit or wound drainage.
- Handling soiled clothing or linens.
- Cleaning the bathrooms.

Procedure: Putting on Gloves

1. Wash and dry your hands following proper procedures.
2. Remove a pair of gloves from the glove box.
3. Use care when pulling gloves on. If a glove tears or becomes punctured take it off and start again with a new glove.
4. Interlace fingers to remove wrinkles, air pockets and achieve a comfortable fit.
5. You may want to consider double gloving if your nails are longer and at risk of puncturing the gloves or if the gloves will become heavily soiled. Double gloving simply means wearing two pairs of gloves.

Procedure: Removing and Disposing of Gloves

1. From the outside, pinch the rubber glove just below the cuff using your thumb and index finger to lift the glove away from your wrist area.
2. Using your middle and ring fingers, scoop the glove away from the wrist; pulling it off inside out. Ball that glove tightly into palm of gloved hand.
3. Now with ungloved hand slide your index and middle finger under the cuff of the other glove; again pulling it off inside out. The first glove you removed should now be inside the second glove.
4. Disposed gloves or other PPE equipment should be doubled bagged and can be left with the regular trash.
5. Wash your hands following proper procedure.

Sharps - In a person's home, you may see syringes, needles or lancets. They are used by individuals with certain medical conditions. These items are called sharps and need to be disposed properly.

- Do not touch sharps with your bare hands. Use gloves, and if possible use a tool to pick them up.
- Discard sharps properly so that nobody is injured or infected. This includes PCWs and garbage haulers.
- Ask your supervisor if you are responsible for disposing of sharps. If yes, follow these guidelines:
- Use a purchased medical sharps container (from a pharmacy or health care provider) or a heavy-plastic or metal container. Do not use a clear or glass container. The containers should be puncture-proof with a tight-fitting lid.
- Household containers such as plastic detergent bottles can be used if the following precautions are observed:
 - Write the words "Not Recyclable" on the container with a black indelible marker. This helps to ensure the container will not be inadvertently mingled with recyclable materials.
 - Fill the medical sharps container to approximately 3/4 full. Do not over-stuff the container.
 - When full, use heavy-duty tape to secure the lid to the container (duct tape or electrical tape). Then throw away with regular trash.

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- Keep out of reach of children and pets.
- Always wash your hands after handling or touching medical sharps.

Handling of wastes other than sharps

- Body wastes such as urine need to be flushed down the toilet.
- Soiled incontinent pads or disposable gloves need to be placed in plastic bags, tied, and taken out to trash immediately so that they do not create odors or grow bacteria in the home.
- Mop water needs to be flushed down the toilet or thrown outside—never put it down the kitchen sink

If feces or vomit are present in laundry, put on gloves. Put linens or clothes in a plastic bag – don't put them on the floor – and take them to the toilet. Rinse off the large solids in the toilet and put the items back into the plastic bag. Wash linens and clothes immediately, separately from the rest of the household laundry. Add bleach if clothes can be bleached. Otherwise, just dry them completely in the dryer. The heat of the dryer will kill the bacteria. Hanging clothes out on a clothesline will also kill the bacteria.

Hygienic Measures in the Home - Hygienic measures in the home ensure proper sanitation in the home and include:

- Keeping work areas in a clean and safe condition
- Mop or wipe hard surfaces with disinfectant
- Wash soft surfaces with hot water and detergent
- Wear gloves when bleach or detergent are used
- Use separate cleaning supplies for toilets, to avoid cross-infection

Dishes - Clean, using standard methods i.e. either:

- wash with hot water, soap and scrub brush as required -- then rinse thoroughly; or,
- wash in a dishwasher. or,
- Wash cutlery thoroughly, with hot water and detergent, after every use.

Reservoirs

- Toilets shall be flushed regularly, with a minimum to 15 – 17 liters to prevent the build-up of microbial contamination from the bowl and surface of the bowl.
- Regularly clean the toilet and flushing rim with a cleaning disinfectant.
- Clean toilet after each bout of diarrhea and/or vomiting, if client is infected.
- If a client has a compromised immunity system: water blocks may be used to continually maintain a low contamination level in the toilet; and, sinks and basins shall be disinfected regularly.
- Drains on sinks, showers/tubs, basins shall be cleaned and disinfected regularly.
- Humidifiers shall be re-filled daily and disinfected weekly using hydrogen or other suitable disinfectant.
- Nebulizers shall be rinsed immediately with safe water after use and be thoroughly dried.

Personal Hygiene

- All persons shall be given their own toothbrush, drinking glass, towels, wash cloths, razor, toothbrush, combs and other personal care items.
- Fingernails shall be clean, well-cared for and not longer than ¼ inch.
- Artificial fingernails shall not be worn.
- Nail polish shall not be chipped.
- Nail jewelry shall not be worn.
- Bathe, wash hair and brush teeth regularly. Cover the nose and mouth when coughing, sneezing and/or blowing.

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8. Immunizations

Colorado CareAssist, Inc. is committed to protecting the health and safety of its employees/clients/families through the effective use of immunizations. We invite all care workers to receive the influenza immunization each year by December 31.

Vaccine Benefits

- Vaccination can keep you from getting sick from flu.
- Protecting yourself from flu also protects the people around you who are more vulnerable to serious flu illness.
- Flu vaccination also may make your illness milder if you do get sick.
- Flu vaccination can reduce the risk of more serious flu outcomes, like hospitalizations

Recommended Vaccinations

- Tuberculosis
- Hepatitis B
- Influenza
- Rubella (Measles)
- Mumps
- Tetanus
- Diphtheria
- Pertussis (Whooping Cough)
- Meningitis

Employees shall:

- Be knowledgeable about the repercussions of not having immunizations;
- Understand the work consequences, should immunization be declined; and,
- Submit copies of their medical/immunization records

Supervisors shall:

- Ensure that all potential employees are informed of the need for immunizations;
- Strongly encourage employees to obtain effective, infectious disease immunization unless they:
 - Have medical contradictions, and/or have religious objection, and/or sign an informed declination form.
- Advise employees, who decline immunization, about the consequences of not being immunized, which may include:
 - Exclusion from work; or,
 - The requirement to take medication, as determined necessary by local health authorities
- Follow-up with employees to ensure they:
 - Keep their immunizations current
 - Obtain the required annual immunizations; and
 - Maintain records of each employee's annual immunization, declination or exemption from immunization.
 - These records shall remain private in the employee's file.

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9. Standards of Caregiving

1. Never Abandon Client - You are a professional Caregiver. The client is your responsibility. Leaving your client alone is considered Elder Abuse and you will be reported to the county's Adult Protective Services Division.
2. Always Be Dependable - As a professional, you are to be reliable and punctual. If you are going to be late, notify the client and/or the family, as appropriate. Also notify the office if you will be more than 15 minutes late.
3. Always Wash Your Hands - Wash your hands when you ARRIVE and before you LEAVE to reduce the risk of transmitting diseases. Wash hands frequently. This is an important protection for you and for our clients.
4. Be Useful and Productive - Look for things that need doing. After you have done all you think you should, ask if there is anything else that the client would like you to do. Request permission for extended rest periods.
5. Handle Emergencies calmly - In the case of an emergency or urgent situation, follow Care Plan instructions, company policy and your best judgment regarding how to act and whom to call. These may include “911”, the client’s family, the office, a close neighbor, other relatives, etc.
6. Practice Proper Personal Hygiene - Shower or bathe daily, use deodorant, and keep your breath fresh so as not to offend anyone. Cover your mouth when coughing or sneezing. Do not use strong perfumes or other scents that may irritate other people.
7. Be Modest in Dress and Behavior - Wearing scrubs is the standard attire. If asked to wear other clothing, it should cover the body similarly as do scrubs. Don’t be loud and boisterous. Be friendly and sociable. Vulgarity of any will not be tolerated. What may be acceptable to you may be offensive to the client.
8. Minimize Telephone Usage - The client’s telephone is used for shift reporting. Additional usage of the client’s telephone or using one’s own telephone during a shift should be brief, infrequent and when absolutely necessary.
9. Do Not Have Visitors - You should not have visitors. If your family or friends come to drop you off or pick you up, you should introduce them if they come in the house, but do not invite them in for a lengthy visit. Family and friends should never stay overnight. You are not to bring your pets into the client’s home.
10. Do Not Impose - Do not impose upon the client or the client’s family by asking them to run errands for you, take you places, buy you things or any other requests. Do not discuss your personal or family problems. You are there to take care of the client. Keep your personal issues, problems and conflicts out of the job.
11. Use Judgment When Socializing - Use judgment when socializing with the client’s family and visitors. Try to determine whether they want you to be included in such visits, or whether they would rather you stay in the background. The visitors did not come to see you, but to see the client.
12. Respect the Clients Home and Family - Treat the home and the family with respect. When your assignment ends, you are to leave with all your belongings. When not working, do not return to the home or contact the client or client's family unless you have permission from the family or the office. Being hired as a Caregiver does not automatically grant you access or inclusion into the personal lives of the client or the client’s family.
13. Do Not Accept Gifts - Do not accept gifts from the client, especially household items or other things the client has owned for a time. Small birthday or holiday gifts specifically acquired for you, for the occasion, are acceptable.
14. Never Take Anything - Never take anything that does not belong to you, at any time, and especially when you leave, even if you intend to return it later.
15. Never Borrow Money - Never borrow money from the client, the client's family or from other Caregivers.
16. Never Be Mentally Impaired - Alcohol, marijuana and mind-altering substances are never permitted. Using tobacco is only permitted when you have express permission from the client.