CareMaster®
Medical Services

RN/LPN

ORIENTATION

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ORIENTATION

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CareMaster®
Medical Services

Greetings and Welcome!

I want you to know how excited we are, that you are a part of our health care team. Our recruiting department prides itself on recruiting the best health care professionals in the market. That's why we have made an investment in you during hiring process. You see, maintaining a corporate website, keeping newspaper ads running, scheduling interviews, testing for competency and verifying work references is a major expense for us…but You are worth it. We understand, too, that you have also made an investment in CareMaster by spending the time to complete the hiring process.

It is our desire to make your work experience with CareMaster not only financially rewarding, but educational as well. Because our healthcare policy and procedures must adhere to Medicare and Medicaid guidelines, yearly completion of continuing education programs are required. Therefore, you will be learning more about your specific area of expertise while working with us.

Providing you the opportunity to work with various medical environments, plus affording you the flexibility of hours, creates the perfect working conditions. It is our belief that if we continue to create programs and benefits that keep our associates happy, they will personify our motto…."***a spirit of caring***". Simply put, we are committed to "caring "for you and it our prayer that you, in turn, will be committed to "caring" for your patients.

Whether you work with our Personal Support Services under Community Care, Private Care Nursing, Pharmacy or Medical Supply Division, you are important to us. As we continue to grow, we need your comments and direction. CareMaster currently offers our clients one of the largest coverage areas in the State with over 3144 associates throughout Georgia and Eastern Alabama as well. So you see, CareMaster really is Serving all of Georgia with a …"Spirit of Caring"! Again, welcome and I look forward to a rewarding association together.

Sincerely,

C. Edward Grogan, PD., BCNSP
CEO
CareMaster Medical Services

CareMaster®
Medical Services

To all New Hire Healthcare Professionals,

The P.A.T. T. I. system is a telephone time clock we use to document your time and pay. It takes only 45 seconds to log in and out. You will need two pieces of information: your own ID number and your client's (job) number. Your staffer can supply these numbers. Please follow these easy instructions to ensure you are paid correctly. Also, remember time sheets must be filled out correctly and are due in before paychecks are distributed.

P. A. T. T. I. SYSTEM INSTRUCTIONS:

STEP 1: DIAL PATTI PHONE # 1-888-530-3639

STEP 2: ENTER YOUR EMPLOYEE ID # FOLLOWED BY THE POUND SIGN (#). YOUR ID # IS: _____

STEP 3: PRESS 2 TO LOG IN OR PRESS 3 TO LOG OUT.

STEP 4: ENTER JOB (CLIENT) ID # FOLLOWED BY THE POUND SIGN(#). THIS NUMBER IS FOUND ON THE CLIENT'S CARD. IF YOU CANNOT FIND IT PLEASE CALL THE OFFICE.

You will hear a bell ring 3 times. You will hear what time it is. This is the time you log on your duty sheet. When you hear **your record has been saved, you have completed the process**. PATTI will round your time to the nearest 15 minute increment. If you do not hear your record has been saved please call the office immediately.
Thank you.

Jonathan Kimbell
CareMaster Medical Services
800-542-8889 ext 205 or
770-227-1264 ext 205

COMMON P.A.T.T.I Problems

The client does not have a phone:

Call in and let your staffer know they do not have a phone. When you call in, make sure you tell your full name, the client's full name and their ID#. Then, log in manually on your duty sheet and document this client does not have a phone.

The client is on the phone when I arrive or when it is time to leave:

Kindly let the client know you are there and are ready for the phone. We have sent them a letter to inform them of your need to use the phone. Please be patient. If they are on the phone for a few extra minutes, simply wait until they hang up then continue to log in the PATTI System and stay a few extra minutes to get full hours. If they stay on the phone for an extended amount of time then call your staffer immediately to receive a confirmation number in order to be paid. This should be a rare occurrence.

The client's phone is disconnected:

Call in and let your staffer know they do not have a working phone. When you call in, make sure you tell your full name, the client's full name and their ID#. Then, log in manually on your duty sheet and get a confirmation number from your staffer in order to be paid. This should be a rare occurrence.

You meet the client somewhere besides their home:

Call in and let your staffer know you are meeting somewhere else. When you call in, make sure you tell your full name, the client's full name and their ID#. Then, log in manually on your duty sheet and get a confirmation number from your staffer in order to be paid. This should be a rare occurrence.

The client has a rotary phone:

The PATTI System does not work on a rotary line. Please call in and let your staffer know they do not have a touch-tone phone. When you call in, make sure you tell your full name, the client's full name and their ID#. Then, log in manually on your duty sheet and document this client does not have a touch tone phone. This should be a rare occurrence.

CARE PLANS

Each client (patient) should have a copy of a PSA care plan in his or her chart. If there is not a care plan in their chart notify your staffer or supervisor ASAP, so that one can be forwarded to you.

Each Duty Sheet must match the care plan (see examples provided). If your client's care plan calls for ADL care such as a bath or mouth care, etc., it must be checked on you duty sheet. If your client refuses ADL care, or a family member does the care, then you should write out to the side of the ADL care plan……." client/ family refuses ADL care or family member has completed care. **If the refusal continues to go on for a long period of time, it needs to be reported to your supervisor. Liquid paper or whiteout is never to be used on any medical documents, including duty sheets!!! NO EXCUSES!!** Medicaid and the state consider this to be **fraudulent**, and the company could be fined for this. If an error occurs while writing, mark through it with a single line and your initials.

Each duty sheet has 3 copies. Mail the original to CareMaster, give one copy to the client and keep one copy for your records.

All duty sheets must be in by **NOON every Friday.**

Duty sheets can be mailed, faxed, and delivered in person. Use the method that is most convenient for you….**Just be sure they are in our office by noon each Friday.**

Any duty sheets not filled out correctly are subject to be returned to you for corrections. You may also be contacted by your supervisor to complete and re-fax a new duty sheet if the one that you provided is not accurate. When faxing duty sheets**, always call to verify that your fax has been received and that your duty sheet is correct.**

Please note this change: Medicaid now requires initials from both you and your client at the bottom of your duty sheet per day.

REMEMBER:

CHECKS WILL NOT BE RELEASED IF CAREMASTER HAS NOT RECEIVED YOUR DUTY SHEET. NO EXCEPTIONS!

CareMaster Medical Services

"Serving Georgia with a spirit of caring"

P.O. Box 278 • Griffin, GA 30224
770-227-1264 • Fax: 770-412-0014
111 Ryon Ave., Ste. E • Hinesville, GA 31313
912-876-4570 • Fax: 912-876-4616

WHEN FAXING -- CALL TO CONFIRM FAX WAS RECEIVED -- MAIL ORIGINAL

NURSES CHECK LIST

EMPLOYEE (Print): Jane Doe CNA — TITLE

EMPLOYEE SIGNATURE: Jane Doe

EMPLOYEE SOCIAL SECURITY NUMBER: 000-00-0000

☐ ☐ ☐ HOSPICE ☒ P. D. ☐ ICW ☐ SUPPLE-MENTAL

CLIENT NAME (Print): John Doe

CLIENT: PLEASE WRITE TOTAL HOURS IN WORDS TO NEAREST QUARTER HOUR ABOVE: four and one half

AUTHORIZED SIGNATURE (CLIENT): X John Doe

IMPORTANT FOR CLIENT: BY EXECUTION OF THIS FORM, CLIENT CERTIFIES THAT HOURS SHOWN ARE CORRECT; WORK WAS DONE SATISFACTORILY; AND THAT CLIENT AGREES TO THE TERMS AND CONDITIONS ON REVERSE SIDE OF THIS FORM. PLEASE DRAW LINE THROUGH UNUSED SPACES ABOVE.

MONTH: Jan

YEAR: 2007

OVER NITE CHECK ☐ MAIL MY CHECK ☐

PICK UP CHECK ☐

TOTAL HOURS ▶ HRS: 4 MIN: 30

IMPORTANT FOR EMPLOYEE: BY EXECUTING THIS FORM, EMPLOYEE AGREES TO TERMS AND CONDITIONS ON REVERSE SIDE; CERTIFIES THAT THIS FORM IS TRUE AND ACCURATE, AND THAT NO INJURIES WERE SUFFERED.

WAS WORK COMPLETED SATISFACTORILY (IF NOT, DO NOT SIGN) YES ☒ NO ☐

	F	Sa	Su	M	Tu	W	Th
DATE	1/7			1/10		1/12	
Time In	8:00 Am-Pm	Am-Pm	Am-Pm	10:30 Am-Pm	Am-Pm	10:00 Am-Pm	Am-Pm
Time Out	9:00 Am-Pm	Am-Pm	Am-Pm	12:30 Am-Pm	Am-Pm	11:30 Am-Pm	Am-Pm
TOTAL	1			2		1.5	

NURSE'S NOTES DATE EACH ENTRY

	F	Sa	Su	M	Tu	W	Th
PERSONAL CARE							
Bath (tub/shower/bed)	✓			✓		✓	
Hair care	✓			✓		✓	
Shave	✓			✓		✓	
Oral care							
Dress/assist dress	✓			✓		✓	
Red area(s) - Write in Yes or No qd	No			No		No	
ELIMINATION							
Stool/B.M. - Write in Yes or No qd	Yes			No		Yes	
Urine clear - Write in Yes or No qd	Yes			Yes		Yes	
Cath care (foley/SP/condom)							
Amount from cath.							
MOBILITY							
Assist with ambulation/transfers	✓			✓		✓	
Position change/turn/wt. shifts							
ROM/exercise							
Transportation/errands							
HOUSEKEEPING/NUTRITION							
Change linen				✓			
Empty trash/tidy room/dust				✓			
Sweep/mop/vacuum							
Laundry							
Prepare meals/clean up							
Feed/assist Feed/self feed							
CLEAN EQUIPMENT							
Bed (☒) BSC ( )	✓			✓			✓
W/C ( ) Walker ( )							
Lift ( ) Shower ( )							
Cath Bags ( ) Chair ( )							
SPECIAL CARE/MISC.							
Bowel program (suppository/dig. stim)							
Intermittent cath (sterile)							
Amount from IC							
V / S (chart with comments and date)							
Electric stimulator							
Nebulizer							
Other							

THE WEEK STARTS ON FRIDAY - DATES MUST BE CONSECUTIVE -

HI-TECH 770-229-8258

FORM # 007

GREEN - Nursing YELLOW - Home Chart GOLD - Employee

CALL AND REPORT ANY CHANGES IN PATIENTS CONDITION

CareMaster Medical Services

"Serving Georgia with a spirit of caring"

P. O. BOX 278
GRIFFIN, GA 30224
770-227-2770
FAX 770-412-7601

EMPLOYEE (Print) Jane Doe — Title

EMPLOYEE SIGNATURE Jane Doe

SOCIAL SECURITY 000000000

☐ PSS ☐ XPSS

CLIENT NAME (Print) John Doe

four and one half

CLIENT: PLEASE WRITE TOTAL HOURS IN WORDS TO NEAREST QUARTER HOUR ABOVE

AUTHORIZED SIGNATURE (CLIENT) × John Doe

IMPORTANT FOR EMPLOYEE: BY EXECUTING THIS FORM, EMPLOYEE AGREES TO TERMS AND CONDITIONS OF EMPLOYMENT; CERTIFIES THAT THIS FORM IS TRUE AND ACCURATE, AND THAT NO INJURIES WERE SUFFERED.

MONTH 1

YEAR 2005

OVER NITE CHECK ☐ MAIL MY CHECK ☐

PICK UP CHECK ☐

TOTAL HOURS ▶ HRS 4 MIN 30

	F	Sa	Su	M	Tu	W	Th
DATE	1/7			1/10		1/12	
Time In	8:00			10:30		10:00	
Time Out	9:00			12:30		11:30	
TOTAL	1			2		1.5	

	F	Sa	Su	M	Tu	W	Th
Personal Care Task:							
bathing (tub/shower/bed)	✓			✓		✓	
mouth/denture care							
grooming/shampoo hair	✓			✓		✓	
nail filing							
assist with dressing							
assist with toileting							
other:							
Medically-related Tasks:							
observe/report change in client condition							
arrange medical trips							
pick up prescriptions				✓			
accompany client on medical appointments	/						
other:							
Housekeeping Tasks:						✓	
vacuum, sweeping						✓	
dust mop	✓					✓	
do laundry/change linens				✓			
other:							
Ambulation and Transfer:							
assisting with transfers	✓			✓		✓	
assisting with walking							
arranging physical activity							
other:							
Home Management:							
grocery shopping							
assisting with bill paying							
assist with app. for food stamp or othjer service							
Errands:							
Proper Nutrition:							
preparing meals/clean up	✓			✓		✓	
encouraging proper nutrition							
assisting with eating							
other:							
Client's Initials EACH DAY	CI	CI	CI	CI	CI	CI	CI

Explain! Client/family to initial each day. Sign time sheet end of week.

The week STARTS on Friday- Dates must be consecutive.

WHITE - Payroll YELLOW - Aide PINK - Home Chart

FORM # 006

Do's and Don'ts While in a Clients Home

DO'S

Do assist client with all assigned tasks, per care plan. If questionable, contact your staffer or area manager for clarification.
Do listen to the client.
Do observe client for changes and immediately report any changes.
Do smile, be courteous and friendly.
Do leave a copy of duty sheet in client's home on the last day of the work week.
Do have the client sign the duty sheet and initial each day worked.
Do remember to be on time and leave on time.
Do always remember to use the Patti system. If there are any problems call your staffer from the client's home. If your client has no phone or has a rotary phone call staffer immediately.
Do call the office before leaving a client's home if no one answers the door. Also leave a note on the door with your name, date and time that you were there.
Do notify your staffer or after hours on call, @ 1-800-542-8889, no less than 4 hours before scheduled time of arrival at the client's home.
Do ensure all time sheets are faxed no later than Friday of each week by **NOON** to ensure you are paid accurately.
Do always remember to wear your name badge while on duty.

DON'TS

Do not bring family members or friends to a client's home.
Do not make personal phone calls on the client's phone or your cell phone.
Do not watch television.
Do not discuss your personal business with the client.
Do not discuss the client's personal business or family problems with the client.
Do not call the case managers; follow the chain of command, call your staffing supervisor with all concerns.
Do not stay at the client's home if the client is not present.
Do not purchase alcohol or tobacco for clients.
Do not purchase lottery tickets for the client.
Do not discuss pay, payroll, or any CareMaster business with the client or their family.
Do not accept a new client if you are already seeing a client at the scheduled time.
Do not eat with the client or family during your shift.
Do not discuss client's issues with other clients. (Always maintain and enforce client confidentiality rules.)
Do not swap assignments with another aide without notifying the office first.
Do not lend, or borrow money from the client's or the family member's

CAREMASTER MEDICAL SERVICES

CONFIDENTIALITY

Confidentiality is the expectation and the right of all patients when they seek professional help from anyone in the helping professions.

Confidentiality is basic and essential to the therapeutic relationship. We should guard confidence as a trust and reveal such confidence only after careful deliberation and when there is clear and imminent danger to an individual or society.

The breaking of confidence will not only destroy the particular relationship involved, but will also tend to undermine confidence in us by others.

Confidentiality is such an important ingredient for those of us in the helping professions, that many states have laws pertaining to this. These laws vary from state to state. The important thing to remember, however, is that the privilege of communication belongs to the patient, and not for the person to whom the information is given. The patient owns the information and has the right to say who shall have access to it and who shall not.

ADVANCE DIRECTIVES

Introduction

Questions about medical care at the end of life are very important today because of the ability of medical technology to prolong life and because of highly publicized court cases involving comatose or dying patients. The best way for you to be in control of your medical treatment in such a situation is to record your preferences in advance.

What are Advance Directives?

Advance Directives are documents written in advance of serious illness which state your choices about medical treatment or name of someone to make choices about medical treatment for you, if you become unable to make decisions. Through advance directives such as living wills and durable powers of attorney for health care, you can make legally valid decisions about future medical treatment.

What does the Georgia laws say about this subject?

Generally, you have the right to refuse any medical or surgical treatment you do not wish to receive. Georgia law allows you to sign advance directives so that your wishes will be followed, even if you become unable to communicate them to your health care provider.

What is a living will?

A living will is a document in which you can instruct your physician to withhold or withdraw life-sustaining procedures if you become terminally ill. State law describes the kind of form which must be used in order to have a valid living will. A living will must be signed, dated and witnessed. A lawyer is not needed to draw up a living will, although you may decide consultation with a lawyer is desirable.

What is a durable power of attorney for health care?

A durable power of attorney for health care is another kind of advance directive. It is a signed, dated, and witnessed legal document in which you can name another person, as agent, to make medical decisions for you, if you become unable to make them. In a durable power of attorney for health care, you can describe treatment you want and do not want. Also, this form of advance directive can relate to any medical condition, such as Alzheimer's disease, not just terminal illness. Georgia law describes a durable power of attorney for health care form, but other forms are also acceptable. A durable power of attorney for health care can be written without the advice of a lawyer, although you may decide consultation with your attorney would be helpful.

Are advance directives just for" senior citizens?"

No. A severe illness or serious accident can happen to a person at any age. If you have a strong feeling about what choices you would want to make in such a situation, regardless of your age, you are encouraged to consider signing an advance directive.

Can an advance directive be changed?

These documents can be changed or revoked at any time. If you do make changes to an advance directive, be sure to destroy all of the outdated copies and provide copies of the new version to your family, physician, and your attorney. If you wish to revoke an advance directive while receiving services through a home health agency, just notify your primary physician or nurse.

Will an advance directive be honored in an emergency?

Usually it is impossible to determine the chances of survival in an emergency situation or to determine the outlook for recovery. After the initial emergency has passed and depending on your condition, your advance directives may come into play if you are not able to express your wishes.

Is it difficult to stop treatment once it has been started?

No, not if you have an advance directive and your instructions are clear. If your condition begins suddenly, it may take days or even weeks before the outlook for recovery is known. During this time, it is appropriate to use any treatments which might be beneficial. When the outlook for recovery is known, if instructions indicate you would not want continued treatment under these circumstances, treatment can be stopped.

Is there a time limit on how long my advance directive is valid?

No, but you are encouraged to update any advance directive periodically since this indicates you have given the matter a great deal of thought.

Are there any limitations on carrying out the instructions in my directive if I am pregnant?

Yes, most likely any instructions which would result in withholding or withdrawing life-prolonging treatments would not be honored during the time you are pregnant.

After I complete an advance directive, what do I do with it?

Copies of an advance directive should be given to someone who would know if you became seriously ill. You should also give a copy to your physician and you may want to consider giving a copy to your minister, family members or close friends. Of course, if you appoint an agent to make health care decisions for you, you should give a copy of your advance directive to the agent. Finally, you should consider carrying a card in your wallet stating that you have signed an advance directive and where it can be located. In order for a private care agency to honor your advance directive, you must

provide a copy of the document to an official from the private care agency so a copy can be included in your medical record.

Will my Georgia advance directive be honored if I am admitted for treatment in a different state?

The law on honoring advance directives differs from state to state, so it is unclear whether a Georgia advance directive would be valid in a different state. Because an advance directive is an expression of your wishes about medical care, it will influence that care no matter where you are admitted. However, if you spend a great deal of time in more than one state, you might want to consider signing an advance directive that meets requirements of each state.

Can I be refused admission to home health agency if I do not have an advance directive?

No. Federal law prohibits a private care agency from refusing to accept a patient because he or she does not have an advance directive. However, as of December 1, 1991, private care agencies must ask adult patients if they have advance directives, document their answer, and provide information on state laws and private care agency policies about advance directives.

Does this private care agency have a policy about advance directives?

Yes. It is the policy of this private care agency to honor a patient's advance directive, if it meets the requirements of state law. We also recognize and respect the rights of patients to accept or reject offered medical or surgical treatment, to the extent permitted by law.

Where can I get the forms for advance directives?

You can obtain living will and durable power of attorney for health care forms by writing the Medical Association of Georgia, the State Bar Association or your local hospital. If you plan to sign the documents while receiving services through a private care agency, you or your family members will be responsible for assuring that witnesses, other than private care agency personnel, are present when you sign the documents.

May a provider refuse to implement my directive?

Yes. A provider who is unwilling to comply with an advance directive (i.e. conscientious objection) will arrange for transfer of your care to another provider.

ABUSE

WHAT YOU NEED TO KNOW

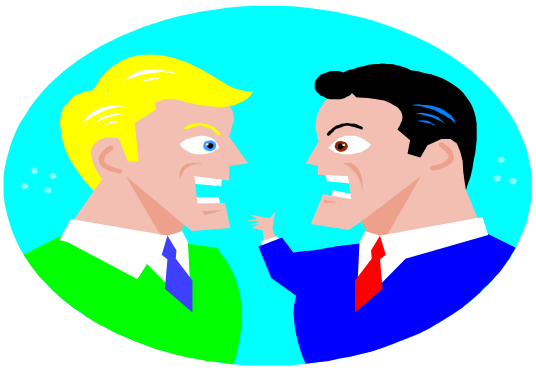
Types of Abuse:

** Verbal Abuse	*Any verbiage, written or spoken *Any gestures to describe someone or directed to someone
** Sexual Abuse	* Making any sexual gestures or sexual advances (may be verbal) * Touching someone inappropriately
** Physical Abuse	* Hitting, slapping, pinching, kicking * Withholding food/water * Controlling behavior through corporal punishment. * Forcing a treatment on a patient when he/she requests it not to be done
** Mental Abuse	* Humiliation or threatening remarks or behaviors * Withholding life essentials

THESE ARE OTHER ACTIONS WHICH ARE OR CAN BE CONSIDERED ABUSE:

** Placing someone in a room without their consent and not allowing them to come out (confining someone without their consent).

** Willfully not allowing appropriate health care against a person's will.



THE FACTS ABOUT ELDERLY ABUSE AND NEGLECT IN GEORGIA

- Abuse of older and disabled people is one of the most underreported social problems in the U.S.

- Elder abuse is usually intentional. It can involve harming or distressing an older person or not doing something that a person has a duty to do, such as a caregiver not providing medications to an older adult who needs them. Depending on the law, an older person is defined as either a person who is 60 or 65 years and older.

- The definitions, indicators, and types of abuse may also apply to person with disabilities (age 18 and over).

- Abuse can occur in a person's own home or in a community living arrangement such as assisted living, personal care homes or nursing homes. A family member, a friend, a caregiver or a stranger can be abusive. More than two thirds of the abusers are family members serving in a care giving role. The abuser could be someone an older adult relies on or even pays, such as a lawyer, an account, a guardian or nurse's aide. Some abusers actively seek out people to victimize.

Elder and disabled adult abuse occurs when someone intentionally causes harm or puts a risk of harm to an older or disabled adult. Neglect occurs when someone intentionally or unknowingly withholds basic necessities or care. Self-neglect refers to person's inability to provide care and support to him or herself. Elder and disabled adult abuse can take several forms, including:

Physical abuse- using physical force to coerce or to inflict bodily harm, it often, but not always, causes physical discomfort, pain or injury. It may include the willful deprivation of essential services, such as medical care, food or water.

Emotional abuse- using tactics, such as harassment, insults, intimidation or threats that cause mental or emotional anguish or isolation. It diminishes the person's sense of identity, dignity, and self worth.

Sexual Abuse- any kind of sexual behavior directed towards an older adult or mentally incapable adult without the person's full acknowledge and consent. A spouse, partner, family member or other trusted person, can perpetrate sexual abuse.

Financial Abuse-or exploitation-improperly or illegally using a person's resources for the benefit of another person, for example, by stealing, trickery or inappropriate use of government checks.

Neglect – occurs when a caregiver refuses or fails to provide essential services to the degree that it harms or threaten to harm an older and/ or disabled adult.

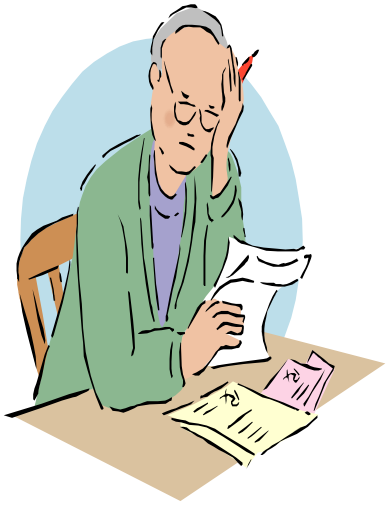
Self-neglect- failing to perform essential self-care such as depriving him/herself of necessities such as food, water, or medication. Consciously putting oneself in harm's way. Unable to handle day-to-day living because of medical or mental health problems.

SOME INDICATORS OF ABUSE, NEGLECT AND EXPLOITATION INCLUDE:

SEXUAL ABUSE:

- Any nonconsensual sexual contact
- Inappropriate touching
- Forced viewing of sexually explicit materials
- Sexual assault or rape
- Sexual harassment

FINANCIAL ABUSE OR EXPLOITATION:



- Misuse of financial resources for another's gain
- Missing money or valuables
- Credit card charges the individual did not make
- Unusual activity in bank accounts, depleted bank accounts
- Legal documents (such as will or power of attorney) signed by a person who does not understand what s/he is signing
- Eviction notice arrives when person thought s/he owned the house
- Unpaid bills (rent, utilities, taxes) when someone is supposed to be paying them for the person

NEGLECT:

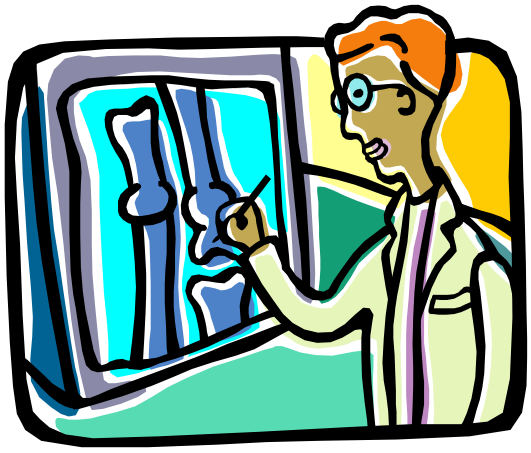
- Failure to provide or purposely withholding shelter, clothing, food, water, medical
- care, or other basic needs
- Malnourishment, dehydration, or weight loss inconsistent with medical diagnosis
- Ignoring, leaving the person alone for long periods of time
- Unsanitary or unsafe living conditions: rats, roaches, human or animal waste on
- floors or furniture; house filled with trash, rotting floors, falling ceiling, no toilet
- Untreated medical conditions or injuries
- Lack of clothing or inappropriate clothing for weather
- Extreme dirtiness of bedding or lying in own waste
- Decayed teeth or lacks needed false teeth
- Lacks needed glasses or hearing aids
- Bed sores or rashes

SELF-NEGLECT:

- Lacking food or basic utilities
- Failing to meet daily basic needs

- Not recognizing their limitations
- Refusing to take medications
- Neglecting personal hygiene
- Wearing soiled or ragged clothes

PHYSICAL ABUSE:



- Pushing, striking, slapping, pinching, beating
- Burning or scalding
- Hitting with a hand or instrument
- Rough handling
- Improper use of restraints or medications
- Intentional injuries such as bruising, burns broken bones, or pain
- Injuries that are not consistent with medical diagnosis or explanation

EMOTIONAL ABUSE:

- Threatening someone with violence, abandonment, or neglect
- Verbal abuse including: threats, insults, harassment, name calling, intimidating
- Isolation from friends, family, or activities
- Ignoring or excessively criticizing; giving the silent treatment
- Making derogative or slanderous statements
- Repeatedly raising the issue of death
- Excluding the older person from decision making when he or she is capable and wants to be included

MANDATORY REPORTERS: WHAT CAN YOU DO?

Many people are required by Georgia law to report when they suspect abuse, neglect or exploitation. Mandated reporters must make a report when they have reasonable cause to believe that a disabled or elder adult has had an injury or injuries inflected upon them, other than by accidental means, or has been neglected ore exploited. Mandated reporters who do not fulfill their obligation to report may be charged with a misdemeanor. Georgia law lists mandated reporters in Code Section 30-5-8 for alleged victims who live in the community; and in Code Section 31-8-80 for alleged victims who are in a long-term care facility. All other parties are encouraged to make reports if they believe that abuse, neglect, or exploitation has occurred.

The following are mandated reporters:

- Physicians (including interns and residents)
- Adult Day care personnel
- Osteopaths
- Other hospital or medical personnel
- Dentist
- Pharmacists
- Chiropractor's
- Physical therapist
- Podiatrist
- Occupational therapists
- Psychologists
- Nursing personnel
- Licensed professional counselors
- Coroners and medical examiners
- Social workers
- Any employee of a financial institution
- Employee of a public or private agency engaged in professional health- related services to elder persons or disabled adults
- Law enforcement personnel
- Administrator, managers or other employees of a personal care home or nursing home

Anyone who makes a report of fraud, testifies in any judicial proceeding , assists protective services, or participates in a required investigation is immune from any civil or criminal liability as a result or such report, testimony, or participation, unless such person acted in bad faith or with a malicious purpose, or was a party to such crime or fraud.

If you suspect abuse, you can do something about it. First, recognize the signs. Then, report the situation so it can be investigated. The problem can't be solved until it is reported.

Any Setting
If immediate, serious risk, call the Police (911)

Community Setting
If the suspected abuse, neglect or exploitation occurs in a person's home or other community setting then contact the Divisions of Aging Services' Adult Protective Services Central Intake in Metropolitan Atlanta at 407-657-5250 or outside Atlanta at 1-800-878-6442.

Long Term Care Ombudsman
If you or someone you know needs an advocate in any of the long –term care facilities then contact the local Long-Term Care Ombudsman who is authorized to advocate for residents in long-term care. To find your long –term care ombudsman, call your Area Agency on Aging (the number is your blue pages of any telephone directory) or call the Office of State Long-term Care Ombudsman at (404) 463-8383 or 1-888-454-5826.

OTHER HELPFUL SERVICES

Senior Adult Victim's Advocate (SAVA), 404-657-5250 or outside Metro Atlanta 1-888-774-0152. SAVA provides services for adults age 60 and older who are victims of abuse, neglect, or exploitation by serving as a liaison between victims, social service agencies and the court system. SAVA provides telephone assurance, assistance with court appearances, access to support groups, and help navigating the legal system. If someone is refusing services but may still be at risk for abuse, neglect and/or exploitation, call SAVA.

The Governor's Office of Consumer Affairs (OCA), 404-651-8600 or outside Metro Atlanta 1-800-869-1123, enforces the Fair Business Practice Act and other consumer protection laws. It also mediates consumer complaints, investigates and addresses consumer problems, and takes necessary civil action against offending business. OCA works to prosecute crimes related to telemarketing, home construction and home repair fraud, identity theft and Internet fraud.

Elderly Legal Assistance Program (ELAP), 404-657-5319 to find local resources or call your Area Agency on Aging. ELAP provides legal assistance for civil matters for people 60 years of age and older.

Senior Legal Hotline, 404-657-9915 outside Metro Atlanta 1-888-257-9519, provides legal assistance over the telephone for Georgians 60 years of age or older.

Georgia Cares, 1-800 669-8387, provides free health insurance counseling about Medicare, Medicaid, Prescription Assistance Program, and planning for future long-term care needs. GeorgiaCares also reports suspected fraud in Medicare and Medicaid. Call if you have questions about your health insurance or suspect fraud.

Helpful Hints for the Family of a Person with Alzheimer's Disease

The following suggestions are addressed to caregivers of people with dementia:

- The secret of success in handling the person with dementia can be stated in one word: consistency. Whatever you do, always do it the same way and, if possible, at the same time.
- Any change in the person's performance should be noted. It may just be a bad day; however, if the behavior change persists for three or more days in a row, the person needs to be evaluated.
- Sainthood is not a requirement. When things do not go well, anger and distress on the part of the person with Alzheimer's disease and yourself are normal and acceptable.
- If the person wears dentures, be certain to check their fit. He or she may not be able to let ou know if they are loose or rubbing.
- A person with Alzheimer's disease may not be able to wait to find a rest room once he or she has left home. The following steps can ease this problem.
    - Do not leave home without having the person use the bathroom.
    - When you arrive at your destination, locate the nearest bathroom
    - If it has been more than two hours since the person has used the bathroom, ask if he or she needs to do so. If the person's responses are not reliable, do not ask but take the person to the bathroom and say "I think it would be a good idea if you used the bathroom now." Do not wait for the person to ask to use the bathroom.
- It is a good idea to carry a plastic bag with a change of clothing. If the person is occasionally incontinent, it is better to be prepared than to worry about what to do later.
- Pantyhose are difficult for women with dementia to handle. Try ladies' knee-highs or socks.
- Low-heeled or flat crepe-soled shoes help the unsteady person with Alzheimer's disease.
- The person should wear an identification bracelet that lists his or her name, address, telephone number, and the fact that he or she has a disease that causes confusion and an inability to relay accurate information. A simple statement such as "memory loss" may be sufficient.
- For a successful shopping trip, use these tips:
    - Pick a place that is accessible.
    - Try to do all of your shopping in one store.
    - Shop only when the store is not crowded.
    - Make a map of the store and identify the location of items that you plan purchase.

    - List the items that you plan to purchase according to the route you will take in the store. The objective is to have all the items in the cart after you first walk through the store.
    - Have the person with Alzheimer's disease push the cart (this helps to prevent wandering).

- When choosing photographs of family and friends for identification purposes, be certain to use the latest picture. An old photograph can be confusing.
- Information regarding appointments or trips should not be given to the person more than one day in advance to prevent irritability.
- Do not try to reason with someone who by definition is unreasonable.
- Acknowledge when the person is confused, then orient him or her.
- Lighting is important in maintaining good orientation. Twinkling lights, a dim atmosphere, reflecting mirrored lights, or candlelight can confuse a person with dementia.
- If you would like to have a meal out but the person has difficulty with eating utensils, order finger food (for example, a sandwich and French fries).
- You do not have to shout to make yourself understood. Frequent repetition using simple sentences coupled with good eye contact will do a better job.
- Review the environment in which the person lives. Steps may be a hazard and require gates; sharp objects and poisonous substances should be out of reach.

Checklist---Home Safety for People with Alzheimer's disease

- ☐ Poisons are inaccessible (cleaning materials, cosmetics, gasoline)
- ☐ Rugs and carpeting anchored down
- ☐ Electrical and telephone wires neatly tacked in place
- ☐ Venetian blind, curtain, and window shade cords wrapped on holders
- ☐ Environmental clutter eliminated
- ☐ Non-edible poisonous plants and objects inaccessible
- ☐ Tools and sharp objects unreachable
- ☐ Staircases safe and lit at night
- ☐ Smoking materials, including matches, kept by a responsible individual
- ☐ Unused appliances disconnected if potentially dangerous
- ☐ Furniture constructed and placed to avoid accidental injury
- ☐ Faucets marked for hot water, and water temperature not too hot
- ☐ Every potential source of injury from heat or fire eliminated
- ☐ Rails anchored so that they cannot be inadvertently pulled loose
- ☐ Indoor locks removed from or secured on doors to prevent unwanted locking in
- ☐ Necessary locks on doors leading to the outside and on windows
- ☐ Glass furniture and objects inaccessible or used with supervision

CAREMASTER MEDICAL SERVICES HOME SAFETY

1. CareMaster Medical Services, in an attempt to keep each patient/client and healthcare worker safety conscious, has developed the following comments suggested by other homecare patients/clients.

2. Floor Surfaces: Keep floors clean and free from clutter, obstacles and spills, which should be cleaned up immediately.

3. Use of Throw Rugs: Throw rugs should lie flat and have non-skid backing. Slippery rugs should be removed or made stationary.

4. Stairs: Stairs should be kept free of obstacles. Clients with unsteady gait, history of falls, dizziness, and/or weakness should be assisted up and down steps. Hand rails should be used if available.

5. Furniture Arrangement: Furniture should be placed in such a way as to allow for free flow of traffic pattern from one area to another to allow easy access to exits.

6. Light bulbs should be replaced as needed in order to provide adequate lighting for performing work tasks correctly and safely, preventing falls and eye strain.

7. Extension cords should not be used in such a way as to block traffic areas thus providing a potential hazard for trips and/or falls. Wiring should be replaced if defective.

8. Safety Awareness: Safety awareness of one's environment should be practiced at all times and recognized potential hazardous situations should be corrected and/or reported immediately to prevent injury.

BATHROOM SAFETY

1. If you are weak or shaky, use shower stool or shower chair as a seat while bathing.

2. Bathrooms should have proper lighting.

3. Always adjust the water temperature before getting into the tub or shower.

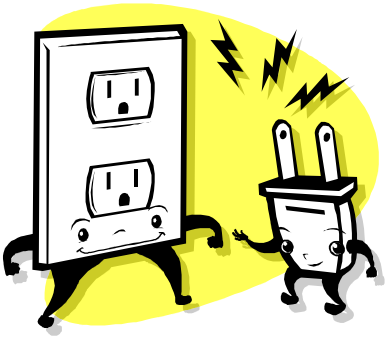
4. Bathtubs and/or showers need to have nonskid mats or strips.

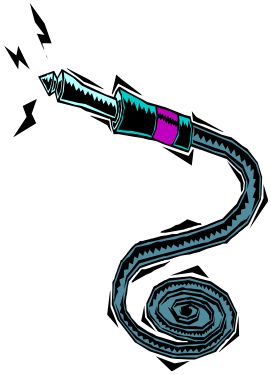
5. Bathtubs and/or showers should have at least one grab bar.

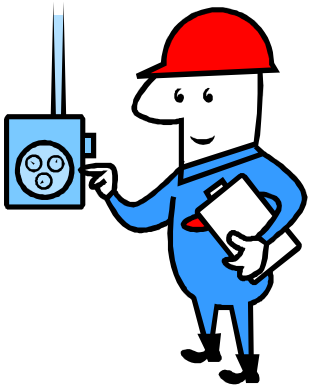
6. Never use throw rugs in the bathroom unless they have nonskid backing.

ELECTRICAL SAFETY CHECKLIST

1. Know how to turn the power off at the electrical panel.
2. All extension cords and appliance cords should be located away from the sink and stove.
3. Keep all lamp, extension and telephone cords out of the traffic flow.
4. All appliances should be properly connected.
5. Make sure all electrical cords are in good condition, not cracked and frayed.
6. Light bulbs should be the appropriate size and type for the lamp fixture.
7. Check the electrical rating on extension cords to prevent over load.
8. If electrical outlets are warm or hot to touch, don't use them until you have them checked.
9. All outlets must have cover plates to prevent exposed wiring.







In Case of FIRE!

The things you do now are crucial. Pre-planning prepares you to act fast and appropriately without panic. When there is a fire, or you suspect fire, take immediate action, following your plan. Top priority is **RESCUE/ESCAPE**.

Sound the **FIRE ALARM** and get help on the way. Don't delay.

If an exit is ever cut off, ***don't panic***. Close the door and seal off cracks to help hold back the smoke. Go to the window and signal for help. If there is a telephone in the room, call the Fire Department and give them your location. (Always keep the telephone number of the Fire Department near the phone.)

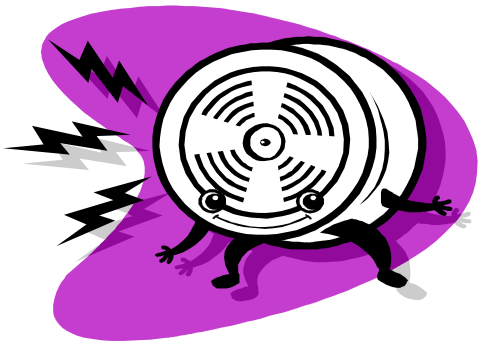
If the patient has special needs or is disabled, a preplanned fire escape is essential.

You may want to recruit someone to assist. Be sure to inform them of the condition and be prepared to follow up with any special instructions. It's also a good idea to inform the Fire Department in advance.

Designate more than one possible **EXIT**.

- ✓ Make sure the ground floor windows open easily.
- ✓ ***Never*** use elevators during a fire.
- ✓ In apartments, know ***the location of the exit stairs***.
- ✓ Keep hallways clear
- ✓ ***Practice*** you escape plan.

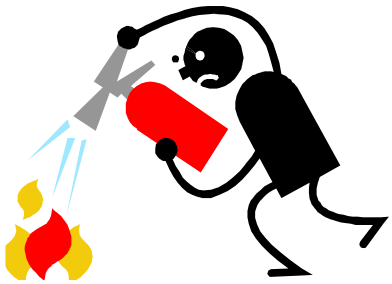
SMOKE DETECTORS provide early warning -----your best defense against fire. Test them on a weekly basis, and change the battery annually. A smoke detector should also be placed in the patient's room.



IN CASE OF FIRE (Continued)

FIRE EXTINGUISHERS-LIFE SUPPORT IS PRIORITY!

If the fire is small, you may be able to use a fire extinguisher. Be sure you know where the fire extinguisher is located, the type and how to operate it.



An ABC-type extinguisher can be used on three kinds of fires:

A-Ordinary combustibles
B-Flammable Liquids
C-Electrical Fires

FIRE----IMMEDIATE ACTION:

Smother a fire with a coat or blanket if not to large or out of control.
Cover a pan or trash can fire with a lid.
If your clothing catches fire, **STOP**, **DROP**, and **ROLL**.

EMERGENCY CARRY METHODS

The Back Pack *To move a patient from the bed or wheelchair, cross his/her arms, grasp wrists and pull up as you turn to step under him/her. Place his/her arms over your shoulders, crossing them in front of you.*

The Swing *With a helper, each of you grasp the other's shoulder from behind the patient (under his/her arms). Then reach under the legs to grasp each other's wrists.*

The Drag *Lower patient to a blanket, and head first, pull blanket and all out to safety.*

The Extremities *Hug a patient from behind, grasp their wrists. Helper lift legs at knees.*

TORNADO INFORMATION

A Tornado ***WATCH*** means there is a real chance one will come along.

A Tornado ***WARNING*** means a tornado has been sighted or seen by radar.

PLAN AHEAD

Review safe shelter plans & where to meet if separated.

Stay Informed!

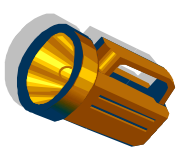
1. Decide where in your home to take shelter from a tornado. **Practice**.

2. Contact an out-of-state relative or friend and ask them to be the contact person for everyone to touch base with afterward.

3. Have disaster supplies on hand:

****Flashlight and extra batteries***	****Essential medications***
****Portable radio***	****Cash or credit card***
****First aid kit and manual***	****Blanket, sleeping bags***
****Canned goods and water***	****A change of clothing***
****Non-electric can opener***	****A camera and film***

4. Check with local disaster agencies for more information.



TORNADO INFORMATION (Continued)

1. ***In The Home***:
   - Choose the lowest level of the building. Small inner rooms or hallways without windows are the best.
   - Stay away from windows. Stay in the center of the room and out of the corners.
   - Get under sturdy heavy furniture. Hold on.
   - Protect head and neck.
   - Leave mobile homes and find shelter elsewhere.

2. ***Work or School***: Same as #1 above.

3. ***If outside***:
   - Get into a sturdy building.
   - Avoid wide-open span roofed places, like malls, cafeterias, large hallways, civic centers.
   - Lie in a ditch or low lying area.
   - Crouch near a sturdy building.

4. ***In a Car***:
   - Get out and take shelter immediately, or lie in a ditch or low lying area. Don't try to out-drive it! Tornados change direction quickly and unpredictably.

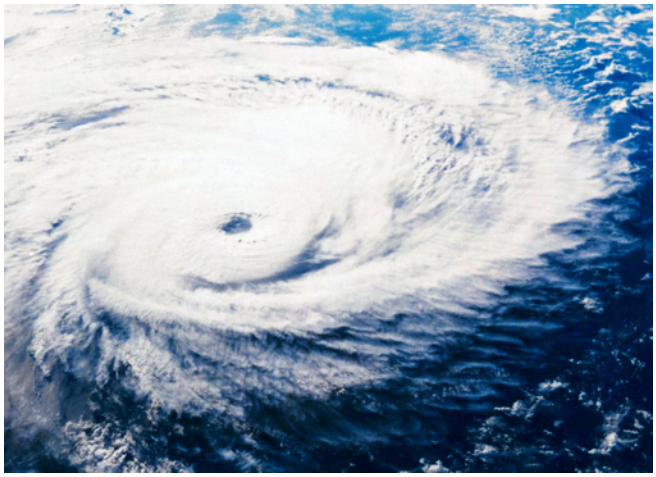
AFTER THE DISASTER

- Rescue injured or trapped persons.
- Stay informed.
- Use telephone for emergency calls only.
- Clean away spilled chemicals like gasoline, bleach or flammables very carefully.
- Open a window and leave the building if you smell gas or chemical fumes.
- Don't drink the water if you suspect sewage contamination, sewer line damage, etc. Contact aan wait for a plumber.
- Take pictures of your losses.
- Turn off utilities at the outside main valves if necessary, have a professional turn them back on.
- Don't step in water to turn off electricity at circuit breakers or fuse boxes. Call a professional.

HURRICANE INFORMATION

A Hurricane **WATCH** means there is a real chance of having a hurricane.

A Hurricane **WARNING** means a hurricane is *EXPECTED IN 24 HOURS*. Take precautions at once.



BE PREPARED!

Review safe shelter plans and where to meet if separated. *STAY INFORMED. TUNE IN TO EMERGENCY RADIO STATIONS.*

- ⇒ Listen to weather updates.
- ⇒ Secure loose objects in your yard; move items away from windows.
- ⇒ Tape, board or shutter windows.
- ⇒ Plan a flood-free evacuation route. Know where you are going.
- ⇒ Share the above information with a friend or neighbors so you can be located or checked on if necessary.
- ⇒ Prepare an evacuation/disaster kit.
- ⇒ If ordered to evacuate—do so *IMMEDIATELY*!
- ⇒ Do not enter evacuated areas until authorities issue an "all clear."

An evacuation/disaster kit should contain:
A battery powered radio, flashlight, candles, matches or lighter, extra batteries, a first aid kit and manual, a non-electric can opener, canned goods, fresh water, blankets/sleeping bags, extra clothing, personal items, important papers, valid identification, a two-week supply of critically needed prescription medicines, some cash or a credit card.

Check with local disaster agencies for more information.

ITEMS NOT ALLOWED IN A PUBLIC SHELTER

- Weapons
- Beverages Containing Alcohol
- Smoking Paraphernalia
- Pets

ADDITIONAL DISASTER INFORMATION
UTILITY LOSS

During any emergency or disaster, there is always the possibility of loss of utilities or vital services such as water, electricity, and heat. Arrange for temporary assistance to help maintain the special needs of the patient. If life sustaining equipment is used (ventilator) have an emergency backup plan.

WINDSTORM

1. Listen to all warnings and take cover.
2. Make sure outside storage and equipment is secured.
3. Gather emergency supplies: first aid, water, food, flashlights, special needs for patient care, etc.
4. Close drapes and curtains. Be prepared for loss of utilities, or the need to shut off electricity/gas.

FLOODING

Flooding can occur from a heavy rain, or could be due to burst water pipes or dam. Conditions vary, so use your judgment. Flooding can be widespread or local, forewarned or unexpected with caution or severe exposure. For deep flooding, plan to evacuate. Be aware whether you must arrange for transportation, or if it will be provided. Assistance from neighbors or authorities may be needed. Be sure to instruct them on patient's needs. Someone should secure the area before leaving. For localized wet floors, secure the area. You may need to move things. Remember, water and electricity poses the danger of shock. If you are wet or in water do not touch any fixtures, switches or appliances.

EARTHQUAKE

Earthquakes are unpredictable and allow no time to think. During an earthquake, get away from windows. Get down on the floor, face down next to an interior wall.

Afterwards:

- Check the patient for possible injuries or any needs.
- Check for damages, and the possible loss of utilities.
- Be prepared to be self sufficient until proper authorities are in control.

Step 6. Bring the lifter into position with the base under the side of the bed. Then lower the lift arm over the patient by opening the hydraulic release valve and pressing down on the lift arm.

Step 7. **Insert the open "S" hooks of the shorter portion of the chains into the holes in the back (top). Insert the open "S" hooks of the longer part of the chains into the holes in the seat (bottom)**. Insert the "S" hooks all the way into the holes on the sling **from the inside** so that the ends of the hooks are ***AWAY*** from the patient.

Step 8. Insert the closed "S" hooks of the chains into the end s of the swivel bar. Check to see that the hooks are seated fully into the swivel bar.

Step 9. Close the hydraulic release valve and pump the hydraulic handle. The sling will automatically lift the patient into a sitting position. The bed side rail, on the side from which the transfer will take place, can now be safely lowered.

Note: The patient may need your assistance when lifting him from a home bed. If this is the case, place your hand behind his head and lift until he reaches a sitting position.

Step 10. When the patient has been lifted until the buttocks are clear of the bed, grasp the patient's legs and turn him until he is facing the lifter mast and his legs are off the side of the bed. Move the lifter away from the bed.

When returning a patient to the bed, simply reverse the procedure.

If the patient is to be transported in the lifter, turn him until he is facing the mast as just described. Slowly and carefully open the hydraulic release valve, which lowers the patient until his feet rest on or over the base of the lifter and straddle the mast. This lowers the center of gravity, making the lifter easier to push and provides greater stability. It also reduces pendulum action and makes the patient feel more secure. Push the lifter with steering handles. **(Note: it is not advisable to use the caster friction locks when the patient is in the lifter)**. These locks are to be used for parking, storage or assembly only. Patient should not be in the lifter during their use.

HYDRAULIC PATIENT LIFTER

The purpose of the hydraulic patient lifter is to enable one person to lift and move a patient safely with as little physical effort as possible.

This type of patient lifter facilitates bed transfers, wheelchair transfers, toilet transfers, automobile transfers, and floor transfers. The device also aids in bath transfers and swimming pool transfers with appropriate accessory equipment.

OPERATION INSTRUCTIONS:

Lifting Patient from Bed

Step 1. Stand beside the bed, place the bed side rails in the up and locked position, and lift the patient's opposite foot and leg up an across the nearer foot and leg.

Step 2. Carefully roll the patient toward you onto his side.

Step 3. Place the seat or sling lengthwise on the bed behind the patient with the lower edge of the sling positioned just below the knees. The half of the sling nearest the patient's back should then be folded in an "S" or accordion configuration, and the opposite half extended flat on the bed.

Step 4. Carefully roll the patient onto his back. Slip your hands under the patient and pull the folded part of the sling out flat to a position centered under the patient. A little practice, initially with positioning the sling behind the patient, will enable you to have the sling properly centered when the patient is rolled back onto his back.

Step 5. If the patient is in a hospital bed, it should now be adjusted to the Fowler Position. Elevate the foot of the bed to flex the patient's knees, then elevate the head of the bed. If the patient is in a home bed, either have him flex his knees or place a pillow under the knees to support them in a flexed position.

HYDRAULIC PATIENT LIFTER
Operating Instructions

<u>Transferring a Patient to a Wheelchair</u>:

Step 1. Raise the patient by pumping the hydraulic handle until the buttocks are above the seat height of the chair.

Step 2. With the patient's back toward the open end of the base, move the wheelchair into position under the patient. Apply the wheelchair locks.

Step 3. Lower the lift arm by opening the hydraulic release valve with you left hand. For proper positioning of the patient in the chair, push back gently but firmly on the patient knees with your right hand while simultaneously lowering him into the chair. This positions the hips well back in the seat of the chair. Continue to lower the lift so there will be enough slack in the chains to remove the hooks.

NOTE: It is not usually necessary, or desirable, to remove the sling from beneath the patient. A special purpose two piece sling and back is available for most lifters that can be removed after the patient is placed in the chair, but this type of seat is **NOT RECOMMENDED FOR GENERAL USE.**

The procedure for transferring a patient to a wheelchair can also be used fro transfers to an easy chair or almost any other appropriate home or office type chair.

<u>Toilet Transfers:</u>

Patient lifters are designed to provide access to most bathrooms and can be used with either the standard commode or a bedside commode. Most seats and slings are available with an optional commode opening for this purpose. It is recommended that the sling be left connected during use to provide security and support for the patient. When toileting is completed, **CONFIRM THAT THE BOTTOM EDGE IF THE SLING IS JUST BELOW THE KNEES**. Then lift the patient completely clear of the commode before attempting to move the lifter.

HYDRUALIC PATIENT LIFTER
Operating Instructions

IMPORTANT POINTS TO REMEMBER:

Successful use of patient lifters begins with proper sling placement. Whether in a supine of sitting position, the bottom edge of the sling should be placed just below the bend of the knee. The short section of the chain should always be hooked to the top of the sling and the long section of the chain to the bottom. The patient should be centered laterally on the sling.

Use care, discretion, and common sense in determining if a severe spastic or handicapped person can be lifted safely.

Do NOT exceed weight limits of patient lifters or slings. It is always wise to leave a substantial safety margin in making this determination. Ill, injured, or handicapped individuals may not have been weighed for long periods of time and may not know their actual weight. Of course, the weight of heavy casts, etc., must also be considered.

INFECTION CONTROL MEASURES IN THE HOME

Wash Hands Properly

- Use warm, running and liquid soap
- Lather hands and wrists
- Scrub for at least 15 seconds including cleaning under the fingernails
- Dry with a clean paper towel, use towel to turn off water
- Use lotions as necessary to prevent dry, cracked skin

Have Sufficient Cleaning Supplies

- Chlorine bleach
- Sponges/paper towels
- Gloves
- Use Bleach Safely
  - Wear gloves
  - Mix bleach
  - ¼ cup bleach to 2 ¼ cup water

Doing the Laundry

- Change linens 1X week or more often as necessary
- Pre-soak to remove stains
- Dispose of contaminated wastes (Insulin syringes) in a shatter-proof, puncture-proof container, like a coffee can, or 2 liter Cola jug

In General

- Provide good ventilation
- Take proper care of pets
- Clean up body substances immediately
- Clean bathroom frequently
- Don't share toothbrushes or other personal items
- Soak toothbrushes 1X week for 15 min. In 1 part hydrogen peroxide and 3 parts water
- Store food properly
- Use extra care in preparation of meats, poultry, and eggs
- Wash counters with Lysol Spray after preparing foods
- Change clothes regularly
- Use fresh towels and wash cloths

Know the Signs of Infection

- Inflamed (red, hot swollen tissue)
- Fever, chills
- Draining lesions (pus)
- Persistent nausea, vomiting, diarrhea
- Sore throat/cough
- Painful urination

If Someone in Your Home has an Infection
Avoid Direct Contact With

- Body Fluids or Secretions
  - Sputnum
  - Saliva
  - Nasal Discharge
  - Coughing or breathing in your face
  - Semen
  - Vaginal secretions
  - Urine
  - Pus or wound drainage

GENERAL OSHA SAFETY AND INFECTION CONTROL GUIDELINES

SUGGESTED AUDIENCE: All health care workers

CONTENTS OF INSERVICE: Introduction and Objectives
OSHA "Bloodborne Facts" Fact Sheets:
- Holding the Line on Contamination
- Hepatitis B Vaccination—Protection for You
- Protect Yourself When Handling Sharps
- Reporting Exposure Incidents
- Personal Protective Equipment Cuts Risk

Post-Test (Appendix A contains all answer keys)

SUITABLE FOR SELF-STUDY

ESTIMATED TIME TO COMPLETE: 1–3 hours

INTRODUCTION

Health care facilities provide unique settings that are conducive to the spread of infectious agents. It is important that medical professionals understand their role in protecting patients and themselves from infectious diseases through consistent adherence to infection control practices. This inservice will present the Occupational Safety and Health Administration's (OSHA's) bloodborne "fact sheets" on contamination, hepatitis B vaccination, handling sharps, reporting exposure incidents, and personal protective equipment.

OBJECTIVES

Upon completion of this inservice, the employee will be able to:

1. Demonstrate knowledge of decontamination procedures for different surfaces and proper handling of regulated waste and laundry.
2. Discuss the transmission of hepatitis B virus (HBV) and the importance of vaccination.
3. Demonstrate knowledge of proper disposal and handling of sharps.
4. Explain the necessity of and proper procedure for reporting exposure incidents.
5. Select, properly decontaminate, and dispose of personal protective equipment suitable for avoiding contamination.

Source: U.S. Department of Labor, Occupational Safety and Health Administration.

HOLDING THE LINE ON CONTAMINATION

Bloodborne *facts*

Holding the Line on Contamination

Keeping work areas in a clean and sanitary condition reduces employees' risk of exposure to bloodborne pathogens. Each year about 8,700 health care workers are infected with hepatitis B virus (HBV) and 200 die from contracting hepatitis B through their work. The chance of contracting human immunodeficiency virus (HIV), the bloodborne pathogen that causes acquired immune deficiency syndrome (AIDS), from occupational exposure is small, yet a good housekeeping program can minimize this risk as well.

DECONTAMINATION

Every employer whose employees are exposed to blood or other potentially infectious materials must develop a written schedule for cleaning each area where exposures occur. The methods of decontaminating different surfaces must be specified and determined by the type of surface to be cleaned, the soil present, and the tasks or procedures that occur in that area.

For example, different cleaning and decontamination measures would be used for a surgical operatory and a resident room. Similarly, hard-surfaced flooring and carpeting require separate cleaning methods. More extensive efforts will be necessary for gross contamination than for minor spattering. Likewise, such varied tasks as laboratory analyses and normal resident care would require different techniques for cleanup.

Employees must decontaminate working surfaces and equipment with an appropriate disinfectant after completing procedures involving exposure to blood. Many laboratory procedures are performed on a continual basis throughout a shift. Except as discussed below, it is not necessary to clean and decontaminate between procedures. However, if the employee leaves the area for a period of time, for a break or lunch, then contaminated work surfaces must be cleaned.

Employees also must clean (1) when surfaces become obviously contaminated, (2) after any spill of blood or other potentially infectious materials, and (3) at the end of the work shift if contamination might have occurred. Thus, employees need not decontaminate the work area after each patient care procedure, but only after those that actually result in contamination.

If surfaces or equipment are draped with protective coverings, such as plastic wrap or aluminum foil, these coverings should be removed or replaced if they become obviously contaminated. Reusable receptacles, such as bins, pails, and cans that are likely to become contaminated, must be inspected and decontaminated on a regular basis. If contamination is visible, employees must clean and decontaminate the item immediately, or as soon as feasible. Should glassware that may be potentially contaminated break, employees need to use mechanical means, such as a brush and dustpan.

Before any equipment is serviced or shipped for repairing or cleaning, it must be decontaminated to the extent possible. The equipment must be labeled, indicating which portions are still contaminated. This labeling enables employees and those who service the equipment to take appropriate precautions to prevent exposure.

REGULATED WASTE

In addition to effective decontamination of work areas, proper handling of regulated waste is essential to prevent unnecessary exposure to blood and other potentially infectious materials. Regulated waste must be handled with great care—that is, liquid or semiliquid blood and other potentially infectious materials, items caked with these materials, items that would release blood or other potentially infected materials if compressed, pathological or microbiological wastes containing them, and contaminated sharps.

Containers used to store regulated waste must be closable and suitable to contain the contents and prevent leakage of fluids. containers designed for sharps also must be puncture resistant. They must be labeled or color coded to ensure that employees are aware of the potential hazards. Such containers must be closed before removal to prevent the contents from spilling. If the outside of a container becomes contaminated, it must be placed within a second suitable container.

Regulated waste must be disposed of in accordance with applicable state and local laws.

continues

Holding the Line on Contamination continued

LAUNDRY

Laundry workers must wear gloves and handle contaminated laundry as little as possible, with a minimum of agitation. Contaminated laundry should be bagged or placed in containers at the location where it is used, but not sorted or rinsed there.

Laundry must be transported within the establishment or to outside laundries in labeled or red color-coded bags. If the facility uses universal precautions for handling all soiled laundry, then alternate labeling or color coding that can be recognized by the employees may be used. If laundry is wet and it might soak through laundry bags, bags that prevent leakage must be used to transport it.

RESEARCH FACILITIES

More stringent decontamination requirements apply to research laboratories and production facilities that work with concentrated strains of HIV and HBV.

Source: U.S. Department of Labor, Occupational Safety and Health Administration.

NOTES:

HEPATITIS B VACCINATION—PROTECTION FOR YOU

Bloodborne *facts*

Hepatitis B Vaccination—Protection for You

WHAT IS HBV?

Hepatitis B virus (HBV) is a potentially life-threatening bloodborne pathogen. The Centers for Disease Control and Prevention (CDC) estimates there are approximately 280,000 HBV infections each year in the United States.

Approximately 8,700 health care workers each year contract hepatitis B, and about 200 will die as a result. In addition, some who contract HBV will become carriers, passing on the disease to others. Carriers also face a significantly higher risk for other liver ailments that can be fatal, including cirrhosis of the liver and primary liver cancer.

HBV infection is transmitted through exposure to blood and other infectious body fluids and tissues. Anyone with occupational exposure to blood is at risk of contracting the infection.

Employers must provide engineering controls; employees must use work practices and protective clothing and equipment to prevent exposure to potentially infectious materials. However, the best defense against hepatitis B is vaccination.

WHO NEEDS VACCINATION?

The Occupational Safety and Health Administration (OSHA) standard covering bloodborne pathogens requires employers to offer the three-injection vaccination series free to all employees who are exposed to blood or other potentially infectious materials as part of their job duties. This includes health care workers, emergency responders, morticians, first-aid personnel, law enforcement officers, correctional facilities staff, launderers, and others.

The vaccination must be offered within 10 days of initial assignment to a job where exposure to blood or other potentially infectious materials can be "reasonably anticipated." The requirements for vaccinations of those already on the job took effect July 6, 1992.

WHAT DOES VACCINATION INVOLVE?

The hepatitis B vaccination is a noninfectious, yeast-based vaccine given in three injections in the arm. It is prepared from recombinant yeast cultures, rather than human blood or plasma. Thus, there is no risk of contamination from other bloodborne pathogens nor is there any chance of developing HBV from the vaccine.

The second injection should be given one month after the first, and the third injection six months after the initial dose. More than 90 percent of those vaccinated will develop immunity to HBV. To ensure immunity, it is important for individuals to receive all three injections. At this point, it is unclear how long the immunity lasts; thus, booster shots may be required at some point.

The vaccine causes no harm to those who are already immune or to those who may be HBV carriers. Although employees may opt to have their blood tested for antibodies to determine the need for the vaccine, employers may not make such screening a condition of receiving vaccination nor are employers required to provide prescreening.

Each employee should receive counseling from a health team professional when vaccination is offered. This discussion will help the employee determine whether inoculation is necessary.

WHAT IF I DECLINE VACCINATION?

Employees who decide to decline vaccination must complete a declination form. Employers must keep these forms on file so that they know the vaccination status of everyone who is exposed to blood. At any time after an employee initially declines to receive the vaccine, he or she may opt to take it.

WHAT IF I AM EXPOSED BUT HAVE NOT YET BEEN VACCINATED?

If an employee experiences an exposure incident, such as a needlestick or a blood splash in the eye, he or she must receive confidential medical evaluation from a licensed health care professional with appropriate follow-up. To the extent possible by law, the employer is to determine the source individual for HBV as well as human immunodeficiency virus (HIV) infectivity. The employee's blood will also be screened if he or she agrees.

The health care professional is to follow the guidelines of the U.S. Public Health Service in providing treatment. This would include hepatitis B vaccination. The health care professional must give a written opinion on whether or not vaccination is recommended and whether the employee received it. Only this information is reported to the employer. Employee medical records must remain confidential. HIV or HBV status must NOT be reported to the employer.

Source: U.S. Department of Labor, Occupational Safety and Health Administration.

PROTECT YOURSELF WHEN HANDLING SHARPS

Bloodborne *facts*

Protect Yourself When Handling Sharps

A needlestick or a cut from a contaminated scalpel can lead to infection from hepatitis B virus (HBV) or human immunodeficiency virus (HIV), which causes acquired immune deficiency syndrome (AIDS). Although few cases of AIDS have been documented from occupational exposure, approximately 8,700 health care workers each year contract hepatitis B; about 200 will die as a result. The Occupational Safety and Health Administration (OSHA) standard covering bloodborne pathogens specifies measures to reduce these risks of infection.

PROMPT DISPOSAL

The best way to prevent cuts and sticks is to minimize contact with sharps. That prevention means disposing of them immediately after use. Puncture-resistant containers must be available nearby to hold contaminated sharps—either for disposal or, for reusable sharps, later decontamination for reuse. When reprocessing contaminated reusable sharps, employees must not reach by hand into the holding container. Contaminated sharps must never be sheared or broken.

Recapping, bending, or removing needles is permissible *only* if there is no feasible alternative or if required for a specific medical procedure such as blood gas analysis. If recapping, bending, or removal is necessary, employees must use either a mechanical device or a one-handed technique. If recapping is essential—for example, between multiple injections for the same patient—employees must avoid using both hands to recap. Employees might recap with a one-handed "scoop" technique, using the needle itself to pick up the cap and pushing cap and sharp together against a hard surface to ensure a tight fit. Or they might hold the cap with tongs or forceps to place it on the needle.

SHARPS CONTAINERS

Containers for used sharps must be puncture-resistant. The sides and the bottom must be leakproof. They must be labeled or color-coded red to ensure that everyone knows the contents are hazardous. Containers for disposable sharps must have a lid, and they must be maintained upright to keep liquids and the sharps inside.

Employees must never reach by hand into containers of contaminated sharps. Containers for reusable sharps could be equipped with wire basket liners for easy removal during reprocessing, or employees could use tongs or forceps to withdraw the contents. Reusable sharps disposal containers may not be opened, emptied, or cleaned manually.

Containers need to be located as near to the area of use as feasible. In some cases, they may be placed on carts to prevent access to mentally disturbed or pediatric patients. Containers also should be available wherever sharps may be found, such as in laundries. The containers must be replaced routinely and not be overfilled, which can increase the risk of needlesticks or cuts.

HANDLING CONTAINERS

When employees are ready to discard containers, they should first close the lids. If there is a chance of leakage from the primary container, the employees should use a secondary container that is closable, labeled, or color-coded and leak-resistant.

Careful handling of sharps can prevent injury and reduce the risk of infection. By following these work practices, employees can decrease their chances of contracting bloodborne illness.

Source: U.S. Department of Labor, Occupational Safety and Health Administration.

REPORTING EXPOSURE INCIDENTS

Bloodborne *facts*

Reporting Exposure Incidents

The Occupational Safety and Health Administration's (OSHA's) bloodborne pathogens standard includes provisions for medical follow-up for employees who have an exposure incident. The most obvious exposure incident is a needlestick, but any specific eye, mouth, other mucous membrane, nonintact skin, or parenteral contact with blood or other potentially infectious materials is considered an exposure incident and should be reported to the employer.

Exposure incidents can lead to infection from hepatitis B virus (HBV) or human immunodeficiency virus (HIV), which causes acquired immune deficiency syndrome (AIDS). Although few cases of AIDS are directly traceable to workplace exposure, every year about 8,700 health care workers contract hepatitis B from occupational exposures; approximately 200 will die from this bloodborne infection. Some will become carriers, passing the infection on to others.

WHY REPORT?

Reporting an exposure incident right away permits immediate medical follow-up. Early action is crucial. Immediate intervention can forestall the development of hepatitis B or enable the affected worker to track potential HIV infection. Prompt reporting also can help the employee avoid spreading bloodborne infection to others. Further, it enables the employer to evaluate the circumstances surrounding the exposure incident to try to find ways to prevent such a situation from occurring again.

Reporting is also important because part of the follow-up includes testing the blood of the source individual to determine HBV and HIV infectivity if this is unknown and if permission for testing can be obtained. The exposed employee must be informed of the results of these tests.

Employers must tell the employee what to do if an exposure incident occurs.

MEDICAL EVALUATION AND FOLLOW-UP

Employers must provide free medical evaluation and treatment to employees who experience an exposure incident. They are to refer exposed employees to a licensed health care provider who will counsel the individual about what happened and how to prevent further spread of any potential infection. He or she will prescribe appropriate treatment in line with current U.S. Public Health Service recommendations. The licensed health care provider also will evaluate any reported illness to determine if the symptoms may be related to HIV or HBV development.

The first step is to test the blood of the exposed employee. Any employee who wants to participate in the medical evaluation program must agree to have blood drawn. However, the employee has the option to give the blood sample but refuse permission for HIV testing at that time. The employer must maintain the employee's blood sample for 90 days in case the employee changes his or her mind about testing—should symptoms develop that might relate to HIV or HBV infection.

The health care provider will counsel the employee based on the test results. If the source individual was HBV-positive or in a high-risk category, the exposed employee may be given hepatitis B immune globulin and vaccination, as necessary. If there is no information on the source individual or the test is negative and if the employee has not been vaccinated or does not have immunity based on his or her test, he or she may receive the vaccine. Further, the health care provider will discuss any other findings from the tests.

The standard requires that the employer make the hepatitis B vaccine available, at no cost to the employee, to all employees who have occupational exposure to blood and other potentially infectious materials. This requirement is in addition to postexposure testing and treatment responsibilities.

WRITTEN OPINION

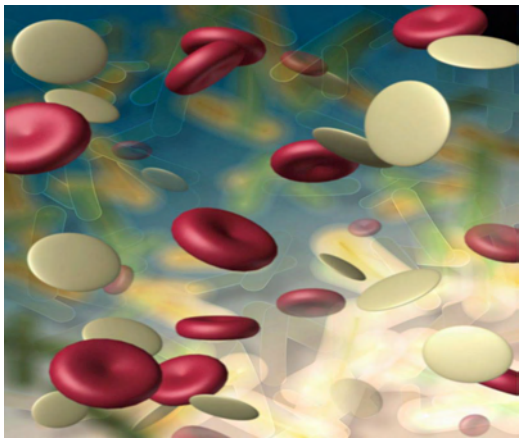
In addition to counseling the employee, the health care provider will provide a written report to the employer. This report simply identifies whether hepatitis B vaccination was recommended for the exposed employee and whether or not the employee received the vaccination. The health care provider also must note that the employee has been informed of the results of the evaluation and told of any medical conditions resulting from exposure to blood that require further evaluation or treatment. Any added findings must be kept confidential.

CONFIDENTIALITY

Medical records must remain confidential. They are not available to the employer. The employee must give specific written consent for anyone to see the records. Records must be maintained for the duration of employment plus 30 years in accordance with OSHA's standard on access to employee exposure and medical records.

Source: U.S. Department of Labor, Occupational Safety and Health Administration.

BLOODBORNE PATHOGENS



Blood borne pathogens are pathogenic microorganisms that may be present in the blood and cause disease in humans. (Germs in the bloodstream that may cause disease)

Among the pathogens (germs) that may be present in the blood and can cause disease are Hepatitis B (HBV- for which there is no vaccine available), Hepatitis C Virus (HCV), and Human Immunodeficiency (HIV).

Ways that healthcare workers get exposed are:

A. Needle sticks
B. Splashes from blood to mucus membrane (eye, nose, skin)
C. Contact with non-intact skin (sores, scrapes, any open skin)

Workers that are injured and exposed to human materials should:

A. Stop what you are doing, clean and wash the injured site with disinfectant soap and clean with running water right away.
B. Flush mucus membranes with clean running water for several minutes.
C. Report to Office and Healthcare Provider.
D. Complete an injury report and give to office

UNIVERSAL PRECAUTIONS:

- Apply to visible blood, semen and vaginal secretions
- Require the use of protective barriers (gloves, gowns, masks and protective eyewear)
- Require the use of gloves for every patient
- Require that gloves be changed after every patient and hands washed thoroughly

DIABETES MELLITUS

Diabetes Mellitus is a disease process in which insulin production is decrease or absent. Lack of insulin leads to elevated blood glucose levels (High Sugar). The cause of diabetes is unknown. Anyone can develop diabetes but individuals at risk are usually adults with a family history to the disease. There is no cure for diabetes, but it can be controlled with proper medical management. The success of a well managed diabetes program is dependent on the person with diabetes.

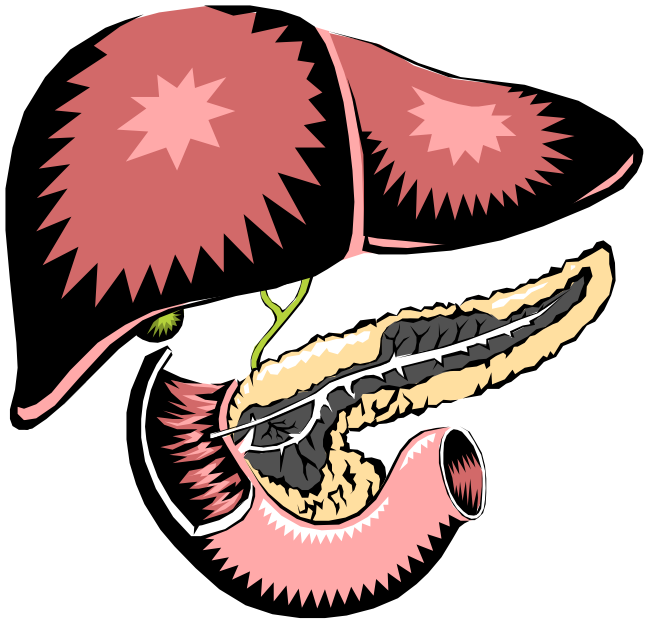
Types of Diabetes:

Type 1 is a lack of insulin production by the pancreas. Injections of insulin are required.

Type 2 is more common. Insulin is produced in sufficient amounts by the pancreas but is not used effectively and causes high blood sugar. Treatment is a combination of a diet, exercise, and oral medications. Sometimes insulin may be used.

Signs and Symptoms of Diabetes*

Excessive Thirst
Frequent Urination
Excessive Hunger
Weight Loss
Persistent Itching
Fatigue
Changes in Vision
Slow healing cuts/sores
Infections



* Some individual may never experience signs/symptoms and diabetes may be diagnosed only through blood and urine tests.

Now, I would like to get to know about two sneaky characters who love to cause the diabetic trouble every chance they get! They are **"Dopey"** and **"Grumpy"** and whenever they come around, they can make your work a lot harder. So, learn to recognize them …….

"Dopey" is the same as Hyperglycemia ……..High Blood Sugar. This occurs when blood glucose (sugar) is higher than 140-160 mg/dl. It does not occur suddenly. The onset is slow and gradual over a period of time or days……**just like Dopey**…Slow! It can be caused by not enough insulin, not eating right, infection, fever, trauma, emotional distress and some medications

"**Grumpy" is the same as Hypoglycemia** ……..Low Blood Sugar. This occurs when blood glucose (sugar) is lower than 60 mg/dl. This occurs from taking your insulin and not eating when you should, from taking too much medication, not eating enough food, or exercising and unusual amount. **Hypoglycemia is like Grumpy**……irritable, anxious, shaking, or trembling, increased heart rate, and fatigue.

Your responsibility as a health care provider is to help your patients manage their diabetes by:

Encouraging them to follow their prescribed diet
Encouraging them to get exercise… take them for a walk, if possible, or other prescribed exercise
Observing them for infections, skin breaks, and good food care
Assisting them to check their blood sugar as directed by the MD

Novo Nordisk DIABETES Care

HYPERGLYCEMIA
(High Blood Glucose)

Causes: Too much food, too little insulin or diabetes medicine, illness or stress.

Onset: Gradual, may progress to diabetic coma.

SYMPTOMS

EXTREME THIRST

FREQUENT URINATION

DRY SKIN

HUNGER

BLURRED VISION

DROWSINESS

DECREASED HEALING

WHAT CAN YOU DO?

TEST BLOOD GLUCOSE

If over 200 mg/dL for several tests or for 2 days

CALL YOUR DOCTOR

Novo Nordisk DIABETES Care

HYPOGLYCEMIA
(Low Blood Glucose)

Causes: Too little food, too much insulin or diabetes medicine, or extra activity.

Onset: Sudden, may progress to insulin shock.

SYMPTOMS


SHAKING


FAST HEARTBEAT


SWEATING


DIZZINESS


ANXIOUS


HUNGER

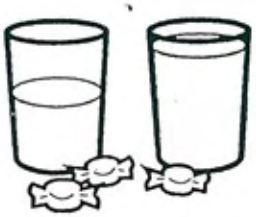

IMPAIRED VISION


WEAKNESS FATIGUE

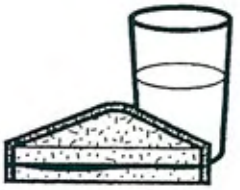

HEADACHE


IRRITABLE

WHAT CAN YOU DO?


Drink 1/2 glass of juice or regular soft drink, or 1 glass of milk, or eat some soft candies (not chocolate).

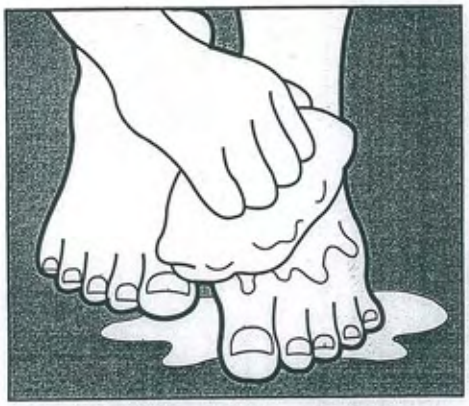

Within 30 minutes after treatment TEST BLOOD GLUCOSE. If symptoms don't stop, call your doctor


Then, eat a light snack (1/2 peanut butter or meat sandwich and 1/2 glass of milk).

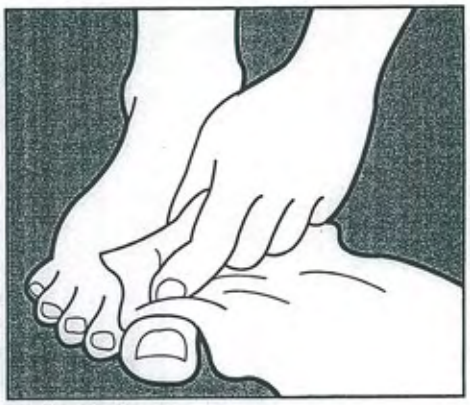
Foot Care for People with Diabetes

People with diabetes have to take special care of their feet.

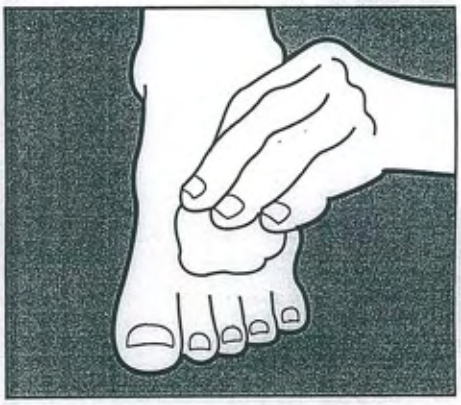
Novo Nordisk DIABETES Care



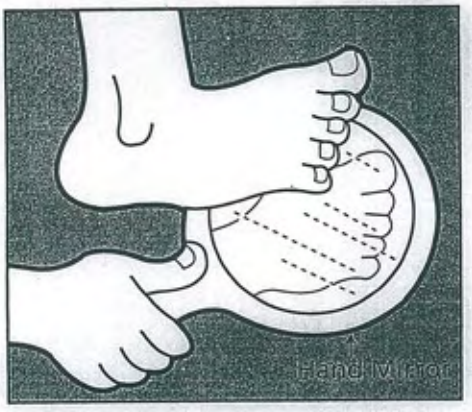
1 **Wash your feet daily** with lukewarm water and soap.



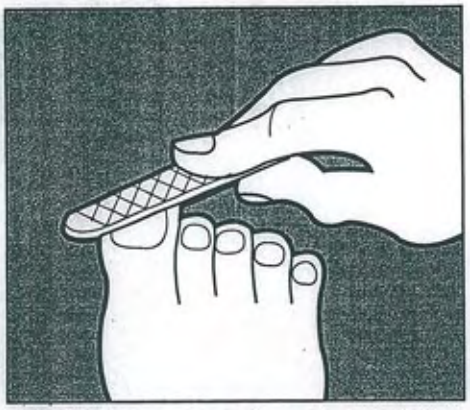
2 **Dry your feet well,** especially between the toes.



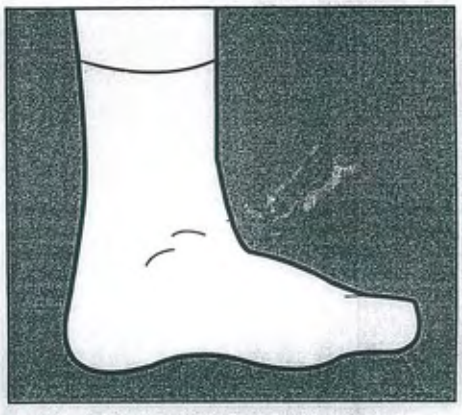
3 **Keep the skin supple** with a moisturizing lotion, but do not apply it between the toes.



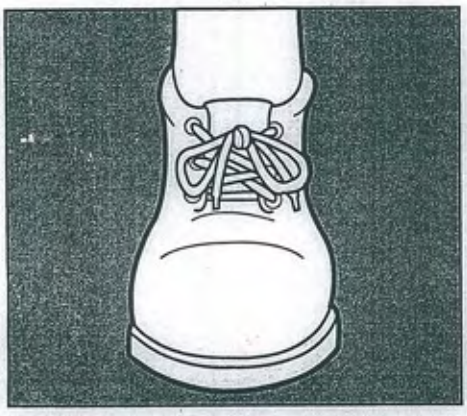
4 **Check your feet** for blisters, cuts or sores, redness or swelling. Tell your doctor right away if you find something wrong.



5 **Use emery board gently** to shape toenails even with ends of your toes. Do not use a pocketknife or razor blades.

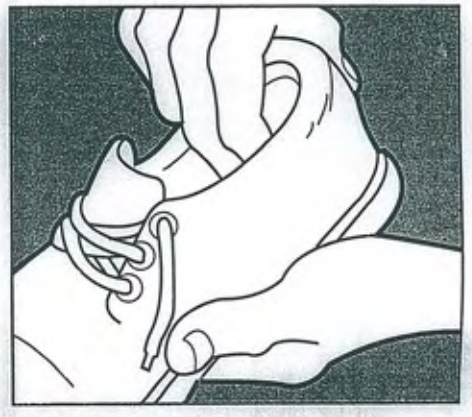


6 **Change daily into clean, soft socks or stockings,** not too big or too small.



7 **Keep your feet warm and dry.** Preferably wear special padded socks and always wear shoes that fit well.

8 **Never walk barefoot** indoors or outdoors.



9 **Examine your shoes every day** for cracks, pebbles, nails or anything that could hurt your feet.

Take good care of your feet - and use them.
A brisk walk every day stimulates the circulation.

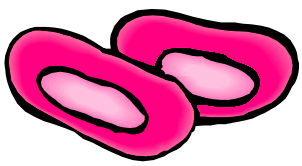
MONITORING BLOOD SUGARS

** Gather Equipment:
- Alcohol wipes
- Glucometer
- Penlet
- Lancet
- Cotton Balls
- Hazardous Container for used lancets
- Rubber gloves

** Performing Blood Sugar Test with Glucometer:
- Wash and dry hands
- Put on gloves
- Prepare finger and alcohol wipe on inside tip of finger
- Let dry
- Place Lancet in Penlet according to directions
- Turn monitor on and follow directions on screen
- Prick finger and squeeze to obtain drop of blood
- Apply to strip as prompted on meter
- Use cotton ball to put pressure on finger tip to control bleeding
- Discard Lancet in proper container
- Remove gloves
- Wash and dry hands or apply antiseptic gel or rub until dry
- Replace equipment in safe place

** ***Point to Remember***:
- Check strips:
  - Right strip for monitor
  - Not expired
  - Cope strips must match code on monitor screen

Keeps Strips in original container
Do not put blood on strip before placing in monitor
Cover entire spot on strip with blood
Use each lancet one time only
Dispose of lancet properly- (Do not put in trash can)



Red Blood Cell

SKIN CARE

Functions of the skin:
Protection form Environment
Regulates Body Temperature
Organ of Sensation

Causes of Skin Breakdown:

Pressure	Moisture
Friction	Unhealthy Diet
Accident	Dryness

Sitting on Worn Out Cushion

Pressure points:

Back:

Back of Head	Hips
Shoulder Blades	Coccyx (most common)
Spinal Column	"Sitting" Bones

Bones

Side:

Ears	Side Lying Bones
Shoulders	Below Hips
Elbows	Outside of Knees
Wrists	Inside of Knees
Hips	Ankle Bones

Side of Feet

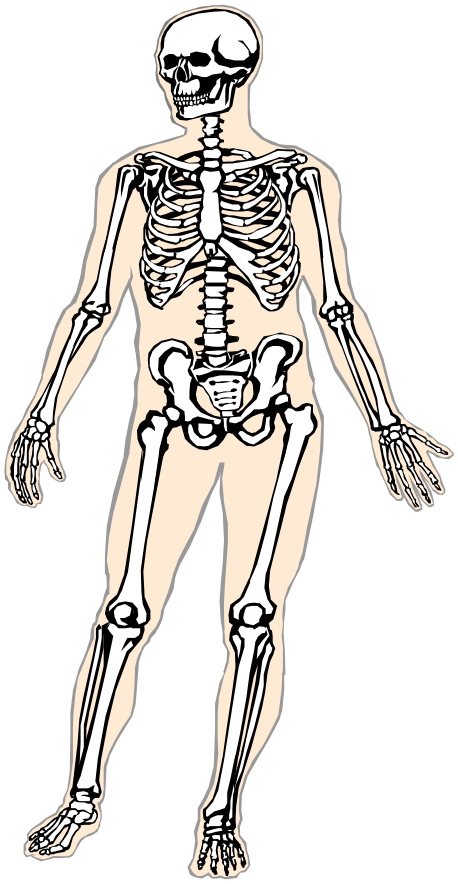
Front:

Forehead	Hips
Collar Bones	Groin
Ribs	Kneecaps

Top of Feet & Toes

Ideal Position:

Prone: It stretches out the body & the muscles.



SKIN CARE Cont'd

To Prevent Skin Breakdown Observe: First sign of pressure sore may be redness (light skinned) or dark area (dark skinned).
Treatment: Keep patient off affected area.

Spinal Injuries: Check bony areas below site of injury two times/day AM & PM (before getting up and after lying down).

Accidents: Burns (hot liquids, kitchen accidents)
Smoking = a danger & decreases circulation
Bathing = hot water burns; keep hot water heater setting no higher than 120 degrees.

Moisture: Groin Area – Sleep w/legs apart; use lotion & ointment as prescribed
Dry well after bath
Sweat, Urine, Feces – keep clean & dry
Check area under breasts

Friction/Shearing: Two bones rubbing together
Dragging across bed sheets or chair during transfers

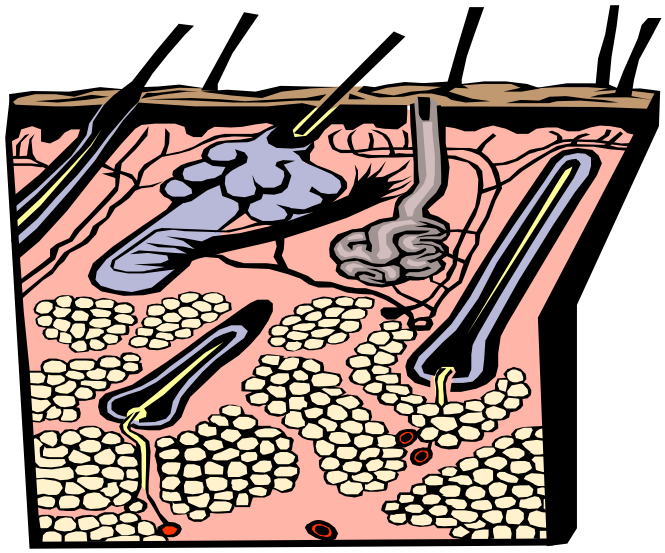
Dry Skin: Especially check feet for dryness & cracking & soak 20 minutes in solution of 1 Cup vinegar & 1 Cup water.

PREVENTION IS KEY…….

1. High protein diet to promote healing
2. Weight shifts every 30 minutes for one minute. Help patient recline, pushups w/arms while in wheelchair & side to side & forward leans.
3. Relieve all pressure on affected area.
4. Check for hard, warm areas & look for discolorations, cuts, breaks at least two times per day.
5. Good hygiene- Use Dial soap and water.
6. Report signs/symptoms of skin breakdown.

FACTS YOU SHOULD KNOW ABOUT SKIN CARE

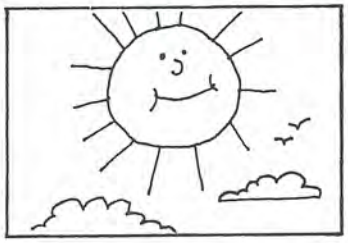
- The first sign of a pressure area can look like a red, dark spot, blister, pimple, scab or a hard warm knot under the skin.
- Always check your patient's hips carefully when doing a skin inspection.
- If you notice a pressure sore on your patient, you should keep pressure off the area and notify your supervisor.
- Never, never, never pop a blister on your patient.
- The skin of paralyzed patients should be checked daily of twice daily for pressure areas because they cannot feel the areas developing.
- Your patient should be turned every two hours while in bed.
- Knees, ankles and heels should always be protected from rubbing together.
- Never massage red or dark areas on your patient's skin.
- A high protein diet helps promote wound healing
- You should always wear gloves, wash your hands before and after patient contact, dispose of linen and patient pads properly to prevent possibility of getting an infection from your patient.



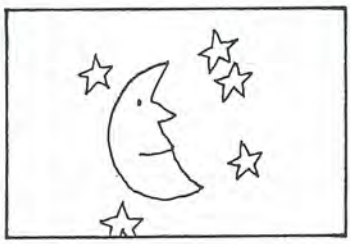
THE SKIN PROGRAM

THE SKIN INSPECTION

You must learn to check your skin properly. Pressure areas can develop anytime and any place if YOU let them.

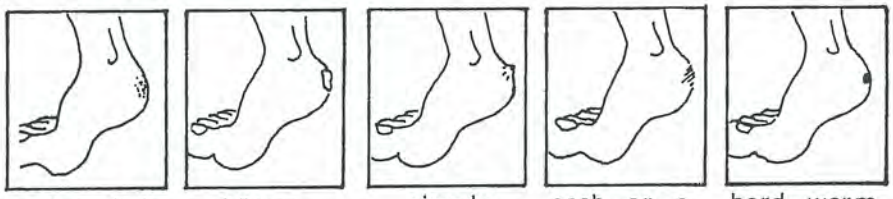


Doing a skin inspection TWICE A DAY, MORNING & NIGHT, will keep you informed about the condition of your skin.



"Great," you say, "but WHERE and WHAT do I look for?"

The FIRST SIGN of a pressure area can look like a



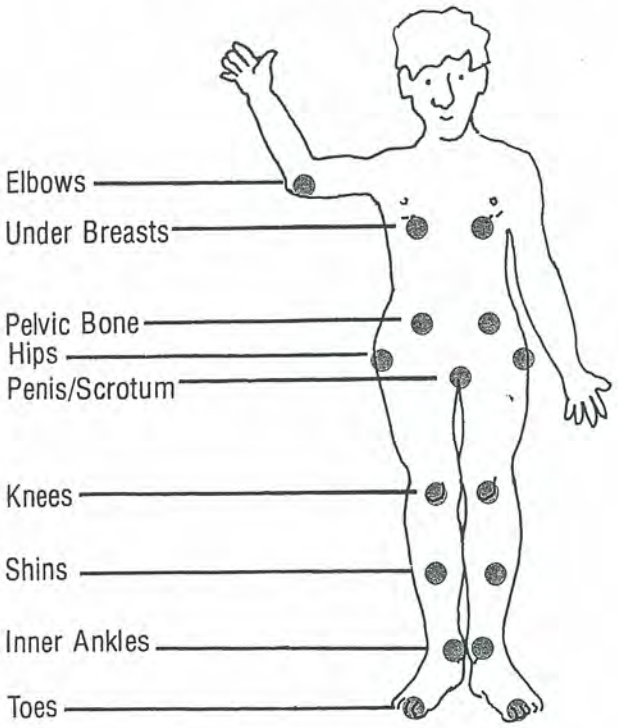
. . . red or darkened spot, blister, pimple, scab, or a hard, warm knot just under the skin.

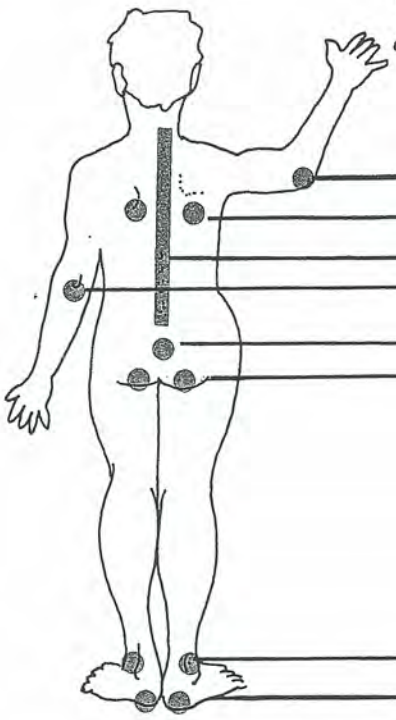
Any of these could be the beginning of a bigger problem . . . a problem you don't want to have . . . a pressure sore.

Depending on how much sensation you have, certain parts of your body will have to be checked everytime you or another person checks your skin.

Identify the parts of YOUR BODY, and circle below, the areas that need to be checked everytime you do a skin inspection.

Use a mirror for those areas you can't see. Roll on both sides to get a good look.





If a darkened or red spot is seen, inspect it again in 15 minutes. If it has not gone away — YOU'VE GOT TROUBLE.

PRESSURE ULCERS

What are pressure ulcers?
A pressure ulcer (also called a bed sore, pressure sore, or decubitis ulcer) is an area of injured skin and tissue. Pressure ulcers development from sitting and lying in one position for too long. When a person does not change position often enough, extra pressure is put on certain areas of the body. Pressure ulcers also can develop from sliding down in a chair or bed, or being dragged across a bed sheet—movements that result in what is called "shearing and friction."

Who is most likely to get pressure ulcers?
People at greater risk of getting ulcers are those who spend a lot of time in a bed, chair, wheelchair. Others at risk include:

- People who cannot move or change positions without someone else's help, including those who are in a coma , paralyzed, or have had a hip fracture.
- People who have problems controlling their bowel or bladder functions.
- People who do not eat a balanced diet.
- People who have lowered mental awareness caused by a medical condition, medications, or anesthesia. (when metal awareness is lowered, a person may not be able to act to prevent the development of pressure ulcers.)
- People who have a lowered overall health status.

Where on the body do pressure ulcers usually form?
Pressure ulcers occur more often over bony parts of the body because there is more pressure on the skin over these bony areas and less fat to cushion the area. The illustrations on the next page show these most common body sites. You and your caregiver should pay attention to these areas when inspecting your skin for signs of pressure ulcers.

Can pressure ulcers be prevented?
Yes. Here are some ways you can help prevent pressure ulcers from forming:

Keep the skin clean. Use a gentle cleanser made for this purpose (not soaps, which dry the skin). Dry the skin patting-not rubbing-it. Before anyone treats or treats or touches the skin/wound area, make sure the person washes his/her hands.

Keep the skin from drying out. Apply a cream moisturizer (for example, Eucerin, Neutrogena) immediately after a bath or shower to steal in the moisture from bathing.

Eat healthy foods. Proper nutrition is vital to healing. Poor eating habits result in delayed healing, increased length of hospital stay, and increased risk of infection. Your body, in fact, requires extra calories to help heal wounds. Eating foods in high calories and protein—such as cheese, peanut butter, chicken, beef and fish—is important. In addition to a balanced diet, talk with your health care providers (doctors, nurse, dietician) about the need for vitamins, extra minerals, or other nutritional supplements.

Protect the skin from too much moisture. When skin gets too wet—a condition called maceration—it is more likely to break down. Skin can become too moist when sweat, urine, feces, or wound drainage remain in direct contact with the skin. If your moisture problem is caused by a bowel or bladder control problem, make sure:

- The skin is cleaned as soon as it becomes soiled with urine or stool
- Use a moisture barrier cream to protect the skin form body fluids
- Wear absorbent pads or underwear with a quick-drying surface to keep moisture away from the skin

If pressure ulcers do form, they do not have to get worse. Treatment of pressure ulcers consists of relieving the pressure that caused the sore, treating the sore itself, and improving eating habits and other conditions to help the sore heal.

Tips for proper positioning and movement in bed

If you must stay in bed:

- Inspect your skin at last once a day.

- Change your position at least every 2 hours. (if you are unable to change position by yourself, ask for assistance.)

- Keep a written “turning schedule” to record when your body position was last to changed as well as a note of the position last in.

- Shift your weight slightly every 15 minutes , if you can.

- Use your arms to lift yourself rather than dragging yourself onto the bed or chair. If in a hospital bed, use the trapeze bar to help lift your body to reposition.

- Avoid lying directly on your hip bone when lying on your side. A 30 degree side-lying position is best. To accomplish this, tuck pillows under one side so that your weight rests on the fleshy part of your buttock instead of your hip bone.

- Raise the head of the bed as little as possible (no more than 30 degrees from horizontal) for as short time as possible to avoid sliding down in the bed. The head of the bed can be raised during meals to prevent choking. Return the head of the bed to a horizontal or semi-reclining position 1 hour after eating.

- When lying on your back, keep your heels up offs the bed by placing a thin foam pad and pillow (position the pillow length-wise, as shown in the picture) under your legs from the middle of your calf to your ankle.

Do NOT place the pad or pillow directly--and only—under the knees because this could reduce blood flow to the lower leg.

- Use pillows or small foam wedge pads to keep knees and ankles from touching each other.

- Keep linens as wrinkle-free as possible.

- Let your health care provider know if the bed linens are soiled so that they can be changed.

Tips for proper positioning and movement in chairs

If you must stay in a chair or wheelchair:

Inspect your skin at least once a day.

Always use a seat cushion designed to relieve pressure on sitting surfaces. Ask your health care provider about proper foam or air cushion product(s) to use. (Avoid doughnut-shaped cushions, since these reduce blood flow to the tissue, causing tissue to swell.)

Change position every hour. (If you are unable to change positions by yourself, ask for assistance or have someone help you back to bed so you can change positions.)

Lift yourself up of the chair every 15 minutes. Depending on your strength, use one of the three methods described below (listed from most to least preferred) and hold the position for at least a slow count of 5 to 10 seconds:

1. Place your hands on the arm rest and lift your body off the chair.
2. Press your elbow on the arm rest to lift that side of your body off the chair; repeat on opposite side, or both sides at the same time.
3. Shift your weight by leaning far over to one side and repeat on the opposite side.

Keep the top of your thighs slightly sloping forward and use pillows or foam cushions to keep knees and ankles from touching each other.

Rest your feet comfortably on the floor or on the footrest.

Rest your elbows, forearms, and wrists on the chair arm supports.

If a pressure ulcer forms, how long does it lasts?
Pressure ulcers should always be treated by trained health care personnel. With proper care and treatment, a pressure ulcer should began healing within two weeks.

Where can I get more information about pressure ulcers?
The following organizations provide information for people concerned about pressure ulcers.

Wound/Ostomy/Continence Nurses Society
This organization refers patients to local nurses who are trained in treating and preventing pressure ulcers.

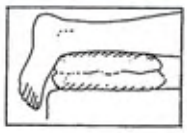
4700 W. Lake Ave.
Glenview, IL 60025
888-224-9626
www.wocn.org

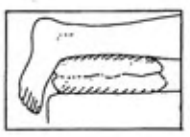
THE SKIN PROGRAM

WHAT TO DO IF YOU GET A PRESSURE AREA OR SORE

At the FIRST SIGN of a PRESSURE AREA you should . . .

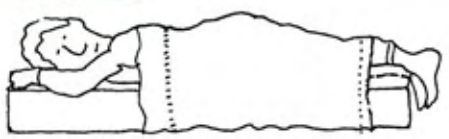
1. Remove all pressure from the area,
2. Keep the area clean & dry,
3. GENTLY massage around the pressure area,
4. Keep all pressure off the area until the color has returned to normal or the knot disappears,
5. Inspect the area frequently.



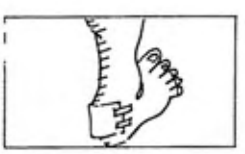




At the FIRST SIGN of a PRESSURE SORE you should . . .

1. Keep **all pressure** off the area even if it means staying in bed!
2. Clean it ONLY with soap and water.
3. Leave the sore open to the air.
4. If the sore is draining, cover it with a dry, sterile dressing.
5. Wash and change the dressing three times a day.
6. Report the pressure sore to your doctor or nurse right away.







If you BURN yourself and a BLISTER develops . . .

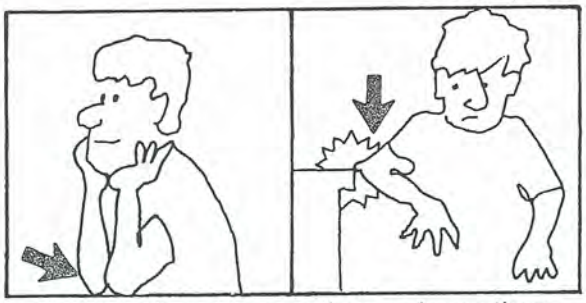
1. Leave it alone. DO NOT OPEN IT.
2. Immediately soak the area in cold water or apply ice for 20 minutes.
3. DO NOT apply medicines or ointments to the area.
4. Cover the area with a dry, sterile dressing.
5. Gently wash the area twice a day with soap and water.
6. KEEP ALL PRESSURE OFF THE BURNED AREA, and . . .
7. Report the burn to your doctor right away.



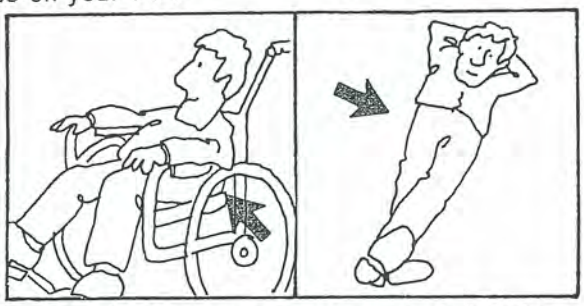



TROUBLE SPOTS

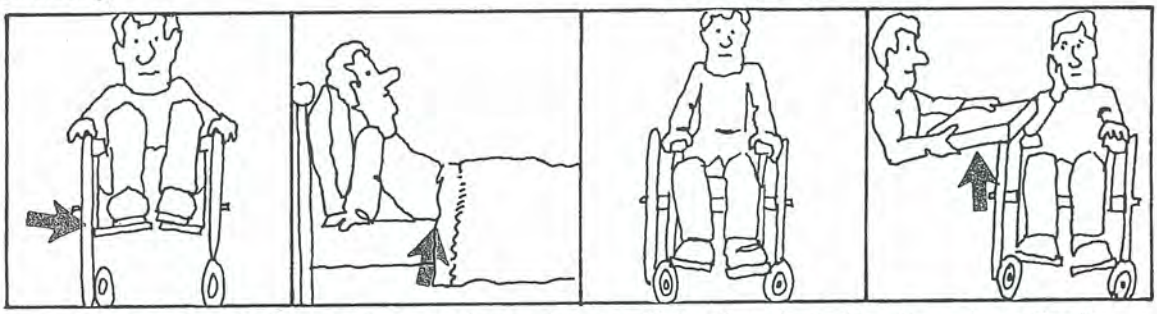
To avoid pressure sores on your . . .



. . . ELBOWS, do not lean on them or bump them carelessly.

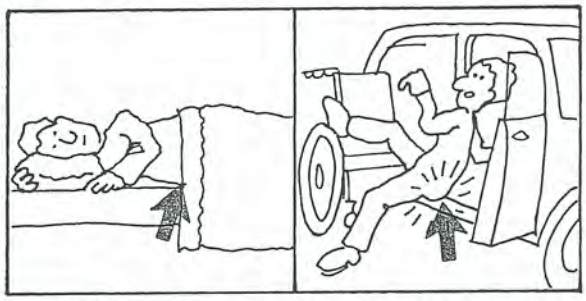


. . . TAILBONE, do not slump in your chair **or** lie too long on your back.

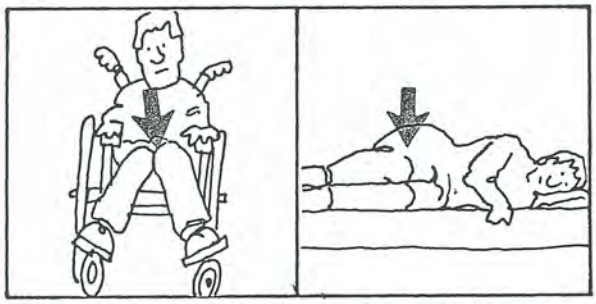


. . . SITTING BONES do not raise your foot pedals too high, sit up in bed too long, forget to do raises, **or** forget to use **your wheelchair cushion.**

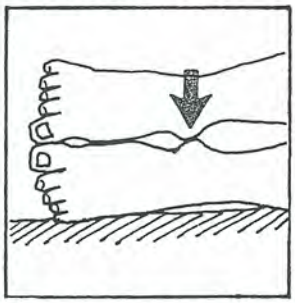
. . . SITTING BONES, do not bump your bottom when doing a transfer.



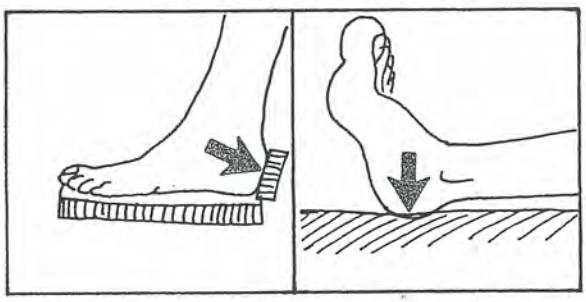
. . . HIPS, do not lie on your side too long **or** bump hard objects when you transfer.



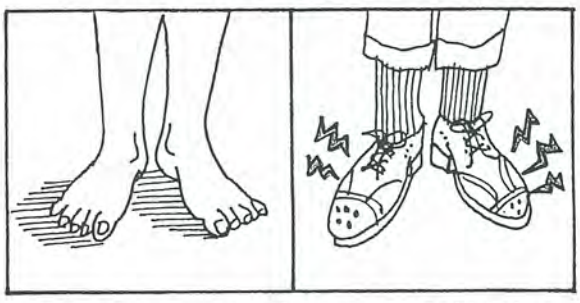
. . . KNEES, do not let them draw together in your chair **or** on top of each other in bed.



. . . ANKLES, do not let them lie on top of each other **or** on the mattress.



. . . HEELS, do not let them rub against your foot-rests **or** the bed sheets.



. . . TOES do, not go barefoot **or** wear tight fitting shoes.

Age-Specific Care Considerations

Every patient has safety, communication, and comfort needs. How these needs are met depends on the age of the patient and the patient's stage of life. Every patient is entitled to have these minimal needs met in keeping with our values. Please follow these considerations when providing care for patients.

	Communication	***Comfort***	***Safety***
0-6 Months 	▪ Introduce yourself to caregiver ▪ Explain procedures to caregiver	▪ Keep patient warm and dry. ▪ Allow for usual feeding schedule ▪ Do not keep patient continuously under bright lights.	▪ Keep side rails up. ▪ Provide baby with nonflammable toys only. ▪ Avoid leaving small objects within reach including toys that could cause choking. ▪ Patient feels safe when cuddled and supported. ▪ Transport in size-appropriate means (bassinet, stroller, crib). ▪ Inform and discuss with caregiver the importance of using car seat when traveling.
3-12 Months 	▪ Introduce yourself to caregiver ▪ Talk slowly and calmly to infant ▪ Try to initiate eye contact with infant, but do not force.	▪ Keep patient warm and dry. ▪ Allow for usual feeding schedule. ▪ Allow familiar caregiver close by. ▪ Allow infant to keep pacifier, blanket, or comfort toy.	▪ Infant has stranger anxiety. ▪ Do not separate from caregiver unless absolutely necessary. ▪ Transport in as small as possible means: crib, stroller, or wagon with side rails. ▪ Keep side rails up. ▪ Provide baby with nonflammable toys only. ▪ Avoid leaving small objects within reach including toys that could cause choking. ▪ Inform and discuss with caregiver the importance of using car seat when traveling.
13-36 Months 	▪ Introduce yourself ▪ Self-centered thinking. Patient can understand simple commands and may choose to cooperate. ▪ Do not rush patient. Needs time to think about what has been asked of him. ▪ Allow to touch equipment. ▪ Ask parent to explain directions to child in familiar words.	▪ Keep patient warm if not active. ▪ Do not separate child from favorite pacifier, blanket, comfort toy, or adult.	▪ Can tolerate short separation from parent. ▪ Do not leave unsupervised; child does not recognize danger. ▪ Clumsy. Trip easily. ▪ Transport in crib, stroller, or wagon with side rails. ▪ Keep side rails up. ▪ Provide baby with nonflammable toys only. ▪ Avoid leaving small objects within reach including toys that could cause choking. ▪ Inform and discuss with caregiver the importance of using car seat when traveling.
3-5 Years 	▪ Introduce yourself. ▪ Talk to child in simple language. Let child explore and touch equipment. ▪ Since child has imagination, use familiar characters in conversation and explanation (e.g., Sesame Street, Disney, Barney). ▪ Include parent in explanation ▪ If shy or frightened, may except explanations and exams given on "Teddy" or other toy.	▪ Allow familiar things or faces nearby. ▪ Allow child to talk and verbalize fears.	▪ Can tolerate some separation from parent. ▪ Able to recognize danger and obey simple commands (in most cases). ▪ Cannot yet understand reasons as to why something is acceptable or unacceptable. ▪ Needs close supervision. ▪ Transport in crib, wagon, or cart with side rails. ▪ Keep side rails up. ▪ Inform and discuss with caregiver the importance of using car seat when traveling.
6-12 Years 	▪ Introduce yourself. ▪ Able to understand more complex explanations. ▪ Talk to child directly. Allow time for questions. ▪ Still likes to explore equipment before use. ▪ Likes to get involved and make decisions.	▪ Be subtle in encouraging child to keep comfort object with him. ▪ May need parent. ▪ Use calm, unrushed approach. Allow time for repeated questions. ▪ Permit child some input on decisions.	▪ Curious. ▪ Able to accept limits. ▪ Transport in wheelchair or on cart with side rails. ▪ Inform and discuss with caregiver and child the importance of using car seat belt when traveling.

Age-Specific Care Consideration continued

13-17 Years	*Communication*	*Comfort*	*Safety*
	▪ Introduce yourself. ▪ Use adult vocabulary. Do not "talk down" to youth ▪ Very curious. ▪ Allow time for questions. ▪ Needs privacy.	▪ Maintain privacy. Is very modest. ▪ Take time for explanations. ▪ Sometimes is comfortable knowing that parent is close by. ▪ Permit adult to accompany youth if desired.	▪ Starting to be independent. ▪ Can recognize danger. ▪ Transport as an adult. ▪ Inform and discuss with patient the importance of using a car seat belt when traveling.
18-65 Years 	▪ Introduce yourself. ▪ Call patient by title and last name unless patient asks to be called by another name. ▪ Do not address patient with honey, sweetie, dear, etc. ▪ Explain procedures to patient. Give details ▪ Allow time for questions. ▪ Be respectful.	▪ Maintain patient's adult privileges: decision-making, privacy, routine of personal habits as much as hospital policy permits. ▪ Offer assistance with personal care. ▪ Inform of available services such as newspapers, coffee, mail, etc. ▪ Inform of hospital/departmental policies such as no smoking, visiting hours, phones.	▪ Patient's present condition may place patient at risk for falling. May need to use fall precautions. ▪ Keep equipment, cords, supplies, and linen out of patient's path. ▪ Maintain well-lit area. Use night light if patient desires. ▪ Supply with walking aids if used at home (cane, walker, crutches). Keep these within patient's reach. ▪ Transport using wheelchair or cart with side rails. Weak or confused patients in danger of falling may need safety belt or restraint during transport. Check with patient's nurse to plan for safe transport.
65+ Years 	The elderly cannot be divided into developmental groups such as pediatric patients. The following interventions are dependent on individual patient needs. ▪ Introduce yourself. ▪ Do not rush patient. ▪ Talk to patient respectfully. ▪ Call patient by title and last name unless patient asks to be called by another name. ▪ Do not address patients with honey, sweetie, dear, etc. **Hearing:** ▪ Determine if patient uses hearing aid. ▪ Make sure hearing aid is worn. ▪ Check batteries periodically. ▪ Speak slowly and clearly, looking at the patient while you speak. ▪ Do not stand in front of light source when talking with patient. ▪ Use a deeper voice. Do not shout at the patient. ▪ Patient may need pencil and paper to communicate messages. ▪ Give step-by-step explanations and instructions as needed.	▪ Maintain patient's adult privileges: decision-making, privacy, routine of personal habits as much as hospital policy permits. ▪ Offer assistance with personal care. ▪ Inform of available services such as newspapers, coffee, mail, etc. ▪ Inform of hospital/departmental policies such as no smoking, visiting hours, phones. ▪ Do not rush patient. ▪ Help patient to and from the bathroom and in the bathroom if necessary. ▪ Follow home or nursing home habits as much as hospital policy permits. ▪ Tell confused patients who you are, where they are, and what time of day it is every time you meet them. If patient is confused, do not try to correct them or argue with patient. ▪ Ask family to bring familiar objects to keep at bedside (robe, blanket, pictures). ▪ Keep patient warm. May need extra sheet or blanket. ▪ Keep water cup, tissue, phone, call light, etc. within reach. ▪ Ask if tap or ice is preferred.	▪ Do not rush patient. ▪ Find put if patient is at risk for falls. If yes, refer to falls precautions. ▪ Keep equipment, cords, supplies, and linen out of patient's path. ▪ Determine if patient uses an aid at home (cane, walker, crutches, etc.). When walking, keep these within patient's reach. ▪ Weak and/or confused patients may need frequent reminders to remain seated. ▪ May need repeated offers of assistance with any needs (personal needs included). ▪ Maintain well-lit area. Use night lights. **Vision:** ▪ Put objects where patients can see them. ▪ Determine if patient wears glasses. ▪ Offer to clean patient's glasses. ▪ Have patient wear glasses while awake. ▪ Use caution with temperature of fluids, bath water, heating pads, or other equipment. ▪ Transport using wheelchair or cart with side rails. ▪ Weak or confused patients or patients in danger of falling may need safety belt or restraint during transport. Check with patient's nurse to plan for safe transport.

If you have further questions, see your Unit or Department Educator or Manager.

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BOWEL PROGRAM

A bowel program is designed to train the bowel to empty at a specified or predictable time by setting up a reflex. A successful bowel program:

1. Establishes regular bowel, evacuation habits.
2. Prevents fecal incontinence, impaction and irregularity
3. Helps prevent autonomic dysreflexia.
4. Achieves maximum patient independence.
5. Achieves bowel continence with the least amount of equipment, expenditure of time, money and effort.

Standard Performance:

1. After obtaining a bowel history, the RN will plan an individualized bowel program to establish regularity. Based on the patient's history, the bowel program time of day will be set (usually 30 to 40 minutes following a meal) and followed closely.

2. Only certified personnel will administer enemas/dulcolax suppositories or manually remove fecal impactions and perform digital stimulation per physician order.

3. A specific pattern of elimination will be established thru specific day and time method. Medication will be ordered and/or digital stimulation will be utilized to ensure proper defecation.

4. Nutritional diet with adequate fiber as ordered by physician will be provided. Diet shall include adequate fluids (2000 to 2400 ml/24 hrs. unless contraindicated) to stimulate reflex activity and to promote soft stool.

5. Do not allow a client to go over 3 days without a bowel movement. If no results occur, follow up the next day and the following day to maintain program on schedule. If an accident occurs between programs, complete a program the day of the accident and do additional program on the following day. It takes one or two weeks to get the bowel program regulated.

6. Encourage client to be active & exercise as tolerated to help prevent constipation.

Procedure:

1. Explain procedure to patient to decrease anxiety.

2. Maintain client's privacy at all times.

3. Assemble equipment: Chux (if needed), Commode chair (if applicable).Towel, Paper Towels, Disposable gloves, Plastic bag, Toilet paper, and supplies/medications ordered by physician, (such as suppositories, mini enemas, stimulators/inserters, etc.)

4. Beginning Bowel Program
   a) Use Universal Precautions
   b) Position client on left side (Sims position)
   c) Check for stool. Remove stool if stool is felt.
   d) Insert lubricated suppository or squirt a mini enema (theravac) high into the rectum, per physician's order. (Note: Only open theravac with needle….do not cut).
   e) Wait 5 to 15 minutes
   f) Transfer client to padded shower chair.
   g) Wait for results.
   h) Do abdominal message, rubbing abdomen in a circular, downward motion right to left.
   i) Valsalva maneuver
   j) Forward or side ways bending pushups.
   k) Perform digital stimulation (See procedure below) to keep stool coming.
   l) Repeat digital stimulation every 5 to 10 minutes (f or 1 minute) until all stool has passed.
   m) Clean and wash the buttocks and perineal area well and dry thoroughly.
   n) Place all disposable items in plastic bag and double bag it so it can be discarded in regular trash. Dispose of fecal material per commode.
   o) Wash hands and have client wash hands.

5. Evaluate beginning bowel program everyday x 7. Once reliable bowel pattern observed, suppository administration may be decreased to every other day or every third day as long as the stool consistency remains soft. Be alert for signs of fecal impaction or constipation that may develop with infrequent elimination.
   Always document results for reference.

Digital Stimulation

Digital Stimulation is gently rotating a gloved lubricated finger in a circular motion against the anal sphincter wall to relax the muscle. The sphincter muscle is located just inside the rectum and always evacuation of stool.

Have client sit on toilet or bedside chair commode, or, if unable to sit up, have client lie on left side.
Insert gloved lubricated index finger gently into rectum. If stool is present, gently remove stool. To prevent injury to the client's rectal tissue, fingernails should be kept short.

After removing stool re-lubricated & insert index finger into the rectum only until you feel the sphincter muscle.

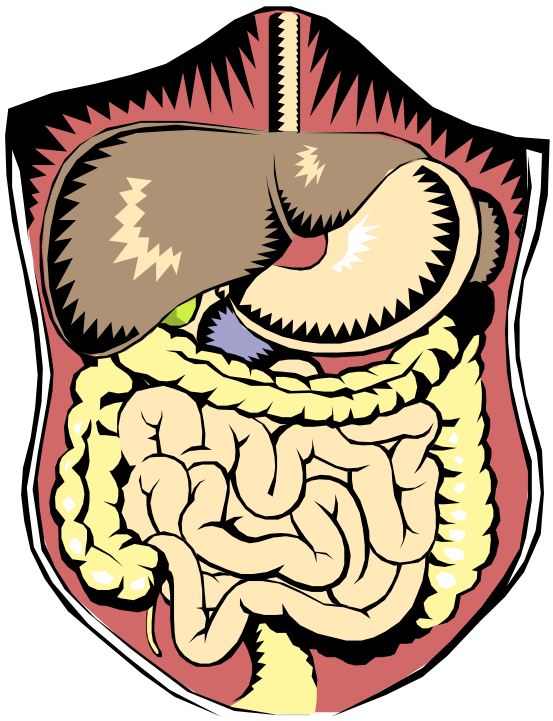
Gently rotate finger using a circular motion against the anal sphincter wall. Do this for about 30 seconds (no longer than one minute) until dilation of sphincter is present.

Allow at least 15-20 minutes for a bowel movement.

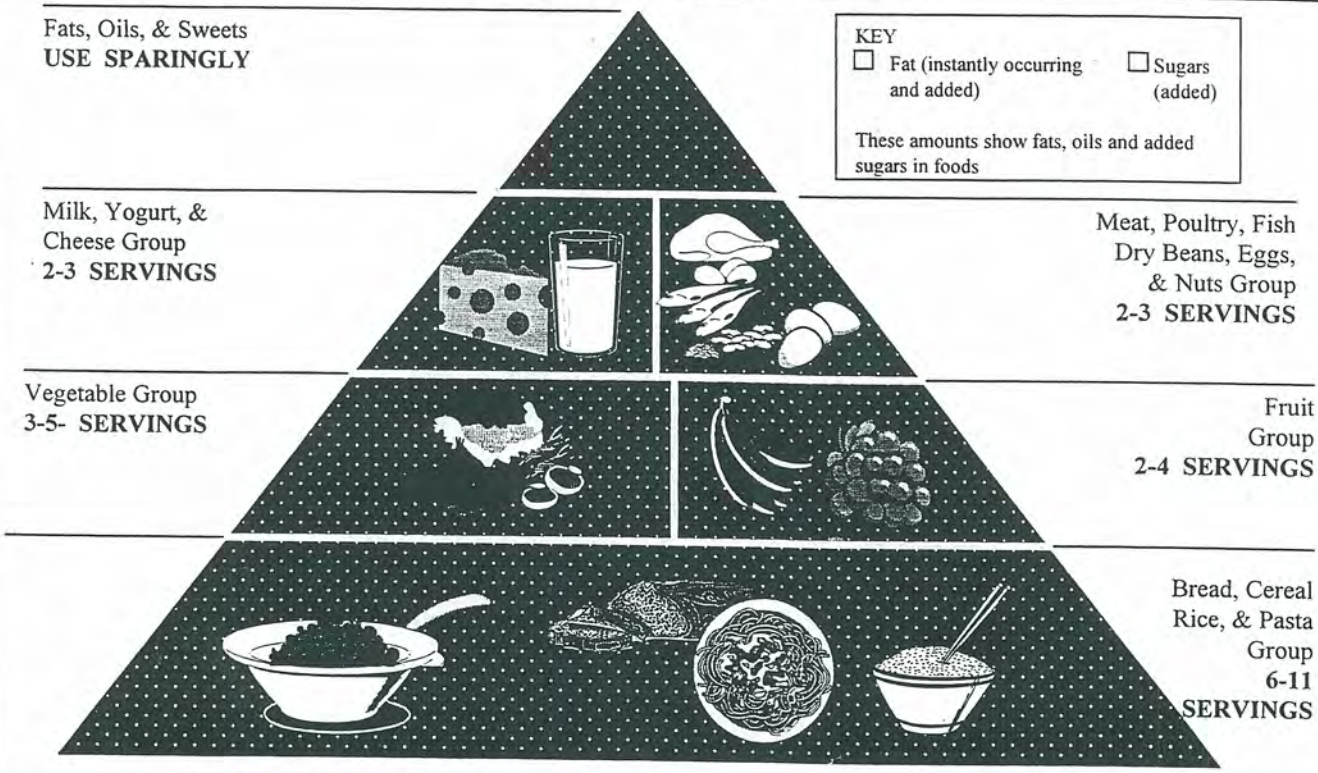
During this time you may repeat digital stimulation every 5 to 10 minutes (for 1 minute) up to 3 intervals to assure complete emptying of colon. If you notice blood when performing digital stimulation that you have not noticed before, you should stop procedure and call your supervisor immediately.

Goal:

All aspects of the bowel program will be taught to the client and/or family and the client will become as independent as possible in managing their bowel program.



THE FOOD GUIDE PYRAMID



SOURCE: U.S. Department of Agriculture/U.S. Department of Health and Human Services

What Counts as a Serving?

With the Food Guide Pyramid, what counts as a "serving" may not always be a typical "helping" of what you eat. Here are some examples of servings:

Bread, Cereal, Rice & Pasta - 6-11 servings recommended
Examples of one serving:
- 1 slice of bread
- 1 oz. Of ready-to-eat cereal
- 1/2 cup of cooked cereal, rice, or pasta
- 3 or 4 small plain crackers

Vegetables - 3-5 servings recommended
Examples of one serving:
- 1 cup of raw leafy vegetables
- 1/2 cup of other vegetables, cooked or chopped raw
- 3/4 cup of vegetable juice

Fruits - 2-4 servings recommended
Examples of one serving:

- 1 medium apple, banana, or orange
- 1/2 cup of chopped, cooked, or canned fruit
- 3/4 cup of fruit juice

Milk, Yogurt, and Cheese - 2-3 servings recommended
Examples of one serving:
- 1 cup of milk or yogurt
- 1 1/2 oz. Of natural cheese
- 2 oz. of process cheese

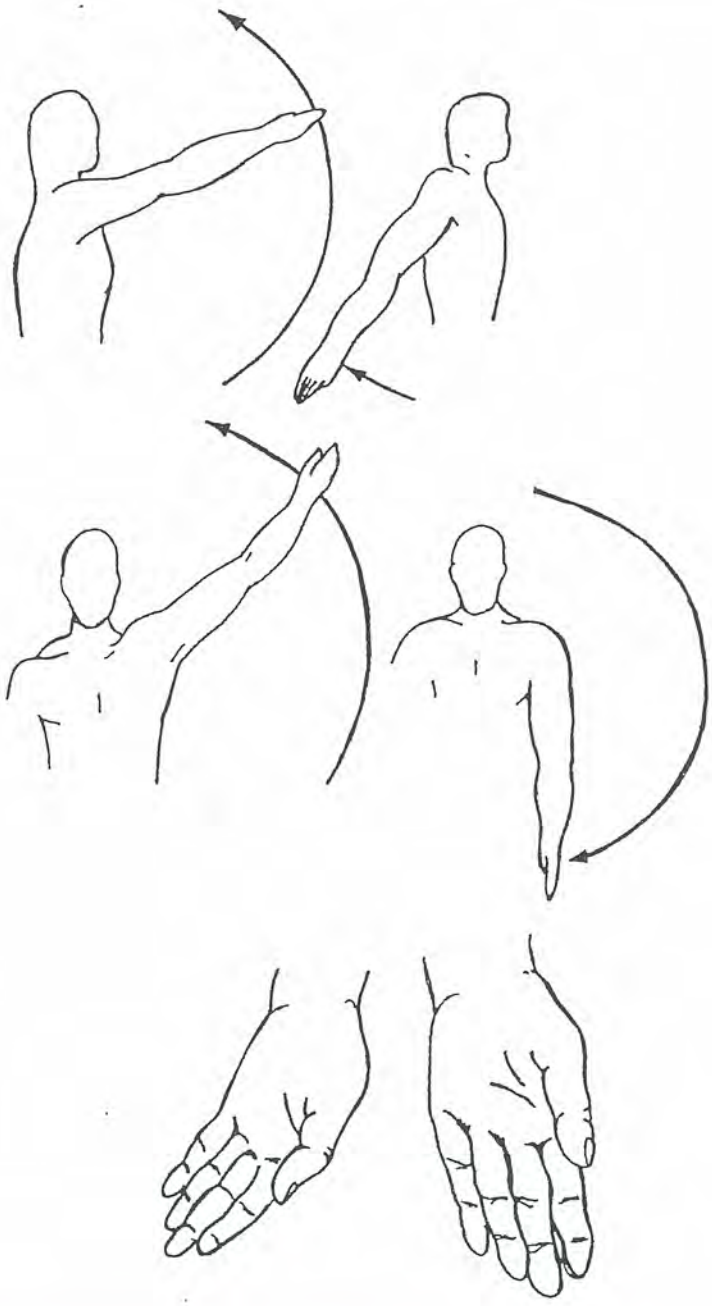
Meat, Poultry, Fish, Dry beans, Eggs and Nuts - 2-3 servings recommended
Examples of one serving:
- 2-3 oz. of cooked lean met, poultry, or fish
- 1/2 cup of cooked dry beans, 1 egg, or 2 table-spoons of peanut butter = 1 oz. of lean meat

How Much Is an Ounce of Meat?

Here's a handy guide to determining how much meat, chicken, fish, or cheese weigh:
1 ounce is the size of a match box.
3 ounces are the size of a deck of cards.
8 ounces are the size of a paperback book.

Range of Motion Exercises

To exercise all joints to maximum capacity, you should perform the following exercises at least three times a day.



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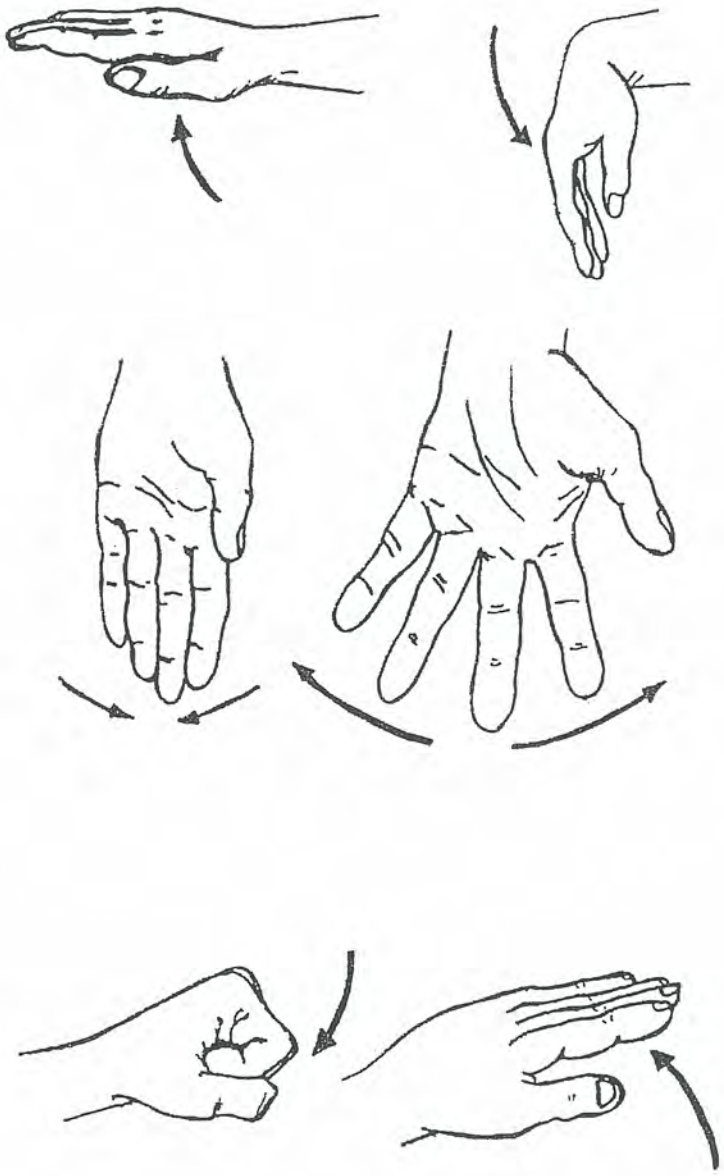

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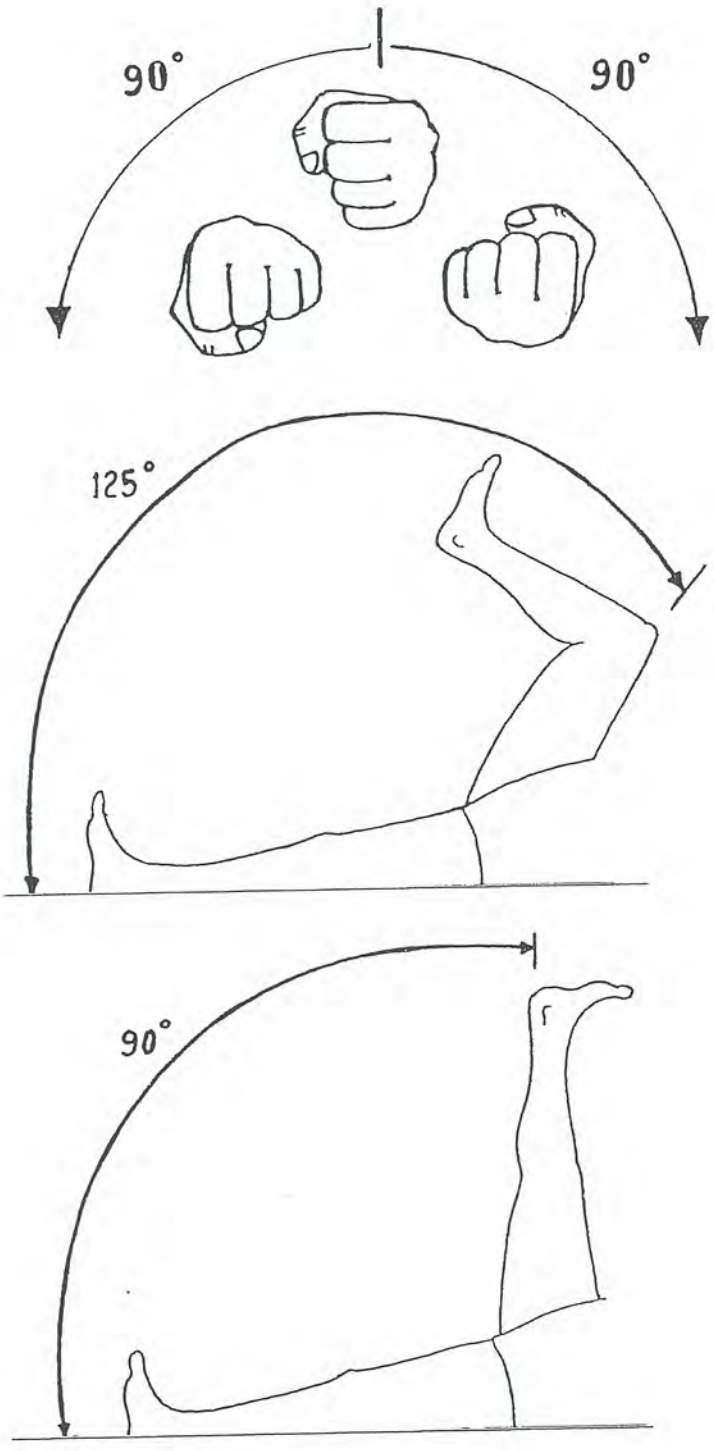

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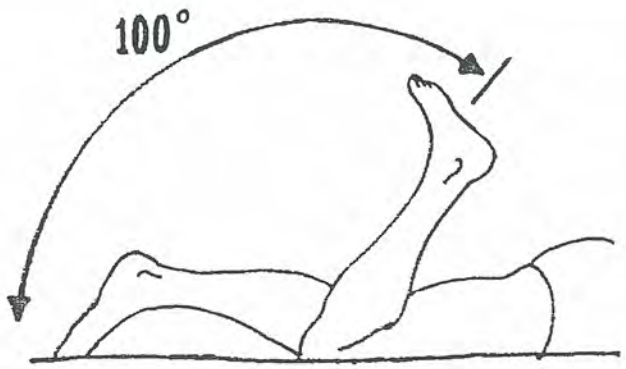

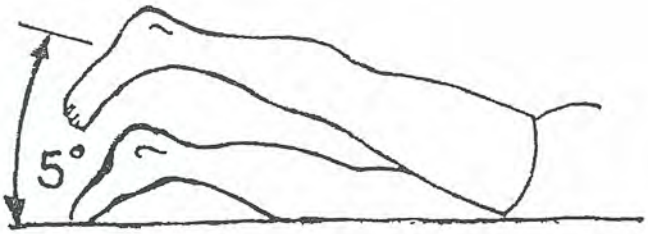

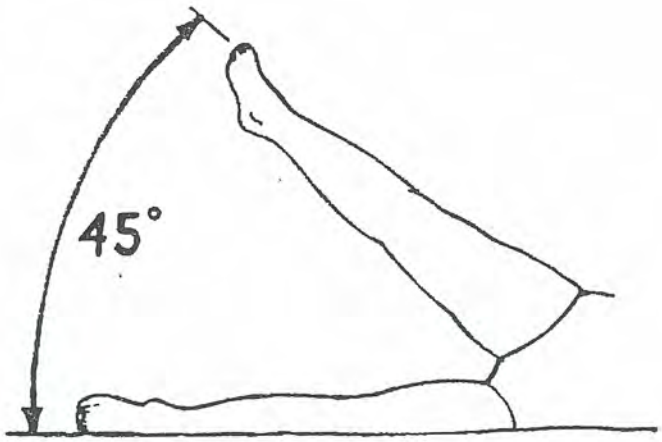

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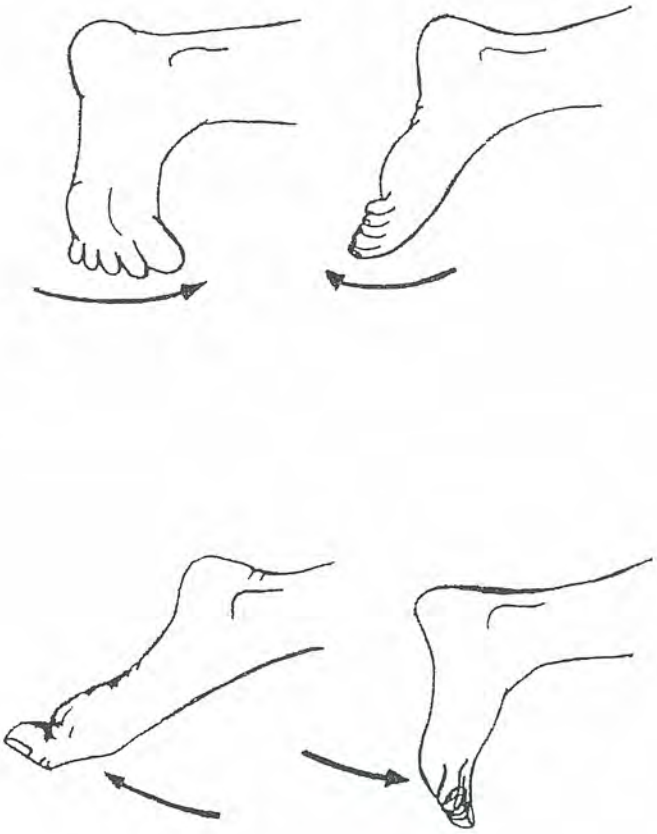
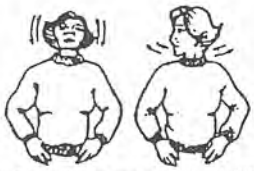


Source: Charlotte Eliopoulos, *Caring for the Nursing Home Patient: Clinical and Managerial Challenges for Nurses*, Aspen Publishers, Inc., © 1989.

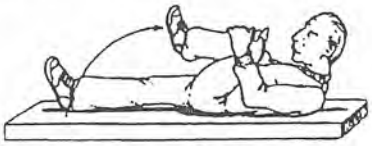
Exercises To Keep Yourself Mobile

Name: _____ Date: _____ Diagnosis: _____ Baseline VS: _____

Lying Down



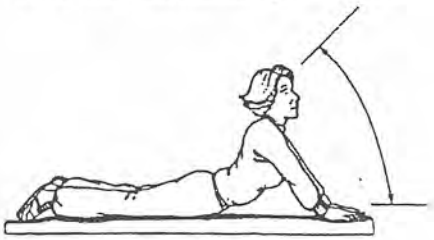
Gentle head rocking to improve flexibility and range of motion of neck ____ sets



Single knee pull to stretch lower back ____ sets

Double knee pull to stretch lower back and buttocks ____ sets

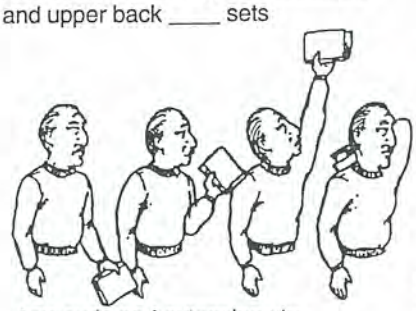
Sitting stretch to increase flexibility of lower back and hamstrings ____ sets



"The Seal" to stretch abdominal wall, chest, and front of neck ____

Sitting

Arm circles to strengthen shoulders and upper back ____ sets



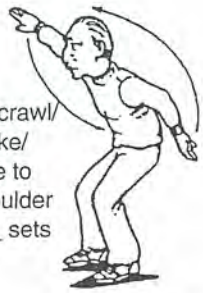
Arm curls and extensions to strengthen arm muscles ____ sets

Reach to stretch shoulder girdle and rib cage ____ sets

Sitting single leg raises to strengthen hip flexor muscles and tone lower abdominal wall ____ sets

Standing

Heel raises to strengthen the calf muscles and ankles ____ sets



Simulated crawl/ breast stroke/ back stroke to stretch shoulder girdle ____ sets

Knee lifts to strengthen hip flexors and lower abdomen ____ sets

Alternate leg lunges to strengthen upper thighs and inside of leg; also to stretch back of leg ____ sets

Source: Ruth Di Domenico, ed., *Focus on Geriatric Care and Rehabilitation*, Vol. 1:1, Aspen Publishers, Inc., © 1987.

Extra RN forms: http://www.caremastermedical.com/site/Portals/0/rnextraforms.pdf

CareMaster Back Support Policy

CareMaster Medical Service desires to promote safety in the workplace in an effect to prevent and/or minimize injuries to our employees. Therefore, as a preventative measure, CareMaster employees involved in moderate to heavy lifting tasks, which involve lifting greater than 50 pounds, shall be required to wear a back support.

Moving Equipment

Transporting patients or equipment requires good body mechanics and lifting techniques.
1. Pushing and pulling large objects such as trash bins as well as patients can be just as hard on your back as heavy lifting.
Remember to:
- Stay close to the load, do not lean forward.
- Whenever possible, push rather than pull (you can push twice as hard as you can pull without strain)
- Tighten your stomach muscles when pushing.
2. Reaching for supplies, especially in high places, can injure your back if you stretch too far or try to lift too much weight.
Be sure to:
- Reach only as high as comfortable, but do not stretch; use a stool or step ladder if needed.
- Test the weight of the load before lifting by pushing up on one corner.
- Let your arms and legs do the work, not your back. Tighten your stomach muscles as you lift.
3. Safety for the patient as well as yourself is always an important factor when moving patients in wheelchairs. Wheelchair -
- Always use your W/C locks, safety straps and keep arms inside chair. Open door sand check traffic then back the chair thru the doorway.

FINAL NOTE

**********REMEMBER**********

CAREMASTER'S MISSION IS TO BEGIN EACH DAY'S WORK WITH A **"SPIRIT OF CARING"** AS WE **STRIVE FOR EXCELLENCE** IN EVERYTHING WE DO……..YOU REPRESENT CAREMASTER IN THE CLIENT'S HOMES AND YOUR CLIENTS WANT TO FEEL GOOD ABOUT THEMSELVES. THEY WANT TO FEEL IMPORTANT, SATISFIED, PAMPERED; THEY WANT TO FEEL GOOD ABOUT THEIR FAMILY AND FRIENDS……AND THEY WANT TO FEEL GOOD ABOUT THEIR RELATIONSHIP WITH YOU!!!!!!!!!

"Serving Georgia with a spirit of caring....."

Please click the link below to take the RN/LPN test.

http://hr.caremastermedical.com/rn.php