

Partners in Quality Care

- April 2014 -

In-Home Aides Partners in Quality Care is a monthly newsletter published for member agencies.

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<http://www.homeandhospicecare.org/insurance/home.html>

What You Will Learn:

- The need for professional boundaries with clients
- How boundaries can be crossed
- Actions to take to maintain appropriate boundaries

Professional Boundaries and professional working relationships

The National Council of State Boards of Nursing has defined professional boundaries as:

- "...the limits of the professional relationship that allow for a safe therapeutic connection between the professional and the client." (includes nurse, nurse aide, others).

Having a good relationship with your clients is rewarding when providing care in the home. Providing care in a setting that enables you to provide one- to- one care for your client offers opportunities for the client to be able to stay in their home and for you to build strong relationships with the client and family.

These relationships certainly feel good to both the client and the In-home aide and while having that positive and caring relationship is important to the client's care, it is also important to remember that as an employee of an agency and as a health care provider in the home, certain standards need to be upheld to maintain a professional relationship with the client and family. Most agencies will have policies about maintaining professional relationships with clients.

The policies will most likely address issues such as receiving gifts from clients, changing the assigned In-home aide tasks at the client or families request without checking with the supervisor, not reporting changes in the client's condition because the client asked you not to, discussing the client's care outside of the allowed discussions under privacy laws such as with friends, church members, Facebook, and others. Policies may also address the dress code that you need to adhere to in order to maintain a professional appearance as well as wearing a name badge to identify yourself. How you appear in the way you dress and speak sets the tone for a caring, professional relationship and first impressions are important. Professional attire sends the message that you are serious about your job.

These policies are in place for a reason and help to protect you in a situation where there could be a misunderstanding, such as accepting money, jewelry, and other valuable items from a client as a "bonus" which could later be considered by others as stealing from the client. Adhering to your agency's policies help protect your good name as an aide – which in itself is a gift not only to others, but to yourself! You may need help from your supervisor in discussing and maintaining boundaries, please don't hesitate to reach out for help.

Always act in the best interest of the client

Professional Boundaries - What you need to know- April 2014

Nurses and In-Home aides, especially in home care, are at daily risk for crossing professional boundaries. In the hospital or other settings, such as a nursing home, roles are more clearly defined, and clients' expectations of staff may be clearer. When we enter someone's home, those boundary lines become blurred and sometimes are at risk of disappearing altogether.

Boundary Crossing

From the onset, the aide supervisor and aide must define the relationship with the client as professional and based on common goals as defined in the plan of care. Boundary crossings are actions or interactions outside a professional relationship. The distinction is often difficult to make. Be aware of your feelings and behaviors and always act in the best interest of your clients.

Examples of when you are crossing the professional boundary!

- * giving personal information about yourself (excessive self-disclosure, discussing personal problems with your client)
- * certain types of touch
- * visiting clients after discharge from your agency
- * running errands for the patient on your days off
- * calling clients for reasons not related to your duties
- * lending personal items or taking loans from the client, giving or receiving gifts
- * introducing client's to your family or friends
- * giving the client a home telephone or personal cell phone number
- * flirtations or off colored jokes, using offensive language
- * keeping secrets with the client (ex. Don't tell anyone about me falling)

Good communication skills and using professional language are important and go a long way in helping us avoid "boundary" problems.

Did you know that the way we address our clients and the language we use when interacting with the client and family can cause boundary problems?

Warning signs and examples of potential boundary blurring include:

1. Gift giving from/to patient/family;
2. Clients having or wanting access to provider's home phone number, or other personal information;
3. Client/family expectations that the provider will provide care or socialize outside of clinical care settings;
4. The health care provider revealing excessive personal information with patient/family.

FAST FACTs, Medical College of Wisconsin

- 🚫 Also keep in mind potential boundaries with social media such as Facebook, twitter and other social media such as putting your client's picture on your Facebook page and "friending" your client on Facebook

"Boundaries are present in many aspects of our daily lives. Speed limits, office hours, dress codes, joke-telling, and eye contact are all examples of boundaries. In interpersonal relationships, boundaries serve to maintain one's identity, protect one's personal space, and allow for harmonious interactions with others.... Professional boundaries are essential to protect the client's comfort level and sense of safety, **and to ensure the client's best interests always remain the overriding consideration. When professional boundaries are violated, clients may experience confusion, shame, self-doubt, anger, sadness, or mistrust.**"
Minnesota Board of Physical Therapy Newsletter, January, 2006.

Professional Boundaries-Developing Friendly, Professional Working Relationships with Home Care Clients- April 2014

In order to build successful working relationships with clients, home care aides should possess the following skills:

- ✔ The ability to recognize and accept the values and norms of clients
- ✔ The ability to communicate and deal with clients at their own level of understanding
- ✔ The ability to convey a genuine sense of concern for clients
- ✔ The ability to follow the aide assignment and deliver competent, compassionate care
- ✔ The ability to convey a professional image
- ✔ The ability to follow agency policy
- ✔ The ability to accurately document care
- ✔ The ability to respect the clients home and property
- ✔ The ability to communicate with supervisors and others on the team
- ✔ The ability to recognize the valuable role in-home aides play in client care

Let your client know that you have to follow your agency policy if you are asked to do anything outside of what you have been assigned to do. It is ok to let a client know that you have to speak to your supervisor first. Notify your supervisor if you feel like the client or family member is asking you to do anything that is not allowed in the agency policy or if you are unclear about your agency policy.

What kinds of relationships are appropriate for you to establish with your Home Care Clients?

- ❖ **Respectful relationships** for the client and their home and belongings as well as respect for yourself as a healthcare provider in wanting to provide quality home care services
- ❖ **Friendly relationships** with your client's in which you are able to build a caring relationship with your client and provide care that is appropriate and that involves the client's wishes and is part of the plan of care and your assignment
- ❖ **Dependable relationships** in which you arrive at the client's home when you are assigned to arrive or you notify your supervisor or the client according to your agency policy
- ❖ **Clinical relationships** in which you provide the care and tasks that you have been assigned to provide so that the client can have the best health outcomes possible
- ❖ **Trusting relationships** in which you properly protect the client's health information and privacy and their belongings

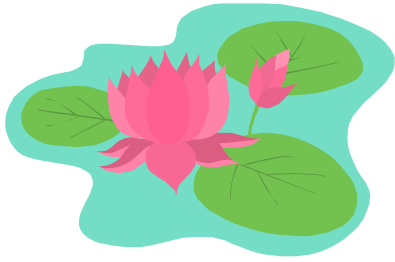
“Integrity: The single most important quality of a professional is integrity. It means complete and total honesty in all actions. It's what the public expects of us: Our actions must be above reproach -- whether we're on duty or not. If your partner pockets a client's cash, that's a boundary violation. If you keep it to yourself, that's a boundary violation as well.”

Professional Boundaries: Where they are & why we cross them;
W. Ann Maggiore, JD, EMT-P

Remember – you are a “gift” to the health care system and that is a wonderful image to have and keep!

Resources: Home Care Compass Home Care Modules- Association for Home & Hospice Care of NC; Professional Boundaries in the Home Care Setting, Home Healthcare Nurse, February 2002. Home Health Aide- Guidelines for Care, Marelli. Professional Boundaries and Self Care- Michelle White, RN June 2010; Maintaining Boundaries- Jan Helsper; National Council of state boards of nursing; Life Quality Institute- Professional Boundaries: Discerning the line in the sand.

9. Appropriate professional language when talking with a client would be: (Check the correct answer or answers):
- a. Hey baby, time to take a bath
 - b. Mrs. Smith, it is time for your bath
 - c. What's up honey?
 - d. How are you today Mr. Jones?
 - e. all of the above
10. If your client is asking you to do anything that is not allowed in agency policy, or if you are unsure if something is allowed in agency policy, or if you are feeling that it is hard to maintain a "professional boundary" with a client, you should: _____ (fill in the blank)



Objectives:

- Define infection and infection control terms
- Identify common infections
- Describe how infections are spread
- List the In-Home Aide's role in infection control

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Resources:
OSHA.gov; World Health Organization (WHO);
Mosby's Textbook for the Home Care Aide- third edition;

Infection Control and the In-home Aide's Role

Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly or indirectly, from one person to another. Zoonotic diseases are infectious diseases of animals that can cause disease when transmitted to humans.

Healthcare workers in all settings, including In-Home Aide's, play a role in preventing the spread of infection either directly or indirectly. The practice of medical asepsis is the use of techniques and practices to prevent the spread of pathogenic organisms from one person or place to another person or place. Medical asepsis is also known as clean technique. *Handwashing is a key component in the practice of medical asepsis. Experts on infection control often say that handwashing is one of the most effective ways of preventing the spread of infection. Sterile technique is a specialized skill used during surgical procedures, injections, and other invasive (entering the body) procedures*

The most common groups of pathogenic microorganisms include the following:

- Bacteria- one celled microscopic plants that multiply very quickly. There are many types of bacteria (examples include streptococci and staphylococci). Streptococcus may cause wound, hear, respiratory, and other infections. Staphylococcus may cause wound and soft-tissue infections. The term *strep* infection is used when the streptococcal organism is the cause of the disease. Likewise, the term *staph* infection refers to a disease resulting from an invasion of one of the staphylococcal organisms.
- Viruses- The smallest known living disease producing organisms. They cause many illnesses, ranging from the common cold and influenza to AIDS, hepatitis B, and hepatitis C.
- Fungi- Tiny plants that live on other plants or animals and can cause disease. Fungi (fungus is the singular form of the word) are very plentiful in the environment; they can be seen growing on old bread or oranges. We might describe that food as being moldy. Among the diseases caused by fungi are athlete's foot and vaginal yeast infections.
- Protozoa- One-celled microscopic organisms that usually live in water and can cause disease. Infectious diseases caused by protozoa include malaria and a type of pneumonia associated with AIDS.

The Reservoir of Infection:

- The place where the pathogen is stored, lives, and grows is called a reservoir. Examples of reservoirs are *persons with infectious diseases, soiled tissues and linens, client supplies, and equipment such as thermometers, bedpans, and commodes*. Another reservoir may be a carrier, a person or animal that does not become ill but spreads the disease to others.

Exit from the Reservoir of Infection:

- **The pathogen must escape from the original host to cause disease in another host.** Pathogens can be found in body fluids, such as blood, urine, semen, saliva, sputum, and vomitus, and in mucous membranes, tissues, and organs of the body. Secretions from the eyes, ears, nose, vagina, or penis may also contain pathogens. Draining sores and infected wounds are excellent sources of pathogens.

Method of Transmission:

- Organisms are **transmitted** by means of many routes; *through direct (your hands) or indirect contact (contact with items used by the infected person), in the air, by animals and insects, and by food and water (drinking unsafe water, eating contaminated food or undercooked meat or poultry).*



Entrance Into a New Host:

- The pathogen must find a way to enter the body of the new host. The first line of defense is the skin. When skin is broken from a cut or a surgical wound, by injection, or from a bedsore, there is the opportunity for infection. Drainage tubes and catheters are often the route by which pathogens invade the body.

We must provide care using infection control guidelines in a consistent manner!

Host

- Microorganisms are all around us, but most of us do not have an infection because we have resistance to many microorganisms. But when pathogens increase in numbers and strength and body defenses cannot destroy them, an infection may occur. *(Some signs and symptoms of infection are redness of tissue, swelling of area, pain in the area, warmth in area (warm to touch), fever, chills and headache, nausea, vomiting, diarrhea, coughing, skin rash, pus or foul smelling drainage from a wound or body opening, fatigue).* **Be alert for these symptoms in your client, and report them to your supervisor immediately.**

Breaking the cycle of infection through medical asepsis:

Step in Cycle	In-Home Aide Activity (check the plan of care for specific activities to complete)
Pathogenic organism	Keep the environment clean, practice disinfection
Reservoir of infection	Eliminate reservoir when possible, use gloves to handle contaminated material (tissues, sanitary napkins). Double bag and discard into covered trash container to keep animals out of trash. Empty bedpan, urinal and commode properly, disinfect properly. Remove and treat soiled lines properly. Keep client clean, bathe when necessary. Clean refrigerator, discard leftovers.
Exit from reservoir of infection	Block exit. Do not cough or sneeze on client or permit anyone to sneeze or cough on you. Teach client to cough into tissue and to discard in plastic bag. Do not go to work if you have an open, draining sore anywhere on your body. Notify your supervisor if you have an infection and ask about caring for clients when you have an infection. Wear gloves when handling body fluids, wear other personal protective equipment as needed such as gowns, masks, etc. (your employer is required to provide this for you). Place soiled lines in plastic bags. Wear gloves when doing laundry contaminated with body fluids.
Method of transmission	WASH HANDS, clients should have their own personal care items (linens, razors, and toothbrush), there should be no sharing. Do not let client care items touch the floor (discard or disinfect any items that touch the floor). Do not let soiled linens touch your uniform, keep drainage bags and tubes off the floor, do not shake linens when changing the bed. Discourage people with infections, especially colds and flu from visiting the client. Cover nose and mouth when sneezing. Drink safe water only. Prepare and store food properly.
Entrance into a new host	Protect client’s skin. Keep clean, dry and prevent breakdown. Wear gloves if there is a risk of exposure to blood or other body fluids. Do not handle “sharps”- have client discard into a puncture proof container (the nurse supervisor can talk to the client about the proper procedures for discarding sharps such as insulin syringes, notify your supervisor if your client uses syringes and needs education on how to discard according to agency and or local community policy)
Host	Maintain and encourage healthy practices, good nutrition, sufficient rest. Avoid people with infections.

- Be sure to ask your supervisor any questions you may have related to infection control in order to protect yourself and your client's! Be sure to know your agency policies and procedures related to infection control and reporting if you have been exposed to an infection!
- Protecting the client from becoming a new host is an important role for every In-home aide. The *cycle of infection* must be broken to prevent the transmission of a pathogen from one host to another. The organism can be removed, destroyed, or blocked in its progress through the cycle. Keep clean things "clean" and dispose of contaminated materials promptly. Follow all practices of good housekeeping and other measures to prevent the spread of disease.
- You cannot always tell if someone has an infection, they may be a *carrier* that is able to spread disease to others but may not be ill themselves, therefore, practicing infection control techniques for all clients is necessary.

Personal Protective Equipment (PPE) for Bloodborne disease (bloodborne pathogens are pathogenic microorganisms that are present in human blood and can cause disease in humans) - disposable gloves, plastic aprons or moisture resistant gowns, mask, protective eyewear. Review your agency policies and procedures regarding when to use personal protective equipment.

● Examples of how to prevent the transmission of disease:

- wash your hands after using the bathroom
- wash your hands before and after handling or preparing food and before and after eating
- cover your nose and mouth when coughing, sneezing, and blowing
- wash your hands after coughing, sneezing, or blowing your nose
- do not use another person's soiled drinking or eating utensils
- do not use another person's personal items, such as toothbrushes, razor, washcloth, or towels
- practice good personal hygiene, and maintain good grooming habits
- wash raw fruits and vegetables before eating or serving
- prepare and store food properly
- use good housekeeping practices to eliminate household pests and Maintain a clean environment



Individuals have different responses to infection. Not all symptoms will be experienced by all people. Learn the usual health status of each person you are caring for so you will know when there is a change in their typical health status.



Report any signs or symptoms immediately to the nurse. The earlier an infection is found, the easier it may be to treat.

Standard (Universal) Precautions:

- A method of infection control by which all human blood and body fluids are treated as though they are infected with pathogens. In other words, every client is treated as if he or she has a potentially infectious disease.
- Handwashing is a vital part of the practice of standard (universal) precautions, along with the proper use of gloves. Gloves are always worn when there is a risk of direct contact with body fluids or moist body surfaces. They are used to protect you from infectious disease and the client from you (sometimes health care workers bring infection to the clients). Handwashing is always done before and after using gloves)



TIP: There are also certain factors which contribute to increased illness susceptibility in clients, including poor nutrition, advanced age, mental status, inactivity and other factors such as catheters and feeding tubes.

