

## **Introduction to Home Care Caregiving Series**

### **Objectives**

Upon completion of this program, the participant will understand:

- Essential aspects of the home care field
- The home care team and its members
- The care plan and how to fulfill it
- The importance of good observation, reporting and documentation skills

### **Outline**

1. Definition of the home care team
2. Professionals who may be part of the home care team
3. How the home care team is formed
4. Importance of working well with others on the home care team
5. Definition of the care plan
6. Following care plan instructions
7. Developing good observation skills
8. Reporting to your supervisor
9. Events that must be reported immediately
10. Good documentation skills
11. Important behaviors and skills for success on the job
  - Attendance and timeliness
  - Smoking
  - Hygiene and grooming
  - Telephone usage
  - Personal visits with friends or family during working hours
  - Leaving personal problems at home
12. Guidelines about positive attitude
13. Maintaining your health

## Definitions and Key Points

1. **Home care team:** A group of health care professionals assigned to work with a particular individual.
2. **How the home care team is formed:** Each client has specific health care needs. The home care team members are assigned to serve the specific needs of the client.
3. **Professionals who may be part of the home care team include:**
  - Physician
  - Registered Nurse
  - Physical Therapist
  - Occupational Therapist
  - Social Worker
  - Speech Therapist
  - Home Health Aide
  - Personal Care Attendant
  - Homemaker/Companion
  - Primary Family Caregiver
4. **Physician:** The physician or medical doctor is at the head of the home care team. He or she authorizes home care treatment and oversees the plan of care.
5. **Registered Nurse:** A registered nurse (RN) evaluates the client's condition and provides skilled care such as treatments, assessments and medications. The RN acts as case manager, supervises the nurse's aide, home health aide or other caregivers.
6. **Physical Therapist:** A physical therapist (PT) assesses the client's physical abilities and develops a treatment plan to restore function and prevent disability. The PT teaches and assists the client in carrying out appropriate exercises.
7. **Occupational Therapist:** The occupational therapist (OT) assesses the client's ability to perform essential daily living tasks, including bathing, dressing and cooking. An OT works with the client to improve skills and abilities.
8. **Social Worker:** The social worker (MSW) evaluates the social/psychological situation of the client and family. Social workers help the client and family to cope with problems and plan for the future. They also help identify available community resources.
9. **Speech Therapist:** A speech therapist (ST) evaluates the client's speech and language. The speech therapist teaches the client exercises for tongue, mouth and face and treats speech or swallowing disorders caused by physical illness or mental conditions.

- 10. Home Health Aide:** The home health aide is a certified nurse's aide who provides personal care under the direction of the RN. He or she may also assist with rehabilitation activities under the direction of a physical therapist.
- 11. In-Home Care Provider:** Job titles for this category of worker vary from state to state. Titles include: direct care workers, personal care attendants or aides, home care aides or nurse's aides. The in-home care provider provides personal care such as bathing, oral hygiene and dressing.
- 12. Homemaker Companion:** Homemaker companions provide non-medical care, performing household duties such as laundry, cooking and light housekeeping. Other responsibilities include maintenance of safety, transportation and companionship.
- 13. Ongoing education is important in home care:** Ongoing education helps to develop and refine caregiving, communication and professional skills and increases overall understanding. Continued learning leads to better care and greater job satisfaction.
- 14. Working well with others:** To provide quality home care, it's important for members of the care team to work together in a professional, cooperative way.
- 15. Fulfilling the care plan:** The care plan describes the person's health issues and physical limitations. The care plan describes short and long term goals for each problem area and describes methods that each member of the care team must use to meet those goals.
- 16. Following care plan instructions:** Following care plan instructions exactly provides a consistent standard for each task. You may be required to learn new ways to perform common caregiving and household tasks. Follow the instructions you are given even if they are different from the way you are used to doing a task.
- 17. If instructions are confusing or seem to conflict:**
- Be sure to ask questions.
  - Check with your supervisor for clarity.
- 18. Developing Good Observation Skills Means Using All Your Senses**
- Use your eyes to check the home environment for safety and cleanliness.
  - Use your senses to notice daily changes in your client's skin color, mood, pain levels, appetite and sleep patterns.
  - By staying alert and using all your senses you will develop good observation skills.
- 19. Reporting to Your Supervisor**
- Report any changes in your client's physical or emotional condition to your supervisor.
  - It is always better to report an observation even if it seems unimportant or you are unsure about it than to risk the client's well-being by not reporting it.

**20. Events That Must Be Reported Immediately:**

- Falls
- Deep wounds
- Chest pain or pressure in the chest
- Severe bleeding
- Slurred speech
- Difficulty breathing
- Seizures
- Severe pain or pressure in the abdomen

**21. Documentation describes your observations and activities and becomes part of your client's legal record.**

**22. Good Documentation Should Be:**

- Factual
- Descriptive
- Brief
- Neat
- Easy to read and understand
- Each entry should be dated and signed

**23. Important Elements for Success on the Job:** When you work in the home setting with clients and their families, you are entering a place that most people consider to be very private. Your positive attitude can decrease any stress your client feels about having a stranger in their home.

**24. Guidelines About Positive Attitude**

- Pleasant, polite demeanor
- Caring, service-oriented attitude
- Flexibility in terms of schedule
- Respect and acceptance of values and beliefs of client and family

**25. Behaviors to Avoid**

- Being judgmental
- Giving advice
- Controversial or upsetting topics
- Discussing your own problems
- Talking down to your client
- Moodiness
- Gossip

**26. Attendance and Timeliness:** Your client and family rely upon you, so attendance and timeliness are especially important. If you are unable to report to work because of illness or emergency, contact your agency as soon as possible.

**27. Smoking:** Smoking is discouraged. If smoking must occur, it should be done outside and restricted to break times.

**28. Hygiene and Grooming:**

- Wear modest, clean clothing or uniform if required
- Hair should be neat and pulled back
- Keep fingernails short. No artificial nails
- Bathe daily and use deodorant
- Wear minimal jewelry. No dangling earrings, bracelets or pendants
- Wear comfortable shoes with non-skid soles.

**29. Telephone Usage:** Telephone usage should be restricted to job-related calls such as reporting to the agency or another member of the health care team. Never use the client's household phone for any personal calls.

**30. Personal Visits During Working Hours:** Personal visits with family or friends should not occur while working in the client's home or when at the agency office.

**31. Leaving Personal Problems At Home:** When personal problems are brought into the workplace, it affects everyone's mood. A positive atmosphere is especially important when caring for those whose health is fragile. Leave personal problems at home.

**32. Maintaining Your Health:** Home care can be physically and emotionally demanding. Take care of your own health through exercise, relaxation and activities that give you pleasure.

## How to Measure Vital Signs

### Caregiving Series

**CLICK HERE FOR VIDEO**

### Objectives

Upon completion of this training, participants will understand:

- The definitions of temperature, pulse, respiration and blood pressure
- How to measure vital signs correctly
- Normal adult vital sign readings
- How to record and report the findings
- Pain assessment and the use of pain scales
- The importance of measuring weight

### Outline

1. Introduction to vital signs
2. Definition of care plan
3. Use of a flow sheet
4. Definition of body temperature
5. Type of thermometers
6. Methods for taking a temperature reading
  - Oral
  - Axillary
  - Rectal
7. Recording and reporting temperature readings
8. Definition of pulse
9. Methods for taking a pulse
  - Radial
  - Apical
10. How to use a stethoscope
11. Recording and reporting pulse readings
12. Definition of respiration
13. How to count respiration
14. Recording and reporting respiration findings
15. Definition of blood pressure
  - Systolic and diastolic
16. Sphygmomanometer
17. Skills needed to take a blood pressure reading
  - Practice skills
18. Appropriate millimeters of air to inflate in the cuff

19. Method for taking a blood pressure
20. Reading the sphygmomanometer dial
21. Recording and reporting blood pressure readings
22. Pain
23. Importance of pain assessment
24. Pain scales
25. Common signs of pain
26. Recording and reporting pain
27. How to measure weight

## Definitions and Key Points

- 1. Vital Signs:** Temperature, pulse, respiration and blood pressure. Pain assessment is recognized by many as the fifth vital sign.
- 2. Care plan:** Describes a person's health problems and physical limitations. It includes short and long term goals for each problem area and describes the methods that each member of the care team must use to reach those goals. Everyone involved in that patient's care follows the care plan.
- 3. Flow sheet:** Shows multiple entries over several days or weeks. It is easier to keep accurate records or see patterns of change in vital signs with a flow sheet.
- 4. Handwashing and glove protection:** Always wash your hands before taking vital signs. Wear gloves if there is a chance of contact with another person's body fluid such as mucus or feces, if the person has a condition that is contagious or if there are open sores on the body.
- 5. Body temperature:** One of the vital signs that tell us the amount of heat in the body.
- 6. Fever:** When our body retains heat above the normal temperature, this increase in body temperature is called a fever. Often it is the first sign of an infection in the body.
- 7. Routine temperature readings:** Should be taken at the same time each day.
- 8. Types of thermometers:** Mercury-free, digital, disposable thermometer strips and tympanic or eardrum thermometers.
- 9. Symptoms of an elevated temperature are:** Thirst, headache, flushed skin, irritability, sweats, chills and unusual fatigue.
- 10. Oral temperature:** The most common way to take a temperature. The thermometer is placed under the tongue, slanted toward the side of the mouth and left in place for three minutes. The average range for an oral temperature is 97.6 -99.6 degrees Fahrenheit or 36.5 -37.5 Centigrade.
- 11. Axillary temperature:** Used when the temperature cannot be taken orally. The thermometer is placed in the armpit area and left in place for 10 minutes. It is the least accurate method. The normal range for an axillary temperature is 96.6 98.6 Fahrenheit or 36 -37 degrees Centigrade.



**12. Rectal temperature:** The least preferred method because of the chance of tissue injury, contact with body fluids and increased risk of infection. The rectal thermometer is placed in the rectum and held in place for three minutes. The average range for a rectal temperature is 98.6 -100.6 Fahrenheit or 37 -38.1 Centigrade.

**13. Fahrenheit scale on a thermometer:**

- Long line = 1 degree
- Short line = 2/10 of a degree

**14. Centigrade scale on a thermometer:**

- Long line = 1 degree
- Short line = 1/10 of a degree

**15. Pulse:** The second vital sign. The pulse tells us how fast the heart is beating. Measuring the pulse gives us information about the circulatory system. As the heart beats, blood moves through the arteries. The throbbing of the blood against the artery walls creates the pulse. Common sites for taking a pulse are the radial artery, located on thumb side of wrist and the carotid artery, located on either side of the neck.

**16. Never use your thumb to take a pulse.** Your thumb has a pulse of its own making it difficult to get an accurate reading.

**17. Normal adult pulse rate:** 60 -100 beats per minute.

**18. Two important qualities of the pulse:** The force and rhythm of the beat.

**Force**

- Absent pulse
- Thready pulse -difficult to feel
- Weak - a little stronger than a thready pulse
- Normal pulse -easy to feel
- Bounding pulse -easy to feel, feels full and spring-like and doesn't go away under moderate pressure

**Rhythm**

- Normal pulse - the time between beats is the same
- Irregular pulse - The pulse may skip a beat. The time between beats is not the same

**19. Apical pulse:** The apical pulse measures the actual beating of the heart. Apical refers to the apex or tip of the heart.

**20. Stethoscope:** A medical instrument that magnifies sound. A stethoscope is used to hear body sounds, such as the heartbeat. It has earpieces, tubing and a chest piece that includes a diaphragm and bell.

**21. Respiration:** The act of breathing. It is the third vital sign. Measuring respiration is one way to monitor how the respiratory system is working.

**22. Breathing in and breathing out:** Counts as one respiration.

**23. Normal respiration:** Normal respiration has a regular pattern. The breath is even, quiet and effortless. The normal respiration rate for adults is 12 -20 breaths per minute. Children breathe more rapidly.

**24. Blood pressure:** The fourth vital sign. Blood pressure is the force that blood exerts against the walls of the blood vessels. The heart pumping blood into the arteries causes this force.

**25. Systolic:** When the heart contracts, the resulting pressure against the arteries is called the systolic pressure. It is the higher number in a blood pressure reading (140/80).

**26. Diastolic:** When the heart is resting and filling with blood, there is less pressure against the arteries. This pressure is known as the diastolic pressure and is the lower number of a blood pressure reading (140/80).

**27. Sphygmomanometer:** A medical instrument used to take blood pressure readings. It is commonly known as a blood pressure cuff. It has four parts:

- An inflatable cuff
- A valve that controls the air going in and out of the cuff
- The bulb that is squeezed to allow air into the cuff
- A dial that shows numbers from 0-300 millimeters  
(Each line on the dial represents 2 millimeters)

**28. Normal blood pressure readings:**

Systolic 100 - 140

Diastolic 70 - 90

**29. Pain:** Can affect us physically, mentally, socially and spiritually. Pain control is very important to our health and well being. That is why it is recognized by many as the fifth vital sign.

**30. Pain scales:** Helpful tools for assessing pain. The numbered scale from 0 to 10 is the most common. 0 means no pain, 5 means moderate pain and 10 is the worst possible pain. Other scales are the faces and the thermometer scale.

**31. Common signs of pain include:** A furrowed brow, tightened lips or clenched teeth, flushed or pale face, a frightened look, tense or rigid body, clutching or holding onto things, restlessness, fidgeting or rubbing the affected area.

**32. The gold standard for pain assessment:** Always believe what the person tells you about his or her pain rating. Culture can affect how people perceive pain and in some cultures it is a sign of weakness to show pain. People with chronic pain may look comfortable and still have a pain rating of 10 on the numbered scale.

**33. Weight:** Always weigh the person at the same time of day, on the same scale and with the same or similar clothing in order to get an accurate measurement.

## Personal Care Caregiving Series

### Objectives

Upon completion of this training, the participant will understand:

- Procedures for providing personal hygiene
- The importance of the principles of body mechanics and infection control
- The need for privacy, honoring individual preferences and the importance of encouraging self-care

### Outline

1. Factors in the home environment that affect personal care
2. Importance of using correct body mechanics when moving and lifting
3. Infection control and proper handwashing
4. Gloves
5. Privacy and modesty issues
6. Oral hygiene
7. Complete and partial bed baths
8. Hair care
9. Laundry
10. Dressing
11. Nail care
12. Shaving
13. Shampooing hair in bed

## Key Points and Definitions

- 1. Personal care:** Providing care to another person that includes but is not limited to bathing, hair and nail care, oral care, moving and positioning, dressing and undressing.
- 2. Principles of body mechanics:** Guidelines that help maintain the natural curves of the spine during any movement.
- 3. Direct contact:** Germs are spread by touching another person or when handling body fluids. Wearing gloves when providing personal care or handling body fluids reduces exposure to germs.
- 4. Hand hygiene:** Hand hygiene refers to cleaning hands with an antiseptic hand rub or washing hands with soap and water. Hand hygiene is the simplest, most effective action people can take to reduce the spread of infectious diseases.
- 5. Alcohol-based hand rub:** Studies have shown that alcohol-based hand rubs are a very effective and convenient method for cleaning hands. They act quickly to kill a wide spectrum of germs. Alcohol-based hand rubs are available as gels or foams.
- 6. Gloves:** Used as a protective barrier against germs. Wear gloves when handling any body fluid and when touching surfaces or equipment that may have been contaminated with body fluid.
- 7. How to remove gloves:** To remove gloves begin by placing the fingers of your right hand below the left wrist cuff on the outside of the glove. Pull the glove downward until it is off. The left glove is now inside out and held in your right hand. Insert your left-hand fingers in the inside cuff of the right glove and pull the right glove down inside out. The right glove now contains the left glove within it. This technique protects you from germs that are on the outside of the gloves. Dispose of the gloves in a lined trash container.
- 8. Privacy issues:** Each person has a unique sense of when privacy is necessary. Some may want privacy when brushing teeth or applying makeup. Bathing is a time when most people prefer privacy. Privacy also includes the need for time alone and protecting the details of the person's life and condition.
- 9. Honoring individual preferences:** Understanding and respecting the person's preferences in care routines is an important part of providing excellent personal care.
- 10. Encouraging independence:** It may be easier to do things for the other person but it is better psychologically and physically to encourage the individual to do as much self-care as possible. You may need to deliberately slow your pace to create opportunities for self-care.
- 11. Oral hygiene:** Oral hygiene is cleaning the teeth, gums and tongue. Oral hygiene helps to prevent tooth decay, gum disease and mouth odor. Mouth care is recommended in the morning, after meals and at night.

**12. Flossing:** Flossing helps to remove food particles between the teeth. A flossing device allows you to floss another person's teeth safely.

**13. Denture care:** Removing, cleaning and replacing dentures and dental bridges. Denture care also includes cleaning the mouth and observing the mouth for redness and sores.

**14. Toothette:** A swab with a soft sponge on its tip.

**15. Dry mouth:** Can result from certain medications or from mouth breathing. Sugarless hard candy, frequent sips of water, ice chips and moistened toothettes are ways to relieve dryness. You can also use a spray bottle to mist the mouth.

**16. Bed bath:** Bathing cleanses the skin by removing bacteria and decreasing body odor. It stimulates circulation and helps to prevent skin breakdown. Bathing also provides a sense of well-being and relaxation. Complete bed baths are usually given 2-3 times a week. Frequent bathing may not be advisable for some people. Check with the doctor or nurse about how often to give a complete bath.

**17. Partial bath:** Used between complete baths. Includes face and hands, underarms, back and the genital area.

**18. No rinse soap/shampoo:** Eliminates the need for rinsing when bathing or shampooing hair.

**19. Clean to dirty:** When bathing, body parts should be washed moving from the cleanest area to an area that is less clean and finishing with the dirtiest area.

**20. Thin fragile skin:** Avoid rubbing when washing, rinsing or drying the skin. Apply lotion by patting it on.

**21. Incontinence pad:** A square disposable pad that comes in different sizes and is covered with plastic on one side. Used to protect the mattress and sheets. Helps reduce the amount of laundry.

**22. Bath thermometer:** Use a thermometer to check water temperature in order to avoid accidental chilling or scalding. You can purchase a thermometer at pool supply stores.

**23. Washing soiled laundry:** Wash soiled laundry in hot water with a cup of chlorine bleach or Lysol added to the wash water. Wash separately from family laundry.

**24. Bed cradle:** A device that helps to keep the covers off the body.

**25. Night foot splint:** An appliance that helps to keep the calf muscles from tightening.

**26. Dressing a weak or paralyzed arm or leg:** Always dress the injured, paralyzed or weak arm or leg first and undress it last. The garment is most flexible at those times.

**27. Blood clots:** Persons on bedrest have increased risk of blood clots. Massaging the legs can dislodge clots and should be avoided.

**28. Shaving:** Keep the skin taut and shave down in the direction that the hair grows.

**29. Oxygen:** Never use electrical appliances when oxygen is in use as sparks from the appliance could cause a fire.

**30. Preventing pressure ulcers:** Pressure ulcers are caused when unrelieved pressure damages underlying tissue. Never massage reddened or irritated areas as these could indicate a pressure ulcer. Turning the person every 2 hours and increasing circulation as a result of bathing can help to prevent pressure ulcers. To help prevent pressure ulcers on the heels of the feet it is best to float the heels by placing a pillow from the knee to the ankle with the heels suspended off the bed.

**31. Podiatrist:** Specialist in foot disorders and nail care.

## Observation, Reporting and Documentation Caregiving Series

### Objectives

After completing this program, participants will:

- Understand how to develop good observation skills
- Learn what should be included in observations
- Recognize what should be reported
- Understand the procedures for correct documentation

### Outline

1. Importance of accurate observation, reporting and documentation
2. Developing good observation skills
3. Types of observations
4. What you must report
5. Definition of documentation
6. Difference between objective and subjective information
7. The care plan
8. Documentation as a legal record
9. What to document
10. Guidelines when documenting
11. Flow sheets and check off sheets: how they work



## Key Points and Definitions

1. **As a care provider, you spend more time with the client** than other members of the care team and you are more likely to notice daily changes in your client's condition. Observing and reporting these changes provides vital information that the nurse and doctor rely upon to make decisions about the client's care.
2. **Good observation skills can be developed** by staying alert and using all your senses to examine what is occurring with your client and the home environment.
3. **Observations should include** your client's physical, emotional and mental condition.
4. **Physical:** Be aware of changes in your client's skin color, mood, sleeping habits, posture, weight, pain levels, appetite and speech. Be aware of rashes, discharges, swelling or other physical changes.
5. **Emotional:** Be aware of changes in your client's mood. Depression, anger, anxiety or despair affect quality of life and may relate to other imbalances. Pain for example can make your client feel frustrated, irritable, angry or depressed. Listen to what your client says about how he or she is feeling.
6. **Mental:** Notice changes in your client's mental state, such as disorientation, confusion or inability to concentrate.
7. **There are two types of observations:** objective and subjective.
8. **Objective observation** is factual or measurable. For example, "Mrs. Smith's weight is 220 lbs."
9. **Subjective observation** is based on personal experience, opinion or what the client or family member tells you. It may or may not be factual.
10. **Reporting** is done verbally by phone or in person. Report any changes in your client's physical, emotional and mental condition to your supervisor.
11. **Events that put the client in danger**, such as falls, deep wounds or chest pain must be reported immediately.
12. **It is always better to report an observation**, even if it seems unimportant or you are unsure about it, rather than risk the client's well-being by not reporting it.
13. **Report if the client does not follow medical directions** such as refusing to take medications.
14. **Report unsafe working conditions** or issues with family members.

**15. Become familiar with the signs and symptoms of abuse** and report any suspicions of abuse to your supervisor.

**16. Changes you must report include:**

- Falls
- Chest pain
- Severe headache
- Difficulty breathing
- Confusion or memory problems
- Sudden weakness or loss of mobility
- High fever
- Loss of consciousness
- Bleeding
- Swelling, especially in the feet
- Changes in bowel habits
- Bruises, abrasions or other signs of possible abuse
- Abnormal pulse, respiration or blood pressure

**17. The care plan** describes the client's health condition and physical limitations. It describes the methods and procedures that members of the care team must use. Everyone involved in the patient's care follows the care plan.

**18. Documentation** is a written record of activities you performed and important observations you have made during the client visit. Documentation is also called recording or charting and is part of the client's medical record.

**19. The medical record** is a legal document and its contents are confidential. It's important to document accurately because should a problem arise, documentation may be used in court as evidence.

**20. You should also document what you did not do and why.** For example, according to the care plan, you were instructed to assist your patient walk using a walker, but he couldn't walk because he felt nauseous and sick to his stomach.

**21. For legal and medical reasons,** documentation should be factual, brief, neat and easy to read and understand. What you document should be medically important and useful information.

**22. Guidelines when documenting:**

- Use a black ballpoint pen
- If you make a mistake, mark a single line through the word or sentence and write your initials next to that. Never erase or use correction fluid.
- Do not leave any open spaces.

## **Body Mechanics and Back Safety Caregiving Series**

[CLICK HERE FOR VIDEO](#)

### **Objectives**

Upon completion of this training, the participant will:

- Understand proper posture
- Understand the principles of body mechanics
- Recognize the importance of proper posture and proper body mechanics during caregiving activities, especially when lifting

### **Outline**

1. The importance of learning to move correctly to avoid injury
2. Definition of posture
3. Understanding the principles of body mechanics
4. Using proper posture and body mechanics when lifting
5. Correct body mechanics during a wheelchair transfer
6. Loading and unloading a wheelchair from a vehicle
7. The importance of patience and planning to prevent injury

## Key Points and Definitions

1. **Caregiving activities may place stress** on your body, resulting in injury to the back, shoulders or neck.
2. **Posture** refers to the way we hold the position of our body while standing, sitting or lying down. Proper posture is the correct alignment of the body. Proper posture maintains the natural curve of the spine, helping to conserve energy and prevent muscle strain.
3. **When standing, proper posture** includes having your head up with your chin in. Your shoulders are back and relaxed. Your chest is up with your abdomen pulled in and up. Your arms are at your sides. Buttocks are slightly tucked in and knees are unlocked. Your feet are flat on the floor and parallel, about 12 inches apart. Your weight is slightly forward.
4. **Body mechanics refers to the way we move** when we perform activities. You can reduce the risk of injury to your back when you apply the principles of body mechanics, which allow you to maintain proper posture during movement.
5. **These general guidelines will make your job easier and safeguard your health:**
  - Wear comfortable shoes with non-skid soles.
  - Know your limits. For loads that are too heavy to handle alone, ask someone to help you rather than risking injury by attempting it alone.
  - Be aware of the maximum amount of weight you can lift or move safely.
  - Before lifting someone, make sure you tell the person what you are planning to do to avoid surprise or sudden movements. Determine how much the person can help you before you begin to lift.
  - Lift first in your mind, then with your body.
  - Be aware of your body's position and posture before you begin to lift.
  - Avoid reaching for or lifting anything above the head. Get on the same level as the object, or use a reacher.
  - Slide, roll or push the object whenever you can instead of lifting.
6. **The following principles of body mechanics are important when lifting:**
  - Create a strong base of support by widening your stance so that your feet are shoulder-width apart. Feet can be parallel or one foot in front of the other, depending upon the physical space you are working in.

- Get as close as possible to the object or person without leaning forward.
- Keep your center of gravity low.
- Squat down by bending at the knees and hips, keeping your back straight. Avoid stooping over at the waist.
- Before lifting, tighten your stomach and buttocks muscles.
- Lift by using the strong muscles of your thighs to come up to standing.
- Always lift in a smooth motion to prevent injury.
- Never twist at the waist when moving an object or person. Instead, take small steps and turn your entire body in the direction you want to face.
- You can also pivot toward a new direction. Keeping the object close to your body, place one foot ahead of the other. Turn both feet at the same time, pivoting on the heel of one foot and the toe of the other foot.

**7. Rushing or hurrying during caregiving** activities increases the risk of injuring yourself or your client. It's important to pay attention and to use the principles of body mechanics no matter what task you are performing.

**8. Moving correctly**, using the proper muscles when lifting and understanding how to use the principles of body mechanics makes your job easier, reducing fatigue and muscle strain.

# How to Help Someone Who Uses a Wheelchair: Including Walkers, Crutches and Canes

[Click Here to Watch Video](#)

## Objectives

Upon completion of this training, the viewer will understand:

- Safe methods and special precautions for helping those who use wheelchairs, walkers, crutches and canes
- How to do stand pivot transfers in a variety of settings
- Using a gait belt
- Principles of body mechanics
- How to maneuver a wheelchair on ramps and curbs

## Outline

1. Safety and sensitivity issues
2. Principles of body mechanics
3. Body control points
4. Gait belt use
5. Principles of moving from sitting to standing
6. Parts of a wheelchair
7. Slide boards
8. Bathroom equipment
9. Stand pivot transfers
  - Bed to wheelchair, bedside commode to bed
  - Wheelchair to commode, commode to wheelchair
  - Wheelchair to shower bench, shower bench to wheelchair
10. Squat pivot transfer
11. Transfer from a soft lounge chair
12. Vehicle transfer
13. Loading and unloading a wheelchair from a vehicle
14. Maneuvering a wheelchair on ramps and curbs
15. How to prevent pressure ulcers
16. Types of walkers, crutches and canes and their use

## Definitions and Key Points

**1. Trust is important when providing care.** Always explain what you are planning to do. Allow the person to help as much as possible.

**2. To prevent falls,** both you and the person being moved should wear tied or fastened shoes with flat, non-skid soles.

**3. Mobility aids:** Devices such as wheelchairs, walkers, crutches and canes that support increased physical movement and independence.

**4. Principles of body mechanics:** A set of rules that help maintain proper body alignment and the natural curves of the spine during any movement. Principles of body mechanics include:

- Form a solid base of support by standing with your feet 8-12 inches apart, one foot slightly forward.
- Get as close to the object or person as you can without leaning over.
- Keep your back straight. Never bend at the waist.
- Bend your knees when lifting.
- Tighten your stomach muscles and lift, using the strong muscles of your thighs rather than your back.
- Never twist at the waist when lifting. Instead, pivot or take small steps turning your entire body as a unit in the direction you want to face.

**5. Body control points:** The pelvis and the knees are the main body control points, providing support and balance during movement. If a person's knees are not strong, the caregiver can provide further support by placing his or her knees against the knees or on each side of the weak knee of the person being helped.

**6. Gait belt:** A belt placed in the area above the hips and below the ribs of the person being moved and used by the caregiver as a way of supporting the person during transfers or walking. Never place a gait belt over drains, tubes or wounds.

**7. Transfer:** Moving someone from one surface area to another, for instance, from a bed to a wheelchair. At least half of the work in a transfer is in the set up. The set up is the correct positioning of the wheelchair and the person you are moving.

**8. When preparing to move someone from the bed to the wheelchair,** have the person move toward the edge of the bed. Feet are apart and flat on the floor. The gait belt is placed in the area above the hips and below the ribs. The person's hands are on the bed, ready to help push off.



**9. When setting up for a transfer,** the wheelchair is placed on a slight angle to the bed. This gives the client room to use the armrests when lowering down into the chair. In the squat pivot transfer, it gives more room for the body to pivot over. The wheelchair being at an angle to the bed is not a hard and fast rule. However, for those clients who can assist in the transfer, it works better to have the chair at a slight angle.

**10. When assisting someone to move in or out of a wheelchair,** never allow the person to wrap their arms around your neck. This can injure your neck and contribute to the possibility of a fall.

#### **11. Parts of a wheelchair**

- **Arm rests:** Used to support the arms. They can be lifted up and out of the way or removed if needed.
- **Wheel lock:** A feature on the wheel of the wheelchair that sets the wheelchair in a locked position. The wheelchair does not move when the lock is set. The wheelchair lock is not used as a brake.
- **Leg rests:** Used to support the legs and feet. They can swing away or be removed as needed.
- **Anti-tip bars:** A feature located at the back of the wheelchair that protects a person from tipping backward in the wheelchair. Tip bars are used to tip the wheelchair up and down curbs.

**12. Stand pivot transfer:** In a stand pivot transfer, the person you are assisting moves into a standing position and then pivots into the new position by taking small steps. The caregiver supports the movement by holding both sides of the gait belt.

**13. Squat pivot transfer:** In the squat pivot transfer, the armrests are pulled out of the way or removed if possible. The person leans forward but does not come up to standing position. In this leaned forward position, he or she pivots over to the wheelchair as the caregiver supports the movement by holding each side of the gait belt.

**14. Slide board transfer:** Sometimes called transfer boards, slide boards are made of plastic or wood and are used to help transfer a person who is unable to stand. The person sits on the edge of the board and slides from one surface to another.

**15. Moving down a ramp:** When moving down a ramp or hill, the person in the wheelchair faces uphill and you are positioned behind the wheelchair. You move downhill first, keeping your legs bent as you maneuver down the ramp.

**16. To climb a curb,** move as close to the curb as possible. Use the tip bars that are located in the back of the wheelchair to tip the front wheels onto the curb. Then, using good body mechanics, lift the back wheels up the curb.

**17. To go down a curb,** lower the back wheels first, and use the tip bars to gently lower the front wheels.



**18. A person using a walker or cane** should have a slight bend in the elbow and wrist. This indicates that the walker and cane are at the right height. If the arms are straight out, the walker or cane is too low. If the elbow and wrist are bent more severely, then the device is too high. In either case, it is important to have a slight bend in the elbows and wrists because they are used as support and the joints need to be able to move easily.

**19. When using a walker or cane,** the person should look ahead and in front when walking. The body naturally follows the direction that the eyes are looking, so when the person looks ahead and in front, the body naturally moves in that direction.

**20. The cane is used on the opposite side of the weak or injured leg** in order to coordinate with arm movement. When we walk, our arms swing opposite our legs, so with the cane on the opposite side of the injured leg, the cane is always supporting the weak or injured leg.

**21. Always stand on the person's weak side and slightly behind.** This provides support of the weak side. By walking slightly behind, you are closer to the person. This position gives you better access to the gait belt and allows you to provide support as needed.

**22. Bathroom equipment** can make bathing and toileting easier and safer.

- **Raised toilet seats** reduce the distance the body needs to be lowered. They come with or without armrests.
- **Shower benches** are helpful for bathing. Two legs of the shower bench remain outside the tub. Shower chairs come with or without back support.
- **Wall-mounted grab bars** provide additional support and safety in the bathroom.

**23. Pressure ulcers:** If a person in a wheelchair does not move frequently, he or she may develop pressure ulcers. When blood flow is restricted by unrelieved pressure on areas of the body, skin and tissue begins to break down. If left untreated, pressure ulcers can become a serious medical problem.

**24. Preventing pressure ulcers:** Moving and repositioning is the key to preventing pressure ulcers. Have the person shift his or her weight frequently to relieve pressure. Remind the person to lift up from the wheelchair if he or she can. Check pressure points regularly. Report reddened areas to the nurse. Even if redness looks slight, it can indicate considerable damage underneath the surface of the skin.

## How to Use a Mechanical Lift

### Caregiving Series

[CLICK HERE FOR VIDEO](#)

#### Objectives

After viewing this program, participants will understand:

- The parts of a mechanical lift.
- How to use a mechanical lift to transfer a patient from bed to wheelchair and from wheelchair to bed.

#### Outline

1. Why mechanical lifts are used
2. Patient fears of being lifted mechanically
3. Importance of good communication with patient
4. Importance of being trained by a medical professional before using a lift
5. Parts of a mechanical lift and how they operate
6. Importance of moving slowly when using a mechanical lift
7. Safety issues
8. Two-person lift procedure
9. One-person lift procedure

## Definitions and Key Points

1. **Mechanical lifts:** Are used to move those who are unable to stand on their own or whose weight makes it unsafe to move or lift them manually.
2. It is **recommended** that a mechanical lift be done with two people.
3. **Patients may experience fear** when being lifted and moved by a mechanical lift.
4. **Communicate each step** of the procedure with the person being lifted to help relieve his or her fear.
5. It is **important to receive training** on how to use a lift from a medical professional before starting to use the lift.
6. **Always follow each step** of the procedure in the correct order. Do not hurry.
7. **Move slowly** while doing a lift transfer to keep the patient stable and safe.
8. **Move any obstacles out of the way** before you begin to use the lift.
9. **The base of the mechanical lift** should be opened wide for stability.
10. **Cross the patient's arms** over his/her chest to keep the arms from being pinched or caught in the sling.
11. **The sling should be placed** directly under the patient, with its bottom edge lined up with knees or mid-thigh. The hole is placed at the buttocks and the top edge at the upper shoulder.
12. **The patient should be centered** on the sling and the sling centered on the bed.
13. **The shorter chain** that attaches the sling to the lift is hooked at the shoulder area, while the longer chain attaches at the lower end near the knees.
14. **The hooks on the chains** should face away from the patient to prevent injury.
15. **As you begin to lift** the patient from the bed, support the patient's head to prevent neck injury. Support the head as you lower the patient onto the bed.
16. **To maintain stability** when transferring the patient, raise the lift only until the patient's bottom clears the bed.

**17. Pump the handle** on the lift slowly and steadily when lifting. Use your whole body, not just your arm when pumping.

**18. When lowering the patient**, turn the knob slowly 1/4 turn. **Caution: turning too much will cause the lift to drop suddenly.**

**19. If transferring to a wheelchair**, bring the chair as close to the lift as possible. Be sure that the wheelchair is locked before lowering the patient into the chair.

# HIPAA for Caregivers

## Objectives

Upon completion of this training, the participant will:

- Understand the Privacy Act of HIPAA
- Recognize the common identifiers of Protected Health Information
- Know the importance of keeping client information private in a variety of settings
- Learn effective communication tools in regard to privacy
- Understand who is authorized to receive protected health information
- Learn computer, PDA and fax security

## Outline

1. The importance of confidentiality in health care
2. Protecting client privacy as a responsibility in home care
3. Definition of HIPAA and the HIPAA Privacy Act
4. Definition of Protected Health Information (PHI)
5. Common identifiers of PHI
6. Where PHI is found
7. The Minimum Use requirement
8. Maintaining HIPAA confidentiality when communicating with others
9. Discussing PHI with a patient's family members
10. Each person's right to restrict sharing of PHI
11. Professional behavior: never giving cell or home phone number to clients
12. When you can share protected health information
13. The client's right to view or make copies of his/her private health information
14. Medical records management
15. Documenting PHI communicated by telephone
16. Computer, Personal Digital Assistant and fax security
17. HIPAA penalties

## Key Points and Definitions

1. When you provide home care, you naturally learn a great deal about your clients' lives. That may make the experience more personal, but also brings with it the responsibility to keep client information private.
2. **Confidentiality or privacy** is very important in health care. All health care providers, including doctors, nurses, home care providers and companions are required to keep client information private.
3. **Protecting your client's privacy** is respectful and professional. It is an essential part of your job as a care provider.
4. **Privacy rights are legally enforced** through HIPAA, a federal law passed by Congress in 1996. HIPAA stands for Health Insurance Portability and Accountability Act.
5. **HIPAA's Privacy Rule** defines how health care providers must relate to Protected Health Information or PHI. In 2009, the Health Information Technology for Economic and Clinical Health (HITECH) was created to fortify or strengthen HIPAA. The deadline for compliance with the "Final Rule," issued by the Department of Health and Human Services on January 25, 2013, was September 23, 2013. Your Notice of Privacy Practice must be changed as needed to comply with these new HIPAA requirements. The old Notice of Privacy Practice must be discarded and not distributed to any clients.
6. **PHI** is health or billing information that identifies or can be used with other information to identify an individual.
7. **There are numerous PHI identifiers.** They include patient name, any geographic subdivisions smaller than a state such as street address, city, county and zip code, dates such as birth date, admission date, discharge date, death date, telephone and fax numbers, email or website addresses, Social Security numbers, medical record number, health plan numbers or account numbers, certificate or license numbers, vehicle ID numbers or license numbers, full-face photographic images or comparable images, finger or voiceprints, names of relatives, passwords for computers, credit card numbers, personnel information.
8. **Minimum Use requirement:** HIPAA requires that care providers use only the minimum amount of information needed to give care to their clients. Remember that reading patient or client medical records casually or just to satisfy curiosity is a breach of HIPAA and can lead to reprimand or job loss. Always ask yourself: what is the least amount of information I need to know to do my job. Minimum use also applies to providing information to someone authorized to receive it. Again ask yourself, what is the least amount of information I need to provide to answer the request?
9. **Do not discuss your patients or clients with friends, family or other clients.** Never disclose your client's name, location or lifestyle or talk about things that occurred during your shift.

10. **Focus your conversation only on the client you are with.** Never talk about other clients, their homes or any other details of their lives.
11. Before your first client visit, you should know **who is authorized to receive private information** regarding your client's condition or treatment. If you don't know or if you are unsure, check with your agency before sharing protected health information.
12. **Disclosure to health plans (Self-pay restrictions):** If the client is paying out of pocket in full, the client can request that you restrict disclosure of their PHI to a health plan, and you are required to comply, unless the PHI is for treatment purposes or if disclosure is required by law. This change is likely to have the greatest impact on physician practice workflow in terms of documentation and follow up.
13. **If your client wants information withheld from particular people,** report the request to your agency's privacy officer, who will respond. Let your client know that you are not permitted to make decisions about restricting information.
14. **Business Associates:** The definition of Business Associate has expanded to include companies that maintain PHI such as:
  - Storage facilities (paper copies and electronic copies of information).
  - Cloud computing/data storage vendors who regularly access PHI content.
    - Those that transmit the PHI and do not regularly access PHI content are not considered to be Business Associates (i.e. telecommunications providers, couriers, etc).
      - Business Associates' subcontractors.
      - Patient safety organizations.
      - E-prescribing gateways or health information exchanges.
      - Personal health record vendors.
  - These groups will now be treated as Business Associates themselves. In other words, they are also subject to be in compliance with certain HIPAA provisions directly.
  - To ensure you are in compliance, make sure your Business Associates have an updated Business Associate Agreement which covers the expectations of your business relationship and the updated HIPAA coverage for your clients.
    - Physicians no longer must report failures of their BAs to the government- the BA's direct liability for these violations is sufficient.
    - BAs must comply with the Security and Breach Notification Rules.
    - Physicians are liable for the actions of their BAs who are agents, but not for those that are independent contractors.
15. **Keeping conversations private:** When you talk about clients to others who are involved in their care, try to prevent anyone else from overhearing the conversation. Whenever possible, hold conversations about clients in private areas.
16. **Never give your personal cell phone or home phone number to clients.** Clients must communicate directly with the agency about their needs rather than relying upon you as if you were a personal friend. You may feel very friendly toward your client, but you must remember your role as a professional care provider.



**17. You can share medical information** about your client or patient:

- At the client or patient's doctor's office
- At the pharmacy when picking up your client's prescriptions
- To a supervisor or co-workers involved in that client's care
- To 911 or the hospital
- To a relative or friend who has authorization to receive protected health information about your client.

**18. Child immunization records:** With either written or verbal documented parental permission or patient permission, physicians can disclose immunization records to schools which require immunized students.

**19. Medical records management:** In the office, keep client records closed after use, never leave any PHI on desks or open areas. This includes notes, labels or forms with patient names. When records are not in use, they should be stored in a locked cabinet or locked room.

**20. Right of clients to receive electronic copies**

- Clients now have the right to request and receive electronic copies of their health information. Hard copies are only acceptable if the client rejects all available electronic formats.
- Physicians will now have 30 days to respond to a patient's written request for PHI, with one 30-day extension, regardless of where the records are kept (onsite or offsite).
- The new rules also modify the costs that can be charged to include labor costs, supply costs or a charge for creating an affidavit of completeness. State law may set a lower reimbursement rate.

**21. Emailing patients**

- If an individual has been advised of the risk and agrees to it, the provider aka Covered Entity may use unencrypted email to communicate with the client.
- If the client allows communication via unencrypted email, this must be documented in their record.

**22. Proper disposal of PHI:** Private health information such as copies of medical records or billing records must be shredded or incinerated if it is no longer in use or needs to be destroyed. Any paper with PHI on it such as post it notes or scrap paper should be shredded as well.

**23. Care Plans:** If you are seeing several clients in one day, take only the care plan or assignment sheet of the client you are visiting into the home, and leave the other records locked in your car out of sight. During your home visit, be careful not to leave private health information out where family members or others may see it. Any medical record should be kept in your line of sight during the visit. That means close to you so that you can see it at all times.

**24. Documenting PHI communicated by telephone:** When you give PHI to a caller authorized to receive it, document it in your notes, giving the name of the caller, the date of the call and a brief description of the request and information shared.



**25. Computer security:** When you are at the office, make sure that your computer monitor is turned away from public view to protect client information. Using a privacy filter on your monitor will decrease its visibility to others. Only 10% of computer security is technical; 90% relies upon the person who is using the computer. In other words, you are the most important part of keeping electronic information secure.

**26. Password protection** is essential to computer security. Never share your computer password. Memorize your password, never keep a paper record. If you suspect someone has used your password, notify your supervisor immediately. Make sure that you log out of programs when you are not using them. Log off the computer or lock the computer when you are away from your workstation.

**27. Laptops and Personal Digital Assistants:** When using a lap top computer, keep it with you at all times or lock it safely in the car out of sight. One way to secure your PDA is to carry it on your body in a belly pack. When not in use, lock your PDA in your car out of sight just as you would lock any protected health information.

#### **28. Faxes**

- When faxing send only the minimum PHI needed and avoid sending sensitive health information such as information regarding HIV or sexually transmitted diseases. Verify the fax number before sending it.
- Always use a fax cover sheet that includes a confidentiality statement. Do not include any PHI on the fax cover sheet.
- Take reasonable precautions to ensure that the intended recipient is either available to receive the fax as it arrives or has exclusive access to the fax machine. Retrieve documents from the fax machine promptly.

**29. Answering machines:** Do not leave messages regarding private health information on an answering machine unless the client or patient has given you permission.

#### **30. Marketing**

- The new HIPAA rules alter the definition of “marketing” to exclude drug refill reminders or provision of information to resident about alternative treatments.
- The definition of “marketing” now includes the Covered Entity receiving money from a third party whose service or product is marketed to the client in communications for treatment.
- No written authorization is required for a physician to tell a patient about a third-party’s product or service if:
  - The physician receives no compensation for the communication.
  - The communication is face-to-face.
  - The communication involves a drug or biologic the patient is currently being prescribed and the payment is limited to reasonable reimbursement of the costs of the communication.
  - The communication involves general health promotion, rather than a specific product or service.
  - The communication involves government or government-sponsored programs.
  - Physicians are still permitted to give patients promotional gifts of nominal value (e.g., pamphlet).

**31. Sale of PHI**

- Except for payment purposes and treatment, a Covered Entity and/or Business Associate are prohibited from providing PHI in exchange for payment without the client's written authorization.
- Defines "sale" of PHI to exclude situations where the provider receives reimbursement for the cost of gathering and making PHI available for recognized purposes (e.g., to resident, public health authorities).

**32. Research:** PHI may not be used for research purposes without appropriate HIPAA documentation, such as:

- Individual patient authorization.
- An institutionally approved waiver of authorization.
- If the researcher gets a signed "Informed Consent Form," they must still obtain a signed HIPAA authorization form to use collected data for research, publications, or presentations.

**33. Marketing**

- The new HIPAA rules alter the definition of "marketing" to exclude drug refill reminders or provision of information to resident about alternative treatments.
- The definition of "marketing" now includes the Covered Entity receiving money from a third party whose service or product is marketed to the client in communications for treatment.
- No written authorization is required for a physician to tell a patient about a third-party's product or service if:
  - The physician receives no compensation for the communication.
  - The communication is face-to-face.
  - The communication involves a drug or biologic the patient is currently being prescribed and the payment is limited to reasonable reimbursement of the costs of the communication.
  - The communication involves general health promotion, rather than a specific product or service.
  - The communication involves government or government-sponsored programs.
  - Physicians are still permitted to give patients promotional gifts of nominal value (e.g., pamphlet).

**34. Decedent information**

- HIPAA protection does not extend beyond 50 years after the client's death.
- Physicians can make relevant disclosures to the deceased's family and friends under essentially the same circumstances as were permitted when the patient was alive, if the physician is unaware of any expressed preference to the contrary.

**35. Breach determination and notification requirements:**

- Breaches are now presumed reportable unless there is a "low probability of PHI compromise." Consider all of the following factors:
  - The PHI involved – the sensitivity of the information (financially or clinically) and the likelihood the information can be re-identified.
  - The unauthorized person who accessed the information and whether that person has an independent obligation to keep it confidential.

- Question of whether the PHI was actually acquired or viewed  
Investigate whether or not the PHI was actually acquired or accessed.
- The extent to which the risk has been mitigated, such as by obtaining a signed confidentiality agreement from the recipient.
- It is wise to continue reporting suspicions of possible privacy breach incidents.

### 36. Genetic information

- Genetic information is considered to be health information and is covered under HIPAA.
- The new rules implement the Genetic Information Nondiscrimination Act (GINA), which generally prohibits health plans from using genetic information for underwriting purposes.

**37. HIPAA Penalties:** HIPAA violations can result in disciplinary action or termination from employment. In addition to employee penalties, you can be subject to civil or criminal charges by the government. Fines or prison sentences can result from the following:

- Knowingly releasing patient or client information to someone who is not authorized to receive it
- Gaining access to health information under false pretenses
- Releasing patient or client information with harmful intent
- Selling patient or client information

## Resources for more information:

[http://hipaa.ucsf.edu/documentation/downloads/Final\\_Omnibus\\_Rule\\_Summary.pdf](http://hipaa.ucsf.edu/documentation/downloads/Final_Omnibus_Rule_Summary.pdf)

<http://www.wphealthcarenews.com/what-you-need-to-know-about-the-hipaa-mega-rule/>

<http://www.unc.edu/hipaa/Annual%20HIPAA%20Training%20current.pdf>

<http://www.hhs.gov/news/press/2013pres/01/20130117b.html>

<http://www.ama-assn.org/resources/doc/washington/hipaa-omnibus-final-rule-summary.pdf>