



## **Advanced Care Staffing In-Service Mandatory**

### **RESIDENT'S RIGHTS**

The rights of residents in nursing homes are acknowledged and protected by State law.

It is the policy of Advanced Care Staffing to address ethical issues and respect resident's rights in providing care.

The Patient's Bill of Rights, legislated through state law and monitored by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), was first adopted by the American Hospital Association in 1973 to ensure that healthcare facilities and healthcare workers respect and honor their patients' rights.

Residents are involved in:

- All aspects of their care
- Resolving conflicts about care decisions
- Decisions to provide or withhold resuscitative services
- Decisions to provide, for go, or withdraw life sustaining treatment
- Decisions related to care at end of their lives

The resident has the right to:

- A quality of life that supports independent expression, choice and decision making
- A considerate care that respects his/her personal values, beliefs, cultural and spiritual preferences, and life-long patterns of living
- Person freedom and dignity
- Impartial access to treatment or accommodation
- Confidentiality of information
- Privacy and security
- Exercise citizenship privileges
- Unlimited contact with visitors and significant others
- Freedom from chemical or physical restraints
- Freedom from mental, physical, sexual and verbal abuse or neglect
- Perform or refuse to perform tasks in or for the organization
- Participate or refuse to participate in social, spiritual or community activities and groups

- Keep and use personal clothing and possessions
- An environment that preserves dignity and contributes to a positive self image
- Manage or delegate management of personal financial affairs
- Access transportation services as appropriate to care plan
- Effective communication
- Have complaints heard, reviewed and resolved
- Residents Council
- Refuse care or treatment (to extent permitted by law)
- Select medical and dental provides
- Give informed consent
- Involve his/ her family in making care treatment decisions
- Formulate advanced directives
- Informed of his/ her rights before or on admission
- Participate or not to participate in research, investigation or clinical studies

## **INFECTION CONTROL**

(Reference: Centers for Disease Control)

Hand Hygiene is a general term that applies to either handwashing, antiseptic handwash, alcohol-based handrub, or surgical hand hygiene/antiseptics.

1. **Handwashing** : refers to washing hands with plain soap and water. Handwashing with soap and water remains a sensible strategy for hand hygiene in non-healthcare settings and is recommended by CDC and other experts.
2. **Antiseptic handwash:** refers to washing hands with water and soap or other detergents containing an antiseptic agent.
3. **Alcohol-based handrub:** refers to the alcohol-containing preparation applied to the hands to reduce the number of viable microorganisms.
4. **Surgical hand hygiene/antiseptics:** refers to an antiseptic handwash or antiseptic handrub performed preoperatively by surgical personnel to eliminate transient and reduce resident hand flora. Antiseptic detergent preparations often have persistent antimicrobial activity.

The elderly have very little resistance to infection; therefore, infection control is a very important part of their lives and ours as well. The elderly will get sick easily and their illness can spread easily to other residents and staff as well.

Below are guidelines for Hand Hygiene in Healthcare settings in accordance to Centers for Disease Control:

- Healthcare workers should wash hands with soap and water when hands are visibly dirty, contaminated or soiled and use an alcohol-based handrub when hands are not visibly soiled to reduce bacterial counts.

- Healthcare workers should wash hands:

Before:

- Patient Contact
- Donning gloves when inserting a CVC
- Inserting urinary catheters, peripheral vascular catheters, or other invasive devices that don't require surgery

After

- Contact with a patient's skin
- Contact with body fluids or excretions, non-intact skin, wound dressings
- Removing gloves

***Plain soap is good at reducing bacterial counts but antimicrobial soap is better, and alcohol-based handrubs are the best.***

### **Fingernails and Artificial Nails**

- Natural nail tips should be kept to ¼ inch in length
- artificial nails should not be worn when having direct contact with high-risk patients (e.g. ICU, OR)

### **Gloving**

- Wear gloves when in contact with blood or other potentially infectious materials is possible
- Remove gloves after caring for a patient

- Do not wear the same pair of gloves for the care of more than one patient
- Do not wash gloves

### **Recommended Hand Hygiene Technique:**

#### **❖ Handrubs**

- Apply to palm of one hand, rub hands together covering all surfaces until dry
- Volume: based on manufacturer

#### **❖ Handwashing**

- Wet hands with water, apply soap, rub hands together for at least 15 seconds
- Rinse and dry with disposable towel
- Use towel to turn off faucet

### **PREVENTION IS PRIMARY.**

## **PATIENT SAFETY**

2011 Long Term Care

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

### **Prevent residents from falling**

In the 2005 National Patient Safety Goals, JCAHO recommends that organizations complete an assessment and reassessment of fall risks. The Joint Commission recommends that an initial assessment include an individual's: ***history of falls, overall cognitive level, impaired mobility or balance, muscle strength, chronic diseases, nutritional problems, pain level, ability to perform activities of daily living and use of multiple medications.***

### **JCAHO Risk Reduction Strategy**

1.) Restrict window openings. 2.) Provide fall prevention education to patients and their family members 3.) Improve and standardized nurse call systems 4.) Use low beds for those at risk for falls 5.) Revise staffing procedures 6.) Counsel individual caregivers; and 7.) Create a fall prevention committee to examine fall risk potential, evaluate interventions, examine trends and patterns, and communicate with other staff members.

### **Use Medicine Safely**

- Take extra care with patients who take medicines to thin their blood.
- Record and pass along correct information about a resident's medicines.
- Find out what medicines the resident is taking.
- Compare those medicines to new medicines given to the resident.
- Make sure the resident knows which medicines to take when they are at home.
- Tell the resident it is important to bring their up-to-date list of medicines every time they visit a doctor.

### **Identify residents correctly**

Use two ways to identify residents. For example, use the resident's name and date of birth. This is done to make sure that each resident gets the correct medicine and treatment.

### **Prevent Infection**

Use the hand cleaning guidelines from the Center for Disease Control and Prevention or the World Health organization. Set goals for improving hand cleaning. Use goals to improve hand cleaning. Use proven guidelines to prevent infection of the blood from central lines.

### **Prevent bed sores**

Find out which residents are most likely to have bed sores. Take action to prevent bed sores in these patients. From time to time, re-check residents for bed sores.

## FIRE SAFETY

Healthcare workers must know about fires and fire safety. They must know how to prevent fires and how to act when a fire starts.

They must also have their patients and residents know how to prevent fires and what to do if a fire starts.

**IMPORTANT:** *Healthcare workers are required to follow and know the fire safety policies and procedures of the facility where they are assigned.*

### WHAT YOU MUST DO IF A FIRE STARTS:

If a fire starts, you must act very fast. You must R-A-C-E and follow the fire plan in the facility where you are assigned. You must:

**R-** Rescue all the people that are in danger. The first thing you must do is rescue people that are in danger. Follow your fire plan. Get your patients and residents out of danger. Move them to a safe place inside if you can. Move them outside if there is no safe place indoors. Get them out of the area and keep them out.

**A-** Alarm. You must then pull the fire alarm.

**C-** Confine or contain the fire if you can. Close all of the doors and windows. Do NOT ever prop doors open. Fire doors must be able to freely close when there is a fire or smoke. These doors confine fires into small areas when they are free to move.

**E-** Extinguish the fire if you can safely do it without causing any danger to yourself and others. If the fire is a very small one that you can quickly and safely put out using water or a fire extinguisher, do it. If the fire is too big, get everyone out and pull the alarm.

### FIRE EXTINGUISHER TYPES

**Class A** : (Water – silver tank) wood, paper, cloth, upholstery  
**NEVER USE ON GREASE OR ELECTRICAL FIRES**

**Class B** : (Foam – red tank) flammable liquid, gasoline, oil, grease, paints

**Class C** : (CO or dry chemical – red tank) electrical fire, burning liquids

**ABC** : (red tank) – all purpose can be used on all fires

### HOW DO YOU USE A FIRE EXTINGUISHER ?

Use the P-A-S-S method to use a fire extinguisher:

**P-** Pull the pin

**A-** Aim at the base, or the bottom, of the fire or flame

**S-** Squeeze the trigger while holding the extinguisher up straight and

**S-** Sweep, or move the spray, from side to side to completely cover the fire

### **REACT TO THE UNEXPECTED**

If you should catch on fire:

**STOP** - where you are

**DROP** - to the floor

**ROLL** - around the floor.

This will smother the flames, possibly saving your life. Just remember to STOP, DROP and ROLL.

### **COVER UP**

If a patient or co-worker catches on fire, smother the flames by grabbing a blanket or rug and wrapping them up in it. That could save them from serious burns or even death.

## WHAT THINGS CAN BE DONE TO PREVENT FIRES?

- **Smoke detectors and fire sprinklers.** Smoke detectors and fire sprinklers save lives. They are required by law in all nursing homes and hospitals.
- **NEVER disable a smoke detector.** If you hear a periodic "beep" or "chirp" from a smoke detector, it means that the battery is low and it must be changed immediately. Report it to your supervisor or charge nurse.
- **Sprinklers must be free and not obstructed in order to work.** Do NOT store any items near the sprinkler heads. Storing items near the sprinkler head will prevent the water from spraying on the fire.
- **Practice electrical safety.** Never overload electrical sockets. Do NOT use extension cords or any item that has a damaged cord or wire. Damaged electrical wires start fires.
- **Also, make sure that all patient equipment is inspected and safe before you use it.** Many hospitals and nursing homes put a sticker on electrical equipment to let you know that it is safe.
- **If at any time you have a concern about a piece of equipment, do NOT use it.** Report it to your supervisor or charge nurse.
- **Insure cigarette and oxygen safety.** All cigarettes should be smoked outdoors. Also, keep oxygen tanks secure and far away from any open flames.

Fire preparedness is an ongoing process. Go back to your unit and note the location of fire alarms and smoke detectors, evacuation routes and safe areas.

## ELECTRICAL SAFETY

(OSHA Quick Card)

Working with electricity can be dangerous.

Electrical hazards can cause burns, shocks and electrocution (death).

- Assume that all overhead wires are energized at lethal voltages. Never assume that a wire is safe to touch even if it is down or appears to be insulated.
- Never touch a fallen overhead power line. Call the electric utility company to report fallen electrical lines.
- Stay at least 10 feet (3 meters) away from overhead wires during cleanup and other activities. If working at heights or handling long objects, survey the area before starting work for the presence of overhead wires.
- If an overhead wire falls across your vehicle while you are driving, stay inside the vehicle and continue to drive away from the line. If the engine stalls, do not leave your vehicle. Warn people not to touch the vehicle or the wire. Call or ask someone to call the local electric utility company and emergency services.
- Never operate electrical equipment while you are standing in water.
- Never repair electrical cords or equipment unless qualified and authorized.
- Have a qualified electrician inspect electrical equipment that has gotten wet before energizing it.
- If working in damp locations, inspect electric cords and equipment to ensure that they are in good condition and free of defects, and use a ground-fault circuit interrupter (GFCI).
- Always use caution when working near electricity.

## HIPAA PRIVACY RULES

(U.S. Dept. of Health & Human Services)

HIPAA Privacy Rule provides federal protections for personal health information held by covered entities and gives patients an array of rights with respect to that information. At the same time, the Privacy

Rule is balanced so that it permits the disclosure of personal health information needed for patient care and other important purposes.

The Security Rule specifies a series of administrative, physical, and technical safeguards for covered entities to use to assure the confidentiality, integrity, and availability of electronic protected health information.

### **What are the rights of residents under the privacy rule?**

1. **Education** – residents must receive a clear, written explanation on how they can use, keep or disclose their health information.
2. **Access**- residents must be able to see and get copies of their records and request changes. They can also ask for a history of those who have been given health information about them.
3. **Consent**- providers must get patients consent before sharing their information for non-routine disclosures.
4. **Freedom from coercion**- providers and health plans cannot generally ask for patient's agreement to disclose non-routine information as condition of treatment.
5. **Recourse**- residents have a right to file a complaint about violations of the rule.

### **How much personal health information may I use?**

You may only use the “minimum necessary” PHI (Patient Health Information) to do your job.

### **What do I do if someone asks me for PHI?**

If the person asking you needs the information to do their job, you may disclose the “minimum necessary”.

### **How should I dispose PHI?**

The ideal way to dispose of PHI is to shred it, but if this is not possible, use your best effort to destroy it by tearing into small pieces before throwing it in the trash.

### **What are the penalties for non-compliance?**

The penalties for non-compliance are fines and imprisonment.

## **PAIN MANAGEMENT**

(JCAHO Core Principles of Pain Assessment and Management)

- Patients have the right to appropriate assessment and management of pain
- Pain is always subjective. Therefore, the patient's self-report of pain is the single most reliable indicator of pain. A clinician needs to accept and respect this self-report, absent clear reasons for doubt
- Physiological and behavioral (objective) signs of pain (e.g., tachycardia, grimacing) are neither sensitive nor specific for pain. Such observation should not replace patient self-report unless the patient is unable to communicate
- Assessment approaches, including tools, must be appropriate for the patient population. Special considerations are needed for patients with difficulty communicating. Family members should be included in the assessment process, when possible
- Pain can exist even when no physical cause can be found. Thus, pain without an identifiable cause should not be routinely attributed to psychological causes
- Different patients experience different levels of pain in response to comparable stimuli; a uniform pain threshold does not exist
- Pain tolerance varies among and within individuals depending on factors including heredity, energy level, coping skills, and prior experiences with pain

- Patients with chronic pain may be more sensitive to pain and other stimuli
- Unrelieved pain has adverse physical and psychological consequences. Therefore, clinicians should encourage reporting of pain by patients who are reluctant to discuss pain, deny pain when it is likely present, or fail to follow through on prescribed treatments
- Pain is an unpleasant sensory and emotional experience, so assessment should address physical and psychological aspects of pain

## **CULTURAL DIVERSITY AND SENSITIVITY**

Failure to recognize and appreciate cultural differences can lead to poor communications, conflicts in care planning and the possibility of misdiagnosis.

Patients have a right to their cultural beliefs, values and practices. Cultural differences need to be understood, respected and considered whenever care is delivered.

It is important to recognize and deal with one resident's many religious and cultural differences and provide as much support for their beliefs and customs as is possible. These factors influence how our residents behave not only towards us but towards other residents as well. If residents have been raised and lived in an environment of social prejudice we often see their behavior reflect these prejudices.

A resident's cultural background can greatly affect how they feel about being in a long term care facility. Many cultures believe that family members should be cared for at home and only as families move apart and more people are working has the need for care within facilities increased. However, there is often much guilt and concern reflected in the families' behavior over placement of a loved one.

### ***Nursing Interventions***

1. Listening to the resident.
2. Orienting the resident to other residents and his surroundings.

3. Explain and re-explain what procedures are going to be done before doing them.
4. Provide an opportunity for the resident to talk and express his/her anxieties and frustrations.
5. Encourage the resident to be as independent as possible.
6. Allow the resident to make decisions, where possible, about his/her care.
7. Give physical care in a calm and confident manner.
8. Provide all care showing respect and concern for the resident's feelings.

## **DOMESTIC VIOLENCE**

Domestic violence and abuse can happen to anyone, regardless of size, gender, or strength, yet the problem is often overlooked, excused, or denied. This is especially true when the abuse is psychological, rather than physical. Emotional abuse is often minimized, yet it can leave deep and lasting scars.

Noticing and acknowledging the warning signs and symptoms of domestic violence and abuse is the first step to ending it. No one should live in fear of the person they love. If you recognize yourself or someone you know in the following warning signs and descriptions of abuse, don't hesitate to reach out.

1. Battering is a ***pattern of coercive control*** of one person exercises over another.
2. Abusers use ***physical and sexual violence, threats, emotional insults and economic deprivation*** to control and dominate their partners.
3. Battering is a learned behavior.
4. 95% of victims of domestic violence are women.

5. In America, a woman is battered every 15 seconds! A woman is raped every 6 minutes.
6. Battering is the single major cause of injury to women more frequent than auto accidents, mugging and raped combined.
7. 1 in 4 female suicide attempt victims have a history of victimization by family members.
8. 1 in 10 senior citizens is believed to be abused each year by family members.
9. When a woman seeks medical assistance, her partner may appear **overly concerned, reluctant to leave her and over controlling.**
10. If there are injuries that are inconsistent with the story, ask partner (spouse, boyfriend or significant other) to leave.
11. When a woman seeks medical assistance, she may be reluctant to discuss the violence because of **fear of retaliation, embarrassment, feeling of helplessness and hopelessness and family, cultural and other societal pressure.**
12. Domestic Violence is a CRIME.

## **Bloodborne Pathogens and Needlestick Prevention**

Exposures to blood and other body fluids occur across a wide variety of occupations. Health care workers, emergency response and public safety personnel, and other workers can be exposed to blood through needlestick and other sharps injuries, mucous membrane, and skin exposures. The pathogens of primary concern are the human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV).

### **Routes of Exposure**

Inhalation, Ingestion, Eye or skin contact, Puncture, needle sticks

### **How do I protect myself?**

- Follow Universal Precautions/Infection Control

- Frequent hand washing. Wash after removing gloves or after direct contact with blood.
- Barriers are used for protection against occupational exposure to blood and certain body fluids. These barriers include:
  - Personal Protective Equipment (PPE), job appropriate, such as disposable gloves
  - Engineering Controls
  - Work Practice Controls
- Receive the Hepatitis B vaccine (3 shots). Immunization is provided to employees in jobs with occupational exposure at no cost to employees. Vaccination against Hepatitis B can prevent acute hepatitis, and reduce sickness and death from chronic hepatitis, cirrhosis and liver cancer caused by the Hepatitis B.
- Be observant of warning signs and labels.

**Universal Precautions** is OSHA's required method of control to protect employees from exposure to all human blood and OPIM. The term "Universal Precautions", refers to a concept of bloodborne disease control which requires that all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

**Occupational exposure** is defined as "reasonably anticipated skin, eye, mucous membrane, or contact with blood or other potentially infectious materials that may result from the performance of an employee's duties."

**Other potentially infectious materials** (OPIM) are defined as (1) The following human body fluids: semen, vaginal fluids, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

## **Protective Housekeeping**

Good housekeeping protects everyone and is everyone's responsibility. Carefully follow the facility's policies and procedures regarding housekeeping. Follow these general rules:

- Handle used patient-care equipment soiled with blood or other potentially infectious materials with care. Do not let equipment touch your skin, mucous membranes, clothing, other patients or items in the environment.
- Clean reusable equipment appropriately before using it for the care of another patient. Single-use items should be discarded.
- Do not let sharps containers overfill.
- To prevent contamination, handle soiled linen as little as possible and with minimum agitation. Without sorting or rinsing, place soiled linen in leak proof bags in the area where it was used.
- Transport specimens in closed containers. Wear gloves and handle the containers carefully.
- Shake down waste containers and carry waste bags by the top, away from your body.
- Clean all blood and body fluid spills promptly, according to the facility's policy.

Healthcare workers must clean and decontaminate their equipment on a regular schedule.

Contaminated needles and laboratory sharps must be discarded to a "sharps" box designated by the facility. Never bend, recap or break needles after use and dispose of contaminated sharps in appropriate puncture-resistant containers immediately after use.

**Hepatitis B vaccine** is a non-infectious vaccine derived from the Hepatitis B surface antigen produced in yeast cells. It is free of association with human blood or blood products. The vaccine has been extensively tested for safety and efficacy in large scale clinical trials in human subjects, Full vaccination protocol requires 3 doses of vaccine over a 6 month period.

The vaccine should not be given to anyone who is known to have a hypersensitivity to yeast. It is not known if the vaccine causes fetal harm when administered to pregnant women. Caution should be used

when administering this drug to pregnant or nursing women. It should be administered only when the benefits clearly outweigh the risks.

**Possible side effects** The Hepatitis B vaccine is generally well-tolerated and the incidence of side effects is low. These include tenderness and redness at the site of the injection site; low grade fever; rash; nausea; joint pain and tenderness; mild fatigue. No serious side effects have been reported to date.

## **Accidents Involving Infectious Materials Can Happen**

If you are exposed to an infectious material, wash the area thoroughly with soap and water immediately.

If the material has spilled onto other surfaces:

- Wear gloves (PPE) when cleaning up any spills.
- Contain it using absorbent barriers.
- Remove any remaining material with sorbent.
- Disinfect the spill area (10% solution of bleach for at least 10 minutes or other approved disinfectant).
- Dispose of materials that are contaminated.
- Discard contaminated PPE.
- Wash your hands.

Once you have dealt with the immediate problem notify the appropriate supervisor, manager, department head of the incident and complete the accident report form that can be obtained from the facility where you are assigned.

## **AGE SPECIFIC CARE**

Different age groups have different physical, psychological and social needs. For example:

- Both infants and adolescents undergo rapid growth spurts and have special nutritional needs.
- Very young children are vulnerable to fluid loss, since fluids make up 60% of their body weight.
- Preschoolers often believe their own bad behavior caused their sickness or injury. They need to be told that's not the case.

- Infants and elders are susceptible to heat loss from exposure and must be kept warm.

To practice age-specific care, you must think critically, perform appropriate tasks, and use communication skills relevant to patients in your care.

### Why is age-specific care important?

Every stage of development brings different phases of physical and psychosocial growth. As babies, we depend on someone else to meet all our needs. During the next decades, we learn to take care of ourselves physically, emotionally and socially. When finally on our own, we deal with the stresses of being independent. Later in life, we learn to accept our increasing limitations and our need to depend on others.

### Life's stages:

- The very young are especially vulnerable in healthcare settings. Infants, toddlers and preschoolers don't fully understand why they are receiving treatment and they fear separation from their parents. Often, they cannot tell you how they feel, so they express themselves in nonverbal ways.
- Infants need to feel safe. They feel more secure when you meet their needs consistently, such as changing their diapers, feeding them when they are hungry, and holding and cuddling them.
- Toddlers need to explore their environment and do for themselves with potty-chairs, sippy cups and finger foods. Toddlers understand much more than they can verbalize. They can follow simple commands when given one at a time. Toddlers interact through play and need hugs to feel secure.
- Preschoolers need to know the "whys and whats" of the world. Preschoolers are afraid of being hurt and they find it difficult to wait. Procedures should be explained to them right before they happen. Explanations should be brief and simple, since they have short attention spans.

- School-aged children fear being hurt. They worry about embarrassing themselves or their parents by acting like a baby. School-aged children want to achieve. They also need rules. Once they know what is expected, they strive for praise. These children are curious about body functions and may want privacy. Both family and friends are important.

- Adolescents are defining themselves. A peer group is very important. They need approval and appreciation. Teens don't take criticism or advice well. Loss of control or especially loss of consciousness, is a source of fear. They worry about looking stupid or appearing scared. Privacy is important.
- Elders are adapting to social and physical changes brought on by aging. These include the death of spouses and friends, decreased physical strength and increased susceptibility to infection. They fear loneliness and dependence on others. As they get older they grow less tolerant of heat, cold and pain. Their skin becomes fragile and dry. Movement is slower, joints are stiffer, memory decreases. Major organs function less effectively. Medications may not clear their systems well, making side effects more problematic. Vision and hearing decrease. It takes longer to process information.

### Applying Age-Specific care to patient care:

Your patients are at different points in the developmental spectrum. They respond to similar situations their way.

- **Undressing for an exam:** An infant needs help. A toddler wants help from the parent, a teen doesn't want the parent around and needs privacy, and a frail elder may need your help.
- **Serving lunch:** Infants need food their system can handle. A child may need to be reminded to eat and may require snacks. An adolescent needs food choices popular with teenagers and larger portions. An elder may need bite-sized pieces and help opening cartons and packets.
- **Gaining cooperation.** Young children need their parents in sight. They like familiar, comforting objects. Distract infants and toddlers through play. Reassure preschoolers that the procedure is not punishment, praise desired behavior and

explain the procedure with dolls and models. Adolescents need to know what you are doing and why. Give them some control of the situation and treat them as individuals. Elders need time to process what you tell them to respond or ask your questions. Keep to their pace.

Remember, you must provide age-appropriate care. Patients need to understand what's happening to them and, when appropriate, their treatment options. Explain procedures to children first, in a way they can understand, then talk to their parents. Always tell children the truth. If it will hurt, say so. Fully describe activities to adolescents using correct terminology. Accommodate any hearing or vision problem elders may have. Encourage all your patients to take part in their care when possible and always provide for their safety.

### **The consequences when care is NOT age-specific:**

Lack of age-specific care can prolong treatment, cause serious medical errors and result in dissatisfied patients.

### **How will age division be determined?**

The Joint Commission identifies four populations that need age-specific care: ***infant, child, adolescent and elder.***

Your facility may group patients based on chronological, functional or life stage categories. Make sure that you understand your facility's age groupings and skill requirements. They have been defined carefully to ensure the best patient care possible.

### **Who must be competent in age-specific care?**

Competence is required of anyone who assesses, treats, manages or works in areas that have a direct impact on patients. Age-specific competence is an ongoing process. Healthcare workers age-specific skills must be current and updated periodically on new technologies, procedures or therapies related to the patients in your care.

## **SAFETY**

*For Your Own Good*

No matter where you work in the healthcare field, you come across unique and possibly fatal hazards everyday. This quick guide will show you how to protect yourself from some of the most common hazards.

### **Slips, Trips & Falls**

You can reduce your risk of injury from slips, trips and falls if you are *aware* of your surroundings. Sources of slip, trip and fall hazards include: ***wet floors, untacked carpets, cords, poor lighting or too much lighting.***

If you observed a hazard, correct it or report it to your supervisor. In addition:

1. Don't rush down the corridors. Take shorter steps and maintain your center of balance under you.
2. Wear sensible shoes with good traction and support.

### **Back Safety**

Some healthcare workers have as much strain on their backs as construction workers. To avoid back injury, stay physically fit and maintain good posture.

When lifting patients or heavy items:

- Bend your hips and knees: NOT your waist.
- Lift with your leg muscles: NOT your back or arm muscles.
- Avoid twisting.
- Never lift a load higher than your waist.
- Keep the load close to your body.
- If you need help lifting or moving a load, ask for it.

### **Disinfection and Sterilization:**

Develop a mental eye for spotting potential hazards that cannot be seen, heard, felt or smelled:

- Recognize what needs to be disinfected and sterilized and learn appropriate methods for each.
- Generally semi-critical equipment can be disinfected. Critical equipment requires the more effective sterilization.

### **Handling of Medical Waste:**

Blood and other body fluids can carry the human immunodeficiency virus (HIV), the hepatitis B virus (HBV), drug-resistant organisms (DROs) and radioactive waste. Therefore, it is important that all medical waste related to patient care be treated as potentially hazardous. Examples of medical waste include:

- Sharps
- Blood
- Body Fluids
- Specimens
- Soiled laundry
- Dirty dressings

### **Hazard Communication**

In addition to medical waste, there are other hazardous substances on the job such as cleaning solvents, anesthetics and radioactive materials.

The facility's written HazCom Program provides a range of information and training. Become familiar with it and know where it is located. In particular, it will tell you:

- Which hazards are in your work area
- How to identify and read Material Safety Data Sheets (MSDS)
- What you should do if a label is missing or torn
- What happens when a substances are mixed
- How to dispose of hazardous substances
- What first aid to give in an emergency.

### **Radiation Safety**

There are two primary ways you can encounter radiation in a healthcare environment:

1. External beam sources, like x-rays or gamma rays.
2. Radioactive sources used internally for patient diagnosis or treatment.

Follow these guidelines to avoid harmful effects of exposure:

1. Minimize your time exposed to radiation source.
2. Maximize distance between yourself and radiation source.
3. Use shielding and protective clothing when appropriate.
4. Never touch anything with a radioactive warning label unless you are trained and authorized to do so.
5. When caring for patients being treated with radioactive materials, dispose of syringes, radioactive liquid and other waste properly.
6. You may enter the room of a patient being treated with radiation to perform normal duties, but you should limit the time spent in the room.

If you have more questions about radiation, ask the Radiation Safety Officer or Physician in Charge.

### **Good Housekeeping**

Your facility's Exposure Control Plan list specific methods and schedules for cleaning surfaces that may be contaminated. Some general rules:

- Protective coverings on equipment and surfaces must be replaced if contaminated or at the end of the work shift.
- Use a broom and dustpan or tongs to pick up broken glass – not your hands.
- Handle contaminated laundry as little as possible and with minimal agitation.
- Use leakproof bags to transfer contaminated laundry.

## **ELDER ABUSE AND NEGLECT**

Elder abuse and neglect is all too common in our society. It is estimated that hundreds of thousands of elders are abused at home and in institutions each year. Sadly, the number of victims is expected to rise as the population ages.

Whether you work in long-term care, acute care, outpatient care or home care, you may have to face the abuse and neglect of elders. Show you care by committing yourself to safeguarding the elders in

your care. Show when you learn how to recognize and respond to mistreatment, you prepare to break the cycle of abuse and neglect.

### **What is abuse and neglect?**

The American Medical Association defines elder abuse and neglect as physical, psychological or financial mistreatment of an elderly person. It may or may not be intentional and an older adult will often suffer severely.

**Physical abuse** is an act that results in bodily harm, injury, impairment or disease. It usually takes the form of hitting, slapping, pushing, punching, pinching, burning or striking with objects. It may also include sexual coercion or assault, incorrect positioning of the elder, forced feeding, and improper use of physical restraints. Physical abuse is the most obvious form of abuse, because it often leaves behind telltale physical signs. Some forms of physical abuse are hard to spot such as:

- Rushing an elder or pulling him or her too fast when helping them walk
- Tying a wandering senior to a chair, so she or he won't get lost while you are busy
- Roughly assisting a senior to a chair, so you can once again change wet sheets
- Giving an elder too much or too little medication

**Psychological abuse** inflicts emotional pain or distress on its victims. It comprises *verbal scolding, harassment or intimidation, threatening punishment or deprivation, treating the elder like a child or infant, or isolating the elder from family, friends and activities*. Depression, fear, hopelessness, withdrawal or isolation can signal psychological abuse.

**Financial abuse** occurs when people take control of the elder's resources through misrepresentation, coercion or outright theft for their own gain. Financial abuse may include stealing money or possessions, forcing the elder to sign contracts or assign durable powers of attorney to someone, or changing the older adult for unnecessary services or services never rendered.

**Physical neglect** involves failure to provide goods and services necessary for the health and well-being of the elder. Physical neglect

may include withholding adequate meals or hydration, physical therapy or hygiene, as well as failure to provide physical aids, glasses and false teeth, or safety precautions such as night lights or safety bars. You are neglecting elders if you take your time answering a call bell, if you move the button out of reach or if you unplug it, even if the patient or resident uses the call button inappropriately sometimes. You are also neglecting someone if you leave that person on the toilet for an extended time, even if you just forgot. If you remove an elder's cane or walker from the side of the bed, and it keeps the person from getting around, you are neglecting that senior. It is also neglect if you mark the chart that the elder was repositioned in bed as ordered in the plan of care, then fail to do so.

**Psychological neglect** is failure to provide social stimulation. That may mean leaving the older person alone for long period of time, ignoring him or giving him "the silent treatment", or failing to provide companionship, changes in routine, or links to the outside world.

**Financial neglect** consists of failure to use available resources to sustain or restore the health and security of the older adult. Signs may include: a family seeking care that does not meet the senior's needs even though money is available to provide the proper level of care, an elder's confusion about her financial situation or a sudden transfer of assets.

### **Violation of Rights**

Elder suffer abuse when their patient or resident rights are violated, in other words, when a caretaker ignores the older person's rights and abilities to make decisions. Rights violations may include denying the elder a right to privacy, not allowing the elder to make decisions about healthcare or personal issues or treating the person disrespectfully.

### **Who are the abusers?**

Abusers are family members, caregivers, strangers, men and women. In more than half of reported cases, the abusers are male, according to the National Center on Elder Abuse.

## Why do abuse and neglect occur?

Abuse and neglect can arise from misunderstanding or ignorance. Several risk factors that have been identified as contributors to abuse and neglect are as follows:

- A caregiver's pattern of dealing with stress is important.
- Seniors who are abusive to their caregivers compound the stress factor.
- Unresolved conflicts between family members or an elder's history of abusive relationships are warning signs.
- Mental illness, alcoholism or drug abuse in elders or caregivers, signal the potential for abuse and neglect.
- Inadequate building and grounds security can leave an elder vulnerable to abuse from strangers.

## Warning Signs

### Physical Abuse

- Frequent unexplained injuries or complaints of pain without obvious injury
- Burns or bruises suggesting the use of instruments, cigarettes, etc.
- Passive, withdrawn and emotionless behavior
- Lack of reaction to pain
- Injuries that appear after the person has not been seen for several days
- Patient complains of physical abuse

### Sexual Abuse

- Injury to the genital area
- Difficulty in sitting or walking
- Fear of being alone with caretakers
- Patient reports a sexual assault

### Financial Abuse

- Mismanagement of personal funds
- Lost, stolen or destroyed property

### Neglect

- Obvious malnutrition
- Lack of personal cleanliness
- Habitually dressed in torn or dirty clothes
- Obvious fatigue and listlessness
- Begs for food or water
- In need of medical or dental care
- Left unattended for long periods
- Bed sores

## Summary

Elder abuse or neglect is a common problem you are likely to encounter in healthcare. Be alert for signs of abuse or neglect, document any risks or evidence and report any suspicious or incidents and report any suspicions or incidents. Do your part to bring this hidden problem into the open. Show your care. Become an advocate for elders you encounter at work or anywhere.

***Whatever the cause, elder abuse and neglect are NEVER acceptable.***