

Basic Skills Orientation



**Welcome!
And THANK
YOU!**

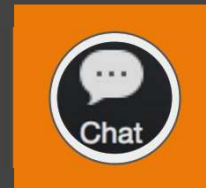
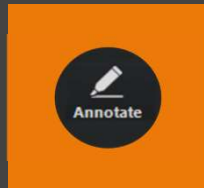
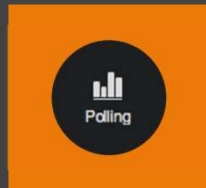
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Basic Skills Orientation Objectives:

- Demonstrate Safe and Effective Resident Care
- Utilize Therapeutic Communication
- Implement appropriate Infection Control Precautions
- Recognize Resident Rights and the Role of the Caregiver within the Housing Environment
- Understand and demonstrate effective activity of daily living cares
- Demonstrate effective transfers, ambulation, ROM and repositioning

How to Interact with Zoom

- Orange box with Icon: Throughout our time today when you see an orange box with an icon you will be given directions to participate in the activity.
- Team Member Introductions - Presenter call out each participant
- Mute and unmute and polling



Communication



- Respect & Dignity
 - Call person by their preferred name
 - Encourage Choices
 - Smile

KWIPES

Knock

Wash Hands

Introduce yourself

Provide privacy

Explain what you are going to do

and ask permission

Safety

Body Mechanics & Safety

Purpose of good mechanics:

- Reduces required energy
- Promotes balance
- Promotes safety of both patient & caregiver



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Tips:

1. Position yourself closely
2. Widen your stance
3. Avoid simultaneously bending and turning
4. Know your limits & seek assistance

Types of Services:

Activities of
daily living

- bathing, dressing, grooming, etc.

Instrumental
activities of daily
living

- Assistance with telephone, laundry, housekeeping, etc.

Reminders

- Medications, exercises, and treatments

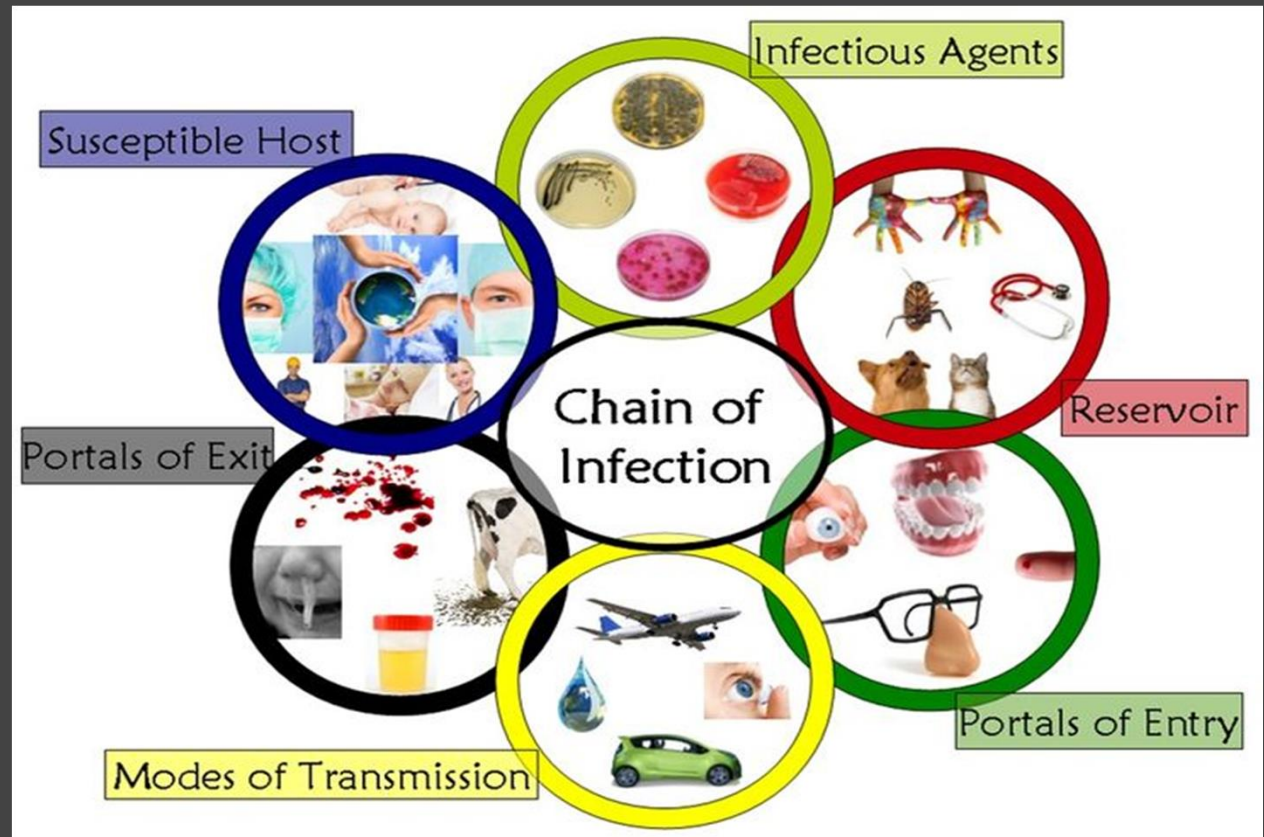
Infection Control



What you need to know!

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You Hold The
Power to Break
the Chain of
Infection



Hand Hygiene

Time
+
Technique



Soap and Water



Hand Sanitizer

Technique:

1.Ensure washing with friction on palms, between fingers, nails

2.Time: At least 20 seconds

3. Rinse downward

4. Use a new towel to turn off water



Wash



Lather



Scrub



Rinse



Dry



Turn off water

5 Moments for Hand Hygiene



Before touching a patient



Before a procedure



After body fluid exposure



After touching a patient



After touching patient surroundings

Maintain Clean Environment



Proper waste disposal

- Urine/stool
- Garbage



Disinfect

- Work area
- “high touch”



Standing food/water

- Attracts bacterial growth

Personal Protective Equipment (PPE):

- Gloves
- Goggles
- Gown
- Shoe covers
- Hair cover
- Mask

Demonstration!

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as contact and contact, droplet or airborne infection isolation precautions. The procedures for putting on and removing PPE should be tailored to the specific type of PPE.

- #### 1. GOWN

 - Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
 - Fasten in back of neck and waist
- #### 2. MASK OR RESPIRATOR

 - Secure ties or elastic bands at middle of head and neck
 - Fit flexible band to nose bridge
 - Fit snug to face and below chin
 - Fit-check respirator
- #### 3. GOGGLES OR FACE SHIELD

 - Place over face and eyes and adjust to fit
- #### 4. GLOVES

 - Extend to cover wrist of isolation gown

USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Use surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example: **Remove all PPE before exiting the patient room except a respirator, if worn.** Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

- #### 1. GLOVES

 - Outside of gloves are contaminated
 - If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Using a gloved hand, grasp the catch area of the other gloved hand and peel off first glove
 - Hold removed glove in gloved hand
 - Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove next to first glove
 - Discard gloves in a waste container
- #### 2. GOGGLES OR FACE SHIELD

 - Outside of goggles or face shield are contaminated
 - If your hands get contaminated during goggles or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Remove goggles or face shield from the back by lifting head band or ear pieces
 - If the lens is smearable, place in designated receptacle for smearable eyewear; otherwise, discard in a waste container
- #### 3. GOWN

 - Gown front and sleeves are contaminated
 - If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
 - Put gown away from neck and shoulders, touching inside of gown only
 - Turn gown inside out
 - Roll or fold into a bundle and discard in a waste container
- #### 4. MASK OR RESPIRATOR

 - Front of mask/respirator is contaminated — DO NOT TOUCH
 - If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Grasp bottom edge or straps of the mask/respirator, from the sides of the face, and remove without touching the face
 - Discard in a waste container
- #### 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE

PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

Gloves: When to wear?

DO'S

Wear gloves to avoid contamination and exposure to blood, other body fluids, and transmission of infection

Clean Hands after removing gloves

Ensure availability of correct glove type in case of skin allergy

Fit the gloves properly before performing the task

DON'TS

Don't Re-use or wash gloves

Don't Use gloves if they are damaged or soiled

Don't wear same pair of gloves for multiple patients

Don't touch your face while wearing gloves

Standard Precautions



**Perform hand hygiene
before and after every
patient contact**



**Clean and reprocess
shared patient
equipment**



**Use personal protective
equipment when risk of
body fluid exposure**



**Follow respiratory
hygiene and cough
etiquette**



**Use and dispose
of sharps safely**



**Use aseptic
technique**



**Perform routine
environmental cleaning**



**Handle and dispose
of waste and used
linen safely**

Contact Precautions:

Microorganisms spread by touching the patient or items in the room.

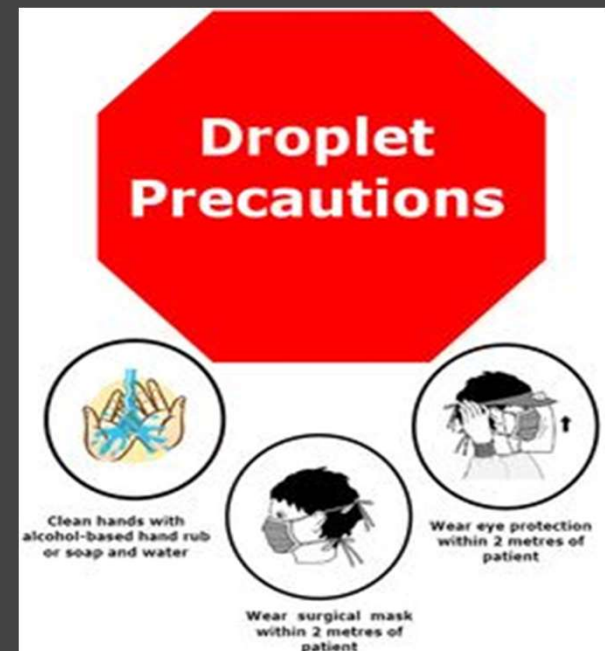
- Mrsa
- Open Wounds
- C-diff



Droplet Precautions:

Microorganisms spread on air droplets from coughing or sneezing

- Influenza
- Meningitis
- Pneumonia
- RSV



Airborne Precautions:

Microorganisms spread through air particles

- Tuberculosis
- Measles



- **BBP Safe Handling and Disposal:**

- Hand hygiene
- Appropriate PPE
- Report exposure to blood
- Blood Spill Kit

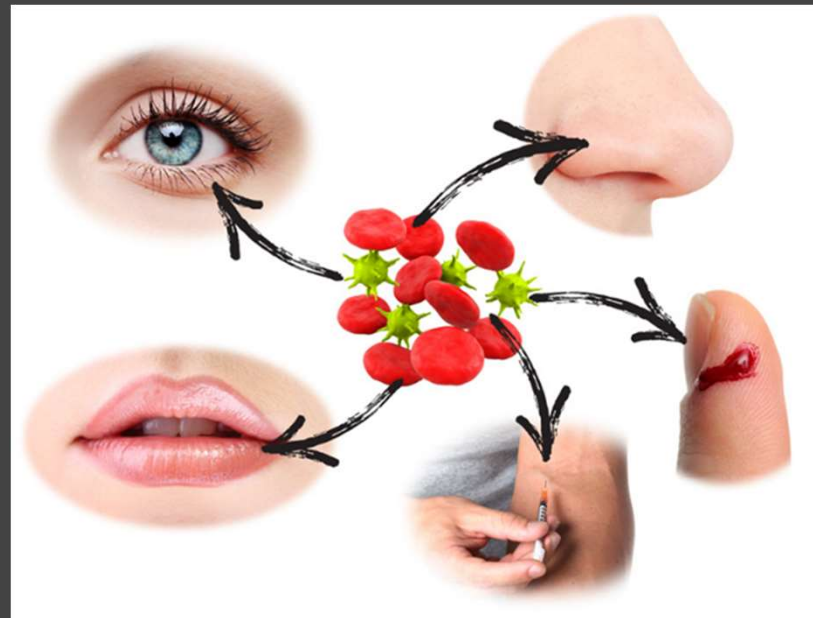
- Sharp Exposure Protocol:
Wash area immediately
Perform first aid
Report to RN
Incident Report



- Blood Borne Pathogens (BBP):

- Hepatitis B
- Hepatitis C
- HIV

Healthcare workers
are at high risk for
exposure



Sharps Container & Exposure Protocol

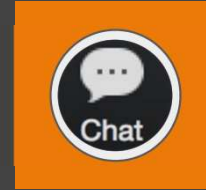
- Sharps Container
 - Never over fill
 - Once at fill line seal and remove from area
 - Replace
- Sharp Exposure Protocol:
 - Wash area immediately
 - Perform first aid
 - Report to RN
 - Incident Report



Conclusion:

- Any questions or concerns can be directed to your facility nurse or the education department here at home office.
- If you have any ideas for infection control improvements at your site, please talk to your nurse!
- And remember, HAND HYGIENE!

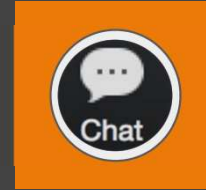
CHECK IN QUESTIONS!



The best defense against the spread of germs and infection is?

- a. Hand sanitizer
- b. Wearing gloves
- c. Hand washing
- d. The flu shot

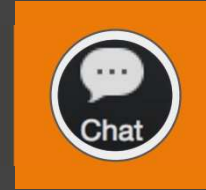
CHECK IN QUESTIONS!



**It is necessary to perform hand hygiene in
which circumstances (select all that apply)**

- a. Before preparing food
- b. After coughing or sneezing
- c. Before and after caring for a client
- d. After handling garbage

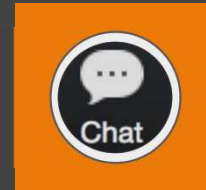
CHECK IN QUESTIONS!



**Elderly are more susceptible to illness
and infection**

- a. True
- b. False

CHECK IN QUESTIONS!



**The first thing you should do if
exposed to a blood borne
pathogen is?**

- a. Call 911
- b. Wash the exposed area
with soap and water
- c. Report the incident to your
supervisor
- d. Clean the area with rubbing
alcohol

Mobility Skills:

Be a Cheerleader!



- Transfer Belts
 - Required for all 1 person transfers and ambulation assist
- Ambulation Assistance
 - Be prepared with the equipment needed (wheelchair)
 - Know how far the resident is able to walk before they need to rest



Escorts:

Keeping our Residents
on the move!



This will be noted in their
service plan!



- Escorting a resident from one location to the another
 - Wheelchair, Walker, Transfer Belt
 - Stand by Assist: Walk with Resident and be there to assist if needed

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Bathing:

Examine the
resident's skin



- Do not leave resident unattended unless stated in ipod
- Notify nurse of any open, red, sore, or bruised areas

Grooming Skills:

How do you feel
you're having a
"bad hair day"?



- Use beauty products in the room, offer to the resident
 - Insert Hearing Aids
- Ensure glasses are clean & placed on the resident
- Wash face, comb hair, shave

How would you
want to see your
parent/grand-
Parent?

Dressing:

- Promote participation
- Offer choices
- Dress in the right order



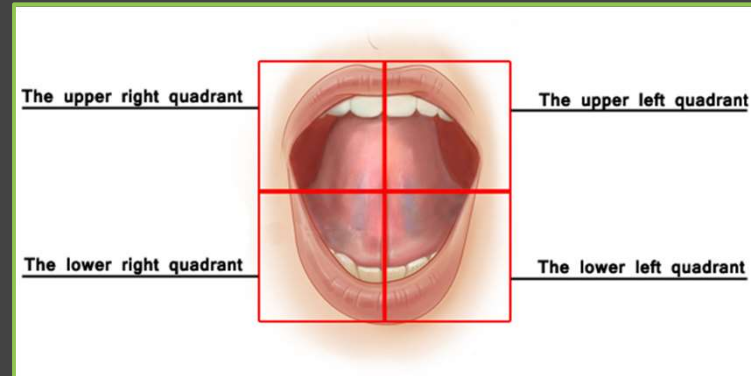
Comfortable fit:
Appropriate
under-garments

Clean &
in good repair

Weak on -
Strong off

Oral Care & Denture Care: Performed twice daily for all residents

Never soak
dentures in hot
water



- When brushing dentures, line the sink with a towel to prevent damage
- At end of life, oral care should be completed at least every 2 hours

Compression stockings: TED hose or JOBST stockings

<https://youtu.be/nfYDHHYi4rU>

- No wrinkles, bunches, runs or holes should be present
- Ensure skin is dry and no open sores are visible,
- Use a little powder may help if legs are sweaty
- Hand wash compression stockings, squeeze out excess water, & hang to dry overnight



Do not fold
or cuff the
stockings at
the top

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Elimination Skills: Toileting & Commode



- Have all supplies ready & ensure safety
- Complete peri care after toileting
- Clean the commode after use

Elimination Skills: Bedpan Use



- Fracture pan-narrow end goes toward the head
- Hold the edge of the bedpan down when the client is rolling off to prevent spilling
- Complete peri care after use

Male Peri Care:

Ensure you are using a
clean part of the
washcloth everytime

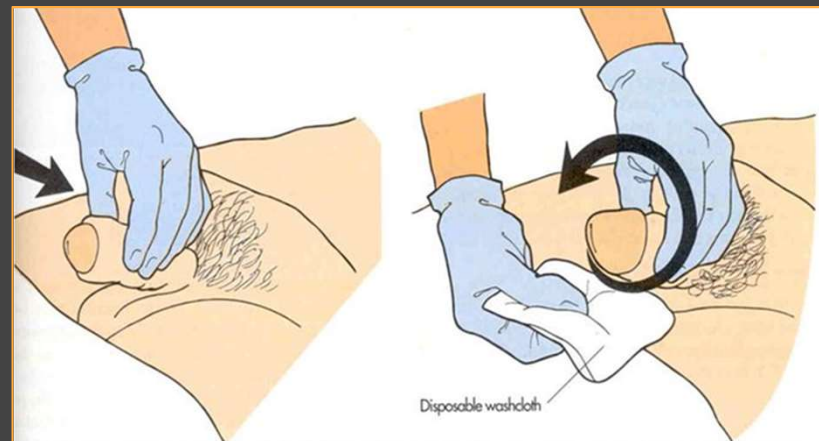
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Circumcised males:

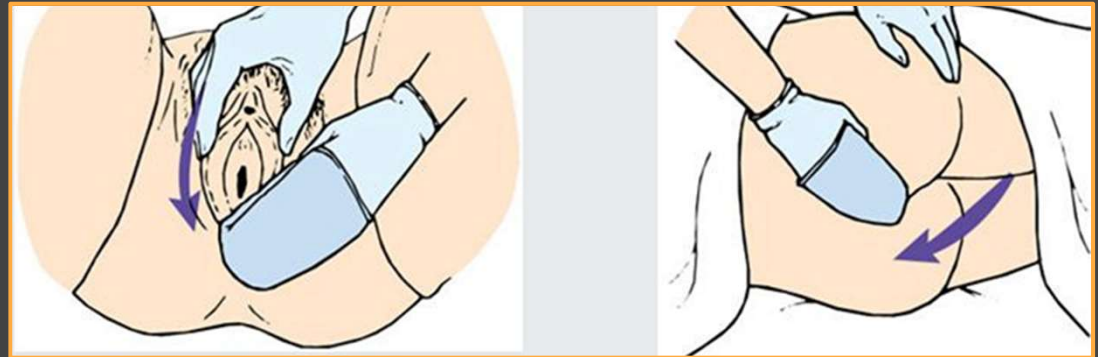
Start at urinary
meatus use circular
motions as you wipe
toward the base

Uncircumcised males:

Pull back the
foreskin & clean
around & under &
replace foreskin



Female Peri Care:



- Proper peri care prevents infections
- Ensure peri area is cleansed from clean to dirty (front to back)
- Complete peri care after each incontinent episode while promoting dignity

Mobility skills

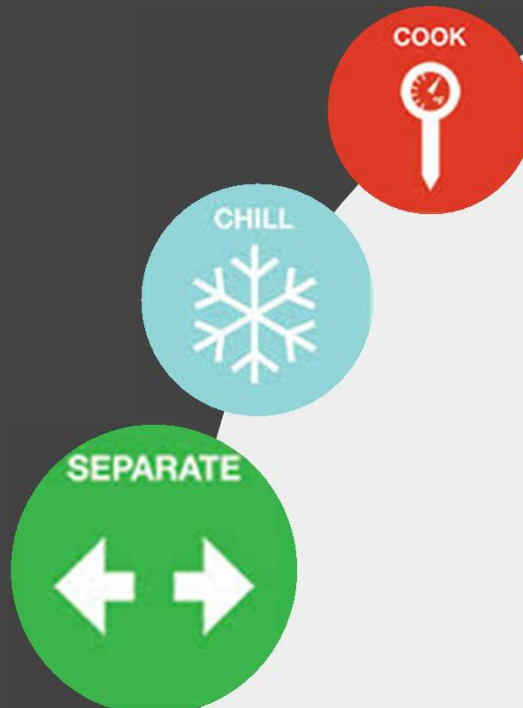


Turning and Repositioning

- Decrease risk for skin breakdown and pressure injuries
- Promotes comfort and prevents injury

Basic Nutrition:

- Promote the Dining Experience
- Promote Nutrition
 - Proteins, Calcium +D, whole grains, fruits/veggies
 - Adequate Fluids



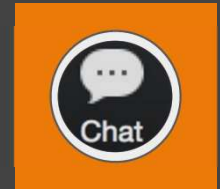
- Proper storage
 - 40-140 degrees = danger zone
- Foodborne illness
 - Avoid cross contamination

Basic Nutrition:

- Special Diets
 - Diabetic, no added salt, reduced calorie
- Swallowing Difficulties (dysphagia)
- Modified Textures
 - Ground meat, pureed
 - Avoid nuts, popcorn, raw veggies, non-mashable fruits, dried fruit, pineapple, coconut
- Thickened Liquids
 - Nectar, Honey, Pudding thick
- Complications
 - Dehydration, malnutrition, aspiration pneumonia

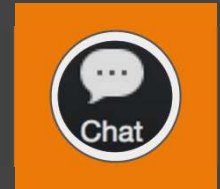


Let's Check In!



What are the types of services we provide as caregivers?

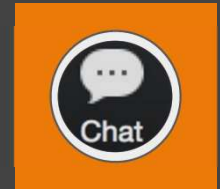
Let's Check In!



List one Safety Consideration when bathing a Resident?

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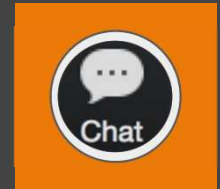
Let's Check In!



What types of Escorts do we provide for our Residents?

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Let's Check In!



Examples of Special Diets our Residents may be on?

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Comprehensive Home Care, Bill of Rights, & Customer Service

- Review Comprehensive Home Care License
- Bill of Rights
- HIPAA
- Workbook for Violation Scenarios



**What you need
to know!**

OVERVIEW OF COMPREHENSIVE HOME CARE LICENSURE

- The Comprehensive Home Care license is required to provide the services to the residents that we do
- One of the requirements is that you have a basic understanding of what comprehensive home care means

MN HOME CARE BILL OF RIGHTS

- Every entity of healthcare has it's own version of a bill of rights
- These are not rights beyond the rights we all have, but as we care for vulnerable adults, it is important that these things are pointed out and reviewed
- Examples from the MN Home Care BOR:
 - Residents have the right to refuse services or treatment
 - Residents have the right to be treated with courtesy and respect
 - Residents have the right to be free from physical and verbal abuse, neglect, financial exploitation and all forms of maltreatment

SERVICES OF OMBUDSMAN

- Ombudsman=Advocate
- We have many different specialties for different special populations of people
- Ombudsman for LTC, Mental Health and Developmental Disabilities, Managed Care Ombudsman, county managed care advocates, or other relevant advocacy services
- Every type of ombudsman serves as an advocate and protector of resident rights. They can be a sounding board and dispute resolution person for any issues that arise

FINDING THE OMBUDSMAN

- Office of Ombudsman site - <https://mn.gov/omhdd/>
- Select Contact Information Link at bottom of webpage
- Search by County / Region or by Map

Contact

> [Ombudsman by County](#)

[Ombudsman by Region](#)

[Regional Map](#)

[Other Ombudsman Offices](#)

Regional Ombudsman by County

County	Regional Ombudsman	Phone	E-mail Address
Aitkin	Michael Woods	Voice: 218-279-2526 Toll Free: 877-766-5481 Fax: 651-797-1966	michael.woods@state.mn.us
Anoka	Mary Rogers	Voice: 651-431-5201 Fax: 651-797-1964	mary.rogers@state.mn.us
Becker	Jennifer Stans	Voice: 218-736-1895 Fax: 651-797-1955	jennifer.stans@state.mn.us
Beltrami	Cheryl Turcotte	Voice: 218-855-8761 Fax: 651-797-1965	cheryl.turcotte@state.mn.us
Benton	Cheryl Turcotte	Voice: 218-855-8761 Fax: 651-797-1965	cheryl.turcotte@state.mn.us

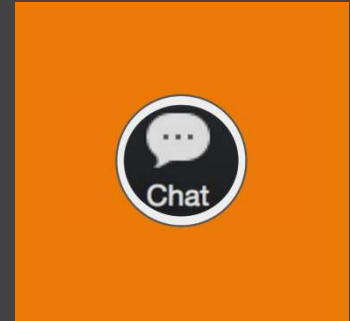
VULNERABLE ADULT REPORTING

- VA=Vulnerable Adult
- You are a MANDATED REPORTER
- We talked about this at NEON, but it is important enough to review again
- If you see or suspect any maltreatment, abuse or neglect, you are required to report it. Immediately.
- VA concerns are reported to MAARC (Minnesota Adult Abuse Reporting Center)
 - You can report to MAARC directly or notify your supervisor immediately and the supervisor will report

Vulnerable Adult: Check In Questions!

True or False

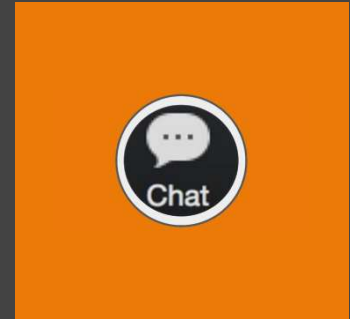
Maltreatment might occur by any staff person, visitor, family member, or volunteer.



Vulnerable Adult: Check In Questions!

True or False

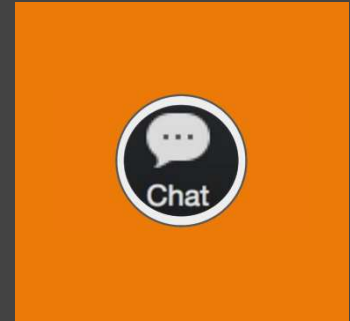
Staff can report suspected maltreatment directly to Minnesota Adult Abuse Reporting Center (MAARC).



Vulnerable Adult: Check In Questions!

True or False

All health care workers are considered mandated reporters and must report suspected maltreatment.



Resources

Center for Disease Control and Prevention. (2017, January 16). Standard precautions for all patients.

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World Health Organization. (2010). Indication for glove use in healthcare. Retrieved from

<https://www.ncbi.nlm.nih.gov/books/NBK138494/>

Dr. Barry Reisberg's Stages of Alzheimer's Dementia:

<http://www.alzinfo.org/clinical-stages-of-alzheimers>

Caregiver's Guide to Understanding Dementia Behaviors (<https://caregiver.org>)

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TED Med - https://www.youtube.com/watch?v=GciWltvLo_s