Nurse Assistant Training

This fourth edition of the American Red Cross Nurse Assistant Training Instructor’s Manual is a comprehensive resource that focuses on the skills and concepts a nurse assistant needs to know in order to provide compassionate, competent and person-centered care. The manual includes:

• Lesson outline consistent with textbook content that helps you prepare students to learn required skills and concepts.

• Proven learning aids and activities that help students master the course content and prepare them to be effective members of the health care team.

• User-friendly skill sheets that provide clear instructions for core nurse assistant skills, with an emphasis on the six principles of care:
  Safety | Infection Control | Privacy | Dignity | Communication | Independence

Behind every American Red Cross health and safety training program stands a team of experts ensuring what is taught is based on the latest and best scientific and technical information.

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Mission
The American Red Cross prevents and alleviates human suffering in the face of emergencies by mobilizing the power of volunteers and the generosity of donors.
This instructor’s manual is part of the American Red Cross Nurse Assistant Training program. By itself, it does not constitute complete and comprehensive training. Visit redcross.org to learn more about this program.

The emergency care procedures outlined in this book reflect the standard of knowledge and accepted emergency practices in the United States at the time this textbook was published. It is the reader’s responsibility to stay informed of changes in emergency care procedures.

The infection control procedures outlined in this book reflect the current standards and guidelines of the Centers for Disease Control (CDC) and Occupational Safety and Health Administration (OSHA) in the United States at the time this textbook was published. Because regulations influencing these standards and guidelines change frequently and because laws are redefined, it is the reader’s responsibility to stay current with information such as infection control by attending in-service courses offered by employers or through other sources.

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How far you go in life depends on your being tender with the young, compassionate with the aged, sympathetic with the striving, and tolerant of the weak and strong—because someday in life you will have been all of these.

—George Washington Carver
Acknowledgments

Many individuals shared in the development and revision process in various supportive, technical and creative ways. The American Red Cross Nurse Assistant Training Instructor’s Manual was developed through the dedication of both employees and volunteers. Their commitment to excellence made this manual possible.

Dedication

This manual is dedicated to the employees and volunteers of the American Red Cross who contribute their time and talent to supporting and teaching caregiving skills worldwide, and to the students who have decided to make a career out of helping others.

American Red Cross Scientific Advisory Council

American Red Cross Scientific Advisory Council Guidance and Review of the Nurse Assistant Training program was provided by members of the American Red Cross Scientific Advisory Council. The American Red Cross Scientific Advisory Council is a panel of nationally recognized experts drawn from a wide variety of scientific, medical and academic disciplines. The Council provides authoritative guidance on first aid, CPR, emergency treatments, rescue practices, emergency preparedness, aquatics, disaster health, nursing, education and training. For more information on the Scientific Advisory Council, visit www.redcross.org/take-a-class/scientific-advisory-council.
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LESSON OBJECTIVES

After completing the session, students should be able to:

- Describe how infections can be spread from one person to another.
- Recognize the signs and symptoms of an infection.
- Take measures to control the spread of microbes that can cause infection.

After completing the skill sessions, students will be able to:

- Wash hands in a way that controls the spread of microbes that can cause infection.
- Put on and take off personal protective equipment (PPE) correctly.
- Open and close a trash bag correctly and double-bag contaminated trash and laundry.

GUIDANCE FOR THE INSTRUCTOR

To complete this lesson and meet the lesson objectives, you must:

- Identify the causes of infection.
- Show the video segment, “Introduction to Infection Control.”
- Describe the chain of infection.
- Explain the term healthcare-associated infection and its significance.
- List the common signs and symptoms of an infection.
- Remind students that infection control is one of the six principles of care.
- Describe measures to control the spread of microbes, emphasizing the importance of hand washing.
- Show the video segment, “Hand Washing.”
- Conduct the Skill Session: Hand Washing.
- Describe different types of personal protective equipment.
- Show the video segment, “Using Personal Protective Equipment.”
- Conduct the Skill Session: Using Personal Protective Equipment (PPE).
- Discuss standard precautions and when they are used; discuss transmission-based precautions, including examples of when they are used.
- Conduct the Skill Session: Handling a Plastic Trash Bag.
- Describe the term bloodborne pathogens and explain the standards required for employers.
### MATERIALS, EQUIPMENT AND SUPPLIES

- *Nurse Assistant Training* textbook
- *Nurse Assistant Training* DVD set
- LCD projector, screen and computer
- Presentation for Lesson 7, Controlling the Spread of Infection
- Soap, running water
- Paper towels
- Orange stick or nail brush (optional)
- Lotion (optional)
- Personal protective equipment: gowns, gloves, masks, protective eyewear
- Plastic trash bags
- Biohazard warning labels
- Sharps container
- Blank easel pad pages
- Markers
- State required documentation
- Skill Check-Off Sheets: Skill 7-1, Hand Washing; Skill 7-2, Using Personal Protective Equipment (PPE); Skill 7-3, Handling a Plastic Trash Bag
- Student Handout: *Student Handout 7-1, Chain of Infection*
- Student Handouts (to be printed from Instructor’s Corner)
  - CDC *Clean Hands Count* fact sheet
  - OSHA’s *Bloodborne Pathogens Standard* fact sheet

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### TOPIC: INTRODUCTION

**INSTRUCTION**

- Microbes are tiny living things that can only be seen with a microscope; they include bacteria, viruses, fungi, yeasts and molds.
- Most microbes grow in areas that are warm, moist and dark and where food is available.
- Some microbes are not harmful while others are.
  - Pathogens are harmful microbes that cause disease; the disease is called an infection.

**REFERENCES**

Presentation, Unit 2

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### TOPIC: THE CHAIN OF INFECTION

**INSTRUCTION**

- Engage students in a discussion about infections.
  - Ask them if any of them have had an infection.
  - If so, have them describe what the infection was like, including if they knew what was the cause of the infection, such as a virus or bacteria.
  - Have them identify how they think they got the infection.
  - Ask them to suggest ways they could have prevented getting the infection.

**Instructor’s Note:** Stress to the class that no one should feel obligated to share personal health information with the class; sharing examples is voluntary.

**INSTRUCTION**

Show the video segment, “Introduction to Infection Control” (5:04).
Instructor's Note: Give the students Student Handout 7-1, Chain of Infection.

- For infections to be passed from one person to another, six requirements must be met.
- This is called the chain of infection. Here are the six links in the chain:
  - Pathogen: Presence of a microbe capable of causing disease
  - Reservoir
    - Place where microbes grow and multiply
    - Examples: bodies of people and animals, bodies of water, food
  - Portal of exit
    - Way of leaving the reservoir
    - Dependent on pathogen and reservoir
    - Examples: respiratory tract, digestive tract, genitourinary tract or breaks in the skin
  - Method of transmission
    - Way a pathogen gets from one person to another
    - Direct through close physical contact
    - Indirect through contaminated surfaces or objects
  - Portal of entry
    - Way of gaining entrance to a new reservoir
    - Examples: respiratory tract, digestive tract, genitourinary tract, eyes or breaks in the skin
  - Susceptible host
    - Person who is capable of becoming infected with the particular pathogen
    - Increased susceptibility in very young or aged population, poor general health and the presence of medical devices implanted in the body
- Eliminating just one link in the chain can prevent an infection from spreading.

TOPIC: HEALTHCARE-ASSOCIATED INFECTIONS

- Healthcare-associated infections are infections that a person acquires while in a healthcare facility.
- These infections are often referred to as nosocomial infections.
- Healthcare-associated infections lead to longer lengths of stay, delayed recovery, increased costs and increased risk for serious complications, and even death.
- People receiving care in healthcare facilities are more susceptible to developing infections and, if infection occurs, it is harder for their bodies to overcome the infection.
- Also, some of the microbes are difficult to treat.
- Over time, microbes become resistant to antibiotics used for treatment so that the medication is no longer effective.
- This leads to the development of hard-to-treat “super-bugs.”
“Super-bugs” are difficult to treat.

- Basic infection control measures are extremely effective for preventing the spread of these very dangerous microbes as well as other microbes that cause healthcare-associated infections.
- The key is to use infection control measures properly and consistently.
- Examples of hard-to-treat “super-bugs” include the following:
  - Methicillin-resistant *Staphylococcus aureus* (MRSA)
    - Staph infection spread by direct contact possibly causing serious skin infections
    - Possible development of serious infections of the blood, lungs, heart or bone if bacterium enters the body, such as through a cut in the skin
  - *Clostridium difficile*, or C-diff
    - Microbe that is passed from the body in feces; contact with contaminated surfaces or hands spreads infection to others
    - Bacterial invasion of the bowel causing diarrhea and pain
    - Spores produced from microbe that can live on hands and surfaces for a long time
    - Hand washing with soap and water essential; alcohol-based hand rubs not effective for removing *C. difficile*
    - Disinfectant containing bleach necessary to clean hard surfaces
  - Vancomycin-resistant Enterococcus (VRE)
    - Infections of wounds, intestinal tract and urinary tract

**TOPIC: SIGNS AND SYMPTOMS OF INFECTION**

- Certain signs and symptoms occur with an infection but these vary based on the pathogen and the location of the infection.
- Common signs and symptoms include:
  - High body temperature.
  - Headache.
  - Flushed face.
  - Red or draining eyes.
  - Loss of appetite.
  - Nausea, vomiting, diarrhea.
  - Stomach pain.
  - Stuffy nose.
  - Coughing.
  - Sore throat.
  - Skin rash.
  - Sores.
  - Cloudy or smelly urine.
  - Joint pain.
  - Muscle ache.
  - Redness around and/or drainage from a wound or incision.
  - Swelling.
Older adults may not have a fever even if infection is present because they may have other chronic conditions, use medication or have changes in their immune system that can interfere with producing a fever. Be alert for other possible signals in older adults such as:

- New onset of confusion or increased confusion.
- Changes in eating or appetite.
- New onset of loss of bladder or bowel control or more frequent episodes of incontinence.
- Fatigue or lethargy.
- Flu-like symptoms.

You need to report your observations to the nurse if you notice that someone in your care has one or more of the signs and symptoms.

Early recognition of infections helps you ensure that the person receives prompt treatment. Early recognition also helps prevent the spread of infection to others.

You need to practice infection control with every person in your care, even if you do not observe any signs or symptoms.

TOPIC: INFECTION CONTROL

INSTRUCTION

Infection control refers to those actions that you take to control the spread of microbes that cause disease.

Remember, infection control is one of the six principles of care.

REFERENCES

Presentation, Unit 2

INSTRUCTION

Break the class into several small groups. Ask each group to create a list of actions that they already do to prevent infection in their everyday lives.

Then bring the groups together and have them report their information. Write their responses on a blank easel pad page.

Then compare their responses to the general actions described below.

REFERENCES

Presentation, Unit 2

You already use general actions to help control the spread of microbes.

Some general actions to take include the following:

- Cleansing your hands frequently, using soap and water or an alcohol-based hand rub
- Taking care of your body by eating well, exercising and getting enough rest to keep your immune system healthy
- Getting vaccinated and keeping vaccinations up to date
- Staying home if you are sick
- Recognizing and reporting signs and symptoms of infection
- Maintaining cleanliness
- Ensuring single use of personal equipment, such as bedpans, urinals, washbasins, emesis basins, toothbrushes, toothpaste, lotion and soap
- Handling linens properly, making sure to keep dirty linens away from your uniform, not shaking dirty linens, placing dirty linens in the laundry bag in the person's room before carrying the bag to the laundry hamper outside the room, and placing wet and soiled linens in a plastic or leakproof laundry bag
- Covering bedpans and urinals when carrying them from one place to another
- Preparing food carefully
- Serving meals immediately as soon as they arrive or when prepared
- Storing foods carefully

(Continued)
Four common methods of infection control used in healthcare settings include hand hygiene (washing with soap and water or using an alcohol-based hand sanitizer), decontaminating objects and surfaces, using personal protective equipment and taking isolation precautions.

**Instructor’s Note:** Have students open their textbooks and refer to Box 7-2, General Actions That Help to Control the Spread of Microbes.

**TOPIC:** HAND HYGIENE

**INSTRUCTION**

- Hand hygiene is one of the most important things you can do to stop the spread of microbes.
- As a nurse assistant, you clean your hands in a special way to ensure that all surfaces are clean.
- You need to wash your hands with soap and water whenever they are visibly soiled with dirt, blood or body fluids.
  - Body fluids include urine, feces, saliva, mucus, vomit, semen, vaginal secretions, breast milk and wound drainage.
- You should also wash your hands with soap and water before eating or handling food, after using the bathroom and if you have had contact with organisms that cause certain types of diarrhea.
- In most other circumstances, you may use an alcohol-based hand sanitizer to clean your hands instead of washing with soap and water.
  - The sanitizer should contain at least 60 percent alcohol.
  - Use the amount of product recommended by the manufacturer.
  - Rub it thoroughly over all surfaces of the hands including the nails and between fingers for at least until the product dries (at least 20 seconds).
  - Always follow your employer’s policy for using an alcohol-based hand sanitizer.
- You should clean your hands:
  - As you are coming on duty.
  - Before and after contact with a person in your care.
  - Before and after putting on gloves.
  - After using the bathroom.
  - After coughing, sneezing or blowing your nose.
  - After smoking.
  - After handling dirty supplies or equipment.
  - After eating or handling food.
  - Before handling clean supplies or equipment.
  - Before going home.
  - After any possible contact with infectious organisms that might cause diarrhea.
  - Any time they become visibly soiled with dirt or body fluids.
  - Any other time you think it may be important.

**REFERENCES**

- Presentation, Unit 2
- Textbook, Chapter 7
- CDC Clean Hands Count Fact Sheet

**INSTRUCTOR’S NOTE:**

- Give the students Clean Hands Count, the current CDC provider fact sheet on clean hands. To access and print the handout current at the time of publication, visit Instructor’s Corner.

- Have students open their textbooks and refer to Box 7-4, Nurse Assistant DOs and DON'Ts: Hand Washing.
Show the video segment, “Hand Washing” (5:12).

- Tell students that they will practice hand washing. Have students turn to Skill 7-1 in the textbook.
- Review the preparation steps for this skill.
- Demonstrate the procedure for hand washing, following the steps of the skill exactly as presented.
  - Explain why each step is necessary.
  - Ask for and answer students’ questions.
- Have students break into pairs or small groups and practice the skill.
- Observe the practice, guiding students through the skill. Give help when appropriate or when requested.
- Have students inform you when they are ready to be evaluated for mastery of the skill.
- Observe the student’s performance against Skill Check-Off Sheet 7-1, Hand Washing.
- When finished demonstrating the skill, offer positive feedback about what the student did correctly and make constructive, specific suggestions about changes that are needed.
- Sign or initial the state required documentation.
- Provide a brief review of the skill practice, emphasizing the effectiveness of correct hand washing techniques and correcting any misconceptions students may have about the hand washing skill.

**TOPIC: CLEAN OBJECTS AND SURFACES**

- Clean items or surfaces are free of pathogens and dirt.
- Dirty items or surfaces are considered contaminated because they contain dirt or pathogens.
- An unused item is considered to be clean until it comes into contact with the person or their environment. Then it is considered dirty and cannot be reused for another person.
- In facilities, clean, unused supplies are stored in the clean utility room; used supplies that must be cleaned or laundered are returned to the dirty utility room; the dirty utility room also has trash containers for discarding of used disposable supplies.

**METHODS FOR CLEANING**

- One of your responsibilities is to help keep the person’s environment clean. You may also be responsible for cleaning some types of equipment after you use it.
- Simply washing the object or surface with soap and water will remove dirt and some microbes.
- You can use a disinfectant to kill microbes on the object or surface.
  - The facility will specify which disinfectant to use.
  - You can make a disinfectant solution by mixing 1½ cups of bleach into 1 gallon of water.
  - Let the disinfectant or bleach solution stand on the surface for the recommended amount of time (usually 1 to 3 minutes for a disinfectant solution; 10 to 15 minutes for a bleach solution).
Sterilization is used to kill all microbes on an object or surface.
- Objects being placed inside a person's body, such as an indwelling urinary catheter, must be sterile.
- Sterilization is achieved using gas, chemicals, dry heat or pressurized steam.
  - In facilities, a special department (often called Central Supply) is usually responsible for sterilizing objects.
  - At home, boiling an object for 20 minutes is an effective means of sterilization.

**TOPIC: PERSONAL PROTECTIVE EQUIPMENT**

**INSTRUCTION**
- Personal protective equipment or PPE is protective gear that is worn to prevent microbes from contaminating the uniform, skin or mucous membranes.
- Properly using PPE eliminates a portal of entry for potential pathogens and helps keep you safe from infection.
- PPE includes gloves, gowns, masks and eyewear.
- PPE is usually put on outside of the person's room and removed and discarded inside the room.

**REFERENCES**
Presentation, Unit 2
- When multiple PPE items need to be worn, they are put on in this order:
  - Gown
  - Mask
  - Protective eyewear
  - Gloves
- When you remove PPE, you do so in this order:
  - Gloves
  - Protective eyewear
  - Gown
  - Mask
- Removing PPE in the proper order helps protect you from contaminating yourself or your uniform.

**GLOVES**

**INSTRUCTION**
- Disposable gloves, usually made of vinyl, nitrite or latex, are meant to be worn once and then discarded.
- They should fit properly and be free of tears or rips.
- Gloves are worn whenever there is a possibility of coming into contact with a person's blood or body fluids, such as when:
  - The person in your care has broken skin.
  - You need to provide care that involves touching the person's mucous membranes.
  - You must handle items or surfaces soiled with blood or body fluids.
- You also wear gloves when there is a break in the skin of your hands.
- You may need to change gloves several times during one procedure to avoid contaminating clean surfaces by touching them with dirty gloves.
- You must always wash your hands after removing gloves and before putting on a new pair.
- When you are finished caring for one person, you always remove and discard your gloves and wash your hands before leaving the room or assisting another person.
- Most facilities do not use latex gloves, since some people are allergic to latex.

(Continued)
If you or the person you are caring for develops skin redness, a rash, hives, itching, a runny nose, sneezing, itchy eyes, a scratchy throat or difficulty breathing while you are providing care using latex gloves, wash the area in contact with the gloves immediately and notify the nurse. In the future, you will need to use disposable gloves made of vinyl or nitrile when providing care.

Remember: Carefully remove and dispose of gloves, avoiding re-contamination of your skin and clothing when performing other skills that require wearing gloves.

### GOWNS

**INSTRUCTION**

- A gown is used to protect clothes and the body from splashes and sprays of blood and body fluids.
- The gown must cover the area from the neck to the knees.
- It is worn only once and then placed in a laundry hamper if made of fabric or thrown away if made of paper.
- If the gown becomes moist or wet, you must change it.

**REFERENCES**

Presentation, Unit 2

### MASKS AND PROTECTIVE EYEWEAR

**INSTRUCTION**

- A mask covers the nose and mouth snugly to protect you from inhaling pathogens into your lungs.
- You may also wear a mask when it is important to protect the person from pathogens you may exhale.
- A mask is used only once and changed any time it becomes moist.
- The person you are caring for may wear a mask to eliminate the spread of infection at the portal of exit.
- The surgical mask is the most common type used; it is effective in providing a barrier through which large droplets cannot pass.
- Another type of mask is a respirator.
  - A respirator is worn when a person is known to have a disease that is caused by very small droplets suspended in the air (called aerosols).
  - A respirator must be specifically fitted to the person who will be wearing it.
- Protective eyewear, which includes goggles or face shields, keeps blood and other body fluids from splashing into the eyes when cleaning items or disposing of fluids.
- Protective eyewear may be reusable or disposable.

**REFERENCES**

Presentation, Unit 2

- A mask covers the nose and mouth snugly to protect you from inhaling pathogens into your lungs.
- You may also wear a mask when it is important to protect the person from pathogens you may exhale.
- A mask is used only once and changed any time it becomes moist.
- The person you are caring for may wear a mask to eliminate the spread of infection at the portal of exit.
- The surgical mask is the most common type used; it is effective in providing a barrier through which large droplets cannot pass.
- Another type of mask is a respirator.
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  - A respirator must be specifically fitted to the person who will be wearing it.
- Protective eyewear, which includes goggles or face shields, keeps blood and other body fluids from splashing into the eyes when cleaning items or disposing of fluids.
- Protective eyewear may be reusable or disposable.

**INSTRUCTION**

Show the video segment, “Using Personal Protective Equipment” (9:30).

**INSTRUCTION**

- Tell students that they will practice using PPE.
- Have students turn to Skill 7-2 in the textbook.
- Review the preparation steps for this skill.
- Demonstrate the procedure for putting on a gown, mask, protective eyewear and gloves; then demonstrate taking off gloves, protective eyewear, gown, and mask, following the steps of the skill exactly as presented.
  - Explain why each step is necessary.
  - Ask for and answer students’ questions.
- Have students break into pairs or small groups and practice the skill.

(Continued)
Observe the practice, guiding students through the skill. Give help when appropriate or when requested.

Have students inform you when they are ready to be evaluated for mastery of the skill.

Observe the student’s performance against Skill Check-Off Sheet 7-2, Using Personal Protective Equipment (PPE).

When finished demonstrating the skill, offer positive feedback about what the student did correctly and make constructive, specific suggestions about changes that are needed.

Sign or initial the state required documentation.

Provide a brief review of the skill practice, emphasizing the importance of using PPE and correcting any misconceptions students may have about the skill.

**TOPIC: ISOLATION PRECAUTIONS**

**STANDARD PRECAUTIONS**

- Standard precautions are precautions that healthcare workers take with every person to protect themselves and others from pathogens that are transmitted in body fluids.
- You must practice standard precautions whenever you come into contact with body fluids even if you think the person in your care is not infected.
- Standard precautions include the following measures:
  - Wear disposable gloves whenever the possibility exists that you could come into contact with blood or other body fluids, broken skin or mucous membranes.
  - Wash your hands and skin surfaces thoroughly and immediately if your skin becomes soiled with blood or other body fluids, or if you have handled potentially soiled items. Also wash your hands after removing gloves and before putting on gloves (an alcohol-based hand rub is acceptable after removing gloves and putting on a new pair).
  - Wear personal protective equipment as indicated by the situation.
  - Handle sharp objects carefully, disposing of them in a sharps container. Never recap a sharp object before disposing of it because you could cut yourself while attempting to re-cap the sharp object.
  - Clean up blood or body fluid spills promptly, using an approved disinfectant or a freshly mixed solution made by adding 1½ cups of bleach to 1 gallon of water.
  - Handle contaminated articles carefully, putting contaminated articles into a puncture-proof, labeled biohazard bag. Place a second (clean) bag over the first if the outside of the first bag may have become contaminated or if a contaminated article could puncture the first bag. You will need a co-worker to assist with this.
  - Practice respiratory hygiene and cough etiquette, taking measures to contain respiratory secretions that can spread infections such as influenza.
Tell students that they will practice handling a plastic trash bag.

Have students turn to Skill 7-3 in the textbook.

Review the preparation steps for this skill.

Demonstrate the procedure for opening a plastic trash bag, closing a used plastic trash bag and double-bagging a bag that is contaminated with body fluids, following the steps of the skill exactly as presented.

- Explain why each step is necessary.
- Explain when you need two trash bags.
- Ask for and answer students’ questions.

Have students break into pairs or small groups and practice the skill.

Observe the practice, guiding students through the skill. Give help when appropriate or when requested.

Have students inform you when they are ready to be evaluated for mastery of the skill.

Observe the student’s performance against Skill Check-Off Sheet 7-3, Handling a Plastic Trash Bag.

When finished demonstrating the skill, offer positive feedback about what the student did correctly and make constructive, specific suggestions about changes that are needed.

Sign or initial the state required documentation.

Provide a brief review of the skill practice, emphasizing the importance of handling plastic trash bags properly to prevent infection transmission and correcting any misconceptions students may have about the skill.

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Transmission-based precautions are additional precautions to prevent the spread of infection to others.

The type of transmission-based precautions used is determined by the primary care provider based on the pathogen and how that pathogen spreads.

When in effect, you will usually put on the appropriate PPE before entering the person’s room.

There are three types of transmission-based precautions: airborne, droplet and contact.

Airborne precautions are used when caring for a person who is known or thought to have an illness that is transmitted through the air, such as tuberculosis or measles.

- Airborne pathogens (pathogens expelled into the air when an infected person breathes, coughs or sneezes) can travel a long distance on air currents and through ventilation systems.
- Airborne precautions include placing the person in a private room and keeping the door closed, wearing a respirator when providing care and having the person wear a mask when they must leave the room.

Droplet precautions are used when caring for a person who is known or thought to have an illness that is transmitted by large droplets in the air, such as a respiratory virus or meningitis.

- These droplets are spread by sneezing, coughing, laughing, singing and talking.
- The droplets do not travel far.
- Droplet precautions are similar to airborne precautions, except a surgical (face) mask can be worn instead of a respirator.

(Continued)
Contact precautions are used when caring for a person who is known or thought to have an illness that can be spread by direct or indirect contact.

- Some types of wound infections and skin infections can be spread in this way.
- Contact precautions include wearing a gown and gloves when providing care, and containing and disposing of contaminated items properly.

When transmission-based precautions are in effect, a sign may be posted outside the person’s room so that all healthcare workers and visitors are aware of the precautions needed.

**TOPIC: BLOODBORNE PATHOGENS AND WORKPLACE SAFETY**

**REFERENCES**
Presentation, Unit 2

Some infections pose particular risk to you as a healthcare worker because of their long-term effects on your health if you become infected.

- Many of the most serious infections healthcare workers may be exposed to are caused by bloodborne pathogens (disease-causing microbes that are in human blood and can cause disease in humans).
- Infection occurs when the blood from an infected person enters the bloodstream of a non-infected person, such as when a needlestick with a contaminated needle occurs or there is a cut caused by broken glass soiled with blood.

You can also become infected through direct contact with another person’s blood if it comes into contact with your eyes, mucous membranes or an area of broken skin on your body.

Bloodborne diseases that pose particular risk to healthcare workers include human immunodeficiency virus infection (HIV), and hepatitis B, C and D.

**INSTRUCTION**

Engage the class in a group discussion about bloodborne pathogens.

- Ask the students what they know about HIV and hepatitis.
- Write their responses on a blank easel pad page.

Correct any misconceptions and emphasize the following points in the discussion:

- HIV is a virus that invades and destroys cells that help fight infection.
  - People infected may look and feel healthy for many years.
  - Eventually, most develop acquired immunodeficiency syndrome (AIDS).
  - Persons with AIDS are unable to fight off infections that healthy persons would be able to resist.
  - Persons usually die from one of these infections or another complication of HIV.
  - Medications are available to help slow the progression of HIV, but there is no cure.
- Hepatitis is an inflammation of the liver.
  - There are many types: hepatitis B, C and D are caused by infection with bloodborne viruses.
  - Chronic infection with hepatitis B, C or D can lead to liver failure, liver cancer and other serious conditions.
  - A vaccine is available to protect against hepatitis B virus (HBV); this vaccine also protects against hepatitis D virus (HDV).
  - There is no vaccine to protect against hepatitis C (HCV).
### BLOODBORNE PATHOGENS STANDARD

#### INSTRUCTION
- You and your employer share the responsibility for protecting you from occupational exposure to bloodborne pathogens.
- Occupational exposure is exposure to disease in the workplace.
- Standard precautions are taken with every person to prevent accidental exposure to blood and other body fluids because you may not know if the person is infected with a bloodborne pathogen or not.
- You must practice standard precautions consistently and correctly to effectively limit your risk for exposure to bloodborne pathogens (and other pathogens) while on the job.
- Your employer also has the responsibility for keeping you safe from bloodborne pathogens by making sure you have the equipment and training you need to lower your risk.
- Standards that employers must follow to keep their employees safe from occupational exposure to bloodborne pathogens are outlined in the Bloodborne Pathogens Standard issued by the Occupational Safety and Health Administration (OSHA).

#### REFERENCES
- Presentation, Unit 2
- OSHA’s Bloodborne Pathogens Standard Fact Sheet

#### Instructor’s Note: Give the students OSHA’s Bloodborne Pathogens Standard fact sheet. To access and print the handout current at the time of publication, visit Instructor’s Corner.

#### Bloodborne Pathogens Standard includes:
- Exposure control plan: A plan that outlines the actions to be taken if an employee is exposed to blood or other potentially infectious materials (OPIM). OPIM includes certain body fluids such as semen, vaginal secretions, saliva in dental procedures and other fluids that contain visible blood.
  - The exposure control plan is reviewed annually.
  - It is made available to all employees in written form.
  - Employees are responsible for reporting exposure incidents so proper follow-up can be provided.
- Proper training: Employers are required to provide training about risks and ways to minimize risks to all who may be exposed on the job, usually during employee orientation and regularly thereafter.
- Proper equipment: Employers are responsible for providing PPE for employee use.
- HBV vaccination: Employers are responsible for supplying HBV vaccination at no cost to employees at risk of exposure to blood; employee may refuse but if employee later decides to accept vaccination, employer must provide it.
- Work practice controls: Employers are responsible for establishing and enforcing procedures for handling contaminated waste, laundry and so on, supplying equipment necessary to follow procedures, and ensuring necessary systems are installed and running to maintain a safe environment.
- Engineering controls: Employers are responsible for making equipment available that limits employees’ risk for needle-stick injuries.
## TOPIC: WRAP-UP

### INSTRUCTION

- Microbes, tiny living things seen only with a microscope, include bacteria, viruses, fungi, yeasts and molds.
- Microbes that cause disease are called pathogens.
- Six requirements must be met for an infection to be passed from one person to another. This is called the chain of infection.
- Infection control measures must be used properly and consistently.
- Microbes that have become resistant to antibiotics used for treatment are referred to as “super-bugs,” such as MRSA, C. diff and VRE.
- Infection control includes hand washing, decontaminating objects and surfaces, using PPE and taking isolation precautions.
- Infection control is one of the six principles of care.
- Isolation precautions include standard precautions and transmission-based precautions.
- You and your employer share the responsibility for keeping you safe from occupational exposure to bloodborne pathogens. Standards that employers must follow are outlined in the Bloodborne Pathogens Standard issued by OSHA.

### INSTRUCTION

Ask the students the following questions as a review, or, as an alternative, review questions at the end of the textbook chapter:

1. What are the two major methods of transmission?
   **Answer:** Transmission can occur through direct contact (close physical contact) or indirect contact through contaminated surfaces or objects.

2. What is another name for healthcare-associated infections?
   **Answer:** Healthcare-associated infections are often referred to as nosocomial infections.

3. Your hands are not visibly soiled. What would you use to clean your hands?
   **Answer:** You may use an alcohol-based hand rub to decontaminate your hands if they are not visibly soiled with dirt or body fluids.

4. What would you use to sterilize an object when caring for a person in the home?
   **Answer:** At home, boiling an object for 20 minutes is an effective means of sterilization.

5. What are the three types of transmission-based precautions?
   **Answer:** The three types of transmission-based precautions are airborne, droplet and contact.

- Ask students if they have any other questions and respond to these questions.

### Instructor’s Note:

Assign reading for next class if at the end of current class session.
The Chain of Infection

1. Pathogen
2. Reservoir
3. Portal of Entry
4. Susceptible Host
5. Method of Transmission
6. Portal of Exit
Hand Washing

**PREPARATION**
- Gathers supplies:
  - Soap
  - Paper towels
  - Orange stick or nail brush (optional)
  - Lotion (optional)
- Removes watch or pushes it up on forearm. If wearing long sleeves, pushes them up.

**PROCEDURE**
- Turns on the water and adjusts the temperature until it is comfortably warm.
- Puts hands under the running water to wet hands and wrists, keeping hands and wrists below the level of elbows.
- Applies soap from the dispenser.
- Rubs hands together vigorously to work up a lather.
- Washes vigorously for at least 20 seconds, paying particular attention to:
  - The wrists (grasps and circles with other hand).
  - The palms and backs of hands.
  - The areas between the fingers.
  - The nails (rubs against the palms of hands, or uses an orange stick or nail brush to clean underneath them).
- Rinses hands and wrists under the running water, keeping hands lower than elbows and the fingertips down.
- Using a clean, dry paper towel, dries hands thoroughly, beginning at the fingertips and moving back toward the elbow. Discards the paper towel in a facility-approved waste container.
- Uses another clean, dry paper towel to turn off the faucets. Discards the paper towel in a facility-approved waste container.
- Exits the hand washing area by pushing the door open with shoulder and hip. If the door has a handle, turns the handle using a paper towel to avoid contaminating clean hands.
- If desired, applies a small amount of hand lotion to prevent chapping and dryness.
# Using Personal Protective Equipment (PPE)

## PREPARATION

- **Gathers supplies:**
  - Gown
  - Mask
  - Protective eyewear
  - Gloves
- **Washes hands.**

## PROCEDURE

### Putting On a Gown
- Slides arms through the armholes, keeping the opening of the gown in the back.
- Fastens the ties at the back of neck and at waist, making sure the edges of the gown overlap so that back is completely covered.

### Putting On a Mask
- Puts the mask over mouth and nose.
- Ties the top strings behind head, then ties the bottom strings or places the elastic loops around ears.
- Adjusts the mask for comfort. If necessary, bends the nose wire to fit.

### Putting On Protective Eyewear
- Places the earpieces over ears or the head band around head and adjusts the fit.

### Putting On Gloves
- Inspects both gloves carefully for tears.
- Puts the gloves on carefully so that they do not tear. Pulls the gloves up over the gown cuffs.

### Taking Off Gloves
- Pinches the palm side of one glove on the outside near wrist.
- Pulls the glove toward fingertips, turning it inside out as pulling it off hand.
- Holds the glove in the palm of the other (still-gloved) hand.
- Carefully slips two fingers under the wrist of the other glove. Avoids touching the outside of the glove.
- Pulls the glove toward fingertips, turning it inside out as pulling it off other hand. The other glove is now contained inside.
- Disposes of the gloves in a facility-approved waste container.
| Taking Off Protective Eyewear | □ □ Touches only the earpieces or the head band.  
□ □ Places the eyewear in the appropriate container for reprocessing or discards it in a facility-approved waste container. |
| --- | --- |
| Taking Off a Gown | □ □ Unties the neck and waist strings.  
□ □ Pulls off one gown sleeve by slipping fingers under the cuff and pulling the sleeve just over fingertips.  
□ □ Grasps the other sleeve with the covered hand and pulls it off.  
□ □ Continues holding that sleeve in covered hand. Grasps the inside of the first shoulder of the gown with uncovered hand and pulls the gown off the shoulder. Continues to bring the gown forward and turn it inside out while pulling it over covered hand.  
□ □ Folds the outer, contaminated surface inward and rolls up the gown.  
□ □ Discards the gown in a facility-approved waste container or places the gown in the laundry hamper, if it is not disposable. |
| Taking Off a Mask | □ □ Unties the bottom strings and then the top strings, or pulls the elastic loop from around one ear and then the other.  
□ □ Holds the mask by the strings and discards it in a facility-approved waste container. |
| COMPLETION | □ □ Washes hands. |
## Handling a Plastic Trash Bag

### PREPARATION
- ☐ ☐ Gathers supplies:
  - ☐ Plastic trash bag(s)

### PROCEDURE

<table>
<thead>
<tr>
<th>Task</th>
<th>☐ ☐</th>
<th>Details</th>
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</table>
| **Opening a Plastic Trash Bag**               | ☐ ☐ | - Opens the plastic trash bag and makes a cuff around the opened edge.  
|                                                | ☐ ☐ | - Puts the opened bag on a clean surface within easy reach of work area. |
| **Closing a Used Plastic Trash Bag**          | ☐ ☐ | - Puts fingers under the cuffed edge of the used plastic trash bag.  
|                                                | ☐ ☐ | - Pulls the cuffed edges together and closes the bag by tying a knot. Touches only the outside of the bag because the inside of the bag is contaminated. |
| **Double-Bagging a Bag That Is Contaminated with Body Fluids** | ☐ ☐ | - Arranges for a co-worker to assist at a certain time.  
|                                                | ☐ ☐ | - Removes the bag from the trash or laundry container inside the person's room, closes it and carries it to the door of the person's room. |
|                                                | ☐ ☐ | - Has co-worker prepare a clean bag by folding down a cuff at the top of the clean bag and labeling the bag “contaminated.” Has co-worker hold the clean bag under the cuff and stand by the doorway. |
|                                                | ☐ ☐ | - Puts the bag with contaminated items into the clean bag that co-worker is holding under the cuff. |
|                                                | ☐ ☐ | - Has co-worker close the outside bag by raising the cuffed area and tying a knot. |
|                                                | ☐ ☐ | - Has co-worker take the bag to the area designated for disposal or laundering of contaminated items. |

### COMPLETION
- ☐ ☐ Washes hands.
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LESSON OBJECTIVES

After completing the session, students should be able to:

- Describe different types of cognitive changes, including age-related memory impairment, mild cognitive impairment, dementia and delirium.
- Describe the course of illness for people with dementia, listing common symptoms that occur in each stage.
- Identify common mental health symptoms often experienced by those with dementia.
- Describe appropriate care measures to meet the needs of people with dementia over the course of the illness.
- Identify the issues specific to caring for those with dementia, including how to manage challenging behaviors.
- Discuss effective communication techniques to use when caring for people with dementia.
- Discuss the needs of those who provide care for those with dementia, including family members and nurse assistants.

GUIDANCE FOR THE INSTRUCTOR

To complete this lesson and meet the lesson objectives, you must:

- Conduct the activity related to memory and memory loss.
- Define cognition.
- Identify the normal age-related changes in cognition.
- Explain mild cognitive impairment.
- Define dementia.
- Discuss the different types of dementia, using the activity related to the different types of dementia.
- Show the video segment, “Personal Perspectives: Making a Difference in the Lives of People with Dementia and Their Families.”
- Describe Alzheimer’s disease as the most common type of dementia, reviewing the changes occurring over time.
- Differentiate dementia from delirium.
- Explain symptoms of dementia in four common areas: memory, communication, using the senses and completing tasks.
- Discuss the common mental health symptoms seen with dementia.
- Identify the challenging behaviors that may be associated with dementia.
- Describe how a nurse assistant can help manage challenging behaviors.
- Conduct the activity related to managing challenging behaviors.
- Emphasize the important elements that the nurse assistant needs to keep in mind when communicating with the person who has dementia.
- Discuss the impact of dementia on all caregivers—family members as well as nurse assistants.
TOPIC: INTRODUCTION

INSTRUCTION

- Engage the students in a discussion, asking them to respond to these five questions:
  - When was the last time that you ate something?
  - What was it that you ate?
  - Based on the weather today, what should you wear when you go outside?
  - What year is it?
  - When you leave here, where are you going?

- Now ask the students what they would do if they could not remember when they last ate and then what problems might this cause.

- Next, ask them what they would do if they thought the year was 2002. Have them address what they would talk about and how they would react if someone told them they were wrong and insisted that they were really in the future?

- Finally, ask the students what they would do if they could not remember where they wanted to go when they got up to go somewhere.

**Instructor’s Note:** Students’ responses will be highly variable but will most likely address what it would be like to experience memory loss, thus allowing them to gain an appreciation of this experience.

INSTRUCTION

- Cognition refers to thinking processes, including memory, reasoning, judgment and language.

- Changes in cognition normally occur with aging due to the gradual loss of brain cells and a decrease in the chemicals that help the brain to work—called age-related memory impairments.
  - Many older people complain of forgetfulness, such as remembering a piece of news but not when or how the person learned of it, misplacing common items, or having a word on the tip of the tongue and not being able to think of it.
  - However, this forgetfulness does not interfere with the ability to carry out activities of daily living.

- Mild cognitive impairment involves problems with memory and thinking noticeable to them and likely others but not severe enough to interfere with performing activities of daily living.
  - These problems are worse than those associated with age-related memory impairment.
  - They are not severe enough to indicate dementia.
  - Some remain stable without experiencing further decline. Regular exercise and control of blood pressure can help prevent progression.
  - All people with this condition are at increased risk for developing dementia.

REFERENCES

Presentation, Unit 4

- Cognition refers to thinking processes, including memory, reasoning, judgment and language.

- Changes in cognition normally occur with aging due to the gradual loss of brain cells and a decrease in the chemicals that help the brain to work—called age-related memory impairments.

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  - These problems are worse than those associated with age-related memory impairment.

  - They are not severe enough to indicate dementia.

  - Some remain stable without experiencing further decline. Regular exercise and control of blood pressure can help prevent progression.

  - All people with this condition are at increased risk for developing dementia.
Dementia is a term used to describe the group of symptoms that occur with a progressive decline in memory and thinking.

It is not a specific disease.

A nurse assistant should know the main types of dementia. They are:
- Alzheimer's disease.
- Vascular dementia.
- Mixed dementia.
- Dementia with Lewy bodies/Parkinson's dementia.
- Frontotemporal dementia.

Although variations exist among the types, they are all similar enough that the only way to tell what type of dementia a person has is by examining the person's brain after death during autopsy.

A person's specific symptoms depend on what areas of the brain are damaged and how much damage there is.

Most forms affect older people.

As brain cells become damaged, the person gradually loses the ability to remember, to think and to use language.

Physical abilities are lost and the person becomes totally dependent on others for care.

There is no cure for dementia.

Medications do help improve symptoms.
- They do not slow the underlying progression or course of the disease.
- They do not cure or modify the disease.

The most common type of dementia is Alzheimer's disease.

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Divide the students into five groups. Assign each group a type of dementia: Alzheimer's disease, vascular dementia, mixed dementia, dementia with Lewy bodies/Parkinson's dementia and frontotemporal dementia.

Using their textbooks, have each group identify the cause, incidence and characteristics for the dementia. Then have each group share their information with the rest of the class. Write their information on a blank easel pad.

**Instructor's Note:** Refer to Table 20-1, Types of Dementia, in the textbook for appropriate responses.

Show the video segment, "Personal Perspectives: Making a Difference in the Lives of People with Dementia and Their Families" (11:37).
ALZHEIMER’S DISEASE

INSTRUCTION

- Alzheimer’s disease produces changes that occur over years as the disease runs its course.
- Typically, Alzheimer’s disease is divided into three stages: early (mild), middle (moderate) and late (severe).
- In the early (mild) stage, changes occur gradually and may not be immediately noticeable to others.
  - The person completes activities of daily living (ADLs) and instrumental activities of daily living (IADLs).
  - When the changes do become noticeable, many misinterpret them as normal changes of aging.
  - Often people are able to cover up their symptoms using social skills.
  - Social interactions become more challenging for the person over time as the person experiences an increasing loss of ability to follow the thread of a conversation and a decreased ability to recognize or remember people.
  - This is often initially characterized by IADL loss—most commonly forgetting to take medications or paying bills.
  - If they drive, they likely are still safe to do this at this stage.
- In the middle (moderate) stage, the person’s symptoms worsen, making it apparent that something is wrong.
  - The person’s perceptions and understanding of the world change significantly.
  - ADLs and IADLs are affected.
  - The person may exhibit personality changes.
  - Safety becomes a priority.
  - Caring for the person at home becomes increasingly difficult for family members and friends, and it becomes necessary to provide additional in-home and community-based supports or consider admission to a more supportive or assisted-living environment. A nursing home admission may be premature.
  - This stage is typically the longest.
- In the late (severe) stage, the person shows significant decline, becoming physically dependent on others for all aspects of care, needing round-the-clock support either at home or in a nursing home.
  - The person is at high risk for complications.
  - Problems with nutrition and fluid balance commonly occur as the person forgets how to swallow.
  - Language skills continue to decline; communication becomes difficult.
  - The person’s physical condition progressively declines. The person can die as a result of infection.
  - Care during the final stage is directed toward promoting comfort at the end of life and supporting a peaceful death including:
    - Routine pain medication for comfort.
    - Laxatives as needed for constipation.
    - Oxygen support to ease breathing.
    - Skin care to prevent pressure injuries.
    - Mechanically altering food and fluids for ease and safety of intake.
    - Discontinuation of weight measurements (weight loss is expected).
    - Respect of advance directives.

REFERENCES

Presentation, Unit 4
TOPIC: **DELIRIUM**

**INSTRUCTION**

- Delirium is a change in cognition that has a rapid onset and is related to chemical changes in the body.
- The changes occur within a few days or even hours.
- Delirium is usually reversible although the person may experience changes in cognition that are permanent.
- Delirium may be the first sign of an infection. Other common causes of delirium include medications and their side effects, lack of fluids, low blood sugar, lack of sleep, constipation, metabolic changes, pain, major health issues (for example, heart attack) and changes in the person’s environment.
- Dementia is the number one underlying risk factor for developing a delirium, and it commonly occurs in people living with a dementia.
- Signs and symptoms include (report them to the nurse immediately):
  - Hallucinations (seeing, feeling or hearing something that is not there).
  - Inability to recognize a familiar person.
  - Extreme restlessness, especially at night.
  - Failure to remember things that happened quite recently.
  - Wandering, even though person knows their way around.
  - Inability to concentrate or follow instructions.
  - Lethargy and display of little movement or activity.
- Delirium in older people is sometimes mistaken for dementia.
- Recognizing and reporting sudden changes in mental status regardless of the person’s baseline level is important because delirium is often a red flag for a pending medical emergency.

**REFERENCES**

Presentation, Unit 4

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TOPIC: **DEMENTIA**

**INSTRUCTION**

- Dementia commonly involves symptoms associated with problems in four areas:
  - Memory (also known as amnesia—Greek for “without memory”)
  - Communication (also known as aphasia—Greek for “without speech”)
  - Senses (also known as agnosia—Greek for “without knowing”)
  - Tasks (also known as apraxia—Greek for “without doing”)
- Understanding the difficulties in these areas and how they change the person’s interpretation of the world will give you a foundation for meeting the challenges that arise when you provide care.

**REFERENCES**

Presentation, Unit 4

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**PROBLEMS WITH MEMORY**

**INSTRUCTION**

- Amnesia is used to describe memory loss.
- Memory loss occurs early in the disease and is often the first symptom noted.
- Short-term memory or memory of recent events is affected due to damage of the hippocampus.
  - The person can remember details of an event that occurred in childhood (long-term memory) but be unable to recall what happened earlier in the day.
  - The hippocampus acts like the “save” button on the computer.
  - Damage results in an inability to save new events properly.

(Continued)
• However, previous events stored when the hippocampus was working are still there.
• As the disease progresses and more of the brain becomes damaged, even earlier memories will disappear.

• The loss of memory causes a great deal of confusion as the person with dementia tries to make sense out of present circumstances.

• Behaviors resulting from memory loss associated with dementia include:
  ○ Asking the same questions over and over.
  ○ Rummaging or searching for “lost items” and accusing others of taking them.
  ○ Being unable to remember the names of familiar people or how the person knows them.
  ○ Constantly trying to find a way back home.
  ○ Searching for deceased loved ones or not remembering that the loved one has died.

• When caring for a person with memory loss from dementia, you need to focus on what the person feels to be true rather than what is really true.

• Validation therapy is a technique that involves accepting and responding to what the person feels to be true.

• It demonstrates respect for the person’s thoughts and feelings and acknowledges what the person feels regardless of the actual truth.

• When using validation therapy techniques:
  ○ Do not tell the person that what they believe is incorrect.
  ○ Acknowledge whatever emotions correspond to that belief.

• Using validation therapy techniques helps to preserve the person’s dignity and sense of self.

PROBLEMS WITH COMMUNICATION

• Aphasia refers to problems with communication resulting from damage to the brain from injury or disease.

• Intelligence is not affected.

• In the early stage of dementia, the person often has problems with communication by having difficulty finding words.

• Language difficulties increase throughout the middle stage of illness with either expressive aphasia or receptive aphasia or both.
  ○ Expressive aphasia refers to the inability to use language to express oneself, verbally or in writing or both.
  ○ Receptive aphasia refers to the inability to understand spoken and written communication from others.

• Expressive aphasia is easy to detect.
  ○ The person may struggle to find the right word, uses the wrong word or sometimes jumbles words together that do not make sense.
  ○ At some point, the person may not be able to use words at all, using only sounds that have the rhythm of normal speech.
  ○ The person may not realize that anything is wrong with their speech.
  ○ You need to watch for the person’s nonverbal cues to understand what they are trying to say.

(Continued)
Receptive aphasia is more difficult to detect because we cannot know how the person is interpreting what we say.

- The person may not be able to follow directions or they get more and more upset the more you talk.
- Using fewer words and more gestures is helpful.
- Although the person may not be able to understand your words, they will understand your tone of voice and respond to it.
- Therefore, you should approach the person in a calm, nonthreatening manner and use a calm tone of voice.

PROBLEMS WITH USING THE SENSES

**INSTRUCTION**

**REFERENCES**

Presentation, Unit 4

- Agnosia is the inability to use the five senses to recognize familiar things or people.
  - The person may not be able to identify an object, such as a key, simply by touch if placed in their hand.
  - A person may hear a truck drive by and become alarmed by the noise because they are unable to recognize it as a truck.
  - A person may not be able to recognize family members or caregivers or even their own face in the mirror.
  - Someone experiencing pain may not be able to recognize what they are feeling as pain.
- Since the person with dementia is not able to recognize familiar things, safety in the environment is an important concern.
  - All safety measures used when caring for a small child should also be used when caring for someone with dementia.
  - However, it is important that you do not treat the person as if they were a child.

PROBLEMS WITH COMPLETING TASKS

**INSTRUCTION**

**REFERENCES**

Presentation, Unit 4

- Apraxia is the inability to perform the steps necessary to complete a task despite having the ability and the desire to perform the task.
- It causes simple and familiar tasks, such as getting dressed or brushing teeth, to become overwhelmingly complex.
- You need to carefully observe what the person can do and only step in to help when it becomes clear that the person has done as much as they can on their own.
- Breaking tasks down into a series of steps is helpful.
  - Give the person simple directions to complete each step.
  - Wait until one step is completed before giving instructions for the next step.
  - Think about how tasks can be simplified.
  - Use adaptive clothing when possible.
  - Offer one food at a time if the person is having difficulty in getting food from the plate to the mouth, recognizing utensils or identifying which items on the table are food.
  - Use hand-over-hand cueing and/or finger foods as appropriate.
# Mental Health Symptoms in Dementia

## People with dementia can experience problems with mental health because of damage that occurs in the brain or because of the stress of trying to cope with a world that is no longer understood.

- Mental health symptoms that may occur with dementia include depression, anxiety, hallucinations, delusions, and paranoia.
- Sometimes, the distress caused by mental health symptoms is so severe that it causes the person to act out in aggressive ways.
- Medications may be helpful, but due to the side effects, they must be used cautiously and only as a last resort.

## Depression

- Depression is characterized by a low or sad mood, loss of interest, and loss of energy and motivation.
- It can easily result as the person struggles to come to terms with the loss of memory and abilities, experiences confusion about surroundings, and loses self-esteem.
- Signs and symptoms include:
  - Sadness, crying.
  - Loss of interest in usual activities.
  - Changes in eating and sleeping patterns.
  - Increased irritability.
  - Anger.

## Anxiety

- Anxiety is intense, exaggerated, and persistent worry about everyday things.
- A person who is anxious may have difficulty concentrating and find it hard to make decisions.
  - The person may be restless or irritable.
  - The person may experience physical symptoms such as digestive problems, headaches, and fatigue.

## Hallucinations and Delusions

- Hallucinations occur when a person sees, hears, tastes, smells, or feels something that does not exist, such as spiders crawling over the bed linens.
- Delusions are fixed false beliefs, such as viewing family members as dangerous intruders.
- If the person cannot understand where they are or what is happening, they may create a story in their mind that helps to make sense of the situation.
- There is no reality base for hallucinations and delusions.
- They are very real to the person experiencing them.
- Telling the person that what they are experiencing or believes is not real will only cause additional frustration and confusion.
### PARANOIA

<table>
<thead>
<tr>
<th>INSTRUCTION</th>
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<tbody>
<tr>
<td>• Common delusions often involve the person feeling threatened with some kind of harm or wrongdoing by others.</td>
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<tr>
<td>• Paranoia is excessive suspicion without cause.</td>
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<tr>
<td>• The person may express fear of caregivers who are attempting to provide personal care or the person may refuse to eat for fear that the food has been poisoned.</td>
</tr>
<tr>
<td>• Arguing or trying to reason with the person to convince them that the threat is not real is not productive.</td>
</tr>
<tr>
<td>• Instead, you should acknowledge any threats the person perceives and try to be helpful in the situation.</td>
</tr>
</tbody>
</table>

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### TOPIC: CHALLENGING BEHAVIORS

<table>
<thead>
<tr>
<th>INSTRUCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Challenging behaviors, which are often associated with middle stage dementia, pose difficulties for caregivers in providing care and in maintaining the safety and well-being of the person and others around them.</td>
</tr>
<tr>
<td>• Sometimes, these behaviors are associated with damage to the brain, but more often they are expressions of fear and frustration that the person is experiencing.</td>
</tr>
<tr>
<td>• Common behaviors seen in people with dementia include wandering and pacing, hoarding, resisting care, inappropriate sexual behaviors and sundowning.</td>
</tr>
<tr>
<td>• Sometimes, a person has an intense emotional and behavioral outburst over a seemingly small event, called a catastrophic reaction.</td>
</tr>
<tr>
<td>• As the person’s language skills decline, the behaviors become the way the person expresses their needs, wants or feelings.</td>
</tr>
<tr>
<td>• You must carefully observe the person’s behavior and the circumstances to figure out what the person is trying to tell you.</td>
</tr>
<tr>
<td>• First, you will try to identify the trigger or what sparked the behavior.</td>
</tr>
<tr>
<td>• Then you can take steps to eliminate or minimize the behavior.</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>INSTRUCTOR'S NOTE: Give students Student Handout 20-1, Challenging Behaviors.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Divide the students into five groups. Have each group select one of the five scenarios from the handout.</td>
</tr>
<tr>
<td>• Ask each group to do the following: identify the behavior being demonstrated and discuss how they would help the person, including how they would modify their care for that behavior.</td>
</tr>
<tr>
<td>• Have each group share their information with the rest of the class.</td>
</tr>
</tbody>
</table>

**Instructor's Note:** The scenarios on the student handout address the following behaviors:

- Scenario 1—wandering and pacing
- Scenario 2—hoarding
- Scenario 3—resisting care
- Scenario 4—inappropriate sexual behavior
- Scenario 5—sundowning

**Refer to Table 20-4, Challenging Behaviors, in the textbook for appropriate responses.**
### Identifying Triggers

**Instruction**
- The first step to identifying the behavioral trigger is to gather facts.
  - Focus on the actual facts you observe.
  - Do not jump to conclusions about what you think might be happening.
  - Note exactly what you saw and heard, where it occurred, who else was with the person and what activity was happening at the time of the incident.
  - Review this information each time the behavior occurs to detect a possible pattern that reveals what sparks the behavior.

**Instructor’s Note:** Give students Student Handout 20-2, Questions for Identifying Triggers.

- Pain is often a trigger and should not be overlooked.
  - A person with dementia may not be able to report pain.
  - Thus, the person may express the pain felt through behavior.
  - Personal care activities involve a fair amount of movement that could increase a person’s pain.
  - You may be a common target for behavioral outbursts since you are the staff member most often involved with assisting with personal care.
  - If you note this occurrence, you should report your observations to the nurse so that a proper pain assessment can be completed and an appropriate pain management plan can be developed.

- Once a suspected trigger is identified, care approaches should be planned to eliminate or minimize the trigger, thus eliminating or minimizing the challenging behavior.

- Everyone providing care to the person needs to know what the trigger is, what approaches to use and how to use them.

- You need to report back to the nurse what approaches did and did not work to ensure that the care plan is up to date.

### Responding to Aggressive Behaviors

**Instruction**
- Dementia can cause a person to act in an aggressive or combative manner with the person possibly assaulting you physically or verbally.

- This behavior may be the person’s way of communicating fear, frustration, pain or an unmet physical need.

- If the person becomes aggressive while you are providing care:
  - Stop what you are doing.
  - Take a step back from the person to maintain your safety.
  - Refocus on the person.
  - Alter your approach to restore calm.
  - Respond with concern and comfort.
  - Distract the person with another activity or change the topic and tone of the conversation to one that is pleasant.

- If you still feel threatened after taking a step back and your efforts to calm the person are unsuccessful, ensure the person’s safety, leave the area and report your observations to the nurse.

- It is NEVER acceptable to respond in kind to aggressive behavior.
If you know a person is likely to display aggressive behavior with certain care activities, you should use the buddy system and arrange for help from a co-worker.

Reporting any incident of violence or aggression and completing an incident report per your employer’s policy is extremely important.

Doing so will allow other members of the healthcare team to perform assessments and follow up as necessary to help minimize this type of behavior in the future.

**TOPIC: COMMUNICATION**

**INSTRUCTION**

- Making a connection with a person for whom you are providing care leads to successful care.
- Good communication is the starting point.
- You need to keep in mind the effects of dementia on the person’s abilities and maintain an awareness of the person’s mood and their individual qualities.
  - Focus on the person rather than the task.
  - Try being social first, rather than clinical.
  - Minimize distractions.
  - Adjust the lighting.
  - Announce yourself before touching the person.
  - Face the person directly, and speak slowly and clearly using simple words.
  - Use simple, direct, positively worded sentences.
  - Use gestures to help convey your meaning.

**TOPIC: CAREGIVER NEEDS**

**INSTRUCTION**

- Providing care to a person with dementia is very difficult.
- As the illness progresses, the person becomes increasingly dependent on others, having increasing difficulty communicating their needs and wants.
- The caregiver also must come up with creative ways to encourage the person to cooperate with care to keep the person safe.
- This puts an enormous amount of stress on the caregiver and requires huge amounts of physical and emotional energy.
- The constant stress of caregiving can negatively impact the caregiver’s ability to cope with the challenging behaviors of dementia, leading the caregiver to respond with anger or impatience.
- Additional problems may be triggered, such as abuse.
Most people with dementia are cared for initially at home, requiring the support of family members 24 hours a day, 7 days a week.

This places a great deal of responsibility on family members and can disrupt family routines and relationships.

Family members tend to focus on the person’s needs, rather than their own needs and those of the family.

Caregivers need respite care, periodic breaks from their caregiving responsibilities to care for their own physical and emotional needs.

Family members continue to carry a tremendous burden even after a person with dementia is admitted to a nursing home for care.

Due to its progressive nature, the disease robs the person of memories, abilities and personality; family members must cope with the gradual disappearance of the person they have known and loved.

You can help the family members by:
- Encouraging family members to have at least one thing each day that they can look forward to for themselves, and to arrange for a break from their caregiving responsibilities at least once per week.
- Reassuring family members that the person’s needs will be met, even when they are not there.
- Putting family members in touch with other members of the healthcare team (such as a social worker or chaplain) who are knowledgeable about resources to help the family, such as support groups.
- Providing family members, as appropriate, with information about their loved one’s daily life.
- Suggesting activities that family members can do together, such as taking a walk, looking at pictures in a book or singing songs.
- Helping them learn how to communicate without using questions that rely on short-term memory, or that result in arguing, correcting or disagreeing with the person.

Nurse assistants who work in facilities that provide care for persons with dementia are faced with caring for multiple people with dementia at the same time.

- People with dementia need constant supervision and frequent redirection.
- Meeting physical care needs is often difficult because of challenging behaviors.
- Nurse assistants also often feel burdened by their workload, feeling like there is never enough help to get the job done.
- In addition, many nurse assistants are not only caregivers at work, but care for children or other family members when off duty.
- Like family caregivers, nurse assistants also fall victim to the physical and emotional toll of care.

When working with persons who have dementia:
- Know your limits. Stay alert and recognize when to ask for help so that you do not end up in a situation where you are overwhelmed.
- Be alert for possible signs of stress in your fellow co-workers. You can help relieve some of that stress by stepping in to assist.
- Try to find ways of successfully coping with your own stress as well, such as with activities like exercising, listening to music, getting together with friends or engaging in hobbies. Find something enjoyable that fits your lifestyle.

The important thing is to find what works and commit to it so you can function at your best whether you are caring for people at work or caring for your family at home.
### INSTRUCTION

<table>
<thead>
<tr>
<th>Topic: <strong>WRAP-UP</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cognition involves thinking processes including memory, reasoning, judgment and language.</strong></td>
</tr>
<tr>
<td><strong>Aging leads to a gradual loss in brain cells and a decrease in the chemicals that help the brain work, making it more difficult to remember or recall things.</strong></td>
</tr>
<tr>
<td><strong>Dementia refers to a group of symptoms that occur with a progressive decline in memory and thinking.</strong></td>
</tr>
<tr>
<td><strong>Alzheimer's disease is the most common type of dementia.</strong></td>
</tr>
<tr>
<td><strong>Dementia commonly involves problems with memory, communication, senses and tasks.</strong></td>
</tr>
<tr>
<td><strong>Common mental health symptoms associated with dementia include depression, anxiety, hallucinations, delusions and paranoia.</strong></td>
</tr>
<tr>
<td><strong>Behaviors commonly seen in people with dementia include wandering and pacing, hoarding, resisting care, inappropriate sexual behaviors and sundowning.</strong></td>
</tr>
<tr>
<td><strong>A catastrophic reaction occurs when a person has an intense emotional and behavioral outburst over a seemingly small event.</strong></td>
</tr>
<tr>
<td><strong>With a decline in language skills, behaviors become the way the person expresses their wants, needs or feelings. Identifying the triggers to challenging behaviors is the first step to minimize or eliminate the behaviors.</strong></td>
</tr>
<tr>
<td><strong>Caring for people with dementia is often difficult and stressful. Caregivers need respite from their caregiving responsibilities to care for their own physical and emotional needs.</strong></td>
</tr>
</tbody>
</table>

### INSTRUCTION

<table>
<thead>
<tr>
<th>Ask the students the following questions as a review, or, as an alternative, review questions at the end of the textbook chapter:</th>
</tr>
</thead>
</table>
| **1. What is meant by the term mild cognitive impairment?**  
**Answer:** Mild cognitive impairment involves problems with memory and thinking that are noticeable to others but are not severe enough to interfere with daily life. |
| **2. How is delirium different from dementia?**  
**Answer:** Delirium has a rapid onset and usually is reversible. Dementia has a gradual onset and is progressive. |
| **3. What might lead you to suspect that a person with dementia has expressive aphasia?**  
**Answer:** Expressive aphasia is easy to detect from the person’s verbal expressions. The person may struggle to find the right word, use wrong words or jumble words together that do not make sense. At some point, the person may not be able to use words at all, using only sounds for verbalization. |
| **4. What are delusions?**  
**Answer:** Delusions are fixed, false beliefs. |
| **5. When would it be appropriate to “respond in kind” to a person exhibiting aggressive behavior resulting from dementia?**  
**Answer:** It is never acceptable to “respond in kind” to aggressive behavior, but you must take steps to keep yourself safe and to minimize this type of behavior. |

### Instructor’s Note:

Assign reading for next class if at the end of current class session.
Challenging Behaviors

Scenario 1
Mrs. Brown walked toward the exit at the end of the hall, but turned suddenly and began walking in the opposite direction. She turned again to her left and started down another hallway only to turn around and come back to where she started and start over.

Scenario 2
You walk by Mr. Bheda's room and see Mr. Bheda going through his dresser drawer. When you ask him what he is doing, you notice numerous food items and linens stashed in the drawer. Mr. Bheda tells you that he was looking for something.

Scenario 3
This morning when you go into Mrs. Chen's room to start her bath, she's sitting in her chair wringing her hands. She appears nervous and jumpy and is talking softly to herself. As you begin to help her with her morning care, she starts to shout and scream at you and tells you to "get out of my house."

Scenario 4
Mr. Martin, who has been quiet in most of the scheduled activities, grabbed the buttocks of several women during the dance lesson today, and then he grabbed the breast of one of the nurse assistants.

Scenario 5
At 6 p.m. Mrs. Nafisi goes to the nurses' station and asks when the next bus leaves the station. She is wringing her hands and crying, saying that she knows the bus left without her.
### Questions for Identifying Triggers

<table>
<thead>
<tr>
<th>Cognitive losses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Are problems with memory, communication, recognition of people or objects, or difficulties performing tasks involved with the behaviors?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental health symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Does the person show signs of depression or anxiety (anger, irritability, withdrawal, tearfulness, constant worry)?</td>
</tr>
<tr>
<td>• Does the person show evidence of hallucinations (seeing, hearing, tasting, smelling or feeling something that is not there) or delusions (false beliefs or suspicions about others) that are upsetting?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical conditions</th>
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</thead>
<tbody>
<tr>
<td>• Is the person hungry, thirsty or do they need to use the toilet?</td>
</tr>
<tr>
<td>• Does the person show any verbal or nonverbal signs of pain?</td>
</tr>
<tr>
<td>• Are there symptoms of an underlying medical condition (for example, fever, swelling)?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Past personal history</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Does the person try to act out past life roles or usual habits?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Is the person too hot or too cold, or wearing ill-fitting or otherwise uncomfortable clothes?</td>
</tr>
<tr>
<td>• Is the setting too bright, too dark, too noisy or too quiet for the person's comfort?</td>
</tr>
<tr>
<td>• Is there too much going on around the person or is the person bored?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other people</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Does the person react negatively to your tone of voice? Manner of touch? Close physical presence?</td>
</tr>
<tr>
<td>• Does the person react negatively only in the presence of one person in particular?</td>
</tr>
</tbody>
</table>
This page left intentionally blank.
Instructor’s Note: The time allotted to this lesson can be increased to suit the needs of your students and program. Additional resources to support this lesson are available on Instructor’s Corner. You might also consider inviting a guest speaker, such as a practicing nurse assistant or a charge nurse, to speak to the class.

LESSON OBJECTIVES

After completing the session, students should be able to:

- Describe basic expectations employers have for those wishing to be employed as nurse assistants.
- Describe the ways a nurse assistant can manage violence and harassment in the workplace.
- Describe the interpersonal skills a nurse assistant can use to manage difficult situations at work and contribute to a healthy work environment.
- Describe how to manage their time and prioritize their responsibilities.
- Describe the importance of caring for themselves, as well as others.
- Describe opportunities for career development and advancement for nurse assistants.

GUIDANCE FOR THE INSTRUCTOR

To complete this lesson and meet the lesson objectives, you must:

- Identify the basic expectations of employers, emphasizing adherence to employer policies and maintaining current certification.
- Explain the risk for violence in the workplace as a reality.
- Discuss the nurse assistant’s role in preventing workplace violence, including how to respond to and manage another person’s anger, aggressive behavior or harassment.
- Show the video segment, “Responding to Aggressive Behavior” and initiate a class discussion about it.
- Review measures for how a nurse assistant can contribute to a positive work environment.
- Discuss ways that a nurse assistant can manage feelings of anger.
- Explain the guidelines for resolving conflicts.
- Emphasize the importance and use of assertive communication.
- Show the video segment, “Using Interpersonal Skills” and initiate a class discussion about it.
- Conduct the activity related to time management skills.
- Explain the role of time management both in the workplace and in one’s personal life, including the need for scheduling and working as a team.
- Identify ways that a nurse assistant can stay physically and mentally healthy.
- Discuss the importance of lifelong learning and possibilities for professional growth.
- Outline the steps for leaving a job.
TOPIC: **INTRODUCTION**

**INSTRUCTION**

- To be successful in the workplace, you need to learn about and adhere to your employer's policies.
  - Specific policies are identified during your employee orientation.
  - Most employers have common basic expectations for employees.

**Instructor’s Note:** Give students Student Handout 25-1, General Employer Expectations.

- You also need to keep your nurse assistant certification up-to-date.
  - States have varying renewal requirements.
  - Commonly, you need the following documents and information to renew your certification:
    - Proof of employment
    - Proof of completion of in-service requirements (at least 12 hours of in-service training based on OBRA requirements)
    - Renewal fee
    - Completed application

**Instructor’s Note:** Review your state’s renewal requirements with students, and explain to them how the renewal process works.

TOPIC: **VIOLENCE AND HARRASSMENT IN THE WORKPLACE**

**INSTRUCTION**

- The risk for experiencing violence or aggressive behavior in the workplace is a reality for nurse assistants and other healthcare workers.
- Harassment by fellow employees, although less common, can also occur on the job.
VIOLENCE IN THE WORKPLACE

INSTRUCTION

- You may care for people who display violent or aggressive behavior toward you, such as hitting, kicking, slapping, spitting, biting, or making verbal threats or offensive statements.
- It is never acceptable for you to respond with violence or to cause a person harm.
- However, you are not expected to tolerate violence or abuse on the job.
- The Occupational Safety and Health Administration (OSHA) recommends that employers establish violence-prevention programs to provide training and establish protocols for preventing and responding to inappropriate conduct.
- You can contribute to the success of workplace violence programs by:
  - Following your employer’s policy for reporting incidents.
  - Communicating with other members of the healthcare team.
  - Attending violence-prevention training offered by the employer.
  - Being on the alert for warning signs (behaviors and evidence of increasing anger) in those around you.
  - Knowing ways to respond to another person’s anger or aggression.

Instructor’s Note: Have students open their textbooks and refer to Box 25-1, How to Respond to and Manage Another Person’s Anger or Aggressive Behavior.

INSTRUCTION

- Tell students that they are about to see a video segment that shows a situation that is very common for nurse assistants.
- Show the video segment, “Responding to Aggressive Behavior” (2:50).
- Initiate a class discussion around the following questions:
  - If you were Sarah, how would you have responded to Mr. Stewart’s aggressive behavior?
  - What might have been some of the underlying causes of Mr. Stewart’s aggressive behavior?
  - Do you think there is anything Sarah could have done differently, before the situation escalated and Mr. Stewart became physically aggressive?

HARASSMENT

INSTRUCTION

- Harassment is ongoing behavior that causes significant distress to another person, and is done deliberately and repeatedly to frighten or distress the person.
- It can be verbal or physical, for example, unwanted sexual advances or comments; comments about one’s gender, race, sexual orientation, culture, religious beliefs or other unique traits; or discriminating against a person because of the person’s unique traits.
- If you feel you are being harassed, you should inform the person directly that the action is unwelcome and must stop; you should bring the matter to the attention of your supervisor, the human resources department, or both.

REFERENCES

Presentation, Unit 5
Textbook, Chapter 25
### TOPIC: POSITIVE WORK ENVIRONMENT

**INSTRUCTION**

- Working in healthcare can be stressful. There will be multiple demands on your time, and it can be challenging to balance all of your responsibilities and make sure that everyone’s needs are met. In addition, healthcare is a people-focused profession, where emotions can be very strong.

- A positive work environment is one where staff members support each other and feel supported.

- Every employee can contribute to a positive work environment.

- To succeed in the workplace and help contribute to a positive work environment, you must know how to manage stress and other strong emotions, such as anger, and have strong interpersonal skills including skills related to resolving conflicts and advocating for yourself and others.
  - Support your co-workers, being willing to pitch in to help others when needed.
  - Use good communication skills.
  - Treat everyone courteously.
  - Smile!
  - Avoid gossip.
  - Refrain from being absent from work unless you are really unable to attend due to illness or a family emergency.

**Instructor’s Note:** You may reference Box 25-2, Nurse Assistant DOs and DON'Ts: Contributing to a Positive Work Environment, *in the textbook.*

### MANAGING ANGRY FEELINGS

**INSTRUCTION**

- Anger is a natural human response to stress, neither better nor worse than any other human emotion, and is often accompanied by physical symptoms.

- It is important to know how to handle anger to succeed in your job.
  - You need to look at why a person might be saying or behaving in a way that causes you to feel angry, such as the behavior being a part of the disease process that cannot be helped.
  - Co-workers and other staff members may also be a source for your anger, such as when members do not treat you with dignity and respect.
  - Stress also makes people less tolerant and they can become angry more easily.

- The natural response to being treated badly or unfairly is anger. If unchecked, it can cause you to say or do something that you will regret.

- To prevent this:
  - Take deep breaths.
  - Try to regain control of your emotions.
  - Think about reasons why the person may be acting in this way.
  - Try to practice empathy.
  - If necessary, remove yourself from the situation until you regain control, ensuring the person’s safety if the situation involves a person in your care.
Conflict or disagreements can arise when two people have differing viewpoints. Conflicts may arise between staff members, between a staff member and a person in their care or the family, or between two people receiving care. Regardless of the parties involved, conflict always has a negative impact in the workplace. Resolving the conflict as quickly as possible and directly confronting the source of the conflict are best. Confrontation does not mean attacking the other person but instead involves making statements that express how the other person’s behavior affects you. Guidelines for managing conflict include:

- Asking to speak with the person privately.
- Avoiding accusatory language that assigns blame to the other person.
- Allowing the other person to express their feelings about the situation and trying to understand that person’s viewpoint.
- Asking the other person to work with you to find a solution.
- Understanding that sometimes you have to “agree to disagree” to move forward.
- Apologizing for any role you may have played in the conflict.
- Seeking help from a supervisor if it is impossible to resolve the conflict on your own.

**Instructor’s Note:** You may reference Box 25-3, Nurse Assistant DOs and DON'Ts: Resolving Conflict, in the textbook.

The ability to be assertive is another important interpersonal skill to practice in the workplace. This skill involves your ability to make your needs and feelings known in a respectful and direct way while still respecting the needs and feelings of others. This is in contrast to an aggressive person, who comes across as threatening or bullying, or to a passive or passive-aggressive person who fails to communicate their needs and feelings at all and instead becomes stressed, resentful or angry about the situation.

- A passive person internalizes their anger and dissatisfaction.
- A passive-aggressive person internalizes their anger and dissatisfaction and also may act out in inappropriate ways, such as by making sarcastic comments.

When using assertive communication skills, what you say is as important as how you say it.

- Speak confidently but without aggression or blame.
- Maintain a pleasant facial expression.
- Acknowledge that you understand the situation and the other person’s point of view.
- Explain your view or position using “I” statements.
- Try to offer a suggestion for reaching a solution.

Being assertive helps reduce stress as well as gain the respect of others. Speaking up for yourself is important to protect yourself, those in your care and even your employer. It’s important to know how to respond if someone is pushing you to do something you are not comfortable doing.

(Continued)
For example, suppose another staff member asks you to do a procedure that you are not legally allowed to do or that you have never done before.

You may not be comfortable denying the person's request, especially if the person is senior to you in the organization.

However, to protect yourself, the person in your care and even your employer, it is important for you to speak up in a respectful manner and tell the person that you cannot do the task or that you are uncomfortable doing the task and explain why.

**INSTRUCTION**

- Tell students that they are about to see a video segment that shows an interaction between two co-workers.
- Show the video segment, “Using Interpersonal Skills” (1:06).
- Initiate a class discussion around the following questions:
  - After Bill denies her request to cover one of her shifts, Whitney is clearly angry with him. How is she showing this anger? How could Whitney's anger toward Bill affect their working relationship, and consequently, the quality of care provided on the unit?
  - What tips would you have for Whitney for resolving her angry feelings toward Bill and “clearing the air” so that they can have a productive working relationship again?
  - Is there a way Bill could have responded to Whitney's initial request for help covering her shift that may have prevented this conflict from ever arising?

**INSTRUCTION**

Optional

**REFERENCES**

Student Handout 25-2

Give students Student Handout 25-2, Assertiveness Survey.

Tell students that they are going to have the opportunity to evaluate their assertiveness.

Write the following point system on an easel pad page:

- 1 point for *almost always*
- 2 points for *sometimes*
- 3 points for *never*

Tell students to follow along as you read a series of statements to them, and they should assign themselves the appropriate number of points based on how often they do that particular thing (*almost always, sometimes, never*). Tell students to write down the points so that they can add them up at the end of the exercise. Read each statement below aloud to the students:

  - I talk about my real feelings when I’m upset.
  - When there are many demands on my time, I say "no" to things that I do not have the time to do without feeling guilty.
  - I tell people when I’m angry.
  - I ask for what I want or need.
  - I ask questions if I don’t fully understand what someone is telling me.
  - I say how I really feel even when I know my friends disagree.
  - When I disagree with someone, I try not to make that person feel bad.
  - When people hurt me, I let them know how I feel.
  - I look for solutions to problems instead of just complaining.

Ask the students to add up the number of 1’s they have. This total is their assertiveness level. Write the following scale on an easel pad page for the students to see:

- 0 to 4 points: *not enough practice*
- 5 to 8 points: *doing OK; could use some practice*
- 9 to 10 points: *doing well; keep practicing*

Tell students that most people have scores of less than 5, but with practice, it is possible to become more assertive.

Remind students that assertive communication skills will help them to communicate their needs and feelings in a direct way, while still respecting the needs and feelings of others.

*(Continued)*
Ask students to call out tips for practicing assertive communication, and write down their responses on an easel pad page. Possible responses include:

- Use sentences that begin with “I.”
- Speak up and state what you need or want.
- Use assertive body language, such as standing up straight and looking the person directly in the eyes. Maintain a pleasant facial expression.
- Say “no” and repeat it if needed. In a work setting, explain why you cannot honor a person’s request (for example, “I’m not trained in that skill” or “I have to leave right at 3 to pick up my daughter from school”).
- Acknowledge the other person’s point of view and try to find a solution to their problem.

**TOPIC:** TIME MANAGEMENT

**INSTRUCTION**

- Moving from the role of student to employee involves greater responsibility.
- A smooth transition occurs if you know how to:
  - Plan your time using critical thinking skills to assess situations.
  - Balance your scheduling needs and the needs of the people in your care.
  - Stay in control of your time.

**REFERENCE**

Presentation, Unit 5

**USING CRITICAL THINKING SKILLS**

**INSTRUCTION**

- Critical thinking is a five-step process that involves:
  - Identifying the problem.
  - Listing alternatives for solutions.
  - Listing the pros and cons of each alternative.
  - Deciding on the solution.
  - Evaluating if the problem is solved.

- Critical thinking skills allow you to solve problems that may arise because each person in your care and each situation are unique.

**REFERENCE**

Presentation, Unit 5

**DEVELOPING TIME MANAGEMENT SKILLS**

**INSTRUCTION**

- Give students Student Handout 25-3, Time Management Checklist, and ask them to complete the checklist.
- After they have completed the checklist, have them look at the statements where they checked “Yes.” Tell them that these are the areas where they are already practicing good time management skills.
- Then have the students look at the statements where they checked “No.” Tell them that these are areas that they will want to work on to improve their time management skills.

**REFERENCE**

Student Handout 25-3

**TIME MANAGEMENT IN YOUR PERSONAL LIFE**

**INSTRUCTION**

- Time management is one of the most challenging tasks you face as a busy adult.
- Good time management skills are essential in helping you keep your job and reduce stress levels.
- To help manage your time effectively, use the following strategies:
  - Plan ahead for each day, prioritizing the things you must accomplish each day. Allow a realistic amount of time to complete each item.

(Continued)
TIME MANAGEMENT IN YOUR WORK LIFE

**INSTRUCTION**

- You have many tasks to complete and details to remember every day at your new job.
- The first step is to create a schedule to guide you through the day.
  - Find out how many people are in your care and who they are.
  - Learn about any prescheduled activities or treatments, noting daily tasks that need to be done at specific times, daily tasks that need to be done but have no set time, special things that have to be done or considered that day, and your assigned break and lunch times.
  - Think about the order in which you have to do things and write down a tentative schedule.
  - After finishing your schedule, put a star next to each task that must be done at a specific time and then prioritize the remaining tasks by marking the most important ones.
- Working in a healthcare setting is much like traveling by car; that is, no matter how well you map out your trip, detours are bound to arise.
- Making a schedule, however, is an important tool that reminds you of what you have to do, when you must do it and which things are most important to accomplish.
- Teamwork is essential in healthcare.
  - Two people often can accomplish a task more quickly and more safely than one person can.
  - You should try to accommodate a co-worker’s requests for help as much as your schedule allows.
  - If an assignment seems too risky to handle alone or too time-consuming for you to be thorough, you need to discuss this problem with your supervisor.
  - Sharing information with your supervisor and other healthcare team members helps the healthcare team work well together so that everyone can enjoy a sense of satisfaction from a job well done.
- Sometimes, unplanned events occur that can be handled by taking charge of your time from the beginning.
- If you communicate your plans clearly to the person in your care, you may lessen the number of unplanned events during the day.
- To communicate your message clearly and hopefully save time:
  - Be relaxed when you assist a person, even on a very busy day, because if you seem to be hurried and stressed, the person also may become stressed, which may require you to spend more time with the person.
  - Use touch, if acceptable to the person, to reassure and comfort them while you provide care.

(Continued)
Take time to speak with the person and really listen to what they have to say, showing
the person that you are available, thereby reducing their anxiety and perhaps even
saving you time in the long run.

Always ask if there is anything else the person needs before you leave.

• If co-workers place demands on your time, remember the following:
  • Use assertive communication.
  • Review your schedule and think about where you might be able to rearrange some of
    your responsibilities to help your co-worker.
  • If not possible, tell your co-worker you are not available to help and why, and offer
    another solution to the problem if possible.

**INSTRUCTION**

Optional

**REFERENCES**

Student
Handout 25-4

Divide the students into three groups.

Tell them that they are going to (1) prioritize assignments and (2) schedule an imaginary
nurse assistant’s shift.

Ask each group to select a reporter.

Give students Student Handout 25-4, Miguel’s Day. This handout describes the needs of
five residents who will be in Miguel’s care today during a 7 a.m to 3 p.m. shift.

Give each team an easel pad page and ask them to create a schedule for Miguel’s shift.

Suggest that it might be helpful to schedule inflexible tasks and activities first and then to fit
in other assignments that must be done, but not at a specific time.

Have the students complete as much of the schedule as possible.

After 30 minutes, have the groups report on the schedule they have created.

Compare and contrast how the tasks have been prioritized by each team and offer
feedback.

Lead a discussion about the process students have been through by asking them the
following questions:
  • What was difficult about creating this schedule?
  • What criteria did you use to begin scheduling your assignments?
  • What sorts of things could happen that could keep Miguel from completing his
    assignments the way he had planned?
  • What tactics could Miguel use to make sure he accomplishes what he needs to
    accomplish for the day, on time?

**TOPIC: SELF-CARE**

**INSTRUCTION**

• At work you are responsible for taking care of others.

• In your personal life, you may also be responsible for caring for others, such as children or
  your own aging parents.

• Meeting personal needs can be difficult when you are so busy meeting the needs of others.

• To do the best for the others in your life, you must take care of yourself, too.

• To maintain your physical health:
  • Get enough sleep.
  • Eat a healthy diet.
  • Incorporate exercise into your life.
  • Avoid habits that can harm your health such as smoking, excessive alcohol use or the
    inappropriate use of drugs (legal and illegal). If you have one of these habits, take steps
    to break it. Acknowledging the problem is the first step in solving the problem and
developing new, healthier habits.
- Practice preventive healthcare, including yearly visits to your primary care provider with routine physical examinations and screening tests; keep your immunizations current and visit your dentist twice yearly for routine teeth cleaning and a dental exam.

- To maintain your mental health, you need to find ways of managing stress such as engaging in prayer, meditation or a physical activity; enjoying a hobby or spending time with friends; or others you enjoy keeping company with.

- It is important to make time for yourself to help you relax and recharge so that you are better able to handle stressful situations when they arise.

- You should talk to your supervisor if stress becomes too great and you find your usual methods of managing stress are not working.

- Many employers have stress management or employee assistance programs to help employees manage stress in their lives.

**TOPIC: CAREER DEVELOPMENT**

- On completing this course, you will have learned the basic skills and techniques needed to become a certified nurse assistant.

- Your training does not end, however, because you will have the chance to learn new skills, new methods of providing care and new reasons for doing things a certain way.

- You must keep up to date with new information and incorporate this information into your practice, making every effort to continuously increase your knowledge.
  - Ask the nurse about new techniques or equipment that you see being used or for more information about specific disorders.
  - Become a member of professional organizations for nurse assistants such as the National Network of Career Nursing Assistants (NNCNA) or the National Association of Health Care Assistants (NAHCA) to stay on top of new developments affecting the profession.

- Your training as a nurse assistant is excellent preparation for other careers in the healthcare field, such as becoming a licensed nurse or registered nurse, or receiving training in an emerging role, for example, a patient care technician or medication aide.

- You may also decide to pursue another career in healthcare that is not related to nursing.

**LEAVING A JOB**

- You will likely hold many jobs over the course of your career.

- When you decide to leave a job, you should speak with your supervisor first about your intention to leave and let them know when your last day will be. Typically, it is courteous to give an employer a minimum of 2 weeks’ notice. Then:
  - Submit a formal resignation letter thanking your employer for the opportunity to work at the organization and stating your intention to end your employment and your intended last day.
  - Attend an exit interview, if required by your employer to help the employer understand the reason for leaving.
  - Be honest about your reasons but try to avoid speaking negatively or in an accusing way about the organization, your supervisor or co-workers.

- You may take a job in a state that is different from the state that issued your nurse assistant certification. In many cases, your certification will be valid in other states. (This is called reciprocity.) However, some states may require you to obtain more hours of training before you can work as a nurse assistant in that state. You can check with the state agency that manages nurse assistant certification and maintains the nurse assistant registry to find out what requirements must be met so that you can work as a nurse assistant in that state.
Most employers have common basic expectations for employees, such as showing up on time and being ready to work, taking breaks only when assigned, following directions and completing tasks, and reporting incidents of violence, abuse, harassment, possession of weapons or illegal drugs, intoxication and theft.

Keeping your nurse assistant certification up to date is essential for keeping your job.

If a person in your care is violent or aggressive, it is never acceptable for a nurse assistant to respond with violence or cause a person harm.

Nurse assistants contribute to a positive work environment by knowing how to manage stress and having strong interpersonal skills.

When conflicts arise, it is best to confront the source of the conflict directly and resolve it as quickly as possible.

Assertive communication is an interpersonal skill that allows a person to make their needs and feelings known in a direct manner while still respecting the needs and feelings of others.

Time management requires planning your time by using critical thinking skills, balancing your scheduling needs and the needs of those in your care, and staying in control of your time.

A nurse assistant must make time to care for themselves to stay physically and mentally healthy.

A nurse assistant is engaged in lifelong learning, with opportunities for professional growth.

By deciding to enter the healthcare field, particularly in the role of nurse assistant, you have made a choice to make a career out of helping others—a wonderful and rewarding choice.

Instructor's Note: Provide information regarding the final exam and answer any questions students may have about the exam. You may also choose to provide information about upcoming clinical rotation and/or any review days scheduled.
General Employer Expectations

- Show up on time and ready to work.
- Dress appropriately for work.
- If you will not be at work, call your supervisor or the designated person as soon as you know that you will not be coming in—at least 2 hours before your shift begins.
- Report to your supervisor when you arrive for work at the beginning of your shift so you can be updated on any new changes.
- Report to your supervisor before you leave work at the end of your shift, giving an update on the status of those who were on your care assignment. Also report any care tasks that could not be completed and the reason why.
- Take breaks only when assigned. Before going on break, ensure the safety of those in your care. Tell your supervisor where you are going and when you will be returning, and return by the agreed-upon time.
- When your shift is over, report to your supervisor before leaving the floor.
- If the facility uses time cards, clock in and out only on your time card. Do not clock in and out for anyone else.
- Follow directions and ask for clarification if you do not understand something.
- Complete tasks; if unable to complete something, tell your supervisor.
- Document your actions.
- Know that certain actions are never tolerated in the workplace, such as violence or the threat of violence, abuse, harassment, possession of weapons or illegal drugs, intoxication and theft. Sleeping on the job is considered by many employers to be grounds for immediate termination, or at least a serious disciplinary action such as a suspension. Sleeping on the job is neglect of your duties, which jeopardizes the safety and welfare of those in your care.
## Assertiveness Survey

Assign yourself the appropriate number of points based on how often you do each particular thing (1 point for almost always, 2 points for sometimes, 3 points for never). Add up the number of 1s that you have at the end of the activity; this is your assertiveness level.

<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>I talk about my feelings when I’m upset.</td>
<td></td>
</tr>
<tr>
<td>When there are many demands on my time, I say “no” to things that I do not have the time to do—without feeling guilty.</td>
<td></td>
</tr>
<tr>
<td>I tell people when I’m angry.</td>
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<tr>
<td>I ask for what I want or need.</td>
<td></td>
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<tr>
<td>I ask questions if I don’t fully understand what someone is telling me.</td>
<td></td>
</tr>
<tr>
<td>I say how I really feel even when I know my friends disagree.</td>
<td></td>
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<tr>
<td>When I disagree with someone, I try not to make that person feel bad.</td>
<td></td>
</tr>
<tr>
<td>When people hurt me, I let them know how I feel.</td>
<td></td>
</tr>
<tr>
<td>I look for solutions to problems instead of just complaining.</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL POINTS: ________________
# Time Management Checklist

Answer **yes** or **no** to each statement in this time management checklist.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I get to work 15 minutes early so that I can plan my workday before it begins.</td>
<td></td>
</tr>
<tr>
<td>2. I know what I want to accomplish each day.</td>
<td></td>
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<tr>
<td>3. I list tasks that need to be done each day and check them off as they are completed.</td>
<td></td>
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<tr>
<td>4. I take big jobs and break them into smaller pieces.</td>
<td></td>
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<tr>
<td>5. I don’t take too much time away from my work by continually listing and planning.</td>
<td></td>
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<tr>
<td>6. I do the most difficult and least interesting jobs first thing in the morning.</td>
<td></td>
</tr>
<tr>
<td>7. I don’t put off tasks; I do them <strong>now</strong>.</td>
<td></td>
</tr>
<tr>
<td>8. I avoid letting my day’s work carry over to the next day.</td>
<td></td>
</tr>
<tr>
<td>9. I make full use of each day to complete that day’s work.</td>
<td></td>
</tr>
<tr>
<td>10. I sometimes evaluate myself to find out where I lose time.</td>
<td></td>
</tr>
<tr>
<td>11. People compliment me on my use of time.</td>
<td></td>
</tr>
<tr>
<td>12. I don’t spend too much time on the phone.</td>
<td></td>
</tr>
<tr>
<td>13. I watch and learn from the people around me who always seem to be ahead of schedule.</td>
<td></td>
</tr>
<tr>
<td>14. I look for ways to use my time wisely each day.</td>
<td></td>
</tr>
<tr>
<td>15. I group tasks logically.</td>
<td></td>
</tr>
<tr>
<td>16. I listen carefully when someone gives me directions or other information.</td>
<td></td>
</tr>
<tr>
<td>17. I set deadlines and strive to meet them.</td>
<td></td>
</tr>
</tbody>
</table>
# Miguel’s Day

Create a schedule for Miguel’s 7 a.m. to 3 p.m. shift.

<table>
<thead>
<tr>
<th>RESIDENT</th>
<th>CARE PLAN</th>
<th>ACTIVITIES/ORDERS</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Betty Newman, Room 115</td>
<td>• Tub bath, can help</td>
<td>Bingo in the activity room, 1 p.m.</td>
<td></td>
</tr>
<tr>
<td>Room 115 Age 79</td>
<td>• Dresses self with some assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart failure</td>
<td>• Feeds self with assistance in dining room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harris Zuckerman, Room 114 Age 78</td>
<td>• Bed bath, can help</td>
<td>Physical therapy, 1 p.m. ROM in a.m.</td>
<td></td>
</tr>
<tr>
<td>Room 114 Stroke</td>
<td>• Wheelchair</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Bladder training program, urinal every 2 hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Assist with dressing, right-sided weakness</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Eats with assistance in dining room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lucas White, Room 116</td>
<td>• Tub bath</td>
<td>Physical therapy, 9:30 a.m.</td>
<td></td>
</tr>
<tr>
<td>Room 116 Age 79</td>
<td>• Shaves with electric razor</td>
<td>Recreational therapy, 2 p.m.</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>• Dresses self</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Denture care</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Feeds self with assistance in dining room (set up tray—limited sight)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Susan McDaniels, Room 119 Age 75</td>
<td>• Tub bath</td>
<td>Pet therapy visit, 10 a.m.</td>
<td></td>
</tr>
<tr>
<td>Room 119 Alzheimer's disease</td>
<td>• Ambulatory</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Dresses self with some assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Able to use toilet, occasional incontinence</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Feeds self in dining room with some assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elaine Freeman, Room 118 Age 99</td>
<td>• Tub bath, can help</td>
<td>Vital signs in a.m. Bingo in the activity room, 1 p.m.</td>
<td></td>
</tr>
<tr>
<td>Room 118 Arthritis, vision disability</td>
<td>• Dresses self with some assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age 99</td>
<td>• Feeds self with assistance in dining room (set up tray—limited sight)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Able to use toilet with assistance walking</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>