

*Training Objectives*

As a result of participating in this segment of training, learners will be able to:

1. Demonstrate ethical behavior in providing personal care in regards to Common Care:
  - a. respect
  - b. physical and emotional well-being
  - c. confidentiality
  - d. responsibility
  - e. self-determination
  - f. right of refusal
  - g. skin care and integrity- pressure injuries, use of sunscreen
2. Demonstrate the use of SWIPES. (7)
3. Demonstrate the proper technique for:

**Section 1**

- a. washing hands (12)
- b. glove use and protective equipment (13)
- c. feeding an individual (14)
- d. hair care (18)
- e. defend the rights of people to use professional salon services for haircuts, permanents, coloring, etc. (19)

**Section 2**

- f. provide fingernail and hand care (20)
- g. provide footcare (19)
- h. shave a person (21)

**Section 3**

- i. toileting (22)
- j. provide perineal care (26)
- k. provide catheter care (29)

**Section 4**

- l. assist a person in bed with a bath (31-32)
  1. Explain the importance of having a process for checking bathing water temperature
- n. assist a person with mouth care (33)
- o. denture care (35)

**Section 5**

- p. assist individual with a weak arm to dress (40)
- q. apply a knee high elastic stocking (38)
- r. provide passive range of motion to (39)
  1. shoulder
  2. knee

3. ankle

**Section 6**

- s. helping a person to walk
- t. turn and reposition a person in bed from prone to side (45)
- u. transfer a person from a bed to a wheelchair (47)

***Estimated Time***

8 Hours, depending on the number of participants.

***Note to Facilitator***

Please take two 15 minute breaks and one lunch period for the length of time you choose. They are not indicated in the instructions for the day.

You may also provide this training in 6 different sessions or use the sections to help you set up stations for practice. These are grouped to assist with content and use of equipment. All skills must be practiced and demonstrated correctly for staff to complete this chapter.

Thanks to Kitsap Care for sharing pictures of their training space.

Make sure you have all of the supplies and equipment noted in this guide prior to teaching this chapter and your skills lab is set up based off of pictures below. Review the list of Best Practices below and implement them! Review all videos. Determine if the video matches the skills to be taught and ensure that you teach to the written steps as these are the ones from the Prometrics website. Discuss how the videos differ from the written steps. Practice all skills in class to the best of your ability.



### *Supplies*

Laptop or computer connected to a projector/monitor

External speakers for laptop or computer

Internet access

Paper and pens for participants

Residential Services Curriculum Toolkit (per participant)

Fat, colorful markers

- ✓ Print and cut the Task Cards (see last page of this Facilitator Guide) to hand participants
- ✓ Cue Card from the website: <https://www.prometric.com/en-us/clients/WADOH/Pages/Exam-Preparation-Materials.aspx>

By taking these steps from the website each time, you will remain current with any changes made in the future.

- ✓ Print off enough copies of the **Study Guide for Skills Acquisition Preparing for the Prometrics Exam** for each participant. You may also order these from the fulfillment center or download from the DDA website.
- ✓ Print the skills card assignments at the end of this chapter and cut out and place on 3x5 cards.
- ✓ Germ juice to show how poorly we wash our hands (germjuice.com) *optional*
- ✓ Black light- to use with germ juice. Halloween at the dollar store *optional*

### **Home equipment**

- 1 twin size bed
- Wheelchair that locks/unlocks and has footrests
- Hamper for dirty linens
- Sink – drinkable water
- Liquid hand soap
- Chair – 2 stationary chairs (no chairs with wheels)
- Water pitcher
- Bedside table
- Commode chair or toilet
- Over bed table (not sure this is required if you have a mobile table to hold supplies and other items)

### **Linens**

- 2 gait belts
- Additional pillows (1 thin, 2 med, 1 super fluffy)
- Washable chux pad
- 6 large towels
- 6 hand towels
- sheets and thin bed spread

- 6 pillows and cases
- 12 wash cloths

**Person Care Items**

- Disposable toothbrushes
- 2 Denture toothbrushes
- Denture
- Denture cup
- Toothpaste
- Regular size paper cups plus small dixie cups
- Disposable razor
- Shaving cream
- Lotion
- 4 Plastic bowls (cereal size)
- 4 Large basins (where a foot will fit in)
- Emery boards and orange sticks
- Liquid soap and paper towels

**Clothing Items**

- Men's long sleeve button front shirt
- Men's sweat pants with tie waist
- Nightgowns – 2
- Socks – 3 women, 2 men
- 2 TED socks (compression stockings closed toe)
- 2 shirt protectors
- mannequin with very loose fitting clothes like a night gown - mannequins from Simulaid  
<https://www.simulaid.com/> phone number is 1-800-431-4310

**Single Use Items**

- Fruit cup and pudding cup
- Plastic plate, spoon, fork, cup, paper napkins
- Self-created medication sheet with various bottles of med bottles (maybe 5) with only two having the 5 RIGHTS correctly match against the medication sheet
- Disposable gloves (M, L, XL)
- Napkins
- Wooden orange sticks
- Toothbrushes
- Toilet tissue

**Best Practices:**

DSHS has found that students are successful on their exam when the class is able to practice each skill multiple times during the practice period, using the proper techniques. Classes should include the following:


- using adult learning techniques to engage students,
- facilitating program content and using course materials effectively,



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- demonstrating or having students view a video on the correct steps for each skill,
- supporting students by providing correct feedback during their practice, and
- using many or all of DSHS’ recommended “best practices” during skills practice (provided below).

DSHS is encouraging all training programs to allow students to practice with all the elements they will need in order to perform the skills during the Prometric exam. Students that have access to a training room that is large enough to accommodate actual skills steps practice and which provide all supplies to use are truly at an advantage. For reference, below is the list of training elements that we think help students succeed.







- ✓ Provides access to water for all skills involving water
- ✓ Sets up skill stations for student practice
- ✓ Instructor models skill performed correctly (or show appropriate video)
- ✓ Students physically perform all steps of the skill (do not simulate)
- ✓ Students narrate the skill as they practice
- ✓ Replicate Prometric environment: caregiver, client, coach/proctor
- ✓ Students practice with all supplies (PPE’s, etc.)
- ✓ Students practice each skill multiple times
- ✓ Students receive feedback/correction from instructor and peers
- ✓ Students offered a refresher practice session prior to Prometric test

<p><b>Preparation before training</b></p>		<p>Review Facilitator Guide for this chapter and ensure each participant has their Curriculum Toolkit available. Review the first portion of this chapter and ensure that you have things set up and ready to go. Practice the skills yourself with other trainers at your agency. Get a mentor to assist, possibly a Nurse Delegator or someone from a Community College that already teaches these skills. Do not attempt to “wing it”.</p>
		<p><b>Bumper Cars:</b></p> <p>Have people pair up with someone they don’t know. One person stands behind the other and they face in the same direction. The person in front is the “car” and the person in back is the “driver”.</p> <p>Say: Every day we work with people whom we ask to trust us. Trust us with your money, your personal care, your safety and your activities. Let’s see what that feels like.</p>

		<ol style="list-style-type: none"> <li>1. To start your car, tap lightly on the back one time.</li> <li>2. To move your car forward, tap lightly twice.</li> <li>3. To turn right tap lightly on the right shoulder and left on the left shoulder.</li> <li>4. To back up tap three times on the back.</li> <li>5. To stop place both hands on the shoulders.</li> </ol> <p>Remind everyone that this is a brand new car and you don't want to remove any of the new car smell or paint finish!</p> <p>Give that a try. Allow a minute to move around the room.</p> <p>Blow a whistle to stop movement.</p> <p>How many of you drive your car in silence? I bet some of you listen to the radio!</p> <ol style="list-style-type: none"> <li>1. To turn the radio on tap lightly on the top of the head.</li> <li>2. To change the channel, pull gently on the right earlobe.</li> <li>3. To change the volume, pull gently on the left earlobe.</li> <li>4. To turn the radio off, tap gently twice on the top of the head.</li> </ol> <p>Allow about 30 seconds for this to take place. Blow your whistle again and ask that the team change places, the car becomes the driver!</p> <p>Debrief – what did it feel like to put your trust in another person?</p>
<b>Opening: Engaging Activity</b>		
<b>Say</b>		Close your eyes and think about the answers to the following questions, without judgment, just thoughtfulness.
<b>Ask</b>		What did you do to prepare yourself to come to work today?

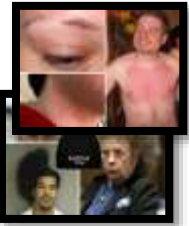









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		<p>So tell me, (call by name _____ ), what makes you want to floss before you brush?          (Call by name _____ ), how do you think you would feel if you HAD to (insert task of your choosing) opposite from what you prefer?          Why is this important to you?</p>
<p></p> <p><b>Say</b></p> <p><b>Note</b></p> <p><b>Ask</b></p>	<p></p> <p></p> <p></p>	<p><b>Personal Sequence 2: Eat &amp; Brush Teeth</b>          Now move to (choose 1 of the other 2 diagonal corners of the room to ensure all bodies move), if you eat in the morning before you brush your teeth; and to the ____ corner of the room if you prefer to brush your teeth before you eat in the morning.</p> <p>Be sure to craft your directions that cause every participant to have to move in the room to one of the other two areas in this second “Personal Sequence” activity. Encourage people to explain, justify, or defend their position on this topic.</p> <p>Is one group wrong if the other is right? What if one person does it differently, are they wrong? Of course not!</p> <p>Stress that none of these preferences is wrong! They are just personal preferences – and they matter to us!</p>
<p><b>Immerse</b></p>		
<p><b>Say</b></p> <p><b>Ask</b></p>	<p></p> <p></p>	<p>Now imagine all the tasks you do for your personal needs were going to be provided by someone else.</p> <p>Do you, or have you ever paid a professional for any personal care services?          Answers may include: professional haircut, style, color, perm, manicure, pedicure, beard trim, facial treatment, or hair removal.</p> <p>Why didn't you do those tasks for yourselves, at home?          Answers may include: It's a treat to have someone perform some of those tasks like a facial or mani-pedi, I can't cut and/or color my own hair, I prefer to have a professional who knows what they are doing, etc. Even if you cut and color your own hair, the person has the right to choose a professional service over you or a family member.</p>




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		<p>Teaching you to perform these tasks is both formal and informal. The informal methods are taught according to how the person wants to have the support to complete the task while the more formal standards for each skill is regulated and must be completed in a step by step process. This course will teach both methods. By learning these universal standards for task performance we will ensure that each Direct support Professional staff is approaching tasks with the same ethics standards and the same skill set. As a person who receives your support, it is important that they can predict and trust your every movement.</p>
<p><b>Say</b></p> <p><b>Ask</b></p>  <p><b>Note</b></p>	   	<p>Let's discuss a few tasks in more detail.</p> <p>What potentially could go wrong with a direct support staff assisting an individual with hair removal using :</p> <ul style="list-style-type: none"> <li>A disposable razor?</li> <li>An electric razor?</li> <li>Tweezers?</li> <li>Depilatories (hair removal creams)?</li> <li>Waxing?</li> <li>Scissors?</li> </ul> <p>What potentially could go wrong with a direct support staff providing an individual:</p> <ul style="list-style-type: none"> <li>A haircut?</li> <li>A permanent?</li> <li>Hair color?</li> </ul> <p><b>Note to Facilitator:</b> The result of these discussions should be that staff recognize the potential for injury. This illustrates why there should be a team approach personalized to each individual, his/her preferences, and professional consultation.</p>
<p><b>Immerse (5 minutes)</b></p>		
<p><b>Show</b></p> 		<p>Show <i>What Should You Do?</i> video (1:40)</p>





Apply - Demonstrate Learning Application to Real Work		
<b>Say</b>		<p>Common care practices cover our everyday work with the people we support. If you are going to take the certification exam, these steps are testable. They are not tested as a separate skill but can be tested as part of every skill. In DDA we would refer to these skills as being person centered. Remembering that it is your job to do what the person you are supporting wants and not what you want.</p>
<b>Curriculum Toolkit</b>		<p>We discussed these practices in Chapter 1 when we talked about your Roles and Responsibilities. Turn back in your curriculum toolkit in chapter 1 to the skills we discussed. Page _____.</p> <p>Review the skills with the participants to ensure they understand them.</p>
<b>ASK</b>		<p>Ask the group if they have been with the people they support and what practices they now see as beneficial to making the IISP and the PBSP work? (They should talk about prevention, choice, Guiding Values.) How have these skills helped them with the work they do?</p> <ol style="list-style-type: none"> <li>1. Encourage the person to be as independent as they can be: <ul style="list-style-type: none"> <li>Ask what assistance they need</li> <li>Ask what they can do for themselves</li> <li>Ask for their preferences</li> <li>Offer choices</li> <li>Ask how they want something done.</li> </ul> </li> <li>2. Respect person's rights to: <ul style="list-style-type: none"> <li>Say no or refuse</li> <li>Choose when, how and where they receive support/care</li> <li>Feel and be safe during support/care</li> <li>Know what is observed about them and how it is reported; and</li> <li>Have clean linens, clothing, implements, assistive devices, etc.</li> </ul> </li> </ol>






		<p>Voice complaints (swearing and cursing)          Have and express personal beliefs</p> <p>3. Keep the person safe at all times:          Position a safe distance from the edge of the bed or chair          Keep them warm          Encourage them to keep their area clear so they can move easily          Roll them towards you instead of away from you          Provide privacy          Use a gentle touch so you don't hurt or scrape their skin          Do NOT use verbal or physical abuse.          Tailor interaction          Provide appropriate support (water temp, sunscreen)          Monitor</p> <p>4. Use infection control processes to keep the person healthy and minimize germs:          Wash your hands when you enter and exit their room and as you gather supplies for a task before touching the person          Disinfect non-disposable items after use          Wear gloves whenever you might come in contact with bodily fluids          Use other personal Protective Equipment (PPE) as needed          Keep the environment as clean as possible          Define expectations of clean for person and agency          Ask – Do you see/smell what I see/smell?</p> <p>5. Talk to the person and use active listening skills:          Use a running dialog          Tell them what actions you are going to do before you do it</p>
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		<p>Listen to their words and tone          Observe body language and facial expressions          Ask for feedback          Give them your undivided attention          Use age appropriate language          Reflective Listening          Talk to them as adults @ eye level</p> <p>6. Support the whole person:          Problem solve with them not for them          Give them choices          Ask their preferences          Know what triggers certain behaviors or responses and what you can do to promote their emotional or physical success          Be proactive and anticipate their needs          Talk to them as an equal to yourself          Do not embarrass or demean them:              Gawking, staring at them or something on them              Using inappropriate words              Wrinkling your nose because they smell              Grunting when you move them</p>
<p><b>Say</b></p>		<p>Now that you are aware of common care practices, please remember that all medical professionals were trained to this as well. When you visit the Dr.'s office or take someone to the ER a gentle prompt of asking the Nurse or provider to utilize common care practices will assist you with a smoother visit.</p> <p>Now we are going to practice demonstrating ethical behavior in providing personal care by using scenarios to demonstrate what we have learned so far.</p>


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<p><b>Activity</b></p> 		<p>Provide scenarios (found at the end of this Facilitator Guide) to groups of 2-3 people. Give 5 minutes for groups to discuss the scenario, assign roles, decide on responses (their script) and run through a practice. Let them know their presentation will only need to be 1-2 minutes. They should demonstrate common care practices within their presentation.</p> <p>If you only have a few participants discuss the scenarios as a group to find solutions to 1 or 2.</p> <p>Ask for a group to volunteer to present first. Allow time for each group to make their presentation. Comment when you see the practices of common care being used.</p>
		<p>We hope that each person you support will leave home looking well kempt and ready to meet the public. As I look around the room, it's pretty clear that each of you spent some time taking a shower, shaving, brushing your hair..... Maybe you applied sun screen today because it was sunny out .... Or maybe you tried out a new deodorant. But basically you look good. A comment that was recently overheard indicated that while you all look great, some of the people we support do not. Why do you think that is? (Take some answers) Your goal as support staff is to ensure that people leave home or even stay at home, looking their best! They feel better and they are received by strangers better. Even when a person you support chooses to wear the same outfit day after day, it is your responsibility to see to it that it is clean and smelling fresh.</p>
<p><b>Say</b></p> 		<p>As you remember from the discussion of the Guiding Values, this is both a matter of health and safety, and power and choice. People have the right to choose the services they desire and who will perform those services. An agency is required to support health and safety. Seeking professional services in the community is also a demonstration of integration, and can support and build status.</p> <p>Let's address another of the Guiding Values, competence. Instead of relying on support from professionals, including direct care staff, what if supported individuals could increase their competence? While some people receiving services may always need some personal care support from others, they can increase their competence. Being able to do as</p>

		<p>much as they can for themselves is another way to build a sense of status.</p> <p>In spite of what others have accomplished, you may be just the right person to teach a skill that is needed that will increase a person’s independence. By listening to what the person is saying or demonstrating, you may be the one person to unlock the secret to a long time support and be able to turn it into independence!</p>
<b>Note</b>		<p>(OPTION) There may be a time saving way to practice the skills taught in this chapter. If you set up stations in your training space you can have people practicing multiple tasks. Stations allow for movement. If you decide to use this method, teach all of the skills first then ask that they use the Study guide in the back of the Curriculum Toolkit to practice each task. Provide Passports or checklists to mark each station so you know that everyone has been through all of the stations. One person on the team can be the observer to ensure that skills are practiced correctly and questions can be asked and answered in a timely manner.</p>
<b>Activity</b> 		<p>Divide the participants into groups and provide each group with a <i>Limitation</i>, copied and cut from the section at the end of this Facilitator Guide.</p>
<b>Note</b>		<p><b>Note to Facilitator:</b> These cards may be randomly assigned by you, or you may have the groups choose from the slips of paper drawn from a box, bowl, etc.</p>
<b>Activity</b>		<p>Instruct each group to create a list on scratch paper with as many ways they can think of to assist someone with that limitation to wash him or herself while bathing or showering. Suggest they have one person in the group physically demonstrate the limitation, so group members can test ideas. Encourage participants to think about both assistive devices and methods they could use.</p> <p>The limitations are:</p> <ul style="list-style-type: none"> <li>• Vision impairment</li> </ul>

		<ul style="list-style-type: none"> <li>• Weak on the right side</li> <li>• No use of arms, uses a wheelchair</li> <li>• Hearing impairment</li> <li>• Unable to stand upright</li> <li>• Unable to grasp</li> <li>• Difficulty remembering steps</li> <li>• Refuses to participate</li> </ul> <p>Once groups have had 3-4 minutes to brainstorm, ask one member from each group to share their ideas for how to assist someone with that limitation.</p>
<b>Curriculum Toolkit</b>		Encourage everyone to write down suggestions and ideas they hear on their Curriculum Toolkit page for this chapter.
<b>Say</b>		Learning to do something for yourself can be empowering, but also scary and difficult. Even being <i>asked</i> to learn a new skill can be overwhelming. Imagine how intimidating it could be to be expected to perform that skill for the first time.
<b>Curriculum Toolkit</b>		Take a look at the “formal” steps for completing the task of washing your hands.  Note that the task begins with SWIPES. SWIPES is a way to remember the steps you need to prepare for each task and show that you are using “common care” practices. These common care practices show respect for the person you are supporting as well as helps make the work you are doing predictable.
Section 1: SWIPES, washing hands, gloving, feeding an individual, hair care, defend their right to professional services		
<b>Teach and Train; SWIPES</b>		
<b>Say</b>		Every skill begins with SWIPES. These steps will be part of the exam you are (may be) going to take. Practice SWIPES out loud. When you are in the test:

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		<ul style="list-style-type: none"> <li>• Saying out loud what you are doing alerts the examiner that you know what you are doing.</li> <li>• Saying it out loud makes the individual you are supporting more comfortable and addresses the needs of many people to know what you are doing.</li> <li>• Saying it out loud is a learning style for some.</li> <li>• If you don't practice saying it out loud, you will forget on the exam and fail.</li> </ul> <p>Write S – W – I – P – E -S down the left side of an easel sheet.</p>
		<p><b>S:</b> Gather your supplies Supplies for each task may vary. While you are watching the videos in future exercises, jot down the materials you will need during your practice session. Remember that you will need them ALL! We have provided all of the materials you need and they are located (point to where they are) here. You will come and gather your supplies when directed to begin your practice sessions.</p>
		<p><b>W:</b> wash your hands before contact with an individual. When you first started work here you took some training in Orientation and Safety. During that training you learned to wash your hands before you could start to work with the people we support. Raise your hand if you can tell me the steps for washing your hands. Is there someone who would like to demonstrate this skill? (optional activity)</p>
		<p><b>I:</b> Identify yourself by telling the individual your name Have you ever been in a Doctor's office and someone walks in the room and just starts poking around on your body? How did that feel? What were you thinking? (Take some answers – these will include wondering what's going on, who are you and what's your job here? Are you qualified to do this?) Knowing who is poking around and what their qualifications are can make a person more comfortable and less nervous. This is particularly important when supporting someone with high blood pressure or Autism.</p>





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		<p><b>P:</b> Provide privacy throughout care with a curtain, screen, sheet or door</p> <p>We are all modest to some degree and we need to always be thinking about how to protect the privacy of people we are supporting. It may be their home but other staff and other housemates do not need to have access to all personal care. In fact, no one but the support staff and the individual should be in the room at all while personal care is being administered. Think about how you would feel if others watched while you get Attends changed or you are taking a bath. You have to think these things all the way through and protect dignity and privacy. Which of the Residential Guidelines addresses this? (Relationships, Health and Safety)</p>
		<p><b>E:</b> Explain to the individual what you are doing.</p> <p>This means you will practice and speak out loud while you are performing skills practice and while you are providing personal care. It will seem awkward to you but will instill confidence in others. It's not about your comfort level as much as it is about the comfort of the person you are supporting. Confidence that you can do what you say you are doing but also providing information so the individual knows what's next and what to expect. If you come at me with toilet paper and don't tell me what you are going to do with it, I'm going to get upset, hit you, kick and spit. AND if I'm not in the appropriate place for toilet paper you can bet that I am going to defend myself in any way that I can! If you choose to take the Prometrics exam to become a Certified Home Care Aide, you will be expected to talk through each task you are tested on. Practice that skill now with every task that you do.</p>
		<p><b>S:</b> Scan the area to be sure everything is back in place after the task is done.</p> <p>When you are finished it is not ok to leave used gloves, wash cloths or other personal care items lying around. Things should be returned to individual care spaces (in some cases boxes) and other items need to be placed in the wash hamper or trash. You will be supporting people who live with others and it is your job to ensure that the environment is safe for everyone as well as protects personal items for each individual.</p>








		<p>where they can wash their hands and just say they washed their hands, but they should put on gloves etc.)</p> <p>Our goal for this activity is to repeat these steps, out loud and in order.</p> <ol style="list-style-type: none"> <li>1. supplies gathered</li> <li>2. washed hands</li> <li>3. introduced self</li> <li>4. privacy provided</li> <li>5. explained what I am doing</li> <li>6. secured the area to ensure that everything is put away.</li> </ol> <p>Demonstrate what you want participants to do in the next activity. Select a task from the list at the end of this chapter.</p> <ol style="list-style-type: none"> <li>1. Gather supplies and say out loud, “I am gathering my supplies.” (You can name each article that you are gathering as you place them in a basin or on a table)</li> <li>2. Walk to the sink and state: “I am washing my hands using soap and scrubbing between my fingers, up my wrist and scrubbing for at least two minutes and rinsing with my fingers pointing down. I am taking a towel and drying my hands being careful not to touch anything and not to flick my hands to remove excess water. I am using my towel to turn off the water and disposing of my towel properly. “I am placing my gloves on my hands to prevent the spread of germs.”</li> <li>3. To your partner say, “Hi! I’m ----- and I am here to (name the task on your card). We can do this now or I can come back in five minutes. Which would you prefer?” Tell participants this is another way to provide Power and Choice and an important step to remember. Choices are to be offered as often as possible and the person you are supporting to direct their own care as much as possible. This doesn’t offer a choice of not doing it, but it does provide an option for the person to say now or later.</li> <li>4. “I’m closing the door.” “I’m drawing the curtain.” “Let’s go to your room for privacy.”</li> <li>5. At every step of the task it is important to explain to the person what you are doing. “I’m going to touch your stomach and it may tickle a little bit.” “I am lifting this sheet so that I can see better but I will put it back over your private parts as soon as we are finished.” Having a sheet to provide dignity and respect as well as privacy is crucial to the</li> </ol>
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		<p>person’s comfort and trust. “How does that feel?” “Are you comfortable?” are also required to ensure that you are checking in with the person and that they are not in pain or uncomfortable.</p> <p>6. “I’m placing all of the soiled linens in the laundry.”, “I’m putting your book on the coffee table so you can reach it when you are ready to read.” Putting things back to where the person can find them when you are not in the room is an important step to show that you respect their possessions and them. It will build trust that you are putting things back where they belong or care enough to put them within easy reach.</p> <p>How did that go? Did you feel that you knew what was taking place? What were the benefits to talking through the steps?</p>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> If you used the germ juice, send participants to wash their hands and use the skills. Pair them with a partner who can coach them through all of the steps. Shine a black light on their hands to show them where they missed washing. When they go to the bathroom, have them use the skills below to practice the steps for handwashing.</p> <p>Gather supplies for both handwashing and gloves before having them wash their hands.</p> <p>When you check their hands, you may find that even though you watched them, some of the germ juice remains. If that is the case it is likely that their skin is dry and the germ juice has settled into the dry skin – just like bacteria will do. Have some hand lotion ready so people in this situation can use some lotion to moisturize. This is part of taking care of ourselves as washing out hands frequently dries our skin. Suggest that staff have some hand lotion that they carry in their pocket so they can keep their hands moist and free from cracking and breakage.</p>

<p><b>Tip</b></p>		<p><b>People fail the exam for several reasons.</b></p> <ul style="list-style-type: none"> <li>• Failure to use friction</li> <li>• Touched side of bowl</li> <li>• Touched faucet with hand after rinsing</li> <li>• Transferred paper towel from one hand to the other before tossing</li> <li>• Flicked off excess water before drying (NO flicking or shaking of hands what-so-ever. Let them drain with water running while you get a paper towel to dry and then turn off faucet with a dry paper towel and throw it away with the same hand.)</li> <li>• Not rinsing from wrist to finger tips with finger tips pointing down</li> <li>• Not mentioning that water is warm</li> <li>• Not going long enough</li> <li>• Not talking through the steps out loud so test instructor can hear them</li> </ul>
		<p><b>Skill: Hand Washing</b></p> <ol style="list-style-type: none"> <li>1. S.W.I.P.E.S.</li> <li>2. Make sure supplies are within easy reach so that no contaminated surface is touched throughout the task.</li> <li>3. Standing away from sink, turn on the faucet and adjust the water temperature. Keep your clothes dry, as moisture breeds bacteria.</li> <li>4. Wet hands and wrists, keeping your hands lower than your elbows so water runs off your fingertips, not up your arm.</li> <li>5. Use a generous amount of soap, rubbing hands together and fingers between each other to create lather. Friction helps clean your skin.</li> <li>6. Continue to rub your hands together, pushing soap under your fingernails and cuticles with a brush or by working them in the palm of your hand. Soap about two inches above your wrist.</li> <li>7. Wash for one minute.</li> <li>8. Rinse thoroughly under running water, careful not to touch the sink.</li> </ol>





		<p>person you are supporting, it will most likely prevent other small bruising and injuries that have to be reported later as unknown which could escalate to more serious types of reporting in the future.</p> <p>Now, let's get those gloves off. Suggest people think about touching dirty with dirty and clean with clean. That way they won't stick their dirty fingers with glove down the cuff of the glove.</p> <p><b>Taking Off Gloves</b></p> <ol style="list-style-type: none"> <li>1. With one gloved hand, grasp the other glove just below the cuff.</li> <li>2. Pull glove down over hand so it is inside out.</li> <li>3. Keep holding removed glove with gloved hand and crumple it into a ball.</li> <li>4. With two fingers of bare hand, reach under the cuff of the second glove.</li> <li>5. Pull the glove down inside out so it covers the first glove.</li> <li>6. Throw gloves away.</li> <li>7. Wash hands as final step.</li> </ol> <p><b>Note: People fail this portion by:</b></p> <ul style="list-style-type: none"> <li>• Snapping their gloves while wet during the removal process.</li> <li>• Touching dirty to clean skin</li> <li>• Not balling the dirty glove in the dirty hand</li> <li>• Not disposing of the gloves</li> </ul>
<p><b>Personal care slide</b></p>		<p>Have participants look in their Curriculum Toolkits for the personal care information.</p>
<p><b>Immerse: Assisting a person to eat</b></p>		
<p><b>Say</b></p> 		<p>Now we get into more complicated personal care.</p> <p>Remember when you learned about nutrition and that some people may eat too fast or too slow? Are you experiencing this as you meet the people we support? What have you</p>

		<p>learned to do based on the programs you are learning to run? (Take some answers. This assumes that people have met some of the people they will support and have been working at the house.) Answers will include prompting to slow down, one bite at a time, using smaller plates.</p> <p>Another task that you may be required to complete to support people is to assist with eating. Each person who needs assistance with eating will have a plan written into their IISP for you to follow. Some may eat too fast and you are only there to slow them down to prevent choking. Some may have difficulty swallowing and have a condition called dysphagia. This would mean that their food needs to be a certain consistency to prevent them from choking. If you take nothing else from this portion of training take this – <b>DO NOT GIVE ANYONE FOOD</b> without first checking their IISP or meal plan for instructions. The instructions will also include food allergies, special diets, texture requirements and instructions for how to slow someone down. Instructions are specific to the individual.</p> <p>Show an example of eating instructions for someone at your agency. If you don't have anyone who needs these instructions, say so but teach the skill as a general knowledge area.</p>
<p><b>Curriculum Toolkit</b></p>		<p>Review the steps in the <b>Fundamentals</b> for assisting a person to eat.</p> <p><b>Skill: Assisting an Individual to Eat</b></p> <ol style="list-style-type: none"> <li>1. S.W.I.P.E.S.</li> <li>2. Assist individual to put on clothing protector or cover, if needed.</li> <li>3. Ensure individual is in an upright, sitting position.</li> <li>4. Sit at individual's eye level.</li> <li>5. Offer the food in bite-size pieces - alternating types of food offered.</li> <li>6. Make sure the individual's mouth is empty before offering the next bite of food or sip of beverage.</li> <li>7. Offer a beverage to the individual during the meal.</li> <li>8. Talk with the individual throughout meal.</li> <li>9. Wipe food from individual's mouth and hands as necessary and at the end of the meal.</li> </ol>








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		<p>10. Remove clothing protector if worn and dispose of in proper container.</p> <p>11. Remove leftover food.</p> <p>12. Wash hands as final step</p> <p>Not everyone is supported living who receives support will need assistance with eating. In fact, not everyone will want a healthy diet. Talk with your supervisor for additional information regarding the person you support. Remember that independence is best when possible.</p> <p><b>Note:</b> When this skill indicates clothing protectors know that not everyone uses one. If you are taking the certification exam you may indicate that a clothing protector was placed on the person when one was not. However, if you state that you placed one, you must also state in the exam that you removed it.</p>
<b>Apply</b>		
<b>Activity</b>		<p>Find a partner. Together, determine what supplies you will need to gather and get them ready.</p> <p>Using your <b>Study Guide</b> skills checklist, practice following the steps. When one person is finished, the other should run through the steps. Let each person choose from pudding, applesauce or other options that you have provided.</p>
<b>Say</b>		<p>Why do you think we use clothing protectors? (protect the clothing and financial burden of replacing them) What other types of adaptive equipment might people use? If you have people who use adaptive equipment for eating, show it here and explain what it does for the person. This would include special plates, utensils, cups, dyssem or tube feeding.</p> <p>Tell participants that any adaptive equipment will be trained again during their Coaching sessions with the individual.</p>
Immerse: hair care		






		<p>Imagine someone brushing your hair when you were little and you couldn't do it for yourself. What are some of the things that come to mind? Take some answers.</p> <p>Some of these responses are quite painful. Hitting the top of your head with the sharp pointy end of the bristles, or yanking to comb through night time tangles. Made you want to grab your head and ask the person to just stop! But instead they were adamant that you would look presentable and they continued to be rough and painful until the hair was straight or flat.</p> <p>This is not how we do things in supported living. People may have tender scalps from medication side effects, or thinning hair due to age. It is your job to get the job done but to make it as pleasant as possible.</p> <p>Many of the people you will support choose the hair care products they want to use. These products will be listed in the person's IISP or on instructions for use while bathing or showering. It is their choice which products they use and their money that purchases them. Please be respectful of this choice and ensure that you are being gentle when you provide hair care.</p>
		<p>Cleanliness if one thing but styling hair is another. While you may style your own hair or your children's hair, many clients prefer to have their hair styled by someone who is licensed and works in a hair salon. Offering new styles is ok. Going ahead and cutting someone's hair is not. Hair style changes are frequently done with the approval from parents or guardians and definitely with the approval from the client. If it's truly the client's choice to change their hair style to a radical new style, you may support this choice.</p> <p>There are no formal hair care skills steps but there are some best practices:          Be gentle          Tell the person what you are doing.          Ask if they are comfortable or if you are pulling too hard          Ask them if they would like gel or other products. If they say no, they mean it.</p>

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		<p>Ensure that hairbrushes and combs are cleaned at least weekly</p> <p>Use personal hair care brushes, combs and products on the person who owns them. No sharing.</p> <p>Wash hair as frequently as is needed. Some people have very dry hair and do not need to wash it every day, while others have more oily hair. You may have a Doctor’s order for special shampoos or instructions on how frequently the person needs to wash their hair. Pay attention to how their hair looks and ask if today’s the day!</p> <p>Hair care and other personal care steps help the person to feel good about themselves and how they present themselves to others.</p>
		What are some of the concerns you may have with hair care?
Section 2: Hand and foot care, shaving		
Immerse: Nail care, foot care		
<p><b>Say</b></p> 		<p>Today we have the opportunity to give ourselves a little mani/pedi. This is another skill best practiced on other people before you try it with a person you support. Think of this as time at the spa and make the most of it!</p>
<p><b>Note</b></p>		<p><b>Set up stations</b> in the room for foot and nail care. You will need to have materials already gathered and set up so all they have to do is provide the skill.</p> <p>Pair up participants. Have each one provide either foot or nail care. Walk through the steps for each skill and provide reasons why we provide this care.</p>
<p><b>Curriculum Toolkit</b></p>		<p><b>Skill: Foot Care</b></p> <ol style="list-style-type: none"> <li>1. S.W.I.P.E.S.</li> <li>2. Put on gloves.</li> </ol>

		<ol style="list-style-type: none"> <li>3. Put water in basin. Test water temperature. Ensure it is safe and comfortable before placing individual's feet in water. Adjust if necessary.</li> <li>4. Put the individual's foot completely in the water.</li> <li>5. Supporting foot and ankle properly throughout procedure, remove foot from water, wash entire foot, including between toes, with soapy washcloth.</li> <li>6. Rinse and then dry entire foot, including between toes. Pat, don't rub dry.</li> <li>7. Gently clean dirt out from under nails using nail file.</li> <li>8. File or cut nails, straight across, as needed with clippers or emery board.</li> <li>9. Put lotion in your hand and massage lotion on individual's entire foot. Remove excess (if any) with towel.</li> <li>10. Assist individual to replace socks and shoes.</li> <li>11. Empty, rinse, wipe bath basin, and return to proper storage.</li> <li>12. Remove gloves and wash hands.</li> </ol> <p>It is important to remember that each person you support has their own nail care tools like clippers or emery boards. You may not use someone else's clippers. These are personal items.</p>
<p><b>Curriculum Toolkit</b></p>		<p><b>Skill: Fingernail Care</b></p> <ol style="list-style-type: none"> <li>1. S.W.I.P.E.S.</li> <li>2. Put on gloves.</li> <li>3. Put water in bowl. Test water temperature to make sure it is safe and comfortable before placing individual's fingers in water. Adjust if necessary.</li> <li>4. Place water at a comfortable level for individual.</li> <li>5. Put individual's fingers in water and allow to soak.</li> <li>6. Dry individual's hand including between fingers. Pat, don't rub dry.</li> <li>7. Clean under nails with a nail file. Wipe nail file on towel after each nail.</li> <li>8. Groom nails with file or emery board.</li> <li>9. Finish with nails smooth and free of rough edges.</li> <li>10. Empty, rinse, wipe water bowl, and return to proper storage.</li> <li>11. Dispose of soiled linen properly.</li> <li>12. Remove gloves and wash hands.</li> </ol>





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<p><b>Activity</b></p>		<p>Mani/pedi for team! Remind them to follow the steps and to use these steps as they support people.</p>
<p>Immerse: Shaving</p>		
<p><b>Say</b></p>		<p>If you have been assisting people with shaving, what kinds of tools are you seeing that people use? (electric, trimmers, creams, safety) For the purposes of this skill you will be using safety razors.</p>
<p><b>Curriculum Toolkit</b></p> 		<p>Review the steps for shaving with the class. Ask if they have been shaving others or they practiced during the chapter 11 course work? What challenges did you face (or think you will face)?</p> <p>The Shave (With Safety Razor not electric)</p> <ol style="list-style-type: none"> <li>1. S.W.I.P.E.S.</li> <li>2. Put on gloves.</li> <li>3. Ask individual if he wears dentures. If so, make sure they are in his mouth.</li> <li>4. Wash face with warm, wet washcloth.</li> <li>5. Apply shaving lather to the area you are going to shave.</li> <li>6. Hold razor securely.</li> <li>7. Hold skin taut with free hand and shave with smooth even movements in the direction of hair.</li> <li>8. Rinse safety razor in warm water between strokes to keep the razor clean and wet.</li> <li>9. Shave sides first, then nose and mouth.</li> <li>10. Wash, rinse, and dry face.</li> <li>11. Clean equipment and put away.</li> <li>12. Remove gloves and put in appropriate container.</li> <li>13. Wash hands as final step.</li> </ol>
<p><b>Say</b></p>		<p>In a setting where all men lived together, the staff all had beards. It wasn't too long before the people who lived there also had beards. Was that ok? (Answer: Yes, they asked the people if they wanted the same thing and it was their choice.)</p> <p>Today you are going to learn to shave someone else. I know you know how to work a razor, but shaving someone else is</p>

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		a little bit different. We're going to have some fun while doing it.
<b>Note</b>		<p>Demonstrate: Take a balloon and blow it up or have one blown up prior to class. Demonstrate putting shaving cream on the balloon (you don't have to use too much) and then remove the shaving cream using a safety razor. Note how the balloon moves while you are trying to shave it. Does that happen with people we support?</p> <p>Have each participant gather the supplies they need to shave someone. Each should have a balloon and razor but can share the can of shaving cream.</p>
<b>Say</b> 		<p>In our setting we also have people who use electric razors. (Provide one for people to see.) Describe what procedures are used to shave with an electric razor.</p> <p>Discuss any people in your setting who do not get shaved and why.</p>
<b>Ask and Discuss</b>		Are there lotions to use to prevent irritation? Discuss why some of the people you support do not use lotions after shaving or who do not get shaved and why.
Section 3: toileting, peri and catheter care		
Immerse: toileting, pericare, catheter care		
<b>Say</b>		Imagine if you will that your Mother just called and said she needs your help. What's your first response? Of course – I'll be right over. And then she tells you that she has broken both of her arms and can't go to the bathroom or take care of her personal needs. Now, what's your response? Sure! Do you think she was going to be comfortable with you washing and wiping her?

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<p><b>Perineal care (peri care) female</b></p>		<p>Toileting assistance is uncomfortable for all of us. We are going to discuss several different types of support and additional formal skills that will need to be demonstrated to pass this course.</p>
<p><b>Say</b></p> 		<p>I can't promise you an easy conversation for this section of training. Of all of the skills we assist people to complete, this category is the most uncomfortable to everyone. It is intimate, personal, embarrassing. It is a fact of life and necessary. We will be using proper names for body parts, discussing respectful behavior during this care and ending with topics on supporting people while toileting, and catheter cleaning. It just doesn't get more personal than this portion of your training. It is the portion of training that the people we support want you to understand the most.</p> <p>In Chapter 5 we learned that people may communicate in different ways. What are some observable signs that someone needs to use the rest room – quickly or within the next few minutes? (Take some answers. These may include dancing around, crossing legs, holding crotch.) What are some of the signs the people supported with our agency have demonstrated? You may have people who have their own signs including sign language for toilet, tapping their stomach or making a noise of some kind that is specific to this need.</p>
<p><b>Curriculum Toolkit</b></p>		<p><b>Toileting</b></p> <p>Toileting assistance to the individual may include:</p> <ol style="list-style-type: none"> <li>1. cueing and reminding;</li> <li>2. assisting the individual to and from the bathroom;</li> <li>3. assisting the individual transfer on and off and use the toilet or assistive equipment;</li> <li>4. undoing an individual's clothing, pulling down clothing, and refastening clothing;</li> <li>5. correctly when he/she is done;</li> <li>6. pericare;</li> <li>7. emptying the bedpan, urinal, or commode into the toilet;</li> <li>8. assisting with pads, briefs, or moisture barrier cream;</li> <li>9. performing routine colostomy or catheter care.</li> </ol>



		<p>10. Privacy, dignity, and independence. Toileting is a very private matter. A reassuring attitude from you can help lessen feelings of embarrassment for the individual. The following guidelines are recommended when assisting an individual with toileting:</p> <p>11. Assist the individual as much as possible into a normal, sitting position.</p> <p>12. If assisting with a transfer to a toilet or assistive device, make sure the item is stable or locked down before beginning the transfer.</p> <p>13. Put anything the individual requires within easy reach (e.g. toilet paper or soap to wash up afterwards).</p> <p>14. If assisting with wiping, move from front to back and wear gloves.</p> <p>15. When overseeing an individual’s bowel and bladder function, your job as a ISS Staff is to:</p> <p>16. have an understanding of what is and is not normal bowel and bladder function for an individual;</p> <p>17. encourage the individual to make choices to maintain good urinary and bowel function;</p> <p>18. know what to document and report to the appropriate person in your care setting if there are problems in this area; and</p> <p>19. respond to the individual’s toileting needs as quickly as possible.</p> <p><b>As a reminder the following are general tips</b> when assisting a client with toileting.</p> <ul style="list-style-type: none"> <li>• Assist the client as much as possible into a normal, sitting position.</li> <li>• If assisting with a transfer to a toilet or assistive device, make sure the item is stable or locked down before beginning the transfer.</li> <li>• Put anything the client requires within easy reach (e.g. toilet paper or soap to wash up afterwards).</li> <li>• If assisting with wiping, move from front to back and wear gloves.</li> </ul>
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> As you can imagine practicing toileting skills is a little bit impractical. Remember what we talked about with the hands when we started this chapter? Just remember that you don’t always have to grab or hold personal parts to move them around.</p>




<p>Say</p>		<p>An individual will want to do his/her own pericare if possible. Providing privacy and preserving the client’s dignity are very critical if help is needed by the client. You will be tested on pericare. Pericare is the process of ensuring cleanliness in genitals. It’s a step in preventing bacteria and infection and is part of the activities of daily learning when bathing. Improper wiping after toileting, wearing pads for menses for long periods of time without changing them, not changing briefs, can all lead to infections and bacteria growth. This is a simple process in an uncomfortable and personal body location. Dignity and respect are the first things to consider when providing pericare to anyone.</p> <p>Discuss people who need this level of support in your agency. What does that look like when pericare is provided for them? Are there differences from one to the other?</p> <p>Peri care test skills are all about the folding of the washcloth and privacy. If you can remember the folding and wash and rinse process, you will pass this test for the Home Care Aide Certificate, but more importantly the test of relationship building with the person you are supporting. Do it well and quickly. It doesn’t matter if you know this person well or not, they will appreciate your confidence and skill in getting the task completed quickly.</p> <p>The following are some general tips when helping a client with pericare.</p> <ul style="list-style-type: none"> <li>• Put down a pad or something else to protect the bed before beginning the task.</li> <li>• Stay alert for any pain, itching, irritation, redness, or rash in this area. Report any concerns to the appropriate person in your care setting.</li> <li>• Alcohol-free, commercial wipes may be preferred by a client instead of a washcloth and soap.</li> <li>• If the client is incontinent, protect him/her from the wet incontinent pad by rolling the pad into itself with the wet side in and the dry side out. Remove the pad and use a clean, dry pad.</li> </ul>
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<p><b>Curriculum Toolkit</b></p>		<p><b>Skill: Assist Individual with Pericare</b></p> <ol style="list-style-type: none"> <li>1. S.W.I.P.E.S.</li> <li>2. Test water temperature and ensure that it is safe and comfortable before washing, and adjust if necessary.</li> <li>3. Put on gloves.</li> <li>4. Expose perineal area, making sure that the individual's privacy is maintained.</li> <li>5. Gently wash entire perineal area with soapy washcloth, moving from front to back, while using a clean area of the washcloth or clean washcloth for each stroke.</li> <li>6. Rinse entire perineal area moving from front to back, while using a clean area of the washcloth or clean washcloth for each stroke.</li> <li>7. Gently dry perineal area, moving from front to back and using a blotting motion with towel.</li> <li>8. Wash, rinse, and dry buttocks and peri-anal area without contaminating perineal area.</li> <li>9. Dispose of linen in proper containers.</li> <li>10. Empty, rinse, wipe basin, and return to proper storage.</li> <li>11. Remove and dispose of gloves without contaminating self after returning basin to storage.</li> <li>12. Wash hands.</li> </ol>
<p><b>Show</b></p> 		<p>Show Pericare video. (11 min. and 17 sec.) Please note how many times the cloth is folded and moved so that no part of the cloth touches the skin twice. Ask them how comfortable they will be in their old age without a same gender stand-by performing this task on them? Are you able to provide same sex support at your agency?</p> <p><a href="https://www.youtube.com/watch?feature=player_embedded&amp;v=znJWfiogjtQ">https://www.youtube.com/watch?feature=player_embedded&amp;v=znJWfiogjtQ</a></p>
<p><b>Note</b></p>		<p>Best practice is with an anatomically correct mannequin.</p>
<p><b>Activity</b></p>		<p>Ok – we are going to practice this. If you do not have an anatomically correct mannequin you should at the very least practice folding the wash cloth for use during washing and another one for rinsing. Hand out the washcloths and</p>

		<ol style="list-style-type: none"> <li>1. Demonstrate how to fold the cloth so that all four corners are together. The wash cloth will end in a square. Check to ensure that everyone has folded their cloth the same way.</li> <li>2. Add a little bit of soap to each corner, folding back the top layer back and keeping the cloth facing in the same direction. Add soap to all four layers – just a little soap will do.</li> <li>3. Go through the motions of wiping, turning the cloth just as shown from the video.</li> <li>4. Place the cloth on a dry towel designated for “dirty”</li> <li>5. Repeat without the soap for rinsing by placing the cloth in warm water, wringing it out and then rinsing all of the areas just washed.</li> <li>6. Place the cloth in the “dirty” pile.</li> </ol>
<p><b>Teach and Train: catheter care</b></p>		
		<p><b>The following are general tips when helping a client with catheter care.</b></p> <ul style="list-style-type: none"> <li>• Make sure the bag is kept lower than the bladder.</li> <li>• Make sure the catheter is always secured to the leg to prevent tugging of the tube.</li> <li>• When emptying the urinary catheter bag, be sure the end of the bag doesn't touch anything. This helps stop germs from entering the bag.</li> <li>• In some care settings, you may be asked to measure the amount of urine in the bag.</li> </ul> <p><b>Make sure to observe and report if:</b></p> <ul style="list-style-type: none"> <li>• the urine appears cloudy, dark-colored, or is foul smelling;</li> <li>• there isn't much urine to empty (as compared to the same time on other days);</li> <li>• an in-dwelling catheter comes out;</li> <li>• pain, burning, or irritation.</li> </ul>

		<p><b>Urinary catheters</b></p> <p>Catheters are tubes that drain urine into a bag. A client may have a catheter because of:</p> <ul style="list-style-type: none"> <li>• urinary blockage;</li> <li>• a weak bladder unable to completely empty;</li> <li>• unmanageable incontinence;</li> <li>• surgery (used to drain the bladder during and after surgery);</li> <li>• skin breakdown (allows skin to heal or rest for a period of time).</li> </ul> <p><b>Internal catheters</b></p> <p>There are three types of catheters that go directly into the bladder to drain urine.</p> <ol style="list-style-type: none"> <li>1. <b>Straight (in and out catheter).</b></li> </ol> <p>The straight catheter is inserted into the bladder, urine is drained, and then the catheter is removed.</p> <p>If a caregiver is to insert this type of catheter, the task needs to be delegated to the caregiver under nurse delegation or by the in-home client under self-directed care. The task must be documented in the DSHS care plan and special training is required.</p> <ol style="list-style-type: none"> <li>2. <b>Indwelling Suprapubic catheter.</b></li> </ol> <p>The indwelling suprapubic catheter is a straight tube with a balloon near the tip. It is placed directly into the bladder through a hole made in the abdomen just above the pubic bone. The balloon is inflated with a normal saline solution after the catheter has been placed in the bladder and keeps the catheter from falling out.</p> <ol style="list-style-type: none"> <li>3. <b>Indwelling/Foley urethral catheter.</b></li> </ol> <p>The indwelling urethral catheter is also a straight tube with a balloon near the tip but is inserted through the urethra.</p>
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		<p>Caregivers may be asked to clean the tubing or empty the urinary drainage bag (see next page).</p> <p>For either the Suprapubic or Foley catheter, the catheter attaches to tubing that drains the urine into a urinary drainage leg bag or overnight bag. The leg bag is attached to the leg, thigh, or calf. An overnight drainage bag hangs on the bed or chair.</p> <p>This catheter can be left in place for one to two months if there are no problems. It can be removed and replaced with a new one once the old one is removed.</p>
<p><b>Curriculum Toolkit</b></p>		<p>Review the skills with participants and ask that they refer to these skills while they watch the video.</p> <p><b>Skill: Catheter Care</b></p> <ol style="list-style-type: none"> <li>1. S.W.I.P.E.S.</li> <li>2. Test water in basin. Determine if water temperature is safe and comfortable before washing, and adjust if necessary.</li> <li>3. Put on gloves before contact with linen and/or individual.</li> <li>4. Expose area surrounding catheter only.</li> <li>5. Place towel or pad under catheter tubing before washing.</li> <li>6. Avoid tugging the catheter.</li> <li>7. Apply soap to wet washcloth.</li> <li>8. Hold catheter near opening where it enters the body to avoid tugging it.</li> <li>9. Clean at least four inches of the catheter nearest the opening, moving from the opening downwards away from the body, using a clean area of the cloth for each stroke.</li> <li>10. Rinse at least four inches of the outside of the catheter nearest the opening, moving from the opening downwards away from the body, using a clean area of the cloth for each stroke.</li> <li>11. Make sure there are no kinks in catheter tubing.</li> <li>12. Dispose of linen in proper containers.</li> <li>13. Empty, rinse, wipe basin and return to proper storage.</li> <li>14. Remove and dispose of gloves without contaminating self after returning basin to storage.</li> <li>15. Wash hands.</li> </ol>

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		Caregivers are not permitted to insert or replace indwelling catheters. Caregivers may be asked to change the urinary drainage bag.
<p><b>Show</b></p> 		<p>Show Catheter Care video (6 min. and 54 sec.)</p> <p><a href="https://www.youtube.com/watch?feature=player_embedded&amp;v=jcOT5EXsH1s">https://www.youtube.com/watch?feature=player_embedded&amp;v=jcOT5EXsH1s</a></p>
<p><b>Say</b></p>		<p>The following are general tips when helping a client with condom catheter care.</p> <ul style="list-style-type: none"> <li>• Condom catheters can be difficult to keep in place and should be changed regularly.</li> </ul> <p>Making a homemade condom catheter out of a regular condom and tubing is not recommended.</p> <p><b>Skill: Assist Individual with Condom Catheter Care</b></p> <ol style="list-style-type: none"> <li>1. S.W.I.P.E.S.</li> <li>2. Put gloves on.</li> <li>3. Expose genital area only.</li> <li>4. Wash and dry penis carefully, cut long hairs.</li> <li>5. Observe skin of penis for open areas.</li> <li>6. If sores or raw areas are present, do not apply condom.</li> <li>7. Put skin adhesive over penis.</li> <li>8. Roll condom catheter over penis area.</li> <li>9. Attach condom to tubing. Check that tip of condom is not twisted.</li> <li>10. Check that tubing is one inch below tip of penis.</li> <li>11. Remove gloves and wash hands.</li> </ol>
Section 4: bed bath, mouth care, denture care		
Immerse: Assist a person with a bed bath		
<p><b>Curriculum Toolkit</b></p> 		<p>Let's talk about bathing. One of the skills you need to practice is to provide a person a bed bath. These same skills can be applied when you are assisting with bathing a person in a tub or a shower as well. But remember that the person should do as much of the bathing as they are capable of</p>



		<p>doing. For the test however, the assumption is that the person is in bed, cannot bathe themselves and needs a bath.</p> <p>Bathing can be dangerous! Know what the risks are for each person you support and ensure that you have put prevention into practice. Falling in the bathtub or shower can be a great risk. Know seizure protocols and never leave a person in the tub or shower unattended. That may mean that you are outside the door but you are never very far away.</p> <p>Water can frequently be too hot! In supported living you are required to maintain the hot water heater at 120 degrees to prevent people from being scalded. You may think that this is not warm enough for a shower or bath. Remember that many people are independent and mixing water until it is the right temperature is difficult for them. By maintaining the hot water temperature at a level of 120 degrees we can prevent this injury from occurring and ensure the safety of the people we support.</p> <p>Some people may like to take longer baths because it relaxes their muscles and they just want to soak or have the water beat on them for a longer period of time. Remember that it is their water and not yours. You are responsible for trying to maintain things within a certain budget but allow for times for the person to enjoy the longer soak or the water for more time.</p> <p>As we move through the skills for bathing, note that it begins with the most vulnerable areas for infection (the eyes) and moves from top to bottom, rinsing from top to bottom. Note the theme with washing your hands? Top to bottom and front to back.</p> <p><b>Skill: Bed Bath</b></p> <ol style="list-style-type: none"> <li>1. S.W.I.P.E.S.</li> <li>2. Put on gloves.</li> <li>3. Remove or fold back top bedding. Keep individual covered with bath blanket or top sheet.</li> <li>4. Remove individual's gown/sleep wear.</li> <li>5. Test water temperature and ensure it is safe. Adjust if necessary. Replace the water at any time it gets soapy, cool, or dirty.</li> </ol>
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		<ol style="list-style-type: none"> <li>6. Wet washcloth (no soap) and begin with the eyes. Use a different area of the washcloth for each eye, washing inner to outer corner.</li> <li>7. Wash the rest of the face, ears, and neck, using soap (if the individual prefers).</li> <li>8. Rinse. Dry areas with a towel – pat, don’t rub.</li> <li>9. Expose one arm and place a towel underneath it. Support the individual’s arm with the palm of your hand underneath the individual’s elbow. Wash the individual’s arm, shoulder, and armpit. Rinse and pat dry.</li> <li>10. Place the individual’s hand in the water basin. Wash the individual’s hand, rinse, and pat dry. Repeat with the other arm and hand.</li> <li>11. Wash, rinse, and pat dry the individual’s chest and abdomen.</li> <li>12. Uncover one of the individual’s legs and place a towel lengthwise under the foot and leg. Bend the knee and support the leg with your arm. Wash the leg, rinse, and pat dry.</li> <li>13. Slide the individual’s foot in to the water basin. Wash the individual’s foot, rinse and pat dry. Repeat with the other leg and foot.</li> <li>14. Assist the individual to turn on his/her side, away from you. Place a bath blanket or towel alongside his/her back.</li> <li>15. Wash the individual’s back and buttocks, rinse and pat dry.</li> <li>16. Assist the individual to his/her back. Provide privacy and let the individual perform his/her own perineal care.</li> <li>17. Assist individual to get dressed.</li> <li>18. Assist the individual to get up, or assist in a comfortable position if remaining in bed.</li> <li>19. Remove bedding that may have gotten wet.</li> <li>20. Empty, rinse, wipe bath basin and return to proper storage.</li> <li>21. Place soiled clothing and linen in proper container.</li> <li>22. Remove gloves and wash hands.</li> </ol>
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<p><b>Show</b></p> 		<p>Watch the video:  <a href="https://www.youtube.com/watch?feature=player_embedded&amp;v=xYOxfPyutOI">https://www.youtube.com/watch?feature=player_embedded&amp;v=xYOxfPyutOI</a></p>
<p><b>Ask</b></p>		<p>What are some of the skills you see that also transfer into bathing someone as they shower or take a bath?</p>
<p><b>Note</b></p>		<p>Instead of practicing this on other people it might be a good idea to practice using plastic dolls and basins. If you have a mannequin, use the mannequin and demonstrate how to bathe another person using the steps in the skills above.</p>
<p><b>Immerse: Mouth Care and Denture Care:</b></p>		
<p><b>Say</b></p> 		<p>Did everyone assist with brushing and flossing teeth during on the job training? What were some of the challenges you faced? Take some answers. The skills test assumes that you are not facing these challenges and that everything will go smoothly. The steps for using a tooth brush will be tested during your exam.</p> <p>(If you have not practiced brushing someone else’s teeth ensure that you do so now.) Practicing this skill with other staff is of benefit to the people we support.</p>
<p><b>Activity</b></p>		<p>Let’s experience the process for supporting someone with oral hygiene practices.</p> <p>Ask: what’s the proper way to brush your teeth? (small circles, up and down, electronic toothbrush)</p> <p>Ask: Do you brush your tongue? Do you think some people may brush their tongue? What if you brush your tongue but someone you support does not? How would you know if they brush their tongue? (ask, IISP)</p> <p>What about flossing? Does everyone floss their teeth? Is it important?</p>

		<p>Pair participants together and have them choose who will be the “teacher” and who will be the “learner.” Prompt the “learner” to act as though they do not know how to brush or floss their teeth, have never seen a toothbrush, toothpaste, or flosser before, nor know how to do denture care. Teachers will brush and floss the learner’s teeth and then they will switch places and do it again. Give participants about ten minutes to complete this learning activity.</p>
<p><b>Curriculum Toolkit</b></p>		<p>Refer participants to their <b>Fundamentals</b> for steps on brushing teeth.</p> <p><b>Skill: Mouth Care</b></p> <ol style="list-style-type: none"> <li>1. S.W.I.P.E.S.</li> <li>2. Ensure individual is in an up-right sitting position.</li> <li>3. Put on gloves.</li> <li>4. Place towel across individual’s chest before providing mouth care.</li> <li>5. Moisten toothbrush or toothette and apply toothpaste.</li> <li>6. Clean entire mouth (including tongue and all surfaces of teeth), with brush or toothette, using gentle motions.</li> <li>7. Assist individual to rinse his/her mouth.</li> <li>8. Assist individual to spit into sink.</li> <li>9. Wipe individual’s lips and face, and remove towel.</li> <li>10. Dispose of soiled linen in soiled linen container.</li> <li>11. Clean and return toothbrush, toothpaste, etc. to proper storage.</li> <li>12. Remove gloves and wash hands.</li> </ol>
<p><b>Note</b></p>		<p>Note to Facilitator: Before participants begin ask them to use a sharpie and mark their toothbrush with their name or a symbol so they will not get them mixed up. Depending on the size of the class, assign the teaching tasks of brushing teeth and flossing evenly amongst the pairs. Then have them change activities to ensure that each participant has practiced both skills.</p> <p>You will be tempted to skip this practice because it is uncomfortable and makes everyone uneasy. Better now than when they try it for the first time with someone they will support. Practice on someone else before performing any task with the person you support will help in giving participants some confidence and can only build trust with</p>






		<p>the people you support when people know what they are doing when they start work.</p> <p>Ensure that participants each have the proper equipment to practice these skills.</p>
<b>Denture Care</b>		
<p><b>Say</b></p> 		<p>As people get older they may have full dentures or partial “plates” that require special care. We are not planning to use real dentures for our practice today. As you can imagine, no one wanted to loan us theirs for practice!</p> <p>Demonstrate proper denture care by following the steps in the <b>Fundamentals</b>. Ask participants to follow along while you demonstrate. Discuss the use of denture cream to clean dentures NOT toothpaste. Discuss soaking verses brushing. (Soaking happens after the teeth have been brushed and does not replace it.) Make sure you talk through all of the steps to model this as part of the practice.</p>
<p><b>Curriculum Toolkit</b></p>		<p><b>Clean and Store Dentures</b></p> <ol style="list-style-type: none"> <li>1. S.W.I.P.E.S.</li> <li>2. Put on gloves.</li> <li>3. Line sink/basin with a towel/washcloth or by filling it with water.</li> <li>4. Obtain dentures from individual or gently remove them from individual’s mouth if he/she is unable to do so. Take the lower denture out first, then the upper denture.</li> <li>5. Rinse dentures in cool running water before brushing them.</li> <li>6. Apply denture cleanser to toothbrush.</li> <li>7. Brush dentures on all surfaces.</li> <li>8. Rinse all surfaces of denture under cool, running water.</li> <li>9. Rinse denture cup before putting dentures in it.</li> <li>10. Place dentures in clean denture cup with solution or cool water.</li> </ol>

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		<ol style="list-style-type: none"> <li>11. Return denture cup to proper storage.</li> <li>12. Clean and return supplies and equipment to proper storage.</li> <li>13. Dispose of sink liner.</li> <li>14. Remove gloves and wash hands.</li> </ol>
<b>Activity</b>		<p>Now it's your turn! Pass out the silly teeth or wind up toy teeth for practice. Tell participants to ensure they brush all surfaces to pass! If you have been to a dentist and asked for broken dentures or teeth molds, use these for practice for denture care.</p>
Section 5: assist a person with a weak arm to dress, apply knee high elastic stocking, provide passive range of motion		
<b>Teach and Train: Assisting a person with a weak arm to dress (20 minutes)</b>		
<b>Say</b>		<p>Let's discuss getting dressed. Some of the people we support have weak muscles, some caused by medication side effects, and others because they were never developed in the first place, and others still just due to motor skills in general. Assisting with putting on clothing and acknowledging that this may be difficult for them are daily tasks. For testing purposes you will be tested on assisting someone with a weak arm to dress with a button up shirt and a pair of pants. Today, we have several sets of shirts and pants for our activity.</p> <p>The most important things to remember with this skill is:</p> <ul style="list-style-type: none"> <li>• Not to over extend the part being moved,</li> <li>• to support muscles and joints during the task</li> <li>• keep the person safe</li> <li>• ask frequently, "Does this feel ok?"</li> </ul>
<b>Curriculum Toolkit</b>		<p>Invite participants to turn to the <b>Fundamentals</b> section of their Curriculum Toolkit for this chapter for the steps on assisting a person to dress. Review the skills with the class. Remind them that people may additional assistance depending on the person and that these are general guidelines and what they will be tested on.</p>

		<p><b>Skill: Assist Individual with a Weak Arm to Dress</b></p> <ol style="list-style-type: none"> <li>1. S.W.I.P.E.S.</li> <li>2. Ask individual what he/she would like to wear.</li> <li>3. Assist individual to remove their gown/sleep wear while protecting privacy.</li> <li>4. Assist individual to put the weak arm through the correct sleeve of the shirt, sweater, or slip.</li> <li>5. Assist individual to put strong arm through the correct sleeve.</li> <li>6. Assist individual to put on skirt, pants, shirt, or dress, and non-skid footwear.</li> <li>7. Puts on all items, moving individual’s body gently and naturally, avoiding force and over-extension of limbs and joints.</li> <li>8. Finish with individual dressed appropriately (clothing right side out, zippers/buttons fastened, etc.) and seated.</li> <li>9. Place gown in dirty laundry basket.</li> <li>10. Wash hands.</li> </ol>
<p><b>Activity</b></p>		<p>Provide two sets of shirts and pants. (Make certain that you have large enough sets for large people to fit in to. So they are not embarrassed by having to try to squeeze into small clothing. Too big is ok, too small is not.) Place the sets next to each other and divide the class into teams of two. Ask the first person in the line to stand with the clothes. They will have a weak arm that they will identify to the staff when the staff arrives to assist them with getting dressed. Set up a relay race so that once the staff has dressed the person following the steps (at least 2 buttons), they will remain with the clothes while the other staff removes them. The staff that dressed the person will become the individual who needs assistance. The staff cannot arrive from the line until the supported individual returns to the back of the line. The staff in line are calling out the steps in unison to the person who is assisting so they don’t have to read their list. Race the two teams to see who can finish fastest and most accurately. If</p>






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		you have a large group you may want to have more teams so the activity completes sooner. If you have a small group the practice would not need to be a race between teams but will help people repeat the steps. Having team members saying the steps out loud is an essential part of this activity.
<b>Teach and Train: elastic stocking (10 minutes)</b>		
<b>Say</b>		Elastic hose, or TED hose are also known as support hose and other names. They are a strong elastic material that provides support to the person’s leg for the purpose of reducing swelling, supporting varicose veins or other needs. Show the participants the ted hose and pass around so they can see how stretchy they are. Discuss individuals that you support who require the use of the elastic hose and why they are wearing them. Is it short term or long term use?
<b>Curriculum Toolkit</b>	  	<p><b>Skill: Put Knee-High Elastic Stocking on an Individual</b></p> <ol style="list-style-type: none"> <li>1. S.W.I.P.E.S.</li> <li>2. Have individual elevate leg(s) 15 minutes.</li> <li>3. Turn stocking inside out, at least to heel area.</li> <li>4. Place foot of stocking over toes, foot, and heel moving individual’s foot and leg naturally, avoiding force and over-extension of limb and joints.</li> <li>5. Pull top of stocking, over foot, heel, and leg.</li> <li>6. Make sure stocking is smooth, with no twists or wrinkles, and is not too tight over the individual’s toes.</li> <li>7. Wash hands.</li> </ol> <p>Use your checklist while you watch the video.</p> <p>Show video: Elastic hose (1 min.)  <a href="https://www.youtube.com/watch?v=upFm6-Lssuw&amp;feature=player_embedded">https://www.youtube.com/watch?v=upFm6-Lssuw&amp;feature=player_embedded</a></p>
<b>Video</b> 		
<b>Activity</b>		In pairs, practice putting on this elastic hose. To pass, there should be no excess materials at the toes to bunch up in the person’s shoe, and the hose should reach mid- calf or higher depending on the length of the hose provided. Remember that while you are practicing this, you are working with an individual who is capable of pushing back to help you.

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		Many of the people who need this support, cannot assist you with putting the hose on.
<b>Immerse (8 minutes)</b>		
<b>Note</b>		<b>Note to Facilitator:</b> Have upbeat work appropriate music cued up on a device or via internet access.
<b>Activity</b>		Start the activity by having everyone position themselves in their chairs so that they can extend their arms straight out to their sides.
<b>Say</b> 		“Ok, everyone, let’s do some arm circles! Ready, begin!” As you do the arm circles with them, count aloud. When you get to 20 tell them to flip their hands over (palm up or down). Begin the count at 1 again, and stop after 5.
<b>Ask</b>		“Is anyone bored yet?” Most likely more than one person (including you) will say “yes!”  You may use the dance party example below or another activity that gets people up and moving.
<b>Ask</b> <b>Say</b> <b>Activity</b> 	  	“Would anyone rather have a dance party?”  “If you work with people who have limited mobility and/or use a wheelchair, you might need to be creative to help them move their bodies in fun ways.”  Start the music, and say “It’s time for a seated dance party!” Encourage participants to share what dance moves they know, from a seated position. Choose music to last for at least 2-3 minutes.

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<p><b>Say</b></p> 		<p>Many of the people we support require some additional assistance with movement. They may have injured themselves at some point in their lives or due to inactivity may just need some movement. It will be your job to support them with the range of motion.</p> <p>Raise your hand and ask Has anyone ever broken a bone? Maybe you sprained something? During your care or after the cast was removed what happened? (physical therapy, stretching) All of these activities helped your muscles return to their happier state. By doing the exercises you can still bend your knee, move your ankle, bend your wrist and what have you. People who sit and do little or don't get the same exercise that you do, need to have their body parts moved or they will lose use of them.</p>
<p><b>Show</b></p> 		<p>Show Video on Passive Range of Motion (3 min. and 11 sec.)</p> <p><a href="https://www.youtube.com/watch?feature=player_embedded&amp;v=XORFTjO9Dgk">https://www.youtube.com/watch?feature=player_embedded&amp;v=XORFTjO9Dgk</a></p>
<p><b>Apply- Demonstrate Learning Application to Real Work (30 min. depending upon class size)</b></p>		
<p><b>Note</b></p>		<p><b>Note to Facilitator:</b> Model this skill for your class, discussing where you should stand, where your hands go and what support you are providing. Remind your participants that people who need this support may be in pain while you are assisting them and that they should go slowly and check in frequently regarding level of pain and discomfort. Watch while each person practices with their partner on a knee, elbow or ankle.</p>
<p><b>Teach and Train</b></p>		



**SAY**



Other movement assistance may be in the area of other moving body parts. Again, use it or lose it. When you are sitting at your desk do you do body stretches? What kinds? Take some answers. (shoulder rolls, standing up, fingers stretches will be among the answers) Right? When you have been sitting for a long period of time, you begin to feel your body stiffening up.

Now imagine being in a chair all day long when the staff doesn't plan for activities to keep people moving? What would you want your support staff to provide for you? Is it important TO you or FOR you? Take some answers. (They will vary.) The same is true for the people we support. It may be important for them to hike 5 miles a day but if they don't choose to move it is still important for them to move. It is our responsibility to ensure that they are moving.

Some of the people we support actually have plans that include passive range of motion activities that need to take place daily for their health. You will be tested on shoulder, knee and ankle movements but you may be trained to work with someone who needs something different. You will be trained as needed for each individual that needs this assistance.

**Apply – demonstrate passive range of motion for a shoulder, ankle and knee.**

**Activity**



Have participants pair with a partner and practice the steps for each body area. They should be starting with SWIPES and talking through each step as they have done with each skill prior to this.

It's ok if they say they will assume hand washing is completed and they have their gloves on.

**Skill: Passive Range of Motion for One Shoulder**

1. S.W.I.P.E.S.
2. While supporting the limb through the following exercises, move joint gently, slowly, and smoothly through the range of motion to the point of resistance. Stop if pain occurs.



3. Support individual's arm at elbow and wrist, while performing range of motion for shoulder.
4. Raise individual's straightened arm toward ceiling, back towards the head of bed and return to a flat position. Repeat at least three times.
5. Move individual's straightened arm away from their side of body toward head of bed, and return individual's straightened arm to midline of their body. Repeat at least three times.
6. Place individual's flexed elbow at individual's shoulder level, rotate forearm toward head of the bed and rotate forearm down toward hip. Repeat at least three times.
7. Wash hands.

**Skill: Passive Range of Motion for One Knee and Ankle**





1. S.W.I.P.E.S.
2. While supporting the limb through the following exercises, move joint gently, slowly, and smoothly through the range of motion to the point of resistance. Stop if pain occurs.
3. Knee. Support individual's leg at knee and ankle while performing range of motion for knee.
4. Bend the knee to the point of resistance and then return leg flat to bed. Repeat at least three times.
5. Ankle. Support foot and ankle while performing range of motion for ankle.
6. Keeping the individual's foot on bed, push/pull foot toward head and push/pull foot down, toes point down (as if pushing down or letting up on a gas pedal in a car).
7. Repeat at least three times.
8. Wash hands.

**Note**






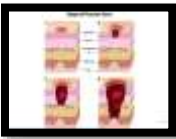


**Note to Facilitator:** Have participants practice in pairs. As the facilitator, you will need to walk among the groups to ensure that the steps are being performed correctly and adjusting technique as needed.







**Section 6: help a person to walk, turn and reposition a person in bed from prone to side, transfer from bed to wheelchair**




Immerse – walking and transferring		
<p><b>Say</b></p> 		<p>Raise your hand if you’ve ever been lightheaded? What did you do to steady yourself? Take some answers. (sat down again, held the wall, grabbed a friend)</p> <p>By now, you have figured out that people have many needs for support. Walking may be one of those as well. Not that the person can’t walk on their own but they may have balance issues or strength concerns, weakness in muscles from lack of moving or caused by medications. Some people may be light headed when they first stand up and we want to prevent them from falling! We aren’t talking about placing your hands on the person unless they need that. We are talking about remaining close to the person to be there to guide or catch them if they appear to be falling. Initially you will want to stand too close, keep your hands on the person and in general “hover”. Try not to do that! Work on keeping some distance without placing your hands on people.</p>
<p><b>Tools</b></p> 		<p>Invite participants to practice helping a person (partner in the class) to walk.</p> <p><b>Skill: Assisting an Individual to Walk</b></p> <ol style="list-style-type: none"> <li>1. S.W.I.P.E.S.</li> <li>2. Encourage individual to wear properly fasten non-skid footwear.</li> <li>3. Stand in front of and face the individual.</li> <li>4. Brace the individual’s lower extremities.</li> <li>5. With transfer (gait) belt:             <ul style="list-style-type: none"> <li>o Place belt around the individual’s waist and grasp the belt while assisting him / her to stand.</li> <li>o Walk slightly behind and to one side (weaker side, if any) of individual for the full distance, while holding onto the belt.</li> </ul> </li> <li>6. Without transfer belt:             <ul style="list-style-type: none"> <li>o Place arm around individual’s torso while assisting him / her to stand.</li> <li>o Walk slightly behind and to one side (weaker side, if any) of individual for the full distance with arm supporting his / her back.</li> </ul> </li> </ol>

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		7. Assist individual to where he/she is going and remove transfer belt, if used.
<b>Activity</b>		<p>Pair up participants and use their <b>Study Guide</b> information from the Curriculum Toolkit. Review each of the steps while you model the process with one of the participants reminding everyone to follow each step in order. Be sure to point out where to stand and what to look for if they are to prevent a fall. (No hands in pockets, standing close by to catch, controlled falls better than a full on fall...)</p> <p>Ask one staff to be seated in a chair when care begins for this skill. The client requires stand-by assistance and does not use assistive devices to walk. The role of the individual supported is played by another participant.</p>
<b>Ask</b>		Debrief their learning through asking questions about their experience as both the individual supported and playing the role of the staff. How comfortable did you feel? What are the risks while assisting someone else?
<b>Teach and Train (5-8 minutes)</b>		
<b>Ask</b>		<p>Who do you think of as the classic <i>Superman</i>?          Most people will say “Christopher Reeve.”          How did Christopher Reeve die?          Allow people to guess.</p>
<b>Say</b>		Explain that the cardiac arrest that killed him was a result of complications from a pressure injury.
<b>Say</b>	 	<p>Raise your hand if you have ever seen a pressure injury, also called a bed sore or decubitus ulcer.</p> <p>Allow people to share personal stories or experiences.</p> <p>For those of you who haven’t seen a pressure injury, here are some examples.</p>

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<p><b>Ask</b></p> <p><b>Say</b></p>	  	<p>What are some causes of pressure injuries? Ensure the conversation includes: skin tears, dehydration, lack of movement, poor circulation, certain medications, diabetes, paralysis, and lack of sensation.</p> <p>Let's test how easily a pressure injury can begin.</p>
<p><b>Apply - Demonstrate Learning Application to Real Work (5 minutes)</b></p>		
<p><b>Say</b></p>		<p>I am going to ask you to put your elbow on the table and lean your face on the butt of your palm. Stay in this position for one minute. When I say go, you will freeze your entire body. I will tell you when one minute has passed and you may move again.</p>
<p><b>Activity</b></p>		<p>After the minute is up, ask them to look around to observe the changes on the faces of other participants. Most people should have some redness and perhaps indentation, where their hand made contact with their face.</p>
<p><b>Say</b></p>		<p>This is the beginning of what could become a pressure injury if you were unable to change the point of pressure. This occurred in one minute, so imagine if you had to stay in that position for an hour!</p> <p>People who rely on us to help prevent pressure injuries may also rely on us to help them move about for their daily activities.</p> <p>If someone is in bed for an extended period of time, or stuck in a chair due to injury or illness, it is your responsibility to assist with repositioning. While this is not common in many supported living settings, you may need to assist with repositioning someone who is in bed recovering from an illness.</p>
<p><b>Ask</b></p>		<p>Debrief their learning through asking questions about their experience as both the individual supported and playing the role of the staff. How comfortable did you feel? What are the risks while assisting someone else?</p>
<p><b>Immerse</b></p>		

<p><b>Say</b></p>		<p>Remember from CPR how you move a person to their recovery position? This is the same thing basically. For people who are bed bound, changing their position is important. Discuss any people you support who will need this assistance. Tell them why they need the assistance and remind them that they will practice here and be better prepared when they are in the Coaching Session and performing this task with individuals we support.</p>
<p><b>Show</b></p> 		<p>Show the video: Turn and reposition from prone to side (4 min.)  <a href="https://www.youtube.com/watch?feature=player_embedded&amp;v=XZNtrYEN_uw">https://www.youtube.com/watch?feature=player_embedded&amp;v=XZNtrYEN_uw</a></p> <p>There were a few problems with this video. The person was rolled away from the staff rather than towards them. Never roll someone away from you. Always towards you.</p> <p><b>This skill requires you to have three pillows.</b></p> <ul style="list-style-type: none"> <li>• The thin pillow is folded in half the long way and tucked in behind the person before moving away from them.</li> <li>• The second pillow is the medium pillow. This is placed under the upper arm to allow the shoulder to remain in line.</li> <li>• The third pillow is the fluffiest. IT is placed between the legs to keep the hips in alignment and to prevent pressure injuries. While the video says to place one leg on top of the other, it is better to place the top leg a little behind or a little in front of the lower leg. The pillow should support from the knee to the ankle so make sure you have long enough pillows.</li> </ul> <p>The steps you will follow below do not indicate that you should ask the person to raise their hand on the side you will roll them to. You should do that step as it will make it easier for them to remain on their side.</p>

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		The steps also do not indicate the placement of pillows. These should also be completed.
<b>Curriculum Toolkit</b>		<p>Tell participants to review the steps for turn and reposition in the <b>Fundamentals</b> section of their Curriculum Toolkit.</p> <p><b>Skill: Turn and Reposition an Individual in Bed</b></p> <ol style="list-style-type: none"> <li>1. S.W.I.P.E.S.</li> <li>2. Bend individual’s knees.</li> <li>3. Before turning individual, move their body towards self.</li> <li>4. Place your hands on the individual’s hip and shoulder and gently roll the individual over on his/her side away from you.</li> <li>5. Position individual in proper body alignment: <ul style="list-style-type: none"> <li>• head supported by pillow;</li> <li>• shoulder adjusted so individual is not lying on arm and top arm is supported;</li> <li>• back supported by supportive device if applicable;</li> <li>• top knee flexed, top leg supported by supportive device if applicable with hip in proper alignment.</li> </ul> </li> <li>6. Cover individual with top sheet.</li> <li>7. Remove gloves (if used) and wash hands as final step.</li> </ol>
<b>Activity</b>		Pair participants with a partner. One will be the client the other the staff. Client will lie on their back on the bed. Provide a sheet or mat to place on the floor for their protection and comfort if you don’t have a bed. Staff person will move them from prone to their side following the steps for this skill.
<b>Activity</b>		Let’s talk about important steps for lifting and transferring people.
<b>Curriculum Toolkit</b>		List in your Curriculum Toolkit Page _____, 4 things that would be most important to you, if you had to rely on someone else to move you around. Provide a minute for people to create their list, and then have them share their lists in groups of three or four. Ask people to note one suggestion shared that they would not have thought of on their own. After a minute ask for volunteers to share with the larger group either what was most important, or what surprised them.

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Teach and Train (3 minutes)		
<b>Say</b>		<p>Some people you support may need complete physical assistance to move, due to an inability to bear weight. For those individuals, you will receive specific, in-home training using a mechanical lift (sometimes called a Hoyer).</p> <p>When a person can bear weight, we may need to provide a “safe assist.”</p>
Apply - Demonstrate Learning Application to Real Work (5-8 minutes)		
<b>Note</b>		<p><b>Note to Facilitator:</b> It is always best practice to use a wheelchair for practicing this activity. Some medical supply stores may loan or rent you one for a day or may provide you with a broken one for use during training. Ask your pharmacy or medical supply store for any equipment you need for practice.</p>
		<p><b>Skill: Transfer Individual from Bed to Chair/Wheelchair</b></p> <ol style="list-style-type: none"> <li>1. S.W.I.P.E.S.</li> <li>2. Position chair/wheelchair close to bed with arm of the wheelchair almost touching the bed.</li> <li>3. Fold up or remove footrests.</li> <li>4. Lock wheels on wheelchair.</li> <li>5. Assist client to roll toward side of bed.</li> <li>6. Supporting the client’s back and hips, assist client to a sitting position with feet flat on the floor.</li> <li>7. Assist client to put on non-skid footwear.</li> <li>8. Put on transfer belt, if necessary. <b>(Discuss the use a gait belt or transfer belt. If the person is wearing a belt, can you use that instead of putting something else on? Discuss comfort of how the pants might fit when you are pulling up on the belt and how a gait belt can be used so that clothing stays in a comfortable position. Is a use of a gait belt restrictive? Does it need to have special consent to use one? Does it need a Doctor or Therapist order?)</b></li> <li>9. Assist client to scoot toward edge of bed.</li> <li>10. With transfer (gait) belt:</li> </ol>







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		<ul style="list-style-type: none"> <li>• Stand in front of client.</li> <li>• Grasp belt.</li> </ul> <p>11. Without transfer belt:</p> <ul style="list-style-type: none"> <li>• Stand in front of client.</li> <li>• Place arms around client’s torso under client’s arms.</li> </ul> <p>12. Brace client’s lower extremities with your knees to prevent slipping.</p> <p>13. Alert client you will begin transfer on the count of 3.</p> <p>14. On signal, assist client to stand.</p> <p>15. Assist client to pivot to front of wheelchair with back of client’s legs against wheelchair.</p> <p>16. Flex your knees and hips and lower the client into the wheelchair</p> <p>NOTE: People will fail the test if they do not use proper body mechanics.</p>
		Show the Video Transfer from bed to wheel chair (3 minutes & 30 seconds) <a href="https://www.youtube.com/watch?feature=player_embedded&amp;v=JxmH3_E2uDo">https://www.youtube.com/watch?feature=player_embedded&amp;v=JxmH3_E2uDo</a>
<b>Say</b>		Now that you have seen an example of a safe assist to transfer, it is your turn to practice.
<b>Curriculum Toolkit</b>		<p>Have participants pair up. One will be the person in the bed and the other will assist them to stand from the bed to transfer to the wheelchair.</p> <p><b>Skill: Transfer Individual from Bed to Chair/Wheelchair</b></p> <ol style="list-style-type: none"> <li>1. S.W.I.P.E.S.</li> <li>2. Position chair/wheelchair close to bed with arm of the wheelchair almost touching the bed.</li> <li>3. Fold up or remove footrests.</li> <li>4. Lock wheels on wheelchair.</li> <li>5. Assist client to roll toward side of bed.</li> <li>6. Supporting the client’s back and hips, assist client to a sitting position with feet flat on the floor.</li> <li>7. Assist client to put on non-skid footwear.</li> </ol>

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		<p>8. Put on transfer belt, if necessary. (Discuss the use a gait belt or transfer belt. If the person is wearing a belt, can you use that instead of putting something else on? Discuss comfort of how the pants might fit when you are pulling up on the belt and how a gait belt can be used so that clothing stays in a comfortable position. Is a use of a gait belt restrictive? Does it need to have special consent to use one? Does it need a Doctor or Therapist order?)</p> <p>9. Assist client to scoot toward edge of bed.</p> <p>10. With transfer (gait) belt:</p> <ul style="list-style-type: none"> <li>• Stand in front of client.</li> <li>• Grasp belt.</li> </ul> <p>11. Without transfer belt:</p> <ul style="list-style-type: none"> <li>• Stand in front of client.</li> <li>• Place arms around client’s torso under client’s arms.</li> </ul> <p>12. Brace client’s lower extremities with your knees to prevent slipping.</p> <p>13. Alert client you will begin transfer on the count of 3.</p> <p>14. On signal, assist client to stand.</p> <p>15. Assist client to pivot to front of wheelchair with back of client’s legs against wheelchair.</p> <p>16. Flex your knees and hips and lower the client into the wheelchair.</p>
<b>Note</b>		<p><b>Note to Facilitator:</b> If you have gait belts available, participants can practice with them instead of miming the actions. A gait belt can be any thick piece of fabric or an actual belt. (This is a skill that participants will need to demonstrate for the Home Care Aide Certification Exam)</p>
<p><b>Reflection &amp; Celebration (5 minutes)</b></p>		
<b>Say</b>		<p>The personal care needs of the people you support will be very individualized. You’ll learn the most when you are in the home providing support.</p> <p>What are some of the common themes for personal care?</p>

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		<p>(top to bottom, pat dry not rub, privacy, use SWIPES to remember the steps, individual has the right to choose or refuse, only use the person’s personal care equipment – no sharing, water temp at 120 degrees....)</p> <p>Be on the lookout during your in-home job experience for how staff inquire and learn what is most important to each individual. As always, provide caring and compassionate support that helps each individual be as independent as possible – just like you would desire staff to do for your loved one. Remember to celebrate yourself!</p>
Activity		Give everyone a sticky note and instruct them to write 2-3 personal care tasks that boost their own self-esteem. Give 2-3 minutes and then ask them to take their post it note with them to post somewhere they will see it every day.
Say 		Thank you (in advance) for the work you will do to make a difference with the most basic of tasks for the care of each person you will support!
Activity		Please administer the assessment at the end of this chapter.
Note		<p><b>Note to Facilitator:</b> Please review the objectives in the Curriculum Toolkit on the first page with participants. Ask participants to circle the objectives for this chapter in which they believe they need more clarity. Allow for question and answer dialogue to ensure that all of the objectives have been met.</p> <p>Hand out the assessment for this chapter to each participant. End of chapter assessments should take approximately 10 minutes.</p>

		<p>As a learning tool, it will be important for each participant to leave the training with the correct answers. Please review the answers and ensure that each participant has marked the correct answer. When you review the assessment with participants, note where people are having difficulty and review that section again with the whole group or determine where you will address this in the next chapter. Ensure that you reteach/retrain topics where learning gaps were identified.</p> <p>Due to the confidential nature of the assessments in this course, please collect and shred all completed assessments.</p>
<p><b>Best Practice</b></p>		<p><b>Research has shown:</b></p> <ul style="list-style-type: none"> <li>• Practice with all items required leads to better outcomes</li> <li>• Allowing practice during teaching time, increases the recall of the skill at a later time</li> <li>• Providing a study refresher class prior to taking the exam increases passing rates</li> <li>• Talking out loud while performing a task increases ability to perform the task <b>and</b> makes the task more predictable for the client.</li> <li>• Predictability increases trust with the staff.</li> <li>• Consistency from staff to staff in performing skills increases client learning and ability to become independent.</li> <li>• Use of common Care Practices increases the person’s support system.</li> </ul>

## Limitations List

Vision impairment	Refuses to participate
Weak on the right side	Difficulty remembering steps
No use of arms; uses a wheelchair	Unable to grasp
Hearing impairment	Unable to stand upright

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## **“What Should You Do?” Role Play Scenarios**

1. My pants are torn at the crotch. They are my favorite pants and I refuse to change before we leave the house.
2. My usual female staff called in sick. A male replacement is covering the shift. I refuse to let him assist me with menses care.
3. I have very bad breath. We are going to a dance tonight. I don't think I need to brush my teeth, as I did that this morning.
4. You overhear another staff say to someone you support, “Oh man, what did you eat?” as they check to see if a brief change is needed.

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