Standardized Training for Personal Care Assistants for Agency-Based PCAs

Community Options Unit

CT Home Care Program for Elders

CT Home Care Program for Disabled Adults

Acquired Brain Injury Waiver

PCA Waiver



Department of Social Services

Community Options Unit

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Rev. 7/26 Version 3

STANDARDIZED CURRICULUM FOR PCA TRAINING

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Introduction

The purpose of this training is to ensure quality care for our clients, prevent critical incidents from occurring and provide a free tool for Connecticut Home Care Program for Elders or Disabled Adults, ABI or PCA agencies to assist with achieving this goal. Convenience, simplicity and a self-paced curriculum have been designed to support agencies' efforts to train their staff.

Guidance

The training and certification test is required for agency-based PCAs. The training and certification test are paper-based. There is no online version. Agencies may use this training for other staff if they wish but it is not required.

- Existing PCAs have one (1) year to complete the training.
- New employees are required to complete the training within 90 days of hire.
- PCAs may pace their training as long as it is completed within one year.
- Completed quizzes should be placed in the employee's personnel file.
- PCAs must take the certification test and pass with a score of 70.
- Compensation of time taken for the training is the agency's responsibility.
- A Certificate of Completion is available on CT DSS Map Website.
- The Certificate should be placed in the employee's personnel file.
- DSS Community Options Quality Assurance unit will be checking for completed quizzes and Certificates of Completion when they conduct audits.
- Certified Nursing Assistants and privately paid PCAs are **not** required to take the training; however, providers may use this training for any staff members.

Videos

Positioning
https://www.youtube.com/watch?v=H68Sa04s_1s

Occupied Bed Making
https://www.youtube.com/watch?v=xyw1TN5BQQU

Fall with Assistance to the Floor
https://www.youtube.com/watch?v=QZxF6FectAQ
https://www.youtube.com/watch?v=HbldorHIhzI

Hoyer Lift
https://www.youtube.com/watch?v=drbOVe1A6ao

Safe Transfers
https://www.youtube.com/watch?v=oB0uPouIcXo
https://www.youtube.com/watch?v=fXXXUnpM-Ss

Smoking Hazards and Oxygen Tanks
https://www.youtube.com/watch?v=E-teitIZQsU
https://www.youtube.com/watch?v=2ARQkjVECio

Elder Abuse
https://www.youtube.com/watch?v=W9ikKP5-s5A

Caregiver Boundaries
https://www.youtube.com/watch?v=gJFNJvWYqCM
https://www.youtube.com/watch?v=L0PIwP4nSkw

Oral Care
https://video.search.yahoo.com/yhs/search;_ylt=AwrDQqNGgtBc4TEAARQPxQt.;_ylu=X3oDMTByMjB0aG5zBGNvbG8DYmYxBHBvcwMxBHZ0aWQDBHNlYwNzYw--?p=videos+on+mouth+care+for+elders+adults&fr=yhs-pty-pty_email&hspart=pty&hsimp=yhs-pty_email#id=1&vid=6f707fc2b75d31775991c03cc1539c93&action=view

De-Escalation Tips
https://video.search.yahoo.com/yhs/search?fr=yhs-pty-pty_email&hsimp=yhs-pty_email&hspart=pty&p=video+on+de-escalation+techniques#id=6&vid=917f4a2abc8d39a2f3fbea79f1375171&action=view

Working with Clients with Dementia
https://www.youtube.com/watch?v=hgVMKEnkvHo

https://youtu.be/tAKwDFdy8WQ?si=bYeDM7Oz2hJmnFA8 - Caregiver Training: Aggressive Language/Behavior | UCLA Alzheimer's and Dementia Care Program

https://youtu.be/9GPBTRY4XOs?si=VP_3gJEz7Bpil2Cc - Personal Care Bathing Grooming Skin Care – Spanish (subtitles)

https://youtu.be/FP6hLdNPocA?si=q1K2FVVZ7Ekzc23B - Ambulation – Spanish (subtitles)

https://youtu.be/rC8LarwQ9UM?si=6jeRX69f1bgcdKM1 - Transfer – Spanish (subtitles)

https://youtu.be/NWNWhUdPY2I?si=MzibkCOb5tjKYzBS - Things to consider – Spanish (subtitles)

STANDARDIZED CURRICULUM FOR PCA TRAINING

Personal Care Assistants
What would our clients do without the PCA? PCAs give so much of themselves each and every day. PCAs play a huge role in a client's life. Many times, PCAs can be exhausted, frustrated, and overwhelmed, but that doesn't stop them from caring for their clients. They trudge forward and do tasks that make their client's lives better. PCAs are the eyes and ears on the client and perform a very important role in helping the client stay at home rather than going to a nursing home.

The Basics

Client information, needs, care plan and required tasks

The PCA supervisor informs the caregiver about:

- HIPAA
- Client's care plan including client needs such as bathing, dressing, toileting, meal preparation, housekeeping, etc.
- Health care conditions that require attention
- The role of the care manager with care manager's name and phone number
- Relatives, friends or others serving as back-up caregivers
- Client's emergency contact client
- Doctor's name, number in case of emergency
- Special needs such as dentures, hearing aid
- Name of pharmacy and phone number
- After hours emergency procedures
- Calling out sick procedures before and during shift
- Instructions on what to do if another caregiver does not show up for their shift, contacting the agency and ensuring coverage
- Policies on transporting clients

1. UNIVERSAL PRECAUTIONS

Follow safety techniques and good hygiene habits to stop the spread of germs and infections. To prevent the spread of infection and disease:

- Do not touch a client's body fluids.
- Maintain a safe and clean work environment.
- Put waste in the right place.
- Use standard precautions and protective equipment to prevent spreading blood-borne pathogens (Germs spread from blood are called blood-borne pathogens).
- Wash hands frequently and correctly.
- Wear gloves, apron or mask as needed.

Hand Washing

Frequent hand washing is an easy way to avoid getting sick and spreading illness. Know when to wash your hands and how to wash the client. While you can never keep your hands germ free, you can limit the transfer of bacteria, viruses and other germs.

Wash your hands before:

- Eating
- Preparing food
- Providing personal care

Wash your hands after:

- Blowing your nose, coughing or sneezing into your hands
- Cleaning and disinfecting surfaces
- Contact with any bodily fluid (changing incontinent pads, using the bathroom)
- Direct contact with client for personal care
- Handling garbage or contaminated clothing
- Preparing food
- Removing gloves and other personal protective equipment

Use alcohol-based hand rubs if hand washing is not possible. Be aware that hand rubs are not effective against all germs so wash hands with soap and water as soon as possible.

Protective Equipment

The agency should provide all necessary protective equipment.

Use protective equipment when you are in a setting that may expose you to blood-borne pathogens. Protective equipment includes:

- Gloves.

- Containers for “sharps” which are items such as needles and razor blades. If there are no sharps containers in the home, find a safe place to discard them where there is no risk of needle sticks. The agency should tell you what to do and who to contact if you are stuck by a needle.
- Double-bags for waste. May use plastic laundry bags. Tape bags shut.
- Masks

Blood-borne Pathogens

A pathogen is something that causes disease. Blood borne pathogens are infectious diseases carried in the bloodstream. Blood borne pathogen infection may be caused by being stuck with a used needle or if bodily fluids touch a sore, broken skin or mucous membranes like the eyes, nose or mouth. The most common blood borne pathogens are hepatitis and HIV. If you believe you have been exposed, contact your supervisor immediately.

Appropriate use of gloves

Use gloves if you are likely to touch contaminated items. Some situations include when you:

- Change bandages or dressings
- Clean areas where body fluids have spilled
- Touch urine or stool
- Touch dirty items used in personal care
- Toileting
- Contaminated laundry
- Tissues with mucus, saliva

Application and Removal of Gloves

- Wash hands.
- Apply clean gloves, do not reuse gloves**.** If gloves are not available in the home, contact your agency immediately.

To remove gloves after caring for the client:

- With right hand, grab opening of glove on left hand and pull glove over fist, removing the glove inside out. Discard glove.
- With left ungloved hand, grab glove on right hand near the opening and pull the glove over fist, removing the glove inside out. Discard glove.
- Always throw gloves away in a plastic garbage bag. An ungloved hand should never touch the outside of the contaminated glove.
- Wash your hands.

2. COMMUNICATION SKILLS

Conversational Skills

Getting to know clients and what makes the client happy helps to create a person-centered approach to caregiving. Familiarity with topics the client enjoys may help to calm or distract the client if he/she is resisting or refusing care at some point.

Helpful Topics:

- Family, friends
- Favorite foods
- Television shows
- Movies
- Books
- Music
- The past – childhood, school, jobs, pets

To communicate well, you need these skills:

- Make eye contact.
- Listening
- Ask good questions.
- Observe non-verbal communication. There are sometimes movements, gestures, facial expressions and even shifts in the client's body that indicate something may be going on that they are not telling you.
- Speak openly and honestly to solve problems.
- Allow the client to express needs, wants or opinions without getting irritated, frustrated or angry.
- Speak to the other client with respect.
- Be respectful of the client's race, ethnicity, religion, country of origin.
- Participate in activities like playing cards and games.

Dementia, Alzheimer's disease, stroke, an acquired brain injury and other conditions may make communication more difficult. Don't use too many words or long explanations because this may be confusing. Don't give too many instructions or choices at once. You may not understand what the client is saying because they may be talking about things that happened in the past. Some clients may understand non-verbal gesturing better (like hand signals) if they are confused or hard of hearing.

Alzheimer's Disease and Dementia - Communication

Communication requires patience and understanding. Alzheimer's disease affects the whole brain. When the client is in the early stage, the ability to talk and be understood may only be slightly affected. The client may have a hard time thinking of words. Over time, difficulty thinking of the correct words will worsen as well as being able to understand what others are saying.

Techniques to help:

- Tell the client or show the person you're trying your best to understand.
- Reassure the client and tell the person it is okay.
- Encourage the client to keep talking and do not interrupt.
- Try to figure out what they're trying to tell you by associating the words with their facial expression, the situation, their emotion and body language.
- If nothing makes sense, ask the client's family or other supporters. Ask the family or others who know the client about the best way to communicate.

Communication can be hard for people with Alzheimer's disease and dementias because they have trouble remembering things. They also can become upset and anxious, even angry. Talking abilities may be affected so that the client has trouble remembering events, finding the right words or have difficulty speaking. Determine if the client has any hearing loss if they have a hearing aid and are willing to use it.

Communication Tips

- When talking to the client, remind them of your name and who you are.
- Try to make eye contact and stay where they can see you while you're talking, in a quiet place without a loud noise.
- Speak clearly in short and simple sentences.
- If they have trouble finding the right words, be patient and reassuring.
- Use active listening skills to allow them to express their feelings, fears, concerns.
- The client's ability to communicate may vary from day to day.

It may be helpful to show the client what you're talking about, if applicable. Show them what you're doing in the kitchen to prepare meals, what you will be doing to bathe them and anything else that may require verbal instructions which may be hard for them to understand and process.

Examples of Types of Communication Boards





3. CHANGES IN CLIENT'S CONDITION

Because the caregiver spends a lot of time with the client, the caregiver acts as the eyes and ears on the client's well-being. The client's condition can change quickly and must be reported immediately.

Changes in a client's condition should be reported immediately.

Skin
Skin care involves keeping the skin clean, preventing pressure on the skin for long periods of time, good nutrition and exercise if possible. It is important to regularly check the client's skin for color changes, signs of soreness, breakdown and infection.

Skin care after toileting is very important. Urine and fecal matter can cause skin irritation and rashes. If a client is incontinent and uses Depends□, skin care is very important. Pericare and rectal care should be done gently, from front to back, using gentle strokes rather than scrubbing. If there are areas that are very sore, squeeze water over it and pat dry.

Check for:

- Red areas
- Bruises and Cuts
- Bed Sores
- Tears in the skin



If the client has skin tears, do not grab the client's arm. Skin can become very fragile and even the simplest bump can cause a tear.

Clients who cannot change position in bed or in a chair on their own must have the PCA change their position every two hours.

How to Recognize Signs of Skin Damage

- Red or pink areas on the skin that do not go away
- Skin that appears shiny around the elbow
- Blisters
- Dark, discolored skin

Severe, untreated wounds may cause fatalities. Infections occurring due to severe wounds may cause death from deep tissue infection, bone infection, gangrene or blood infection. Spotting it early and getting help is extremely important. Clients who cannot get out of bed or a chair are at greater risk. PCAs are required to report sores and wounds to their supervisors. Wounds are easier to treat in early stages.

Stage 1: red area with pain, burning or itching.

Stage 2: swollen, painful, warm, and/or red; may ooze clear fluid or pus. Recovery time: 3 days to 3 weeks.

Stage 3: looks like a crater, may have a bad odor, with red edges, pus, heat, and/or drainage. The tissue in or around the sore is black if it has died. Recovery time: at least one month, and up to 4 months.

Stage 4: deep, big, black sore; shows signs of infection with red edges, pus, odor, heat, and/or drainage; may see tendons, muscles, and bone. <u>These wounds need immediate attention.</u> Recovery time: from 3 months or even years to heal.

Appetite
The PCA plays an important role in detecting changes in appetite, fluid intake and preventing possible complications. Good reporting can make a big difference in helping the client. Poor appetite is a common problem in older people. It can contribute to unhealthy weight loss, nutritional deficiencies and serious health problems. Loss of appetite may be due to poor fitting dentures making it difficult to chew. A gradual, slow decline in appetite and thirst may mean the client has a medical condition and should be reported. A sudden loss of appetite must be reported to your supervisor immediately. Also monitor how much the client drinks to avoid dehydration. If the client is having difficulty urinating, constipation or frequent diarrhea, report this to your supervisor.

Behavior Changes
Any gradual or sudden changes in a client's behavior must be reported to your supervisor. If family members are involved in the client's life, it is good to tell them, but you must also report it to your supervisor. Behavior changes may mean the client has a medical problem like a urinary tract infection or dehydration. Examples of behavior change:

- Becoming very tired and sleepy
- Sleeping for very long periods of time
- Dizziness
- Restlessness, pacing, repeating the same thing over and over, asking for a lot of attention, complaining and swearing
- Aggressive behavior, yelling, saying mean or hurtful things
- Doing strange things the client has not done before
- Self-neglect, such as refusing to let you help with bathing, dressing; or refusing to eat
- Talking about deceased loved ones and wanting to join them, talking about wanting to die

4. POSITIONING

Positioning means placing the client in a good, comfortable position with legs and arms in a relaxed, easy position.

Why is Proper Positioning Important?
- To help the client to be comfortable
- To relieve pressure on various body parts
- To improve circulation
- To provide proper body alignment
- To prevent health problems caused by being in bed for long periods of time such as bed sores.

Procedures:

- Have any necessary assistive equipment ready.
- Get assistance, if necessary.
- Use good posture and position when lifting or positioning a client.
- Change the client's position as needed or specified. Repositioning every 2 hours is common practice. This is individual to each client and should be specified. When you check a bedbound client for toileting, or a diaper change, the position should be changed at that time.
- Check the skin, on a regular basis, for signs of redness or irritation.
- Make sure the client is safe and comfortable.
- Report any changes to your supervisor.

5. LIFTING

- Do not lift anything that is too heavy for you.

- Always use proper posture at all times. Maintain lower back in good alignment while standing or sitting. Proper posture decreases the chance of back injuries.

- Secure additional assistance if needed for safe moves.

- If lifting a heavy load, work with the force of gravity by pulling, pushing, rolling or lowering, rather than working against the force of gravity by lifting the load.

- Stand close to the object or client to be moved.

- Have feet at least 12 inches apart with one foot slightly in front of the other.

- Keep back straight, knees and hips flexed, weight distributed on both feet, and shoulders in line with pelvis.

- Use as many muscle groups as possible for moving the object or client. Leg and arm muscles reduce the workload on the back and support the load.

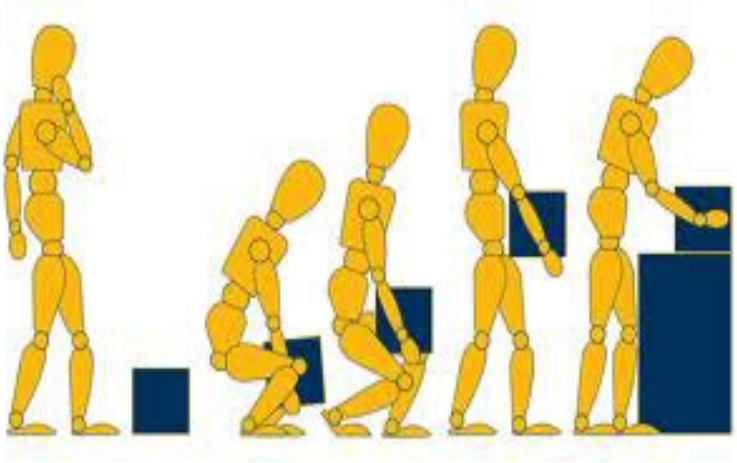
- When working at lower levels, do not stoop by bending over.

- To change the direction of the movement, pivot feet, with short steps, and the whole body without twisting the upper torso. To lower an object or client, always bend straight down toward the resting place; never twist to lower an object or client. Lowering straight down prevents twisting sprains and injuries to the back.

- Coordinate movements with the client or the staff member assisting with moving the client or object.

When lifting a heavy object or client:

- Squat
- Stand to lift
- Carry object or client close to body
- Carry using muscles that pull shoulder blades together. Lifting in this manner lessens back strain.

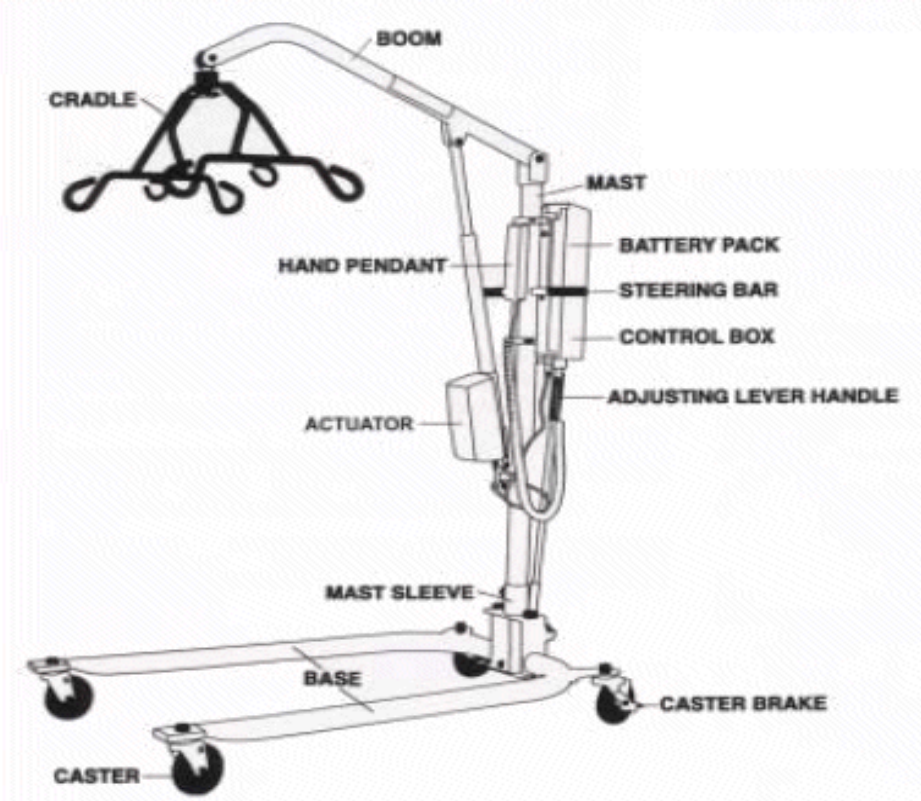


6. HOYER LIFT

<u>The PCA must be trained to use any equipment. The Supervisor needs to make sure the PCA uses the equipment correctly. Check with your agency on Hoyer lift policy.</u>

The care manager may order a Physical Therapy evaluation. The Physical Therapist will teach the PCA how to use the equipment.

The Boom of the lift does not swivel. Center the client's weight over the base legs at all times. Do not attempt to lift consumer with the mast/boom assembly swiveled to either side. Always keep the client facing the attendant operating the lifter.



Transfer from Bed

If the client is in a hospital bed, raise side rails and have the client hold onto rails. Raise the level of the bed to the highest position before moving the client onto the sling. This will reduce strain on the caregiver's back. Also, when the client is ready to be

lifted, lower the side rail and the level of the bed, decreasing the distance the client has to be elevated.

Positioning the lift for use:

- With the legs of the base open and locked, use the steering handle to push the lift into position.
- Lower the lift for easy attachment of the sling.





7. SAFE TRANSFERS

PCA should ensure the client is wearing secure fitting shoes or slippers.

- Bed to chair and return - If this is a pivot transfer, the PCA must ensure the chair is positioned close to the bed. The client should have secure fitting shoes or slippers on for transfers. The PCA will position himself/herself in front of the client, place his/her feet against the toes of the client, put his/her arms under the client's arms, place one knee in front of the client's knee and stand straight up, holding on to the client
  at all times.

- Bed to wheelchair and return - The PCA must ensure the wheelchair is in the correct position with the wheels locked in place. Make sure the wheelchair is positioned so the client's feet will not become entangled in the footrests. If footrests are movable, fold the client up and out of the way.

- Bed to toilet/commode and return - The PCA should ensure the bedside commode is properly positioned beside the bed to allow the client to transfer with minimal exertion.

- Bed to tub/shower and return – The PCA should ensure the client is wearing secure fitting shoes or slippers. Assist the client to a sitting position on the side of the bed. Assist the client as needed to a standing position; offer stand-by assistance to the bathroom.

- Chair to commode and return - Ensure the client is wearing secure fitting shoes or slippers. Assist the client to a standing position; provide stand-by assistance to the bathroom.

- Chair to tub and return - Ensure the client is wearing secure fitting shoes or slippers. Assist the client to a standing position. Provide stand-by assistance to the bathroom. Assist the client to disrobe and stepping into the tub.

- Wheelchair to tub and return - Ensure the client is wearing secure fitting shoes or slippers. Roll the wheelchair into the bathroom and lock the wheels. Assist the client to a standing position. Assist the client in disrobing, and stepping into the tub.

- Wheelchair to commode and return - Ensure the client is wearing secure fitting shoes or slippers. Roll the wheelchair into the bathroom and lock the wheels. Assist the client to a standing position. Assist the client in pulling down his/her underpants and help him/her to sit safely on the commode.

8. MEDICATION POLICIES

PCAs may assist with self-administered medication: Medication taken by mouth, injection, nebulizer or insertion, or applied topically without the need for assistance. Means the client directly swallows, applies, inhales, inserts, or injects a medication into his or her own body.

A personal care assistant (PCA) may assist with medication.
Assisting includes:

- Reminding the client when to take the medication
- Reading the prescription label for the client
- Bringing the medication and any necessary supplies or equipment to the client
- Opening the pill bottle or container
- Positioning the client in a good position to take the medication
- Providing water or other liquid for swallowing medication
- Storing, cleaning and disposal of used supplies and equipment
- Putting away and storing medication properly

Once the task to supervise self-administration of medication is delegated to the PCA, a supervisor or family member should train the PCA specific to the task.

A PCA must follow the care plan and be directed by either the client who can direct their own care or a responsible party. A responsible party does not have to be present when the PCA assists with taking medication. However, the responsible party must ensure the medication is set up as individual doses and labeled with:

- Name and dosage of the medication
- Time the medication is to be given
- Method to assist the client to take the medication

For medications given on an as needed basis the client must self-direct the PCA or the PCA must notify the responsible party before assisting with the medication.

PCAs do not:

- Determine the dose or what time the medication should be given.
- Decide if the client needs medication or decide if the medication is working or not.
- Inject fluids and medications into veins, muscles, or skin.
- Cannot crush medicine and put it in applesauce, or pudding, or similar substance.
- Put medication in the client's mouth.
- Insert vaginal or rectal suppositories.
- Apply prescription or non-prescription cream or ointment to a wound or a sore.

- Cannot EVER pre-fill medication boxes

If you drop medication, or the med box, if the pills do not appear to be correct, do not administer the pills, call your supervisor.

If family members are telling you or trying to convince you to administer medication, contact your supervisor. PCAs cannot administer medication.

9. EMERGENCY PROCEDURES

All emergencies should be immediately reported to your supervisor.

When to call 911

- Medical Emergencies
- Bleeding
- Heart Attacks
- Strokes
- Choking
- Shock
- Burns
- Falls
- Broken bones

DO NOT TRANSPORT THE CLIENT TO THE EMERGENCY ROOM

DO NOT GO TO THE EMERGENCY ROOM WITH THE CLIENT UNLESS THE CLIENT HAS DEMENTIA, ALZHEIMER'S DISEASE OR IS UNABLE TO SPEAK. NOTIFY YOUR SUPERVISOR BEFORE YOU GO. LEAVE AFTER THE CLIENT IS TAKEN TO A ROOM.

Falls

All falls should be reported to your supervisor.

Check if the client hit their head, has broken teeth, and/or is bleeding. If so, it's important to call emergency services to get these injuries treated.

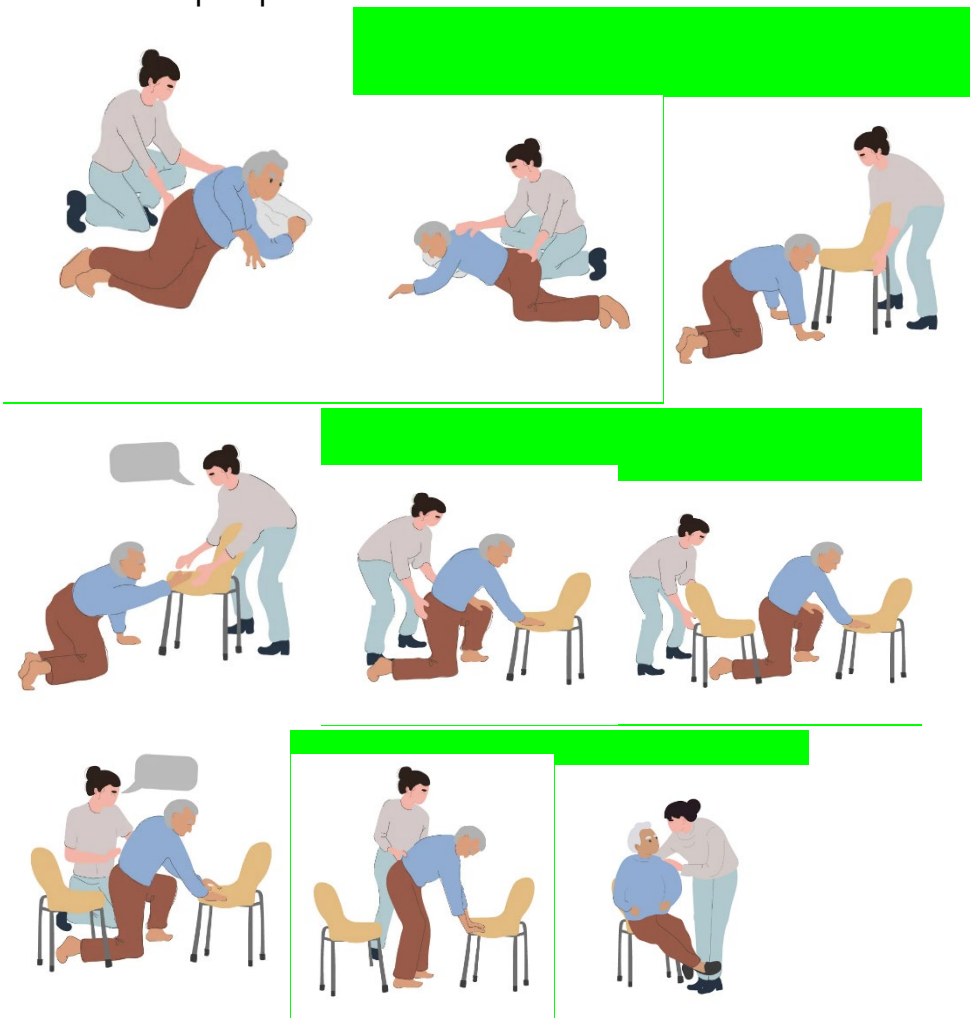
If the client is awake and able to speak with you, ask them if anything hurts. If they are in extreme pain, they might have a broken bone. Hip, foot, spine, and arm fractures are some of the most common injuries that result from a fall. Someone with a bone break will need medical attention, so this is another instance where you should call 911 and keep your client where they are.

If the client is on the floor, make sure the client stays where they are for several minutes. Dizziness often causes falls but falls themselves can also worsen feelings of lightheadedness. Staying in the same position for a short time allows dizziness to pass and prevents another fall from happening once someone stands. Once the client says they are feeling well enough to get up, follow the steps below. Be sure that the client is

doing most of the work and you are mainly there for support, since pulling them up can cause further injury to the client and/or you.

- Gently guide your client as they roll onto one side.
- Give some help as they kneel on both knees.
- Once they are in a stable position, bring a non-rolling chair over to them.
- Tell your client to place their arms on the seat of the chair.
- Gently support your client as they adjust their position to kneel on just one knee.
- Once they are in a stable position, bring a second non-rolling chair over to them.
- Tell your client to place their arms on the seat of the chair in front of them.
- Gently help your client use their arms AND legs to push up to standing.

- Support their back as they slowly sit in the chair behind them. You can guide their hips and tell them to use their arms to feel for the chair before sitting, but do not lift them up or push them down.



If the client is not able to stand or walk, seek help to get the client off the floor. You may call 911 for a lift assist.

What is a lift assist for emergency responders?
The typical lifting solution for many fire departments or ambulance staff is for 1-3 or more responders to manually lift the fallen individual back up onto their feet or onto a chair or gurney if unable to walk.

Falls must be reported to your supervisor.

Fall Prevention
Home can be a hazardous place for seniors. Everyday objects and decorative items can create fall hazards and pose dangers. Falls are the leading cause of fatal injury among older adults. If these hazards are present in the home, the PCA can be observant to help prevent a fall.

Below are some common hazards:

- Throw rugs: Throw rugs move and the edges can flip up while the client is walking.

- Piles of clutter: Piles on the floor can easily be tripped over.

- Poor lighting: Stairs, walkways and hallways that are not well lit create a significant fall hazard. Clients often have problems with vision and need bright lighting to notice changes in walking surfaces.



- Remove furniture or other things in the way to create a clear path so the client may avoid bumps or falls.
- Assist clients with sitting and standing if they are likely to fall.
- Encourage the client to use their cane or walker.
- Encourage the client to use handrails if they are available.
- Make sure the client is wearing shoes or non-slip footwear.

Fire Safety
Be aware of the client's ability to exit the home in the event of a fire and accessible exits. Make sure you remember the client's street address.

Oxygen

- There should be no smoking, open flame or heat source close to the oxygen. This will increase the risk of a fire.
- Keep oxygen away from heaters, radiators, and hot sun.
- Never let oil, grease, or highly flammable material to touch or get on oxygen cylinders.
- Do not use aerosol cans like hair spray or air fresheners near oxygen.
- Never put anything over an oxygen gas tank.

Immediately report to your supervisor if the client is smoking around the oxygen. Smoking near oxygen places both the client and the caregiver in danger.

10. REPORTING ABUSE, NEGLECT, EXPLOITATION, ABANDONMENT

Toll-Free Elder Abuse Referral Line
In State: 1-888-385-4225
After Hours Elder Abuse Emergencies
In State: Call Infoline at 211

As a PCA you and your agency are mandated reporters of any abuse, neglect by another person, self-neglect or exploitation you observe toward your client. A mandated reporter is a person who is required to make a report if there is a reason to believe that the client has been a victim of abuse, neglect, exploitation or abandonment. You must contact your supervisor immediately if you observe the client being mistreated by another caregiver, family member, friend or other person. Contact your supervisor if you suspect abuse, neglect, self-neglect, exploitation or abandonment.

Abuse is when another person injures, intimidates or punishes the client resulting in physical harm, pain or mental anguish. Abuse can include sexual assault, physical assault and verbal abuse. The client should never be restrained or confined to a chair, room or other location.

Neglect means that care is not being given by family or others who are supposed to care for the client when other help is not in the home. It can mean that the client refuses necessary services which may create a risk to the client's health or safety. You should report any home environment without heat, hot water, electricity and situations that may create a threat to life, health or safety such as lack of repairs, unsanitary or toxic conditions.

Self-neglect is when an individual neglects to take care of their basic needs, such as bathing, dressing, wearing clean clothing, eating, drinking, not going to the doctor when she/he is sick or not taking medications.

Exploitation is taking a client's property without permission, the deliberate misplacement of client's property or use of a client's belongings or money without the client's consent; deliberate damage, destruction, theft, misplacement or use of a client's belongings or money without the client's consent, including taking the client's medications. The client's money must be used on items the client needs such as food or medication.

Abandonment refers to a caregiver leaving an elderly person alone during a working shift or if the next caregiver does not show up for their shift and/or failing to perform personal care attendant duties.

If you become aware of any of these situations, you must report it immediately to your supervisor.

11. CAREGIVER BOUNDARIES

Boundaries are guidelines, or limits, that a personal care assistant sets with the client regarding acceptable behaviors or tasks. It includes both the personal care assistant and the client understanding the expectations.

Clear limits promote safe connections between caregivers and clients; being friendly, not friends.

Types of Boundaries

- Role Boundaries
  - The PCA is in the client's home as an employee.
- Social Boundaries
  - Talking to and spending time with the client only occurs during work hours.
- Time Boundaries
  - PCAs arrive on time for their shift and leave at the scheduled time.
- Gift/Services
  - The caregiver/client relationship should not include giving each other gifts or other services outside of the caregiving role.
- Self-Disclosure
  - PCAs should use caution when sharing personal information with the client. Some information may be upsetting to the client.
- Financial Boundaries
  - The PCA's duties do not include financial responsibilities. To avoid misunderstandings, exactly who will pay and how needed items will be paid for should be clear from the beginning. If family members are involved, they should buy food and other items the client needs. The PCA should report it to the supervisor if asked to budget, pay bills or similar tasks.

- Social Media and Confidentiality
    - Do not friend your clients or accept friend requests from your clients on Facebook.
    - You should never post pictures or videos of your client or their family members.
    - Do not post negative comments or gossip about your clients.
    - Do not post information about where your client lives, who their friends or relatives are or where they are. Posting this kind of information is a serious violation of client confidentiality.

Poor Boundaries and Crossing Boundaries
The following actions and behaviors must not happen between the caregiver and the client:

- Relatives or friends should not drive you to the client's house. The client's address and phone number should not be given out to anyone. This violates the client's privacy.
- Relatives and friends should not deliver food to the client's home or enter the client's home. This is also a violation of privacy.
- Nicknames: calling a client "sweetie" or "honey"
- Too much touching. Touching should only occur during caregiving duties such as bathing and dressing.
- Do not tell jokes that could be offensive, or make comments about a client's race, ethnicity, religion or politics. Caregivers' opinions on religion, politics or sensitive subjects should be kept to themselves regardless of whether they agree or disagree with the client.
- Do not use profane or vulgar language.
- Do not loan or borrow money.
- Do not encourage the client to give you gifts. Do not accept any expensive gifts. Do not give gifts to the client.
- Do not use the client's money, debit cards, credit cards, EBT cards without the client's permission. If the client gives permission to use these items, the caregiver must obtain a receipt and give it to the client.
- Romantic Relationships: A caregiver is never permitted to have a romantic or sexual relationship with a client.

12. WORKING WITH CLIENTS WITH ACQUIRED BRAIN INJURY

(you may skip this section if you do not work with clients with acquired brain injury)

Acquired brain injury is any type of brain injury that happens after birth. Trauma to the brain can cause physical injuries such as bruising, swelling or bleeding. A client with an ABI may have a variety of physical and emotional symptoms.

Causes of traumatic brain injury include:

- Car accidents

- Blows to the head
- Sports injuries
- Falls or accidents
- Stroke
- Infection
- Lack of oxygen to the brain (Hypoxia)

A brain injury can cause problems with:

- Remembering things, paying attention and concentrating and figuring out how to solve problems.
- Weakness, paralysis or keeping their balance.
- Understanding what you're saying and being able to say what they're thinking or feeling.
- Becoming very stressed if they can't remember things or keep up with what's going on around them

The brain injury may cause changes in their personality like:

- Feeling depressed or nervous
- Impulsive behaviors
- Getting easily frustrated or angry
- Feeling sad
- Becoming aggressive physically or do things that are sexually inappropriate
- Repeating things
- Having or making conversations
- Feeling confused
- Hard time understanding how others feel
- Focused on own needs
- Does not have patience to wait and wants things done immediately
- Problems with remembering things and difficulty learning new things
- Not being able to pay attention and concentrate.
- Difficulty staying on task or problem solving.
- Organization
- Ability to make decisions
- Beginning or completing tasks

How the PCA may be able to help:

- Encourage the client to notice other people and have some awareness of others, like people's feelings.
- Encourage activities that help with social skills and friendship relationships.
- Ask the client about activities they find positive and rewarding.
- Make yourself clear and understood to prevent misunderstandings.

Listen
Encourage the client to say what they're thinking and feeling. Show that you're concerned and understanding. For example, say, "It's okay to feel frustrated" or "I understand that this is really hard." Try not to interrupt them when they're talking. Offer Reassurance and Encouragement:

Promote independence to do things themselves if they're able. Allow the client to make choices and decisions about their daily life and recovery process. Encourage them to get involved in activities that make them feel happy and relaxed.

Routine and Structure:
Having a daily routine and/or schedule so they can predict what will happen to reduce anxiety and provide a sense of control.

Handling Anger
Think about what things you have seen that cause the client to get angry and try to prevent an angry outburst.

If the client gets angry:

- Remain calm. Use a calm tone of voice. Be patient, flexible and supportive.
- Avoid having too much noise, such as loud music, television, loud conversation
- Go to another room or outside until the client can calm down
- Ask them if it might be possible that they might be able to calm down before they get very angry,
- Do not stand close to the client. Avoid arm and hand movements that could be misinterpreted as threating.
- Attempt to distract the client, change the subject and re-direct his attention to something else.
- Do not restrict the client's movement. If he/she wants to stand, allow it. Do not corner the client.
- Do not touch the client or make sudden movements.
- Do not threaten the client. Threatening could increase the client's fear, which could cause aggression.
- If you feel unsafe, call your supervisor. Call 911 if the client looks out of control and could harm themselves or others.

Alcohol and other Drug Use with an Acquired Brain Injury
It is important that clients with an ABI stay away from alcohol and other drugs. After an ABI, the brain is more sensitive to alcohol and other drugs. Clients who continue to drink have higher rates of mental health disorders, aggressive behavior, and arrests. As a PCA, it is beneficial to be aware and encourage the client not to drink and/or use drugs not prescribed by a doctor. The PCA can ask if there is something they enjoy and would like to do instead.

Important to Know

- ✓ Alcohol and other drugs may affect how effective medication is.
- ✓ Alcohol and other drugs may cause clients to be off balance, react slowly, use poor judgment increasing risk of harm.
- ✓ Alcohol and other drugs' toxic effect on the brain makes it harder to recover from a brain injury.
- ✓ Drinking may increase the risk of having seizures and can trigger seizures.
- ✓ Using cannabis one time may cause memory and thinking problems that last at least 1 day. Using cannabis often may cause major problems with attention, learning, memory, thinking, or problem-solving which can last up to one month.

Clients with Alzheimer's Disease or Dementia - Causes of Agitation and Aggression

Tips for Working with Clients with Dementia or Alzheimer's disease

People with dementia or Alzheimer's disease will experience changes in thinking, remembering, and reasoning. People with dementia or Alzheimer's disease will need help with simple, everyday tasks like bathing, grooming, and dressing. The client may be frustrated and upset that they need help with such activities.

Changes in Communication and Behavior for People with Dementia

Communication can be hard for people with Alzheimer's disease and dementias because they have trouble remembering things. They also can become upset and anxious, even angry. Talking abilities may be affected so that the client has trouble remembering events, finding the right words or have difficulty speaking. Determine if the client has any hearing loss if they have a hearing aid and are willing to use it.

Communication Tips

- When talking to the client, remind them of your name and who you are.
- Try to make eye contact and stay where they can see you while you're talking, in a quiet place without a loud noise.
- Speak clearly in short and simple sentences.
- If they have trouble finding the right words, be patient and reassuring.
- Use active listening skills to allow them to express their feelings, fears, concerns.
- The client's ability to communicate may vary from day to day.

It may be helpful to show the client what you're talking about, if applicable. Show them what you're doing in the kitchen to prepare meals, what you will be doing to bathe them and anything else that may require verbal instructions which may be hard for them to understand and process.

"Sundowning"

Restlessness, agitation and confusion often get worse at the end of the day and evening. This is commonly called "sundowning" may be caused by exhaustion from the day's activities and changes in the client's biological clock that confuse day and night.

The client's ability to communicate clearly may be affected. Turning on lights before sunset and closing the curtains at dusk may help lessen confusion.

Repetitive Speech (Perseveration)

- People with dementia will often repeat a word, statement, question, or story over and over. Caregivers may become stressed listening to the repetition for hours during a work shift.
- Distraction is a good way to get them to focus on something else.
- Find out what their favorite music is and see if like to sing, singing may be an uplifting activity.
- Talk about something they're interested in like a TV show, movie, daughter/son, grandchildren, their deceased spouse, sports, hobbies or other things.

Agitation

Clients with dementia or Alzheimer's disease may become agitated, irritable, verbally or physically aggressive. The client may have trouble sleeping contributing to the problems with thinking clearly. These behaviors will progress with the stages of dementia or Alzheimer's disease, from mild to more severe.

Tips for Handling Agitation

- Reduce noise, clutter, or the number of clients in the room.
- If the client drinks a lot of caffeinated beverages, see if they are willing to drink less coffee or caffeinated soda because it can affect their ability to get a good night's sleep. Being tired may increase irritability.
- Try speaking in a soothing voice, play soothing music, give them a snack or something to drink, or other activity they enjoy.
- Don't take it personally if they yell at you or make critical comments.
- Provide plenty of reassurance and comfort.

Paranoia, Suspicions, Accusations

- The client may suddenly become suspicious or accuse you of things you didn't do. The client believes it's real, so it is best not to argue or disagree.
- Fear may be the source of the suspicions and accusations.
- The client may think money or other valuables are missing,
- The client may feel more secure by having them put a small amount of money in a purse to see it easily.
- The client may have hidden or misplaced the item and not recall where it is. Do not argue, dementia or Alzheimer's disease affects their thinking.
- Reassure the client that they're safe and that you are there to help them.

Wandering

People with dementia or Alzheimer's disease may wander outside and appear to be walking aimlessly, for a variety of reasons, such as boredom, medication side effects, or to look for "something" or someone. They also may be hungry looking for food or looking for the bathroom and get confused. They may be more likely to wander out of the home when the caregiver is doing something such as cooking or laundry.

Door alarms and other assistive technology may prevent wandering. The Access Agency care manager may be able to help with this if wandering is an issue.

Predictable Routine and Schedule

- Try to keep the same routine and schedule every day for meals, bathing, dressing and mouth care, activities and naps.
- It is easier to dress the client if they wear loose-fitting, comfortable, clothes with elastic.
- Be gentle and respectful. Tell the client what you are going to do, step by step, while you help them bathe or get dressed.
- Serve meals in the same place in the home at the same time each day.
- Establish a routine for using the toilet. Remind or assist the client use to the bathroom every two or three hours. The client may lose bladder or bowel control as dementia progresses and start having accidents because they may not remember where the bathroom is and feel embarrassed. Be understanding and reassuring to help the client maintain dignity and minimize embarrassment.
- Schedule times for water/fluids to be served such as mealtimes and in between.
- If the client wants to and is capable, help the client write down appointments, and events in a notebook or calendar.
- Encourage activities that the client enjoys and try to do them at the same time each day.
- When dressing, bathing or performing mouth care allows the client to do as much as possible.
- Avoid telling the client about any plans for outings until shortly before the event like a doctor's appointment, medical tests, procedures, etc., family members visiting and taking the client out.

Tips for a Calm and Safe Environment

- Keep dangerous objects out of reach. Determine if the client is at risk around the stove. The stove may be unplugged to prevent them from turning on the burners.
- Keep household objects and furniture in the same places.
- Respect the client's space.
- Keep well-loved objects and photographs around the home to help the client feel more secure.
- Use what you know about the client to help them feel calm, safe and comfortable. Offer suggestions for something to that the client likes such as music, TV, hobbies, games, puzzles, etc.
- Offer the client some different choices if they need to choose what to do. When the client is making a choice, offer them a couple of options that you know they will like.
- Keep outside distractions and noise down.
- Be flexible because their abilities may change from day to day. Some days may be better than others.

13. BATHING

Safety

The bathroom is one of the most dangerous places in the home, especially for older adults. Each year numerous individuals slip or fall causing serious injuries. Older adults are at greater risk of injury because some medications they take can cause dizziness or low blood pressure and they may have difficulty standing or walking. Surfaces in the bathroom (metal, tile floors and porcelain) are slippery when wet and have no cushion if a client falls.

If the client does not have the right equipment to give a safe shower, ask your supervisor to contact the care manager who may assist with obtaining durable medical equipment to promote a safe environment for showering.

Examples of Durable Medical Equipment to Help with Bathing/Showering

Procedure Code	Durable Medical Equipment
E0245	Tub stool or bench
E0240	Bath/shower chair with or without wheels any size

General Tips for Bathing

- Encourage the client to bathe herself/himself as much as possible.
- If bathing is difficult, do it only as often as in the plan of care.
- Make sure that the hands, face, and genital area are washed every day.
- Have all supplies ready before starting a bath. Keep the room comfortably warm.
- Respect the client's privacy. Keep her/him covered when possible.
- Wear gloves.

Safety is important when giving a shower. If a shower chair is used, check it to make sure it's sturdy. Adjust the height as needed. Put a bathmat or towel on the floor outside of the shower to prevent the client from slipping on a wet floor when she/he steps out of the shower.

Always stay with the person while she/he is in the shower.

If the client becomes dizzy during a shower, turn off the water. If the client is standing, have her/him sit down and lower the head as much as possible. Cover the client with a dry bath towel.

During the shower, look at the client's skin for areas of redness, rashes, rough areas or tenderness. Look at the client's feet to see if there are any sores, blisters or redness. Report this information to your supervisor.

Procedures for a Shower:
1. Get everything you will need.
2. Make sure that the bathroom is warm.
3. Make sure the shower chair is clean. Clean the chair if necessary.
4. Place a nonskid mat in shower stall if the client is standing during shower.
5. Explain what you are going to do. This is very important for client's with dementia.
6. Wash your hands and put on gloves.
7. Ask the client if she/he needs to go to the bathroom. It may be easier to undress the client on the toilet.
8. If the client wants to undress in her/his room, assist the client to undress and put on robe and slippers.
9. If the client cannot walk, take the client by wheelchair to the bathroom.
10. Transfer the client to the shower chair.
11. Turn on the shower and adjust water temperature. Direct water spray away from the client while adjusting. Flow rate should be gentle. Check water temperature on an inner surface of your forearm. NEVER have a client step into a shower before the water temperature has been tested.
12. Help the client to wash as needed. If the client can't help, start with the eyes then wash face, ears, neck, arms, hands, chest, abdomen, and back. Ask the client if she/he wants soap used on the face.
13. Rinse with warm water.
14. Wash legs, feet, genital area and in between toes. Wash genital area from front to back. NOTE: Wash female genital area from front of chair; wash anal area from under the chair. Rinse well with warm water; discard washcloth in a laundry basket.
15. Turn off shower and cover the client with a towel; place towel around hair if wet.
16. Assist the client out of shower.
17. Remove and dispose of gloves.
18. Uncover the person one area at a time and pat dry. CAUTION: Once a towel has been used to dry any area below the waist, it should not be used on other areas.
19. Apply non-talcum powder, lotion, and deodorant if the client wants. During the entire process, check the skin for breakdown, unusual bruising, cuts, or anything unusual.
20. Assist with dressing.
21. Help the client to a comfortable place and assist with any personal care such as shaving and hair care.
22. Do not cut fingernails or toenails. If the nails are a problem, report it to your supervisor.
23. Return to bathroom, remove soiled articles, and clean the shower chair.
24. Wash your hands.
25. Report anything unusual to your supervisor.

Bathing Clients with Dementia, Alzheimer's disease or Cognitive Deficits
Bathing may be difficult when bathing clients with Alzheimer's disease, dementia, or other cognitive impairments. Cognitive impairment is when a client has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life. Some clients may refuse to bathe. If the client continues to refuse, it is probably because the client is afraid of something about taking a bath or shower.

Individuals with dementia, Alzheimer's disease and cognitive impairment may not be able to tell you what is bothering them.

Tips:

Daily routine

Establish a regular daily schedule that includes bathing at the same time every day. It becomes a normal part of their day, like eating or sleeping. A predictable daily routine reduces stress and anxiety.

Comfortable and Warm Bathroom

Many older adults don't like bathing because they are afraid of being cold. Older adults feel cold more easily than a younger client.

Avoid Arguments

Don't argue about bathing. Keep sentences short and simple. Make eye contact and smile. Extend your hand so they'll take it, get up, and let you escort the client toward the bathroom. Talk about something positive or rewarding to change the focus. Ask about their favorite things like music, TV shows and movies. Ask the client about their children or grandchildren. Find out what makes the client happy. Have this conversation in advance to be prepared with positive topics. Do this often so that when the client takes a shower, they think of positive things that they enjoy.

Calming

The atmosphere should be calm. Use calm, soothing tone of voice, or play soothing music they like. When the water is warm, slowly spray water on body parts to give the client time to adjust to the feeling.

No Surprises

There are many steps to bathing which may be upsetting to someone with dementia, Alzheimer's' Disease or cognitive disability. Let the client know what's going to happen and talk the client through it to avoid fear or anxiety.

If the client really does not want to bathe or shower, do not force the client. Wait for several hours or the next day. Report this to your supervisor.

If the client is incontinent, try to wash the urine or feces from the area. Explain that you're doing it so the area won't be sore and painful.

How to Give a Bed Bath

Supplies

- Water basin and washcloths
- Bath towels
- Soap, lotion, and deodorant
- Lightweight blanket
- Clean clothes

Preparation

- Close the windows and turn up the heat to keep the room warm.
- Fill the water basin with warm water and check the water temperature.
- Place towels under the client to keep the bed dry.
- Cover the client with a blanket or towel. Use the blanket or towel to keep the client warm.

Process

- Make sure the client cannot fall out of bed.
- With soap and water, wash and dry the face, neck, and ears.
- Wash one side of the body from top to bottom and repeat on the other side. Start by washing the shoulder, upper body, arm, and hand then the hip, legs, and feet. Rinse the soap off each area and pat dry. Check for redness and sores during the bed bath.
- The genital area is the last area to be washed. For women, wash the genital area from front to back. For men, make sure you wash around the testicles. Roll the client to the side to clean the buttocks.
- Apply lotion to the arms, legs, feet, or other dry skin areas.
- Remove all dirty washcloths and towels and help the person dress.
- Clean the water basin.
- Report any skin changes, like redness, to your supervisor.

14. WASHING HAIR

If the client is able to wash his/her own hair, it is okay if the client would like to do it for himself/herself.

How often to wash

Ask the client if they would like to wash their hair. Pay attention to how the hair looks, how it smells, and if it seems dirty. If you see redness, a lot of dandruff or have concerns about lice, report this to your supervisor.

If the client does not like having the hair washed, once every week or every two weeks is okay. Brush or comb the hair daily.

Dry shampoo can be used in between.

Sitting in the Bathtub

Have plenty of clean, dry towels available. Use a cup or shower hose to direct the water away from the face. Many people do not like water in the face. Water in the face may be more upsetting for anyone who is not healthy, has dementia, Alzheimer's disease or a cognitive deficit. Make sure you test the water temperature first and rinse the hair. Shampoo the hair and rinse. Dry the hair with the towels. Comb or brush the hair.

Standing in the shower
If the client you're caring for is able to stand in the shower, make sure the client is steady and is able to stand long enough to shampoo the hair. The client needs good balance to do this. If the client is not steady, offer to help and make sure a tub chair or a shower chair is available. Do not leave the client alone.

Sitting at the sink
If the client does not want to have her/his hair washed in the tub or shower, you can ask if the bathroom or kitchen sink would be okay. Bring the supplies to the sink. You should have either a kitchen hose or a cup. You will need shampoo and plenty of towels.

The client can either face toward the sink and lean the head forward over the sink or sit facing away from the sink and lean the head back over the sink. Leaning back is the best way to keep water out of the client's face. Make sure you test the water for temperature. Rinse the hair with a cup of water or a small sink hose, shampoo and rinse. Cushion the neck well with towels. Dry the hair well with towels to prevent a lot of water dripping on the floor. Comb or brush the hair. Wipe up water that has dripped on the floor.

15. HOW TO WASH HAIR IN BED

Before you get started, make sure you have all the supplies you need.

Supplies
- Garbage bags or other waterproof covers and towels to line the bed and keep it dry
- Washcloth
- Towels
- Shampoo
- Basin of warm water
- Cup or pitcher for pouring water
- Bucket, large bowl or pot to drain dirty water
- ∗∗∗ Inflatable Hair Wash Basins/Portable Shampoo Tray (if available, see pictures below)

Washing the hair
- Make sure the area around the bed is clear and the room temperature is warm.
- Wash your hands and put on gloves.
- Remove the pillows from under the client's head.
- If possible, elevate the head and put something under the head to collect the water. See examples below. Use one of those devices if they have one.
- Place a plastic sheet or garbage bag under the client's head and put towels around the client's shoulders. The edge of the trash bag should drip into the bucket or bowl.

- Explain what you are going to do.
- Fold the sheet, blanket and bedspread down to the waist.
- Cover the upper part of the body with a towel.
- Put a bucket, large pot or large bowl on the floor to catch the running water and put a sheet or towel underneath.
- Put the clean water basin next to the bed.
- Gently lift the person's head and place a towel underneath the client's neck.
- Fill the basin with warm water. Check the temperature of the water.
- For short hair, you can rub a wet washcloth over the head until the hair is thoroughly wet. For longer hair, fill a cup or pitcher with water from the basin, carefully wet the person's hair and make sure the water drains into the bucket/bowl or pot.
- Put a washcloth over the person's eyes.
- Shampoo the client's hair using a small amount of shampoo.
- Rinse the hair thoroughly. Start at the top of the head and go down to the bottom of the head.
- Squeeze excess water from the hair into the bucket/bowl or pot.
- Gently rub hair dry with a towel. Dry the client's face.
- Comb or brush the person's hair.
- Change the sheets if they are wet and clothes if they are wet.
- Pour the water down the sink or tub.
- Put the supplies away.
- Remove your gloves.

Examples of Inflatable Hair Wash Basins/Portable Shampoo Trays For Bed Bound Clients

These may not be available.





16. Oral CARE

Good mouth care is very important to prevent cavities, bleeding gums, gum infections and pain. A healthy mouth is important for general health. Healthy teeth and gums allow people to eat, speak and socialize without being embarrassed. Toothaches and gum infections can make it even harder to function for elderly people, people with dementia or cognitive impairment. Mouth and gum infections can lead to other health problems like heart disease, stroke and pneumonia.

Brushing and Flossing Teeth

- Brush the teeth with fluoride toothpaste morning and evening. Evening brushing should be performed after the client's last meal.
- Floss the teeth once a day.
- Wash your hands and put on gloves.
- Set up the supplies such as the toothbrush, floss, toothpaste, mouth swabs, mouthwash, cup or bowl or basin.
- Place supplies on the sink. If the client cannot brush at the sink, place a bowl or basin on a tray with paper towels under the bowl or basin. If there is no tray, use the kitchen table or other safe surface.
- Wash the toothbrush in the sink. Put a small amount of toothpaste on the brush.
- Brush the teeth gently in back-and-forth or small circular motions. Brush the outside of the teeth, then the biting surfaces of the teeth.
- Softly brush the upper teeth by brushing the top of the teeth where they meet the gums and moving downward. The reason for this is because it moves the plaque away from the gums. For lower teeth, brush upward away from the gums.
- Lightly brush the tongue.
- After you are finished brushing, have the client spit into the sink or the bowl or basin.
- Floss between each tooth by gently gliding the floss between the teeth. Curve the floss into a C shape around each tooth and move it up and down along the side of the tooth.
- After you are done, rinse out the toothbrush and put away the supplies.
- Remove the gloves and wash your hands.

Dentures

- Wash your hands and put on gloves.
- **Put dentures in a water-filled container.**
- Brush dentures thoroughly.
- Ask the client to rinse mouth with an alcohol-free mouthwash and spit the mouthwash out into the basin or sink.
- Put the dentures in the client's mouth.
- Rinse out the denture container.
- If the client does not want to wear the dentures, put the dentures in the denture container with water.
- Remove gloves and wash your hands.

Additional Tips

- Look in the mouth at the gums, oral mucosa, lips, inside of cheeks, tongue, and below the tongue for redness, white spots or patches, bleeding, sores, swelling, draining pus, lumps, and discoloration.
- Look at the teeth for dark spots, white spots, and holes in the teeth. If any of the above is noted- report this to your supervisor.
- If you see any redness, bleeding or sores, report this to your supervisor.
- Try talking about something the client enjoys, the weather or other positive topics if the client is resisting mouth care.
- Try to do mouth care around the same time every day.
- Tell the client all the good things about mouth care like getting the food out of the teeth, their mouth will feel better, their smile will be brighter.
- If the client refuses, try again at another time.

Mouth Care for Clients with Dementia, Alzheimer's Disease or Cognitive Impairment

- Slowly walk toward the client, smile and look into the client's eyes.
- Tell the client what you are going to do and why you're doing it.
- Speak slowly and clearly. Be patient and repeat what you said if necessary.
- Ask the client if it's okay before starting.
- Be positive and encouraging.
- Only do as much as you can do if the client becomes upset.

Client Refuses Mouth Care

- Try to find out why the client does not want mouth care like being afraid or mouth pain.
- If the mouth is painful, look for broken teeth, redness or sores in the mouth. Tell your supervisor if you see this.
- If the client is afraid, play music the person enjoys, say things that are calming.
- Try talking about something the client enjoys, the weather or other positive topic.

- Try to do mouth care around the same time every day.
- Tell the client all of the good things about mouth care like getting the food out of the teeth, their mouth will feel better, their smile will be brighter.
- If the client refuses, try again at another time.

17. DRESSING

- Before you assist with dressing, wash your hands carefully to avoid spreading germs.
- Make sure that a clean set of clothes is ready to wear.
- Greet the client and explain that you want to help the client get dressed or change clothes.
- The client may need you to dress her/him completely. If possible, you can help the client to dress herself/himself.
- Remember not to pull, push or handle the client roughly.
- Assist the client to remove clothes if needed. Let the client do as much as possible without your help.
- Put the clean clothes in a place they can be reached easily.
- Make sure the client does not get too tired or dizzy. If necessary, help the client sit or lie down.
- Put dirty clothes in the laundry basket or hamper to be washed.
- Wash your hands again.

Suggestions
Avoid having too many choices of clothing items so the client will not be overwhelmed or confused when trying to pick out something to wear.

Try:
- Simple and comfortable clothing.
- Clothing with elastic or Velcro fasteners.