

**State of Michigan
Department Of Licensing And Regulatory Affairs
Bureau of Community and Health Systems
Long Term Care Division**

**Paid Dining Assistant Curriculum
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Preface

Paid Dining Assistant Curriculum

On September 26, 2003, the Centers for Medicare and Medicaid Services (CMS) published the final regulations for requirements for paid dining assistants in Long Term Care Facilities (Federal Register/Vol. 68, No. 187/Friday, September 26, 2003/Rules and Regulations, page 5539).

The regulations are found under 42 CFR 483, Subpart B § 483.35, 483.75, Subpart D § 483.160; and 42 CFR 488 Subpart E § 488.301.

House Bill 5389 was signed into law by Governor Snyder on January 10, 2015 and amends the Michigan Public Health Code to allow the use of dining assistance in nursing homes.

The federal and state regulations stipulate that facilities must not use any individual employed in the facility as a dining assistant unless that individual has successfully completed a State-approved training program for dining assistants, as specified in the regulations. Under F373 in the SOM, “Facilities may use their existing staff to assist eligible residents to eat and drink. These employees must have successfully completed a State-approved training course for paid feeding assistants.....”

The regulations do not apply to licensed nursing personnel, or nurse aides. They do not apply to volunteers, families or friends. However, any individual employed by the facility who feeds residents, if only for a short time each day or occasionally, must successfully complete State-approved dining assistant training because s/he is functioning as a dining assistant. This includes individuals whose services at the facility may be paid under contract with another employing agency.

For each person providing paid dining assistance, the facility must maintain a record of the successfully completed State-approved curriculum for dining assistants.

A facility must ensure that a dining assistant feeds only residents who have no complicated dining problems. Complicated dining problems include, but are not limited to, difficulty swallowing, recurrent lung aspirations, and tube or parenteral/IV feedings. The facility must base resident selection for being fed by a dining assistant on the charge nurse’s assessment, the resident’s latest assessment, and the resident’s plan of care.

A dining assistant must work under the supervision of a registered nurse (RN) or licensed practical nurse (LPN).

In an emergency, the dining assistant must call a supervisory nurse for help using the resident call system. In the SOM under F373 Paid Feeding Assistants, it is noted under the Interpretive Guidelines section: “Residents may be receiving assistance in eating or drinking in various locations throughout the facility, such as dining areas, activity room, or areas such as patios or porches in which a resident call system is not readily available...Regardless of where a resident is being assisted to eat or drink, in the case of an emergency, the facility needs to have a means for a paid feeding assistant to obtain timely help of a supervisory nurse. Therefore, for the purposes of this requirement, a ‘resident call system’ includes not only the standard hard-wired or wireless call system, but other means in an emergency situation by which a paid feeding assistant can achieve timely notification of a supervisory nurse.”

To meet minimum federal requirements, a program must consist of at least 8 hours of a state approved training course for dining assistants. The course must meet the requirements of § 483.130 and must include the following:

- (a) Dining techniques.
- (b) Assisting with dining and hydration.
- (c) Communication and interpersonal skills.
- (d) Appropriate responses to resident behavior.
- (e) Safety and emergency procedures, including the Heimlich Maneuver.
- (f) Infection control.
- (g) Resident rights.
- (h) Recognizing changes in residents that are inconsistent with their normal behavior and the importance of reporting those changes to supervisory nurse.
- (i) End of life.

This curriculum does not include bloodborne pathogen training. Facilities are already required by OSHA to provide this training prior to exposure to individuals with bloodborne pathogens and on an annual basis, thereafter. The principles and application of gloving, gowning, mask and eyewear protection are not included in this curriculum. It is the responsibility of the facility to provide the appropriate training in applying and removing PPE for any individual who needs this type of protection when providing dining assistance to a resident. Material on Standard Precautions is limited to basic required application for all residents and does not address Droplet Precautions, Contact Precautions, or Transmission-Based Precautions.

This curriculum is approved for meeting the requirements of the regulations governing the training of dining assistants. Additional components that expand the curriculum may be added, but not substituted. A minimum of 8 clock-hours of instruction, including skills competency, is required. All skills in this curriculum should be successfully demonstrated with instructor supervision prior to feeding a resident and prior to completion of the program. No attempts have been made to establish a test or grading system for successful completion. The primary instructor, based on instructor evaluation and documented skills competency, will determine successful completion of the program. The goal of the program is competency, not failure.

The course must be taught by qualified licensed health professionals such as a Registered Nurse (RN) or Occupational Therapist. Other licensed health care personnel with at least one year of experience in their fields may supplement the instructor.

Up-to-date textbooks are an important learning resource for students. It is recommended that instructors review several and select one that will provide resources to complement the curriculum.

To meet minimum state requirements as outlined in MCL 333.1101 to 333.25211 amended to add Section 21794, the following conditions must be met by the facility:

- a. Receive documented consent from the resident or resident's guardian.
- b. Maintain a written record for each paid dining assistant which includes:
 1. Criminal background check results
 2. Complete name and address of the individual
 3. Documentation of completion of the PDA training and date of successful completion of program
- c. A supervising nurse shall be immediately available.
- d. A dining assistant must not be included in computing the ratio of patients to nursing personnel or used to supplement or replace nursing personnel.
- e. A dining assistant assigned to provide dining assistance to a resident in their room must not be assigned to another resident at the same time.

The paid dining assistant must:

- a. Be at least 17 years of age or older.
- b. Not provide any nursing functions, including, but not limited to, assistance with transportation, ambulation, transferring or, toileting residents, or the distribution of medication.

- c. Pass a criminal background check.

Statutory Definitions

1. **Dining Assistant:** An individual who meets the requirements of this section, is paid by the facility, provides dining assistance to residents, and is not a Registered Nurse, Licensed Professional, or Certified Nurse Aide.
2. **Immediately available:** Being capable of responding to help if needed at any time either in person, by voice or call light system, radio, telephone, pager or other method of communication during a dining experience.
3. **Nurse:** An individual licensed as a Registered Professional Nurse or Licensed Practical Nurse under Article 15 to engage in the practice of nursing.
4. **Under the Supervision of a Nurse:** A nurse who is overseeing the work of a dining assistant is physically present in the nursing home and immediately available. Adequate supervision by a supervising nurse does not necessarily mean constant visual contact or being physically present during the meal/snack time.
5. **Charge Nurse:** The facility must base resident selection for feeding assistance on the charge nurse's (RN or LPN) current assessment of the resident's condition, latest comprehensive assessment, and plan of care. Charge nurses may wish to consult with interdisciplinary team members, such as speech-language pathologists or other professionals, when making their decisions.
6. **Supervisory Nurse:** May be a RN or LPN. The supervisory nurse should monitor the provision of the assistance provided by paid feeding assistants to evaluate on an ongoing basis: their use of appropriate feeding techniques; whether they are assisting assigned residents according to their identified eating and drinking needs; whether they are providing assistance in recognition of the rights and dignity of the resident; and whether they are adhering to safety and infection control practices.
7. The charge nurse and the supervisory nurse may or may not be the same individuals.

Directions for Use of the Dining Assistant Curriculum

The Dining Assistant curriculum has been prepared for two groups of people. First, the students for whom we wish to provide the knowledge and the clinical skills necessary to become competent Dining Assistants. Second, the teachers for whom we wish to provide a curriculum that can be used to complement their teaching skills and help them to educate individuals to become knowledgeable, efficient, caring Dining Assistants.

The curriculum has been divided into six major sections. Content pertaining to recognizing changes that are inconsistent with normal behavior, and the importance of reporting those changes to the supervisory nurse, are included throughout the curriculum.

- Unit 1. Role of the Dining Assistant.
- Unit 2. Communication, Interpersonal Skills and Appropriate Responses to Resident Behavior.
- Unit 3. Resident Rights and Appropriate Responses to Resident Behavior.
- Unit 4. Safety and Emergency Procedures.
- Unit 5. Infection Control.
- Unit 6. Nutrition and Hydration, Dining Techniques and Assisting with Dining and Hydration.

The curriculum pages have been divided into three columns. The first column lists the “Unit Objectives.” The second column, “Course Content,” provides an outline of the information to be covered to meet the objective. The third column, “Learning Activities,” is provided for listing individual activities the instructor might choose to enhance student learning. Medical terms, along with definitions, are included at the beginning of each unit.

Skills are listed at the appropriate points in the instructional content. Individual performance checklists for each skill are included in Appendix A, along with Instructional Objectives and Performance Checklist Summary. Instructors should use the performance checklists to document individual performance and demonstration of skills by the student. A copy of the Instructional Objectives and Performance Checklist Summary, as well as the individual Performance Checklists, should be maintained in each employee’s record to document successful completion of the program.

No attempt has been made to determine a grading policy. The grading policy developed by individual programs should be followed. Competency-based education is about mastery of behavioral objectives with sufficient time allotted for the individual to achieve mastery.

Unit 1

Role of the Dining Assistant

Terminology Defined

1. **Dining Assistant:** Any individual who has successfully completed a State approved dining assistant curriculum in accordance with Federal Requirements 42 CFR 483.160 and who works under the supervision of a licensed nurse, feeding residents; does not include nurse aides or licensed nurses when feeding is performed as part of their regular nurse aide or nursing duties.
2. **Immediately available:** Being capable of responding to help if needed at any time either in person or by voice/call light system, radio, telephone, pager, or other method of communication during a dining experience.
3. **Nurse:** An individual licensed as a registered nurse or a licensed practical nurse, under Article 15, to engage in the practice of nursing.
4. **Under the Supervision of a Nurse:** A nurse is overseeing the work of a dining assistant, is physically present in the nursing home, and is immediately available.

Unit 1: Role of the Dining Assistant

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Objectives	Course Content	Learning Activities
<p>1.1 Examine the role of the Dining Assistant</p>	<p>i) The Role of the Dining Assistant</p> <p>A) Federal Regulations Describing a single task worker, the Dining Assistant</p> <p>B) Aging population in facilities more acute than ever before</p> <ol style="list-style-type: none"> 1) More staff time taken with high levels of care. 2) Less time for routine tasks like dining residents who need minimal assistance. <p>C) Goal of Regulations</p> <ol style="list-style-type: none"> 1) To supplement, not replace, CNAs. 2) To provide more residents with assistance in eating and drinking. 3) To reduce unplanned weight loss. 4) To reduce incidence of dehydration. <p>D) Requirements to become a Dining Assistant</p> <ol style="list-style-type: none"> 1) Must complete a state-approved 8-hour minimum training course. 2) Course must include content on: <ol style="list-style-type: none"> (a) Dining techniques (b) Assistance with dining and hydration (c) Communication and interpersonal skills (d) Appropriate responses to resident behavior (e) Safety and emergency procedures, including the Heimlich Maneuver (f) Infection control (g) Resident rights (h) Recognizing changes in residents that are inconsistent with their normal behavior, and the 	<p>Discuss regulations 42 CFR 483.35, 483.160, 483.301, 4837, 483.75</p> <p>List the course requirements to become a Dining Assistant</p>

<p>1.2 Examine the role of facilities using Dining Assistants</p>	<p style="text-align: center;">importance of reporting those changes to the supervisory nurse</p> <p>E) Important Points to Remember</p> <ol style="list-style-type: none"> 1) The Dining Assistant does not give nursing care. 2) Dining Assistants should only perform those tasks for which they have been trained. 3) CNAs or other licenses personnel feed the more complicated resident. 4) Dining Assistants should only feed residents selected by charge nurse. <p>ii) The Role of Facilities Using Dining Assistants</p> <p>A) Supervision of the Dining Assistant</p> <ol style="list-style-type: none"> 1) Must work under the supervision of a Registered Nurse (RN) or Licensed Practical Nurse (LPN). 2) In an emergency, the Dining Assistant must call the supervisory nurse for help using the resident call system. <p>B) Choosing Residents for the Dining Assistant</p> <ol style="list-style-type: none"> 1) The facility must ensure that only residents who have no complicated dining problems are selected 2) Complicated dining problems include, but are not limited to: <ol style="list-style-type: none"> (a) Difficulty swallowing (b) Recurrent lung aspirations (c) Tube or parenteral/IV nutrition 3) Resident selection based on the charge nurse's assessment and the resident's plan of care. <p>C) Maintenance of Records</p> <ol style="list-style-type: none"> 1) Facilities must maintain a record of individuals used by the facility who have successfully completed the 	<p>Describe three eating problems a resident might have that would not support the use of a Dining Assistant</p>
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	<p>training for a Dining Assistant</p> <p>2) Dining Assistant</p> <ul style="list-style-type: none">(a) An individual who meets the requirements of the federal regulations, and(b) An individual who is used under an arrangement with another agency or organization.(c) Dining Assistants should keep copy of record of successful completion for their records.	<p>List three facility responsibilities when using a Dining Assistant</p>
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Unit 2

Communication and Interpersonal Skills

Terminology Defined

1. **Abbreviation:** A shortened form of a word or phrase.
2. **ADL:** Activities of daily living.
3. **Aphasia:** Inability to express oneself properly through speech, or loss of verbal comprehension.
4. **Cognitive:** Mental process by which an individual gains knowledge.
5. **Communication:** The exchange of information; a message sent is received and interpreted by the intended person.
6. **Feeling:** State of emotion, not able to be measured; subjective data.
7. **Legible:** Written in a manner that can be easily read.
8. **Paraphrase:** Repeat a message using different words
9. **Resident Record:** A written account of the resident's physical and mental condition.
10. **Rapport:** A close relationship with another.
11. **Recording:** Documenting resident care and observations.
12. **Reporting:** A verbal account of resident care and observations.
13. **Sensory:** Relating to sensation involving one or more of the five senses (seeing, hearing, touching, smelling, tasting).

Unit 2: Communication and Interpersonal Skills

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Objectives	Course Content	Learning Activities
<p>2.1 Demonstrate appropriate and effective communication skills.</p> <p>2.1.1 Describe the importance of developing good listening skills.</p> <p>2.1.2 Identify five positive listening skills that can be used.</p> <p>2.1.3 Recognize barriers to effective communications.</p>	<p>i) Communication Skills</p> <p>A) Elements That Influence Relationships With Others</p> <ol style="list-style-type: none"> 1) Prejudices. 2) Frustrations. 3) Attitudes. 4) Life Experiences. <p>B) Requirements for Successful Communications</p> <ol style="list-style-type: none"> 1) A message. 2) A sender. 3) A receiver. <p>C) Listening Skills</p> <ol style="list-style-type: none"> 1) Show interest. 2) Hear the message. 3) Avoid interrupting. 4) Ask appropriate questions for clarification. 5) Be patient and help resident express feelings and concerns. 6) Avoid distractions. 7) Note silence between sounds. 8) Become involved with the message and resident. 9) Concentrate and be attentive. <p>D) Barriers to Effective Communications</p> <ol style="list-style-type: none"> 1) Labeling. 2) Talking too fast. 3) Avoiding eye contact. 4) Belittling a resident's feelings. 5) Physical distance. 6) Sensory impairment. 	<p>Have the class identify examples of these elements and discuss ways to handle each of the examples presented.</p> <p>Role-play the process of communication.</p> <p>Discuss ways of showing interest.</p> <p>Have the class divide into groups of three. Select a sender to give a message to two receivers (all senders will use the same prepared message.) Have the receivers write down what they heard. Follow small group discussions with class discussion.</p> <p>Role-play how the Dining Assistants show interest in the resident, and help residents express feelings and concerns.</p>

<p>2.1.4 Explain how one will need to modify his or her behavior in response to the resident's behavior.</p> <p>2.1.5 Define the terms "sympathy," "empathy," and "tact."</p>	<ul style="list-style-type: none"> (a) Confusion (b) Blindness (c) Aphasia (d) Hearing impairment <ul style="list-style-type: none"> 7) Changing the subject. 8) False assurances and clichés. 9) Giving Advice. 10) Ineffective communication. <ul style="list-style-type: none"> (a) Disguised messages (b) Conflicting messages (c) Unclear meanings (d) Abstractions (e) Perception <p>ii) Interpersonal Skills</p> <ul style="list-style-type: none"> A) Determined By <ul style="list-style-type: none"> 1) Standards and values. 2) Heredity. 3) Interests. 4) Feelings and stress. 5) Expectations others have for us. 6) Past experience. B) Dealing with Resident Behavior <ul style="list-style-type: none"> 1) Accept every resident. 2) Listen to every resident. 3) Comply with reasonable requests, when possible. 4) Display patience and tolerance. 5) Make an effort to be understanding. 6) Develop acceptable ways of coping with negative feelings. <ul style="list-style-type: none"> (a) Leave the room after providing for safety (b) Talk with nursing supervisor about your feelings (c) Involve yourself in physical activity 	<p>Have the class share past experiences when a communication barrier caused them to end a conversation.</p> <p>Staff talking to staff over a resident without including the resident in the conversation. Role-play ways in which sensory impairment can lead to breakdowns in communication.</p> <p>List false assurances. (I.E. "Everything will be fine. You'll see.")</p> <p>Consider clichés rather than abstracts and discuss how the meanings could differ for residents. Example: 1) "The grass is always greener on the other side." 2) "A bird in the hand is worth two in the bush."</p> <p>Have the class discuss why resident behavior shouldn't be taken personally.</p> <p>Define anger and role-play situations of an angry and worried resident that lashes out at a health care worker.</p>
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<p>2.3 Develop effective non-verbal communications in keeping with one's role with residents and their families.</p> <p>2.3.1 List four examples of non-verbal communications.</p>	<ul style="list-style-type: none"> (d) Learn to use relaxation techniques that ease stress 7) Be sensitive to resident's moods. 8) Be able to handle disagreements and criticism. <p>C) Treat Residents as Unique Individuals</p> <ul style="list-style-type: none"> 1) Do things their way when possible. 2) Anticipate their needs. 3) Ask for their opinion. <p>D) Be Able to See Things from the Other Person's Point of View</p> <p>iii) Communicating with Residents and Families</p> <p>A) Nonverbal Communications</p> <ul style="list-style-type: none"> 1) Posture. 2) Gestures. 3) Level of activity. 4) Facial expressions. 5) Appearance. 6) Touch. <p>B) Verbal Communications</p> <ul style="list-style-type: none"> 1) Speak clearly and concisely. 2) Give message by tone of voice. 3) Face resident, at eye level, when speaking. 4) Avoid words with several meanings. 5) Present thoughts in logical, orderly manner. 6) Learn to paraphrase. 7) Types of communication. <ul style="list-style-type: none"> (a) Person to person (b) Oral report <p>C) Communicating with the Resident's Family and Visitors</p> <ul style="list-style-type: none"> 1) Ask how they are doing. 	<p>Discuss how these situations could be handled.</p> <p>Discuss effects of positions and postures when communicating.</p> <p>Role-play examples of body language that differ from the verbal message being sent.</p> <p>Have the class use paraphrasing for a message and discuss their understanding of the message.</p>
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	<ol style="list-style-type: none"> 2) Indicate that you are glad to see them. 3) Be warm and friendly. 4) Use talking and listening skills you would use with resident. 5) Share knowledge about your unit. <ol style="list-style-type: none"> (a) Visiting hours (b) Restrictions to visitors (c) Any restrictions on bringing resident's food 6) Report stressful or tiring visits to supervisory nurse. 7) Refer requests for information on the resident's condition to the supervisory nurse. 8) Share information from family/visitors that would affect dining resident with the supervisory nurse. 9) Report visitor concerns or complaints to the supervisory nurse. 	
<p>2.3.2 Describe specific factors that should be considered when communicating with the hearing impaired resident.</p>	<p>D) Factors to Consider When Communicating with Hearing Impaired Residents</p> <ol style="list-style-type: none"> 1) Encourage resident to use hearing aid. 2) Speak slowly and use simple sentences. 3) Face resident at eye level when speaking. 4) Allow resident to lip read if it helps. 5) Lower pitch of your voice. 6) Direct speech to stronger ear. 7) Use gestures when possible to clarify statements. 8) Write when necessary. 9) Learn some basic signing if interested. 	<p>Give examples of information from family members that would affect resident dining.</p>
<p>2.3.3 Identify factors to consider when communicating with residents that have decreased vision.</p>	<p>E) Factors to Consider when Communicating with a Resident with Decreased Sight</p> <ol style="list-style-type: none"> 1) Speak as you enter the room. 2) Sit where the resident can best see you. 3) Make sure lighting is sufficient. 4) Allow resident to touch objects and yourself. 	<p>Speaker to discuss blindness and adaptations.</p>

<p>2.3.4 Consider factors that would assist the resident that has difficulty speaking to communicate.</p> <p>2.3.5 Recognize techniques that can be used to help a depressed resident to communicate.</p> <p>2.3.6 Identify ways one can communicate with residents with memory loss.</p> <p>2.3.7 Communicate with residents according to their stage of development.</p>	<ul style="list-style-type: none"> 5) Encourage resident to wear glasses if they help. 6) Use touch and talk frequently to communicate your location. 7) Encourage resident to use magnifying glass if it helps. 8) Use descriptive words and phrases. 9) Make large print materials available. <p>F) Factors to Consider when Communicating with Residents Who Have Difficulty Speaking</p> <ul style="list-style-type: none"> 1) Encourage resident to use hands to point out objects. 2) Use communication boards/cards. 3) Repeat what you heard to be sure you understood resident. 4) Allow resident to express feelings. 5) Ask yes and no questions. <p>G) Communicating with Depressed Residents</p> <ul style="list-style-type: none"> 1) Exercise patience. 2) Allow time for resident to express feelings. <p>H) Communicating with Resident with Memory Loss</p> <ul style="list-style-type: none"> 1) Encourage resident to talk. 2) Talk about things resident remembers. 3) Ask one question, containing one thought, at a time. 4) Keep questions simple. 5) Rephrase questions that are not understood. 6) Avoid asking resident to make a choice. <p>I) Communication Based on Stage of Development</p> <ul style="list-style-type: none"> 1) Treat all residents with dignity and respect. 2) Encourage residents to make choices when appropriate. 3) Use simple sentences. 4) Emphasize positive qualities. 	<p>Charades may be used to point out frustration of not being able to speak. The class can explore ways to turn this game into a helping tool for residents who have difficulty speaking.</p> <p>Have class members share personal experiences with individuals with memory loss.</p> <p>Have class members share personal experiences with developmentally disabled.</p> <p>Discuss ways to develop</p>
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<p>2.4.2 Recognize changes that are inconsistent with normal behavior.</p> <p>2.4.3 Discuss differences between objective and subjective data.</p> <p>2.4.4 Discuss changes that may occur in residents' end of life.</p>	<p>condition.</p> <ul style="list-style-type: none">6) Pay attention to complaints.7) Be alert to changes in condition or usual happenings. <p>C) Reporting</p> <ul style="list-style-type: none">1) Reports are made to the supervisory nurse:<ul style="list-style-type: none">(a) Promptly(b) Thoroughly(c) Accurately2) Use pad and pencil to jot down information for reporting.3) Report only facts, not opinions.<ul style="list-style-type: none">(a) Objective data(b) Subjective data	<p>Practice reporting information in small groups with group members changing roles.</p> <p>Role-play a situation and have the class report objective and subjective data.</p>
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Unit 3

Resident Rights

Terminology Defined

1. **Abuse:** The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish.
2. **Advocate:** One that pleads the cause of another.
3. **Aiding and Abetting:** Not reporting dishonest acts that are observed.
4. **Assault:** Attempt or threat to do violence to another.
5. **Battery:** An unlawful attack upon another person.
6. **Confidential:** Keeping what is said or written private, or to oneself.
7. **Defamation:** Injuring the name and reputation of another person by making false statements to a third person.
8. **Dignity:** The quality or state of being worthy, honored, or esteemed.
9. **Discrimination:** Prejudiced or prejudicial outlook, action or treatment.
10. **Drugs:** Any chemical compound that may be used on or administered as an aid in the diagnosis, treatment or prevention of disease or other condition or the relief of pain or suffering or to control or improve any physiological pathologic condition.
11. **Diversion of Drugs:** The unauthorized taking or use of any drug.
12. **Ethics:** A set of moral principles and values.
13. **Fraud:** An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to

himself or some other person. This includes any act that constitutes fraud under applicable Federal or State Law.

14. **Gossip:** Talking about residents or co-workers.
15. **Grievance:** A cause of distress felt to afford reason for complaint or resistance.
16. **Harassment:** To worry or annoy persistently.
17. **HIPPA:** Health Information Privacy and Portability Act.
18. **Invasion of Privacy:** A violation of a person's right not to have one's name, photography, or private affairs exposed or made public without giving consent.
19. **Misappropriation:** The deliberate misplacement, exploitation, or wrongful temporary or permanent use of a resident's belongings or money without the resident's consent.
20. **Neglect:** A failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.
21. **Negligence:** An unintentional wrong in which a person fails to act in a reasonable and prudent manner and thereby causes harm to another person or the person's property.

Objectives	Course Content	Learning Activities
<p>3.1 Support the resident’s right to make personal choices to accommodate individual needs.</p> <p>3.1.1 Describe the Resident’s Bill of Rights.</p>	<p>i) Residents’ Rights</p> <p>A) Basic Human Rights</p> <ol style="list-style-type: none"> 1) Protected by the Constitution. 2) Laws clarify these rights. <ol style="list-style-type: none"> (a) Right to be treated with respect (b) Right to live in dignity (c) Right to pursue a meaningful life (d) Right to be free of fear 3) Behaviors that infringe on these rights: <ol style="list-style-type: none"> (a) Addressing residents as children (b) Demeaning nicknames for residents (c) Not providing privacy (d) Threatening a resident with harm <p>B) Resident Rights</p> <ol style="list-style-type: none"> 1) Ethical and legal basis. 2) Federal and state regulations. 3) Posted in facility. 4) Distributed on admission in many facilities. 5) Residents have the right to: <ol style="list-style-type: none"> (a) Considerate and respectful care (b) Obtain complete current information concerning diagnosis, treatment and prognosis. (c) Receive information necessary to give informed consent prior to treatments or procedures (d) Refuse treatment (e) Privacy of resident’s body, records, and personal affairs (f) Confidential treatment of all records (g) Reasonable response to request for service (h) Examine bill and receive explanation of charges 	<p>Brainstorm and list personal choices that would contribute to a meaningful life.</p> <p>Review: Residents’ Rights and HIPPA</p>

	<ul style="list-style-type: none">4) Mental.5) Corporate punishment.6) Involuntary seclusion. <p>C) Signs of Abuse</p> <ul style="list-style-type: none">1) Fractures.2) Bruises of the face, upper arms, upper thighs, or abdomen.3) Fearfulness.4) Withdrawn. <p>D) Examples of Abuse</p> <ul style="list-style-type: none">1) Threatening a resident.2) Frightening a resident.3) Pinching, slapping, pushing, or kicking a resident.4) Withholding food or fluids.5) Restraining a resident.6) Leaving resident in soiled linen or clothing.7) Yelling angrily at or making fun of a resident.8) Refusing to treat or reposition a resident.9) Not answering a call light/bell/signal.10) Humiliating a resident.11) Making disparaging, derogatory remarks.12) Sexual coercion.13) Sexual harassment.14) Verbal harassment. <p>E) Identification of Residents at Risk for Abusing Other Residents</p> <ul style="list-style-type: none">1) Resident with history of aggressive behavior. <p>F) Identification of Residents at Risk for Being Abused</p> <ul style="list-style-type: none">1) Noisy individuals.2) Wandering individuals.	<p>Role-play appropriate responses to observed mistreatment of the elderly.</p>
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	<ul style="list-style-type: none">3) Philandering individuals.4) Socially/logistically isolated individuals. <p>G) Report Abuse</p> <ul style="list-style-type: none">1) If observed, report immediately to supervisor.2) Cause for immediate dismissal of perpetrator if proven.3) Know your state law.4) Aiding and abetting.	<p>Review Michigan law and Federal regulations regarding abuse.</p>
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Unit 4

Safety and Emergency Procedures

Terminology Defined

1. **Convulsion:** Violent and sudden contractions or tremors of muscles.
2. **Cardiopulmonary Resuscitation (CPR):** Combines the techniques of artificial respiration and cardiac compression to restore circulation.
3. **Dementia:** Progressive mental deterioration due to organic brain disease.
4. **Disoriented:** Confused about time, place and person, or objects.
5. **Heimlich Maneuver:** A forceful upward thrust on the abdomen, between the sternum and the navel.
6. **Seizure:** Involuntary muscle contraction and relaxation.

Objectives	Course Content	Learning Activities
<p>4.1 Assist with basic emergency procedures.</p> <p>4.1.1 Adhere to general safety rules.</p> <p>4.1.2 List ten rules of general safety.</p>	<p>i) Basic Emergency Procedures</p> <p>A) General Safety Rules</p> <ol style="list-style-type: none"> 1) Walk in the halls and on stairs. Never run. 2) Keep to the right-hand side of the hall. 3) Approach swinging doors with caution. 4) Use handrails going up and down stairs. 5) Keep handrails in halls and on stairs free of obstacles. 6) Check labels on all containers prior to using contents. 7) Wipe up spilled liquids. 8) Pick up litter and place it in the proper container. 9) Follow instructions of your supervisory nurse. 10) Report shocks and injuries promptly. 11) Never use damaged or frayed electrical cords. 12) Ask for an explanation of things you don't understand. 13) Provide for restraint safety. 14) Check linen for personal items contained in folds prior to sending to the laundry. 15) Report unsafe conditions when noticed. 	<p>Review the general safety rules and have the class relate these to their homes, as well as the health care facility.</p>
<p>4.2 Identify safety measures that prevent accidents to residents.</p>	<p>ii) Safety Measures that Prevent Accidents</p> <p>A) Keep Frequently Used Articles Within Reach of Resident</p> <p>B) Lock Brakes on Movable Equipment</p> <ol style="list-style-type: none"> 1) Wheel chairs. 2) Beds. <p>C) Properly Position Residents. Ask Nurse Aide to Properly Position Resident In:</p> <ol style="list-style-type: none"> 1) Bed. 2) Wheelchair. 3) Chair. 	<p>Discuss students' personal experiences with accidents and consider the general safety rules that may have prevented the accident.</p>

<p>4.3 Discuss the emergency treatment of a choking resident.</p> <p>4.3.1 Assist with cleaning an obstructed airway.</p>	<ul style="list-style-type: none">D) Provide Mealtime Assistance to Prevent Hot Liquid Spills E) Identifying Residents<ul style="list-style-type: none">1) Use identification bracelets.2) Call resident by name.3) Use I.D. systems that incorporate photographs.4) Realize that dining the wrong resident can threaten life. F) Preventing Other Injuries<ul style="list-style-type: none">1) Keep resident's bed in lowest position except when giving bedside dining assistance.2) Place call bell/signal within reach. iii) Assisting with a Choking Resident<ul style="list-style-type: none">A) Causes of Choking<ul style="list-style-type: none">1) Occurs when the throat is blocked or closed up, and air cannot pass through.2) Victim cannot breathe or speak. B) Common Airway Blockages<ul style="list-style-type: none">1) Food.2) Foreign objects.3) Vomitus.4) Blood. C) Tilting the Head Back May Clear the Airway<ul style="list-style-type: none">1) Pulls the tongue forward, clearing the blockage. D) If Victim is Coughing, Do Not Intervene<ul style="list-style-type: none">1) Coughing sound only occurs with air moving through airway.2) Encourage coughing, as it is the most effective way to dislodge obstructions.	
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<p>4.5 Discuss and explain your responsibilities in assisting with the resident who may have an emergency involving the heart.</p>	<ul style="list-style-type: none"> 3) Stay near. E) Signals of a Complete Airway Blockage <ul style="list-style-type: none"> 1) Unable to speak. 2) High pitched sounds with inhalation. 3) Grasping the throat in distress. iv) The Heimlich Maneuver <ul style="list-style-type: none"> A) Equipment/PPE <ul style="list-style-type: none"> 1) Gloves B) Procedure <ul style="list-style-type: none"> 1) Seek assistance from Nurse <ul style="list-style-type: none"> (a) Use emergency alarm (b) Use resident call system (c) Call for help v) Assisting with Heart-Related Emergencies <ul style="list-style-type: none"> A) List of Agencies Providing CPR Instruction: <ul style="list-style-type: none"> 1) American Heart Association. 2) American Red Cross. 3) EMS Squads. B) Common Observations, or Complaints, That Signal a Heart Problem: <ul style="list-style-type: none"> 1) Chest discomfort. <ul style="list-style-type: none"> (a) Pressures, fullness, squeezing, or pain in center of chest behind breastbone 2) Radiating pain. <ul style="list-style-type: none"> (a) Pain may spread to either shoulder, neck, jaw, or arm 3) Symptoms continue for longer than a few minutes. 4) Symptoms which may come and go: <ul style="list-style-type: none"> (a) Fainting 	<p>Demonstration: Performance Checklist #1 The Heimlich Maneuver</p> <p>Discuss the reason for chest thrusts instead of abdominal thrusts for obese residents.</p>
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<p>4.6 Discuss and explain your responsibilities in assisting the resident until professional help arrives for convulsive disorder.</p>	<ul style="list-style-type: none"> (b) Sweating (c) Nausea (d) Shortness of breath <p>C) Seek Immediate Assistance</p> <ul style="list-style-type: none"> 1) Use emergency alarm. 2) Use resident call system. 3) Call for help. <p>vi) Assisting with Convulsive Disorders (Seizures)</p> <p>A) Causes of Convulsive Disorders</p> <ul style="list-style-type: none"> 1) Seizure syndrome. 2) Head injury. 3) Stroke. 4) Infectious disease. 5) Omitted medication. <p>B) Types of Seizures</p> <ul style="list-style-type: none"> 1) Partial. 2) General. <ul style="list-style-type: none"> (a) Tonic-clonic (grand mal) (b) Absence (petit mal) 3) Unclassified. <p>C) Seek Assistance from Nurse</p> <ul style="list-style-type: none"> 1) Summon help using resident call system. 2) Stay with resident. 3) Protect resident from injury. <ul style="list-style-type: none"> (a) Lower resident to floor, if appropriate. (b) Move objects away that might cause injury. 4) Do not restrain resident. 5) Loosen constricting clothing, particularly around the neck. 6) Place pillow under head and turn face to one side. 	<p>Discuss the differences in types of seizures.</p> <p>Discuss how to physically protect the resident.</p> <p>Suggest reasons why the face would be turned to the side.</p>
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<p>4.7 Report emergencies accurately and immediately.</p>	<ul style="list-style-type: none">7) Note time seizure began and report to supervisory nurse.8) Allow resident to rest after seizure.<ul style="list-style-type: none">(a) Resident will be very tired(b) Resident may be confused(c) Resident will often be disoriented <p>vii) Report Emergencies</p> <ul style="list-style-type: none">A) Remain Calm and Do Not Panic<ul style="list-style-type: none">1) Observe your surroundings.2) Assess available resources.B) Evaluate the Situation<ul style="list-style-type: none">1) Check resident's condition.2) Determine safety of environment.C) Call or Send for Help ImmediatelyD) Know Your LimitationsE) Reassure the Resident	<p>Provide the class with a description of an accident or health emergency that has occurred. The student is the only person on the scene. Ask them to explain how s/he would handle the situation.</p>
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Unit 5

Infection Control

Terminology Defined

1. **Asepsis:** Being free of disease-producing microorganisms.
2. **Biohazardous Waste:** Refers to items that are contaminated with blood, body fluids, or body substances that may be harmful to others.
3. **Bloodborne Pathogens:** Disease causing microorganisms that are present in human blood and can cause disease in humans; these pathogens include, but are not limited to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), and Hepatitis C Virus (HCV).
4. **Contaminated:** Dirty, unclean, or soiled with germs.
5. **Disinfection:** The process of destroying most, but not all, pathogenic organisms.
6. **Exposure Incident:** A mucous membrane, non-intact skin, or sharps-injury leading to contact with blood or other potentially infectious materials during the performance of an employee's duties.
7. **Fomite:** Any object contaminated with germs and able to transmit disease.
8. **Germ:** A microorganism, especially one that causes disease.
9. **Isolation:** An area where the resident with easily transmitted diseases is separated from others.
10. **Medical Asepsis:** The practice used to remove or destroy pathogens and to prevent their spread from one person or place to another person or place; clean technique.
11. **Microorganisms:** Living bodies so small they can only be seen with the aid of a microscope; especially bacteria.
12. **Pathogen:** A microorganism that is harmful and capable of causing an infection.

13. **Personal Protective Equipment (PPE):** Specialized clothing or equipment worn by an employee for protection against a hazard.

14. **Phagocyte:** A cell that can ingest bacteria, foreign particles, and other cells.

15. **Other Potentially Infectious Materials (PIM):**

- **Human body fluids:** Semen, vaginal secretions, cerebrospinal fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, and saliva in dental procedures.
- Any tissue or organ (other than intact skin) or tissue or organ cultures.

16. **Precautions:** CDC procedures that contain two tiers:

- Standard Precautions are those designed for the care of all residents, regardless of their diagnosis or presumed infection status. Standard Precautions include setting up barriers to prevent contact with blood, blood serum derived from body fluids, fluids that contain blood, and any moist body substances.
- Transmission-Based Precautions are to be used when caring for only those residents who are known or suspected to be infected or colonized with contagious pathogens that can be transmitted by airborne, droplet transmission or contact with skin or contaminated surfaces.

17. **Virus:** The smallest organism identified using an electron microscope.

Objectives	Course Content	Learning Activities
<p>5.1 Apply the basic principles of infection control.</p>	<ul style="list-style-type: none"> i) Infection Transmission <ul style="list-style-type: none"> A) Microorganisms (Germs) <ul style="list-style-type: none"> 1) Microscopic: seen with the aid of a microscope. 2) Live all around us. <ul style="list-style-type: none"> (a) In the air we breathe (b) On our skin and in our bodies (c) In the food we eat (d) On every surface we touch 3) May cause: <ul style="list-style-type: none"> (a) Illness (b) Infection (c) Disease 4) Benefit us by maintaining balance in our environment and body. 5) Require certain elements to survive: <ul style="list-style-type: none"> (a) Oxygen (aerobic) (b) No oxygen (anaerobic) (c) Warm temperatures (d) Moisture (e) Dark area to grow (f) Food 6) Our body's defenses against germs: <ul style="list-style-type: none"> (a) External natural defenses: <ul style="list-style-type: none"> (1) Skin (2) Mucous membrane (3) Cilia – fine microscopic hairs (4) Coughing and sneezing (5) Stomach acid (6) Tears (b) Internal natural defenses: <ul style="list-style-type: none"> (1) Phagocytes 	<p>Have the class list ways in which nonpathogenic organisms benefit mankind. (They culture milk products, ferment certain foods, cause bread to rise, decompose organic materials, etc.)</p>

<p>5.1.1 Identify how diseases are transmitted.</p> <p>5.1.2 List the six components of the chain of infection.</p>	<ul style="list-style-type: none"> (2) Inflammation (3) Fever (4) Immune response <p>7) Chain of infection:</p> <ul style="list-style-type: none"> (a) Causative agent <ul style="list-style-type: none"> (1) Bacteria (2) Virus (3) Fungi (4) Protozoa (b) Reservoir of the agent <ul style="list-style-type: none"> (1) Humans, either presenting symptoms or as carriers (2) Animals (3) Fomites (4) Environment (c) Portal of entry <ul style="list-style-type: none"> (1) Cuts/breaks in skin (2) Openings in mucous membrane (3) Cardiovascular system (4) Respiratory system (5) Gastrointestinal system (6) Urinary system (7) Reproductive system (8) Fluid exchange from mother to fetus (d) Portal of exit <ul style="list-style-type: none"> (1) Tears (2) Saliva (3) Urine (4) Feces (5) Wound drainage (e) Mode of transmission <ul style="list-style-type: none"> (1) Contact <ul style="list-style-type: none"> (i) Direct (person-to-person) (ii) Indirect (fomite-to-person) 	<p>Have class members select a causative agent and illustrate the chain of infection.</p> <p>Relate fomites to facility supplies and discuss objects that might be involved in the spread of infection.</p> <p>Have the class relate the AIDS virus to portals of entry and exit</p> <p>Have the class discuss and give examples of the various modes of disease transmission.</p>
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<p>5.2 Define medical asepsis.</p> <p>5.2.1 Identify practices one can use to promote medical asepsis.</p>	<ul style="list-style-type: none"> (iii) Droplet (common cold) (2) Common vehicle (salmonella in food) (3) Airborne (tuberculosis) (4) Vectorborne (mosquitos carrying malaria) (f) Host: Individual who harbors infectious organisms <p>ii) Medical Asepsis</p> <p>A) Practices that Remove or Destroy Pathogens and Prevent Illness</p> <p>B) Lists of Aseptic Practices:</p> <ol style="list-style-type: none"> 1) Washing hands after using the bathroom. 2) Washing hands prior to handling food. 3) Washing fruits and vegetables before serving or consuming. 4) Providing individual personal items for each resident during dining. 5) Covering the nose and mouth prior to coughing, sneezing, or blowing nose, and then immediately washing hands. 6) Bathing, washing hair, and brushing teeth on a regular basis. 7) Washing cooking and eating utensils with soap. 8) Adhering to sanitation practices. 9) Washing hands after dining each resident. 10) Washing hands prior to dining a resident. 11) Washing hands before meals. 12) Maintaining a clean resident unit. 13) Cleaning all reusable equipment after use. 14) Using approved waterless hand cleaner. 15) Not sitting on a resident's bed. 16) Not transporting equipment from one resident's room to another. 	<p>Have the class relate medically aseptic practices to other area of employment (teachers, food workers, sales people, etc.)</p>
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	<ul style="list-style-type: none">(e) Give frequently missed areas added attention, such as:<ul style="list-style-type: none">(1) Sides of hands(2) Knuckles(3) Thumbs(4) Little fingers(5) Under nails<ul style="list-style-type: none">(i) Use a file for this area, or(ii) Rub tips of fingers against soapy palms(f) For handwashing to be effective:<ul style="list-style-type: none">(1) Use enough soap to produce a lather(2) Create friction with vigorous rubbing(3) Rinse well(g) Use a brush to remove resistant substances.(h) Use a lotion after cleaning to:<ul style="list-style-type: none">(1) Prevent chapping(2) Prevent dry skin4) Wash with soap and water immediately or as soon as possible following contact with blood or other potentially infectious materials.5) Use alcohol gels only if hands are not visibly soiled, and there has been no exposure to blood or other potentially infectious materials	
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Unit 6

Nutrition and Hydration

Terminology Defined

1. **Anemia:** A deficiency of red blood cells, hemoglobin, or both.
2. **Aspiration:** Breathing fluid or food into the lungs.
3. **Calorie:** The amount of energy produced from the burning of food.
4. **Carbohydrates:** Nutrient which provides the greatest amount of energy in the average diet.
5. **Dehydration:** A decrease of the amount of water in body tissue.
6. **Dysphagia:** Difficulty swallowing
7. **Fats:** Nutrients that provide most concentrated form of energy.
8. **Malnutrition:** Poor nutrition that lacks adequate food and nutrients.
9. **Metabolism:** The chemical processes that occur within a living organism in order to maintain life.
10. **NPO:** Nothing by mouth.
11. **Nutrient:** A substance that is ingested, digested, absorbed and used by the body.
12. **Nutrition:** The entire process by which the body takes in food for growth and repair and uses it to maintain health.
13. **Osteoporosis:** The most common metabolic disease of bone in the United States, caused by a decrease in the mass of bony tissue.

14. **Peristalsis:** Involuntary muscle contractions in the digestive system that move food through the alimentary canal.
15. **Protein:** Nutrient essential for growth and repair of tissue.
16. **Recommended Dietary Allowances (R.D.A):** The amounts of essential nutrients adequate to meet the needs of practically all healthy people.
17. **Therapeutic Diet:** Modification of the normal diet used in the treatment of specific health conditions.

Objectives	Course Content	Learning Activities
<p>6.1 Identify the general principles of basic nutrition.</p> <p>6.1.1 Recognize factors that influence dietary practices.</p> <p>6.1.2 Review cultural variations in diet.</p> <p>6.1.3 List five examples of foods avoided by various religious denominations.</p>	<p>i) Principles of Nutrition</p> <p>A) Good Nutrition</p> <ol style="list-style-type: none"> 1) Promotes physical and mental health. 2) Provides increased resistance to illness. 3) Produces added energy and vitality. 4) Aids in the healing process. 5) Assists one to feel and sleep better. <p>B) Functions of Food</p> <ol style="list-style-type: none"> 1) Provides energy. 2) Grows and repairs tissue. 3) Maintains and regulates bodily processes. <p>C) Factors Influencing Dietary Practices</p> <ol style="list-style-type: none"> 1) Personal preferences. 2) Appetite. 3) Finance. 4) Illness. 5) Culture. 6) Religion. <ol style="list-style-type: none"> (a) Days of fasting (b) Dietary practices/restrictions (c) Some forbid cooking on the Sabbath (d) Some forbid eating leavened bread (e) Some forbid serving milk and/or milk products with meat (f) Some have strict rules regarding sequence in which milk products and meat must be consumed <p>D) Age-Related Changes Affecting Nutrition</p> <ol style="list-style-type: none"> 1) Need for fewer calories. 	<p>Discuss the religious practices related to food by the various denominations represented in the class.</p>

<p>6.1.4 Cite five age-related changes that affect the resident's nutritional status.</p>	<ol style="list-style-type: none"> 2) Vitamin and mineral requirements change. 3) Medications affect how nutrients are absorbed and used. 4) Teeth/dentures affect ability to chew food. 5) Diminished sense of taste and smell. 6) Assistance required with eating. 7) Decreased saliva secretions. 8) Discomfort caused by constipation. 9) Decreased appetite and thirst. 	
<p>6.1.5 Recognize the signs of good nutrition.</p>	<p>E) Signs of Good Nutrition</p> <ol style="list-style-type: none"> 1) Healthy, shiny looking hair. 2) Clean skin and bright eyes. 3) A well-developed, healthy body. 4) An alert facial expression. 5) An even, pleasant disposition. 6) Restful sleep patterns. 7) Healthy appetite. 8) Regular elimination habits. 9) Appropriate body weight. 	
<p>6.1.6 Report five results of poor nutrition.</p>	<p>F) Signs of Poor Nutrition</p> <ol style="list-style-type: none"> 1) Hair and eyes appear dull. 2) Irregular bowel habits. 3) Weight changes. 4) Osteoporosis and other diseases. 5) Lack of interest/mental slowdown. 6) Poor skin color and appearance. 7) Anemia leading to: <ol style="list-style-type: none"> (a) Fatigue (b) Shortness of breath (c) Increased pulse (d) Pale skin (e) Poor sleep patterns 	

<p>6.2 Discuss the six basic food groups that contribute to a well-balanced diet.</p>	<p>(f) Headaches (g) Problems with digestion</p> <p>ii) Six Basic Food Groups (Food Guide Pyramid)</p> <p>A) Vegetable Group</p> <p>1) Provides:</p> <ul style="list-style-type: none">(a) Vitamins(b) Minerals(c) Fiber (roughage) <p>2) Easier to chew if cooked, chopped, or diced.</p> <p>3) Recommended daily servings: three to five.</p> <p>B) Fruit Group</p> <p>1) Provides:</p> <ul style="list-style-type: none">(a) Vitamins(b) Minerals(c) Fiber (roughage) <p>2) Recommended daily servings: two to four.</p> <p>C) Dairy Group (Milk, Yogurt, and Cheese)</p> <p>1) Provides:</p> <ul style="list-style-type: none">(a) Proteins(b) Vitamins(c) Minerals (calcium)(d) Carbohydrates(e) Fat <p>2) Recommended daily servings: two to three.</p> <p>D) Grain Group (Breads, Cereal, Rice, and Pasta)</p> <p>1) Provides:</p> <ul style="list-style-type: none">(a) Carbohydrates(b) Fiber <p>2) Recommended daily servings: six to eight.</p>	<p>Have the class relate medically aseptic practices to other area of employment (teachers, food workers, sales people, etc.)</p>
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<p>6.3 Define a therapeutic diet and recognize the need for alterations in a regular diet.</p> <p>6.3.1 List three purposes of a therapeutic diet.</p> <p>6.3.2 Discuss the types of therapeutic diets that the physician might order for a resident.</p>	<p>E) Meat Group</p> <ol style="list-style-type: none"> 1) Provides: <ol style="list-style-type: none"> (a) Protein (b) Fat 2) Recommended daily servings: one to two. <p>F) Fats, Oils, Sweets Group</p> <ol style="list-style-type: none"> 1) Provides: <ol style="list-style-type: none"> (a) Little to no nutritional value (b) High calorie content 2) No recommended servings or serving sizes. <p>iii) Therapeutic Diet</p> <p>A) Purposes of Therapeutic Diets</p> <ol style="list-style-type: none"> 1) Add or eliminate calories to cause a change in body weight. 2) Assist with digestion of food by taking foods out of the diet that irritate the digestive system. 3) Restrict salt intake to prevent or decrease edema. 4) Help organs to maintain and/or regain normal function. 5) Treat metabolic disorders by regulating food amounts. <p>B) Types of Therapeutic Diets</p> <ol style="list-style-type: none"> 1) Clear liquid. 2) Full liquid. 3) Bland. 4) Restricted residue. 5) Controlled carbohydrate (diabetic). 6) Low fat. 7) Low cholesterol. 8) Low calorie. 9) High calorie. 10) Low sodium. 11) High protein. 	<p>Hand out examples of sample menus for discussion.</p>
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<p>6.4 Recognize adaptive devices used to assist residents with eating.</p> <p>6.5 Identify the responsibilities in preparing and serving residents' meals.</p>	<p>12) Soft, chopped, or pureed.</p> <p>C) Residents May Have Difficult Accepting Special Diets</p> <p>iv) Adaptive Devices</p> <p>A) Food Guards</p> <p>B) Divided Plates</p> <p>C) Built-up Handled Utensils</p> <p>D) Easy Grip Mugs/Glasses</p> <p>v) Preparing and Serving Resident's Meals</p> <p>A) Meals Are an Enjoyable, Social Experience</p> <p>B) Provide Pleasant Environment</p> <ol style="list-style-type: none"> 1) Clean area. 2) Odor-free area. 3) Adequate lighting. 4) Pleasant temperature. 5) Flowers/decorations and music add can add interest. <p>C) Resident Preparation</p> <ol style="list-style-type: none"> 1) Face and hands washed. 2) Raise the head of the bed. 3) Assure resident is in comfortable position. 4) Check to be certain resident receives correct tray with correct diet. 5) Food should be attractively served and placed within reach. 6) Assist resident as needed with: <ol style="list-style-type: none"> (a) Cutting meat (b) Pouring liquids 	<p>Demonstrate the use of adaptive devices. Encourage students to handle equipment.</p>
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<p>6.8 Demonstrate the procedure for serving supplementary nourishments.</p> <p>6.9 Identify the special fluid orders that the physician could write for residents.</p> <p>6.9.1 Demonstrate the procedure for providing fresh drinking water.</p>	<p>Mighty Shake, etc.)</p> <p>B) Usually Served:</p> <ol style="list-style-type: none"> 1) Midmorning. 2) Mid-afternoon. 3) Bedtime. <p>C) Ordered by Physician.</p> <p>D) Served as Directed by Supervisory Nurse</p> <p>E) Provide Necessary Eating Utensils (Straw, Napkin, etc.)</p> <p>viii) Serving Supplementary Nourishments</p> <p>A) Procedure</p> <p>ix) Fresh Drinking Water</p> <p>A) Fresh Water Should Be Provided Throughout the Day</p> <p>B) Encourage Resident to Drink Six to Eight Glasses, If Appropriate</p> <p>C) Note Residents Who have Special Fluid Orders</p> <ol style="list-style-type: none"> 1) N.P.O. 2) Fluid Restrictions (remind resident of such restriction.) 3) Force fluids. <ol style="list-style-type: none"> (a) Offer fluids in small quantities 4) No ice. <p>D) Supplies: Cart, Pitchers, Cups, Ice Scoop, and Straws</p> <p>E) Procedure</p> <p>x) Aging Changes</p> <p>A) Aging Causes Physiological Changes</p>	<p>Performance Checklist #3 Serving Supplementary Nourishments</p> <p>Performance Checklist #4 Providing Fresh Drinking Water</p> <p>Follow facility policy for distribution of drinking water.</p>
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<p>6.10 Identify normal changes in the digestive system as they relate to the aging process.</p>	<ol style="list-style-type: none"> 1) Decreased number of taste buds. 2) Slowing of peristalsis, causing constipation. 3) Slower absorption of nutrients. 4) Difficulty chewing or swallowing. 5) Loss of bowel muscle tone. 6) Decrease in amount of digestive enzymes and saliva production. 7) Decreased appetite. 8) Loss of teeth. 9) Altered taste and smell. 	<p>Suggest a reason why some residents would add a lot of salt to their food.</p>
<p>6.11 Discuss signs and symptoms of dysphagia.</p>	<p>xi) Challenging Dining Problems</p> <p>A) Dysphagia</p> <ol style="list-style-type: none"> 1) Signs and symptoms: <ol style="list-style-type: none"> (a) Food “pocket” in cheeks (b) Resident says food will not go down (c) Excessive drooling (d) Unexplained weight loss (e) Frequently coughs or chokes (f) Complains of heartburn (g) Recurrent pneumonia 2) Report to nurse supervisor signs of dysphagia when dining a resident. 3) Do not continue to feed resident with dysphagia. 	
<p>6.11.1 Demonstrate dining techniques for use with the resident who has had a stroke.</p>	<p>B) Stroke Victims</p> <ol style="list-style-type: none"> 1) Stroke victims with dysphagia should not be fed by a Dining Assistant. 2) If dysphagia is not present: <ol style="list-style-type: none"> (a) Introduce spoon on unaffected side of the mouth. (b) Utilize adaptive dining utensils. (c) Observe for “pocketing” of food on affected side. (d) One sip, then swallow. (e) Approach from the unaffected side. 	

<p>6.11.2 Demonstrate dining techniques for use with the blind resident.</p>	<p>C) Blind Residents</p> <ol style="list-style-type: none">1) Tell resident what is on the tray.2) Arrange and describe location of foods according to the face of a clock.	<p>Performance Checklist #5 Dining a Resident</p>
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APPENDIX A

INSTRUCTIONAL OBJECTIVES AND PERFORMANCE CHECKLIST SUMMARY

Instructional Objectives and Performance Checklist Summary

Student Name: _____ **Instructor Name:** _____

Note: Upon completion of this Dining Assistant course, all information should be completed and placed in the Dining Assistant’s file.

Column A: Date taught

Column B: Date skill successfully demonstrated, when applicable

Column C: Instructors initials

The Role of Dining Assistant

1. Explain the role of the Dining Assistant.
2. Lists course requirements to become a Dining Assistant
3. Explain the role and responsibilities of facilities that choose to use Dining Assistants.
4. Describe three dining problems that a resident might have that would not allow dining by a Dining Assistant.

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Communication and Interpersonal Skills

5. Define terms important to the study of Communication and Interpersonal Skills.
6. Describe effective communication skills.
7. List elements that influence relationships with others.
8. Describe the importance of developing good listening skills.
9. Identify positive listening skills that can be used.
10. Recognize barriers to effective communication.
11. Give examples of situations in which the Dining Assistant must modify his/her behavior in response to the resident’s behavior.
12. Define sympathy, empathy, tact, and anger.
13. Demonstrate effective non-verbal communications.
14. List examples of nonverbal communications.
15. Describe effective communication with the resident’s family and visitors.
16. List specific factors to consider when communicating with hearing impaired residents.

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Communication and Interpersonal Skills (cont.)

17. List factors to consider when communicating residents that have decreased vision.
18. List ways to communicate with residents with memory loss.
19. List factors to consider when communicating with a resident that has difficulty speaking.
20. Demonstrate effective communication with residents who have hearing, vision, speaking or memory loss difficulties.
21. Identify techniques that can be used to help the resident to communicate.
22. List techniques to communicate with residents based on their developmental stage.
23. List the elements in the Senses Method of observation, giving an example of each.
24. Describe behaviors that are inconsistent with normal resident behavior.
25. Define objective and subjective data.
26. Explain the elements essential for reporting to the supervisory nurse.

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Resident Rights

27. Define terms important to the study of Resident Rights.
28. Describe the laws that protect the resident's right to make personal choices.
29. Give examples of behavior that would infringe on resident rights.
30. Describe the Resident's Bill of Rights and HIPPA and how they are used in resident care.
31. Identify behaviors that help maintain residents' rights.
32. List the advantages of explaining dining assistance to a resident prior to starting.
33. Identify important elements defined in Federal and State definitions of mistreatment of the elderly.
34. List signs of abuse of the elderly.
35. List examples of abusive behavior.
36. Identify individuals that might be at risk for being abused.
37. Describe important elements to observe when reporting suspected abuse.

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Safety and Emergency Procedures

38. Define important terms used in Safety and Emergency Procedures
39. List rules of general safety.
40. Identify safety measures that prevent accidents.
41. Discuss key elements that might block the airway of a resident.
42. Enumerate the key steps for assisting to clean an obstructed airway to include the Heimlich Maneuver.
43. Correctly perform the Heimlich Maneuver.
44. Explain the responsibilities for assisting with a resident who may have an emergency involving the heart.
45. Discuss and explain the responsibilities when assisting the resident with seizures.
46. List important elements to observe when reporting emergency situations.

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Infection Control

47. Define key terms important to Infection Control
48. Discuss general principles that guide Infection Control techniques.
49. List the components of the chain of infection, giving examples of each.
50. Identify practices that promote medical asepsis.
51. Demonstrate a basic understanding of standard precautions.
52. List reasons for washing hands frequently.
53. List key steps to proper handwashing.
54. Correctly demonstrate handwashing.

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Nutrition and Hydration

55. Correctly define Nutrition and Hydration terms.
56. Discuss the purpose of good nutrition and the functions of food.
57. Discuss factors influencing dietary practices.
58. List examples of foods avoided by various religious denominations.
59. Cite age-related changes that affect the resident's nutritional status.
60. Identify signs of good nutrition.
61. Describe results of poor nutrition.

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Nutrition and Hydration (cont.)

- 62. List the basic food groups.
- 63. List purposes of therapeutic diets.
- 64. List types of therapeutic diets.
- 65. Recognize and describe adaptive devices used in dining assistance.
- 66. Demonstrate the use of adaptive devices used in dining assistance.
- 67. Identify Dining Assistance responsibilities in serving resident meals.
- 68. List steps in preparing the resident for dining assistance.
- 69. List techniques used when assisting with dining.
- 70. Demonstrate dining techniques.
- 71. Discuss the various types of Supplementary Nourishments.
- 72. Identify when Supplementary Nourishments are usually served.
- 73. Correctly demonstrate Serving Supplementary Nourishments.
- 74. Identify how often fresh water should be provided to a resident each day and the amount to be encouraged.
- 75. Identify and describe special fluid orders that the physician could write for a resident.
- 76. Correctly demonstrate Providing Fresh Drinking Water.
- 77. Identify normal changes in the digestive system as they relate to the aging process.
- 78. Discuss the signs and symptoms of dysphagia.
- 79. Identify dining techniques to be used with residents who have had a stroke.
- 80. Identify dining techniques to be used with residents who are blind.
- 81. Correctly demonstrate dining a resident.

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APPENDIX B

PERFORMANCE CHECKLISTS INDEX

Dining Assistant Curriculum

Performance Checklists Index

<u>Performance</u>	<u>Checklist No.</u>
Unit 1 Role of the Dining Assistant None	
Unit 2 Communication and Interpersonal Skills None	
Unit 3 Resident Rights None	
Unit 4 Safety and Emergency Procedures Performing Heimlich Maneuver.....	51
Unit 5 Infection Control Washing Hands.....	52
Unit 6 Nutrition and Hydration Serving Supplementary Nourishments..... Providing Fresh Drinking Water..... Setting up a Meal Tray and Dining a Resident.....	53 54 55

APPENDIX C

PERFORMANCE CHECKLISTS

Performance Checklist For Dining Assistant

Procedure 1: Performing Heimlich Maneuver

Name _____

To be completed by instructor during observation of 100%, unassisted mastery of procedure. Date and sign below.

Equipment: No equipment

Conscious victim:

- _____ 1. Ask person who appears to have choked but who is not coughing, "Are you choking?"
- _____ 2. Determine that victim cannot expel object on own and state that you will help.
- _____ 3. Call for help.
- _____ 4. Stand behind victim.
- _____ 5. Wrap arms around victim's waist.
- _____ 6. Clench fist, keeping thumb straight.
- _____ 7. Place clenched fist, thumb side in, against abdomen between navel and tip of sternum.
- _____ 8. Grasp clenched fist with opposite hand.
- _____ 9. Push abdomen forcefully with upward thrusts until object is removed, victim starts to cough or becomes unconscious.

Chests thrusts for obese victim:

- _____ 1. Stand behind victim.
- _____ 2. Place arms around victim directly under armpits.
- _____ 3. Form fist and place thumb side of fist against sternum, level with armpits.
- _____ 4. Grasp fist in opposite hand and administer thrusts, pulling straight back, until object is removed, victim starts to cough, or becomes unconscious.

Unconscious victim who obstructed airway:

- _____ 1. Place victim on back.
- _____ 2. Activate EMS system.
- _____ 3. Finger sweep mouth to remove object.
- _____ 4. If unsuccessful, open airway with head-tilt/chin-lift maneuver.
- _____ 5. Try to ventilate; if still obstructed, reposition head and try to ventilate again.
- _____ 6. If ventilation unsuccessful, give five abdominal thrusts:
 - a. straddle victim's thighs or kneel next to victim
 - b. place heel of one hand on abdomen above navel
 - c. place other hand in same position over first
 - d. keep elbows straight and thrust inward and upward five times
- _____ 7. If unsuccessful, finger sweep mouth.
- _____ 8. Repeat steps 4-7 until effective or EMS arrives

Pass _____ Instructors Signature _____ Date _____

The above signature attests that the evaluator did not prompt, give hints, or otherwise assist the individual in the performance of the skills, when the individual was being evaluated for competency.

Performance Checklist For Dining Assistant

Procedure 2: Washing Hands

Name _____

To be completed by instructor during observation of 100%, unassisted mastery of procedure. Date and sign below.

Equipment: Soap or soap dispenser, sink, running water, paper towels, waste receptacle

- ___ 1. Assemble equipment if necessary.
- ___ 2. Push sleeves and watch 4-5 inches up on arms.
- ___ 3. Stand back from sink and adjust water temperature until warm.
- ___ 4. Wet wrists and hand without splashing and with fingertips pointed downward.
- ___ 5. Apply soap using friction.
- ___ 6. Lather well, keeping hands lower than elbows.
- ___ 7. Rub hands together in circular motion, being sure to wash between fingers and two inches above wrists.
- ___ 8. Clean under nails by rubbing against palms.
- ___ 9. Wash for at least 15 seconds or longer, if grossly contaminated, according to facility policy.
- ___ 10. Rinse wrists and hands with running water.
- ___ 11. Dry hands thoroughly with paper towel and discard towel into waste receptacle.
- ___ 12. Turn faucets off with new paper towel and discard into waste receptacle.

Pass _____ Instructor's Signature _____ Date _____

The above signature attests that the evaluator did not prompt, give hints, or otherwise assist the individual in the performance of the skills, when the individual was being evaluated for competency.

Performance Checklist For Dining Assistant

Procedure 3: Serving Supplementary Nourishment

Name _____

To be completed by instructor during observation of 100%, unassisted mastery of procedure. Date and sign below.

Equipment: Nourishments, napkins, dining aids (straws, utensils)

- ____ 1. Receive directions from supervisor regarding individuals with special dietary needs.
- ____ 2. Wash hands.
- ____ 3. Assemble supplies.
- ____ 4. Allow each resident to choose from available nourishments.
- ____ 5. Place nourishment, napkin and dining aids with reach.
- ____ 6. Provide assistance as needed.
- ____ 7. Remove glasses and dishes after use. Do not touch rim of glass.
- ____ 8. Repeat steps 4-7 for each resident.
- ____ 9. Return used equipment to kitchen to be washed.
- ____ 10. Wash hands.

Pass _____ Instructor's Signature _____ Date _____

The above signature attests that the evaluator did not prompt, give hints, or otherwise assist the individual in the performance of the skills, when the individual was being evaluated for competency

Performance Checklist For Dining Assistant

Procedure 4: Providing Fresh Drinking Water

Name _____

To be completed by instructor during observation of 100%, unassisted mastery of procedure. Date and sign below.

Equipment: Cart, pitchers, cups, trays, ice, scoop for ice, straws

- ____ 1. Receive directions from supervisor regarding residents with special needs (NPO, fluid restrictions, no ice.)
- ____ 2. Wash hands.
- ____ 3. Assemble supplies.
- ____ 4. Take cart with clean supplies and add ice and water to pitchers (use scoop for ice). Do not allow handle of scoop to touch ice.
- ____ 5. Place fresh drinking water within reach.
- ____ 6. Offer to fill cup with fresh water.
- ____ 7. Provide assistance as requested or needed.
- ____ 8. Return cart containing any used supplies to kitchen to be washed.
- ____ 9. Wash hands.

Pass _____ Instructor's Signature _____ Date _____

The above signature attests that the evaluator did not prompt, give hints, or otherwise assist the individual in the performance of the skills, when the individual was being evaluated for competency

Performance Checklist For Dining Assistant

Procedure 5: Setting up a Meal Tray and Dining a Resident Name _____

To be completed by instructor during observation of 100%, unassisted mastery of procedure. Date and sign below.

Equipment: Basin, towel, washcloth, soap, oral hygiene products

- ____ 1. Knock before entering room.
- ____ 2. Address resident by name.
- ____ 3. State your name and title.
- ____ 4. Identify resident.
- ____ 5. Explain procedure and obtain permission.
- ____ 6. Wash hands. (Wearing gloves is not a substitute for hand washing.)
- ____ 7. Check tray for correct name, type of diet, and food. Inform resident what is on tray.
- ____ 8. Position towel/napkin/clothing protector under chin if requested.
- ____ 9. Prepare food by opening cartons, removing covers, cutting meat and/or buttering bread.
- ____ 10. Assist as needed, while encouraging resident to do as much as possible for his or her self.
- ____ 11. Allow hot foods to cool before offering.
- ____ 12. Use straw for liquids if appropriate.
- ____ 13. Feed from tip of half-filled spoon.
- ____ 14. Tell resident what he or she is eating.
- ____ 15. Provide time to chew.
- ____ 16. Alternate solids and liquids.
- ____ 17. Wipe mouth as needed.
- ____ 18. Encourage to eat as much as possible; observe that all food is swallowed and not pocketed in cheek.
- ____ 19. Wash hands when finished.
- ____ 20. Provide comfort with call signal in reach.
- ____ 21. Report any abnormal observations to supervisor.

Pass _____ Instructor's Signature _____ Date _____

The above signature attests that the evaluator did not prompt, give hints, or otherwise assist the individual in the performance of the skills, when the individual was being evaluated for competency