Feeding

Assistant

Training

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Module 1 – Introduction

Purpose

This curriculum was developed for use by participants in a feeding assistant training class.

Goal

The goal is for residents to receive more assistance with eating and drinking to help reduce the incidence of unplanned weight loss and dehydration.

Pass/Fail Criteria

You must complete the 16-hour training course and the reviews for each module. You must demonstrate safe feeding techniques by performing two feedings under the observation of a licensed nurse.

Course Outline

This training is divided into 10 modules. Each module contains:

- topic specific information; and
- review space to be used for identifying your facility's approaches for the topic discussed.

The modules are:

- Module 1 – Introduction
- Module 2 – Nutrition, Hydration, and Therapeutic Diets
- Module 3 – Communication and Interpersonal Skills
- Module 4 – Resident Rights
- Module 5 – Infection Control and Sanitation
- Module 6 – Feeding the Resident
- Module 7 – Appropriate Responses to Resident Behaviors
- Module 8 – Safety and Emergency Procedures
- Module 9 – Practicum
- Module 10 – Review of Nurse's Assessment of Feeding Assistants

Teaching this Course

According to S&CC 05-13, this course must be taught by a licensed health professional as defined in 40 TAC 19.101 (56) or by a registered dietitian. According to 19.101(56), a licensed health care professional is a physician; physician assistant; nurse practitioner; physical, speech, or occupational therapist; pharmacist; physical or occupational therapy assistant; registered professional nurse; licensed vocational nurse; licensed dietitian; or licensed social worker.

Module 1 – Introduction

Methodology

This course is designed for presentation in a classroom setting.

The methods of delivery include:

- lecture;
- a review of your facility's approaches for the topics discussed;
- a supervised practical application of the feeding skills that are taught; and
- a review of the nurse's assessment of you.

There will be 13 hours of classroom instruction. There will be three hours used for supervised feeding and review of the nurse's assessment of you.

This symbol indicates information is required from your facility. The instructor will provide the information specific to your facility.

Module 1 – Introduction

The Meaning of Mealtime

Mealtime is more than the simple intake of food. It is also a time for pleasure. The company of friends and family adds social enjoyment, and often mealtime becomes a pleasurable experience associated with home.

Mealtime can be the highlight of the resident's day.

Food choices have been influenced over time by many factors, including:

- culture;
- emotions;
- surroundings;
- the people around us;
- our personal views of ourselves;
- foods that were available at a given time in our lives; and
- what people know about nutrition.

Many lifestyle changes which accompany the aging process can take away from a resident's dining pleasure. As a person ages, physical challenges may interfere with the ability to open packages and cartons or to use utensils. Biological changes such as hearing and vision loss may also interfere with the enjoyment of food.

A pleasant mealtime experience may help residents who have been struggling with a poor appetite.

Mealtime = Enjoyment

Feeding Assistants

Caregivers' attitudes toward residents directly affect how the residents eat. A respectful and kind approach is encouraging and stimulates the resident's efforts toward independence. During mealtime, the feeding assistant should focus on the resident. It is important to be attentive, listen well, and provide for the resident's needs. Anticipate the resident's needs in an unobtrusive manner.

The feeding assistant's attitude sets the mood at mealtime and is an important factor in meal acceptance. Always treat residents with respect.

Everyone has a lifestyle associated with mealtimes. Some residents prefer to maintain their previous mealtime lifestyle. They may prefer a large lunch and small dinner, or a large breakfast and small lunch and dinner. Previous lifestyle may have a large influence on the residents' mealtime preferences and their intake.

Module 2 – Nutrition, Hydration, and Therapeutic Diets

Objectives

At the end of this module, you will be able to:

- describe the importance of adequate nutrition and hydration;
- describe your facility's special or therapeutic diets;
- identify your facility's texture modified diets and liquids;
- explain the importance of fluid intake for older adults; and
- define the terms *dysphagia* and *aspiration*.

This module includes:

- Nutritional and fluid needs
- Dehydration
- Nutrition and weight loss
- Nutrition and pressure ulcers
- Therapeutic diets
- Swallowing, dysphagia, and aspiration
- Review

Nutritional Needs

Food needs change as a person ages. As we get older, most of us use less energy or calories. We do not need as many calories as we did in our younger years. Older adults need the same amount of vitamins, minerals, and protein as they did when they were younger. When they are sick, have a healing wound or a pressure ulcer, they need more vitamins, minerals, and protein to get better and to heal. Good nutrition may have positive effects on the physical and mental health of the elderly. For some elderly people protein-rich foods, such as meat or poultry, may be hard to chew or to digest.

Fluid Needs

Water is the most abundant substance in the human body as well as the most common substance on earth. Like the oxygen you breathe, you can't live without it. People need approximately six to eight cups of water or other fluids every day. Drinking water and other beverages are the main sources of fluids. People "eat" quite a bit of water in solid foods, too. For example, juicy fruits and vegetables, such as lettuce, watermelon, celery, and tomato, contain more than 90% water. Even dry foods, such as bread, supply some water.

Thirst decreases in the older population.

Thirst is like a warning light that's flashing on the dashboard of a car. This physical sensation signals us that our body needs more fluid to perform its many functions. To satisfy thirst, we drink fluids. Thirst signals the need for fluids, but it is not a foolproof mechanism. Body fluids may already be depleted in the older population if they wait until they feel thirst.

Many older adults have a decreased sensation of thirst and do not drink adequate fluids. To prevent inadequate fluid intake requires a team approach. Many older adults cannot drink large amounts of liquids all at once, but will drink smaller amounts throughout the day.

Some residents may not drink adequate fluids as a result of a fear of incontinence, their inability to request adequate fluids, or as a medication side effect. It is important for all staff members to offer a variety of drinks throughout the day, as well as at meals.

Dehydration is a condition of a loss of body water. A dehydrated resident may experience thirst, followed by fatigue, weakness, delirium, and ultimately death. While these events may take days or weeks to occur, it is important that everyone involved in the resident's care be alert for signs of dehydration, particularly among those residents who are at risk.

Conditions That Increase Risk of Dehydration

- Fever
- High protein diet
- Infection
- Constipation
- Confusion
- Diarrhea
- Medications
- Decreased appetite
- Draining wounds
- Excessive sweating

Suggestions to Ensure Adequate Fluid Intake

- Give residents who may be confused special attention to include placing cup/straw in person's mouth or making frequent offerings of sips of liquid.
- Offer a variety of liquids.
- Offer liquids that meet the resident's preferences.
- Check that adaptive devices to aid the drinking process are available (such as special cups). (Note: These are only to be used if medical personnel, such as the speech therapist, have given the resident an adaptive device.)

Items That Interfere with Adequate Nutrition and Fluid Intake

- Inability to feed oneself
- Poor oral health
- Dementia
- Medications
- Depression
- Medical condition
- Loss of senses (smell, taste, sight)

Weight Loss

Weight loss is a frequent problem among the elderly. Weight loss may be caused by many factors. It may be due to an infection or a disease, such as cancer. Other contributors to weight loss in the elderly may include the following:

- Increased need for assistance with eating
- Disability
- Ill-fitting dentures
- Teeth in need of repair
- Depression
- Changes in body composition
- Confusion or memory loss
- Increased nutritional needs
- Frequent use of medication or multiple medications
- Immobility
- Lack of socialization

The primary goal of feeding assistants is to help prevent weight loss in residents.

Pressure Ulcers

Pressure Ulcer/Pressure Sore: skin with a reddened area or an open sore that develops as a result of pressure. Pressure ulcers usually develop over a bony area.

One risk factor for pressure ulcers is poor nutritional intake.

Nutritional needs may be increased due to weight loss, pressure ulcers, or both.

You may assist someone who receives a nutritional supplement, such as a milkshake or cookies. These specialty items usually have added protein to aid with the healing of pressure ulcers.

Nutrition for Weight Loss and Pressure Ulcers

You will now review the nutritional approaches for weight loss and pressure ulcers that are used by your facility. The instructor should refer to the facility's Diet Manual and policies to ensure all facility approaches are reviewed here.

These are the approaches for weight loss and pressure ulcers that might be used in this facility:

_____

_____

_____

_____

_____

_____

_____

Some examples of nutritional approaches are:

- Enhanced foods, such as super cereal
- Supplement drinks, such as shakes and Ensure™
- Between meal snacks and supplements
- Protein powder added to food and drinks

Importance of Therapeutic Diets

There is a relationship between nutrition and disease. Some residents will have doctor's orders for a special or "therapeutic" diet to meet their needs. This means one or more ingredients are lowered or increased in the diet, or the food texture needs to be changed or modified. Some examples are low cholesterol, low sodium, and pureed diets.

The type of therapeutic diet prescribed by the doctor depends on:

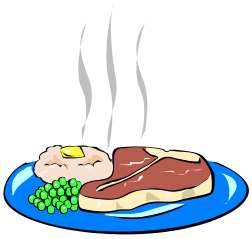
- the presence of disease or potential disease; and/or
- the presence of chewing or swallowing problems or the potential for chewing or swallowing problems.

It is very important that residents with doctor's orders for therapeutic diets be given those diets.

For frail older adults, their overall health goals may not warrant the use of a therapeutic diet because of its possible negative effect on their quality of life. If the resident finds the diet unpalatable or unacceptable, he or she may refuse all or part of the food and/or fluids offered. Poor food and fluid intake results in weight loss and undernutrition, followed by a spiral of negative health effects. There has been a recent trend in nursing facilities toward reducing dietary restrictions. It is still very important that therapeutic diets are served when there is a doctor's order.

We will review five types of therapeutic diets:

- High Calorie, High Protein Diets
- Reduced Sodium Diets
- Low-fat and Low-cholesterol Diets
- Calorie- and Carbohydrate-controlled Diets
- Texture-modified Diets



High Calorie, High Protein Diets

A high calorie, high protein diet is used to provide extra energy (or calories) and extra protein to improve nutritional status, promote weight gain, aid in healing wounds, or aid the resident's response to a medical treatment. The diet consists of foods that are higher in calories and protein. Occasionally, small frequent feedings of high calorie, high protein foods are encouraged to increase intake. Nutritional beverages, also called supplements or shakes, may be provided to residents in order to increase protein or calorie intake.

Reduced Sodium Diets

Some diets may be restricted in sodium, commonly found in table salt and naturally occurring in some foods. Sodium-restricted diets are used to limit the amount of sodium provided in order to prevent a build up of fluid, to promote a loss of excess body water, or both. Diet orders may state low sodium, 4-gram sodium, 2-gram sodium, or no added salt. A "No Added Salt Diet" usually means there should be no salt packet on the resident's tray.

Low-fat and Low-cholesterol Diets

Low-fat diets and low cholesterol diets restrict the type of fats or the amount of fat provided. A diet order may state low fat or low cholesterol, or both restrictions may be included.

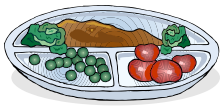
Calorie- and Carbohydrate-controlled Diets

In order to better manage diabetes (a condition which causes the body problems with processing carbohydrates, fat, and protein) or to induce weight loss, diets may restrict calories or total carbohydrates. There may be a diet order, for example, that states "1500-calorie diet" or "no concentrated sweets." The "No Concentrated Sweets" diet is a regular diet with desserts that have been modified. There are also "Controlled Carbohydrate" and "Consistent Carbohydrate Diets," which omit the sugar packet but allow regular foods and desserts.

Texture-modified Diets

Residents may have difficulty chewing. They may wear dentures, or their natural teeth may be in poor condition. Their dentures may be poor fitting as a result of shrinkage of the supporting bone, and mouth sores may develop. They may not salivate as much, which causes a dry mouth and makes it hard to chew. Changing the texture of food and drinks, commonly called texture modification, may help to relieve some of these conditions.

Food texture may be chopped or blended to different levels. Diet orders may be for mechanical soft, pureed, dysphagia diets or other similar terminology. Liquids may be modified to a thicker consistency than a usual cup of water. Descriptions of different types of texture modification are described below.



- Mechanical Soft or Dysphagia Advanced
  Foods served are of nearly regular textures. The diet consists of soft solid foods that require some chewing ability. Foods included are easy-to-cut whole meats, fruits, and vegetables. Foods avoided are hard, crunchy fruits and vegetables; sticky foods; and very dry foods.

- Mechanically Altered or Chopped
  Foods served are moist, semi-solid foods that require some chewing ability. Foods included are fork-mashable fruits and vegetables. Meats are ground or chopped, usually no larger than ¼-inch pieces. The ground or chopped meat should still be moist. Foods avoided are crackers, most bread products, and other dry foods.

✓ Pureed
Foods served are smooth, pureed, very cohesive, pudding-like foods that require some chewing ability. Food is usually processed in a blender or food processor.

Our Facility's Texture-modified Diets

The instructor should refer to the facility's Diet Manual and policies to ensure all facility terms are reviewed here.

The terms used in this facility to describe mechanically modified foods are:

_____

_____

_____

Liquid Consistency

Liquids may be **thickened** to aid with swallowing. Liquids or beverages are described as having a specific consistency. Consistency of a liquid is defined as the flow of the liquid.

Beverages and soups may be thickened with a special thickening agent. The thickening powder or liquid may be added to drinks by nursing or dietary staff. Some nursing homes purchase beverages that are already thickened. Diet orders may include an order for thin liquids. Thin liquids include all unthickened beverages and supplements.

Three Types of Thickened Liquids

There are three types of thickened liquids. They are **nectar**, **honey**, and **pudding** consistency liquids.

- ✓ **Nectar-like or nectar-thick liquids**:
  Fluids that can be sipped from a cup or through a straw and will slowly fall off a spoon that is tipped. Examples include buttermilk, cold tomato juice, eggnog, and fruit nectars.

- ✓ **Honey-like or honey-thick liquids**:
  Fluids that can be eaten with a spoon but do not hold their shape on a spoon. They may be sipped from a cup but are too thick to be taken through a straw. Examples include thick yogurt, tomato sauce, and honey.

- ✓ **Spoon-thick, pudding-thick or pudding-like liquids**:
  Very thick fluids that must be eaten with a spoon. They hold their own shape on a spoon and are too thick to be sipped from a cup. Examples include thickened applesauce and thick milk pudding.

Our Facility's Thickened Liquids

The instructor should refer to the facility's Diet Manual and policies to ensure all facility terms are reviewed here.

The terms used in this facility to describe thickened liquids are:

_____

_____

_____

There are other types of therapeutic diets. The diets described here are some of the more common therapeutic diets, and this list is not all-inclusive.

All diets that are used by the facility should be reviewed here. The instructor should refer to the facility's menus and Diet Manual to ensure all facility diets are reviewed.

Our Facility's Therapeutic Diets

These are the diets used in this facility:

_____

_____

_____

_____

_____

_____

_____

_____

Normal Swallow

A normal swallow is done without thought and occurs within 1-2 seconds. For some older adults, problems such as poor dental health, sore mouth, or muscle weakness due to a stroke can make eating and drinking difficult.

Chewing and swallowing may be frustrating for residents. These adults may be reluctant or refuse to put food in their mouths because the normally simple act of eating has become difficult or dangerous.

Think of a time that you swallowed a food or drink and it felt like it "went down the wrong way." If you remember a time when this has happened to you, then you have an idea of what it might be like to have a swallowing problem.

Dysphagia

Dysphagia is the term used for any change in the normal process of swallowing. Dysphagia is not a disease. Dysphagia is difficulty swallowing, which can occur at any time from the time food enters the mouth to when it reaches the stomach. Some residents may not be able to swallow at all, while others have problems with solids, liquids, saliva, or any combination of these items.

Some adults have problems with the control of their tongue, causing them to have trouble pushing the food to the back of their mouths. These residents may have some problems with their speech. Some residents may have a dry mouth caused by medication. Other residents may have more complex problems during the swallowing process.

Residents with chewing and swallowing problems are provided texture-modified diets in order to:

- ✓ promote safe nutritional intake;
- ✓ restore their ability to swallow liquids and solids; and
- ✓ maintain and improve their feeding and swallowing abilities and nutritional status.

Aspiration: Definition

Aspiration occurs when food or liquids go into the lungs instead of the stomach. Aspiration is the most serious health risk from dysphagia or swallowing problems. Residents who aspirate may develop pneumonia, have difficulty breathing, or may choke.

Swallowing problems are sometimes obvious, while other times they are not evident until other problems begin to occur. It is important that feeding assistants be aware of the signs and symptoms of dysphagia. **If you observe any of these signs and symptoms you must report to the nurse in charge** so the nurse can report the observations to the physician to obtain further orders.

Signs and Symptoms of Swallowing Problems

Some common signs of swallowing problems include the following:

- Taking a long time to begin to swallow
- Coughing or throat clearing while eating or drinking or very soon thereafter
- Needing to swallow 3-4 times for each bite of food
- Pocketing food in cheeks
- Wet sounding voice during or after eating
- Food or liquid falling from the mouth
- Drooling
- Watering eyes after eating
- Extra effort in chewing or swallowing
- Rocking the tongue back and forth (front to back)

REVIEW

1. Describe your facility's special or therapeutic diets.

2. Why is it important for residents to receive adequate nutrition and hydration?

REVIEW (continued)

3. Describe your facility's texture-modified diets and liquids.

_____

_____

_____

_____

4. Why is fluid intake in older adults important?

_____

_____

_____

_____

5. What is dysphagia?

_____

_____

6. What is aspiration?

_____

_____

TRUE OR FALSE?

7. _____The primary goal of feeding assistants is to help prevent weight loss in residents.

Module 3 – Communication and Interpersonal Skills

Objectives

At the end of this module, you will be able to:

- explain the importance of appropriate communication skills, both verbal and non-verbal; and
- describe techniques for effective communication.

This module includes:

- Communication defined
- Changes due to aging that affect communication
- The importance of good communication
- Techniques for effective communication
- Communication during meals
- Appropriate and inappropriate topics for discussion with residents
- Talking to visitors
- Review

Effective communication can improve your relationships with residents, make your job easier, and save time.

Module 3 – Communication and Interpersonal Skills

Communication Process

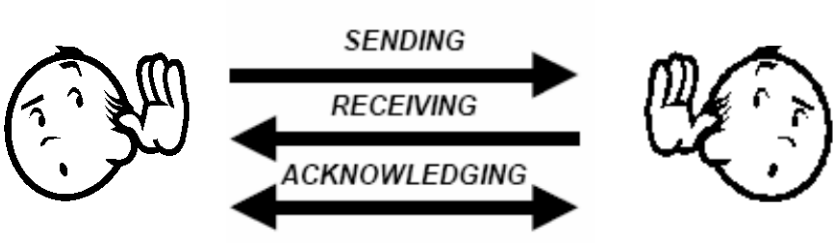
Communication is the process we use to exchange messages with others. It is the basis of our interpersonal relations.

The Communication Process

1. Sending messages
   (a) Verbal – the spoken message
   (b) Non-verbal/ body language – the message we send without words, such as facial expressions, gestures, nods, posture, and personal appearance

2. Receiving messages
   (a) Effective listening
   (b) Body language

3. Feedback – acknowledging the message; the use of verbal and non-verbal messages to acknowledge the message that is sent



Techniques for Effective Communication

When speaking with residents:

- Pronounce words properly;
- Look for non-verbal cues;
- Be sensitive to the resident;
- Use face-to-face communication;
- Use simple language;
- Practice repetition;
- Listen attentively;
- Be aware of symbolic meanings;
- Use feedback;
- Time communications carefully; and
- Be honest and sincere.

Positive communication may improve residents' response to you. This may result in an improved meal intake.

Methods of staying positive include the following:

- Be welcoming.
- Listen carefully.
- Stand or sit at the same level as the resident.
- Use a relaxed pace of communication.
- Display a relaxed, friendly facial expression.
- Use encouragement and praise.
- **SMILE.**

Module 3 – Communication and Interpersonal Skills

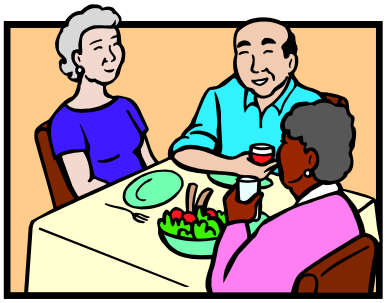
Use Caution

Residents are sensitive to:

- Your tone of voice;
- Body posture that may be perceived as threatening;
- Conversations that leave them out; and
- Expressions that show lack of patience or disrespect.

How to Start a Conversation

1. Approach the resident in a calm and courteous manner.
2. Identify yourself by name and title and greet the resident by their preferred name.
3. Explain why you are there and what you are going to do.



Guidelines for Talking and Listening

Get the resident's attention before speaking.

Speak courteously with the resident, listening and responding appropriately.

Avoid slang or words with more than one meaning.

Use a normal tone of voice and adjust your volume to the resident's needs.

Speak slowly and adjust your rate to the resident's needs.

Speak clearly and avoid mumbling.

Be sure your verbal and non-verbal message match.

Use open posture, leaning slightly toward resident while listening.

Pay attention and really listen to what the resident is saying.

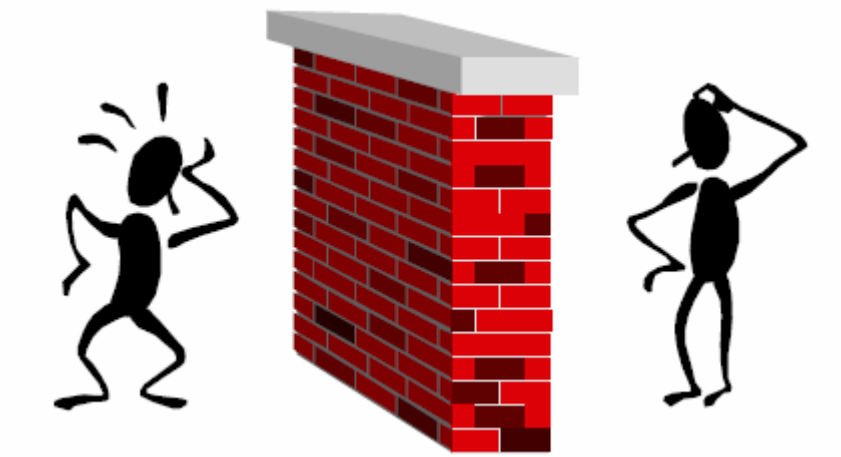
Give, receive, and request feedback as appropriate to ensure understanding.

Use silence to allow the resident to think and continue talking (this shows respect and acceptance).

Use open-ended questions, such as, "And then what happened?"

Use responses that indicate you understand the resident's feelings, such as, "It sounds like you really miss your son."

How to Avoid Barriers to Conversation	Avoid interrupting or changing the subject. Avoid expressing your opinion if it implies passing judgment. Avoid pat answers such as "Don't worry," as this can make residents feel their concerns are not important. Avoid questions that start with "why" to avoid defensive responses.



How to End a Conversation	Tell the resident that you are finished, that you have to leave, and, if appropriate, when you will be back. Tell the resident that you enjoyed the conversation. Leave the resident in a position of comfort and safety, with needed items within easy reach.

Changes Due to Aging

Changes due to aging that affect communication are *sensory* and *memory* changes.

1) Sensory losses include:

- Vision loss;
- Hearing loss;
- Problems with speaking; and
- Problems with understanding.

2) Memory losses include:

- Short term memory loss; and
- Long term memory loss.

Considerations for Care of Residents

Loss of Vision

- ✓ It may be harder to see objects.
- ✓ Color perception may change.

Loss of Smell

- ✓ Loss of smell may decrease appetite.

Loss of Taste

- ✓ The ability to taste sweet and salty foods may decrease.

Loss of Hearing

- ✓ Sound may be muffled.
- ✓ Communication may be misunderstood.
- ✓ Distinguishing conversation from background noise may be difficult.
- ✓ Hearing aids magnify all sounds.

Loss of Touch

- ✓ Residents may not be able to tell the difference between hot & cold temperatures.
- ✓ Residents may not be able to tell the difference between different food consistencies.

It is important that you understand residents' losses that have been identified and how those losses may affect the residents' ability to eat or feed themselves. Also, be aware that some changes or losses may not be obvious or may not have been identified yet.

Communicating with Residents Who Have Vision Loss

Identify yourself by name and title as you approach the resident to avoid startling him or her.

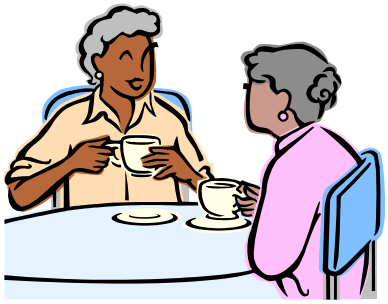
Stand (or sit, if assisting with eating) comfortably close to the resident in a good light and face the resident when you speak.

Speak in a normal tone of voice. Do not speak too loud.

Use talk and touch to communicate. Encourage the resident to do the same.

If the resident is feeding him/herself, identify each food on the tray and explain where each item is on the tray.

Tell the resident when you are finished and when you are leaving.



Communicating with Residents Who Have Hearing Loss	Alert the resident by approaching from the front or side and lightly touching the resident's arm. Avoid startling the resident. Speak at a slightly lower pitch and at a normal or only slightly increased volume—avoid shouting. If the resident hears better in one ear, sit on the preferred side. Face the resident when you speak. Speak slowly, clearly, and distinctly, using your lips to emphasize sounds—do not chew gum or cover your face with your hands while talking. Keep conversations short and limited to a single topic. Do not convey negative messages by your tone of voice or body language.
Communicating with Residents Who Have Problems with Speaking	Keep conversations short, but frequent. Ask direct questions if resident can answer "Yes" or "No." Allow the resident adequate time to respond. Listen carefully. Don't pretend to understand the resident if you don't. If you can't understand the words, validate what you think the resident is saying or feeling. Take the time to complete each conversation and avoid showing impatience. Monitor your body language to assure you are not sending negative messages. Encourage and assist the resident to point or nod to communicate with you.

Communicating with Residents Who Have Problems with Understanding

Use simple sentences and words, and pronounce words clearly and slowly.

Keep conversation short and focused on a single topic.

Give simple, one-step instructions as appropriate.

Allow the resident adequate time to respond.

Monitor your body language to ensure you are not sending negative messages.

Use gestures and expressions to enhance your verbal messages (e.g., as you ask the resident if they want more to drink, pick up the cup).

Module 3 – Communication and Interpersonal Skills

Your Conversations with Residents

Conversations with residents should:

- Center on the resident being assisted;
- Include the resident;
- Focus on topics of interest to the resident; and
- Be informal, social, and non-judgmental.

Communication During Meals

One common error of those who help residents at mealtime is to talk to each other over and around the residents they are assisting. As much as possible talk to the residents or talk about subjects the residents can relate to. This may be a challenge with those who are confused, hearing impaired, or who don't talk very much.

Topics of a general nature that may appeal to residents include:

- Activities going on in the facility;
- The weather; and
- Meals and food preferences (e.g., ask what the resident wants help with, offer substitutes or second helpings, etc.).

Personal Attention

Appropriate conversation with residents is an opportunity to offer one-on-one personal attention and conversation. Everyone enjoys personal attention. Some residents do not talk to other residents, may have difficulty talking to others and miss the opportunity to get to know each other. By drawing residents into a conversation around the dining table, it is possible to help build friendships within the facility.

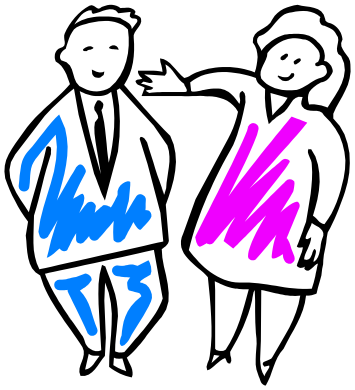
Inappropriate Conversations

It is inappropriate to have discussions that:

- Center on personal problems (relationships, finances); or
- Are negative discussions of coworkers, work related matters, or management.

Communicating with Visitors

When family or friends of the resident ask you about the resident, tell them something about the resident's meal, such as, "She ate a good breakfast." Refer visitors to the charge nurse for problems, complaints, or reports on a resident's condition.



Positive Effects of Communication

- Residents eat better at meals
- Staff time for serving meals and dining room cleanup are reduced.
- Residents have a better quality of life.

REVIEW

1. Communication is the process we use to _____.
2. Aging causes changes in the ability to communicate. Some sensory losses that occur include _____ and _____.
3. List things you should consider when feeding a resident with a loss of vision, loss of hearing, or loss of touch.

   _____

   _____

   _____

   _____

   _____

4. List **five** techniques for effective communication.

   _____

   _____

   _____

   _____

   _____

REVIEW (continued)

5. Appropriate communication is important because it has positive effects on residents. List the positive effects of communication.

_____

_____

_____

_____

6. List appropriate topics to discuss with residents at meals.

_____

_____

_____

Module 4 – Resident Rights

Objectives

At the end of this module, you will be able to:

- describe resident rights regarding abuse, neglect, exploitation and personal preferences;
- describe how to ensure the privacy of residents within a nursing facility;
- describe how you would act to avoid abuse, neglect, and misappropriation of resident property; and
- locate the Texas Department of Aging and Disability Services hotline number posted in your facility.

This module includes the following topics:

- Resident rights
- The role of the feeding assistant in respecting and promoting resident rights and independence
- Promoting resident privacy
- Definitions of abuse, neglect, and misappropriation
- Guidelines for avoiding abuse, neglect, and misappropriation of resident property
- Facility procedures
- Review

Module 4 – Resident Rights

Effect of Institutionalization on Resident Rights	Residents do not give up any rights when they enter a nursing facility. They have all the same rights and protections as ordinary citizens. The facility and its staff must encourage and assist residents to fully exercise their rights.
Residents' Rights	Resident rights are stated in the Long-term Care Nursing Facility Requirements, Texas Department of Aging and Disability Services, 40 Texas Administrative Code, Part 1, §19.401–19.422 and §19.601.

Your Role in Respecting and Promoting Resident Rights and Independence	• Maintain confidentiality. • Encourage residents to make personal choices as much as they are able. • Accommodate individual needs and preferences. • Encourage residents to participate in feeding themselves as much as possible. • Maintain safety. • Provide care and security of resident's personal possessions. • Do not discriminate based on race, national origin, disability, age, or religion. • Treat residents with dignity and respect. • Do not abuse or neglect residents. • Report abuse or neglect of a resident to the nursing facility, the family, the Texas Department of Aging and Disability Services, or local Long Term Care Ombudsman. The phone numbers for the Texas Department of Aging and Disability Services and local Ombudsman should be posted in the nursing home.

Module 4 – Resident Rights

Promoting Resident Privacy	Feeding assistants and all facility staff are responsible for protecting resident privacy.
Guidelines for Protecting Resident Privacy	✓ Do not discuss a resident's medical condition. ✓ Do not discuss residents (current or former residents) with anyone other than those who are providing care to the resident. ✓ Be sure no one can hear your discussion with the care team or charge nurse regarding the resident. ✓ Resident records are private and confidential. You should only review those records that the supervisory nurse has directed you to review. ✓ Before entering a resident's room, you should knock on the door and identify yourself by name and title (even if the door is open). ✓ Respect the resident's room—it is his/her private space. ✓ Have the charge nurse identify visitors with whom you may discuss the resident's needs for care and treatment.
Protecting Residents from Abuse, Neglect, and Misappropriation of Resident Property	Feeding assistants and all facility staff are responsible for protecting residents from abuse, neglect and misappropriation of resident property. All residents have the right to be free from verbal, sexual, physical and mental abuse; corporal punishment; and involuntary seclusion.

Module 4 – Resident Rights

Definitions	Examples
The types of abuse are defined below.	The instructor will assist you in identifying examples of each definition.
Abuse The willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish	**Example of Abuse** _____ _____ _____
Verbal Abuse The use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within hearing distance, regardless of their age, ability to comprehend, or disability	**Example of Verbal Abuse** _____ _____ _____
Sexual Abuse Includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault	**Example of Sexual Abuse** _____ _____ _____
Physical Abuse Includes hitting, slapping, pinching, and kicking. It also includes controlling behavior through corporal punishment	**Example of Physical Abuse** _____ _____ _____
Mental Abuse Includes, but is not limited to, humiliation, harassment, and threats of punishment or deprivation	**Example of Mental Abuse** _____ _____ _____
Involuntary Seclusion Separation of a resident from other residents or from her/his room or confinement to her/his room (with or without roommates) against the resident's will or the will of the resident's legal representative	**Example of Involuntary Seclusion** _____ _____ _____
Neglect The failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness	**Example of Neglect** _____ _____ _____
Misappropriation of Resident Property The deliberate misplacement, exploitation, or wrongful temporary or permanent use of a resident's belongings or money without the resident's consent	**Example of Misappropriation** _____ _____ _____

Avoiding Abuse, Neglect, and Misappropriation of Resident Property

Remain calm and don't take the resident's behavior personally.

Remember that there is no excuse for abusing a resident.

Abuse often occurs when caregivers are tired, over-worked, experiencing personal problems, stressed, or losing control. If you are feeling overwhelmed with your assigned duties or a certain resident, discuss it with your charge nurse and/or make arrangements to take a break and compose yourself.

If you see a co-worker who is feeling overwhelmed, offer support and assistance if possible; encourage the coworker to report the situation or report the situation to the charge nurse yourself.

Do not use residents' personal belongings.

Do not take money from residents.

Module 4 – Resident Rights

Your Facility's Policy

The instructor will review your facility's policy for reporting of abuse, neglect, and exploitation. This should include who should be notified.

What is your facility's policy?

_____

_____

_____

_____

_____

Phone Numbers

The instructor should show you where the Texas Department of Aging and Disability Services complaint hotline phone number and the Ombudsman's phone number are posted in the facility.

Module 4 – Resident Rights

REVIEW

1. Describe resident rights in regard to:
   a. Privacy

   _____

   _____

   b. Abuse and neglect

   _____

   _____

2. Describe how the feeding assistant should act to avoid abuse, neglect, and misappropriation of resident property.

   _____

   _____

3. Whom should you notify if you suspect abuse, neglect, or misappropriation of resident property?

   _____

   _____

4. Where is the DADS hotline number posted in this facility?

   _____

   _____

Module 5 – Infection Control and Food Safety

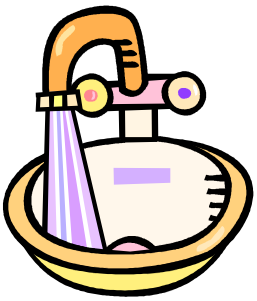
Objectives

At the end of this module, you will be able to:

- explain the importance of food safety for residents;
- describe good personal hygiene;
- identify proper methods for handwashing and state when handwashing should be done;
- state when gloves should be used and when gloves should be changed;
- explain and demonstrate the safe serving of food (i.e., how to handle utensils, cups, plates, bowls, and trays); and
- explain how to test the temperature of food prior to feeding a resident.

This module includes the following topics:

- Definitions
- How infections are spread
- Food safety
- How to prevent infection
- Handwashing
- Serving food safely
- Review



Module 5 – Infection Control and Food Safety

Definitions

Infection:
A condition caused by the growth of pathogens or germs in the body

Infection control:
The method used in health care facilities to prevent the spread of pathogens or germs

How Infections are Spread

Infections are commonly spread by:

- direct contact such as touching the source of infection;
- indirect contact such as touching contaminated objects;
- airborne routes such as inhaling small pathogens floating in the air; or
- droplet spread such as contacting drops of secretions placed in the air when someone sneezes, coughs, or talks.

Food Safety and Feeding Assistants

You must serve food to residents in a sanitary manner.

Residents are at a higher risk of developing a foodborne illness. This is because they may have a weakened immune system and their resistance to infections is weaker than normal.

Foodborne illness occurs when foods are not prepared or served properly, or when they are contaminated by people who are ill or who have poor personal hygiene.

Prevent Foodborne Illness

- ✓ Practice good personal hygiene
- ✓ Practice general cleanliness
- ✓ Use proper handwashing techniques
- ✓ Serve food safely

Module 5 – Infection Control and Food Safety

Good Personal Hygiene

Handwashing is the single most important measure you can do to prevent and control infections.

Wear clean clothes to work.

Bathe daily.

Wash your hands.

Do not eat or drink while assisting residents

Cuts, sores, and burns should be properly cleaned and covered.

If your hands are bandaged, wear clean gloves at all times to protect the bandage and to prevent it from falling off into food.

General Cleanliness

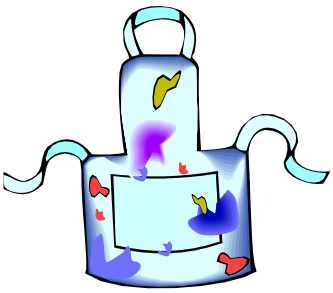
If you are ill with a cold, respiratory or gastrointestinal symptoms, do not assist residents (i.e., do not feed residents or serve meal trays).

Do not share personal care items.

If you perform other duties in the facility in addition to being a feeding assistant, it might be a good idea to wear disposable aprons and to keep a change of clothes handy in case your work clothes get dirty.

Keep your fingernails short and clean.

Nail polish and artificial nails are difficult to keep clean and can break off into food. Don't wear them while handling food.



Handwashing
Handwashing is the single most important thing you can do to prevent infection and foodborne illness.

When Do You Wash Your Hands?

Wash your hands **before assisting a resident and between residents.**

After each of the following, wash your hands:

- Using the restroom
- Touching your hair, ears, nose, or any area of your body
- Scratching any part of your body
- Picking items up off the floor
- Smoking or chewing tobacco
- Clearing away or scraping used dishes and utensils
- Touching cleaning cloths
- Eating food or drinking beverages
- Touching clothing or aprons
- Taking out the garbage
- Sneezing
- Assisting a resident with eating
- Making direct contact with a resident's mouth or body or the eating end of the utensils

Proper Handwashing Method

Proper handwashing is more complicated than just running water and soap over the hands. The proper procedure is:

1. Turn the water on and let it run to a temperature as hot as your hands can comfortably stand.
2. Wet your hands under the water and apply soap to them, rubbing your hands together.
3. Pay particular attention to the areas between the fingers and around the nails.
4. Rub one hand against the other for 20 seconds.
5. Rinse thoroughly under hot running water.
6. Do not touch the sink.
7. Using a clean paper towel, dry your hands from the tips of the fingers up to the wrists.
8. Dispose of the towel without touching the waste container.
9. Use a clean paper towel to turn off the faucet and to open the door.

Hand Sanitizers

Hand sanitizers should not be used as a substitute for hand washing. If you use hand sanitizers, you must still wash your hands. If your hands are contaminated or soiled, a hand sanitizer is not adequate.

Gloves

Gloves should never be used to avoid hand washing. You must wash your hands before putting on gloves. Gloves should not be washed and should never be reused.

Bacteria and perspiration build up under gloves so you should change them frequently. When you take off your gloves, you must wash your hands before putting on a new pair.

You should wear gloves when handling the resident's food.

You should also wear gloves during feeding, when you have a sore on your hand, or when your hands will come into direct contact with the resident's mouth.

Change your gloves:

- As soon as they become soiled or torn
- Before beginning a different task

Safe Food Service

- ✓ Do not chew gum, eat or drink while assisting residents.
- ✓ Avoid touching hair, face or other body parts during the feeding process.
- ✓ When assisting more than one resident, take extra care to touch only the handles of the utensils and outsides of glasses and cups.
- ✓ Replace dropped or thrown utensils with clean utensils.
- ✓ Do not touch the ends of utensils (e.g., tips of spoons or drinking edge of cups or glasses).
- ✓ Deliver trays in a sanitary manner.
  - Carry trays away from the body.
  - Carry one tray at a time.

Note to Instructors: A better learning experience may include the demonstration of the examples listed in the following section.

How to Handle Dishes, Utensils, and Certain Food Items

Cups and Glasses:

- When serving, do not stack cups or coffee cups.
- Carry one glass or cup in each hand.
- Do not put your fingers in glasses.
- Keep your hands by the base of the glass.
- Do not put hand or fingers near the rim of a glass or cup.
- Hold coffee cups by the handles.
- Use a tray if you are serving more than two cups or glasses.

Plates:

- Do not touch the eating surface.
- Hold the plate from underneath.
- Keep food items separate.

Spoons, Forks and Knives:

- Hold spoons, forks and knives by the handles.

Handling Bread:

- If you are receiving bread from the kitchen for a resident, transport it on a plate or in a bread bag. Do not carry it with your hands.

Condiment Packages (catsup, dressing):

- Open packets with scissors or tear with your hand.
- Do not open packets with your teeth or mouth.

Testing Food Temperatures

You should check the temperature of hot food before feeding a resident (especially for coffee, soup, and pureed foods).

Hot foods can cause serious burns.

Do not test temperatures with your fingers or hands.

Using a spoon or fork, place a drop of food on the back of your wrist to check the temperature. If it is too hot on your wrist or causes you discomfort, it is too hot for the resident to eat.

By placing your hand above (and not touching) a plate or bowl of hot food, you can feel heat rising. The food may be too hot for the resident to eat. It needs to cool some.

Do not blow on the resident's food. This spreads germs. Allow the food to cool on its own. Stirring the food will help it cool.

REVIEW

1. Why is food safety important for residents and older adults?

2. List **three** things you can do to maintain good personal hygiene.

3. Describe the proper method for washing your hands.

Review (Continued)

4. Handwashing is important after many actions. List **six**.

_____

_____

_____

_____

_____

_____

5. When should you wear gloves? When should you change gloves?

_____

_____

_____

6. Describe **five** techniques for serving food safely (i.e., how to handle cups, utensils, plates, etc.).

_____

_____

_____

_____

_____

7. Explain how you would test the temperature of food before serving it to a resident.

_____

_____

_____

Module 6 – Feeding the Resident

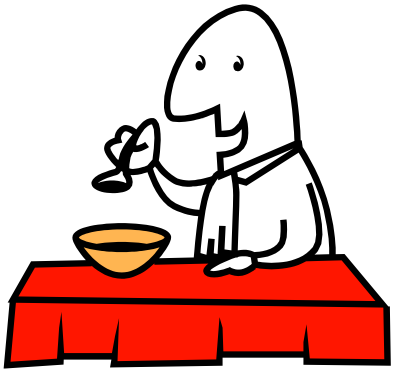
Objectives

At the end of this module, you will be able to:

- describe how to prepare a resident for a meal;
- describe how to serve/pass trays;
- describe and demonstrate basic feeding techniques;
- list three things you might provide help with for residents who need minimal assistance;
- list three verbal cues or physical prompts that you might provide for residents who are easily distracted;
- list eating problems you must report; and
- describe adaptive devices for eating and their use.

This module includes the following topics:

- Preparing the dining area
- Preparing the resident before meals
- Serving (passing) trays
- Guidelines for assisting residents
- Guidelines for feeding residents
- Eating problems you must report
- Adaptive devices
- Restorative dining defined
- Feeding problems and interventions
- Review



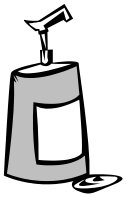
Module 6 – Feeding the Resident

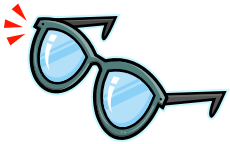
Preparing the Dining Area

- ✓ Facility staff should sanitize and dry the tables.
- ✓ Ensure the dining area is a pleasant, enjoyable atmosphere by eliminating odors and controlling lighting.
- ✓ Ensure table heights are appropriate for the residents to comfortably reach the food. (Ideally, wheelchair arms should fit underneath the table.)

Preparing the Resident for Meals

Before eating, we normally do several things to prepare for mealtimes. You should care for residents as you would care for yourself or for your loved ones.





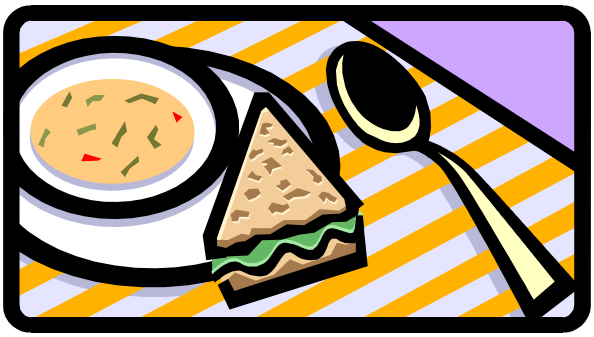
<u>Before the meal</u>:

- ✓ Ensure the resident is comfortable and clean. This requires communicating with the nurse aides and nurses to ensure the resident has been toileted, has had their face and hands washed, and has good oral hygiene.
- ✓ Be sure the resident has dentures in, glasses on and clean, and hearing aides in, as appropriate.
- ✓ Provide clothing protectors as needed.
- ✓ Ensure the resident is positioned appropriately (ask facility staff to reposition the resident if needed).

How to Serve Trays

- ✓ Carry the tray away from your body, one tray at a time.
- ✓ Identify the tray by the name on the tray card.
- ✓ Verify that the tray contains the right food for the resident.
- ✓ Identify the resident and place the tray within easy reach of him or her.

You MUST make sure the *right resident* gets the *right tray* with the *right food*.



Encouraging Independence
You should promote independence in eating **by encouraging residents to do whatever they can for themselves.** Encourage them to hold and eat finger foods, hold and use a napkin, and participate in feeding any way they can. Independence with eating may have an impact on the residents' feelings of self-worth and good health. Special feeding devices (also called adaptive devices) may be very helpful in promoting independence. Self-feeding is frequently the last activity of daily living that residents can do independently, and it is very difficult when they become dependent on others for such a basic human need.

Every Resident Has Unique Needs

The facility may have special instructions for individual residents available in the dining room or on the tray card. Check for special instructions and follow them as needed. Nurse aides and nurses may tell you some specific needs of a resident.

Residents who are mostly independent but need occasional help need to be checked on throughout the meal to ensure all their needs are met.

Watch for those who don't eat 75% of their meal or who leave a whole food item. Encourage residents to eat their food. Ask if the resident would like something to replace an uneaten item, then request a substitute from the kitchen.

You should:

- assist those who spill food;
- obtain extra condiments if needed; and
- refill coffee cups as needed.

Module 6 – Feeding the Resident

Basic Guidelines for Assisting Residents

- ✓ Feed a resident the way you would want to be fed.
- ✓ Offer assistance in an unobtrusive manner. Don't offer help when none is needed.
- ✓ Be guided by the resident's wishes.
- ✓ Don't control the resident's food choices. Respect their individuality.
- ✓ Don't rush residents.
- ✓ Sit with residents. Don't stand above residents when assisting.
- ✓ Always use positive comments to describe the food. *Example: "This is spaghetti and meat sauce, and boy does it smell good!"*
- ✓ Identify pureed foods for residents. The pureed diet is usually the same as the regular diet, but if you are not sure what the food is, be sure to ask.
- ✓ Take time to talk to the resident and socialize with the resident. Make him or her feel comfortable with the process.
- ✓ Offer liquids at intervals between solid foods.
- ✓ Use a straw for liquids if the resident can manage it.
- ✓ Offer liquids that meet the resident's preferences.

Residents Who Need Assistance with Eating

Residents have several levels of need. Feeding assistants will offer different types of assistance based on the resident's needs.

There are three types of assistance:

1. **Minimal assistance**
2. **Cueing and prompting (provided along with minimal assistance)**
3. **Total assistance (or feeding the resident)**

Minimal Assistance

Residents who need minimal assistance may be able to feed themselves, but have difficulty with setting up their meals.

These residents may need help with the following tasks:

- Putting on a clothing protector
- Unwrapping or uncovering drinks, opening milk cartons, or placing straws in beverages
- Uncovering food
- Spreading margarine on toast or bread
- Adding margarine to hot cereal
- Cutting meat
- Opening condiment packages

You should:

- Offer to add salt and pepper, cream and sugar, syrup, jelly, and other condiments to the food items served. (Never add any of these without first asking the resident. Some residents may be able to do this themselves).
- Offer to cut sandwiches into quarters (four).

Verbal Cueing and Prompting

This is the next level of assistance.

Residents who need verbal cueing and prompting can feed themselves but may be easily distracted or have difficulty staying on task. They need minimal assistance as well as some cueing or prompting.

Verbal Cues

You may say something to get the resident back on track. Cues should be very brief directions. Avoid multiple step instructions.

Examples:

Resident Action	Your Cue
Resident stops eating.	"Take a bite of your eggs, Mrs. Smith." or "Take another bite."
Resident doesn't drink liquids during the meal.	"Take a drink now."
Resident plays with food.	"Pick up your spoon, Mr. Jones."
Resident forgets to chew (has food in the mouth).	"Chew, Mrs. Johnson." or "Chew some more."

Physical Prompts

You may use touch to get the resident back on track.

Examples:

Resident Action	Your Cue
Resident stops eating.	Point to the food.
Resident stops eating while holding a fork or spoon.	Touch the resident's hand to draw attention to the fork or spoon.

Hand-over-hand Feeding Technique

Hand-over-hand feeding is a method that may serve as a prompt for the resident to complete the task on his or her own.

Place your hand over the resident's hand and complete the task together. Be sure to sit on the same side as the hand you are assisting. If a resident is weak but knows what to do, using the hand-over-hand technique helps the resident maintain or improve self-feeding ability.

When the Hand-over-hand Technique is Useful

The hand-over-hand technique may be used when a resident:

- forgets how to eat;
- is unable to cut food;
- is unable to spread margarine or jelly on toast or bread;
- cannot lift utensils;
- cannot pierce food with a fork; or
- is too tired to feed him- or herself as the day progresses.

Total Assistance (Feeding a Resident)

This next level of assistance is provided **when the resident needs to be fed.**

Guidelines For Feeding a Resident:

- Fill the spoon half full and offer from the tip of the spoon. Place the spoon in the middle of the resident's tongue.
- Continue at an unhurried pace.
- Offer most nutritious foods first: meat, milk, starch, vegetable, etc. Offer desserts and supplements last.
- Alternate liquids and solids to make the meal more enjoyable and to ease swallowing. This also helps to ensure the resident gets needed fluids.
- Do not indicate impatience with residents who eat slowly. Allow residents ample time to eat. Try to make mealtime relaxing and enjoyable.
- Wipe the resident's face with a napkin as needed.
- Be sure to offer alternatives or substitutes if the resident does not like what is offered, or if the resident is not eating well (eats less than 75% of his or her meal).

Module 6 – Feeding the Resident

Monitoring Mealtime

- ✓ Allow all residents (regardless of the level of assistance they require) ample time to eat.
- ✓ Encourage socialization.
- ✓ Remain pleasant and unhurried.
- ✓ Try to avoid or control unpleasant situations.
- ✓ Monitor the intake of residents during mealtime and identify problems with eating.
- ✓ Notify the charge nurse of residents who are absent or who appear to have eating problems.

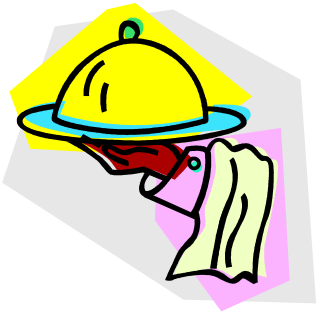
Removing Trays

Remove the tray after the resident has finished eating.

Ensure that meal intake is recorded by the person responsible before removing the tray (or follow your facility's policy).

Place used trays on the cart **AFTER** all the clean trays have been served.

Wash your hands.



Observing and Reporting

WHAT do you report?

Report the following to the charge nurse or nurse supervisor. These eating problems could signal the resident has a problem with chewing and/or swallowing.

Report when the resident:

- Complains about the taste of food;
- Complains about eating food, such as "too hard" or "too cold";
- Changes in alertness;
- Changes in his or her ability to stay in an upright position for eating;
- Changes from usual meal intake;
- Bites down on utensils;
- Cannot or will not chew;
- Has food or liquid coming out of his or her nose;
- Is unable to gather food with his or her tongue;
- Will not open his or her mouth;
- Has poor lip closure or has food falling out of his or her mouth;
- Holds food in his or her mouth;
- Does not take food off utensils;
- Experiences food sticking to the roof of his or her mouth; or
- Bites his or her tongue or cheek.

If you observe any of these problems, you must ensure that the charge nurse is aware of them.

Eating Problems	Possible Interventions
The resident chews constantly or over-chews food.	Tell the resident to stop chewing and to swallow after food has been appropriately chewed. Encourage or offer smaller bites.
The resident eats too fast.	Encourage the resident to set his or her spoon or fork down between bites to slow down the eating rate. Explain the benefits of slower eating to the resident (i.e., avoid choking, enjoy the meal by being able to taste the food, and improve digestion by taking time to chew food thoroughly).
The resident eats too slowly.	Provide verbal cues such as "chew," "take another bite," or "try some more." Praise the resident for positive efforts to feed him- or herself within a reasonable time frame.

Adaptive Devices

Sometimes, adaptive measures or tools are needed for the resident's comfort and independence. Adaptive equipment or eating utensils are substitutes for motions lost due to a resident's disability. The resident's disability may be from different causes such as the loss of use of a hand or arm, weakness, vision problems, or tremors (shaking that a resident cannot control).

Knowledgeable professionals, such as an occupational therapist, should select adaptive devices for residents. The adaptive device should be provided to the resident at every meal.

Examples of Adaptive Devices

Weighted utensils:
Utensils with enlarged weighted handles that are easy to grasp

Long-handled utensils:
Utensils with long handles

Plate guard:
A metal or plastic ring that snaps onto the edge of the plate. The resident is able to gather food on a spoon by pushing the spoon against the edge of the plate guard.

Nosey cup or **nose cutout cup**:
A cup with a cutout "u" for the nose to allow the resident to drink without bending his or her head back.

Restorative Dining Restorative dining refers to a program that provides increased assistance for residents. The restorative dining room may be a table, a corner of the dining room, or a separate dining room. A trained therapist determines whether residents benefit from an individualized therapy plan.

REVIEW

1. What should you look for to ensure that the resident is prepared for the meal?

   _____

   _____

   _____

2. When passing trays to the residents, which of the following must you check?
   a. The tray card for the resident's name
   b. That the food on the tray matches the resident's tray card and diet order
   c. That the resident's identification matches the tray in your hand
   d. All of the above

3. The basic guidelines for feeding residents include all of the following **EXCEPT**:
   a. Offer assistance in an unobtrusive manner.
   b. Stand above residents when assisting them.
   c. Use positive comments to describe the food.
   d. Take time to talk to the resident.
   e. Identify pureed foods.

4. List **three** things you might provide help with for residents who need minimal assistance.

   _____

   _____

   _____

Review (Continued)

5. List **three** verbal cues or physical prompts you might provide for residents who are easily distracted.

_____

_____

_____

6. List **five** eating problems that you must report to the nurse supervisor.

_____

_____

_____

_____

_____

7. Describe **two** adaptive devices for eating and their use.

_____

_____

Module 7 – Appropriate Responses to Resident Behaviors

Objectives

At the end of this module, you will be able to:

- list three unacceptable behaviors;
- describe interventions for difficult behaviors when assisting residents at meals;
- describe behaviors that should be reported; and
- distinguish between normal behavior and changes in normal behavior.

This module includes the following topics:

- Normal behaviors
- Behavioral problems and considerations for care
- Causes of behaviors
- Difficult behaviors and suggestions for responding
- Reporting difficult behaviors
- Review

Module 7 – Appropriate Responses to Resident Behaviors

Normal Behaviors

The community defines normal behavior at mealtime. There are some reasonable expectations for behavior at mealtime.

Normal behaviors may include the following actions:

- ✓ Wearing clean and appropriate clothing
- ✓ Having a clean face and hands
- ✓ Being able to eat and drink using appropriate utensils
- ✓ Being able to communicate within one's own abilities, in socially acceptable methods

Difficult Behaviors

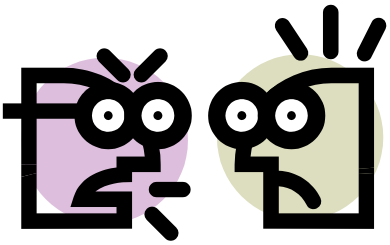
Occasionally older adults may display behaviors that are considered socially unacceptable. This may be usual behavior for some residents or an isolated incident for others. It is important that you report any inappropriate behaviors or changes in behavior to the nurse in charge.

Unacceptable Behaviors

Unacceptable behaviors may include the following actions:

- Yelling, screaming, or cursing in a disruptive manner during the meal
- Verbal or physical aggression
- Spitting
- Taking another resident's food
- Dropping or throwing food onto the floor or table or at others
- Inability to keep food in the mouth for chewing and swallowing

Sometimes unacceptable behaviors are unavoidable due to mental conditions, medical diagnosis, or physical limitations. In those situations, special feeding techniques and adaptive equipment may be used to overcome the undesirable behaviors. If the resident displays unacceptable behaviors intentionally or on a continued basis, approaches must be found to deal with them. Residents with known difficult behaviors are evaluated by their doctor or nursing staff and have a written plan of care for interventions for the undesirable behaviors.



Module 7 – Appropriate Responses to Resident Behaviors

Causes of Behavioral Problems and Considerations for Care

All behaviors have a purpose. Many experts believe that the purpose of behavior is to satisfy unmet needs. In an alert, oriented resident, the unmet need is usually psychosocial. In a confused resident, the unmet need is usually physical. An example of an oriented resident's unmet need may be that he or she wants attention. Examples of a confused resident's unmet needs may be that he or she is hungry, needs to go the restroom, or wants to go to bed.

Behavior problems may also result from fears. Be patient, understanding, and respectful when feeding the resident.

Residents experience some loss of control over their lives due to many types of limitations. Offer choices whenever possible to add to the resident's sense of control and to reduce frustrations.

Consider that many older adults continue to use the same behavioral responses that they learned and used throughout their lives.

Behavior problems vary widely. Those included here are some of the common behavior problems seen in nursing homes.

What does the resident need?

Module 7 – Appropriate Responses to Resident Behaviors

Responding to Resident Behaviors: Guidelines

The guidelines provided here are suggestions because **no single method will work for all residents or situations.**

Provide care that meets the residents' needs and promotes residents' rights, dignity, privacy, and independence.

The nurse in charge will be able to help you learn to control unacceptable resident behaviors. The charge nurse should show you, or you should ask to see, **the resident's written plan of care** before assisting the resident at meals.

Observe the resident closely to learn his or her likes and dislikes.

You should know and understand the residents in your care. You should learn at least one effective measure to comfort or distract each resident such as:

- objects (such as a favorite pillow, doll, or something new and interesting);
- activities (such as a favorite topic of conversation, music, TV, rocking chair, holding hands);
- a favorite caregiver who is effective in calming the resident.

Use these measures at the first signs of distress to try to avoid more serious behavior problems.

Share your observations of comfort measures, likes, and dislikes with the charge nurse to assist others in working with the resident.

Respond to appropriate behavior with genuine compliments, praise, and comments.

Do not respond negatively to inappropriate behavior.

Never laugh or ridicule the resident's behavior.

How to Respond to Resident Behaviors — Examples and Suggestions

Assisting Residents who are Complaining or Demanding

1. Talk with the resident to determine the nature of the complaint or demand and report objective observations to the charge nurse.

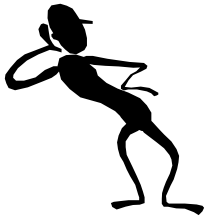
2. If the complaint or demand is justified, you should correct or meet it (if you are trained to do so) as instructed by the charge nurse.

   Example:
   The resident is demanding a second slice of bread. You check with the nurse, and the resident's diet allows for bread, so you get a slice of bread for the resident.

3. If the complaint or demand is unjustified or cannot be met immediately:
   - ✓ Assure the resident that his or her complaint was heard and reported to the charge nurse.
   - ✓ Be a good listener and provide support.
   - ✓ If complaints are related to care, stay neutral and do not become defensive, take sides, or argue with the resident.
   - ✓ Try to distract the resident with a favorite object or activity as appropriate.

4. Provide care (feeding the resident) to eliminate the cause of the behavior.

5. Follow the instructions of the charge nurse and the resident's plan of care.



Be a good listener!

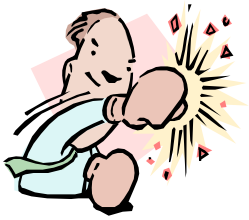
Module 7 – Appropriate Responses to Resident Behaviors

How to Respond to Resident Behaviors — Examples and Suggestions

Assisting Residents who are Yelling or Screaming

1. Try to distract the resident with a snack or discuss a favorite topic. It is difficult to yell while eating or talking.
2. Look for the cause of the behavior such as over- or under-stimulation, boredom, fear, pain, or unmet needs (hunger, thirst, or the need to use the restroom).
3. Try to provide care (feeding the resident) to eliminate the cause of the behavior.
4. Follow the instructions of the charge nurse and the resident's plan of care.

Assisting Residents who are Verbally or Physically Aggressive



1. Verbal aggression is arguing, threatening, or accusing, usually in a loud and angry voice. Physical aggression or combative behavior is fighting.
2. Remain calm and reassuring and use non-threatening body language.
3. Do not become defensive, argue, or try to reason with the resident.
4. Move other residents out of harm's way.
5. If attack is directed at you, leave if you can safely do so or request the assistance of a caregiver.
6. Attempt to redirect interest or distract the resident.
7. For physical aggression, the following safety precautions may be appropriate:
   - ✓ Notify the charge nurse quietly but promptly and obtain needed assistance.
   - ✓ Take threats seriously and keep your distance.
   - ✓ Do not try to touch or turn your back on a combative resident.
   - ✓ Do not back resident into a corner, especially if the fight is about space.

How to Respond to Resident Behaviors — Examples and Suggestions

Assisting Residents who Have Cognitive Impairment

Cognitive Impairment means impaired or damaged thinking. The main symptoms are loss of memory and confusion.

Dementia is a brain disorder that results in cognitive impairment.

Alzheimer's disease is a progressive brain disease that slowly destroys cognition.

Become aware of your own responses and reactions to the resident's behavior and modify your behavior if needed.

1. Reinforce the resident's feelings of belonging and safety.
   Examples:
   "You're safe here" or "You are all right."

2. Call the resident by the name he or she prefers.

3. Maintain calmness in your voice and your non-verbal communication (body language).

4. Find and confirm a true and accepted fact of the moment. Try to move forward from the accepted fact to the present.
   Examples:
   "I really like the blue shirt you're wearing today" or "It's raining outside again today," followed by "We're having a great lunch today. The chicken and mashed potatoes on your tray look delicious."

5. Acknowledge the resident's feelings.
   Examples:
   "I can see you are feeling sad" or "I can see you are feeling afraid."

6. Avoid isolating the resident. Isolation leads to more confusion.

Reporting Difficult Behaviors

Since you are working closely with residents, it is important to note and report any difficulties encountered while assisting at meals. **Reporting should be done daily.** The facility's procedure will determine whether you:

A) report verbally to your nurse supervisor; or
B) report verbally to your nurse supervisor **and** write your observations down.

You should always report a change in the resident's behavior on the day that it occurs.

Instructor note: Discuss your facility's procedure for reporting difficult behaviors.

This facility's procedure for reporting difficult behavior is:

_____

_____

_____

Behaviors to Observe for and Report to the Charge Nurse

What to report:

- Changes in the behavior of the resident that might indicate problems
- Possible causes of the behavior
- Effective measures to comfort or distract the resident
- Approaches that did not work
- Problems in managing the behavior or protecting the resident's safety

These may be changes that are not consistent with the resident's normal behavior:

- Residents untying a restraint or releasing a self-release seat belt
- Residents walking or wheeling away from the table
- Coughing; having wet, gurgly voice or a weak cough during or after swallowing
- Sudden complaints about all food
- Disorientation, i.e., the resident is uncertain of his or her surroundings
- Residents who seem sad or depressed
- Any threats of suicide or threats of harm to other people or property

What to Include in Your Report

You should be alert for the following types of details and include these when reporting to the charge nurse or facility staff:

- Specific description of unusual behavior (e.g., he tried to stand up and leave the table, or she threw her fork and spoon on the floor and walked out of the dining room)
- What happened prior to the unusual behavior (e.g., another resident took the resident's food off of his tray, or the television was just turned on in the dining room, or several visitors entered the dining room at the same time)

Report Changes in Normal Behavior

Normal behavior for each resident varies. No two residents are alike. Individual resident plans of care address unique behaviors and responses to those behaviors.

To determine what is normal or usual for a resident:

- Familiarize yourself with the resident's plan of care; and
- Discuss the resident's behavior with the certified nurse aides and nurses who care for that resident.

Normal behavior for one resident (Resident X) will not necessarily be "normal" behavior for a different resident (Resident Y). For example, Resident X may drop small amounts of food onto the floor as an attention seeking behavior and may do this at all meals. This may be considered "normal" for Resident X and this behavior may be addressed in the resident's written plan of care with planned staff responses. Resident Y may not usually show any behaviors but suddenly begins to drop small amounts of food onto the floor throughout a meal. The behavior of Resident Y should be reported to the nurse supervisor.

REVIEW

1. List **three** unacceptable behaviors.

   _____

   _____

   _____

2. Describe **one** response to a resident who is complaining.

   _____

   _____

3. Describe **one** response to a resident who is yelling.

   _____

   _____

4. Describe **one** response to a resident who is physically aggressive.

   _____

   _____

TRUE OR FALSE?

5. _____ You should report a change in the resident's behavior to the charge nurse on the day that it occurs.

6. _____ Normal behavior is the same for all residents.

Review (Continued)

7. List **four** changes in resident behavior that should be reported to the charge nurse.

_____

_____

_____

_____

Module 8 – Safety and Emergency Procedures

Objectives

At the end of this module, you will be able to:

- identify situations that call for emergency action;
- describe what the letters *R, A, C, E* stand for in reference to fire emergencies; and
- describe the Heimlich maneuver and its purpose.

This module includes the following topics:

- General safety
- Potential hazards
- Situations that call for emergency action
- Your role in emergency procedures
- Emergency measures for:
  - Power outages
  - Fire
  - Finding a resident on the floor
  - Choking/Heimlich maneuver
  - Finding an unresponsive resident
  - Seizures
  - Wandering or lost residents
  - Severe weather
- Review

Module 8 – Safety and Emergency Procedures

General Safety

It is necessary for all staff to be alert to safety concerns for the residents. Some safety concerns are unique to mealtimes, but you need to be able to identify situations that may endanger residents at other times as well.

You could easily be in the facility when an emergency occurs. Since emergencies arise unexpectedly, it is important for you to know what your role is and what you need to do in each situation.

You should be prepared. Your own common sense is a great safety device. You will need to learn the facility's procedures for emergencies. It is a good idea for you to participate in emergency drills, such as fire drills.

Training in the use of a fire extinguisher, Heimlich maneuver, and Cardio-Pulmonsry Resuscitation (CPR) are left up to the discretion of the instructor and your facility's policy.

You need to know where to go and how to get there in the event of an emergency. You should know how many doors you have to pass through to exit the building.

Module 8 – Safety and Emergency Procedures

Potential Hazards to Resident Safety	**You should identify potential hazards to resident safety:** • Errors (wrong trays) • Unsafe, improperly placed, or non-working call lights • Lack of proper lighting. Glares are especially hazardous to the elderly. • Sources of falls. Falls are the greatest threat to residents. Be alert to all situations, such as spills, that may pose a hazard. • Unsafe equipment, such as electrical cords • Slippery floors • Improper use of smoking materials • Cluttered hallways • Unsafe or non-working equipment

Situations That Call for Emergency Action	• Power outage • Fire • Finding a resident on the floor • Choking • Finding an unresponsive resident • Seizures • Wandering or lost residents • Severe weather

Emergency Situations — General Guidelines

Power Outage

- Open window shades to allow more light inside
- Stay with residents until help arrives
- Know where flashlights and batteries are located throughout the building
- Do not use candles or other types of open flame for lighting
- Do not use elevators. If trapped in elevator, call for help

This facility's procedures for a power outage are:

_____

_____

_____

Fire Emergencies

Actions to take when fire is discovered:

R – remove residents in immediate danger
A – alert other staff
C – confine the fire
E – extinguish the fire if possible

Be prepared:

- Know the location of fire extinguishers closest to your work area.
- Know the location of the fire alarm closest to your work area.
- Know how to use a fire extinguisher.
- Know the quickest route to exit your work area.
- Know the facility's plan for fire emergencies.

This facility's procedures for fire emergencies are:

_____

_____

_____

_____

Emergency Situations — General Guidelines

Finding a Resident on the Floor

- Stay with the resident.
- Call for help immediately.
- Do not attempt to move the resident.

This facility's procedures for finding a resident on the floor are:

_____

_____

_____

Finding an Unresponsive Resident

- Call the resident by name to determine unresponsiveness.
- Call the nurse immediately and stay with the resident.
- Assist the nurse as directed.

Seizures

Seizures are sudden involuntary movement of muscles. The resident may be partially conscious or become unconscious.

- Stay with the resident.
- Move obstacles out of the way to avoid injury (e.g., chairs).
- Call for the nurse immediately.
- If instructed to do so:
  1. Ease the resident to the floor.
  2. Roll the resident on his or her side.
  3. Do not restrain the resident's movements.

This facility's procedures for what the feeding assistant will do when observing a resident having a seizure are:

_____

_____

_____

_____

Emergency Situations — General Guidelines

Wandering or Lost Residents

1. You must report to the nurse immediately when you discover that a resident is missing.
2. Follow the nurse's instructions.

Severe Weather

Follow your facility's policy for tornado watches or warnings or other severe weather situations.

This facility's procedures for severe weather are:

_____

_____

_____

_____

Emergency Situations — General Guidelines

Choking

If a resident is coughing but is able to breathe, do not intervene. If the person is able to cough or breathe, encourage him or her to keep coughing and throw their arms in the air to help dislodge the object.

You should continue to observe until coughing stops and the resident continues with activity.

Clutching the neck with one or both hands is the universal distress signal or sign for choking.

Ask the resident "Are you choking?"

If there is a "yes" head nod, begin the procedure for clearing an obstructed airway or ***immediately*** call the nearest staff member.

Do not pat the victim on the back. Whatever is causing the choking may lodge permanently in the throat.

YOU MAY ONLY PERFORM THE ABDOMINAL THRUST/HEIMLICH MANEUVER IF YOU HAVE BEEN TRAINED TO PERFORM THIS PROCEDURE.

Abdominal Thrust/Heimlich Maneuver

Key points include:

- Hand placement
- Stance behind the person
- Never practice on a LIVE person due to injury to the rib, abdominal organs

With the resident standing or sitting:

1. Stand behind the resident.
2. Wrap your arms around the resident's waist.
3. Make a fist and place the thumb-side of the fist at the midline of the abdomen just above the navel and well below the breast bone and rib cage.
4. Grasp fist with the other hand and press inward with a quick upward thrust.
5. Avoid pressure on the ribs and breastbone.

In case of extreme obesity or late pregnancy, give chest thrusts. Stand behind the victim, place thumb of left fist against the middle of the breastbone, not below it. Grab fist with right hand. Squeeze chest four times quickly.

Emergency Situations — General Guidelines

Choking (continued)

The instructor will notify you whether you will now be trained to perform the Heimlich Maneuver or what you should do in the event of a choking emergency.

This facility's procedures regarding a feeding assistant's role during a choking emergency are:

_____

_____

_____

_____

Module 8 – Safety and Emergency Procedures

Your Role in Emergency Procedures

You can help by:

- Explaining the situation to residents and remaining calm;
- Offering to help wherever needed at mealtimes; and
- Checking with the nurse in charge for directions.

General Measures for Emergency Care

1. Stay with the resident/victim and call for help. Be sure the charge nurse is notified.
2. Do not move the resident/victim unless there is immediate danger.
3. Remain calm and reassure the resident/victim.
4. Assist the charge nurse as directed.
5. Know the facility's procedures and phone numbers for reporting emergencies.

REVIEW

1. Which of the following are potential hazards to resident safety?
   a. Uncluttered hallways
   b. Safe equipment
   c. Spills
   d. Proper lighting

2. List **six** situations that call for emergency action.

   _____

   _____

3. List what the letters *R, A, C, E* stand for when they are used to describe actions you should take during a fire emergency.

   R stands for: _____

   A stands for: _____

   C stands for: _____

   E stands for: _____

4. A seizure is:

   _____

   _____

5. Describe the Heimlich maneuver and what it is used for.

   _____

   _____

Review (Continued)

TRUE OR FALSE?

6. _____ During a power outage, you should close the window shades and light candles.

7. _____ If you find a resident on the floor, you should not attempt to move the resident.

8. _____You may only perform the Heimlich maneuver if you are trained to perform it **and** if your facility's policy allows feeding assistants to perform the procedure.

9. _____ You may help during an emergency by remaining calm and explaining the situation to the residents.

Module 9 – Practicum

Practicum: Feeding Residents

You will be assigned to feed a resident at two meals. The expected time frame for this activity is two hours. This is part of the16 hour training course requirement.

A licensed nurse will evaluate the feedings.

The licensed nurse will evaluate your readiness to feed residents based on these feedings.

NOTES TO INSTRUCTORS:

Feeding assistants should successfully demonstrate these skills during their first supervised feedings. The skills evaluated must include, but are not limited t, the following:

1. **Hand washing**
2. **Feeding a resident**
3. **Serving trays**

When evaluating the tray service skill, observe to see that the feeding assistant checks for:

1. **Correct resident**
2. **Correct eating and adaptive equipment**
3. **Correct diet**
4. **Correct fluids**

The feeding assistant must complete this step (serving trays) correctly in order to pass this course.

Module 10 – Nurse's Evaluation and Discussion

The instructor and feeding assistants will review and discuss the licensed nurse and/or instructor's observations and evaluation of the feedings.

Items To Discuss

In reviewing your feedings, think about the following times when you were helping:

- Before the meal was served
- During tray service
- While you were assisting the resident
- After the meal was done
- After the resident left the room

Discussion Questions

What things went very well?

Did anything go wrong?

Why did the things that did not go well, do so?

What did you find difficult?

What can you do differently to make it easier next time?

Were you able to talk to your resident? If so, what kind of things did you talk about?

Were you worried about anything? If so,what?

Did you know who to go to if there was an emergency?

Glossary

Adaptive devices for eating - tools that are used for eating to substitute for motions that are lost due to a disability.

Agitation - change in physical activity, usually increased, such as wandering or pacing.

Aspiration - a condition when food or liquid go into the lungs instead of the stomach.

Alzheimer's disease - a type of dementia where there is ongoing loss of mental function, which gradually interferes with a person's normal life activities.

Cholesterol - a fat-like substance which performs different functions in the human body. Some functions promote health and some do not.

Cognitive impairment - mental decline which reduces awareness; thinking tasks become difficult.

Confidentiality - keeping private and not sharing spoken and written words about a resident.

Confusion - inability to distinguish or separate differences between things. This usually includes an inability to follow directions.

Dehydration - lack of or insufficient water or fluid in the body.

Dementia - a brain disorder that results in cognitive impairment.

Diet - food and fluids regularly consumed by a person as a part of normal living.

Dietary cholesterol - a fat like substance, which comes from food. It is found in foods of animal origin, such as eggs, meat, poultry, fish and dairy foods.

Dysphagia - any change in the normal process of swallowing.

Food-borne illness - a disease that is carried to humans by food.

Heimlich maneuver - an abdominal thrust used to dislodge items stuck in a person's airway (throat).

Intake - all liquids and food consumed.

Infection - a condition or disease where the body or part of the body is invaded by pathogens or germs which multiply and result in disease or harmful effects.

Infection control - the method used in health care facilities to prevent the spread of germs.

Isolation - practices to separate people or items especially those with easily transmitted diseases.

Nutrition - the processes by which the body takes in food and uses it for growth, repair and maintenance of health.

Nutritional needs - the food and fluid a person needs for growth, repair and maintenance of health.

Practicum - a course (or a part of a course) that is designed to give students supervised practical application of previously studied theory.

Pressure ulcer - skin with a reddened area or an open sore that develops as a result of pressure.

R. A. C. E. - an acronym used to describe the response needed in an emergency situation. R - rescue; A - alarm; C - confine; E - extinguish.

Restorative dining - a program that provides an individualized plan of increased assistance for residents.

Safety - practices that prevent harm or injury.

Seizure - sudden movements of muscles that are involuntary (that the person is unable to control). A person may be conscious or unconscious during a seizure

Therapeutic diet - a special diet ordered by a doctor to help in the treatment of a disease or condition.

Written plan of care - a written description of the care and services that a resident needs.