

Sunny Skies Adult Day care Training Manual

Sunny Skies Adult Day Care

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EMERGENCY PREPAREDNESS PLAN

Policy

The A TIME TO REMEMBER Adult Daycare’s emergency preparedness plan pertains to and governs any emergency or drill that occurs at the center or in the surrounding environment.

An individual emergency preparedness plan is an essential part of each participant’s care plan. Each participant of A TIME TO REMEMBER Adult Daycare should have the assurance that every possible consideration has been given to his or her physical safety.

When an emergency develops, staff must respond by prompt and intelligent action. This can be accomplished only when the Emergency Preparedness Plan is thoroughly understood by all staff.

In case of any disaster or emergency external to the center during normal business hours, A TIME TO REMEMBER Adult Daycare will tune into (*local news radio station – identify in plan*), the local emergency radio station.

Fire or Other Emergency Within the Center

Staff is expected to:

R – Remove participants to safety

E – Eliminate drafts, close doors

S – Sound alarm, by activating alarm system

C – Call the fire department on 9-1-1 and give the following information:

- Address, including street and number
- Indicate specifically the location of the fire or emergency in building (example - a fire in the electrical room)
- Indicate whether anyone is still in the building and where he or she was last seen.

U – Use proper fire extinguisher, if possible

E – Evacuate per plan

Evacuation Plan

The center director or designee will direct the evacuation of participants. A designated staff person will exit with the daily attendance list which details the total number of participants in the program that day and check off participants as they arrive at the meeting point. A designated staff person will take a laptop so electronic records can be accessed as needed.

Participants and staff will exit:

1. Primary Exit – (Identify the primary exit from center)
2. Secondary Exit – (Identify the secondary exit from center)

All staff present at the center will assist participants to relocate to the designated area. As all staff leaves their respective areas, they will check all adjoining areas for participants, staff, and/or visitors. They will close windows and doors behind them.

All staff and participants of A TIME TO REMEMBER Adult Daycare will gather at (*primary evacuation location*).

A designated staff person will contact caregivers to inform them of the evacuation and any alternative arrangements that have been made.

If long-term evacuation/relocation is necessary, the center director and staff, in conjunction with the participant and/or caregiver, will prioritize the participant caseload with other local human service agencies to ensure proper coordination of care for participants.

Sheltering In Place Plan

- Due to the nature of some emergency situations, participants and staff may be required to shelter in place. Examples include police incidents in the area, severe weather, or acts of terrorism.
- When an incident occurs that requires sheltering in place, the center director shall contact the local emergency management entity for special instruction and/or follow the direction of emergency responders.

- Some defensive actions include but are not limited to moving away from windows and doors, securing windows and doors, taking shelter within interior rooms, and turning off the lights.
- If appropriate, staff will engage in calming activities with participants as needed.
- If appropriate during the emergency, the center director will continue to communicate with the emergency management entity, participant responsible parties and other staff.
- Staff will continue to shelter in place until notified the emergency is over.

Drills

1. Emergency fire drills will be held at least quarterly.
2. The center director will keep a written fire drill record of the date, time, the amount of time the fire drill took for evacuation, exit route used, problems encountered and whether the fire alarm was operative. Alternate exit routes will be used during subsequent fire drills.
3. Drills will be held on different days of the week and different times of the day. *(If the center is in a building with other tenants, a mock fire alarm device will be used)*. If the center is the only tenant, the local fire department will be informed beforehand of the scheduled drill and the actual fire alarm must be pulled.
4. Participants will be instructed upon initial admission as part of their orientation and quarterly in general fire safety, evacuation procedures, responsibilities during fire drills and the meeting place outside of the building. All participants will comply with the maximum extent possible. Ability to participate will be documented on the participant quarterly fire safety training log.
5. Participants with hearing or vision impairments will be identified on both the daily attendance sheet and their name badge so that staff members can provide the additional assistance required in the case of evacuation.
6. A TIME TO REMEMBER Adult Daycare a smoke free environment. Smoking policy and procedures will be reviewed with all participants who smoke. Participants who smoke will be encouraged to join a smoking cessation program.
7. The center will have an annual onsite fire safety inspection by the local fire department or other fire safety authority which will be completed within 12 months of the previous inspection. The center administrator or designee will track, document the date, source, and results of the fire safety inspections and maintain these records in the fire safety binder.
8. The center administrator or designee will track and monitor to ensure that all fire extinguishers are inspected and approved annually by a company qualified to maintain and inspect fire extinguishers.

9. The fire alarm will be checked quarterly by a company certified to perform this service in accordance with local fire safety codes. A copy of the inspection shall be entered into the fire safety binder. If the fire alarm is inoperative, repairs shall be made within two working days of the time the fire alarm was found to be inoperative.
10. In the event that the fire alarm system does become inoperable, the fire department will be informed and periodic checks of isolated areas will be conducted during the hours the center is in operation.
11. Should staff become aware of an emergency occurrence outside the center, such as a sudden destructive weather pattern, a nearby accident, or an act of terrorism reported on radio or TV, staff are to inform the center director. Business should continue as usual unless instructed otherwise.

Participant Quarterly Fire Safety Training

On a quarterly basis, discussion/training with A TIME TO REMEMBER Adult Daycare participants is provided in a group setting on the following topics:

Safety in the Center

- There are no matches or cigarettes allowed in the center
- No Smoking Policy is reviewed
- Smell or see smoke/fire – notify center staff immediately
- Use of rest room call bells reviewed

Evacuation Procedures

- Follow staff instructions
- Take coat/handbags
- Exit in a single line or as instructed by staff
- Remain calm – do not panic.
- Overhead water sprinklers will activate as needed in the event of a fire
- Review use of room evacuation tags by staff indicating space has been checked to be free of occupants (if applicable)

Other Weather-Related Emergencies

Tornado – There is a moderate risk of tornados in our area. Staff must monitor weather conditions and take appropriate action when tornado watches and warnings are posted. When tornado warnings are posted, participants and staff will move to interior parts of the center, sheltering in place.

Flooding – While the threat of flooding is moderate, the impact to A TIME TO REMEMBER Adult Daycare is minimal. If extreme rain and flooding is forecast, center management would take preventative measures such as closing the center in advance.

Extreme Snow and Ice – The threat of snow and ice is always present in the winter. As with other weather related emergencies, advance planning and monitoring of weather reports is paramount. With proper monitoring of weather forecasts, the center can be closed in advance.

Bio-Terrorism

For all types of exposures general guidelines that must be followed for a possible bio-terrorism exposure to an employee, participant, or visitor include:

- STAY CALM – DO NOT PANIC
- STAY WHERE YOU ARE. Do not leave the area or go to another room or building. Exposure must be limited to that area. This includes anyone in the immediate area. Not following this important step increases the risk of exposure to all personnel, participants and the general public.
- Notify your supervisor and the center director
- Police/Fire Department will confine the area and initiate the exposure/decontamination policy/procedure
- The state/local HazMat team will respond to the area of exposure

The above guidelines should be followed for all exposures.

A TIME TO REMEMBER Adult Daycare is prepared to shelter-in-place if necessary if it unsafe to go outside. Follow the following instructions:

- Windows will be duct taped to seal air leakages
- Air conditioning vents will be covered with plastic
- Staff will assist participant to be comfortable, informing them in a calm, gradual manner that we will all be staying at the center longer than usual until the air clear outside.
- Mats are available for participant and staff to recline or sleep
- Food and water are available for three days

Evaluation of Disaster Emergency

When any disaster/emergency occurs, the center administrator and key staff will review how A TIME TO REMEMBER Adult Daycare handled the emergency. The center director will report using the guidelines below and recommendations will be followed as appropriate.

1. Description of emergency/disaster
2. Response of departments/services
 - a. Transportation

- b. Food Service
 - c. Social Work
 - d. Clinical
 - e. Care Aides
 - f. Medication
3. Evaluation
 - a. Participant and caregiver feedback after disaster
 - b. Staff feedback after disaster
 4. Recommendations

POWER OUTAGE PROCEDURES

In the event of a power outage, the following actions will be completed:

Date/Time of Outage: _____

Action	Completed (check)
1. Confirm that the emergency lights came on.	_____
2. Confirm that the emergency generator started.	_____
3. Notify the Center Director/Designee.	_____

4. Check with other nearby businesses to determine if outage is a center program or area problem. _____
5. Disperse flashlights. _____
6. Call Maintenance Director (if applicable) _____
7. Call local power company _____
8. Call fire system company to ensure fire systems are working _____
9. Implement call tree if necessary _____
10. Notify local Emergency Management Agency of outage if long term outage is creating a significant change in temperature in the center _____
11. Provide updates to staff and participants _____
12. Dietary staff will make appropriate adjustments in cooking and menu to provide meals _____
13. Activities director/appointed staff will start activities in common areas to divert participants from the issue at hand _____
14. When power is restored check the telephone system and computers to make sure systems are operating safely _____
15. Ensure air handlers/heating/cooling systems working properly once power is restored. _____

Date/Time Power Restored: _____

BOMB THREAT PHONE CHECKLIST

In the event a bomb threat is received, complete as much information as possible on this checklist.

KEEP CALM: Do not get excited or excite others;

TIME: Call received: _____ AM PM Call Terminated: _____ AM PM

Exact words of caller:

DELAY (if possible):

- Give coworker a signal to listen in
- Ask caller to repeat statements
- Try to allow time for the call to be traced

QUESTIONS YOU SHOULD ASK:

- What time is the bomb set to explode? _____ AM PM
- Where is the bomb located, get specific? _____
- What kind of bomb is it? _____
- What does the bomb look like? _____
- Why does the caller want to kill and injure people? _____

VOICE DESCRIPTION:

___ Male ___ Female ___ Calm ___ Nervous

___ Old ___ Young ___ Middle age ___ Refined

___ Accent _____ ___ Laughter ___ Crying ___ Excited

___ Rapid ___ Slow ___ Normal ___ Rough

___ Throat Clearing ___ Cracking Voice ___ Heavy Breather ___ Hoarse

___ Slurred ___ Whisper ___ Speech Impediment

Unusual Manner of Phrasing? _____

Do you recognize the voice? _____

BACKGROUND NOISE:

Music Traffic Bells Whistles
 Aircraft Machinery Quiet House noises
 Trains Engines Running

THREAT LANGUAGE:

Well Spoken Incoherent Foul Irrational
 Taped Other

ADDITIONAL INFORMATION:

Did the caller indicate knowledge of the center? Describe _____

Which line (number) received the call? _____

Is the receiving number a listed number? YES ___ NO ___

MEDICAL EMERGENCIES

A TIME TO REMEMBER Adult Daycare is committed to provide prompt care in medical emergencies. To that end, the following policies are provided:

Initial Response to Emergency:

Whenever there is a medical emergency in the center, the nearest staff person will call for the center nurse. The nurse will quickly assess the situation and determine a course of action. Depending on information in the consumer's medical record, the nurse will call either the consumer's PCP or 911.

If while speaking with the consumer's physician, the physician recommends the consumer be sent to the ER for treatment, the center director or nurse will do so. The consumer's caregiver will be contacted to

explain the intent to send the consumer to the ER and family will be given the option to transport the consumer themselves.

Non-Emergency Medical Transport:

For non-emergency medical transport, A TIME TO REMEMBER Adult Daycare will contact [name of Ambulance Company at phone number]. The ambulance company will transport the participant to the appropriate health care setting.

DEMENTIA & ALZHEIMER'S DISEASE TRAINING

DEMENTIA is a slow, progressive loss of mental functions, including memory, thinking, judgement, the ability to learn and behavioral abilities. Dementia is not considered a disease by itself; it is a syndrome, or group of symptoms, that can be caused by many different diseases. The symptoms of dementia are often severe enough to stop people from performing their normal daily activities.

ALZHEIMER'S DISEASE, the most common cause of dementia among older people, is an irreversible brain disease that slowly destroys memory and thinking skills, and eventually even the ability to carry out the simplest tasks.

Dementia and Alzheimer's disease range in severity from the mildest stage, in which a person's functioning, is just beginning to be affected, to the most severe stage, when the person must depend completely on others for basic activities of daily living.

Causes:

There are many different causes of dementia, including the following:

- Diseases that affect the nerve cells in the brain, such as Alzheimer's Disease, Multiple Sclerosis, Parkinson's Disease, Huntingdon's Disease and Pick's Disease
- Stroke and other vascular disorders
- Toxic reactions from excessive alcohol or drug use
- Brain tumors
- A lack of specific nutrients in the diet, such as vitamin B12 and folate
- Infections that affect the brain and spinal cord
- Head injuries
- Radiation therapy to the head
- Cardiac arrest
- Chronic illness of the kidneys, liver or lungs

Ten Warning Signs of Dementia:

Keep these warning signs in mind as you care for participants. If you notice these signs developing in any of the people you care for, report the situation to your supervisor. Your observations may help them receive an early diagnosis and important early treatment.

- | | |
|-------------------------------|---------------------------------------|
| 1. Memory loss | 2. Problems performing everyday tasks |
| 3. Difficulty with language | 4. Confusion about time and place |
| 5. Poor or impaired judgement | 6. Problems with abstract thinking |
| 7. Misplacing items | 8. Changes in mood or behavior |
| 9. Changes in personality | 10. Loss of initiative |

Caring for Participants with Dementia:

Caring for a participant with dementia can be very challenging. Basic activities of daily living, such as dressing, bathing and eating, often become difficult for both the participant and his/her caregivers. Each person with dementia is unique and will respond differently to the interventions that you use. An important strategy is getting to know the participants in your care as well as you can. Learn what approaches are most effective with them and work as a team with your co-workers to provide support and care. Always seek assistance and support from your supervisor and co-workers when you have difficulty or are not sure what to do.

General Care Tips:

- Be patient, respectful, and calm
- Make sure your speech, tone of voice and body language show the participant that you are kind, calm, supportive and non-threatening
- Establish and maintain a consistent routine as much as possible; do things at the same time of day each day – this can be reassuring to the person with dementia and help him/her remember when and how to do things
- Promote the person's independence by encouraging him/her to do as much of each task as he/she is able to do
- Be sensitive to what the participant is going through
- Do not take negative or aggressive behaviors personally

Communication:

Trying to communicate with a person with dementia can be challenging. People with dementia often have a hard time expressing their thoughts and feelings. Dementia also makes it difficult for the participant to understand others.

Here are 10 quick tips for better communication:

1. Be calm and supportive
2. Focus on the feelings, not the facts
3. Pay attention to your tone of voice
4. Address the person by his or her name
5. Speak slowly, and use short, simple words and sentences
6. Ask one question at a time
7. Avoid vague, confusing words and negative statements
8. Don't talk about a person as if he or she weren't there

9. Use unspoken communication, like pointing and gestures
10. Be patient, flexible and understanding

Bathing:

Some people with Alzheimer's disease find bathing to be a frightening, confusing experience. Preparing in advance can help bath time be calmer and more pleasant for both the caregiver and the participant.

Points to Remember:

- Plan the bath or shower for the time of day when the participant is most calm and agreeable.
- Tell the participant what you are planning to do, step by step, and encourage him/her to do as much as possible.
- Be sensitive to the temperature of the room and the water. Keep extra towels and a robe nearby. Test the water temperature before beginning the bath or shower.

Dressing:

For a person with dementia, getting dressed presents a series of challenges such as choosing what to wear, getting cloths off and on, and struggling with buttons and zippers.

- Guide the participant to making appropriate clothing choices by limiting his/her selection – consider the weather and the occasion and give him/her a few appropriate options from which to select
- Arrange clothing pieces in the order they are to be put on to help the person move through the process
- Choose clothing that is comfortable and easy to get on and off

Eating:

Mealtime can be a challenge. Some people with dementia want to eat all the time, while others have to be encouraged to maintain healthy eating habits.

- Aim for a quiet, calm, reassuring mealtime atmosphere by limiting noise and other distractions
- Give the person food choices, but limit the number of choices to help avoid confusion
- Try to offer appealing foods that the participant likes with varied textures and different colors
- If the participant has difficulty chewing or swallowing, or refuses to eat, report this to the nurse or your supervisor right away
- Make healthy snacks and finger foods available. In the earlier stages of dementia, be aware of the possibility of overeating
- Encourage the participant to drink plenty of fluids throughout the day to avoid dehydration
- As the person's condition progresses, be aware of the increased risk of choking because of chewing and swallowing problems

Activities:

Finding activities that the person with dementia is able to do and is interested in can be a challenge. Building on current skills and interests generally works better than trying to teach something new.

- Simple activities are often best, especially when they use current abilities
- Help the person get started on an activity. Break the activity down into small steps and praise the person for each step he/she completes.
- Watch for signs of agitation or frustration with an activity. Gently help or redirect the person to something else.

Incontinence:

As the disease progresses, many people with Alzheimer's disease begin to experience urinary and/or bowel incontinence. Incontinence can be difficult for the caregiver but is also very upsetting, embarrassing and uncomfortable for the participant.

- Have a routine for taking the person to the bathroom and stick to it as closely as possible. Take him/her to the bathroom at the designated times: don't wait for the person to ask.
- Watch for signs that the participant may have to go to the bathroom, such as restlessness, pulling at cloths or other signs of discomfort. Respond quickly.
- Be understanding when accidents occur and do not take these occurrences personally. Stay calm and reassure the participant if he/she is upset. Try to keep track of when accidents happen to help plan ways to avoid them.
- To help prevent nighttime accidents, limit certain types of fluids – such as those with caffeine in the evening.

Hallucinations and Delusions:

As dementia progresses, the person may experience hallucinations and/or delusions. Hallucinations occur when the person sees, hears, smells, tastes, or feels something that is not there. Delusions are false beliefs that the person thinks are real.

- Sometimes hallucinations and delusions are signs of physical illness. Report your observations to the nurse or supervisor.
- Avoid arguing with the person about what he or she sees or hears. Try to respond to the feelings he or she is expressing. Comfort the person if he or she is afraid.
- Turn off the television set or move the person to another activity when violent or disturbing programs are on. A person with dementia may not be able to distinguish television programming from reality.
- Make sure the participant is safe and does not have access to anything he or she could use to harm him/herself or someone else.

Elopement/Wandering:

Keeping the person safe is one of the most important aspects of caregiving. Some people with dementia have a tendency to wander away from their residence, day center, or their caregiver.

- Provide close monitoring and supervision
- Provide activities of interest to the participant
- Redirect the participant to alternate activities
- Encourage moving around and exercising to reduce anxiety, agitation and restlessness
- Encourage family and friends to visit
- Reassure the person if he or she feels lost, abandoned or disoriented
- Avoid busy places that are confusing and can cause disorientation
- Do not leave someone with dementia unsupervised in new or unfamiliar surroundings
- Decorate program with familiar objects and pictures
- Provide regular, supervised walks outside

Center staff must always observe the participant's behavior because changes in mental and physical status may happen slowly over time. All center staff persons are responsible for being aware of areas where participants should not be. If a participant elopes:

- Notify center director immediately
- Determine the participant's whereabouts....Make sure they are not with family or on a scheduled appointment
- Perform a thorough search of the center
- Search throughout the building and grounds
- Contact the police

Summary:

People with dementia are still able to experience joy, comfort and meaning in their lives. For our participants with dementia, quality of life depends on the quality of the relationships they have with the staff that are caring for them.

Each person with dementia is unique, with different strengths and needs which will change over time as the disease progresses. Staff can determine how best to serve each participant by knowing as much as possible about his/her personality, preferences and abilities. Work as a team with your co-workers, supervisor(s), the participant and his/her family members to achieve the best functioning and high quality of life.

BODY MECHANICS TRAINING

Introduction

Effective body mechanics is the efficient use of the body and applying the principles of physical science for the optimal use of energy and movement. Effective body mechanics helps you to:

- Avoid unnecessary muscle strain and possible injury
- Assist in locomotion of the participant with minimal strain for staff and the participant
- Perform everyday activities safely and properly by using correct principles of body mechanics

Definitions

Alignment: The proper relationship of body segments to one another

Atony: Decrease or absence of normal muscle tonus

Atrophy: Decrease in size and loss of normal function of a muscle resulting from or related to disuse

Balance: Stability or steadiness

Base of Support: The area on which an object rests

Center of Gravity: The point at which the mass of an object is centered

Contracture: A permanent contraction state of a joint resulting from the tightening and lengthening of opposing muscles, which cause the joint to fix in an unusual position permanently

Fulcrum: The fixed portion of a lever, which allows movement

Gravity: The force that pulls objects towards the earth

Lever: A rigid bar that moves on a fixed axis called a fulcrum

Posture: Body alignment

Tonus: The normal status of a healthy muscle consisting of a partial steady state of contraction while awake

Torsion: Twisting

Assessment

Assess the participant for understanding and use of proper body mechanics and identify deficits so that proper body mechanics can be utilized by staff and taught to care givers and the participant as appropriate.

Physical Concepts

1. The bones of primary importance in body mechanics are the vertebrae column and large bones in the legs, arms, and pelvis. Abnormal stress on the bone results in structural problems. In good alignment no undue strain is placed on the joint, muscles, or bones and connective tissue.

Common problems of the musculoskeletal system often relate to misalignment and abnormal curvatures of the vertebral column. Poor posture places pressure on the vertebral column, frequently straining the muscles of the back and leading to backache.

2. The human body functions best in the vertical position. The lungs function optimally when the diaphragm is allowed to contract down into the abdominal cavity. A body in balance or equilibrium is stable, secure, and unlikely to tip or fall. The body maintains balance by nerve impulses received in the semicircular ducts of the inner ear. Diseases of the inner ear upset balance and equilibrium.

Participant Preparation

1. Before beginning the ambulation process or transfer, the participant should be told exactly what will occur, what will be expected, and what limitations, if any, will be placed on participation (e.g. no weight bearing on right leg or no extension of affected limb).
2. Assemble all pertinent equipment prior to beginning the procedure to reduce delays and avoid overtiring the participant unnecessarily. Some examples of equipment include belts, robe, and non-skid slippers.
3. Older participants, such as those with Parkinson's disease, may benefit from passive range-of-motion exercises to warm up the muscles and pathways.
4. Adjust the ambulation schedule so that the participant does not walk immediately after eating. A large portion of the available blood supply will be diverted from the muscles to assist in digestion.
5. Observe carefully for readiness to ambulate prior to getting the participant up. Do not hurry the participant; if dizziness or nausea occurs, wait a few minutes before beginning.

Implementation and Interventions

1. The center of gravity is the point at which the whole weight of the body may be considered to be concentrated. In humans, the center of gravity is considered to be in the center of the pelvis at the level of the second sacral vertebra. The feet form the supporting base of the body. The greater the supporting area and the lower the center of gravity, the more stable the body will be. Therefore, a more stable base of support can be achieved by spreading the feet.
2. Good posture is the key to body mechanics and involves more than just standing erect. It keeps the center of gravity as nearly as possible in the same vertical line when standing, sitting, or squatting.

3. When a force acting on a body tends to rotate the body in one direction or another, the principle involved is called torque. The direction of torque is either clockwise or counter-clockwise. For the body to be in equilibrium and not rotate, a force of equal resistance in the opposite direction must be applied. The major factor in determining torque deals with the distance between the center of gravity and the object causing resistance. This explains why those positions that require less energy and cause less strain are better than others for work activities. For example, when one is lifting an object from the floor, stooping requires greater strain because the distance from the center of gravity to the object is greater than that resulting from bending at the knees and picking up the object.
4. Laws that govern balance in the standing position also apply when the body is in motion. To prevent strain, proper contraction of the muscles to counteract gravitational resistance is necessary. For example, carrying a heavy object at arm's length produces far greater strain than carrying it close to the body, which allows correct body alignment. Lifting a participant by bending forward at the waist produces unnatural body alignment and possibly will result in back strain. Lifting by flexing the hips and knees, placing one foot forward broadens the base of support, and keeping shoulders in the same plane as the pelvis reduces the amount of energy necessary to accomplish the task with much less strain on the body muscles.
5. Many simple laws of physics can lighten direct care staff's workload. It is easier to slide an object than to lift it. Sliding the object on an even surface requires less energy than moving it on an incline. Friction increases the amount of energy required to accomplish a task. Friction can be reduced by application of an intermediate object. When lifting, face the work situation and avoid rotary movements of the spine. Utilizing smooth, continuous movements requires less energy than continually stopping and starting movements.

One and Two Person Assist

Two Person Assist: With one staff person on each side of the participant, each places one hand under the participant's axilla and other on the forearm. Use hands for support, guidance, and reassurance. Two staff provide a more secure feeling for the participant, as well as ensuring greater safety.

One Person Assist: Stand behind the participant. Place both hands on the participant's waist to provide support. If the participant has a pronounced weakness on one side, stand on the affected side to add support and stability. Standing behind the participant helps maintain the center of gravity. It allows the participant to stand erect and not lean to one side in a dependent position against the staff person. When standing on the weak side, staff allows the participant to compensate for the weakness and may prevent falls.

Both: Observe carefully during ambulation for signs of fatigue and return participant to a seated position or bed when signs of tiring become evident.

Participant and Family Education

1. Stress the positive benefits of early ambulation, including prevention of pneumonia, earlier return to normal activities (if applicable), and promotion of healing and/or well-being.
2. Emphasize the need to stand erect. Walking in a slumped position inhibits breathing and contributes to complications and poor habits.
3. Tell the participant that momentary dizziness may occur upon arising, but it should pass quickly.
4. Stress the importance of correctly estimating capabilities. Some participants begin to feel better and try to undertake activities that exceed their stamina. Moderation is a key word in ambulation therapy.

Summary

1. Teach the participant, family, and other appropriate individuals the proper use of the body as a machine of activity, using proper principles to prevent injury.
2. Recognize and change incorrect habits of body mechanics, substituting proper activities in their place.
3. Reinforce correct behavior.
4. Promote feelings of mental, emotional, and physical well-being in the participant.
5. Maintain an environment conducive to participant safety.
6. Assist with ambulation as dictated by the participant's condition and care plan.
7. Offer explanations and reassurance to allay anxieties about ambulation.
8. Teach the participant and family optimal ambulatory techniques and proper posture.

ACTIVITIES OF DAILY LIVING & INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Introduction

With this training, you will be introduced to the categories of activities of daily living (ADL) and instrumental activities of daily living (IADL). You will learn what each encompasses. You will also learn some helpful tips when assisting participants with ADLs and IADLs.

ADLs

ADLs include the following:

- Eating
- Drinking
- Ambulating
- Transferring in and out of bed or chair
- Toileting
- Bladder and bowel management
- Personal hygiene
- Securing health care
- Managing health care
- Self-administering medication
- Proper turning and positioning in a bed or chair

Eating and Drinking

Some participants will require your assistance in completing activities of daily living. As a direct care staff person, you may have to assist some participants with eating and drinking. Assistance may include verbal prompts to remind a person to continue eating their meal or to take a drink or water. There are a number of ways a staff person can assist older adults with cognitive deficits like those seen in dementia while eating and drinking. Remember to keep eating time relaxing and enjoyable. Do not rush the participant to eat too quickly. Serve foods that are familiar to the participant. Provide prompts to remind the person they are eating the meal. In addition, participants may have an adaptive device such as bendable silverware or adaptive straws.

Ambulation

Participants may also require assistance with ambulation in the center. Participants may need verbal prompts to remind them of where they are going or how to take the next movement when ambulating. Some participants may need assistance to getting to one's feet or transferring into a wheelchair. You should be taught techniques on how to best assist each individual participant with ambulating or transferring. Your assistance is important to help prevent falls. Make sure that there is no tripping or slipping hazards in the program area. Keep clear paths without obstructions in the program space or hallways. Ensure a participant has proper lighting to help them navigate.

Toileting

Some participants are independent with toileting while others will require your assistance. Some participants may require verbal reminders to use the restroom. Other participants may require your assistance with all steps in toileting. Remember the following tips:

- Ask to provide assistance frequently throughout the toileting process.
- Maintain privacy for the participant.
- Assist with ambulation to the toilet if the participant is able.

- Wash hands and wear disposable gloves.
- Ensure the participant is clean and dry.

The amount of assistance needed for toileting will vary between participants. Participants may use disposable undergarments if they are incontinent of their bowel/bladder.

Personal Hygiene

A direct care staff person will provide participants with assistance in maintaining personal hygiene. This assistance can include showering, brushing hair, cleaning denture, and hand washing. Remember to allow the participant to maintain as much independence as possible while providing necessary assistance. For example, while assisting a participant with showering, the participant may be independent in all aspects of showering except for ambulation to and from the shower, and washing their hair. It can be helpful to offer assistance frequently to help avoid the participant feeling uncomfortable asking for your help. You can verbally state the steps during the shower procedure to aid the participant in feeling more comfortable.

Managing Healthcare

Participants may require assistance in securing and managing healthcare. Make sure that your observations are recorded and communicated to other staff persons. If you observe a participant with a medical need that may be unknown or not addressed, tell a supervisor. Communication with a participant's physician is key to ensuring adequate care. Some participants may request that you forward information to the nurse, or may need your assistance in writing down some physical concerns prior to a medical appointment.

Self-Administration of Medications

Some participants may require assistance in self-administering medications. This assistance may include:

- Helping the participant remember the schedule for taking the medication.
- Storing the medication in a secure place.
- Offering the medication at the prescribed times.

A participant's physician must assess a participant as being capable of self-administering medication. Remember, that medications must not be accessible to participants who have not been assessed to safely administer them. All medications must be securely stored.

Turning and Positioning

Some participants may require physical assistance for proper turning and positioning. The assistance provided each participant should be individualized. Assistance may include lifting the participant, using turning sheets, or other equipment. Frequent and proper turning and positioning of a participant who is unable to turn or position themselves is essential to preventing ulcerations or other skin breakdown on areas of the body that are under pressure.

IADLs

IADLs is an acronym that refers to instrumental activities of daily living. The term includes the following:

- Doing laundry
- Shopping
- Securing and using transportation
- Financial Management
- Using a telephone
- Making and keeping appointments
- Caring for personal possessions
- Writing correspondence
- Engaging in social and leisure activities
- Obtaining and keeping clean, seasonal clothing

Participants will require varying levels of assistance with IADLs as well as ADLs. While IADL assistance is usually provided in the home or other residential setting, our participants may need your assistance with a variety of IADL needs.

As a direct care staff person, you will provide assistance to participants in completing activities of daily living and instrumental activities of daily living. The amount of assistance provided by you will depend on each individual's capabilities. The participant's individual care needs should be addressed in the participant's plan of care.

UNIVERSAL PRECAUTIONS / INFECTION CONTROL

The primary goal of the universal precaution/infection control policy is to ensure a safe and sanitary environment and to prevent and control the transmission of disease and infection in the center. This policy is designed on sound principles of epidemiology and based upon evidence-based guidelines from various sources within infection control community.

Prevention of Infection

1. The prevention of the spread of disease and infection is critical to A TIME TO REMEMBER Adult Daycare. The standards of practice within the center are based upon evidence-based guidelines from sources such as the Centers for Disease Control and Prevention (CDC), Association for

Professionals in Infection Control and Epidemiology (APIC), Occupational Safety and Health Administration (OSHA), State and Local regulations, and scientific literature.

2. The following strategies are implemented in order to prevent the transmission of infections in both center and home settings by participant and care provider populations:
 - a. Proper hand hygiene is the foremost strategy in preventing the spread of infection. Our program facilitates hand hygiene by placing sinks and alcohol hand gel dispensers in central locations for both staff and participants. Participant hand hygiene is conducted on entry into the center and other key times throughout the day, such as toileting and at mealtime. Education is conducted for staff and participants focusing on the method of hand washing, along with demonstration of technique.
 - b. The appropriate utilization of personal protective equipment (PPE) by staff is strongly encouraged. Education relating to proper placement and removal, along with pertinent situation in which they should be used is conducted. PPE is provided to staff in the center and home settings.
 - c. Standard precautions apply on all participants, along with other types of precaution as required in the center. Staff is educated regarding different types of precaution and the appropriate situation to apply. Participants and/or caregivers are also educated regarding the type of precautions to employ in the home setting.
 - d. The prevention of spread of disease/infection in the home and center environment is addressed through the daily disinfecting of environmental objects (such as recreational activity equipment, doorknobs, tables, etc.) and clinical equipment. The appropriate disinfectant is utilized to kill the targeted organism with consideration to contact time. For example, bleach solution is utilized because of its coverage of C-Diff spores. Disinfectant cloths are available to staff to clean highly accessible items within a fast timeframe – promoting utilizations by convenience.
3. Preventative vaccinations are addressed with the participant and staff populations. Staff is strongly encouraged to receive the annual influenza vaccination through leadership example and education. Staff is also required to have proof of administration of key vaccinations through employee health services, along with initial and annual PPD. Participants are strongly encouraged to receive the influenza and pneumococcal vaccinations during the enrollment process and through participation as needed. Strategies that are utilized to increase participation rates include educational programs, individual counseling via care providers and caregiver/family involvement.

4. Strict adherence to the regulatory published guidelines relating to food preparation and delivery prevents foodborne illness in our participant population. Furthermore, daily monitoring of refrigeration and food temperatures, along with dishwasher temperatures are maintained.
5. Universal precaution policies and procedures are developed based on nationally recognized evidence-based standards in order to minimize the risk of transmitting infectious diseases within the center.
6. Mandatory education is provided to all staff regarding infection prevention and control issues/practices. Topics include but are not limited to hand hygiene, isolation precautions, multidrug-resistant organism (MDRO) cough etiquette, OSHA Blood borne Pathogens Standard, medical safety devices, cleaning and disinfecting equipment, tuberculosis, and any other issues based on need. This education is offered upon hire to all staff. On an at least quarterly basis, a nurse provides training and education on infection prevention and control issues and practices to direct care staff.

Investigation and Recording of Infections

1. A targeted surveillance system is maintained for identifying, analyzing, and reporting infections and among participants and colleagues. This surveillance system is conducted using traditional surveillance methods including review of all participant records, admission diagnoses, and discussion with other health care providers.
2. Infections are identified and listed on the Infection Control Log by staff participants. The log is reviewed by the center director and/or nurse on a monthly basis.
3. The center director has the responsibility to coordinate and oversee implementation of the quality improvement activities relating to the Infection Control Program.
4. Staff participant participation in the prevention of infections and diseases is critical to the success of our Infection Control Program. All staff, licensed independent contractors, students/trainees, and volunteers are responsible to comply with all aspects of the Infection Control Program at all times, and to report to the center director and situations or issues that could result in an increased risk of infection transmission or acquisition.

Hand Washing

Hand-washing is considered the single most important means of preventing the spread of infection.

Hands are to be washed:

1. When personnel arrive on duty

2. Before, between and after participant contact
3. When hands are obviously soiled
4. Before and after using gloves
5. After contact with potential source of microorganisms, i.e. soiled tissues, utensils, napkins, etc.
6. Before eating
7. After toileting
8. Upon completion of duty.

Participants should wash hands:

1. Before eating
2. After toileting
3. After arts and crafts
4. When obviously soiled

Communicable Diseases

All instances of communicable disease diagnosed in a participant or staff person will be reported to the proper state and local officials. Center staff and participants will follow universal precautions to help in the spread of infectious and communicable disease.

General Policy

Communicable diseases are diseases which are capable of being transmitted to other individuals in various ways. Communicable diseases are contagious, infectious, communicable, and dangerous to the public health.

Non-Discrimination

The center shall not unlawfully discriminate in enrollment or employment against any individual infected with a communicable disease.

Confidentiality

1. The center shall comply with all pertinent statutes and regulations which protect the privacy and welfare of participants and staff who suffer from a communicable disease as well as the welfare of others.
2. The center will maintain procedural safeguards throughout the center with the objective of protecting the privacy of persons living with a communicable disease.
3. All confidential medical information about an individual will be handled in compliance with legal requirements and professional ethical standards.
4. The center will not disclose the identity of any participant or staff person who has a communicable disease, except as authorized by law.

Center Responsibilities

1. The center shall develop and maintain an educational program about communicable diseases.
2. The center shall direct participants and staff to see their respective physician if they suspect the individual has a communicable disease.
3. The center shall adopt and implement appropriate safety guidelines consistent with those proposed by the Centers for Disease Control for handling and disposing of potentially infectious materials.
4. Decisions in all situations involving participants and staff are to be made on a case by case basis, based on the medical facts in each case and with concern for the confidentiality and best interest of all parties involved.

Staff Responsibilities

1. Staff persons have a responsibility to notify the program manager if they are diagnosed with a communicable disease.
2. Staff shall not return to work until they have been medically cleared by their physician.
3. Staff shall receive all appropriate vaccinations to prevent the spread of communicable disease.

Exposure Control Plan

Policy

The policy of A TIME TO REMEMBER Adult Daycare that this Exposure Control Plan is:

1. Accessible to employees;
2. Reviewed and updated annually or whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Determination of Exposure

An exposure determination is required by OSHA to indicate which employee categories may incur occupational exposure to blood or other potentially infectious materials. This determination is made without regard to the employee's use of personal protective equipment or the frequency of occupational exposure.

Decontamination

1. All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials by cleaning with an appropriate disinfectant after completion of procedures: immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials and at the end of the work shift if the surface may have become contaminated since the last cleaning.
 - a. Areas of contamination on countertops in the treatment area or medication" cart shall be decontaminated as described above by program Staff supervised by a licensed health care professional;
 - b. All other areas which are contaminated are to be decontaminated as described above by environmental services or by using a Spill Kit (See pg. H - 10).
2. Protective coverings such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.

Spill Kits

Employees are provided with a spill kit for their use in the event environmental services is not immediately available after any spill of blood or other potentially infectious materials. Spill Kit contents are:

1. Disposable latex gloves (4 pairs)
2. Paper Towels (2 doz.)
3. VoBan (Absorbent/deodorizer) (1 bag)
4. Alcohol hand wipes (8)
5. Plastic bags (4 bags with ties)
6. Lysol Spray (1 can)

Procedure for using Spill Kit - DO NOT TOUCH SPILL!!!!!!

1. Prepare two bags for the spill by opening them and folding down top edges.
2. Set out paper towels to enable pick-up of same one at a time;
3. Open VoBan Bag and Set all of the above out so that they are easily accessible but not on the spill
4. Put on a pair of latex gloves;
5. Contain the spill using the VoBan absorbent. Wait for spill to set;
6. Use paper towels to clean up the spill
7. Place contaminated paper towels in a plastic bag.
8. Remove one latex glove and place it in the bag. With ungloved hand, pick up a bag tie and put it in the gloved hand, being careful not to touch the ungloved hand with the gloved hand. Using the gloved hand, seal the bag and place it in the second bag. Be careful not to contaminate the outside of the second bag. Place the remaining latex glove in the second bag. Wipe hands with alcohol wipes and place used wipes in second bag. Seal second bag tightly and place all in trash container.
9. Follow standard hand washing directions or if hand washing facilities are not available, rewipe hands with alcohol wipes. Wash hands with soap and water as soon as possible.
10. Notify your supervisor of the incident so that they may inform environmental services to disinfect the spill area and complete an incident report.

Contaminated Needles and Sharps

Contaminated needles and other contaminated sharps are discarded immediately or as soon as feasible without being bent, recapped or removed. Disposal containers are:

1. Closable;
2. Puncture resistant;
3. Leak proof on sides and bottom;
4. Color coded red

During use, containers for contaminated sharps are:

1. Located in the treatment area where it is required that licensed health care personnel administer prescribed injections (and laboratory agents perform prescribed phlebotomies) and where the supply of disposable needles are found;
2. Maintained upright throughout use;
3. Replaced routinely and not be allowed to overfill.

When moving containers of contaminated sharps from the area of use, the containers are closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping; and labeled or color coded red.

Sharps disposal containers used at A TIME TO REMEMBER Adult Daycare are not reusable and will be disposed of by according to state and federal guidelines for the disposal of same.

Contaminated Laundry

1. Contaminated laundry at A TIME TO REMEMBER Adult Daycare consists of bath towels, bath mats and protective gowns used by personnel.
2. Universal Precautions are used in the handling of all soiled laundry; therefore, gowns used by personnel and bags used to contain soiled laundry are yellow in color recognizable by the offsite laundry which utilizes Universal Precautions in the handling of all laundry.
3. Contaminated laundry is handled as little as possible with a minimum of agitation
4. Contaminated laundry bags are located in the bathrooms where contamination of laundry occurs and are contained in leak proof containers for transport to the soiled linen holding area of the center.
5. Participant's clothing which is contaminated with blood or other potentially infectious materials will be handled as little as possible. It will be double bagged (see below) and placed in participant tote for transport home.

Regulated Medical Waste

Any disposable item contaminated by blood or other potentially infectious material is considered to be regulated medical waste. Regulated medical waste at A TIME TO REMEMBER Adult Daycare includes, but is not limited to:

1. Disposable Geri-pads;
2. Paper towels or disposable cleaning cloths used to clean up spills of blood or other potentially infectious materials;
3. Disposable latex gloves used as a protection against blood or other potentially infectious materials;
4. Disposable washcloths used in bathing participants or rendering personal care after toileting or incontinency
5. Disposable baby wipes used in cleaning participants after incontinency;
6. Dressings or other contaminated treatment supplies.

All regulated medical waste shall be placed in trash cans which are red in color and are closeable; constructed to contain all contents and prevent leakage of fluids during handling; storage, transport or shipping and lined with heavyweight , leak proof red plastic bags.

To remove plastic bag containing regulated medical waste from regulated medical waste trash can, *double bagging* procedures will be employed as follows:

1. Open a clean, red, unused heavyweight plastic bag which is large enough to contain the contaminated plastic bag in the waste container. Fold down the top of the clean plastic bag and place two bag ties near the clean bag.

2. Put on disposable latex gloves. Using gloved hands, tightly seal the plastic bag in the trash can and remove the bag from the can and place it in the clean, unused heavyweight bag being careful not to contaminate the outside of the clean bag.
3. Remove disposable gloves and place inside of the bag.
4. Pick up a second bag tie. Reach under the folded down edge of the clean outside bag and pull up and close the bag being careful not to touch the inside of the bag.
5. Close the outside bag tightly and seal with bag tie and dispose of bag by placing in container in regulated medical waste receptacles outside of the center.

Regulated medical waste containers are emptied in the above described manner at least one time every eight hours and more often if full or emitting noxious odors.