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# Home Health Aide Training Manual and Handbook

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## **SECTION ONE**

### **THE HOME AND THE HOME CARE ENVIRONMENT**

It is often said that "There is no place like home". There is always the associated comfort, sense of security, freedom and belonging in the home environment for the patient who elects the home health care services. Home care is generally less expensive than the other health care settings (i.e. Assisted living facilities, Hospitals and Nursing homes).

There are federal laws and state regulations that govern the home health industry and every home health worker must endeavor to be familiar with them. The client/patient is the key figure of the home health team and it becomes more so when the care is rendered in the client/patient's own home. More importantly in this respect, the patient has rights and the patient's family or primary care giver plays an important role and needs to be considered along with the patient during the planning and initiation of care and services. In cases where the patient is demented or acutely ill the role of the primary care giver or family can not be over emphasized. The Home Health Aide must understand that the patient has all the rights that you and I have. These rights will be discussed in several areas of this book.

### **THE ROLE OF THE HOME HEALTH AIDE**

The role of the Home Health Aide in the care of the patients cannot be over emphasized. The Home Health Aide increases the ability of the home health professionals - Nurses (RN or LVN), Physicians, Physical/Occupational/Speech Therapists, and Medical Social Workers to provide care. In almost all cases the Home Health Aide spends the most time with the patient while providing Activities of Daily Living (ADLs). The Home Health Aide, with good listening skills, observation skills and ability can communicate important findings to other health care professionals, and supervisors.

### **HOME HEALTH AIDE RESPONSIBILITIES**

Home Health Care is a very special and personal service and the agency's mission is to provide the patient with the care he/she needs to regain his/

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her independence. The Home Health Aide is an employee whom the agency feels is a special person and has been specifically trained to assist the patient in meeting his/her home care needs.

The primary function of a Home Health Aide is to provide personal care services in the areas of ADLs, for the patient while he/she is requiring skilled, intermittent services. Personal care must be completed before other services such as cooking, laundry, and grocery shopping are rendered, except the patient or the care plan specifies otherwise. The daily or intermittent care provided by the HHA is reflected on the Home Health Aide Plan of Care of the individual patient and it is essentially directed by the Supervisor, Director of Nursing, and/or Case Manager.

- **Hygiene** - help may involve giving sponge baths, showers, tub baths, shampooing hair, brushing and flossing teeth and gums, denture care, care of hearing devices, helping with bed pans, urinals, and pericare.
- **Grooming** - checking for bruises, broken skin, stimulating circulation through massage. Applying lotion to skin, brushing and combing hair, and dressing.
- **Mobility** - assisting a patient to walk, use a brace or cane, move from a bed to a wheelchair or chair, assisting with exercises when assigned by the RN or therapist, turning patient in bed, and range of motion.
- **Meals** - Home Health Aide may prepare a simple meal and assist a patient with feeding.
- **Medications** - a patient may need a reminder to take medication as prescribed.

There may be special circumstances where a patient's need for greater assistance may be evident; therefore, the Aide may be assigned by the supervisor or RN Case Manager to provide additional services if approved by the physician or other authorized individual ( i.e. case worker for Medicaid patients under the Primary Home Care (PHC). Some of the possible additional services may include, but not limited to the following:

- Change bed linens
- Laundry
- Light housekeeping



- Grocery shopping

**NOTE:** The Home Health Aide may not be allowed to transport a patient in a private automobile, only escort services in public transportation may be permissible. Please refer to your agency policy regarding this.

At each visit, the Home Health Aide will complete the assigned activities before leaving. The documentation must also be completed on the approved agency's form and patient's signature obtained, if required. It is advisable to complete your notes before leaving the patient's home so as to prevent accumulation of uncompleted notes.

The nurse and/or therapist will supervise the Home Health Aide at a minimum of once every 14 days.

### **AGENCY SPECIFIC TRAINING PROGRAM**

It is recommended that a Home Health Agency plan for an effective orientation and on-going training programs for HHAs'. In addition to the training program in this book, home health agency specific concerns must be addressed during the employee's orientation period. Most of the specific issues should be information from the personnel policies. Such topic to be addressed include but not limited to:

- The Philosophy and goals of the agency
- Drug use policy
- Job description
- Grievance Procedure
- Pay and payroll policy
- Evaluation and Job performance appraisal
- Skills validation
- Discrimination policy
- Sexual harassment policy
- Solicitation policy
- Equal Employment opportunity policy



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## **THE SKILLS AND DUTIES OF THE HOME HEALTH AIDE**

### **Communication Skills**

- Learn that communication is the exchange of information between two or more people and in this case between you and your client and/or Primary Care Giver (PCG) other team members or supervisor. Communication is two way (The sender of the message and the receiver)
- The sender must ensure that the message being sent is understood by the receiver
- Remember that communication is a process that does not always involve talking or writing, in some instances of non-verbal (body language) communication occurs.
- Communicate in a positive manner. Learn to say no in a polite way making sure that your reasons for saying no are reasonable and within professional boundary.
- Listening and observation are very important skills necessary for effective verbal communication.

### **Reporting Skills**

- Report important findings and information to the Supervisor, either verbally or in writing.
- Understand the rules and regulation of your agency and comply with them at all times.
- Your reports must be timely and accurate.
- Communicate your reports clearly, so you can be understood.
- If giving an oral report, make sure you are understood and repeat if necessary for clarification purposes.

### **Clinical Skills**

First and foremost, a Home Health Aide must pass the competency examination administered by the agency with an acceptable score then complete the competency evaluation skills check under the supervision of a nurse. The nurse can either be a registered nurse (RN) or a Licensed Vocational Nurse (LVN). In some part of the country the proper designation of the LVN may be Licensed Practical Nurse (LPN).

### Safety Skills

- Drive carefully all the time and especially during inclement weathers.
- Always notify patient of PCG when you plan to make a visit and request that they restrain any aggressive pet
- Notify the agency if you are unable to make a visit.
- Wear shoes with firm grip soles and flat heels
- Be alert to and report any unsafe environmental conditions in the home
- Report any broken or defective equipment
- Practice good hand washing techniques and infection control.
- Clear pathways, keep floor dry, and practice all in home safety rules by paying attention to details.
- Adhere to lifting guidelines and instructions - BODY MECHANICS.
- Dial 911 immediately in case of an emergency

### Personal Skills

- Treat the patient as you would like others to treat you.
- Possess positive, caring and empathetic attitudes for your patients.
- Respect the patient, their homes, and their personal property.
- Maintain patient confidentiality; remember, it is their personal lives.

## **THE LAW AND HOME HEALTH AIDE PRACTICE**

The laws that govern the Home Health Agency also govern the activities of the Home Health Aide. It is important that the Home Health Aide familiarizes him/herself with all the laws and regulations by the state and the federal government, as well as the policies and procedures of the agency. The Home Health Aide must be informed of their duties and their responsibilities by their supervisor. Here are some important tips for the Home Health Aide:

1. Understand your role, duties, and responsibilities. Remember Home Health Aides have rights too.
2. Understand the laws that affect you as an unlicensed personnel.

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3. Understand the scope of your job description. For example it is not within your scope to administer injections/medications, and perform dressing changes.
4. Respect the patients Bill of Rights, which includes, but not limited to:
  - Right to be informed about coverage issues and payment for the care they receive .
  - Right to choose their own doctor.
  - Right to good and quality care
  - Right to dignity and respect.
  - Right to refuse care and/or treatment.
  - Right to participate in their care plan process.
5. Maintain confidentiality of the patient's medical records and treatment.
6. Understand the policies and procedures of your agency with regards to personnel and clinical activities.
7. Perform the patient's ADLs according to your job description, the agency's policies and procedures, the patient's Plan of Care (POC), and other tasks as directed or delegated by the supervisor or Supervising nurse.

## **COMMUNICATION AND TEAM WORK**

Communication enhances teamwork. Developing good and effective communication skills takes practice and effort. It will increase your ability to perform your tasks effectively and will promote success in communicating the right information. It is important to cooperate with your supervisor for the benefit of the patient. Supervision of the Home Health Aide is mandated by the state of Texas. Supervision frequency is normally every two weeks for Medicare patients. This can be scheduled or unscheduled visitations by a supervisor. Your supervisor may visit while you are with the patient to make observations of how you perform your tasks and sometimes provide in addition one-on-one training. Therefore, it is pertinent to communicate with your supervisor as often as possible to give updates regarding the client's condition or changes in condition. This undoubtedly will enhance understanding and a good working relationship.

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Remember that oral communication with your supervisor does not take the place of your documentation. Your written report should include the problem (client's condition or change in condition) that you reported to your supervisor.

## **DOCUMENTATION AND DOCUMENTATION GUIDELINES**

It is important to always document the care given to a patient. Home Health Care is no different than any other health care setting in terms of documentation. Home care agencies use a number of documents to record each patient's care or treatment for the following reasons:

1. As a communication tool
2. As a legal document
3. As a support for billing
4. As a source for reference during care plan and case management

The Home Health Aide must follow the agency's policies and procedures manual on documentation. Three sources will be addressed here.

5. The Patient/Client Agency (main) Chart - this is maintained in the agency office and contains the original documents of all care and services being rendered.
6. The Traveling Chart - this is carried by the HHA in order to update any information in the patient's home chart or any other supplemental materials in relation to the POC for the patient.
7. The Home Chart - this is a patient's chart that remains in the home. This chart contains copies of Service Agreements, Care Plan, Patient's Rights and Responsibilities, Medication Profile, Vital Sign record, and any updated information as they become available.

## **DOCUMENTATION TIPS**

1. Document facts
2. Be accurate
3. Use ink and write legibly
4. Write patient's name and identification number (commonly the insurance number)
5. Write your name and your identification number

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6. Remember that every note must stand on its own
7. Every note must also reflect the Plan of Care
8. Document objectively, do not assign blame
9. Ask your supervisor if in doubt
10. Report any concerns to your supervisor

### **HOME HEALTH AIDE CARE PLAN**

Upon patient's admission assessment the admitting nurse or supervising nurse prepares a plan of care the aide. The plan of care (POC) is review with the patient and the home health aide. The client plan of care is individualized and specifically designed to meet the patient's needs.

The supervising nurse or designee will be responsible for coordinating the client care and services and for updating the POC as needed. The home health aide will be supervised by the supervising nurse at a set interval and in most cases for Medicare clients/patients every two weeks.

The purpose for the POC is to address in writing the needs of the patient and how these needs could be met. Therefore the plan of care must include at a minimum the followings:

- The patient's name
- The problems presented by the patient which may include the primary and secondary Diagnoses
- Other medical conditions
- ADL needs
- Frequency of needs as determined by the nurse with input from the patient and family
- Frequency of visits by the aide
- Days and times of the visit.

The plan of care may be reversed, updated or changed as changes occur during the care process.

The Supervising nurse during supervisory visits reevaluates the patient's condition and need for continued care. The information gathered by the supervising nurse at the time of the supervisory visit will be used to updated the plan of care as needed.



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It is important the Home Health Aide be familiar with her role in the care of the patient. Most Home Health Agencies do not delegate tasks that are above and beyond the scope of practice of the Home Health Aide. ( for example insertion of a urinary catheter or administration of an injection).

Because Home Health Aides are not licensed professionals health care providers they must be diligent in accepting delegated tasks in order to avoid injury to the patient and prevent law suits. Therefore the plan of care must be followed as written.

Plan of care in a home health agency that is exclusively a Medicaid provider is referred to as Service Plan. The State for example in Texas has service plan forms with a list of tasks that could be checked off as areas of need for the patient. Under Primary Home Care (PHC), Family Care (FC) and Community Based Alternative (CBA) programs, only allowable tasks listed on the form could be checked to be provided. The Department of Aging and Disability Services may or may not authorize all tasks on the service plan.

### **POLICIES AND PROCEDURES**

A policy is a plan of action that is put in place to be followed should a particular event occur. For example, a HHA witnessed who witnessed a patient fall must complete an incident report and promptly notifies the supervising nurse.

A procedure is defined as a step by step method of doing things or following policies. This includes performing any given task. For example, following the information above, which states that a HHA who witnessed a patient fall must complete an incident report and promptly notifies the supervising nurse, the procedure spells out the when, what, where, whom and how this should be done.

Policies and procedures that I design for Home Health Agencies usually come in three parts:

1. Administrative
2. Clinical
3. Personnel

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The administrative policies and procedures must address operational topics and issues such as law and regulations (compliance) that govern the home health agency. The administrative policies and procedures must also include the agencies responsibilities relating to compliance issues such as civil rights, non discriminatory policy, HIPAA compliance, grievance procedure, disaster preparedness, abuse and neglect, exploitation, fraud prevention, solicitation, accurate billing and compliant investigation.

The Clinical policies and procedures address the clinical aspects of the patient's care which starts with the referral process through discharge. The different aspects of care must include, nursing, Home Health Aide, Therapy services (physical, occupational, speech language pathology), and social works.

The personnel policies and procedures must include the employment process, orientation, training, job descriptions, job expectations, employee responsibilities, employer responsibilities, background check, and employee benefits.

### **ABUSE, NEGLECT AND EXPLOITATION**

**Abuse means** the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. There are different types of abuse and patients have the right to be free from abuse. This also includes the deprivation of a patient's goods and services that are necessary to attain or maintain physical, mental, and psychological well-being.

The types of abuse include the following:

- a. **VERBAL ABUSE:** This is the use of language that is derogatory and disparaging, for example using a curse word.
- b. **SEXUAL ABUSE:** this includes sexual harassment, sexual coercion, or sexual assault
- c. **PHYSICAL ABUSE:** this includes hitting, slapping, pinching, and kicking



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- d. **MENTAL ABUSE:** this includes humiliation, harassment, threats of punishment and controlling behavior through corporal punishment
- e. **INVOLUNTARY SECLUSION:** this is defined as separation of a patient from others.

**Neglect** means the failure of a caregiver to provide necessary care and services to avoid harm, mental anguish or deterioration in the health of the patient.

**Exploitation** means the deliberate misplacement or wrongful use of a patient's belongings or money without the patient's consent or the consent of the patient's legal representative or responsible person.

HHA must observe for and recognize the signs of patient abuse. It is the responsibility of any healthcare worker including HHAs' to report such observations to the State hotline and the HHA's supervisor. Family members have been known to abuse patients especially elderly patients.

The signs to observe for include unexplained bruises, cuts, burns, anxiety, nervousness, withdrawal, fear, poor hygiene, malnutrition, and panic attack.

**Gratuity:** An employee is paid to give good, efficient and professional care to patients. Employee should not accept gratuities from patients and their families. It is recommended that employee decline politely to accept any gifts from the patient or the patient's family.

#### **HIPAA and CONFIDENTIALITY**

HIPAA stands for Health Insurance Portability and Accountability Act.

PHI stands for Protected Health Information

HHA must follow the HIPAA laws and protect the patient's PHI and patient's confidentiality. Conduct considered to be release of patient's confidential information is the unauthorized divulging of any information regarded as the patient's identifiable information such as name, address, phone number, fax number, e-mail address, social security number, etc.

These information is available to the HHAs' and it is a privilege and such

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information must be protected and not shared with anyone other than the healthcare team..

## **INFECTION CONTROL**

In order to effectively control infection in the home environment, the home health aide must work closely with the patient and family members. The home health environment is not an institutional setting like nursing home or hospital and the HHA is not there to take over the patient's home, therefore their cooperation must be sort to make things work.

The HHA must assess the home environment and plan how to effectively use the available resources in order to effectively control infection in the patient's home.

HHA must be aware of how to prevent the spread of germs, and how to recognize the signs of infection some special steps must be taken in the home to help prevent infection. HHA must understand that infection is caused by germs and people carry germs. The most common way to spread germs is by touching contaminated objects. However, various kinds of equipment are good carriers too-dirty dishes, used items not discarded, bed linen, used tissues, catheters, bedpans, and even telephones.

The step to control germs begins with personal hygiene-daily bath, clean hair, clean clothes, clean fingernails and clean mouth. Learn to wash hands with good hand washing techniques (see hand washing procedure).

The HHA and patient must be aware that to stay in good health, they must get plenty of rest, sleep avoid stress and eat balanced meals.

The agency must document infections that the client acquires while receiving care and services from the agency. The agency must adopt and enforce a written policy that addresses infection control and prevention.

## **SIGNS OF INFECTION**

1. Swelling
2. Redness
3. Pain
4. Elevated temperature

5. General malaise

**CROSS CONTAMINATION**

The general rule to avoiding cross contamination is to keep clean items away from dirty items and wash hands before and after any procedure

**INSECT AND RODENT CONTROL**

Home should be observed for presence of insects rodents like rats, mouse, snakes because they carry germs. Encourage the patient and family to get the help of pest control professionals.

**UNIVERSAL PRECAUTION**

The purpose of universal precaution is to prevent the transmission of blood borne infections such HBV, HIV, and AIDS. Universal precautions are required to be used at all times to prevent exposure to blood, blood products, feces, urine and other body fluids.

Hand washing is the single most important method of prevention of infection

Hand washing should be done at the following times:

1. Upon entering the patient's house
2. Before leaving the patient's house
3. Before wearing gloves
4. After removing gloves
5. After contact with blood/body fluids
6. After dirty procedure
7. Before patient contact
8. After patient contact
9. Before clean and sterile procedures

**RULES FOR UNIVERSAL PRECAUTION**

1. Care must be taken to avoid accidental injuries from sharp instruments and needles
2. Cover all cuts and abrasions
3. Do not recap needles
4. Wash hands before and after contact with patient

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5. Wear gown or apron, goggle, mask, and gloves during procedures that may result in splashes of blood, body fluids, secretions or excrement.
6. Clean blood spill promptly with soap and water or disinfectant such as bleach if available

### **USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)**

PPE include gloves, gowns, masks, and eye shields. The agency will provide the employee with these items when needed.

**Gloves:** HHA must wear gloves whenever exposure to the following is planned or anticipated:

1. Urine
2. Blood/blood product
3. Body fluids
4. Moist body substances
5. Feces
6. Saliva
7. Mucous membrane
8. Wound drainage

**Masks:** Must be worn when the HHA anticipates contact with **droplets** (can be spread by coughing, sneezing, talking), splashing of body fluids or blood or when caring for patients with respiratory diseases, and **airborne** diseases (can be spread through the air like tuberculosis, measles, and chicken pox.)

Contact Isolation is used when a patient can transmit or contract the infection or organism causing the infection by contact (touching). This can occur by skin to skin contact during care procedure. Precautions to be taken include use of PPE and patient isolation. HHA is encourage to follow the agency's policy and procedures at all times and also to remember that it is the disease that is being isolated. It is important to communicate the steps being taken regarding the isolation to the patient in order to be reassured that it is not personal.

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**GOWNS:** Must be worn when there is potential for soiling clothing with blood or body fluids

**EYE WEAR (goggles, glasses, shield)** Must be worn as protective device over the eyes during procedures that are likely to generate splatter/splashes of blood/body fluids

### **SPECIAL PRECAUTIONS (Contamination)**

**Blood and Body Fluid Spills:** are to be cleaned up promptly with a solution of 5.25% sodium hypochlorite solution (house hold bleach) diluted 1: 10 parts with water.

**Linen:** If contaminated with blood/body fluids, the linen will be sorted and washed separately. Pillows and mattresses will be cleaned by wiping with a disinfectant detergent. Family will be trained in proper handling of linen.

**Bagging of Linen:** Soiled and contaminated linen and articles must be bagged in a non-permeable bag. Family will be instructed regarding handling and disposal of contaminated line and articles such as tissues. Laundry must be done separate from other family members clothing. Family will be directed on purchasing special items such as bleach, and special anti-bacteria soap, detergent and disinfectant.

**Urine and Feces:** Urine and feces must be handled as follows:

1. Flushed directly down the toilet
2. Bedpans, urinals, emesis basins/bowls are to be raised with water and returned to the patient
3. Disinfection schedules will be established and family members or primary care giver (PCG) and patient will be instructed regarding the schedule. HHA will be required to follow the schedule at each visit.

### **Dressings/Tissues**

When dressings and tissues are soiled with infective material or substance they must be properly bagged and disposed of immediately.



## **RECOMMENDED GOOD HEALTH HABITS**

1. HHA must avoid touching the eyes, nose and mouth during care because germs are often spread when a person touches something that is contaminated with germs and the touches his nose, eyes and/or mouth
2. Wash your hands frequently with soap and running water. Use hand sanitizer as needed
3. Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent your patient from getting infected.
4. Educate your patient to cover his or her mouth or nose when coughing or sneezing to prevent the spread of germs to others
5. It may be better to stay home when you are sick to prevent you spreading the germs to your patient. Notify your supervising nurse promptly so coverage could be arranged for your patient (s).

## **SOME TRANSMISSIBLE DISEASES**

**Acquired Immunodeficiency Syndrome (AIDS)** is caused by Human Immunodeficiency Virus (HIV). It is sexually transmitted disease. It is a syndrome which means it is not a disease entity in itself but a viral infection which causes multiple symptoms which consistently occur together by attacking the body's immune system and thereby causing damages that weakens the body's immune system. The body develops weakened resistance to other infections in the body.

HIV has an incubation period of 1-3 months before it shows up in the blood stream.

Patients with end stage AIDS develop damage to the central nervous system . Over time additional symptoms will include, memory loss, severe weakness and debility, confusion and dementia

Below are some of the signs and symptoms of HIV/AIDS:

- Flu like symptoms
- Weakness
- Dry Cough
- Fever
- Loss of appetite

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Skin rash  
Mouth sore  
Diarrhea  
Weight loss  
Whitish spot in the mouth  
Infection such as pneumonia and tuberculosis  
Night sweats

### Hepatitis A (HAV)

HAV is a viral infection that cause inflammation of the liver. It take an average of 4 weeks to incubate (time it takes for the organism to develop with obvious signs).

**Mode of transmission:** it is transmitted by fecal/oral (anal/oral sex) route, ingesting of contaminated food and water. Hand to mouth after contact with feces

**Symptoms:** light stools, fatigue, fever, abdominal pain, vomiting dark urine, nausea, jaundice

**Individuals at risk:** Health care workers, injection drug users, anal/oral sex performers, travelers to developing countries.

**Prevention:** Vaccination, hand washing, avoid anal/oral sex, clean contaminated surfaces with house hold bleach

### Hepatitis B (HBV)

HBV is a virus that causes liver inflammation. It can cause liver cell damage, leading to cirrhosis (liver disease marked by degeneration of cells and thickening of the tissue.) It has an average of 17 weeks incubation period.

**Mode of transmission:** Contact with infected blood semen and vaginal secretory. May also be transmitted through infected needles, human bite and sexual contact

**Symptoms:** These may include flu like symptoms, dark urine, light stool, jaundice, fever and fatigue.



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Individuals at risk include, health care workers, anal/oral sex performers, intravenous (IV) drug users, dialysis patients, and individual who engage in sex with multiple partners.

**Prevention:** Hepatitis B Immune Globulin within one week of exposure, clean infected blood with household bleach use gloves, avoid sharing toothbrushes, IV needles, and razor. Practice safe sex.

### **Hepatitis C (HCV)**

HCV is a viral infection that causes inflammation of the liver leading to cirrhosis.

It has an average incubation period of 7 to 9 weeks.

**Mode of transmission:** Contact with infected blood and IV needles, razors, body piercing and tattoo equipment, and through unprotected sex.

**Symptoms:** dark urine, fever, light stool, jaundice, fatigue and flu like symptoms

Individuals at risk include healthcare workers, IV drug users, individuals who engage in sex with multiple partners, and dialysis patients.

**Prevention:** Wear gloves when you anticipate coming in contact with blood. Avoid sharing razors, needles, toothbrushes and practice safe sex.

### **Hepatitis D (HDV)**

HDV is a viral infection that causes inflammation of the liver. This virus only infects those individual with HBV

The average incubation period is approximately 2 to 8 weeks.

**Mode of transmission:** Contact with infected blood, contaminated needles, contact of a sexual nature with HDV infected individual.

**Symptoms:** Mild flu like symptoms, dark urine, light stool, jaundice, fatigue, and fever

Individual with HBV is at risk of being infected, as well as IV drug users,

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individuals who engage in anal/oral sex, and individuals who engage in sex with multiple partners and with those who have HDV.

**Preventions:** Practice safe sex. HBV vaccine to prevent HBV and HDV.

**Hepatitis E (HEV)**

-HEV is a viral infection that causes inflammation of the liver. The infection is not chronic in nature.

The incubation period is 40 days on the average.

**Mode of transmission:** It is transmitted through fecal/oral route.

**Symptoms:** dark urine, light stool, fatigue, fever, vomiting, nausea, abdominal pain, jaundice,

individuals at risk include individuals who engage in anal/oral sex and IV drug users. Travelers to developing countries where water sanitation is a problem.

**Preventions:** Avoid uncooked shell fish, avoid drinking contaminated water.

**Tuberculosis (TB)**

TB is caused by *Mycobacterium tuberculosis* organism and it is transmitted through airborne microorganisms. These microorganisms are so small that they can float in the air for a long period of time. This disease affects mainly the lungs but can spread to other parts of the body like the bones. When it affects the lungs

Recent TB infected individuals have increased since the past few years. So the need for the HHA to be aware of this disease can not be over emphasized.

The signs and symptoms include:

- a. fatigue
- b. fever
- c. weight loss

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- d) night sweats
- e) cough or
- f) hemoptysis

**Prevention:** By droplet and Airborne precautions, use mask when you anticipate contact with an infected individual.

**Treatment:** Most commonly used drugs include isoniazid (INH), Rifampin, Pyrazinamide, Ethambutol and Streptomycin. Individual is treated for at least six months.

#### **EMPLOYEE HEALTH:**

Most home health agencies require employee pre-employment health screening. Usually this includes TB and HBV screening. A health questionnaire may be required to be completed by the applicant and a copy of the applicant's health stated may be required from a physician before the individual can report to work upon employment. In some agencies, the policy may reflect that employment is contingent upon passing a health review performed by a physician.

#### **Methicillin Resistant Staphylococcus Aureus (MRSA)**

MRSA is a bacterium that has developed a resistance to most antibiotics commonly used for staphylococcus infections. Because of this it is very difficult to treat and it is life threatening. In recent years there has been an increase of this infection.

Staphylococcus aureus is commonly found on the skin, it becomes dangerous and infectious when it finds way into the blood stream, open wounds and urinary tract.

#### **Treatment:**

- a) Isolate the patient

Isolation precautions are used in addition to standard precaution (hand washing, use of gloves etc.) For MRSA contact precautions should be used in addition to standard precautions. However, it depends on where the organism had spread. If the organism had affected the mouth or nostrils

There may be need for the use of masks when caring for the infected patient.

- a. Universal precautions
- b. Anti-biotic therapy

## **EMERGENCY PREPAREDNESS**

The home health agency must have a written policy including a plan for community known disaster preparedness for clients. The plan shall include a reasonable mechanism for triaging clients/patients in case of an emergency. The plan must also include a mechanism for notifying appropriate individuals and community resources including families, agency designated staff, community shelters, public known disaster centers, emergency response units and emergency transportation units.

The agency must also have a plan in place that addresses triage, in-home emergencies and staff safety.

## **SECTION TWO:**

### **PROCEDURAL GUIDELINES AND SKILLS CHECK**

**Note:** Remember the patient has all rights and may request or demand the procedure be done in a particular method. It is advised that you respect the patient's wishes if it will not cause harm to the patient.

#### **SKILL #1: HANDWASHING**

1. Turn on water.
2. Wet hands.
3. Apply soap.
4. Rub hands together for at least 10-15 seconds.
5. Wash entire surface of both hands.
6. Rinse hands under running water.
7. Dry hands with disposable paper towels.
8. Turn off water faucet with used paper towel.
9. Discard paper towel.

#### **SKILL #2: HOW TO START A CONVERSATION**

1. Greet client by client's preferred name.
2. Identify self (name and title) and agency.
3. Give patient opportunity to engage in conversation.
4. Talk with patient while giving care.
5. Respond appropriately to the conversation.
6. Be courteous on what to say and avoid while remaining professional.

#### **SKILL #3: COMMUNICATING WITH CLIENTS WHO HAVE VISION LOSS**

1. Notify client about visit date and approximate time.
2. Identify self by name and agency name.
3. Approach client gently.

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4. Explain what client is to do and what care is to be given, to promote independence.
5. Listen carefully to client responses.
6. Talk to client while giving care.
7. Clean up after care, keep floor dry and clean.
8. Position items and/or furniture, that may have been displaced during care, in their proper places.
9. Notify client before leaving the home.

**SKILL #4: COMMUNICATING WITH CLIENT WHO HAS HEARING LOSS**

1. Speak in low pitched voice at normal conversation levels.
2. Listen while client responds.
3. Stay at a level where client can observe the movement of your lips.
4. Identify self by name and agency name.
5. Greet client by preferred name.
6. Approach client from the side to alert him/her of your presence.
7. Speak to client while care is in progress.
8. Inform client before leaving the home.

**SKILL #5: COMMUNICATING WITH CLIENT WHO HAS SPEECH PROBLEM**

1. Greet client by client's preferred name.
2. Identify self by name and title; identify agency by name.
3. Talk with client while giving care.
4. Give client adequate time to respond.
5. Listen carefully to client and do not interrupt.
6. Clarify patient's understanding as appropriate.
7. Be courteous.

**SKILL #6: ASSISTING CLIENT WHO HAS MEMORY LOSS**

1. Greet client by client's preferred name.
2. Identify self by name and title; identify agency by name.
3. Orient client to persons, place, and time as appropriate.
4. Speak with client when care is in progress.



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5. Speak clearly and slowly.
6. Promote independence.
7. Show respect and preserve dignity.
8. Notify client and/or primary care giver before leaving.

**SKILL #7: ASSISTING CLIENT WHO IS DEMANDING**

1. Greet patient by preferred name.
2. Identify self by name and title, identify agency by name.
3. Do not refer to patient as demanding
4. Be calm while approaching patient gently to prevent agitation or aggression.
5. Talk and carry on conversation with client while providing care.
6. Encourage client to participate in conversation and to verbalize concerns.
7. Listen to client attentively.
8. Be courteous.
9. Encourage independence by teaching patient how to meet own need and allowing patient participate in activities and procedures as able
10. Wash hands
11. Document procedure

**SKILL #8: MOVING THE HELPLESS PATIENT TO THE HEAD OF THE BED**

1. Wash hands before procedure.
2. Explain procedure.
3. Provide privacy as needed.
4. Call family member or PCG for help.
5. Instruct client and PCG on what to do during the procedure.
6. Lower the head of the bed and place pillow against the head board.
7. Grab hold of the bottom sheet.
8. Using proper body mechanics (page 31), swiftly move client to the head of the bed.
9. Leave client in a comfortable position, using pillows for support as appropriate.



11. Wash hands
12. Document procedure

**SKILL #9: ASSISTING CLIENT TO SIT UP ON SIDE OF BED**

1. Wash hands before procedure.
2. Explain procedure.
3. Provide and ensure privacy as needed.
4. If bed is too high, lower the height.
5. Elevate head of bed.
6. Using proper body mechanics (page 31) and human assistance, if available, gently support the client in an upward position while sliding both feet out of the bed as the trunk becomes upright.
7. Allow feet to dangle for a few minutes while supporting the client.
8. Gently move the client forward so that feet touch/rest on the floor.
9. Support both feet on a foot rest if needed.
10. Wash hands
11. Document procedure

**SKILL #10: ASSISTING CLIENT TO TRANSFER FROM CHAIR TO BED**

1. Wash hands before procedure.
2. Bring chair or wheelchair close to bed.
3. Explain procedure.
4. Ensure privacy, if visitors are present in the home.
5. Ensure safety measures by maintaining dry floor and having bed and chair positioned adequately.
6. Obtain human assistance and use proper body mechanics (page 31) as appropriate. It is advisable to use a gait belt. Apply gait belt (transfer belt) around client's waist on the client's clothing.
7. If transferring from wheelchair, be sure to stabilize it by locking the wheels before transfer then remove the foot rests.
8. Gently assist client to standing position by grasping the gait belt from the back with both hands, and transfer into bed.
9. Allow client to sit at the side of the bed, ensure safety by supporting client with both hands.
10. Gently rest the upper part in bed ensuring that the head rests on the pillow.

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11. Place both feet in one motion into the bed.
12. Remove the gait belt
13. Leave patient in a comfortable position.
14. Wash hands
15. Document procedure

#### **SKILL #11: ASSISTING CLIENT TRANSFER FROM BED TO CHAIR**

1. Wash and dry hands before procedure
2. Move chair or wheelchair close to the bed
3. Explain procedure to the client
4. Ensure privacy by closing the door if visitors are present
5. Ensure safety by maintaining dry floors and removing objects that may hinder procedure.
6. Obtain human assistance from a family member if need be.  
And use proper body mechanics (page 31) as appropriate. It is advisable to use a gait belt during transfer.
7. Apply a gait belt around client's waist on the client's clothing
8. If transferring to a wheelchair be sure to secure the wheelchair by locking the wheels to prevent the wheelchair from rolling off from under the client. Remove the foot rests
9. Move client closer to edge of chair so that both feet touch the floor
10. Grasp the gait belt from the back with both hands while encouraging and assisting the client to a standing position
11. Gently turn the client and assist client lower self into chair or wheelchair
12. Make client comfortable in the chair or wheelchair, apply foot rest if client was transferred into a wheelchair
13. Wash and dry hands
14. Document procedure

#### **SKILL #12: ASSISTING CLIENT WITH AMBULATION**

1. Wash hands before procedure.
2. Explain procedure.
3. Ensure privacy by having patient dress properly
4. Keep floor dry and clear pathways for safety.
5. Call PCG, if available, for assistance.

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7. Gently and safely assist client to a standing position.
8. Walk slightly behind and to one side of the patient.
9. Provide support as needed.
10. Wash hands
11. Document procedure

**SKILL #13: MAKING AN UNOCCUPIED BED**

1. Wash hands before procedure.
2. Assemble linens and other equipment needed.
3. Bring bed to flat position and elevate to an appropriate height.
4. Remove soiled linen and wipe mattress dry and clean.
5. Apply bottom sheet, avoiding wrinkles.
6. Apply top linen.
7. Apply clean pillow case and place at head of bed.
8. Apply bed cover.
9. Wash hands
10. Document procedure

**SKILL #14: MAKING THE OCCUPIED BED**

1. Wash hands before procedure.
2. Explain procedure.
3. Assemble linens and other equipment needed.
4. Ensure privacy cover patient with a sheet if in bed avoid unnecessary exposure.
5. Bring bed to a flat position.
6. Adjust bed height to an appropriate position.
7. Remove soiled linen using proper technique (roll soiled side to center of bed)
8. Clean and dry mattress
9. Place clean bottom sheet along the center of the bed and roll linen against client's back and unfold the remaining half.
10. Log roll patient towards you and straighten linen from the other side ensuring wrinkle free bed.
11. Avoid shaking and touching linens to your clothes.
12. Apply clean linens.
13. Apply clean pillow case.

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14. Position client comfortably, using pillows for support if needed.
15. Wash hands
16. Document procedure

**SKILL #15: TUB OR SHOWER BATH WITH SHAMPOOING OF HAIR**

1. Wash hands before procedure.
2. Explain procedure.
3. Assemble all bathing equipment provided by client.
4. Ensure privacy (avoid unnecessary exposure) shut the shower room door if patient lives with other family members.
5. Ensure safety precautions by ensuring dry floor.
6. Assist client to undress.
7. Check and regulate water temperature.
8. Position patient either in tub or shower.
9. Encourage independence during procedure by allowing patient participate in the activity.
10. Wash hair with shampoo; provide client with wash cloth to protect eyes.
11. Rinse hair thoroughly.
12. Wash, rinse and dry body.
13. Apply lotion as needed.
14. Leave patient comfortable.
15. Report any abnormalities.
16. Wash hands
17. Document procedure

**SKILL #16: PERINEAL/INCONTINENT CARE**

1. Wash hands before procedure.
2. Explain procedure.
3. Assemble all equipment needed and provided by client.
4. Ensure privacy by avoiding unnecessary exposure. Cover parts of the body that is not being cleaned.
5. Ensure safety by preventing fall and using warm rather than hot water.
6. If indwelling catheter is present, when cleaning urethral area, gently wash, rinse, and dry catheter tubing from urethra outward

for about three inches of tubing. Hold and support catheter tubing to one side to avoid traction. Keep drainage bag below level of bladder.

7. FIRST, separate labia and gently wash, rinse and dry the urethra area, wipe from front to back avoiding the rectum.
8. Then wash, rinse and dry the remaining perineal area, wiping from front to back and wiping outward to the thighs.
9. Turn client on the side and gently wash, rinse, and dry the remaining area including the rectum and buttocks without returning to the urethral area.
10. Always wash from clean to dirty area, leaving the entire area clean and dry.
11. Remove soiled linen and place in client's laundry.
12. Leave client clean and comfortable.
13. Wash hands
14. Document procedure

**SKILL #17: PERINEAL CARE/INCONTINENT CARE FOR MALE CLIENTS**

1. Wash hands before procedure.
2. Explain procedure to client.
3. Assemble equipment needed.
4. Provide privacy.(refer to skill #15)
5. Ensure safety. (refer to skill #15)
6. If patient is uncircumcised, retract foreskin before procedure and replace after procedure.
7. If indwelling catheter is present, gently wash, rinse, and dry catheter tubing from urethra outward for about three inches of tubing. Keep drainage bag below bladder level. Hold and support catheter tubing to one side to avoid traction during entire procedure.
8. Gently wash, rinse and dry the tip of the penis, starting at the urethra then working outward in a circular motion.
9. Wash, rinse, and dry the entire perineal area including the penis, scrotum, and outward thighs.
10. Turn client on the side and gently wash, rinse and dry the remaining area including the rectum and buttocks.

11. Always wash from the clean area to the dirt area.
12. Remove soiled linen and place in laundry or as directed by client.
13. Leave client clean and comfortable.
14. Wash hands
15. Document procedure

### **SKILL #18: BRUSHING THE TEETH, DENTURE CARE, AND MOUTH CARE**

#### **BRUSHING THE TEETH:**

1. Wash hands before procedure.
2. Explain procedure.
3. Assemble equipment needed and provided by client.
4. Drape the chest.
5. Apply toothpaste to tooth brush.
6. Encourage independence by allowing patient hands on participation if able.
7. Gently and thoroughly brush or assist. Include the inner aspect (lingual side of teeth) and the tongue.
8. Rinse mouth.
9. Keep patient clean and comfortable.
10. Report any bleeding or abnormalities noted.
11. Wash hands
12. Document procedure

#### **DENTURE CARE:**

1. Wash hands before procedure.
2. Explain procedure.
3. Assemble equipment provided by client
4. Position client upright.
5. Remove or assist in removing dentures.
6. Thoroughly brush dentures, handling with care to avoid damage.
7. Rinse dentures.
8. Replace dentures in client's mouth or place in denture cup as appropriate.
9. Add denture cleansing tablet if available.
10. Leave client comfortable.
11. Wash hands

12. Document procedure

**MOUTH CARE OF DEPENDENT CLIENT:**

1. Wash hands before procedure.
2. Explain procedure.
3. Assemble required and provide equipment.
4. Position client in upright position.
5. Ensure safety precautions (use soft brush).
6. Drape chest.
7. Using a soft toothbrush or mouth swabs and cleaning solution gently but thoroughly wash the mouth. Include inside as well as the tongue.
8. Leave client clean and comfortable.
9. Report any abnormalities.
10. Wash hands
11. Document procedure

**SKILL #19: SHAVING THE MALE PATIENT**

**USING DISPOSABLE RAZOR:**

1. Wash hands before procedure.
2. Explain procedure.
3. Assemble required equipment.
4. Provide adequate lighting.
5. Drape chest.
6. Apply shaving cream.
7. Encourage client to make skin taut. Assist with free hand to pull skin taut
8. Using gentle strokes shave client clean (may require more than one razor).
9. Clean excess shaving cream from face with wash cloth.
10. Apply after shave lotion if desired.
11. Wash hands
12. Document procedure

**ELECTRIC RAZOR:**

1. Wash hands before procedure.
2. Explain procedure.
3. Assemble equipment needed, plug razor to electric socket.



4. Provide adequate lighting.
5. Ensure safety by preventing water contact, turn on electric razor.
6. Shave client clean using circular motion.
7. Encourage client to taut skin and assist client in this process with your free hand.
8. Clean client's face with wash cloth.
9. Apply after shave lotion if desired.
10. Clean razor and store.
11. Leave client well positioned and comfortable.
12. Wash hands
13. Document procedure

**SKILL #20: HAND AND FINGERNAIL CARE**

**(a nurse must perform this task if patient is diabetic)**

1. Wash hands before procedure.
2. Explain procedure.
3. Assemble all required equipment.
4. Provide adequate lighting.
5. Soak nails and hands in warm water for about 3-5 minutes.
6. Pat hands dry thoroughly and between fingers.
7. Carefully and gently clean under finger nails with orange sticks and nail brush.
8. Push cuticles back with orange stick as careful as possible avoiding injury.
9. Cut fingernails straight across (if your agency policy permits)
10. Smooth rough edges with nail file.
11. Make client comfortable.
12. Clean and store equipment.
13. Wash hands
14. Document procedure

**SKILL #21: FOOT AND TOENAIL CARE**

**( a nurse must perform this task if patient is diabetic)**

1. Wash hands before procedure.
2. Explain procedure.
3. Assemble equipment needed.

4. Provide adequate lighting.
5. Soak toenails and feet in warm water for about 5 minutes.
6. Dry feet and between feet thoroughly.
7. Gently and carefully clean under nails with orange sticks and brush.
8. Cut nails across if permitted by your agency policy.
9. Smooth rough edges with nail file.
10. Clean work area, clean equipment and store.
11. Wash hands
12. Document procedure

## **SKILL #22: VITAL SIGNS**

### **ORAL TEMPERATURE:**

1. Wash hands before procedure
2. Explain procedure.
3. Shake thermometer down to below 96 degrees.
4. Insert and leave thermometer in mouth for 3-5 minutes, with mouth firmly closed.
5. Read and record temperature accordingly.
6. Clean thermometer - wash, dry and store.
7. Wash hands
8. Document procedure

### **AXILLARY TEMPERATURE:**

1. Wash hands before procedure.
2. Explain procedure.
3. Assemble equipment needed.
4. Shake thermometer down to about 96 degrees.
5. Insert thermometer into axilla and instruct client to hold in place for about 10 minutes.
6. Read temperature and record accordingly.
7. Clean - wash in running water, dry and store thermometer.
8. Wash hands
9. Document procedure

### **RECTAL TEMPERATURE:**

1. Wash hands before procedure.
2. Explain procedure.

3. Assemble needed equipment.
4. Shake thermometer mercury down to 96 degrees.
5. Lubricate thermometer.
6. Position client appropriately and insert thermometer into the rectum about one inch.
7. Leave in place for about 3 minutes.
8. Remove, read and record result.
9. Clean - wash in running water, dry and store thermometer.
10. Wash hands
11. Document procedure

**Note that there are 10 degrees between each of the indicated degrees on the glass thermometer, marked with long lines. (I.e. 95, 96, 97, 98, etc). As opposed to the smaller marks or lines between the indicated degrees. These small marks or lines which total 5 in number, represent 2 degrees which equals the initial 10 degrees mentioned above.**

#### **RADIAL PULSE:**

1. Locate the radial pulse by placing tips of the fingers on the thumb side of the client's wrist.
2. Count pulse for 30 seconds, and multiply the number by 2 or count for 60 seconds, using a clock with second hand or wrist watch.
3. Record pulse rate accordingly.
4. Wash your hands before and after procedure.
5. Report abnormalities, refer to Plan of Care.

(Normal range for adults = 60-80 beats per minute; children = 100 - 120 and new born = 120 - 140 beats per minute)

#### **RESPIRATION:**

1. In performing this procedure, you do not need to explain what you intend to do as this may alter the rate of respiration. Immediately after measuring the patient's pulse
2. Count and record client's respiration for 30 seconds, multiply the number obtained by 2, to get the rate per minute. The aide may choose to count the respiration for 60 seconds to obtain the count per minute.(use a clock or wrist watch to monitor the count)
3. Record result accordingly.

**Remember, one respiration counts equal to one breath; in and out.**

(Normal respiration for adult = 12 - 20 breaths per minute; Infants and children have faster rate of about 30 - 40 breath per minute)

### **SKILL #23: BLOOD PRESSURE**

1. Wash hands before procedure.
2. Explain procedure.
3. Assemble blood pressure kit- SPHYGMOMANOMETER AND STETHOSCOPE.
4. Provide adequate lighting.
5. Reduce noise level.
6. Apply cuff around upper arm just above elbow.
7. Place stethoscope earpiece in your ears.
8. Locate brachial artery and place stethoscope over it.
9. Tighten valve and pump air into cuff to about 25 mm.
10. Open valve, letting air escape.
11. Wash hands
12. Document procedure

**Note the systolic pressure when the first regular sound is heard AND the diastolic pressure when no sound is heard or faint murmur or beat starts. RECORD THESE PRESSURES AS SYSTOLIC OVER DIASTOLIC.**

(Normal blood pressure for adult is 100 - 140 mmHg diastolic and 60 - 90 mmHg systolic) mmHg stands for millimeters of mercury.

### **SKILL #24: WEIGHING THE AMBULATORY PATIENT**

1. Wash hands before procedure.
2. Explain the procedure.
3. Bring scale close to client.
4. Ensure safety measures by supporting the patient as needed and ensure the floor is dry to prevent fall.
5. Balance scale.
6. Assist client onto the scale.
7. Properly adjust scale and read result.
8. Record result.

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9. Leave client comfortable.
10. Wash hands
11. Document procedure

#### **SKILL #25: RANGE OF MOTION (ROM) EXERCISES**

1. Wash hands before procedure.
2. Explain procedure.
3. Position client in good body alignment.(no twisting or bending if in bed; upright if in a chair)
4. Move joints gently and slowly through range of motion to the point of resistance as tolerated.
5. Gently support area being worked on through out the procedure.
6. Wash and dry hands
7. Document procedure

**Follow specific and routine instructions in the Physical Therapy Plan of Care, if your agency policy permits.**

**Patient who have experienced long period of debilitating illness are prone to contracture and disuse atrophy. Exercises in the form of ROM will help such patients regain strength and mobility and help prevent long term disability.**

**There are three types of ROM:**

1. Active: This is when the patient is taught a particular exercise and the patient performs this exercise independently
2. Passive: Here the aide, therapist or therapist assistant helps the patient with the exercise (Supports and moves the affected joint for the patient).
3. Active Assisted: The patient performs the exercises independently with some assistance and support from the aide, therapist or therapist assistant.

#### **POTENTIAL SITE THAT MAY REQUIRE ROM EXERCISE**

1. Ankles
2. Elbows
3. Fingers

4. Hip
5. Knees
6. Neck
7. Shoulders
8. Thumb
9. Toes
10. wrist

### **SKILL #26: BODY MECHANICS**

1. **PURPOSE:** To move or lift a patient with injury to self or patient
2. **IMPORTANT TIPS:**
  - Assess patient
  - Adjust bed to appropriate height
  - Establish firm and wide support from your feet.
  - Keep your back straight at all times.
  - Do not twist for any reason.
  - Bend at your hips and knees.
  - Get close to patient as possible..
3. **METHOD:**
  - Get as close to patient as possible.
  - Bend slightly at the hips and knees.
  - Slip your arms under the client's shoulders and hips.
  - To lift effectively, keep back straight.
  - You should push yourself up with the weight.
  - From your assessment, do not attempt to lift heavy or helpless patient by yourself, always seek help.
  - Pivot with your feet, do not twist.
  - Turn with short steps and then turn your entire body.

### **SKILL #27: ASSISTING A TOTALLY DEPENDENT CLIENT WITH DRESSING AND GROOMING**

1. Wash hands before procedure.
2. Explain procedure.
3. Ensure privacy.



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4. Ensure safety measures by preventing fall. (keep floor dry).
5. Encourage independence, allow client choice of clothing.
6. Gently move body parts to prevent over extension and injury such as fracture and tear of ligament in joints.
7. Dress client and encourage client to participate in the grooming.
8. Assist client as necessary.
9. Clean and store grooming equipment.
10. Wash and dry hands
11. Document procedure

#### **SKILL #28: COMPLETE BED BATH**

1. Wash hands before procedure.
2. Explain procedure.
3. Assemble needed equipment.
4. Ensure privacy.
5. Ensure safety measures.
6. Wet wash cloth, apply soap, bath or assist client in bathing/ washing face, rinsing and drying.
7. Wash or assist in washing hands, rinsing, and drying.
8. Proceed to chest and abdomen.
9. Then to legs and feet.
10. Change bath water then wash, rinse, and dry the back of the neck, back, and buttocks.
11. Then, wash, rinse and dry the perinea area.
12. Always wash, rinse and dry from clean to dry areas.
13. Report any abnormal findings to the supervisor of your agency.
14. Clean and dry work area.
15. Leave client clean and in a comfortable position.
16. Wash and dry hands
17. Document procedure

#### **SKILL #29: FEEDING THE DEPENDENT CLIENT**

1. Wash hands before procedure.
2. Explain procedure.
3. Assemble equipment.
4. Position client in an upright position, at least 30-45 degrees.

5. Apply bib to protect clothing.
6. Wash client's hands and face.
7. Show and describe food to the client.
8. Check food temperature and reassure client.
9. Encourage client to feed self as much as possible.
10. Clean client up after each meal.
11. Record amount that was consumed by client.
12. Clean up and remove dishes to designated area.
13. Wash and dry hands
14. Document procedure

**SKILL #30: TURNING AND REPOSITIONING CLIENT**

1. Wash hands before procedure.
2. Explain procedure and encourage client and family involvement.
3. Ensure privacy.
4. Ensure safety precautions by using assistive devices, avoiding pulling bed sheets to prevent shearing of the skin.
5. Use proper body mechanics.
6. Instruct client on what part to plan during the turning process.
7. Use bottom sheet or pad to lift when ever possible to prevent bruises and skin tears.
8. Position and turn patient as needed.
9. Support with pillows if needed
10. Leave client in a comfortable position.
11. Wash and dry hands
12. Document procedure

**SKILL #31: ASSISTING CLIENT WITH USE OF BEDPAN**

1. Wash hands before and after procedure.
2. Explain procedure to patient.
3. Assemble needed equipment.
4. Ensure privacy s- screen patient or close door to prevent others from seeing patient
5. Ensure safety measures by protecting patient from injury.
6. Adjust clothing and height of bed.
7. Assist client onto bedpan.
8. Place tissue or toilet condiments near by.

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9. Instruct client to call when done.
10. Stay in close proximity to hear client's call for help and assistance.
11. Return to assist when needed.
12. Assist in clean up, wipe from front to back.
13. Remove bedpan gently to prevent injury.
14. Position and make client comfortable.
15. Empty, clean and store bedpan.
16. Wash and dry hands
17. Document procedure (include amount, color, and consistency)

### **SKILL #32: LIFTING TECHNIQUES**

See body mechanics skill #25 on page 31

### **SKILL #33: UNIVERSAL PRECAUTIONS**

This is instituted to ensure that blood and other body fluids and potentially infectious materials are handled appropriately.

Home Health Agencies must consider the patient's blood and moist body fluids and substances as potentially hazardous and infectious, and barriers should be used to prevent exposure to prevent .

**BARRIERS:** may include - hand washing, gloves, masks, gowns, and goggles

**HANDWASHING** should be done:

- after contact with blood and body fluids
- before and after each patient contact
- before clean and sterile procedures
- after dirty procedures
- upon entering and leaving patient's home
- before and after removing used gloves

**GLOVES:** Must be worn whenever exposure to the following is anticipated: urine, feces, blood, body fluids, open wounds, etc.

### **SKILL #34: WEARINIG GLOVES**

1. Assemble box of gloves to work area

2. Wash and dry hands with a disposable paper towel
3. Take a glove from the box and slide it on one hand
4. With the gloved hand take a second glove from the box and slide the ungloved hand into it
5. Pull the gloves up to smooth out folds and ensure proper fitting
6. Observe the gloves to ensure there are no torn areas
7. Proceed with the procedure
8. Remove and dispose of the gloves when procedure is completed
9. Wash and dry hands thoroughly

**SKILL # 35: WEARING A MASK**

1. Assemble box containing masks to work area
2. Wash and dry hands
3. Obtain a mask from the box by holding on to the string or elastic strap
4. Place inner part of mask over mouth and nose
5. For mask with elastic straps loop strap on each end round the each ear lobe
6. For mask with strings, tie the top string first before the bottom string
7. Wear the eye shield if required
8. Then wear gloves
9. Proceed with the procedure
10. After the procedure remove and dispose PPE
11. Wash and dry hands

**SKILL #36: WEARING A GOWN**

1. Assemble gown to work area
2. Wash and dry hands
3. Open gown and slip arms into the sleeves open area towards the back
4. Tie the neck strings at the back into a bow so that they could easily be untied at the end of the procedure
5. Then tie the remaining strings below
6. Pull the gown from behind for proper fitting
7. Wear gloves

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8. Then proceed with the procedure
9. Remove and dispose of PPE after the procedure
10. Wash and dry hands



### **SECTION THREE: HOME CARE PATIENT/CLIENT RIGHTS, RESPONSIBILITIES, AND CONSUMER GRIEVANCE DISCLOSURE STATEMENT**

A Home Health patient/client reserves the right to be informed before the initiation of care/services about his/her rights as a patient. If and when the patient has been judged incompetent, the patient's family or guardian may exercise these rights on behalf of the patient.

#### **CLIENT RIGHTS:**

1. To receive services appropriate to his/her needs and expect the home care organization to provide safe, professional care at the level of intensity needed, without unlawful restriction by reason of age, sex, race, creed, color, nationality, origin, religion, disability, socio-economic status, or ethnicity.
2. To have access to necessary professional services.
3. To be informed of services available.
4. To be informed of the ownership and control of the organization.
5. To be told on request if the organization's liability insurance will cover injuries to employees when they are in your home, and also if it will cover theft or property damage that occurs while he/she is being treated.

#### **CLIENT RIGHTS ABOUT HIS/HER CARE:**

1. To be involved in his/her care planning, including education of the same, from admission to discharge, and to be informed in a reasonable amount of time of anticipated termination and/or transfer of service.
2. To receive reasonable continuity of care.
3. To be informed of his/her rights and responsibilities in advance concerning care and treatment he/she will receive, including any changes, the frequency of care/services and by whom (disciplines) services will be provided.



4. To be informed of the nature and purpose of any technical procedure that will be performed, including information about the potential benefits and burdens as well as who will perform the procedure.
5. To receive care/service from staff who are qualified through education and/or experience to carry out duties for which they are assigned.
6. To be referred to other agencies and/or organizations when appropriate and be informed of any financial benefit to the referring agency.

**RESPECT AND CONFIDENTIALITY:**

**Client has the right:**

1. To be treated with consideration, respect, and dignity, including the provision of privacy during care.
2. To have his/her property treated with respect.
3. To have staff communication in a language or form he/she can reasonably be expected to understand and when possible the organization assists with or may provide special devices, interpreters, or other aids to facilitate communication.
4. To maintain confidentiality of his/her clinical records in accordance with legal requirements and to anticipate the organization will release information only with his/her authorization or as required by law.
5. To be informed of the organization's policies and procedures for disclosure of his/her clinical records.

**FINANCIAL ASPECTS OF CARE**

**Client has the right:**

1. To be informed of the extent to which payment for the home care services may be expected from Medicare or Medicaid or any other payer.
2. To be informed of charges not covered by Medicare and/or responsibility for any payment(s) that he/she has to make.

3. To receive this information orally and in writing before care is initiated and within a reasonable time frame the agency becomes aware of any changes.

**RIGHT TO SELF-DETERMINATION:**

1. To refuse all or part of his/her care or treatment to the extent permitted by law and to be informed of the expected consequences of such action.
2. To be informed in writing of rights under state law to formulate advance directives.
3. To have the organization comply with advance directives as permitted by state law and state requirements.
4. To be informed of the organization's policies and procedures for implementing advance directives.
5. To receive care whether or not he/she has an advance directive(s) in place, as well as not be discriminated against whether or not he/she has executed an advance directive(s).
6. To be informed regarding the organization's policies for withholding of resuscitative services and the withdrawal of life-sustaining treatment, as appropriate.
7. To not participate in research or not receive experimental treatment unless he/she gives documented, voluntary informed consent.
8. To be informed of what to do in an emergency.
9. To participate in consideration of ethical issues that may arise in his/her care.

**COMPLAINTS**

**A Client has the right:**

1. To voice complaints/grievance about treatment or care that is (or fails to be) furnished, or regarding lack of respect for property without reprisal or discrimination for same and be informed of the procedure to voice the complaints/grievances with the Home Health Care organization. Complaints or questions may be registered with the Administrator by phone, in person, or in writing.
2. To be informed of the State Hotline.

**PATIENT/CLIENT RESPONSIBILITIES:**

home care patient/client has responsibilities, some of which include:

1. To provide complete and accurate information about illness, hospitalizations, medications, and other matters pertinent to your health; any changes in address, phone or insurance/payment information and also changes to the advance directives.
2. To inform the organization when he/she will not be able to keep the home care appointment.
3. To treat the staff with respect.
4. To participate in and follow his/her Plan of Care.
5. To provide a safe environment for care to be given.
6. To cooperate with staff and ask questions if he/she do not understand instruction or information given.
7. To assist the organization with billing and/or payment issues to help with processing third party payments.
8. To inform the organization of any problems of dissatisfaction with services.