

# **Feeding Assistant Curriculum Specifications and Program Requirements**

January 2005



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**Colorado Department  
of Public Health  
and Environment**

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## Introduction to the Feeding Assistant Program

*"Every careful observer of the sick will agree with this - that thousands of patients are starved in the midst of plenty, from want of attention to the ways which alone will make it possible for them to take food." - Florence Nightengale*

Long term care (nursing home) facilities are increasingly caring for residents with a greater number of acute clinical conditions. As a result, a higher percentage of nursing home residents require more enhanced levels of care which, in turn, requires more skilled nursing time. This leaves less nursing time available for the important task of providing residents with oral food and fluid intake assistance. Inadequate nutritional intake is a common problem among long term care residents that often leads to weight loss and other negative outcomes. Providing assistance with feeding and hydration is critical part of good resident care that promotes overall resident health and well being.

In order to address this problem, on September 26, 2003, the Centers for Medicare and Medicaid Services (CMS) published final regulations authorizing states to adopt feeding assistant programs.<sup>1</sup> The intent of the federal regulation is to provide residents with more help in eating and drinking and thereby reduce the incidence of unplanned weight loss and dehydration.

Regulations adopted by the Colorado Department of Public Health and Environment, which are effective on November 1, 2004,<sup>2</sup> authorize long term care facilities in Colorado to implement feeding assistant programs. This "Feeding Assistant Curriculum Specifications and Program Requirements" was developed by staff of the Colorado Department of Public Health and Environment with the hope that it will complement the skills of Feeding Assistant Training Program instructors and assist them to educate and inspire individuals to strive for excellence in becoming knowledgeable, effective, caring team members who will contribute greatly to the goal of reducing unplanned weight loss and dehydration in residents.

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<sup>1</sup> A copy of the final rule is attached as "Appendix 1" The final rule is codified in the Code of Federal Regulations, which may be accessed at <http://www.access.gpo.gov/cfr/index.html>. (On the left sidebar titled "Database Features" choose "Browse and/or Search." On the browse page scroll down to "Title 42" and check the most current date, and by clicking the "continue" button on the bottom of the page you will be taken to a list of the "Parts" of Title 42. On that page click on Parts 483 and 488.)

<sup>2</sup> Appendix 2.

## **Feeding Assistant Program Requirement**

*Please Note: Program Requirements are set forth in their entirety in 6 CCR 1011-1, Chapter V, Part 11.001 (Appendix 2)*

### **A. TRAINING PROGRAM INSTRUCTOR/INSTRUCTION REQUIREMENTS**

#### **I. Training Program Approval Required**

Approval to administer a Feeding Assistant Training Program is required prior to initiating training. An employing facility or other training entity<sup>3</sup> seeking approval to provide feeding assistant training must complete and return an attestation form (Appendix 7) certifying that its program conforms to this “Feeding Assistant Curriculum Specifications and Program Requirements.” Training program approval may be granted for a period not to exceed one year to those programs that attest to meeting minimum requirements.

#### **II. Renewals**

Training program providers are required to submit annual renewal attestation forms as follows:

- Employing facilities: Annually with the facility’s annual license renewal application.
- Other training entities: Not less than sixty (60) days in advance of the date Colorado Department of Public Health and Environment approval expires.

#### **III. Instructor Requirements**

Instructors must have appropriate experience in feeding and hydrating residents and must possess one of the following:

- A valid Colorado License to Practice as a Registered or Practical Nurse;
- A valid certificate of Registered Dietitian through the commission on Dietetic Registration;
- A valid certificate of Speech-Language Pathologist through the American Speech-Language-Hearing Association; or,
- A valid certificate of Registered Occupational Therapist through the National Board for Certification in Occupational Therapy.

#### **IV. Minimum Hour Requirements/Class Size**

The Feeding Assistant Training Program shall consist of not less than twelve (12) actual clock hours of classroom instruction. Class size shall be limited to twenty (20) enrollees.

#### **V. Classroom Instruction /Examination**

- Classroom instruction shall be conducted in accordance with current standards of practice and shall conform to the “Feeding Assistant Curriculum Specifications and Program Requirements.”
- Each individual enrolled shall be required to obtain a score of eighty (80) percent or greater in a written examination provided at the conclusion of classroom instruction.

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<sup>3</sup> In addition to employing facilities, Feeding Assistant Training may also be administered by accredited colleges, universities, vocational schools or programs, seminars or in-service training sponsored by an organization, association, corporation, group or agency with specific expertise in feeding and hydration services.

- Written examination questions shall be of an appropriate level of difficulty to reflect proficiency in each module of the Feeding Assistant Curriculum.
- Written examination questions shall not be disclosed to candidates in advance and shall be varied in format and content from test-to-test.

#### **VI. Retesting**

The training program provider shall provide one opportunity to be retested to an individual who fails to score eighty (80) percent or greater in the written knowledge test. An individual who fails to pass on the second attempt shall not be retested without the individual first repeating the twelve (12) actual clock hours of classroom instruction.

#### **VII. Recognition of Completion Document**

Within ten (10) calendar days from successful completion of a Feeding Assistant Training Program, the training program provider shall furnish each individual who successfully completes the program with a uniform recognition of completion document. Master copies of such document are available from the Department and are intended for use by the individual to whom it is issued for the purpose of establishing successful completion. The document shall bear the notarized signature of an authorized representative of the training program provider. Facilities are strongly urged to issue recognition of completion documents on security paper designed to prevent unauthorized duplication.

#### **VIII. Training Records**

The training program provider shall maintain the training record of each individual who attends the Feeding Assistant Training Program for a period of not less than three (3) years. Based on such records, the program shall verify successful completion of the Feeding Assistant Training Program upon request by an employing facility.

## **B. FACILITY REQUIREMENTS**

### **I. Feeding Assistant Qualifications; Verifications**

A facility may employ a Feeding Assistant if: the individual meets all applicable requirements of 6 CCR 1011-1, Chapter V and the facility first verifies that the individual:

- Has successfully completed a Feeding Assistant Training Program;
- Is at least sixteen years of age; and,
- Has no history that would preclude interaction with residents.

The employing facility is required to obtain from each prospective Feeding Assistant employee a copy of the recognition of completion document evidencing successful completion of the Feeding Assistant Training Program.<sup>4</sup> In the case of an individual who has been previously employed as a Feeding Assistant, the employing facility shall also verify previous feeding assistant employment with the prospective employee's previous long term care facility employer.

### **II. Feeding Assistant Tasks; Limitations**

Feeding Assistant tasks include and are limited to the provision of feeding and hydration services provided in accordance with 6 CCR 1011-1, Chapter V, Part 11.001 "Feeding Assistants." A Feeding Assistant may not perform or be assigned to perform any task that constitutes:

- The practice of professional nursing;
- The practice of practical nursing; or,
- The practice of a nurse aide.

### **III. Resident Selection Requirements**

Feeding Assistants may perform feeding assistant tasks for those residents who require assistance or encouragement with feeding and hydration.

Employing facilities must ensure that Feeding Assistants feed only those residents who do not have a complicated feeding problem.<sup>5</sup> Further, a facility that employs Feeding Assistants must base resident selection on the charge nurse's assessment of the resident's present condition and the following provisions of 6 CCR 1011-1, Chapter V:

- The most recent resident assessment performed pursuant to Section 5.2 "Resident Assessment";
- The nutritional care plan developed pursuant to Section 5.6 "Nutritional Care Planning";
- The plan of care developed pursuant to Section 5.7 "Interdisciplinary Care Planning."

### **IV. Supervision**

Feeding Assistants must work under the supervision of and report to a registered or licensed practical nurse. Each Feeding Assistant shall be given instruction by a registered nurse, licensed practical nurse or registered dietitian concerning the specific feeding and hydration needs of each resident the feeding assistant will be assigned to assist.

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<sup>4</sup> An individual who has successfully completed a Feeding Assistant Training Program is not required to repeat the program upon employment at another facility unless the individual has not worked in a long term care facility as a feeding assistant for a period of twenty-four (24) consecutive months. In such case, the individual shall not be employed by a facility unless the individual successfully repeats the Feeding Assistant Training Program.

<sup>5</sup> Such problems include, but are not limited to, difficulty with swallowing, recurrent lung aspirations, and tube or parenteral/intravenous feedings.

Feeding Assistants may perform feeding assistant tasks in congregate dining areas. Upon a determination by the charge nurse that it is safe to do so, a Feeding Assistant may perform feeding assistant tasks in a resident room for a resident who is unable or unwilling to dine in a congregate dining area.<sup>6</sup>

#### **V. Emergencies**

A nurse shall be immediately available in case of an emergency during meals. In an emergency, a Feeding Assistant must immediately secure the assistance of a supervisory nurse or physician. Feeding Assistants shall know how to use resident call systems. This includes use of call light systems and other methods of immediately securing the assistance of supervisory nurses and physicians.

#### **VI. Policies and Procedures**

Employing facilities are required to develop and implement policies and procedures concerning the use of Feeding Assistants developed in accordance with 6 CCR 1011-1, Chapter V, Part 11.001.

#### **VII. Records Maintenance**

Facilities are required to maintain a record of all individuals employed as Feeding Assistants for a period of not less than three (3) years from the date of separation. Verification based on such records shall be provided upon request by a hiring facility.

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<sup>6</sup> Such determination shall be based on assessments listed in Paragraph 2, Section C “Resident Selection Requirements.”

## Feeding Assistant Curriculum Directions for Use

The training course is designed to ensure that Feeding Assistants have a basic understanding of the nutritional needs of the residents, communication and interactions involving the residents and facility staff, behavior challenges and safety procedures of the long term care facility in which they are employed.

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

The curriculum has been divided into eight modules to coincide with the minimum training course contents identified in the federal regulation. The modules are:

Module #1	Assisting with Feeding and Hydration
Module #2	Feeding Techniques
Module #3	Communication and Interpersonal Skills
Module #4	Appropriate Responses to Resident Behavior
Module #5	Recognizing Changes in Residents
Module #6	Safety and Emergency Procedures including the Heimlich Maneuver
Module #7	Infection Control
Module #8	Resident Rights

Accompanying each module is a statement of the required time which must be devoted to the topics included in that module. Also included are recommended instructional methods and the outline of the content.

Recommended instructional methods are: lecture, discussion, demonstration, return demonstration, and role playing. These methods are defined as follows:

Lecture means an informative presentation prepared in advance and given to a class.

Discussion means interactive conversation between the instructor and students about the various aspects of a subject.

Demonstration means to show or exhibit necessary techniques required for effective feeding assistance in a long term care facility.

Return demonstration means the instructor observes the Feeding Assistant's ability to perform a specified task by determining the presence or absence of critical elements essential for its successful completion.

Role playing means an interactive exchange when the individuals have assumed a part or character.



## Module #1

# Assisting with Feeding and Hydration: The Role of the Feeding Assistant

1.0 hour

Instructional methods: lecture, discussion

### Introduction to the Feeding Assistant Program

- Feeding Assistants supplement current staff
- Feeding Assistants do not provide nursing care
- Rising resident acuity levels require high level of care
- Providing more residents with assistance in eating and drinking:
  - Reduces unplanned weight loss
  - Reduces incidence of dehydration



### Instruction Requirements to Become a Feeding Assistant

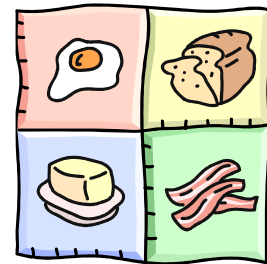
- Twelve hour training program
- Recognition of Completion

### Supervision of the Feeding Assistant

- Must work under the supervision of a nurse
- Cannot feed residents with complicated feeding problems
  - Complicated feeding problems include, but are not limited to: difficulty swallowing, recurrent lung aspirations, and tube or parenteral/IV feedings

### Promotion of Good Nutrition and Hydration

- What is the importance of nutrition and hydration?
- Why is malnutrition and dehydration prevalent?
- Why are supplements sometimes prescribed?



### Nutrition Discussion Topics

#### Nutrition Basic Four Food Groups / Food Pyramid

#### Essential Nutrients

Proteins	Build and repair body tissues
Carbohydrates	Produce heat and energy
Fats	Produce heat and energy
Vitamins	Regulate body processes and functioning
Minerals	Build body tissues such as bones and teeth
Water	Essential to life and all body system functioning

#### Therapeutic Diets

Diabetic Diet / No Concentrated Sweets - defined  
Sodium/Salt restrictions / No Added Salt - defined  
Renal Diet  
Other resident specific diets  
Texture Modifications – food and fluid  
Food – regular, ground, pureed



Fluids – Pudding thick, Honey thick, Nectar thick

**Recognition of individual preferences / needs**

- Religious
- Cultural
- Allergies
- Preferences – such as vegetarian diets



**Factors which affect maintenance of nutritional parameters**

- Tooth loss, poorly fitting dentures and a sore mouth
- Loss of muscle control as a result of a stroke
- Diminished hand and arm muscle
- Diminished sense of smell, taste and vision
- Serving foods the resident may not like
- Changes in metabolism
- Loss of appetite
- Swallowing problems
- Chewing problems
- Disease processes including end of life issues
- Compromised cognitive status
- Decreased activity resulting in a decreased requirement for calories



**Hydration**

- Contributors to hydration status
- Causes of dehydration
- Signs and symptoms of dehydration
- How to prevent dehydration
- Fluid restrictions



**Demonstration/Discussion topics:**

- Participant should be able to define their assigned role.
- Compare and contrast the differences between a pureed meal, a ground meal, a diabetic/ “no concentrated sweets” meal, as compared to a regular texture or regular meal. (Sample menus may be distributed for discussion).
- Recognize the importance of good nutrition in the elderly. Identify five factors which influence nutrition of long term care residents.
- Explain characteristics of the elderly that cause them to be at higher risk for nutrition and hydration problems than younger people.

## Module #2

### Assisting with Feeding and Hydration / Techniques

2.5 hours

Instructional methods: lecture, discussion, demonstration and return demonstration

#### The Dining Atmosphere

- What makes the dining environment pleasant?
- What makes the dining environment unpleasant?

#### Verify that the Resident is prepared for Mealtime

- Handwashing
- Bathroom trip before going to dining room
- Devices in place, e.g., glasses, hearing aides, dentures
- Comfort - especially temperature - need a sweater?
- Napkins / clothing protectors
- Table choice
- Positioning in chair and/or at the table, including table height



#### Meal Service / Distribution of Meals

- Efficient and Timely Distribution
- Accuracy – right tray to right resident
- Familiarity with Menu items and Alternates – where is the menu posted?
- Recognizing the need to balance independence with provision of assistance

#### Examples of assistance:

Opening packets or cartons (milk, jelly, etc.)  
Buttering bread  
Cutting food  
Straws – appropriate / available ?  
Peeling fruit  
Offering condiments



#### Assistive Devices:

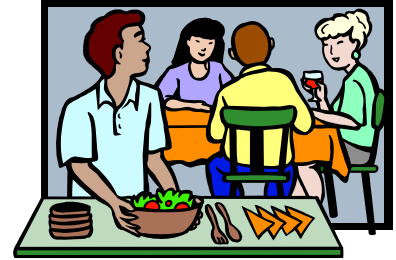
Plate guard – appropriate placement and positioning  
Scoop bowl / plate  
Sippy cup / cut out cup or nosey cup  
Lidded cup  
Built up utensils  
Non skid mat  
Weighted utensils / mugs  
Plastic coated utensils  
Swivel / angle utensils  
Divided plate



## Examples of promoting independence:

Cueing / prompting

Clock method for visually impaired



### Feeding the Resident

Seated position for Feeding Assistant is ideal – why ?

Allow adequate time

Provide the resident choices and opportunity to do for themselves

Alternate liquids with foods in a logical order

Spoon should never be more than half filled

Don't mix foods

Substitutes/alternates – available and offered?

Be aware of food temperatures / no blowing on food by Feeding Assistant

Be sure resident's mouth is empty before offering more food

Never use force

Be aware of your surroundings / nearby residents

### Feeding Steps:

1. Wash hands
2. Verify the resident is in a proper position for feeding. If not, request nursing personnel to correct (Feeding Assistants do not reposition)
3. Verify that eating area is clean and in order
4. Check that the food items on the tray coincide with the resident's diet card. If not, request nursing or dining services staff to verify proper diet received
5. Verify that the resident's identity matches the name on the meal tray card
6. Offer the resident a napkin/clothing protector to protect the resident's clothing
7. Serve the resident his or her food
8. Seat self comfortably next to the resident in order to maintain eye contact and promote resident dignity
9. Prepare the food for serving
10. Describe the food items to the resident with impaired vision. If needed, describe the location of food items via the clock system (e.g., potatoes are at 3:00)
11. Determine whether the food is a safe temperature
12. Feed the resident with small bites - a maximum of one-half of the spoon full
13. Feed the resident safely
14. Feed the resident foods in logical order and alternate between solids and liquids, unless preference is otherwise
15. Feed the resident at an appropriate pace; non-rushed and calm approach used
16. Interact with the resident in a pleasant and appropriate manner
17. Encourage the resident to eat as much as possible
18. Remove the napkin/clothing protector if one has been used when the resident is finished
19. Wash hands / use alcohol gel when appropriate
20. Report to nursing any problems and any resident needs such as clean clothing, face to be washed, toileting request, etc.

## **After the Meal**

Communicate to the nurse when the resident is finished

Arrange for the resident to receive ambulation assistance or transport if necessary

## **Between Meals Snacks (foods and beverages)**

### **Serving supplementary nutrition**

Receive directions from charge nurse regarding individuals with special dietary needs

Wash hands

Assemble supplies

Allow each resident to choose from available nourishments

Place nourishment, napkin and feeding aids within reach

Provide assistance as needed

Remove glasses and dishes after each use. Do not touch rim of glass.

Return used equipment to kitchen to be washed

Wash hands



### **Providing Fresh Drinking Water**

Receive direction from charge nurse regarding residents with special needs (NPO, fluid restrictions, no ice)

Wash hands

Assemble supplies

Take cart with clean supplies and add ice and water to pitchers (use scoop for ice and do not allow handle of scoop to touch ice)

Place fresh drinking water within reach

Offer to fill cup with fresh water

Provide assistance as requested or needed

Return cart containing any used supplies to kitchen to be washed

Wash hands

## **Demonstration/Discussion topics:**

- Identify five assistive devices and explain/demonstrate how they are utilized.
- Demonstrate appropriate ways to assist a resident with eating and drinking.
- Identify acceptable methods for determination if food on a resident's meal tray is at the proper temperature

## **Module #3**

### **Communication and Interpersonal Skills**

2.0 hours

Instructional methods: lecture, discussion, role playing and demonstration

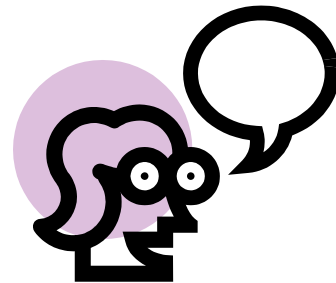
#### **Elements of Communication**

- Message
- Sender
- Receiver

#### **How to be a Good Communicator**

##### **Addressing the resident**

- Focus of conversation should be directed to resident
- Use appropriate tone of voice
- Speak clearly and concisely
- Face resident at eye level when speaking
- Make appropriate meal time conversation
- Explain before doing
- Take time



##### **How Communication Occurs without words**

- Body language
- Posture
- Gestures
- Activity level
- Facial expressions
- Appearance
- Appropriate touching only



##### **Barriers to effective communication**

- Talking too fast
- No eye contact
- Hurting a resident's feelings
- Physical distance
- Changing the subject
- False assurances and cliches
- Distractions
- Being insensitive to a resident's needs or desires

##### **Sensory impairment**

- Confused residents, eg., Alzheimers or Dementia
- Hearing or vision impairments
- Wandering
- Aphasic

## **How to be a Good Listener**

- Show interest
- Hear the message
- Avoid interruptions
- Ask appropriate questions for clarification
- Be patient
- Avoid distractions
- Become involved with the message and the resident
- Concentrate and be attentive



## **Communicating with a hearing impaired resident**

- Encourage use of hearing aid if resident has one
- Speak slowly using short/simple sentences
- Face resident at eye level when speaking
- Allow resident to lip read if that helps
- Lower pitch of your voice
- Direct speech to stronger ear
- Use gestures for clarification
- Write when necessary

## **Communicating with a resident with decreased sight**

- Speak as you enter the room
- Sit where the resident can best see you
- Make sure lighting is sufficient
- Encourage resident to wear glasses if they help
- Encourage resident to use a magnifying glass if it helps
- Use descriptive words and phrases
- Make large print materials available – such as menu

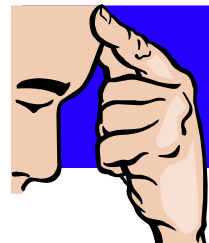


## **Communicating with the resident who has difficulty speaking**

- Encourage resident to use hands to point out objects
- Use communication board/cards
- Repeat what you heard to be sure you understood the resident
- Ask yes and no questions

## **Communicating with residents with memory loss**

- Ask one question at a time
- Rephrase questions that are not understood
- Encourage the resident to talk
- Talk about things the resident remembers



## **Demonstration/Discussion topics:**

- Role play the resident and Feeding Assistant. Demonstrate good communication skills.
- Role play ways in which sensory impairment can lead to breakdown in communication.
- Identify characteristics of dementia and demonstrate the ability to feed and communicate with residents with dementia.

## **Module #4**

### **Appropriate Responses to Resident Behavior**

0.75 hour

Instructional methods: lecture, discussion and role playing

#### **Know your Resident**

- Verify identity and relevant dining information, such as: slow eater, easily distracted, forgetful, needs more help as the meal progresses

#### **Dealing with Resident Behavior**

- Listen to every resident
- Comply with requests when possible
- Be patient
- Be understanding
- Appropriately cope with your negative feelings
- Seek advice/help from the charge nurse
- Be respectful



#### **Problematic Resident Behaviors at Meal Time**

- Refuses to eat
- Won't open mouth
- Bites utensils
- Eats with hands
- Holds food in mouth
- Pockets food in cheek
- Wanders away from the table
- Plays with food
- Eats another resident's food
- Wants food item that is not allowed
- Spits food onto the floor
- Residents inappropriately 'helping' each other
- Causes disturbance, such as: yelling, throwing food or other objects, or falling asleep at the table



#### **Demonstration/Discussion topics:**

- Discuss appropriate responses to each of the above problematic resident behaviors.
- Distinguish between normal eating and drinking behaviors and those which should be reported to a charge nurse or other supervisor.
- Explain how the Feeding Assistant will need to modify his or her behavior in response to resident behavior
- Demonstrate how the Feeding Assistant will respond to a resident who wanders away from the dining room.



**Module #5**  
**Recognizing Changes in Residents**

0.75 hour

Instructional methods: lecture and discussion

**Observations of Residents**

- Be tactful and unobtrusive
- Use every opportunity to observe
- Stay alert and focused to the resident and the environment
- Recognize abnormal signs and symptoms
- Nursing staff will assess and treat; Feeding Assistant may observe

**Recognize and report observed abnormal signs and symptoms, such as:**

shortness of breath  
rapid respirations (breathing)  
blue color to lips  
fever  
chills  
sweating  
cough  
vomiting  
drowsiness  
bruises  
breaks or tears in the skin  
sudden increase in confusion or memory loss  
bleeding  
choking  
drooling  
pain  
nausea  
excessive thirst  
change in appetite  
difficulty in chewing or swallowing  
any other change in the resident from usual behavior



**Report incidents regarding your resident to the nurse, such as:**

- Any event that does not fit the routine
- Loss of dentures, glasses, broken teeth
- Resident, staff, or visitor accident or injury
- Theft from residents, staff, or visitors
- Information about your resident that could result in harm
- Resident who pockets food
- Changes in the resident's behavior or physical condition
- Complaints from residents and/or visitors



**Demonstration/Discussion topics:**

- Participants will be able to state the importance of reporting any concern, no matter how minor, to the nurse.
- Identify five signs or symptoms that might be considered abnormal and would prompt the Feeding Assistant to immediately report to the nurse.
- Prepare a list of behaviors and physical changes that would be inconsistent with normal behavior.

## **Module #6** **Safety and Emergency Procedures**

2.0 hours

Instructional methods: lecture, discussion, demonstration and return demonstration

### **Environmental Safety / Preventing Accidents**

#### **Identify and report promptly potential hazards to resident safety:**

- Wrong meal tray served to a resident
- Food temperatures too hot
- Spills
- Slippery floors
- Lighting (inadequate lighting or glare are hazardous to the elderly)
- Unlocked wheelchairs or geri chairs
- Improperly placed or non-working call light
- Unsafe equipment such as electrical cords
- Cluttered hallways
- Improper use of smoking materials



#### **Resident emergencies requiring immediate action**

- Seizures
- Bleeding
- Heart problems
- Choking
- Know universal sign of choking – but be aware that residents may or may not be able to give the universal sign of choking

### **Performing the Heimlich Maneuver**

#### **Conscious victim:**

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

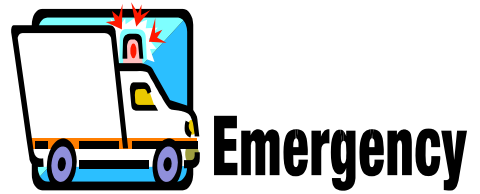
#### **Chest thrusts for obese victim:**

1. Stand behind victim
2. Place arms around victim directly under armpits
3. Form fist and place thumb side of fist against sternum, level with armpits

4. Grasp fist in opposite hand and administer thrusts, pulling straight back, until object is expelled, victim starts to cough, or becomes unconscious

### **The Feeding Assistant Role in an Emergency**

- Remain Calm
- Call or send for help
- Know your limitations
- Don't move an injured resident
- Reassure the resident
- Take direction from nurse or doctor



### **Demonstration/Discussion topics:**

- Identify appropriate responses to each of the above potential hazards
- Participants will be able to identify signs and symptoms of choking
- Participant can verbalize the steps involved in a decision to perform the Heimlich Maneuver and demonstrate the actions that would immediately be undertaken
- Verbalize the importance of seeking assistance sooner rather than later

## Module #7 Infection Control Practices

2.0 hours

Instructional methods: lecture, discussion, demonstration and return demonstration

### Infection control

- Definition
- Rationale
- Basic Principles

### How microorganisms spread / the chain of infection

- Pathogen – the cause of infection
- Reservoir – where the pathogen can survive
- Exit point – such as body secretions or infected wounds
- Method of transmission – such as on hands or on contaminated supplies
- Entry point – such as broken skin
- Host – person receives pathogen and harbors it. Diseases will occur more often in persons at risk such as those who are ill



### Medical asepsis (free from germs)

General Practices to promote medical asepsis

If ill you should not be at work

Hand washing – the role and its limitations

Provision of individual items – such as utensils

Appropriately cover mouth/nose when coughing/sneezing/blowing nose

Don't sit on a resident's bed

Don't transport equipment from one resident room to another

Cover food when transported

Food Preparation areas (kitchen) off limits except for dietary personnel

### Standard precautions

Hand Washing

The role of hand washing and the limitations

Proper hand washing techniques

Turn faucet on and adjust temperature to warm

Hands do not touch sink

Wash hands under running water

Adequate amount of soap and water is necessary

Lather present and friction used for 15 seconds (30 seconds for visible soil)

Wash entire surface of the hands, fingers, and nails including wrist areas

Rinse hands in lowered position

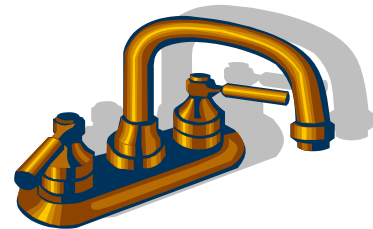
If your hands come in contact with sink or other area otherwise contaminated, you will rewash hands

Dry hands with clean paper towel and discards

Turns off water with a separate clean paper towel and discards.

Alcohol based gels - their limitations and their uses

Gloves – when should they be worn and their limitations



**Demonstration/Discussion topics:**

- Perform a return demonstration of the 10 elements of the hand washing procedure as identified above
- Transport a food tray appropriately from the dining room to a resident room
- Demonstrate the appropriate procedure to follow if the Feeding Assistant must cough or sneeze while feeding a resident

## Module #8 Resident Rights

1.0 hour

Instructional methods: lecture, discussion and role play

### Resident Rights (see Appendix 3)

- Definition of resident rights
- Ethical and legal basis
- Federal and state regulations, e.g., OBRA, HIPAA
- Feeding Assistants will be provided information regarding abuse and their obligation to report suspected resident abuse, neglect, mistreatment or misappropriation of resident property.  
Review facility reporting requirements

### Residents have the right to:

- Considerate and respectful care
- Information concerning their diagnoses, treatments and prognosis
- Receive information and formulate informed consent
- Refuse treatments, including food and fluids
- Privacy of their body, records, care, and personal affairs



### Behavior that maintains resident rights

- Address as Mr., Mrs., or Ms. (or other appropriate title) unless asked to use a first name
- Avoid inappropriate terms of endearment when addressing residents
- Explain the feeding assistance you plan to provide
- Never be rude or unkind
- Treat all residents equally
- Promote positive attitudes
- Respect resident food preferences

### Residents right to be free from abuse

- Physical
- Verbal
- Sexual
- Mental
- Involuntary seclusion

### Signs of abuse

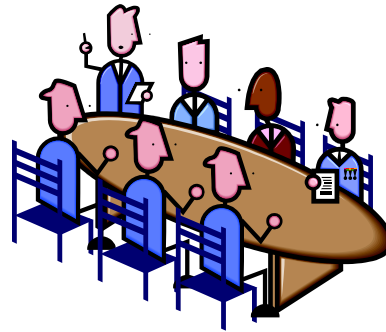
- Fractures
- Bruises – especially of face, upper arms, upper thighs, abdomen
- Fearfulness
- Withdrawal
- Actual verbalization

### Examples of abuse

- Threatening a resident
- Frightening a resident
- Pinching, slapping, or kicking a resident
- Withholding food or fluids
- Restraining a resident against their will
- Leaving resident in soiled clothing
- Yelling angrily or making fun of a resident
- Refusing to reposition or give treatment
- Not responding to a call light
- Humiliating a resident
- Making disparaging or derogatory remarks
- Sexual coercion
- Sexual harassment
- Verbal harassment

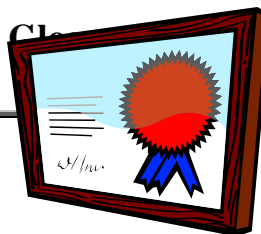
### Resident rights at meal time

- Actions that violate resident rights
- Actions that promote resident rights



### Demonstration/Discussion topics:

- Participant will be knowledgeable of resident rights and be able to state two examples of promoting resident rights during meal time while feeding a resident.
- Role play appropriate responses to observed mistreatment of the elderly.





**Abuse** - maltreatment of another person, including physically, psychologically, or financially, or neglecting someone for whom you are responsible

**Activities of Daily Living** - daily self-care tasks such as eating, dressing and toileting

**Advocate** - someone who stands up for the rights of another person

**Airway obstruction** - blockage of the windpipe

**Allergy** - a hypersensitive reaction to something that is generally harmless, like pollen, certain foods, and some medicines

**Alzheimer's Disease** - a progressive, irreversible condition which leads to gradual memory loss, inability to perform routine tasks, disorientation, and loss of communication skills

**Aphasia** – difficulty speaking or the inability to speak

**Appetite** - a desire for something, often food

**Asepsis** – the term used to describe a condition when no infection is present

**Aspirate** - to breathe fluid or a foreign body into the lungs

**Aspiration** –inappropriately breathing in food or fluid

**Assistive device** - equipment that allows a resident to function independently; special utensils, cups, and plates

**Body language** - posture, gestures, eye contact, body movement, appearance, or facial expression that passes information from one person to another

**Blood borne pathogen** – microorganisms found in human blood or other body fluids that can cause infection and disease in humans

**cc** - cubic centimeter – a unit of measure

**Calorie** - a unit of measurement for the energy value of food

**Carbohydrate** - class of food that includes sugars and starches

**Cardiac arrest** - the heart stops beating and blood does not circulate

**Cardiopulmonary resuscitation (CPR)** - the procedure done to maintain breathing and circulation for a person in cardiac arrest

**Certified Nurse Aide - CNA** - an individual who has completed a training course in basic nursing care and passed the state certification examination

**Charge nurse** - the nurse who is responsible for a specific area of a facility; the nurse manager

**Chemical restraint** - a medication that restricts someone's movement or behavior by making them calm or sleepy

**Chronic illness** - an ongoing or long term illness or condition such as arthritis, diabetes, or asthma

**Code** - a signal or password that you use in an emergency: Code Red usually means fire, Code Blue means cardiac arrest

**Coercion** - pressuring someone to do something

**Cognitive impairment** - abnormal thinking and reasoning caused by changes in the brain; dementia

**Contact precautions** – precautions used when the resident is at risk of transmitting or contracting a microorganism from touching an infected object or person

**Communication** - passing information from one person to another

**Confidentiality** - keeping information private; not sharing information with others

**Contracture** - deformity of a joint caused by shortening of muscle fibers, frequently in the wrists and fingers

**Coronary** - involving the heart; a heart attack

**Cuing** - giving verbal suggestions (pick up the spoon) or physical suggestions (a gentle nudge or a hand placed over the resident's); prompting

**Dehydration** - a serious condition that can occur if a resident does not have adequate fluid in the body

**Delusions** – believing things that are not true

**Dementia** - a loss of mental functions such as memory, thinking, reasoning, or communicating caused by changes in the brain

**Diagnosis** – a medical condition

**Diet card** - a card with the resident's name, type of diet, feeding instructions, and other needed information

**Discrimination** - making inappropriate distinctions between individuals when providing services, treatment or employment

**Dysphagia** - difficulty swallowing

**Edema** - retaining fluid in the body; swelling

**Facial expression** - appearance of one's face such as a smile, frown, lifting one's eyebrows, a wink

**Faint** - lose consciousness

**Feeding tube** - a tube that is inserted into the stomach or intestine through which a liquid diet is administered

**First Aid** - immediate treatment given to a person in an emergency

**Flow sheet** - a document used to record observations made on a regular basis such as fluid intake or blood pressure

**Food borne illness** – illness caused by consuming contaminated food or beverages

**Hallucination** – seeing things that are not there

**Health Insurance Portability and Accountability Act** - regulations published by the federal government that mandate privacy requirements

**Heimlich Maneuver** - an emergency technique for dislodging food or an object from the windpipe of a choking person

**Hemiparesis** – the term used to describe weakness on one side of the body

**Hemiplegia** – the term used to describe paralysis on one side of the body

**Hydration** - the intake and maintenance of fluid in the body

**Hypertension** - high blood pressure; blood pressure that stays above the normal healthy range

**Incontinent** - unable to control urination and/or bowel movements

**Infection** – a condition that occurs when pathogens enter the body

**Infection control** – the methods used to control and prevent the spread of disease

**Interference** - acting in a manner that disrupts action

**Involuntary seclusion** - being forced to be alone or separated from other people

**IV feeding** - intravenous feeding; providing nourishment through a needle that is inserted in a vein

**Kosher** - food prepared according to the dietary laws of Judaism

**Lactose intolerant** - a person who is unable to digest the sugar (lactose) found in milk and milk products

**Licensed Practical Nurse – LPN** - an individual who has completed a state approved training program in nursing care and passed the state LPN licensing examination

**Long Term Care** – the term used for care for persons who require 24-hour care and assistance for conditions that are long term

**Malnutrition** - a lack of proper nutrition because of an unbalanced diet which can be caused by eating too much food, too little food, or the wrong kinds of foods

**Metabolism** - the chemical processes that take place in the body related to energy production, growth and body functions

**Microorganism** - any small living plant or animal that can only be seen with a microscope

**Misinterpret** - forming the wrong idea about a situation or instruction

**Multi-infarct dementia** - a series of small strokes, which cause a gradual loss of cognitive function

**Myocardial Infarction** - (MI) a heart attack

**Neglect** – failing to provide needed care

**Nonverbal communication** - passing information without speaking through facial expression or body language

**NPO** - abbreviation for nothing by mouth; the resident must not have anything to eat or drink

**Nutrition** - the process of taking in and using food elements for body functioning

**OBRA** - Omnibus Budget Reconciliation Act of 1987, regulations published by the federal government that establish minimum standards for nursing home care

**Objective information** - factual information that you can observe by looking, listening, feeling and touching

**Occupational therapist** - a person with special training who helps residents learn to do tasks of daily living

**Ombudsman** - a person who serves as an advocate when a resident or family member believes the resident's rights have been violated

**Overbed table** - a table with wheels that can be adjusted to fit over the bed

**Palpitations** - pounding or racing heart

**Pancreas** - an organ that secretes digestive enzymes and insulin

**Parkinson's disease** - a disease of the nervous system, which causes tremors, a shuffling gait, rigid muscles and weakness

**Pathogen** - a harmful microorganism

**Pharynx** - a muscular structure that connects the mouth to the esophagus

**Physical restraint** - items used to restrict someone's physical movement

**Pressure ulcer** - skin breakdown that occurs over bony areas due to lack of blood flow

**Protected Health Information** - PHI - a person's private health information that, under law, must be kept private; includes but is not limited to name, address, telephone number, social security number, e-mail address, and medical record number

**Puree** – to chop, blend or grind food into baby food consistency

**Registered Nurse** - RN - an individual who has completed a state approved training program in all aspects of nursing care and passed the state RN licensing examination

**Reprisal** - getting back at someone

**Resident rights** – numerous rights identified by the OBRA law for residents in long term care facilities or nursing homes; purpose is to inform residents and others of their rights within these facilities and to provide an ethical code of conduct for healthcare workers

**Respiratory** - relating to breathing

**Retaliation** - returning an unkind word, or action in a similar way; tit-for-tat

**Rights** - things to which a resident is morally or legally entitled

**Scald** - a burn caused by contact with a hot liquid

**Sedate** - to make sleepy or calm

**Seizure** - repeated involuntary muscle movements caused by abnormal electrical activity in the brain

**Sodium** - an element needed for water balance in the body; eaten in form of salt; along with potassium, needed for the heart to contract

**Standard precautions** - use of protective equipment (e.g., gloves, gowns, masks), hand washing and other measures to prevent the spread of infection

**Sternum** – the narrow flat bone in the median line of the thorax in front

**Stroke** - a condition in which the blood supply to an area of the brain is disrupted, causing death of brain tissue in the affected area – also called cerebral vascular accident (CVA)

**Subjective information** - information based on your opinion or your idea about a situation

**Sundowning** - becoming more restless and confused in the evening

**Supplement** - a food that provides concentrated nutrition, usually given to a person who does not eat enough food to supply needed calories and protein

**Syncope** - a fainting spell

**Terminal illness** – a disease or condition that will eventually cause death

**Therapeutic diet** - a special diet that is a treatment for a disease or condition

**Transmit** - to send something from one place to another place or from one person to another

**Tremor** - quivering movements, or shaking, especially in the hands

**Type I diabetes** - a disorder caused by the failure of the pancreas to release enough insulin into the body; a person with this disorder receives insulin shots; usually more common in younger people

**Type II diabetes** - a disorder in which the body does not respond well to the insulin produced by the pancreas; most common in elderly people

**Validate** - to affirm a resident's feelings and beliefs

**Vegetarian** - a person who does not eat meat for religious, moral, or health reasons

APPENDIX 1

Federal Register/Vol. 68, No. 187/Friday, September 26, 2003

■ For the reasons set forth in the preamble, CMS is amending 42 CFR chapter IV as set forth below:
■ A. Part 483 is amended as follows:

PART 483—REQUIREMENTS FOR STATES AND LONG TERM CARE FACILITIES

Subpart B—Requirements for Long Term Care Facilities

■ 1. The authority citation for part 483 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

■ 2. In § 483.35, the introductory text is republished, paragraph (h) is redesignated as paragraph (i), and a new paragraph (h) is added to read as follows:

§ 483.35 Dietary services.

The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets the daily nutritional and special dietary needs of each resident.

(h) Paid feeding assistants—(1) State-approved training course. A facility may use a paid feeding assistant, as defined in § 488.301 of this chapter, if—

(i) The feeding assistant has successfully completed a State-approved training course that meets the requirements of § 483.160 before feeding residents; and

(ii) The use of feeding assistants is consistent with State law.

(2) Supervision. (i) A feeding assistant must work under the supervision of a registered nurse (RN) or licensed practical nurse (LPN).

(ii) In an emergency, a feeding assistant must call a supervisory nurse for help on the resident call system.

(3) Resident selection criteria.

(i) A facility must ensure that a feeding assistant feeds only residents who have no complicated feeding problems.

(ii) Complicated feeding problems include, but are not limited to, difficulty swallowing, recurrent lung aspirations, and tube or parenteral/IV feedings.

(iii) The facility must base resident selection on the charge nurse's assessment and the resident's latest assessment and plan of care.

§ 483.7 [Amended]

■ 3. Section 483.7 is amended as follows:

■ a. In paragraph (e)(1), the definition of "Nurse aide" is amended by adding a sentence to the end of the definition;

■ b. A new paragraph (q) is added. The additions read as follows:

§ 483.75 Administration.

(e) \* \* \* (1) \* \* \*

(1) \* \* \* Nurse aides do not include those individuals who furnish services to residents only as paid feeding assistants as defined in § 488.301 of this chapter.

(q) Required training of feeding assistants. A facility must not use any individual working in the facility as a paid feeding assistant unless that individual has successfully completed a State-approved training program for feeding assistants, as specified in § 483.160 of this part.

Subpart D—Requirements That Must Be Met by States and State Agencies: Nurse Aide Training and Competency Evaluation; and Paid Feeding Assistants

■ 4. The heading of subpart D is revised to read as set forth above.

■ 5. A new § 483.160 is added to read as follows:

§ 483.160 Requirements for training of paid feeding assistants.

(a) Minimum training course contents. A State-approved training course for paid feeding assistants must include, at a minimum, 8 hours of training in the following:

- (1) Feeding techniques.
(2) Assistance with feeding and hydration.
(3) Communication and interpersonal skills.
(4) Appropriate responses to resident behavior.
(5) Safety and emergency procedures, including the Heimlich maneuver.
(6) Infection control.
(7) Resident rights.
(8) Recognizing changes in residents that are inconsistent with their normal behavior and the importance of reporting those changes to the supervisory nurse.

(b) Maintenance of records. A facility must maintain a record of all individuals, used by the facility as feeding assistants, who have successfully completed the training course for paid feeding assistants.

■ B. Part 488, subpart E is amended as follows:

PART 488—SURVEY, CERTIFICATION, AND ENFORCEMENT PROCEDURES

Subpart E—Survey and Certification of Long Term Care Facilities

■ 1. The authority citation for part 488 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1895hh).

■ 2. Section 488.301 is amended by adding a new definition of "Paid feeding assistant" in alphabetical order to read as follows:

§ 488.301 Definitions.

As used in this subpart—

Paid feeding assistant means an individual who meets the requirements specified in § 483.35(h)(2) of this chapter and who is paid to feed residents by a facility, or who is used under an arrangement with another agency or organization.

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: May 22, 2003.

Thomas A. Scully, Administrator, Centers for Medicare & Medicaid Services.

Approved: June 24, 2003.

Tommy G. Thompson, Secretary.

[FR Doc. 03-24362 Filed 9-25-03; 8:45 am] BILLING CODE 4120-03-U

LEGAL SERVICES CORPORATION

45 CFR Part 1626

Alien Eligibility for Representation by LSC Programs

AGENCY: Legal Services Corporation. ACTION: Final rule.

SUMMARY: The Legal Services Corporation ("Corporation") is revising the appendix to its regulations on restrictions on legal assistance to aliens. This appendix sets forth a listing of documents upon which recipients may rely to verify the eligibility of non-U.S. citizens' applicants for legal assistance from LSC-funded programs.

EFFECTIVE DATE: This rule is effective as of September 26, 2003.

FOR FURTHER INFORMATION CONTACT: Mattie C. Condray, Senior Assistant General Counsel, Legal Services Corporation, 3333 K Street, NW., Washington, DC 20007-3522; (202) 295-1624; mcondray@lsc.gov.

SUPPLEMENTARY INFORMATION: Recipients of Legal Services Corporation ("Corporation") funds are permitted by law to provide legal assistance only to U.S. citizens and certain legal aliens. Recipients are required to verify the

## APPENDIX 2

### Chapter V - State Regulations *PART 11.001 – FEEDING ASSISTANTS*

#### Part 11.001 – Feeding Assistants

##### **11.001.1 Definitions.**

Unless otherwise indicated, as used in Part 11.001:

(1) (a) “Feeding assistant” means an individual who assists residents by performing feeding assistant tasks, meets the requirements of Section 11.001.2 and 11.001.3; and, is paid as an employee of a facility; used by a facility under arrangement with another agency or organization; or, who is an unpaid volunteer.

(b) The following individuals may provide feeding assistance to residents without meeting the requirements of section 11.001.2 and 11.001.3:

- (i) Registered or licensed nurses;
- (ii) Certified nurse aides;
- (iii) Registered dietitians;
- (iv) Licensed health care practitioners with appropriate experience in feeding and hydrating residents;
- (v) Private duty aides and students in nursing education programs and other allied health programs who utilize facilities as clinical practice sites; or,
- (vi) Resident family members.

(2) “Employing facility” means a facility that employs paid feeding assistants or utilizes the services of volunteer feeding assistants.

(3) “Feeding assistant tasks” include and are limited to the provision of feeding and hydration services provided in accordance with this Section 11.001. A feeding assistant may not perform or be assigned to perform any task that constitutes: the practice of professional nursing as defined in §12-38-103 (10), C.R.S.; the practice of practical nursing as defined in §12-38-103 (9), C.R.S.; or the practice of a nurse aide as defined in §12-38.1-102 (5), C.R.S.

(4) “Training program provider” means, an employing facility or other training entity approved by the department pursuant to 11.001.6 to administer a feeding assistant training program.

##### **11.001.2 Authorization; Qualifications**

(1) A facility may employ or use an individual as a volunteer feeding assistant if: the individual meets all applicable requirements of this Chapter V; and, the facility first verifies that the individual:

- (a) Has successfully completed a feeding assistant training program in accordance with 11.001.5;
- and,
- (b) Is at least sixteen 16 years of age.

(2) (a) An employing facility must screen prospective feeding assistants to ensure individuals have no history that would preclude their interaction with residents.

(b) In addition to applicable facility pre-employment screening procedures, an employing facility shall obtain from each prospective paid and volunteer feeding assistant a copy of the recognition of completion document evidencing successful completion of the feeding assistant training program issued in accordance with 11.001.5 (1)(b)(II). Additionally, an employing facility shall verify the following:



(I) In the case of an individual who has not previously been employed or volunteered as a feeding assistant and who has received feeding assistant training administered by an entity other than the employing facility, successful completion of the feeding assistant training program with the training entity that provided such training;

(II) In the case of an individual who has been previously employed as a feeding assistant, feeding assistant employment history with the prospective employee's previous long-term care facility employer;

(III) In the case of an individual who has previously volunteered as a feeding assistant, feeding assistant volunteer history with the long-term care facility that previously utilized the services of that individual.

(3) Feeding assistants may not be counted toward meeting or complying with any requirement for nursing care staff and functions of a facility, including minimum nurse staffing requirements.

### **11.001.3 Supervision; emergencies**

(1) A feeding assistant shall work under the supervision of and shall report to a registered or licensed practical nurse. Each feeding assistant shall be given instruction by a registered nurse, licensed practical nurse or registered dietitian concerning the specific feeding and hydration needs of each resident the feeding assistant will be assigned to assist.

(2) (a) Feeding assistants may perform feeding assistant tasks in congregate dining areas. A nurse shall be immediately available in case of an emergency during meals.

(b) Upon a determination by the charge nurse pursuant to 11.001.4 that it is safe to do so, based on assessments conducted pursuant to 11.001.4(1), a feeding assistant may perform feeding assistant tasks in a resident room for a resident who is unable or unwilling to dine in a congregate dining area.

(3) In an emergency, a feeding assistant must immediately secure the assistance of a supervisory nurse or physician. Feeding assistants shall know how to use resident call systems. This includes use of call light systems and other methods of immediately securing the assistance of supervisory nurses and physicians.

### **11.001.4 Resident Selection**

(1) The facility must base resident selection on the charge nurse's assessment of the resident's present condition and the following provisions of this Chapter V:

- (a) Most recent resident assessment performed pursuant to Section 5.2;
- (b) Nutritional care plan developed pursuant to Section 5.6; and,
- (c) Plan of care developed pursuant to Section 5.7.

(2) A feeding assistant may perform feeding assistant tasks for those residents who require assistance or encouragement with feeding and hydration. Consistent with the assessments and care plans specified in (1) of this section 11.001.4, a facility must ensure that a feeding assistant feeds only residents who do not have a complicated feeding problem. Such problems include, but are not limited to, difficulty with swallowing, recurrent lung aspirations, and tube or parenteral/ intravenous feedings.

### **11.001.5 Feeding Assistant Training Program**

(1) (a) The feeding assistant training program shall be administered by a training program provider approved in accordance with 11.001.6 and shall consist of not less than twelve (12) actual clock hours of classroom instruction. Class size shall be limited to twenty (20) enrollees. Classroom instruction shall be conducted in accordance with current standards of practice and shall conform to the "Feeding Assistant Curriculum Specifications and Program Requirements" available from the department. Curriculum subjects shall include, but need not be limited to, the following:

- (I) Feeding techniques;
- (II) Assistance with feeding and hydration;
- (III) Communication and interpersonal skills;

- (IV) Appropriate responses to resident behavior;
- (V) Safety and emergency procedures, including the Heimlich maneuver;
- (VI) Infection control;
- (VII) Resident rights; and,
- (VIII) Recognizing changes in residents that are inconsistent with their normal behavior and the importance of reporting those changes to the supervisory nurse.

(b) (I) Successful completion of the feeding assistant training program requires each individual enrolled to obtain a score of eighty (80) percent or greater in a written examination provided at the conclusion of classroom instruction. Written examination questions shall be of an appropriate level of difficulty to reflect proficiency in each module of the “Feeding Assistant Curriculum Specifications and Program Requirements” and, at the discretion of the training program provider, may include ancillary feeding assistant-related curriculum subjects. Written examination questions shall not be disclosed to candidates in advance and shall be varied in format and content from test-to-test.

(II) Within ten (10) calendar days from successful completion of a feeding assistant training program, a training program provider approved in accordance with 11.001.6 shall furnish each individual who successfully completes the program with a uniform recognition of completion document. Said document shall be in the format designated by and available from the department to be used by the individual to whom it is issued for the purpose of establishing successful completion of the training program. The document shall bear the notarized signature of an authorized representative of the training program provider.

(III) An individual who successfully completes a feeding assistant training program is not required to repeat the program upon employment or upon providing volunteer feeding assistant services at another facility unless the individual has not worked or volunteered in a long term care facility as a feeding assistant for a period of twenty-four (24) consecutive months. In such case, the individual shall not be employed or used as a volunteer feeding assistant by a facility as a ~~paid~~ feeding assistant until the person successfully repeats the feeding assistant training program.

(c) An individual who fails to score eighty (80) percent or greater in the written knowledge test may be retested one time by a training program provider. An individual who fails to pass on the second attempt shall not be retested without the individual first repeating the twelve (12) actual clock hours of classroom instruction specified in subparagraph (1) (a) of this section.

#### **11.001.6 Feeding Assistant Training Program Provider Approval**

(1) A feeding assistant training program may be administered by an employing facility or other training entity approved pursuant to this 11.001.6. As used in this 11.001.6, “other training entity” includes: an accredited college, university or vocational school; or, a program, seminar or in-service training sponsored by an organization, association, corporation, group or agency with specific expertise concerning the provision of feeding and hydration services.

(2) Feeding assistant training programs shall use as instructors only individuals who have appropriate experience in feeding and hydrating residents and who hold: a valid Colorado license to practice as a registered or practical nurse; a certificate of registered dietitian through the commission on dietetic registration; a certificate of speech-language pathologist through the American speech-language-hearing association; or, a certificate of registered occupational therapist through the national board for certification in occupational therapy.

(3) (a) An employing facility or other training entity seeking approval to administer a feeding assistant training program shall complete and submit to the department an initial attestation in the format designated by the department certifying that the feeding assistant training program conforms to the “Feeding Assistant Curriculum Specifications and Program Requirements.” Program approval may be granted, for a period not to exceed one year to those programs that meet minimum requirements. Department approval is required prior to initiating feeding assistant training.

(b) A training program provider approved to administer a feeding assistant training program pursuant to this section shall submit annual renewal attestation forms in the format designated by the department in the following manner:

- (I) For employing facilities, annually with the facility's annual license renewal application.
- (II) For other training entities, not less than sixty (60) days in advance of the date department approval expires.

(4) Training program providers approved to administer a feeding assistant training program shall maintain the training record of each individual who attends the feeding assistant training program for a period of not less than three (3) years. Based on such records, training program providers shall verify successful completion of the feeding assistant training program pursuant to a request by an employing facility in accordance with 11.001.2 (2)(b) (I).

(5) The department may deny, suspend, or withdraw approval granted under this 11.001.6 upon a determination by the department that good cause exists to do so. Good cause may include, but is not limited to, a determination that a feeding assistant training program is not operated in compliance with applicable regulations.

#### **11.001.7 Policies and Procedures**

An employing facility shall develop and implement policies and procedures concerning the use of paid feeding assistants developed in accordance with this section.

#### **11.001.8 Records Maintenance**

(1) (a) An employing facility shall maintain a record of all individuals employed as feeding assistants and all individuals who serve as volunteer feeding assistants, including but not limited to records evidencing successful training program completion. Such records shall be maintained for not less than three (3) years from the date of separation or completion of volunteer service.

(b) Based on such records, a facility shall verify previous feeding assistant employment and volunteer history pursuant to a request by an employing facility in accordance with 11.001.2 (2)(b) (II).

#### **11.001.9 Reporting Requirements**

(1) Periodically, facilities and training program providers may be required to submit information regarding their feeding assistant program and feeding assistant training program. Such reports may include, but not be limited to:

- (a) The number of feeding assistants routinely utilized by the facility to assist residents;
- (b) The number of residents identified as benefiting from the feeding assistant program; and,
- (c) Information concerning the feeding assistant training program administered by the training program provider.

### **Part 5 – Resident Care**

**5.6 NUTRITIONAL CARE PLANNING.** (a) The Dietary supervisor or consultant shall prepare an initial nutritional history and assessment for each resident within two weeks of admission that includes special needs, likes and dislikes, nutritional status, and need for adaptive cutlery and dishes and develop a plan of care to meet these needs.

(b) In the event the facility elects to employ paid feeding assistants pursuant to Part 11.001 of this Chapter V, as part of the history and assessment conducted pursuant to paragraph (a) of this 5.6, the interdisciplinary team shall evaluate each resident regarding the suitability of the resident to be fed and hydrated by a feeding assistant. Such evaluation shall include, but need not be limited to each resident's level of care, functional status concerning feeding and hydration, and, the resident's ability to cooperate and communicate with staff.

## APPENDIX 3

### *RIGHTS OF NURSING HOME RESIDENTS*

When the federal government passed the [Nursing Home Reform Act of 1987](#), nursing home residents were guaranteed certain rights. Under the law, nursing home residents have the following rights:

1. To be free from verbal, mental and physical abuse; corporal punishment; and involuntary seclusion.
2. To be free from [restraints](#) - both [chemical](#) and [physical](#) - except as authorized in writing by a doctor for a specified and limited time period or when necessary to protect the resident or other residents from injury.
3. To have safe, decent, and clean conditions.
4. To be treated with consideration, respect, and full recognition of dignity and individuality, including privacy in treatment and care of personal needs.
5. To be fully informed by a doctor of his or her medical condition, unless the doctor decides that informing the patient would be against the patient's best interests, and to participate in the planning of medical treatment.
6. To refuse medical treatment as permitted by law and to be informed of the consequences of refusing medical treatment.
7. To refuse to participate in experimental research.
8. To have personal medical records treated in strict confidence.
9. To have established daily visiting hours.
10. To have visitation by an [ombudsman](#), personal physician, family members, and all individuals that provide health, social, legal, or other services who wish to visit.
11. To retain personal possessions and clothing as space permits, so long as doing so would not complicate a medical condition or infringe on another resident's rights.
12. To participate in and meet with social, religious, and community groups.
13. To send and receive personal, unopened mail.
14. To associate and communicate privately with other individuals as desired.
15. To manage personal financial affairs or to delegate that task to another person of the resident's choosing.
16. To be fully informed of available services and related charges.
17. To be encouraged and assisted to exercise rights as a patient and as a citizen and to voice grievances and recommend changes in policies and services to staff members or outside representatives without interference, coercion, discrimination, or reprisal.
18. Not to be required to perform services for the nursing home that are not included in the resident's [plan of care](#).

19. If married, to be assured of privacy during spousal visits. If both spouses are residents of the nursing home, to be permitted to share a room, if medically feasible.
20. To be transferred or discharged only for medical reasons, or for the resident's own welfare or the welfare of other residents, or for nonpayment (except as prohibited by [Medicaid](#)), and to be given reasonable advance notice of transfer or discharge.
21. To be fully informed, as evidenced by a written acknowledgment, prior to or at the time of admission and during the stay, of all these rights and all rules and nursing home regulations that govern personal conduct and responsibilities.

## APPENDIX 4

### COLORADO REVISED STATUTES CRIMINAL CODE EXCERPTS CRIMES AGAINST AT-RISK INDIVIDUALS

18-6.5-101. Legislative declaration. The general assembly recognizes that fear of mistreatment is one of the major personal concerns of at-risk adults and at-risk juveniles and that at-risk adults and at-risk juveniles are more vulnerable to and disproportionately damaged by crime in general but, more specifically, by abuse, exploitation, and neglect because they are less able to protect themselves against offenders, a number of whom are in positions of trust, and because they are more likely to receive serious injury from crimes committed against them and not to fully recover from such injury. At-risk adults and at-risk juveniles are more impacted by crime than the general population because they tend to suffer great relative deprivation, financially, physically, and psychologically, as a result of the abuses against them. A significant number of at-risk adults and at-risk juveniles are not as physically or emotionally equipped to protect themselves or aid in their own security as non-at-risk adults and non-at-risk juveniles in society. They are far more susceptible than the general population to the adverse long-term effects of crimes committed against them, including abuse, exploitation, and neglect. The general assembly therefore finds that penalties for specified crimes committed against at-risk adults and at-risk juveniles should be more severe than the penalties for the commission of said crimes against other members of society.

18-6.5-102. Definitions. As used in this article, unless the context otherwise requires:

(1) "At-risk adult" means any person who is sixty years of age or older or any person who is eighteen years of age or older and is a person with a disability as said term is defined in subsection (3) of this section.

(1.5) "At-risk juvenile" means any person who is under the age of eighteen years and is a person with a disability as said term is defined in subsection (3) of this section.

(2) "Neglect" has the same meaning as set forth in section 26-3.1-101 (4) (b), C.R.S.

(3) A "person with a disability" means any person who:

(a) Is impaired because of the loss of or permanent loss of use of a hand or foot or because of blindness or the permanent impairment of vision of both eyes to such a degree as to constitute virtual blindness; or

(b) Is unable to walk, see, hear, or speak; or

(c) Is unable to breathe without mechanical assistance; or

(d) Is developmentally disabled as defined in section 27-10.5-102 (11), C.R.S.; or

(e) Is mentally ill as the term is defined in section 27-10-102 (7), C.R.S.; or

(f) Is mentally impaired as the term is defined in section 24-34-301 (2.5) (b) (III), C.R.S.; or

(g) Is blind as that term is defined in section 26-2-103 (3), C.R.S.; or

(h) Is receiving care and treatment for a developmental disability under article 10.5 of title 27, C.R.S.

(4) Any subsection, or portion of a subsection, of this section declared to be unconstitutional or otherwise invalid shall not impair the remaining provisions of this section.

18-6.5-103. Crimes against at-risk adults and at-risk juveniles - classifications.

(1) Crimes against at-risk adults and at-risk juveniles shall be as prescribed in this section.

(2) Any person whose conduct amounts to criminal negligence, as defined in section 18-1-501 (3), commits:

(a) A class 4 felony if such negligence results in the death of an at-risk adult or an at-risk juvenile;

(b) A class 5 felony if such negligence results in serious bodily injury to an at-risk adult or an at-risk juvenile; and

(c) A class 6 felony if such negligence results in bodily injury to an at-risk adult or an at-risk juvenile.

(3) (a) Any person who commits a crime of assault in the first degree, as such crime is described in section 18-3-202, and the victim is an at-risk adult or an at-risk juvenile commits a class 4 felony if the circumstances described in section 18-3-202 (2) (a) are present and a class 2 felony if such circumstances are not present.

(b) Any person who commits a crime of assault in the second degree, as such crime is described in section 18-3-203, and the victim is an at-risk adult or an at-risk juvenile commits a class 5 felony if the circumstances described in section 18-3-203 (2) (a) are present and a class 3 felony if such circumstances are not present.

(c) Any person who commits a crime of assault in the third degree, as such crime is described in section 18-3-204, and the victim is an at-risk adult or an at-risk juvenile commits a class 6 felony.

(4) Any person who commits robbery, as such crime is described in section 18-4-301 (1), and the victim is an at-risk adult or an at-risk juvenile, commits a class 3 felony. If the offender is convicted of robbery of an at-risk adult or an at-risk juvenile, the court shall sentence the defendant to the department of corrections for at least the presumptive sentence under section 18-1.3-401 (1).

(5) Any person who commits theft, and commits any element or portion of the offense in the presence of the victim, as such crime is described in section 18-4-401 (1), and the victim is an at-risk adult or an at-risk juvenile, commits a class 5 felony if the value of the thing involved is less than five hundred dollars or a class 3 felony if the value of the thing involved is five hundred dollars or more. Theft from the person of an at-risk adult or an at-risk juvenile by means other than the use of force, threat, or intimidation is a class 4 felony without regard to the value of the thing taken.

(6) Any person who knowingly neglects an at-risk adult or an at-risk juvenile or knowingly acts in a manner likely to be injurious to the physical or mental welfare of an at-risk adult or an at-risk juvenile commits a class 1 misdemeanor.

(7) (a) Any person who commits a crime of sexual assault, as such crime is described in section 18-3-402, sexual assault in the first degree, as such crime was described in section 18-3-402, as it existed prior to July 1, 2000, and the victim is an at-risk adult or an at-risk juvenile commits a class 2 felony.

(b) Any person who commits a crime of sexual assault in the second degree, as such crime was described in section 18-3-403, as it existed prior to July 1, 2000, and the victim is an at-risk adult or an at-risk juvenile, commits a class 3 felony.

(c) Any person who commits unlawful sexual contact, as such crime is described in section 18-3-404 or sexual assault in the third degree, as such crime was described in section 18-3-404, as it existed prior to July 1, 2000, and the victim is an at-risk adult or an at-risk juvenile, commits a class 6 felony; except that the person commits a class 3 felony if the person compels the victim to submit by use of such force, intimidation, or threat as specified in section 18-3-402 (4) (a), (4) (b), or (4) (c), or if the actor engages in the conduct described in section 18-3-404 (1) (g) or (1.5).

(d) Any person who commits sexual assault on a child, as such crime is described in section 18-3-405, and the victim is an at-risk juvenile, commits a class 3 felony; except that, if the circumstances described in section 18-3-405 (2) (a), (2) (b), (2) (c), or (2) (d) are present, the person commits a class 2 felony.

(e) Any person who commits sexual assault on a child by one in a position of trust, as such crime is described in section 18-3-405.3, and the victim is an at-risk juvenile, commits a class 2 felony if the victim is less than fifteen years of age or a class 3 felony if the victim is fifteen years of age or older but less than eighteen years of age.

(f) Any person who commits sexual assault on a client by a psychotherapist, as such crime is described in section 18-3-405.5, and the victim is an at-risk adult or an at-risk juvenile, commits a class 3 felony if the circumstances described in section 18-3-405.5 (1) exist or a class 6 felony if such circumstances are not present.

(8) For purposes of subsections (3) to (7) of this section, commission of the offenses described in said subsections shall include the attempt, solicitation, or conspiracy to commit such offenses.

## APPENDIX 5

### *COLORADO STATUTES RE: CRIMINAL BACKGROUND CHECKS*

THE FACILITY MUST DEVELOP AND IMPLEMENT WRITTEN POLICIES AND PROCEDURES THAT PROHIBIT MISTREATMENT, NEGLECT, AND ABUSE OF RESIDENTS AND MISAPPROPRIATEON OF RESIDENT PROPERTY.

THE FACILITY SHALL NOT EMPLOY INDIVIDUALS WHO HAVE BEEN FOUND GUILTY OF ABUSING, NEGLECTING, OR MISTREATING RESIDENTS BY A COURT OF LAW.

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25-1-124.5 Nursing care facilities - employees - criminal history check.

(1) On and after September 1, 1996, prior to employing any person, a nursing care facility or the person seeking employment at a nursing care facility shall make an inquiry to the director of the Colorado bureau of investigation or to private criminal background check companies authorized to do business in the state of Colorado to ascertain whether such person has a criminal history, including arrest and conviction records. The Colorado bureau of investigation or private criminal background check companies are authorized to utilize fingerprints to ascertain from the federal bureau of investigation whether such person has a criminal history record. The nursing care facility or the person seeking employment in a nursing care facility shall pay the costs of such inquiry. The criminal history check shall be conducted not more than ninety days prior to the employment of the applicant. For purposes of this section, criminal background check companies shall be approved by the state board of nursing. In approving such companies, approval shall be based upon the provision of lawfully available, accurate, and thorough information pertaining to criminal histories, including arrest and conviction records.

(2) As used in this section, "nursing care facility" includes, but is not limited to:

(a) A nursing facility as defined in section 26-4-103 (11), C.R.S.;

(b) An intermediate nursing facility for the mentally retarded as defined in section 26-4-103 (8), C.R.S.;

(c) An adult day care facility as defined in section 26-4-603 (1), C.R.S.;

(d) An alternative care facility as defined in section 26-4-603 (3), C.R.S.;

(e) Any business that provides temporary nursing care services or that provides personnel who provide such services.

**Source: L. 2002:** Entire section added, p. 1180, § 3, effective July 1.



## APPENDIX 6

### *ADDITIONAL RESOURCES*

#### **Assisted Dining: The Role and Skills of Feeding Assistants**

by Bonnie L. Walker, Ph.D and Claire S. Cole, MA, RN, C

ISBN-0-9705219-9-5

Copyright Information:

Copyright 2003 by the American Health Care Association

1201 L. Street NW

Washington D.C. 20005

Web: [www.ahca.org](http://www.ahca.org)

#### **Assisting With Nutrition and Hydration in Long-Term Care**

by Hartman Publishing Inc.

ISBN 1-888343-73-7

Copyright information

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8529 Indian School Road, NE

Albuquerque, NM 87112

Web: [www.hartmanonline.com](http://www.hartmanonline.com)

e-mail: [orders@hartmanonline.com](mailto:orders@hartmanonline.com)

#### **Eating Matters:**

**Feeding Assistants Manual** (Publication #5029)

**Instructor's Manual** (Publication #5028)

Published in 2003

Consultant Dietitians in Health Care Facilities (CD-HCF)

a Dietetic Practice Group of the American Dietetic Association (ADA)

<http://www.cdhcf.org>

**ATTESTATION FORM**  
**Attestation of Employing Facility or Training Entity Seeking Initial Approval**  
**To Administer a Feeding Assistant Training Program**

**TO: Colorado Department of Public Health and Environment**  
**ATTN: HFEMSD/Feeding Assistant Training Provider Program**  
**4300 Cherry Creek Drive, S.**  
**Denver, Colorado 80246-1530**  
**Facsimile Number: 303/753-6214**

**FROM:** Applicant: \_\_\_\_\_  
(Type or print full legal name of Facility or Other Training Provider)

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Applicant is a:  Long term care facility

(Check One)  Accredited college, university or vocational school (Please specify):

\_\_\_\_\_  
 Program, seminar, or in-service training provider (Please specify):

I, \_\_\_\_\_ (type or print full legal name of administrator or individual responsible for administering Feeding Assistant Training Program) **HEREBY ATTEST AND CERTIFY AS FOLLOWS WITH RESPECT TO THE "FEEDING ASSISTANT CURRICULUM SPECIFICATIONS AND PROGRAM REQUIREMENTS" AND 6 CCR 1011-1, CHAPTER V, PART 11.001 "FEEDING ASSISTANTS":**

1. That I have reviewed and am knowledgeable regarding the content of said documents;
2. That the Feeding Assistant Training Program to be administered by the Applicant listed above complies with and shall remain in compliance with all elements of said documents; and,
3. If the Applicant is a program, seminar or in-service training provider, I further attest that, the sponsoring organization, association, corporation, group or agency that will provide feeding assistant training meets the definition of "other training entity" specified in 6 CCR 1011-Chapter V, Part 11.006.

\_\_\_\_\_  
Signature (Original signature required)

\_\_\_\_\_  
Type or print name of Attester

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or print Attester's Business Title