

Feeding Assistant Training



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Module 1 - Introduction

Purpose

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

Goal

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

Pass/Fail Criteria



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

Course Outline

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

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

The modules are:



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

Module 1 - Introduction

Methodology

This course is designed for presentation in a classroom setting. The methods of delivery include:

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

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



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

Module 1 - Introduction

The Meaning of Mealtime

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

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

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

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

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

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

MEALTIME = ENJOYMENT



Module 1 - Introduction

Feeding Assistants

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

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

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



Module 2 - Nutrition, Hydration and Therapeutic Diets

Objectives

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

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

This module includes:

- Nutritional and Fluid Needs
- Dehydration
- Nutrition and Weight loss
- Nutrition and Pressure Ulcers
- Therapeutic Diets
- Swallowing, Dysphagia and Aspiration
- Review

Nutritional Needs



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

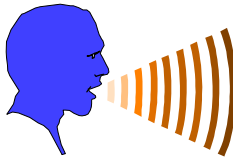
Fluid needs



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

Module 2 - Nutrition, Hydration and Therapeutic Diets

Thirst decreases in the older population



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

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



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

Dehydration is a condition of a loss of body water.

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

Module 2 - Nutrition, Hydration and Therapeutic Diets

Conditions That Increase Risks of Dehydration

Fever
High Protein Diet
Infection
Constipation
Confusion
Diarrhea
Medications
Decreased Appetite
Draining Wounds
Excessive Sweating

Suggestions to Ensure Adequate Fluid Intake

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

Items that interfere with adequate nutrition and fluid intake

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

Module 2 - Nutrition, Hydration and Therapeutic Diets

Weight loss

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



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

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

Pressure Ulcers

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

One risk factor for pressure ulcers is poor nutritional intake.

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

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

Module 2 - Nutrition, Hydration and Therapeutic Diets

Nutrition for Weight loss and Pressure Ulcers

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

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





Some examples of nutritional approaches are:

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



Module 2 - Nutrition, Hydration and Therapeutic Diets

Importance of Therapeutic Diets

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

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

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

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

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

We will review five types of therapeutic diets:

- High Calorie, High Protein Diets
- Reduced Sodium Diets
- Low Fat and Low Cholesterol Diets
- Calorie & Carbohydrate controlled Diets
- Texture Modified Diets



Module 2 - Nutrition, Hydration and Therapeutic Diets

High Calorie - High Protein Diets

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

Reduced Sodium Diets

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

Low Fat and Low Cholesterol Diets

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

Carbohydrate Controlled Diets

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

Module 2 - Nutrition, Hydration and Therapeutic Diets

Texture-Modified Diets

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

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



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



- Mechanically altered or chopped:
Foods served are moist, semi-solid foods which require some chewing ability. Foods included are fork-mashable fruits and vegetables. Meats are ground or chopped, usually no larger than 1/4 inch pieces. The ground or chopped meat should still be moist. Foods avoided are crackers, most bread products and other dry foods.



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

Module 2 - Nutrition, Hydration and Therapeutic Diets



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

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

**Our Facility's
Texture Modified
Diets**

**Liquid
Consistency**

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

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

**Three types of
thickened liquids**

There are three types of thickened liquids. They are **Nectar**, **Honey** and **Pudding** consistency liquids.

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

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

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

Module 2 - Nutrition, Hydration and Therapeutic Diets



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

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

**Our Facility's
Thickened liquids**

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

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

These are the diets used in this facility:

**Our Facility's
Therapeutic Diets**



Module 2 - Nutrition, Hydration and Therapeutic Diets

Normal Swallow

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

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

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

Dysphagia

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

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

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

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

Module 2 - Nutrition, Hydration and Therapeutic Diets

Aspiration definition

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

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

Signs and symptoms of Swallowing problems

Some common signs of swallowing problems are:

- taking a long time to begin to swallow
- coughing or throat clearing while eating or drinking or very soon thereafter
- needing to swallow 3-4 times for each bite of food
- pocketing food in cheeks
- wet sounding voice during or after eating
- food or liquid falling from the mouth
- drooling
- watering eyes after eating
- extra effort in chewing or swallowing
- rocking the tongue back and forth (front to back)

Module 2 - Nutrition, Hydration and Therapeutic Diets

REVIEW



1) Describe your facility's special or therapeutic diets:

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

Module 2 - Nutrition, Hydration and Therapeutic Diets

Review (continued)

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

4) Why is fluid intake in older adults important?

5) What is dysphagia?

6) What is aspiration?

7) True or False: The primary goal of feeding assistants is to help prevent weight loss in residents.

Module 3 - Communication and Interpersonal Skills

Objectives

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

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

This module includes:

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

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

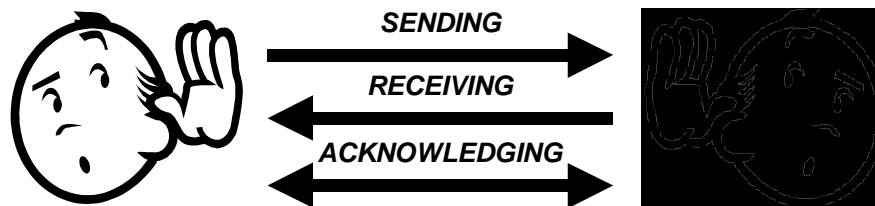
Module 3 - Communication and Interpersonal Skills

Communication Process

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

The Communication Process

1. Sending messages
 - (a) Verbal - the spoken message
 - (b) Non-verbal/ body language - the message we send without words such as facial expressions, gestures, nods, posture, personal appearance.
2. Receiving messages
 - (a) Effective listening
 - (b) Body Language
3. Feedback - acknowledging the message. The use of verbal and non-verbal messages to acknowledge the message that is sent.



Module 3 - Communication and Interpersonal Skills

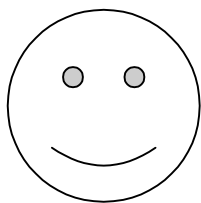
Techniques for Effective Communication

When speaking with residents:

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

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

Methods of staying positive:



- Be welcoming;
- Listen Carefully;
- Stand or sit at the same level as the resident;
- Use a relaxed pace communication;
- Relaxed, friendly facial expression;
- Use encouragement and praise
- **SMILE**

Module 3 - Communication and Interpersonal Skills

Use Caution



Residents are sensitive to:

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

How to Start A Conversation

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

Module 3 - Communication and Interpersonal Skills

Guidelines for Talking and Listening

Get the resident's attention before speaking.

Speak courteously with the resident, listening and responding appropriately.

Avoid slang or words with more than one meaning.

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

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

Speak clearly and avoid mumbling.

Be sure your verbal and non-verbal message match.

Use open posture, leaning slightly toward resident while listening.

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

Give, receive and/or request feedback as appropriate to assure understanding.

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

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

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

Module 3 - Communication and Interpersonal Skills

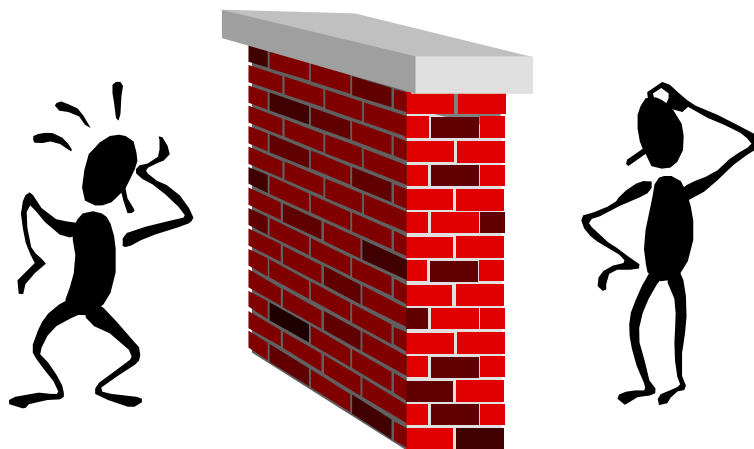
How to Avoid Barriers to Conversation

Avoid interrupting or changing the subject.

Avoid expressing your opinion if it implies passing judgement.

Avoid pat answers such as "Don't worry" as this can make residents feel their concerns are not important.

Avoid questions that start with "Why" to avoid defensive responses.



How to End a Conversation

Tell the resident that you are finished, that you have to leave and if appropriate, when you will be back.

Tell the resident that you enjoyed the conversation.

Leave the resident in a position of comfort and safety, with needed items within easy reach.

Module 3 - Communication and Interpersonal Skills

Changes Due to Aging

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

1) Sensory losses include:

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

2) Memory loss includes:

- Short term memory loss
- Long term memory loss

Considerations for care of residents	
<p style="text-align: center;"><u>Loss of Vision</u></p> <ul style="list-style-type: none">✓ It may be harder to see objects✓ Color perception may change <p style="text-align: center;"><u>Loss of Smell</u></p> <ul style="list-style-type: none">✓ Loss of smell may decrease appetite <p style="text-align: center;"><u>Loss of Taste</u></p> <ul style="list-style-type: none">✓ The ability to taste sweet & salty foods may decrease	<p style="text-align: center;"><u>Loss of Hearing</u></p> <ul style="list-style-type: none">✓ Sound may be muffled✓ Communication may be misunderstood✓ Distinguishing conversation from background noise may be difficult✓ Hearing aids magnify all sounds <p style="text-align: center;"><u>Loss of Touch</u></p> <ul style="list-style-type: none">✓ May not be able to tell the difference between hot & cold temperatures✓ May not be able to tell the difference between different food consistencies

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

Module 3 - Communication and Interpersonal Skills

Communicating with Residents who have Vision Loss

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

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

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

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

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

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

Module 3 - Communication and Interpersonal Skills

Communicating with Residents who have Hearing Loss

Alert the resident by approaching from the front or side and lightly touching the resident's arm. Avoid startling the resident.

Speak at a slightly lower pitch and at a normal or only slightly increased volume- avoid shouting.

If the resident hears better in one ear, sit on the preferred side.

Face the resident when you speak.

Speak slowly, clearly and distinctly, using your lips to emphasize sounds - do not chew gum or cover your face with your hands while talking.

Keep conversations short and limited to a single topic.

Do not convey negative messages by your tone of voice or body language.

Communicating with Residents who have problems with speaking

Keep conversations short, but frequent. Ask direct questions if resident can answer "Yes" or "No."

Allow the resident adequate time to respond.

Listen carefully. Don't pretend to understand the resident if you don't.

If you can't understand the words, validate what you think the resident is saying or feeling.

Take the time to complete each conversation and avoid showing impatience.

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

Encourage and assist the resident to point or nod to communicate with you.

Module 3 - Communication and Interpersonal Skills

Communicating with Residents who have Problems with Understanding

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

Keep conversation short and focused on a single topic.

Give simple, one-step instructions as appropriate.

Allow the resident adequate time to respond.

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

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

Module 3 - Communication and Interpersonal Skills

Your Conversations with Residents

Conversations with residents should:

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

Communication During Meals

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

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

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

Personal Attention

Appropriate conversation with residents is an opportunity to offer one-on-one personal attention and conversation. Everyone enjoys personal attention.

Some residents do not talk to other residents, may have difficulty talking to others and miss the opportunity to get to know each other. By drawing residents into a conversation around the dining table it is possible to help build friendships within the facility.

Module 3 - Communication and Interpersonal Skills

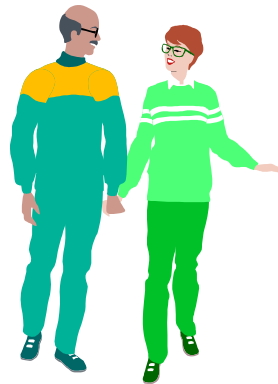
Inappropriate Conversations

It is inappropriate to have discussions that:

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

Talking To Visitors

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



Module 3 - Communication and Interpersonal Skills

Positive Effects of Communication

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

Module 3 - Communication and Interpersonal Skills

REVIEW

1) Communication is the process we use to _____.

2) Aging causes changes in the ability to communicate.
Some sensory losses that occur include _____ and _____.

3) List things that should be considered when feeding residents with vision loss, hearing loss or a loss of the sense of touch :

4) List five techniques for effective communication:

Module 3 - Communication and Interpersonal Skills

REVIEW (continued)

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

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

Module 4 - Resident Rights

Objectives

At the end of this module the feeding assistant will be able to:

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

This module includes:

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

Module 4 - Resident Rights

Effect of Institutionalization on Resident Rights

Residents do not give up any rights when they enter a nursing facility. They have all the same rights and protections as ordinary citizens. The facility and its staff must encourage and assist residents to fully exercise their rights.

Residents Rights

Resident rights are stated in the Long Term Care Nursing Facility Requirements, Texas Department of Aging and Disability Services, §19.401-19.422 and §19.601.

Your Role in Respecting and Promoting Resident Rights and Independence

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

Module 4 - Resident Rights

Promoting Resident Privacy

Feeding Assistants and all facility staff are responsible for protecting resident privacy.

Guidelines to protect resident privacy

- ✓ Do not discuss a resident's medical condition.
- ✓ Do not discuss residents (current or former residents) with anyone other than those who are providing care to the resident.
- ✓ Be sure no one can hear your discussion with the care team or charge nurse regarding the resident.
- ✓ Resident records are private and confidential. You should only review those records that the supervisory nurse has directed you to review.
- ✓ Before entering a resident's room you should knock on the door and identify yourself by name and title (even if the door is open).
- ✓ Respect the resident's room - it is his/her private space.
- ✓ Have the charge nurse identify visitors with whom you may discuss the resident's needs for care and treatment.

Protect Residents from Abuse, Neglect and Misappropriation of Resident Property

Feeding assistants and all facility staff are responsible for protecting residents from abuse, neglect and misappropriation of resident property.

All residents have the right to be free from verbal, sexual, physical and mental abuse, corporal punishment and involuntary seclusion.

Module 4 - Resident Rights

Definitions

Abuse: the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish

Verbal Abuse: the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within hearing distance, regardless of their age, ability to comprehend or disability

Sexual Abuse: includes but is not limited to sexual harassment, sexual coercion or sexual assault

Physical Abuse: includes hitting, slapping, pinching and kicking. It also includes controlling behavior through corporal punishment

Mental Abuse: includes, but is not limited to humiliation, harassment, and threats of punishment or deprivation

Involuntary Seclusion: separation of a resident from other residents or from her/his room or confinement to her/his room (with or without roommates) against the resident's will or the will of the resident's legal representative

Neglect: the failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness

Misappropriation of resident property: the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent

Examples



The instructor will assist you in identification of examples of :

Abuse: _____

Verbal Abuse: _____

Sexual Abuse: _____

Physical Abuse: _____

Mental Abuse: _____

Involuntary Seclusion: _____

Neglect: _____

Misappropriation: _____

Module 4 - Resident Rights

Avoiding Abuse, Neglect and Misappropriation of Resident Property

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

Remember that there is no excuse for abusing a resident.

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

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

Do not use residents' personal belongings.

Do not take money from residents.

Module 4 - Resident Rights

Your Facility's Policy



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

What is your facility's policy?

Phone Numbers

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

Module 4 - Resident Rights

Review

1) Describe resident rights in regard to:

Privacy:

Abuse and Neglect:

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

3) Who should you notify if you suspect abuse, neglect or exploitation of a resident?

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

Module 5 - Infection Control and Food Safety

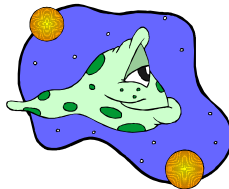
Objectives

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

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

This module includes:

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



Module 5 - Infection Control and Food Safety

Definitions

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

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

How Infections Are Spread

Infections are commonly spread by:

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



Food Safety and Feeding Assistants

You must serve food to residents in a sanitary manner.

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

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

Prevent Foodborne illness

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

Module 5 - Infection Control and Food Safety

Good Personal Hygiene

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

Wear clean clothes to work.

Bathe daily.

Wash your hands.

Do not eat or drink while assisting residents

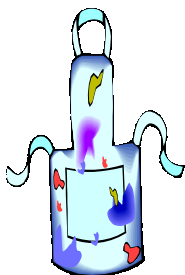
Cuts, sores, and burns should be properly cleaned and covered. If your hands are bandaged, wear clean gloves at all times to protect the bandage and to prevent it from falling off into food.

General Cleanliness

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

Do not share personal care items.

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



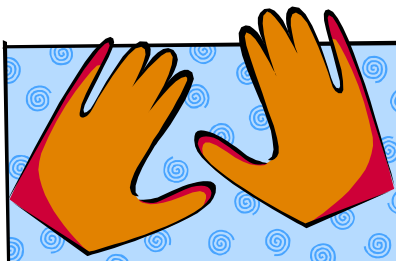
Keep your fingernails short and clean.

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

Module 5 - Infection Control and Food Safety

Handwashing

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



When do you wash your hands?

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

After each of the following, wash your hands:

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

Module 5 - Infection Control and Food Safety

Proper Handwashing Method

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

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

Hand Sanitizers

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



Module 5 - Infection Control and Food Safety

Gloves

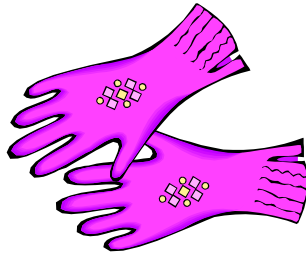
Gloves should never be used to avoid hand washing. You must wash your hands before putting on gloves. Gloves should not be washed and should never be reused.

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

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

Change your gloves:

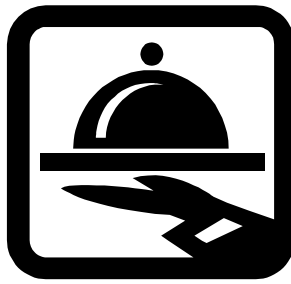
- As soon as they become soiled or torn
- Before beginning a different task



Module 5 - Infection Control and Food Safety

Safe Food Service

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



Module 5 - Infection Control and Food Safety

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

How to Handle Dishes & Utensils



Cups and Glasses:

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

Plates:

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



Spoons, Forks and Knives:

- Hold spoons, forks and knives by the handles.

Handling Bread:



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

Condiment Packages (catsup, dressing)

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

Module 5 - Infection Control and Food Safety

Testing Food Temperatures

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

Hot foods can cause serious burns.

Do not test temperatures with your fingers or hands.

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

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

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



Module 5 - Infection Control and Food Safety



Review

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

2) List 3 things you can do to maintain good personal hygiene.

3) Describe the proper method to wash hands.

Module 5 - Infection Control and Food Safety

Review (continued)

4) Handwashing is important AFTER many actions. List 6.

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

6) Describe 5 techniques for serving food safely (i.e. how to handle utensils, cups, plates, etc.)

7) Explain how you would test the temperature of food before feeding a resident.

Module 6 - Feeding the Resident

Objectives

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

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

This module includes:

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

Module 6 - Feeding the Resident

Preparing the Dining Area



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

Preparing the Resident for meals

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

Before the meal:



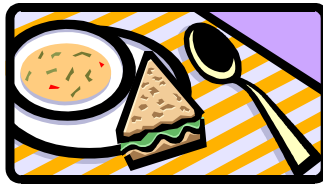
- ✓ You should ensure the resident is comfortable and clean. This requires communicating with the nurse aides and nurses to ensure the resident has been toileted, has had their face and hands washed and has good oral hygiene.
- ✓ You should be sure the resident has dentures in, glasses on and clean,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

Module 6 - Feeding the Resident

How to Serve Trays

- ✓ Carry the tray away from your body, one tray at a time.
- ✓ You should identify the tray by the name on the tray card.
- ✓ You should check that the tray contains the right food for the resident.
- ✓ You need to identify the resident and place the tray within easy reach of him/her.

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



Module 6 - Feeding the Resident

Encouraging Independence

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

Every Resident Has Unique Needs



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

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

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

You should:

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

Module 6 - Feeding the Resident

Basic Guidelines for Assisting Residents



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

Module 6 - Feeding the Resident

Residents Who Need Assistance With Eating

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

The types of assistance are:

- 1. Minimal Assistance**
- 2. Cueing and Prompting (provided along with Minimal Assistance)**
- 3. Total Assistance (or feeding the resident)**

Minimal Assistance

These residents may be able to feed themselves, but have difficulty with setting up their meals.

These residents may need help with:

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

You should:

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

Module 6 - Feeding the Resident

Verbal Cueing and Prompting

This is the next level of assistance.

These residents can feed themselves but may be easily distracted or have difficulty staying on task. These are residents who need minimal assistance as well as some cueing or prompting.

Verbal Cues

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

Examples:

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

Physical Prompts

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

Examples:

Resident Action	Your Cue
Resident stops eating	Point to the food
Resident stops eating and is holding a fork or spoon in their hand	Touch the resident's hand to draw attention to the spoon or fork in their hand

Module 6 - Feeding the Resident

Hand-Over-Hand Feeding Technique

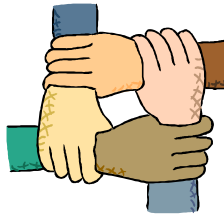
Hand-over-hand feeding is a method that may serve as a prompt for the resident to complete the task on his/her own.

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

When the Hand-Over-Hand Technique is Useful

The Hand-Over-Hand technique may be used when a resident:

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



Module 6 - Feeding the Resident

Total Assistance (or Feeding a Resident)

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

Guidelines For Feeding a Resident:

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



Module 6 - Feeding the Resident

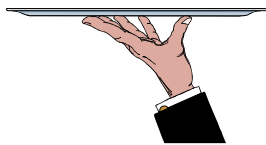
Monitoring Mealtime

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

Removing Trays

Remove the tray after the resident has finished eating.


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



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

Wash your hands.

Module 6 - Feeding the Resident

Observing and Reporting 	WHAT do you report? Report the following to the charge nurse or nurse supervisor. These eating problems could signal the resident has a problem with chewing and/or swallowing. Report the following. If the resident: <ul style="list-style-type: none">➤ Complains about the taste of food;➤ Complains about eating food, such as "too hard" or "too cold";➤ Changes in alertness;➤ Changes in his/her ability to stay in an upright position for eating;➤ Changes from usual meal intake;➤ Bites down on utensils;➤ Cannot or will not chew;➤ Has food or liquid coming out of his/her nose;➤ Is unable to gather food with his/her tongue;➤ Will not open his/her mouth;➤ Has poor lip closure or food falls out of his/her mouth;➤ Holds food in his/her mouth;➤ Does not take food off utensils;➤ Experiences food sticking to the roof of his/her mouth; and/or➤ Bites his/her tongue or cheek
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Module 6 - Feeding the Resident

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

Module 6 - Feeding the Resident

Adaptive Devices

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

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

Adaptive Device Examples

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

Long handled utensils: utensils with long handles.

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

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

Weighted Utensils



Nosey Cup or Nose Cutout Cup



Plate Guard



Module 6 - Feeding the Resident

Restorative Dining

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

Module 6 - Feeding the Resident



Review

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

2. When passing trays to residents, which of following must you check?

- a) the tray card for the resident's name
- b) the food on the tray matches the resident's tray card & diet order
- c) resident's identification matches the tray in your hand
- d) all of the above

3. The Basic Guidelines for feeding residents include all of the following except:

- a) offer assistance in an unobtrusive manner
- b) stand above residents when assisting them
- c) use positive comments to describe the food
- d) take time to talk to the resident
- e) identify pureed foods

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

Module 6 - Feeding the Resident

Review (continued)

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

- 6. List 5 eating problems that you must report to the nurse supervisor.**

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

Module 7 - Appropriate Responses to Resident Behaviors

Objectives

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

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

This module includes:

- Normal Behaviors
- Behavioral Problems & Considerations for Care
- Causes of Behaviors
- Difficult Behaviors & Suggestions for Responding
- Reporting Difficult Behaviors
- Review

Module 7 - Appropriate Responses to Resident Behaviors

Normal Behaviors

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

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

Difficult Behaviors

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

Normal behaviors:



Difficult behaviors:



Module 7 - Appropriate Responses to Resident Behaviors

Unacceptable Behaviors

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

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



Module 7 - Appropriate Responses to Resident Behaviors

Causes of Behavioral Problems & Considerations for Care

What does the resident need?



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

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

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

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

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

Module 7 - Appropriate Responses to Resident Behaviors

Responding to Resident Behaviors

Guidelines

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

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

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

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

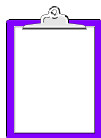
You should know and understand the residents in your care. You should learn at least one effective measure to comfort and/or distract each resident such as:

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

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

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

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



Module 7 - Appropriate Responses to Resident Behaviors

Guidelines continued

Do not respond negatively to inappropriate behavior.

Never laugh or ridicule the resident's behavior.

Module 7 - Appropriate Responses to Resident Behaviors

How to Respond to Resident Behaviors - Examples and Suggestions

Assisting Residents Who Are Complaining or Demanding



Be a Good Listener

1. Talk with the resident to determine the nature of the complaint/demand and report objective observations to the charge nurse.
2. If the complaint/demand is justified, you should correct or meet it (if you are trained to do so) as instructed by the charge nurse. Example: the resident is demanding a second slice of bread. You check with the nurse; and the resident's diet allows for bread, so you get a slice of bread for the resident.
3. If complaint/demand is unjustified or cannot be met immediately:
 - ✓ Assure the resident that his/her complaint was heard and reported to the charge nurse.
 - ✓ Be a good listener and provide support.
 - ✓ If complaints are related to care, stay neutral and do not become defensive, take sides or argue with the resident.
 - ✓ Try to distract the resident with a favorite object or activity as appropriate.
4. Provide care (feeding the resident) to eliminate the cause of the behavior.
5. Follow the instructions of the charge nurse and the resident's plan of care.

Module 7 - Appropriate Responses to Resident Behaviors

How to Respond to Resident Behaviors - Examples and Suggestions

Assisting Residents Who Are Yelling or Screaming



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

Assisting Residents who are verbally or physically aggressive



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

Module 7 - Appropriate Responses to Resident Behaviors

How to Respond to Resident Behaviors - Examples and Suggestions

Assisting Residents who have Cognitive Impairment

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

Dementia is a brain disorder that results in cognitive impairment.

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

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

1. Reinforce the resident's feelings of belonging and safety; "you're safe here" and "you are all right."
2. Call the resident by the name he/she prefers.
3. Maintain calmness in your voice and your non-verbal communication (body language).
4. Find and confirm a true and accepted fact of the moment. Try to move forward from the accepted fact to the present. (Example: "I really like the blue shirt you're wearing today. " or "It's raining outside again today," followed by "We're having a great lunch today. The chicken and mashed potatoes on your tray look delicious.")
5. Acknowledge the resident's feelings. "I can see you are feeling sad" or "I can see you are feeling afraid."
6. Avoid isolating the resident. Isolation leads to more confusion.

Module 7 - Appropriate Responses to Resident Behaviors

Reporting Difficult Behaviors

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

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

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



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

This facility's procedure for reporting difficult behavior is:

Module 7 - Appropriate Responses to Resident Behaviors

Observe for and report these to the charge nurse.



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

- Changes in the behavior of the resident that might indicate problems
- Possible causes of the behavior
- Effective measures to comfort or distract the resident
- Approaches that did not work
- Problems in managing the behavior or protecting the resident's safety
- Residents untying a restraint or releasing a self-release seat belt
- Resident who walks or wheels away from the table
- Coughing; wet gurgly voice or a weak cough during or after swallowing
- Sudden complaints of all food
- Disoriented, i.e. the resident is uncertain of his/her surroundings
- Residents who seem sad or depressed
- Any threats of suicide or threats of harm to other people or property

What to Include in Your Report



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

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

Module 7 - Appropriate Responses to Resident Behaviors

Report Changes in Normal Behavior



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

To determine what is normal or usual for a resident:

- You should familiarize yourself with the resident's plan of care
- You should discuss the resident's behavior with the certified nurse aides and nurses who care for that resident.

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

Module 7 - Appropriate Responses to Resident Behaviors



Review

1. List three unacceptable behaviors.

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

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

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

5. True or False: You should report changes in the resident's behavior to the charge nurse on the day that it occurs.

6. True or False: Normal behavior is the same for all residents.

Module 7 - Appropriate Responses to Resident Behaviors

Review (Continued)

7. List 4 changes in resident behavior that should be reported to the nurse supervisor.

Module 8 - Safety and Emergency Procedures

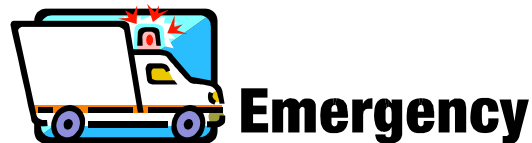
Objectives

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

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

This module includes:

- General Safety
- Potential Hazards
- Situations Which Call for Emergency Action
- Your Role in Emergency Procedures
- Emergency Measures For:
 - Power Outages
 - Fire
 - Finding a Resident on the Floor
 - Choking/Heimlich maneuver
 - Finding an Unresponsive Resident
 - Seizures
 - Wandering or Lost Residents
 - Severe Weather
- Review



Module 8 - Safety and Emergency Procedures

General Safety

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

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

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

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

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



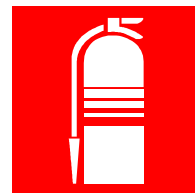
Module 8 - Safety and Emergency Procedures

You Should Identify Potential Hazards to Resident Safety:

- Errors (wrong trays)
- Unsafe, improperly placed or non-working call lights
- Lack of proper lighting. Glares are especially hazardous to the elderly.
- Falls are the greatest threat to residents. Be alert to all situations, such as spills, which may be a hazard.
- Unsafe equipment, such as electrical cords
- Slippery floors
- Improper use of smoking materials
- Cluttered hallways
- Unsafe or non-working equipment

Situations Which Call for Emergency Action

- Power outage
- Fire
- Finding a resident on the floor
- Choking
- Finding an unresponsive resident
- Seizures
- Wandering or lost residents
- Severe weather



Module 8 - Safety and Emergency Procedures

Emergency Situations: General Guidelines

Power Outage



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

Your facility procedures for a power outage are:

Fire Emergencies



Actions to take when fire is discovered:

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

Be prepared:

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



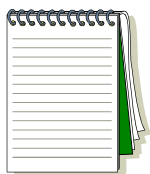
Your facility procedures for fire emergencies are:

Module 8 - Safety and Emergency Procedures

Emergency Situations: General Guidelines

Finding a Resident on the Floor

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



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

Finding an unresponsive resident

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

Seizures

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

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

Module 8 - Safety and Emergency Procedures



Your facility's policy on what the feeding assistant will do when observing a resident having a seizure is:



Wandering or Lost Residents

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

Severe Weather

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

Your facility's procedures for severe weather are:





Module 8 - Safety and Emergency Procedures

Emergency Situation

General Guidelines

Choking



You may only perform the abdominal thrust/Heimlich maneuver if you are trained to perform this procedure.



If a resident is coughing but is able to breathe, do not intervene. If the person is able to cough or breathe, encourage him/her to keep coughing and throw their arms in the air to help dislodge the object. You should continue to observe until coughing stops and the resident continues with activity.

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

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

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

Abdominal Thrust/Heimlich Maneuver

Key points include:

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

With the resident standing or sitting:

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

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

Module 8 - Safety and Emergency Procedures

Choking



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

Your facility's policy regarding a Feeding Assistant's role during a choking emergency is:



Module 8 - Safety and Emergency Procedures

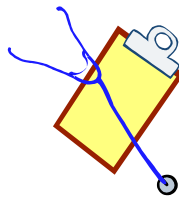
Your Role in Emergency Procedures

You can help by:

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

General Measures for Emergency Care

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



Module 8 - Safety and Emergency Procedures

Review

- 1) Which of the following are potential hazards to resident safety?
- A) uncluttered hallways
 - B) safe equipment
 - C) spills
 - D) proper lighting

- 2) List 6 situations which call for emergency action.

- 3) True or False: During a power outage, you should close the window shades and light candles.

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

R stands for

A stands for

C stands for

E stands for

- 5) True or False: If you find a resident on the floor, you should not attempt to move the resident.

- 6) True or False: You may only perform the Heimlich maneuver if you have been trained to perform it and your facility's policy allows feeding assistants to perform the procedure.

- 7) A seizure is

Module 8 - Safety and Emergency Procedures

Review (Continued)

8) True or False: You may help during an emergency by remaining calm and explaining the situation to residents.

9) Describe the Heimlich maneuver and what it is used for.





Module 9 - Practicum: Feeding Residents

You will be assigned to feed a resident at two meals. The expected time frame for this activity is 2 hours. This is part of the 16 hour training course requirement.

A licensed nurse will evaluate the feedings.

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

NOTES TO INSTRUCTORS:

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

- 1. Hand washing**
- 2. Feeding a Resident**
- 3. Serving Trays**

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

- 1- correct resident**
- 2- correct eating and adaptive equipment**
- 3- correct diet**
- 4 - correct fluids**

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

Module 10 - Nurse's Evaluation & Discussion

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

Items To Discuss

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

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

Discussion Questions:

What things went very well?

Did anything go wrong?

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

What did you find difficult?

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

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

Were you worried about anything? If so, what?

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

Glossary

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

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

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

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

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

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

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

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

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

Dementia - a brain disorder that results in cognitive impairment.

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

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

Dysphagia - any change in the normal process of swallowing.

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

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

Intake - all liquids and food consumed.

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

Glossary

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

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

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

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

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

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

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

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

Safety - practices that prevent harm or injury.

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

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

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