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## **PREFACE**

### **About this curriculum**

Since its inception in 2006, the Vanderbilt Center for Quality Aging (CQA) has been evaluating the implementation of the Paid Feeding Assistant Regulation (CMS CFR 483.153), both nationally and at the state level. More recently, CQA has assisted several middle-Tennessee nursing homes cross train non-nursing staff and implement feeding assistant programs. This curriculum translates CQA's research and implementation experiences into a straight-forward reference for Tennessee nursing homes. The curriculum incorporates the state required content as well as suggestions for training and implementation. The videos mentioned in this curriculum as well as supplemental resources can be found at [www.vanderbiltpfa.org](http://www.vanderbiltpfa.org) or [www.vanderbiltcqa.org](http://www.vanderbiltcqa.org).

The core curriculum components parallel many other CMS and Tennessee quality improvement initiatives. The overlap in content between CMS Hand in Hand and the feeding assistant training has been highlighted. Specifically, Unit 4 Communication and Interpersonal Skills, Unit 5 Appropriate Responses to Resident Behaviors, and Unit 6 Resident Rights reinforce the Hand in Hand material.

### **Regulation: 42 CFR 483.160**

§ 483.160 established the requirements for paid feeding assistants. The regulation defines a paid feeding assistant as "an individual, other than a licensed nurse or other health care professional, or a volunteer or family member, who successfully completes a State Approved Feeding Assistant Training Course before feeding residents; and is paid by or under contract with a facility to feed residents in a long term care facility." The criteria pertain both to single-task workers hired and cross-trained non-nursing staff within the long term care facility.

### **Requirements for Training**

#### *Instructor Requirements*

The primary instructor must be a Licensed Nurse with previous long-term care experience and a current Tennessee license. A Registered Dietitian, Licensed Physical, Speech, or Occupational Therapist may be employed to provide additional, specialized instruction.

#### *Length of Training*

The federal regulation and the state of Tennessee require eight hours of training.

#### *Subject Matter*

The training curriculum is required to address the following content areas:

- Feeding techniques
- Assistance with feeding and hydration
- Communication and interpersonal skills
- Appropriate responses to resident behavior
- Safety and emergency procedures, including the Heimlich Maneuver
- Infection control
- Resident rights
- Diets, including but not limited to type and amount of food intake; and meal observation and actual feeding assistance to resident
- Recognizing changes in residents that are consistent with their normal behavior and the importance of reporting those changes to the supervisory/ charge nurse

### *Competency Evaluation*

Participants must complete either a written or performance evaluation prior to assisting residents. See the appendices for a sample written test and sample performance evaluation.

### *Record Keeping*

The long-term care facility must maintain record of all individuals who have successfully completed the feeding assistant training course. As part of this record, the facility must retain a copy of the curriculum, instructor's license, attendance records, and completed competency evaluations.

### *Supervision*

Upon completion of training, feeding assistants must be supervised by a licensed nurse. This does not mean that a licensed nurse must directly observe the feeding assistant every time he/ she assists a resident. Rather, trained feeding assistants must be able to get immediate assistance from nursing staff, whether by a nurse present in a common area (such as the dining room) or via the call light system if assisting in a resident room.

### **Eligibility**

#### *Staff*

All non-licensed long-term care staff members are required to complete the training before assisting residents to eat or drink. This may include the nursing home administrator, social worker, social activity staff, clerical staff, dietary aides, and housekeeping/ laundry personnel. Volunteers and family members are not required to complete the training to assist residents but they may complete training if they so desire.

#### *Residents*

Feeding assistants may not assist residents with complicated feeding needs. This includes residents with tube feedings, recurrent aspirations of the lung, or difficulty swallowing. A clinical nurse should determine if it is appropriate for the resident to receive assistance from a trained feeding assistant. The resident's most recent Minimum Data Set (MDS) and care plan should be reviewed to determine appropriateness. Additionally, it is wise to add to the resident's plan of care that he/ she will receive additional assistance with meals or snacks from a trained feeding assistant.

### **Staff Training & Program Implementation Recommendations**

#### *Recruiting: How & Who*

Facilities may choose to make training mandatory, voluntary, or a combination of both methods. The best strategy for mandatory participation is to focus on certain departments (housekeeping, dietary, and social activities) and/ or department managers. Some facilities may utilize contract employees for housekeeping or dietary; while these employees can complete training, their contract status often creates difficulties during program implementation (related to supervision, pay, and assistance time). Training indigenous staff should be the first priority.

CNAs do not need to complete this course to assist with feeding, but their inclusion is encouraged. First, the specialized feeding techniques and nutrition concepts covered are, in many cases, more in depth than that received during their original CNA training. At the very least, this training will be a refresher course. Finally, it helps boost CNAs confidence in the trained feeding assistants.

### *Training Structure*

The eight hours of training can be completed in one day or broken into multiple sessions. The timing of sessions should be scheduled in a way to maximize the number of staff who can participate. Coordination with department managers is crucial to ensure that staff are proactively scheduled to attend training.

### *Importance of Training Staff*

During the recruitment and training process, it helps to emphasize the benefits of trained feeding assistants within the long term care facility. In addition to increased nutritional care, residents assisted by trained feeding assistants have more positive interactions and socialization with staff. The addition of trained feeding assistants can also improve overall staff morale by reducing the burden of CNAs and creating a feeling of teamwork or 'all hands on deck.'

### *Implementation Strategies*

The keys to successful implementation of a trained feeding assistant program are supervision and scheduling. The program needs a 'champion' within the facility; most commonly this is the facility dietitian, staff developer, or activities director. The champion should work with department managers to identify the best times for trained feeding assistants to help with either meals or snacks. Some suggestions are to have cross-trained activities staff routinely provide snacks during social group activities and cross-trained housekeeping staff assist with meal time. Ideally, the schedule will be consistent as to make it part of staff's weekly routine. Additionally, it helps to post a copy of the schedule so staff can hold one another accountable.

## UNIT 1: Assistance with Feeding & Hydration

Objectives	Course Content	Learning Activities
1.1 Explain the Paid Feeding Assistant Regulation	<ul style="list-style-type: none"><li>I. Regulation 42 CFR 483.35<ul style="list-style-type: none"><li>A. History<ul style="list-style-type: none"><li>1. CMS recognized the growing acuity (care need) levels of the long-term care population and the need for additional assistance. The regulation formalized feeding assistants programs already implemented by some states.</li></ul></li><li>B. Goals<ul style="list-style-type: none"><li>1. To augment current nursing assistance with eating</li><li>2. To provide residents with more (feeding) assistance at meal time and between meals</li><li>3. To improve nutrition status of residents<ul style="list-style-type: none"><li>a. Reduce dehydration and unplanned weight loss in residents</li></ul></li></ul></li><li>C. Requirements<ul style="list-style-type: none"><li>1. Complete 8-hour, state approved a training course with content covering:<ul style="list-style-type: none"><li>a. Assistance with Feeding &amp; Hydration</li><li>b. Diet</li><li>c. Feeding Techniques</li><li>d. Communication &amp; Interpersonal Skills</li><li>e. Appropriate Responses to Resident</li><li>f. Resident Rights</li><li>g. Recognizing Changes in Residents</li><li>h. Safety &amp; Emergency Procedures</li><li>i. Infection Control</li></ul></li><li>2. Complete a written or performance evaluation</li></ul></li><li>D. Reminders<ul style="list-style-type: none"><li>1. Feeding assistants can only perform tasks for which they have been trained</li><li>2. Feeding assistants should not provide nursing care</li><li>3. Feeding assistants <i>cannot</i> assist residents with complicated feeding issues</li></ul></li></ul></li></ul>	<p>Discuss the history that led to creation of 42 CFR 483.35</p> <p>Explain the format of the course and that staff developers/ nursing supervisors must submit attendance log</p>

UNIT 1: Assistance with Feeding & Hydration

Objectives	Course Content	Learning Activities
1.2 Discuss why good nutrition is important for older adults.	II. What is good nutrition? Why is it important? A. Providing or obtaining the food necessary to maintain health and prevent or manage chronic disease 1. Whole foods 2. Balance 3. Variety 4. Consistency 5. Adequate fluid/ water intake  B. Outcomes of Poor Nutrition 1. Increased risk of infection 2. Exacerbate chronic illness 3. Loss of muscle mass 4. Slows wound healing 5. Constipation or diarrhea	PowerPoint Presentation by dietitian
1.3 Identify specific warning signs of malnutrition and dehydration in residents	III. Signs of Malnutrition & Dehydration A. Malnutrition 1. Poor appetite: Eats less than half of served meal/ snack 2. Has difficulty chewing or swallowing 3. Skin breakdown, delayed wound healing, cracked skin, dry skin, hair loss 4. Weight loss 5. Muscle mass loss 6. Fluid accumulation/ edema  B. Dehydration 1. Dry, cracked lips or skin 2. Tongue is thick or coated 3. Sunken eyes 4. Frequent vomiting, diarrhea or fever 5. Fatigue	

## UNIT 1: Assistance with Feeding & Hydration

Objectives	Course Content	Learning Activities
1.4 Describe the factors influencing nutrition and risk factors for poor nutrition/ weight loss in older adults	<p data-bbox="835 207 1178 269">6. Confusion 7. Decrease in urine output</p> <p data-bbox="611 350 1499 412">IV. Typical Long Term Care (LTC) residents have multiple risk factors for poor nutrition</p> <p data-bbox="741 420 995 444">A. Physical/ Sensory</p> <ol data-bbox="835 456 1499 948" style="list-style-type: none"><li>1. Advanced Age/ Physiological Changes<ol data-bbox="932 493 1415 623" style="list-style-type: none"><li>a. Fatigue</li><li>b. Disease which influences appetite</li><li>c. Missing or loose teeth or poor fitting dentures</li></ol></li><li>2. Medications: some common medications can reduce appetite or influence taste</li><li>3. Physical Impairment<ol data-bbox="932 737 1362 802" style="list-style-type: none"><li>a. Difficulty chewing or swallowing</li><li>b. Loss of dexterity</li></ol></li><li>4. Sensory Impairment<ol data-bbox="932 850 1499 948" style="list-style-type: none"><li>a. Smell, taste, and sight all change with age and can be reduced, which makes food less appetizing.</li></ol></li></ol> <p data-bbox="741 956 1047 980">B. Cognitive Impairment</p> <ol data-bbox="835 992 1451 1159" style="list-style-type: none"><li>1. Time/ Memory<ol data-bbox="932 1029 1451 1094" style="list-style-type: none"><li>a. Residents may forget that they have (or haven't eaten).</li></ol></li><li>2. Perception of Food<ol data-bbox="932 1135 1394 1159" style="list-style-type: none"><li>a. Residents may not recognize foods</li></ol></li></ol> <p data-bbox="741 1170 942 1195">C. Environment</p> <ol data-bbox="835 1206 1409 1409" style="list-style-type: none"><li>1. Needing assistance eating (physical, verbal)</li><li>2. Uncomfortableness<ol data-bbox="932 1279 1409 1344" style="list-style-type: none"><li>a. Excessive noise can create problems</li><li>b. Lack of socialization</li></ol></li><li>3. Cultural or religious practices<ol data-bbox="932 1385 1178 1409" style="list-style-type: none"><li>a. Family traditions</li></ol></li></ol>	<p data-bbox="1528 350 1911 448">PowerPoint presentation by gero- psychologist including the following activities:</p> <p data-bbox="1528 493 1856 518">Begin with imagery activity.</p> <ul data-bbox="1577 529 1911 1024" style="list-style-type: none"><li>• Ask staff to visualize the last great meal they had.</li><li>• What characteristics made it memorable?</li><li>• Now imagine you have physical, sensory, or cognitive impairment- how would that influence your experience?</li><li>• Compare the environment of that meal to the LTC facility</li></ul>



## UNIT 1: Assistance with Feeding & Hydration

Objectives	Course Content	Learning Activities
1.5 Define the role of a Paid Feeding Assistant (in improving nutritional care/ status of residents)	<ul style="list-style-type: none"><li>D. Psycho-social<ul style="list-style-type: none"><li>1. Loneliness</li><li>2. Depression</li><li>3. Anger, frustration</li></ul></li> <li>V. Role of Feeding Assistant<ul style="list-style-type: none"><li>A. Feeding assistants are part of the 'all hands on deck' philosophy to improving nutritional status of residents. Essentially, everyone in the facility can and should be involved in aiding residents.</li><li>B. Individual facilities can decide how best to utilize feeding assistants (at meal time, between meals, etc.) to increase the amount of food and fluids residents receive</li></ul></li></ul>	

## UNIT 2: Diet Types

Objectives	Course Content	Learning Activities
2.0 Review the fundamentals of diet orders in long term care	<ul style="list-style-type: none"><li>I. Basic diet orders in long term care<ul style="list-style-type: none"><li>A. Definition of Diet<ul style="list-style-type: none"><li>1. The amount and type of foods and beverages that a person consumes</li></ul></li><li>B. Background<ul style="list-style-type: none"><li>1. Residents are 'ordered' a specific amount and type of food.</li><li>2. A resident's diet orders are located in the medical chart and on his/ her meal ticket</li><li>3. Facilities may also have a diet order list or signage in the main dining room or snack cart</li></ul></li><li>C. Determination<ul style="list-style-type: none"><li>1. Align with individual resident needs and medical conditions</li><li>2. Accounts for chewing, swallowing, or other eating problems</li><li>3. Typically the Speech Therapist (SLP) or Registered Dietitian (RDN) assess the resident and determine resident's dietary needs and diet type</li></ul></li></ul></li></ul>	<p>PowerPoint presentation by dietitian including the following activities:</p> <p>Provide examples of meal tickets and practice interpreting them</p>
2.1 Distinguish between modified texture diets	<ul style="list-style-type: none"><li>II. Texture Modifications<ul style="list-style-type: none"><li>A. Regular<ul style="list-style-type: none"><li>1. Resident has no restrictions on the texture or consistency of foods or beverages</li></ul></li><li>B. Mechanical Soft<ul style="list-style-type: none"><li>1. Meats are ground or chopped (and often served with gravy)</li><li>2. Vegetables should be fork tender</li><li>3. Eliminate:<ul style="list-style-type: none"><li>a. Produce with tough skins/ membranes</li><li>b. Popcorn</li><li>c. Nuts</li><li>d. Potato chips</li></ul></li></ul></li></ul></li></ul>	Match pictures of diet types to description

## UNIT 2: Diet Types

Objectives	Course Content	Learning Activities
2.2 Categorize therapeutic diet orders	<ul style="list-style-type: none"><li>e. Crispy deep fried foods</li><li>f. Hard breads/ rolls</li></ul> <p>C. Pureed</p> <ul style="list-style-type: none"><li>1. Food is processed in blender or food processor</li><li>2. Consistency of mashed potatoes or applesauce or pudding<ul style="list-style-type: none"><li>a. Food <i>should not</i> have lumps or be runny</li><li>b. Foods <i>should not</i> be mixed together</li></ul></li><li>3. Ensure proper seasoning</li><li>4. Examples: oatmeal, pudding, applesauce, mashed potatoes, refried beans</li></ul> <p>III. Therapeutic Diets</p> <ul style="list-style-type: none"><li>A. Rationale<ul style="list-style-type: none"><li>1. Diets altered to meet specific nutritional needs due to illness or disease</li><li>2. LTC therapeutic diets are more liberalized to ensure maximum consumption</li></ul></li><li>B. Cholesterol or Fat Controlled Diet</li><li>C. Diabetic<ul style="list-style-type: none"><li>1. Also called: No Concentrated Sweets (NCS)/ Controlled Carbohydrate (CCHO)</li><li>2. Use sugar substitutes</li><li>3. Smaller dessert portions</li><li>4. More liberal than in older adults living independently</li></ul></li><li>D. No Added Salt (NAS) or Low Sodium<ul style="list-style-type: none"><li>1. For residents with high blood pressure (hypertension)</li><li>2. A regular diet with the exception that no salt is added after food preparation</li><li>3. No salt packet or salt shaker for the resident</li></ul></li></ul>	

## UNIT 2: Diet Types

Objectives	Course Content	Learning Activities
	<ul style="list-style-type: none"><li>E. Renal Diet<ul style="list-style-type: none"><li>1. For residents with Chronic Kidney Disease (CKD) or receiving dialysis</li><li>2. Potassium, Phosphorous, and Sodium must be monitored and restricted. Too much of these nutrients can cause heart problems, fluid retention, and bone loss</li><li>3. Restricted foods: tomatoes, potatoes, bananas, oranges, beans, processed meats, salt packets, and dairy products</li></ul></li><li>F. Fluid Restriction<ul style="list-style-type: none"><li>1. For residents with end stage renal disease, congestive heart failure, liver disease, or hyponatremia (low sodium levels)</li><li>2. Amount of fluid allowed varies based on resident's condition</li><li>3. Nursing should be consulted before offering any additional fluids</li><li>4. Broth based soups, ice cream, popsicles, sauces, and Jell-O are considered fluids</li></ul></li><li>G. Low Fiber or Low Residue Diet</li><li>H. Vegetarian Diet</li><li>I. Other potential diets<ul style="list-style-type: none"><li>1. Fortified Foods</li><li>2. Finger foods</li><li>3. Kosher diet</li><li>4. Gluten free diet</li></ul></li><li>J. Recognize residents individual preferences<ul style="list-style-type: none"><li>1. Religious, cultural</li><li>2. Allergies</li><li>3. Vegetarianism</li></ul></li></ul>	

## UNIT 2: Diet Types

Objectives	Course Content	Learning Activities
2.3 Characterize the different types of liquids	<p data-bbox="611 204 932 235">IV. Liquid Consistencies</p> <p data-bbox="737 240 842 271">A. Thin</p> <ol data-bbox="835 276 1413 448" style="list-style-type: none"><li data-bbox="835 276 1346 306">1. Includes: water, coffee, tea, soda, juice</li><li data-bbox="835 311 1413 448" style="list-style-type: none;"><ol data-bbox="926 349 1094 448" style="list-style-type: none"><li data-bbox="926 349 1045 380">a. Broth</li><li data-bbox="926 384 1094 415">b. Ice cream</li><li data-bbox="926 420 1094 451">c. Popsicles</li></ol></li></ol> <p data-bbox="737 456 942 487">B. Nectar-Thick</p> <ol data-bbox="835 492 1461 699" style="list-style-type: none"><li data-bbox="835 492 1461 557">1. Liquids are thickened to a consistency of (peach) nectar or unset gelatin</li><li data-bbox="835 561 1272 592">2. Liquids coat and drip off a spoon</li><li data-bbox="835 597 1430 699">3. Facility may use a picture of a hummingbird in resident's room to indicate he/ she is ordered nectar thickened liquids</li></ol> <p data-bbox="737 704 940 735">C. Honey-Thick</p> <ol data-bbox="835 740 1478 912" style="list-style-type: none"><li data-bbox="835 740 1478 771">1. Liquids are thickened to the consistency of honey.</li><li data-bbox="835 776 1304 807">2. Liquids flows off a spoon in ribbons</li><li data-bbox="835 812 1478 912">3. Facility may use a picture of a honey bee or honey pot in resident's room to indicate he/ she is ordered honey thickened liquids</li></ol> <p data-bbox="737 917 938 948">D. Spoon-Thick</p> <ol data-bbox="835 953 1438 1055" style="list-style-type: none"><li data-bbox="835 953 1438 984">1. Liquids are thickened to a pudding consistency</li><li data-bbox="835 989 1390 1019">2. Liquids remain on the spoon in a soft mass</li><li data-bbox="835 1024 1257 1055">3. Incredibly rare to see this order</li></ol> <p data-bbox="737 1060 1115 1091">E. Adherence to Liquid Orders</p> <ol data-bbox="835 1096 1493 1304" style="list-style-type: none"><li data-bbox="835 1096 1493 1198">1. Providing the incorrect consistency could lead to dangerous outcomes for the resident (i.e., Aspiration discussed in UNIT 8)</li><li data-bbox="835 1203 1493 1304">2. Ask facility how staff can identify residents ordered thickened liquids (e.g., pictures in room, colored bracelets)</li></ol>	Show clip by Nestle dietitian

UNIT 2: Diet Types

Objectives	Course Content	Learning Activities
2.4 Provide examples of adaptive equipment and the rationale for its use	<ul style="list-style-type: none"><li>V. Appropriate Snacks and Supplements<ul style="list-style-type: none"><li>A. Foods</li><li>B. Beverages</li><li>C. Vitamin/ Mineral Supplements</li><li>D. Oral Liquid Supplements</li></ul></li> <li>VI. Adaptive Equipment<ul style="list-style-type: none"><li>A. Enables residents to remain independent for as long as possible</li><li>B. Typically occupational or physical therapy must recommend these devices</li><li>C. Examples<ul style="list-style-type: none"><li>1. Divided Plate</li><li>2. Food Bumper/ Plate Guard</li><li>3. Weighted Utensils</li><li>4. Built up or angled cutlery</li><li>5. Non-skid bowl or cup</li></ul></li></ul></li></ul>	Provide trainees with either pictures or the actual equipment to test how these examples work

UNIT 3: Feeding Techniques

Objectives	Course Content	Learning Activities
3.1 Review the ideal dining environment.	<p>I. Positive Dining Environment</p> <ul style="list-style-type: none"> <li>A. Reduce noise and distractions</li> <li>B. Appetizing/ appealing aromas</li> <li>C. Provide good lighting</li> <li>D. Remove excess clutter (e.g., wrappers, plastic lids, etc.) from the table</li> </ul> <p>II. Resident Readiness</p> <ul style="list-style-type: none"> <li>A. Ask nursing if resident has received care (such as medications or incontinence care) and is ready for meal/ snack</li> <li>B. Ensure resident has necessary assistive devices such as glasses, hearing aids, and dentures</li> <li>C. Provide resident with a clothing protector if he/ she desires</li> <li>D. Miscellaneous:               <ul style="list-style-type: none"> <li>1. Does resident have sweater if she is cold?</li> <li>2. Is the resident seated at his preferred table?</li> <li>3. Are the resident's hands clean?</li> </ul> </li> </ul>	<p>PowerPoint presentation by nurse practitioner and psychologist, includes the following activities:</p> <p>Review the imagery activity from Unit 2</p> <p>View Dining with Friends™</p> <ul style="list-style-type: none"> <li>• Identify which of these techniques the facility already utilizes</li> <li>• Ask trainees what strategies from the video would they like to see implemented in their facilities</li> </ul>
3.2 Demonstrate proper resident and staff positioning for feeding assistance.	<p>III. Resident Position</p> <ul style="list-style-type: none"> <li>A. Sitting upright           <ul style="list-style-type: none"> <li>1. If in bed, the resident's head should be raised between 60°- 90°</li> <li>2. Keep head in the midline</li> <li>3. Prop with pillows as necessary</li> </ul> </li> <li>B. If resident needs pulled up in his/ her chair or bed, find a CNA or licensed nurse to re-position the resident</li> </ul> <p>IV. Staff Position</p> <ul style="list-style-type: none"> <li>A. Staff <i>should never</i> stand (over) the resident while assisting with eating</li> <li>B. Staff should seat themselves next to or across from resident           <ul style="list-style-type: none"> <li>1. Be cognizant of resident's sensory deficits</li> </ul> </li> </ul>	

UNIT 3: Feeding Techniques

Objectives	Course Content	Learning Activities
3.3 Illustrate the various types of assistance.	<p>V. Tray (or Snack) Set-up</p> <ul style="list-style-type: none"> <li>A. Ensure items are accessible to resident (in reach and open)</li> <li>B. Specific Examples               <ol style="list-style-type: none"> <li>1. Place straws in drinks</li> <li>2. Cut up meat</li> <li>3. Open milk carton</li> <li>4. Butter bread/ toast</li> </ol> </li> </ul> <p>VI. Verbal &amp; Social Assistance</p> <ul style="list-style-type: none"> <li>A. Verbal Cueing               <ol style="list-style-type: none"> <li>1. Describe the served food to the resident</li> <li>2. Ask resident what they would like to eat first</li> <li>3. Prompt resident to open mouth or swallow (as necessary)</li> <li>4. Provide encouragement</li> <li>5. Offer alternatives</li> </ol> </li> <li>B. Social Stimulation               <ol style="list-style-type: none"> <li>1. Engage resident in conversation</li> <li>2. Ask about their day or if they enjoy their meal</li> <li>3. Limit staff to staff conversations</li> </ol> </li> </ul> <p>VII. Physical Guidance &amp; Assistance</p> <ul style="list-style-type: none"> <li>A. Physical Guidance               <ol style="list-style-type: none"> <li>1. Place hand over resident’s hand on cup or utensil and guide it to the resident’s mouth.</li> <li>2. Beneficial for residents who are semi-independent and need this type of assistance/ cueing to help them get started at meal time</li> <li>3. Sometimes referred to as “Hand over Hand”</li> </ol> </li> <li>B. Physical Assistance               <ol style="list-style-type: none"> <li>1. The most intensive type of assistance</li> <li>2. Spoon to mouth feeding</li> </ol> </li> </ul>	<p>Show video clips from UCLA (1021012 &amp; 1021015).</p> <ul style="list-style-type: none"> <li>• Have trainees identify examples of quality assistance by staff</li> <li>• Ask trainees what staff could have done better in these interactions</li> </ul>



UNIT 3: Feeding Techniques

Objectives	Course Content	Learning Activities
3.4 Explain specific techniques for providing feeding assistance.	<p>VIII. Special techniques</p> <ul style="list-style-type: none"> <li>A. Provide manageable bites               <ul style="list-style-type: none"> <li>1. Give approximately ½ to 1 teaspoon of food at a time. Spoon should not be more than half filled</li> </ul> </li> <li>B. Feed at a slow rate               <ul style="list-style-type: none"> <li>1. Allow time for chewing and swallowing</li> <li>2. Allow for pauses during the meal</li> <li>3. May need to warm up resident’s food periodically</li> </ul> </li> <li>C. Techniques for voluntary swallowing               <ul style="list-style-type: none"> <li>1. Touch resident’s lip with something cool or offer fluids first</li> <li>2. Provide fluids regularly between bites</li> <li>3. Place food on resident’s ‘good’ side</li> <li>4. Gently touch the resident’s cheek</li> <li>5. Check resident’s mouth is clear before continuing with the meal</li> </ul> </li> <li>D. If in doubt, always check with the nurse supervisor</li> </ul>	
3.5 Practice the feeding process from beginning to end utilizing the performance evaluation.	<p>IX. Performance Evaluation</p> <ul style="list-style-type: none"> <li>A. 14 Step Checklist</li> </ul>	See Appendix B for a copy of the evaluation form to be discussed
3.6 Identify steps the feeding assistant should take after assisting a resident to eat.	<p>X. After meal or snack</p> <ul style="list-style-type: none"> <li>A. Communicate with nursing staff               <ul style="list-style-type: none"> <li>1. Concerns, if any (to be discussed in more detail in UNIT 7)</li> <li>2. Amount of food and fluids consumed</li> </ul> </li> <li>B. Ensure resident has transportation from dining room back to his/ her unit or room</li> </ul>	

UNIT 4: Communication and Interpersonal Skills

Objectives	Course Content	Learning Activities
4.1 Highlight the importance of good communication and the different ways in which residents and staff communicate.	<p>I. Principles of Communication</p> <ul style="list-style-type: none"> <li>A. Definition: A means of exchanging information or connecting to one another</li> <li>B. Unclear or harsh communication can lead to residents' needs being left unmet</li> <li>C. Residents (specifically with cognitive impairment or aphasia) may have difficulty expressing their needs to staff, so staff must be alert to residents' non-verbal cues</li> <li>D. Common barriers to good communication:               <ul style="list-style-type: none"> <li>1. Talking too fast</li> <li>2. Hurting resident's feelings</li> <li>3. Insensitivity</li> <li>4. Clichés and false assurances</li> <li>5. Sensory impairment</li> <li>6. Changing the subject</li> </ul> </li> <li>E. How to be a good, active listener:               <ul style="list-style-type: none"> <li>1. Be attentive</li> <li>2. Show interest and ask clarifying questions</li> <li>3. Avoid interruptions and distractions</li> <li>4. Paraphrase what resident has said to make sure you understand</li> </ul> </li> </ul>	PowerPoint presentation by nurse practitioner including the following activities
4.2 Describe clear verbal communication skills.	<p>II. Types of Communication</p> <ul style="list-style-type: none"> <li>A. Verbal           <ul style="list-style-type: none"> <li>1. Spoken word               <ul style="list-style-type: none"> <li>a. Word choice, tone and speed of voice</li> </ul> </li> <li>2. This may be a challenge for impaired residents</li> </ul> </li> <li>B. Non-verbal           <ul style="list-style-type: none"> <li>1. Body language               <ul style="list-style-type: none"> <li>a. Posture, hand movements, touch, facial expression</li> </ul> </li> <li>2. Everything 'said' with actions not words</li> </ul> </li> </ul>	<p>View UCLA video clips (1021002 and 1021016A)</p> <ul style="list-style-type: none"> <li>• Identify two verbal and two non-verbal forms of communication in each interaction</li> <li>• What positive communications were utilized?</li> </ul>

UNIT 4: Communication and Interpersonal Skills

Objectives	Course Content	Learning Activities
4.3 Emphasize the practice of affirmative non-verbal communication.	<ul style="list-style-type: none"><li>III. Tips for clear verbal communication<ul style="list-style-type: none"><li>A. Ensure resident has hearing aid if needed</li><li>B. Speak on resident's 'good' side</li><li>C. Use resident's proper name</li><li>D. Utilize a friendly tone of voice</li><li>E. Patience<ul style="list-style-type: none"><li>1. Speak slowly and clearly</li><li>2. Use short sentences and phrases</li><li>3. Use one step commands</li><li>4. Allow time for resident to process what has been said and respond</li></ul></li><li>F. Repeat statements exactly as they were originally made</li><li>G. Focus of the conversation should be directed to the resident (not about them to other people)</li></ul></li><li>IV. Positive non-verbal communication techniques<ul style="list-style-type: none"><li>A. Ensure resident has glasses on (if needed)</li><li>B. Face the resident while speaking<ul style="list-style-type: none"><li>1. Do not approach from behind</li><li>2. Approach slowly and calmly</li><li>3. Make eye contact</li><li>4. Smile, nod, move hands</li></ul></li></ul></li></ul>	
4.4 Examine specific strategies for communicating with residents who have sensory impairments	<ul style="list-style-type: none"><li>V. Residents with Vision Loss<ul style="list-style-type: none"><li>A. Identify yourself by name and title as you approach resident (avoid starting resident)</li><li>B. Position yourself close to resident and in good lighting</li><li>C. Use talk and touch to communicate</li><li>D. Verbally identify and describe each food</li><li>E. Inform resident when you are finished and leaving</li></ul></li><li>VI. Residents with Hearing Loss<ul style="list-style-type: none"><li>A. Alert resident by approaching her from the front</li></ul></li></ul>	

UNIT 4: Communication and Interpersonal Skills

Objectives	Course Content	Learning Activities
	<ul style="list-style-type: none"> <li>B. Speak at a lower pitch and at only slightly increased volume</li> <li>C. Sit on the resident's 'good' side</li> <li>D. Speak slowly and clearly</li> <li>E. Keep conversations short and direct to a single topic</li> <li>F. Face the resident</li> </ul>	
	<ul style="list-style-type: none"> <li>VII. Residents with Problems Speaking (Aphasia)               <ul style="list-style-type: none"> <li>A. Keep conversations short</li> <li>B. Ask direct, yes/no questions</li> <li>C. Encourage resident to point or nod</li> <li>D. Give resident plenty of time to respond</li> <li>E. If you don't understand the words, paraphrase to validate what you think the resident is saying</li> <li>F. Avoid body language that denotes impatience</li> </ul> </li> </ul>	
	<ul style="list-style-type: none"> <li>VIII. Residents with Problems Understanding               <ul style="list-style-type: none"> <li>A. Use simple sentences and words</li> <li>B. Give one-step instructions</li> <li>C. Focus conversation on a single topic</li> <li>D. Use gestures to enhance/ reinforce your verbal message</li> </ul> </li> </ul>	
<p>4.5 Explain how dementia influences a person's communication ability and needs.</p>	<ul style="list-style-type: none"> <li>IX. Dementia and Communication               <ul style="list-style-type: none"> <li>A. Dementia is not a disease but rather a group of symptoms affecting a person's memory, ability to think/ reason, and social abilities to the point it interferes with his/her functioning</li> <li>B. Dementia can impact parts of the brain relating to:                   <ol style="list-style-type: none"> <li>1. Memory</li> <li>2. Language (comprehension and speech)</li> <li>3. Concentration</li> <li>4. Orientation</li> <li>5. Judgment</li> <li>6. Sequencing</li> </ol> </li> </ul> </li> </ul>	<p>View vignette from Hand in Hand module 3</p> <ul style="list-style-type: none"> <li>• Ask staff to consider how persons with dementia may perceive our communication attempts</li> </ul>

UNIT 4: Communication and Interpersonal Skills

Objectives	Course Content	Learning Activities
4.6 Train staff to utilize the 'FOCUS' philosophy for communicating with residents experiencing dementia	<ul style="list-style-type: none"><li>C. As a result persons with dementia may have difficulty making sense of words said to them, being able to respond verbally, or follow instructions</li><li>D. Persons with dementia need others to be patient and respectful as well as use non-verbal techniques to communicate</li></ul> <p>X. FOCUS</p> <ul style="list-style-type: none"><li>A. Acronym developed by Danielle Ripich, PhD, for working with residents with dementia</li><li>B. F: Face to Face<ul style="list-style-type: none"><li>1. Face resident directly</li><li>2. Smile</li><li>3. Talk before you touch</li><li>4. Maintain eye contact</li><li>5. Talk in soothing tones</li></ul></li><li>C. O: Orient<ul style="list-style-type: none"><li>1. Guide the conversation</li><li>2. Redirect</li><li>3. Allow plenty of time to respond</li><li>4. Use visual aids</li></ul></li><li>D. C: Continue the Same Topic<ul style="list-style-type: none"><li>1. Short attention span/ loss of interest in food in front of them</li><li>2. If resident refuses a food, offer him/ her something else instead</li><li>3. Use verbal reminders</li><li>4. Try to stay with the resident</li></ul></li><li>E. U: Unstick<ul style="list-style-type: none"><li>1. Residents may have difficulty finding the right word</li><li>2. Be patient and respectful, <i>not corrective</i>, when resident gets the word wrong</li><li>3. Ask resident to point to what he/ she wants</li></ul></li></ul>	

UNIT 4: Communication and Interpersonal Skills

Objectives	Course Content	Learning Activities
	<p>F. S: Structure Your Question</p> <ol style="list-style-type: none"><li>1. Short, simple, direct sentences</li><li>2. Provide only 2 choices at a time</li><li>3. Example: Do you want peas or potatoes?</li></ol>	

## UNIT 5: Appropriate Responses to Resident Behavior

Objectives	Course Content	Learning Activities
5.1 Provide an overview of difficult behaviors including context, causes, and consequences	<p>I. Difficult or Disturbing Behaviors</p> <ol style="list-style-type: none"> <li>A. What is normal behavior?</li> <li>B. Examples of difficult or disturbing behaviors include: agitation, wandering/ pacing, shouting, aggression kicking, hitting, biting, spitting, refusing care</li> </ol> <p>II. Context of Difficult Behavior</p> <ol style="list-style-type: none"> <li>A. Very common in residents with dementia</li> <li>B. As dementia progresses these behaviors can increase or worsen</li> </ol> <p>III. Causes of Difficult Behavior</p> <ol style="list-style-type: none"> <li>A. Multiple factors contribute to difficult behaviors including:               <ol style="list-style-type: none"> <li>1. Physical- pain, constipation, infection, dehydration, fatigue, medications (and side effects)</li> <li>2. Emotional- fear, loneliness, anxiety</li> <li>3. Environmental- overstimulation, disorientation, cluttered spaces, poor lighting</li> <li>4. Staff approaches to resident (care) and reactions to behaviors</li> </ol> </li> <li>B. It's important to remember that a resident's difficult behavior is often a result of and means to express his/her <u>unmet needs</u> or emotions               <ol style="list-style-type: none"> <li>1. Behaviors have a purpose</li> <li>2. Don't take it personally</li> </ol> </li> <li>C. Before you can respond well to resident behavior, you need to understand the 'why' of the behavior</li> </ol> <p>IV. Consequences of Behavior</p> <ol style="list-style-type: none"> <li>A. Creates resident and caregiver stress</li> <li>B. Creates an additional care burden</li> <li>C. Potential safety issues</li> </ol>	<p>PowerPoint presentation by nurse practitioner and psychologist including the following activities</p> <p>View vignette from Hand in Hand module 4</p> <ul style="list-style-type: none"> <li>• What was the unmet need?</li> <li>• What other factors played into the resident's behavior?</li> <li>• How did the staff reaction influence behavior?</li> </ul> <p>Lead a brief discussion on participants' previous interactions with residents that have caused stress. Acknowledge the challenges including, staff's ability to</p>

## UNIT 5: Appropriate Responses to Resident Behavior

Objectives	Course Content	Learning Activities
5.2 Illustrate how to respond to a resident's difficult behavior	<p>V. Basic Approaches to Managing Resident Behavior</p> <p>A. Stay calm</p> <ol style="list-style-type: none"> <li>1. <i>Don't argue with the resident</i></li> </ol> <p>B. Maintain respect and dignity for the resident</p> <ol style="list-style-type: none"> <li>1. Inform the resident before providing any type of care</li> <li>2. Acknowledge the resident's fear or frustration</li> <li>3. Use positive, affirming body language</li> </ol> <p>C. Think about the possible causes of the behavior</p> <p>D. General Tactics</p> <ol style="list-style-type: none"> <li>1. Meet the unmet need</li> <li>2. Re-direct the resident</li> <li>3. Remove the source of resident's frustration</li> <li>4. Seek out nurse or supervisor for specific practices in the resident's written care plan</li> </ol> <p>E. Other considerations</p> <ol style="list-style-type: none"> <li>1. What did staff learn from this interaction? Is there a way to prevent the same behavior from happening again?</li> <li>2. The strategy used one day may not work the next day.</li> </ol>	remain calm and not take the behavior personally.
5.3 Address specific situations that may present a challenge to trained feeding assistants at mealtime or between meals	<p>VI. Eating specific scenarios</p> <p>A. Resident eats non-edible items</p> <ol style="list-style-type: none"> <li>1. Remove paper products and wrappers from table</li> <li>2. Provide finger foods</li> </ol> <p>B. Resident throws food</p> <ol style="list-style-type: none"> <li>1. Identify cause of combativeness</li> <li>2. Sit on resident's non-dominant side</li> <li>3. Use non-breakable dishes with suction holder</li> <li>4. Give the resident one food at a time</li> </ol> <p>C. Resident paces during meal or snack time</p> <ol style="list-style-type: none"> <li>1. Provide finger foods while the resident paces</li> </ol>	<p>UCLA video clip (1021017)</p> <ul style="list-style-type: none"> <li>• What tactics did the staff member use?</li> <li>• How did the staff's reactions influence the resident's behavior?</li> <li>• How could staff have approached this situation differently?</li> </ul>



UNIT 5: Appropriate Responses to Resident Behavior

Objectives	Course Content	Learning Activities
	<ol style="list-style-type: none"><li>2. Utilize rituals such as music or grace to cue the resident to meal time</li><li>3. Give the resident a beverage as soon as they are seated for the meal</li></ol> <p>D. Resident refuses to open mouth</p> <ol style="list-style-type: none"><li>1. Offer fluids or something sweet</li><li>2. Offer alternative food items</li><li>3. Have another staff member attempt to feed the resident</li></ol> <p>E. Resident forgets that he/ she has eaten</p> <ol style="list-style-type: none"><li>1. Regularly provide the resident with high calorie snacks</li></ol>	<p>View Hand in Hand vignette from module 1</p> <ul style="list-style-type: none"><li>• How did staff handle the situation?</li><li>• What are other approaches you could try?</li></ul>

UNIT 6: Resident Rights

Objectives	Course Content	Learning Activities
6.1 Discuss the key provisions in the Resident Rights Agreement	<ul style="list-style-type: none"> <li>I. Key Components of the Resident Rights Agreement               <ul style="list-style-type: none"> <li>A. See Appendix C for a full copy of the agreement</li> <li>B. Refusal of Treatment (including meals)</li> <li>C. Privacy and Confidentiality                   <ul style="list-style-type: none"> <li>1. Receive care in private</li> <li>2. Visit with others in private</li> <li>3. Treatment, care, and medical information must be kept confidential</li> </ul> </li> <li>D. Personal Choice                   <ul style="list-style-type: none"> <li>1. Can participate in planning own care and treatment</li> <li>2. Choose activities, schedule, and care</li> <li>3. Promotes dignity, self-respect, and quality of life</li> </ul> </li> <li>E. Disputes and Grievances                   <ul style="list-style-type: none"> <li>1. Residents can voice their concerns without risk of retribution</li> <li>2. Facility required to promptly correct problems</li> </ul> </li> <li>F. Work                   <ul style="list-style-type: none"> <li>1. Residents are not required to work for services</li> </ul> </li> <li>G. Participation in Resident and Family Groups</li> <li>H. Security of Personal Possessions                   <ul style="list-style-type: none"> <li>1. Treat resident’s property with care and respect</li> <li>2. Do not go through resident’s space without permission</li> </ul> </li> <li>I. Freedom from Restraints                   <ul style="list-style-type: none"> <li>1. Includes physical and chemical</li> <li>2. Cannot use restraints for discipline or convenience</li> </ul> </li> <li>J. Freedom from Abuse &amp; Neglect (see below)</li> <li>K. Quality of Life                   <ul style="list-style-type: none"> <li>1. Must promote dignity and self-esteem</li> <li>2. Promote psychological and emotional well-being</li> </ul> </li> <li>L. Activities                   <ul style="list-style-type: none"> <li>1. Suited to residents interests</li> <li>2. Promote well-being</li> </ul> </li> </ul> </li> </ul>	PowerPoint presentation by nurse practitioner and social worker.

UNIT 6: Resident Rights

Objectives	Course Content	Learning Activities
6.2 Identify feeding assistant's role in maintaining residents' rights and behaviors to maintain those rights.	<ul style="list-style-type: none"> <li>II. Resident access to Appendix C               <ul style="list-style-type: none"> <li>A. Residents must be given a copy of the rights upon admission to the facility</li> <li>B. The facility must post a copy of the rights in a common/public area of the facility</li> </ul> </li>   <li>III. Feeding Assistant's Role in Resident Rights               <ul style="list-style-type: none"> <li>A. Respect and promote resident's rights</li> <li>B. Promote resident's independence</li> <li>C. Protect resident's privacy</li> <li>D. Report any suspected abuse or neglect</li> </ul> </li>   <li>IV. Behaviors to maintain and promote resident's rights               <ul style="list-style-type: none"> <li>A. Use appropriate titles (Ms., Mr., etc.)</li> <li>B. Explain assistance to be provided</li> <li>C. Treat residents equally</li> <li>D. Promote resident's right to make choices                   <ul style="list-style-type: none"> <li>1. Respect resident's food preferences</li> </ul> </li> </ul> </li> </ul>	Complete matching activity (matching definition to terms of abuse).
6.3 Define abuse and neglect, and explain how to report suspected abuse and neglect.	<ul style="list-style-type: none"> <li>V. Definitions of Abuse &amp; Neglect               <ul style="list-style-type: none"> <li>A. <u>Abuse</u>: willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain, or mental anguish                   <ul style="list-style-type: none"> <li>1. Verbal: includes oral, written, or gestured language that includes disparaging or derogatory terms</li> <li>2. Mental: includes humiliation, harassment, and threats of punishment or deprivation</li> <li>3. Physical: includes hitting, slapping, pinching, kicking, or controlling behavior through corporal punishment</li> <li>4. Sexual: sexual harassment, coercion, or assault</li> </ul> </li> <li>B. <u>Neglect</u>: the failure to provide goods and services necessary</li> </ul> </li> </ul>	

UNIT 6: Resident Rights

Objectives	Course Content	Learning Activities
	<p>to avoid harm; can include failure to answer call lights or leaving residents sitting/ laying in feces or urine</p> <ul style="list-style-type: none"><li>C. <u>Misappropriate of resident property</u>: misplacement or wrongful use of residents' belongings or money without consent (either temporary or permanent)</li><li>D. <u>Involuntary seclusion</u>: separating a resident from others against his/ her will</li><li>E. Restraints must be noted in the clinical record<ul style="list-style-type: none"><li>1. Physical, Mechanical, Chemical</li></ul></li><li>F. <u>Self-determination</u>: the resident should have the opportunity to participate in decisions on their care plan (long term and daily care activities)</li></ul>	
	<p>VI. Signs of Abuse &amp; Neglect</p> <ul style="list-style-type: none"><li>A. Fractures</li><li>B. Bruises</li><li>C. Fearfulness of caregivers</li><li>D. Withdrawn</li></ul>	
	<p>VII. Reporting Abuse &amp; Neglect</p> <ul style="list-style-type: none"><li>A. Report any suspect abuse or neglect</li><li>B. Ombudsmen<ul style="list-style-type: none"><li>1. State agency for reporting abuse in long term care facilities</li><li>2. Statewide contact information: 877-236-0013</li><li>3. Every facility is required to post the ombudsmen contact information</li></ul></li><li>C. Facility Representative<ul style="list-style-type: none"><li>1. Most facilities designate a staff member to report abuse/ neglect to (in addition to contacting the state ombudsman)<ul style="list-style-type: none"><li>a. Typically the Administrator, Director of Nursing, or Social Services Director</li></ul></li></ul></li></ul>	

## UNIT 7: Recognizing Changes in Residents

Objectives	Course Content	Learning Activities
7.1 Identify eating related changes/ difficulties that residents may experience	<ul style="list-style-type: none"><li>I. Dysphagia<ul style="list-style-type: none"><li>A. Any change in the normal process of swallowing; swallowing difficulties</li><li>B. Signs &amp; Symptoms<ul style="list-style-type: none"><li>1. Pocketing food</li><li>2. Coughing</li><li>3. Needing to swallow 3-4 times per bite</li><li>4. Food or liquid falling from the mouth</li><li>5. Watering eyes after eating</li><li>6. Noticeable extra effort in chewing/ swallowing</li></ul></li><li>C. If feeding assistant suspects that the resident is having difficulty swallowing, he/ she should notify the nurse supervisor and the speech therapist</li></ul></li> <li>II. Aspiration<ul style="list-style-type: none"><li>A. Occurs when food or fluids got into the lungs instead of the stomach.<ul style="list-style-type: none"><li>1. It is the most serious health risk from dysphagia.</li><li>2. It can potentially lead to pneumonia</li></ul></li><li>B. Signs &amp; Symptoms<ul style="list-style-type: none"><li>1. Constant coughing/ clearing throat</li><li>2. Wet sounding voice</li><li>3. Gurgling</li></ul></li><li>C. Precautions<ul style="list-style-type: none"><li>1. Ensure resident is properly positioned</li><li>2. Provide small bites or sips</li><li>3. Ensure foods/ fluids align with the resident's diet order</li></ul></li><li>D. If feeding assistant suspects that the resident has aspirated (or is at risk for aspiration), he/ she should notify the nurse supervisor immediately</li></ul></li></ul>	<p>PowerPoint presentation by nurse practitioner including the following activities:</p> <p>Review Nestle dietitian video clip</p> <p>Show model of neck/ throat during the swallowing process</p>

## UNIT 7: Recognizing Changes in Residents

Objectives	Course Content	Learning Activities
7.2 Describe changes in resident status or behavior that should be reported. Utilize the INTERACT tool.	<ul style="list-style-type: none"><li>III. Situations to report<ul style="list-style-type: none"><li>A. Every matter, even minor ones, should be reported<ul style="list-style-type: none"><li>1. Loss of dentures, glasses, or broken teeth</li><li>2. Resident, staff, or visitor accident/ injury</li><li>3. Complaints from residents or visitors</li><li>4. Events that do not fit the resident's normal routine, behavior, or condition</li></ul></li></ul></li> <li>IV. Changes in resident's behavior or physical condition<ul style="list-style-type: none"><li>A. These signs and symptoms may indicate some greater issue going on with the resident</li><li>B. Use INTERACT™ Acronym "Stop And Watch"<ul style="list-style-type: none"><li>1. S: Seems different than usual</li><li>2. T: Talks less than usual</li><li>3. O: Overall needs more help than normal</li><li>4. P: Participates in activities less than usual</li><li>5. A: Ate less than usual</li><li>6. N</li><li>7. D: Drank less than normal</li><li>8. W: Weight change</li><li>9. A: Agitated or nervous more than normal</li><li>10. T: Tired, weak, confused, or drowsy</li><li>11. C: Change in skin color or condition</li><li>12. H: Help with walking, transferring, toileting more than normal</li></ul></li></ul></li> <li>V. Importance of feeding assistants in recognizing changes<ul style="list-style-type: none"><li>A. Feeding assistants have a different interaction with residents than nursing staff. In many cases, feeding assistants who regularly assist the same residents have more time to spend with residents, and thus may notice changes that other staff have not.</li></ul></li></ul>	

## UNIT 7: Recognizing Changes in Residents

Objectives	Course Content	Learning Activities
7.3 Identify the procedure for reporting changes in a resident.	<ul style="list-style-type: none"><li>VI. Reporting Procedure<ul style="list-style-type: none"><li>A. To whom: nursing supervisor<ul style="list-style-type: none"><li>1. In some instances, it may be appropriate to notify social services</li></ul></li><li>B. When: immediately</li><li>C. How: ask facility if there is a specific form (e.g., INTERACT Stop and Watch) that should be given to the nurse</li></ul></li></ul>	

UNIT 8: Safety and Emergency Procedures

Objectives	Course Content	Learning Activities
8.1 Catalogue environmental hazards and resident conditions feeding assistants must be aware of and respond to.	<ul style="list-style-type: none"> <li>I. Environment hazards all staff need to recognize and report                             <ul style="list-style-type: none"> <li>A. Non-functioning call lights</li> <li>B. Cluttered hallways</li> <li>C. Unsafe equipment</li> <li>D. Spills/ slippery surfaces</li> <li>E. Meal time hazards                                     <ul style="list-style-type: none"> <li>1. Wrong tray given to the wrong resident</li> <li>2. Food that is too hot</li> </ul> </li> </ul> </li> <li>II. Resident conditions to report immediately                             <ul style="list-style-type: none"> <li>A. Seizure</li> <li>B. Signs of heart attack</li> <li>C. Choking (covered below)</li> </ul> </li> </ul>	PowerPoint presentation by nurse practitioner
8.2 Illustrate the basic principles of responding to emergency situations	<ul style="list-style-type: none"> <li>III. Rules for Emergency Situations                             <ul style="list-style-type: none"> <li>A. Remain calm</li> <li>B. Quickly evaluate the situation                                     <ul style="list-style-type: none"> <li>1. Environment safety</li> <li>2. Resident's condition</li> </ul> </li> <li>C. Call for help</li> <li>D. Know your limitations</li> <li>E. Reassure the resident</li> </ul> </li> </ul>	
8.2 Discuss the risks and signs of choking.	<ul style="list-style-type: none"> <li>IV. Choking                             <ul style="list-style-type: none"> <li>A. Blockage of the upper airway that prevents a person from breathing effectively                                     <ul style="list-style-type: none"> <li>1. Can be a complete blockage of the airway and lead to death</li> <li>2. Requires a fast, appropriate action</li> </ul> </li> <li>B. Anatomy                                     <ul style="list-style-type: none"> <li>1. Two openings in the back of the mouth:   <ul style="list-style-type: none"> <li>a. Esophagus: leads to the stomach. Foods</li> </ul> </li> </ul> </li> </ul> </li> </ul>	



UNIT 8: Safety and Emergency Procedures

Objectives	Course Content	Learning Activities
8.3 Demonstrate the proper steps to take when a resident is choking.	<p>and fluids travel this path to the stomach.</p> <p>b. Trachea: opening air must pass through to reach the lungs</p> <p>2. When swallowing the trachea is covered by a flap which prevents food from entering the lungs</p> <p>3. Any object that enters the trachea will become stuck</p> <p>C. Risks</p> <ol style="list-style-type: none"><li>1. Poor chewing ability</li><li>2. Bites of food that are too large</li><li>3. Talking or laughing while eating</li><li>4. Poor fitting dentures</li><li>5. Dysphagia</li><li>6. Certain illness (e.g., stroke, Parkinson’s disease)</li></ol> <p>D. Signs &amp; Symptoms</p> <ol style="list-style-type: none"><li>1. Sudden inability to speak</li><li>2. Wheezing</li><li>3. Turning blue</li><li>4. Resident clutching his/ her throat</li></ol> <p>V. Emergency Procedures</p> <p>A. As the resident “Are you choking?”</p> <ol style="list-style-type: none"><li>1. If the resident is speaking or coughing, encourage him/ her to continue to cough. <i>Do not give fluids as it could prevent resident from clearing the obstruction. Do not hit resident on the back.</i></li><li>2. If the resident cannot speak or answer, his/ her airway is completely obstructed and he/ she needs emergency attention.</li></ol> <p>B. Call for help</p> <ol style="list-style-type: none"><li>1. Push call light, call the nurse</li></ol>	

UNIT 8: Safety and Emergency Procedures

Objectives	Course Content	Learning Activities
VI.	<p data-bbox="690 207 926 233">Heimlich Maneuver</p> <p data-bbox="739 241 1478 305">A. Should only be used when resident has a complete airway obstruction</p> <p data-bbox="739 313 863 339">B. Steps:</p> <ol data-bbox="835 347 1493 909" style="list-style-type: none"><li data-bbox="835 347 1192 373">1. Stand behind the resident</li><li data-bbox="835 381 1409 407">2. Wrap your arms around the resident's waist</li><li data-bbox="835 415 1486 518">3. Make a fist and place the thumb-side of the first at the midline of the abdomen just above the navel but below the ribcage</li><li data-bbox="835 526 1465 589">4. Grasp fist with your other hand and press inward with a quick upward thrust</li><li data-bbox="835 597 1388 623">5. Avoid pressure on the ribs and breastbone</li><li data-bbox="835 631 1094 657">6. Special situations</li><li data-bbox="835 665 1493 802">7. If the resident is in a wheelchair and cannot support his/ her own weight, you will need to kneel behind the chair to wrap your arms around the resident</li><li data-bbox="835 810 1486 909">8. If the resident is obese, you will need to place your fist on the breastbone (instead of above the navel) and thrust inward</li></ol>	Video demonstration of Heimlich Maneuver. Staff developer should have trainees complete a return demonstration of the Heimlich

## UNIT 9: Infection Control

Objectives	Course Content	Learning Activities
9.1 State the goal of infection control policies.	<p>I. Infection control is:</p> <ul style="list-style-type: none"><li>A. <i>“Infection prevention and control measures aim to ensure the protection of those who might be vulnerable to acquiring an infection both in the general community and while receiving care due to health problems, in a range of settings. The basic principle of infection prevention and control is hygiene.”</i> (per World Health Organization)</li><li>B. Essentially, these policies aim to prevent the spread of infection from resident to resident and from staff to residents.</li><li>C. Residents in long-term care are at high risk for infection. Their immune systems are not as strong as a younger person so infections are much more dangerous for them.</li><li>D. Asepsis: the absence of bacteria or other microorganisms that cause infection</li></ul>	PowerPoint presentation by nurse practitioner including the following activities:
9.2 Distinguish between the different types of infection transmission.	<p>II. Infections are spread by:</p> <ul style="list-style-type: none"><li>A. Direct Contact: direct contact with resident<ul style="list-style-type: none"><li>1. Example:</li></ul></li><li>B. Indirect Contact: contact with contaminated objects/ surfaces<ul style="list-style-type: none"><li>1. Example:</li></ul></li><li>C. Airborne: airborne droplet nuclei 5 microns or smaller<ul style="list-style-type: none"><li>1. Example: measles, tuberculosis, varicella</li></ul></li><li>D. Droplets: droplets larger than 5 microns<ul style="list-style-type: none"><li>1. Example: pneumonia, influenza, mumps, rubella, scarlet fever, pertussis</li></ul></li></ul>	
9.3 Examine the best methods for preventing the spread of infection including proper hand hygiene/ washing.	<p>III. Proper Hand Hygiene</p> <ul style="list-style-type: none"><li>A. When to wash hands<ul style="list-style-type: none"><li>1. Before assisting a resident</li><li>2. After</li></ul></li></ul>	View CDC video on proper hand hygiene

UNIT 9: Infection Control

Objectives	Course Content	Learning Activities
9.4 Delineate infection control measures to be taken at meal/ snack time.	<ul style="list-style-type: none"> <li>a. Using the restroom</li> <li>b. Sneezing</li> <li>c. Touching your face, hair, nose, etc.</li> <li>d. Eating or drinking</li> <li>e. Smoking</li> <li>f. Picking item up off the floor, taking out the garbage</li> <li>g. Clearing away utensils or dishes</li> <li>h. Direct contact with resident’s mouth, body, or eating end of utensil</li> <li>i. After assisting a resident</li> </ul> <p>B. Handwashing steps</p> <ul style="list-style-type: none"> <li>1. Turn on water</li> <li>2. Wet hands, apply soap, &amp; rub together</li> <li>3. Pay close attention to nails and between fingers</li> <li>4. Rub hands against each other for 20 seconds</li> <li>5. Rinse thoroughly under hot water</li> <li>6. <i>Do not touch the sink</i></li> <li>7. Use clean paper towel to dry hands</li> <li>8. Dispose of paper towel without touching the trashcan</li> <li>9. Use clean paper towel to turn off faucet and open the door</li> </ul> <p>C. Other Precaution Measures</p> <ul style="list-style-type: none"> <li>1. If staff is sick, he/ she should stay home</li> <li>2. Cover mouth and nose when sneezing or coughing</li> <li>3. Don’t sit on resident’s bed</li> </ul> <p>IV. Meal/ Snack Time Infection Control Measures</p> <p>A. Utensils</p> <ul style="list-style-type: none"> <li>1. Touch only the handles or outsides of utensils and dishes</li> <li>2. Replace utensils dropped with clean ones</li> </ul>	<p>Staff developer to do a return demonstration with trainees on handwashing</p> <p>Prior to covering these slides, ask participants to think about previous UCLA video clips and recall any infection control ‘red flags’</p>

UNIT 9: Infection Control

Objectives	Course Content	Learning Activities
	<ul style="list-style-type: none"><li>B. Cups/ Glasses<ul style="list-style-type: none"><li>1. Carry one in each hand</li><li>2. Use a tray is serving more than two cups/ glasses</li><li>3. <i>Do not put fingers in glasses or near rim</i></li></ul></li><li>C. Condiment Packets<ul style="list-style-type: none"><li>1. Open with scissors or tear with hand</li><li>2. <i>Do not open with your teeth or mouth</i></li></ul></li><li>D. Handling Bread<ul style="list-style-type: none"><li>1. <i>Do not carry/ handle with bare hand</i></li><li>2. Use a napkin or glove</li></ul></li><li>E. Checking Food Temperature<ul style="list-style-type: none"><li>1. Check temperature by placing hand above the plate or food</li><li>2. Look for steam rising from food</li><li>3. <i>Do not test temperature by putting fingers or hands in resident's food</i></li><li>4. Cool food by stirring (to incorporate air)</li><li>5. <i>Do not blow on resident's food to cool it</i></li></ul></li><li>F. Personal Hygiene<ul style="list-style-type: none"><li>1. Carry trays away from your body</li><li>2. Avoid touching your own body</li><li>3. <i>Do not chew gum, eat or drink while assisting residents</i></li></ul></li></ul>	