



Fort Hudson Employee Orientation

Name _____

Date 6/8/21

Time	Topic	Presenter
TUESDAY 8:00 – 8:45 AM	<ul style="list-style-type: none"> ❖ Tour ❖ Key code ❖ Time Clock 	<p style="text-align: right;">N</p> <p style="font-size: 2em; text-align: center;">O</p>
8:45 – 9:30AM	<ul style="list-style-type: none"> ❖ Payroll Paperwork ❖ Benefits Overview ❖ Information SEIU 1199 ❖ Worker's Compensation protocol ❖ Employee Handbook-general policy ❖ FMLA / Smoke free campus ❖ Paid Family Leave (PFL) 	<p>Fort Hudson Health System Director of Human Resources</p> <p style="text-align: right; font-size: 1.5em;">KC 6/8/21</p>
9:30 – 10AM	<ul style="list-style-type: none"> ❖ Process Improvement/ Quality ❖ QAPI- What does it mean? ❖ Elopement Prevention Measures ❖ Fall Prevention Program ❖ Nursing Supervisor/contact 	<p style="text-align: right;">N</p> <p>QI & Assistant Director of Nursing</p> <p style="font-size: 2em; text-align: center;">W</p>
10:00 AM – 12:00 PM	<ul style="list-style-type: none"> ❖ Infection Control ❖ Staff education ❖ Customer Service ❖ Computer usage/ Social media ❖ Nursing Policy & Procedure location ❖ Preventing Workplace Violence/Quiz ❖ Post test 	<p>Staff Development & Infectious Disease Coordinator</p> <p style="font-size: 2em; text-align: center;">W</p>
12:00 -12:30PM	<ul style="list-style-type: none"> ❖ Residents Rights ❖ Abuse Reporting ❖ Reasonable suspicion of crime/QUIZ ❖ Discrimination Law ❖ Confidentiality/HIPPA ❖ C.S.I and Missing items ❖ Misappropriation Policy & Procedure ❖ Hospice ❖ Exploitation 	<p>Director of Social Services</p> <p style="font-size: 2em; text-align: center;">O</p>

12:30 - 1PM	❖ LUNCH	
1:00-1:15 PM	❖ Overview of Fort Hudson	ak, CEO
1:15-1:45pm	<ul style="list-style-type: none"> ❖ Hazard Communication ❖ Fire & Disaster Preparedness ❖ Globally Harmonized System & Safety Data Sheets ❖ Fire Watch 	ks Plant Operation Manager
1:45pm-2:00pm	❖ Dining Room experience at Fort Hudson	e Food Service Coordinator
2-2:30pm	<ul style="list-style-type: none"> ❖ Corporate Compliance/Quizzes ❖ Reporting Medicare and Medicaid Fraud 	Administrator/ Corporate Compliance Officer
2:30-3pm	❖ Your role in Activities	Director of Recreational Therapy and Volunteers
3-3:15pm	❖ Body Mechanics	
3:15-.....	<ul style="list-style-type: none"> ❖ Report to direct Supervisor Turnover to Department Supervisor to discuss chain of command, call-off and further department training. <p>**Keep your personal contact information current and up to date. Example: keep your voicemail box empty.</p>	

01/15/2018

Module Completions

10/25/2021

User ID	Learner	Department	User Location	Job Title	Module	Type	Status	Completed	Due Date
1463919	8	Nursing Center	Nursing	LPN	HCBS Settings Rule 2021	Course	Not Started		11/8/2021
1463919	8	Nursing Center	Nursing	LPN	Infection Prevention and Control Self-Paced	Course	Completed	5/5/2021	4/15/2021
1463919	8	Nursing Center	Nursing	LPN	Protecting Resident Rights in Nursing Facilities Self-Paced	Course	Completed	5/4/2021	3/31/2021
1463919	8	Nursing Center	Nursing	LPN	Sexual Harassment for Employees	Course	Completed	10/15/2021	10/31/2021
1463919	8	Nursing Center	Nursing	LPN	Slip, Trip and Fall Prevention Self-Paced	Course	Completed	5/5/2021	6/4/2021
1463919	8	Nursing Center	Nursing	LPN	Teepa Snow: Challenging Behaviors	Course	Completed	6/30/2021	6/30/2021
1463919	8	Nursing Center	Nursing	LPN	Understanding Corporate Compliance Self-Paced	Course	Completed	10/16/2021	11/20/2021

Module Completions

10/25/2021

Hierarchies	Module	Training Plan	Departments	User Locations	Job Titles	Employment Types	User Categories	Custom Field 1	Custom Field 2	Custom Field 3	Learner Status	Module Status	Due Date Range	Hire Date Range	User ID	Leamer	Department	User Location	Job Title	Module	Type	Status	Completed	Due Date
All	All Modules	All	All	All	All	All	All	All	All	All	Active	All	1/1/2021 - 12/31/2021	-			Nursing Center	Nursing	Certified Nurses Aide	2/2020 Plan of correction on Use of PPE- COVID-19	Course	Completed	2/8/2021	2/14/2021
															1463926	y	Nursing Center	Nursing	Certified Nurses Aide	2021 Mandatory Comprehensive Emergency Management Plan (CEMP)	Course	Not Started		10/31/2021
															1463926		Nursing Center	Nursing	Certified Nurses Aide	2021 Mandatory Fire Safety & Fire Watch	Course	Not Started		10/20/2021
															1463926		Nursing Center	Nursing	Certified Nurses Aide	2021 POC - Alleged abuse of any kind	Course	Completed	3/4/2021	3/4/2021
															1463926		Nursing Center	Nursing	Certified Nurses Aide	2021 POC for Infection Control	Course	Completed	3/4/2021	3/4/2021
															1463926	y	Nursing Center	Nursing	Certified Nurses Aide	2021 Quality Assurance Process Improvement (QAPI)	Course	Completed	9/12/2021	9/10/2021
															1463926	y	Nursing Center	Nursing	Certified Nurses Aide	Back Injury Prevention	Course	Completed	9/12/2021	9/10/2021
															1463926	y	Nursing Center	Nursing	Certified Nurses Aide	Bloodborne Pathogens Self-Paced	Course	Completed	9/12/2021	8/10/2021
															1463926		Nursing Center	Nursing	Certified Nurses Aide	Dangers of Immobility	Course	Completed	10/16/2021	10/8/2021
															1463926	y	Nursing Center	Nursing	Certified Nurses Aide	Dementia Care: Challenging Behaviors and Direct Care Staff	Course	Completed	10/16/2021	10/8/2021

Module Completions

10/25/2021

User ID	Learner	Department	User Location	Job Title	Module	Type	Status	Completed	Due Date
1463926	Hammond, Amy	Nursing Center	Nursing	Certified Nurses Aide	Documentation of Activities of Daily Living	Course	Completed	6/15/2021	5/15/2021
1463926	Hickman, Amy	Nursing Center	Nursing	Certified Nurses Aide	Hazardous Chemicals: SDS	Course	Completed	9/12/2021	9/10/2021
1463926	Hickman, Amy	Nursing Center	Nursing	Certified Nurses Aide	HCBS Settings Rule 2021	Course	Not Started		11/8/2021
1463926	Hickman, Amy	Nursing Center	Nursing	Certified Nurses Aide	Infection Prevention and Control Self-Paced	Course	Completed	6/17/2021	4/15/2021
1463926	Hickman, Amy	Nursing Center	Nursing	Certified Nurses Aide	Medical Record Documentation & Legal Information for Certified Nursing Assistants	Course	Not Started		10/30/2021
1463926	Hickman, Amy	Nursing Center	Nursing	Certified Nurses Aide	Perineal and Catheter Care	Course	Completed	2/9/2021	2/28/2021
1463926	Hickman, Amy	Nursing Center	Nursing	Certified Nurses Aide	Preventing Pressure Injuries/Ulcers	Course	Completed	6/15/2021	4/15/2021
1463926	Hickman, Amy	Nursing Center	Nursing	Certified Nurses Aide	Protecting Resident Rights in Nursing Facilities Self-Paced	Course	Completed	6/17/2021	3/31/2021
1463926	Hickman, Amy	Nursing Center	Nursing	Certified Nurses Aide	Sexual Harassment for Employees	Course	In Progress		10/31/2021
1463926	Hickman, Amy	Nursing Center	Nursing	Certified Nurses Aide	Slip, Trip and Fall Prevention Self-Paced	Course	Completed	6/15/2021	6/4/2021
1463926	Hickman, Amy	Nursing Center	Nursing	Certified Nurses Aide	Teepa Snow: Challenging Behaviors	Course	Completed	9/12/2021	6/30/2021
1463926	Hickman, Amy	Nursing Center	Nursing	Certified Nurses Aide	Understanding Abuse and Neglect Self-Paced	Course	Completed	6/15/2021	3/15/2021
1463926	Hickman, Amy	Nursing Center	Nursing	Certified Nurses Aide	Understanding Corporate Compliance Self-Paced	Course	Not Started		11/20/2021
1463926	Hickman, Amy	Nursing Center	Nursing	Certified Nurses Aide	Understanding Falls	Course	Completed	9/12/2021	9/10/2021

Module Completions

10/25/2021

Hierarchies	Module	Training Plan	Departments	User Locations	Job Titles	Employment Types	User Categories	Custom Field 1	Custom Field 2	Custom Field 3	Learner Status	Module Status	Due Date Range	Hire Date Range	User ID	Learner	Department	User Location	Job Title	Module	Type	Status	Completed	Due Date	
All	All Modules	All	All	All	All	All	All	All	All	All	Active	All	1/1/2021 - 12/31/2021	-											
1838973	4		Nursing Center	Nursing	RN												Nursing Center	Nursing	RN	2021 Mandatory Fire Safety & Fire Watch	Course	Not Started		10/20/2021	
1838973	4	✓	Nursing Center	Nursing	RN												Nursing Center	Nursing	RN	2021 Quality Assurance Process Improvement (QAPI)	Course	Not Started		9/10/2021	
1838973	4	✓	Nursing Center	Nursing	RN												Nursing Center	Nursing	RN	Dementia Care: Challenging Behaviors and Direct Care Staff	Course	Not Started		10/8/2021	
1838973	4	✓	Nursing Center	Nursing	RN												Nursing Center	Nursing	RN	HCBS Settings Rule 2021	Course	Not Started		11/8/2021	
1838973	4		Nursing Center	Nursing	RN												Nursing Center	Nursing	RN	Understanding Corporate Compliance Self-Paced	Course	Not Started		11/20/2021	

LEARNING OBJECTIVES:

At the end of this training the employee will:

- *Understand what RACE means
- *Understand who RACE applies to
- *Know how to get help if there is a fire
- *Know what Fire Watch is

2021 Mandatory Fire Safety and Fire Watch

<input type="checkbox"/>	1	Any employee can pull the fire pull station when they hear a person yelling Dr. Red	True/False	
<input type="checkbox"/>	2	Does every phone have an "emergency page" button located on it so staff can overhead page in an emergency?	Yes/No	
<input type="checkbox"/>	3	How many times do you call out Dr. Red if you are the first responder to a fire, or you smell smoke?	Multiple Choice: Radio Buttons	
<input type="checkbox"/>	5	How often does Fire Watch need to occur, when it is implemented?	Multiple Choice: Radio Buttons	
<input type="checkbox"/>	6	The orange marker with the red reflector gets placed on the door where the fire is	True/False	
<input type="checkbox"/>	7	What does P A S S stand for?	Multiple Choice: Radio Buttons	
<input type="checkbox"/>	8	What does RACE stand for?	Multiple Choice: Radio Buttons	
<input type="checkbox"/>	9	What does the plain orange marker tell the firemen and staff?	Multiple Choice: Radio Buttons	
<input type="checkbox"/>	10	What is Fire Watch?	Multiple Choice: Radio Buttons	
<input type="checkbox"/>	11	What is fort Hudson's code word for a fire?	Multiple Choice: Radio Buttons	
<input type="checkbox"/>	12	When a staff member comes upon a fire, how many times do they yell Dr. Red?	Multiple Choice: Radio Buttons	
<input type="checkbox"/>	13	Where is the primary assembly area that staff would report to in an emergency?	Multiple Choice: Radio Buttons	

2021 CEMP Learning Objectives:

At the conclusion of this training, you will have an understanding of the following:

The hazard risk assessment process, Communications in a disaster, Assessing and assigning the patient risk level, Educating the patient

and family about preparing for an event, the drills and exercises in which Fort Hudson participates in, and your role in the process.

2021 CEMP

<input type="checkbox"/>	1	During an evacuation where would the residents go first for shelter?	Multiple Choice: Radio Buttons
<input type="checkbox"/>	2	How many disaster drills is Fort Hudson required to conduct each year?	Multiple Choice: Radio Buttons
<input type="checkbox"/>	3	In the case of an evacuation what is the New York State system that Fort Hudson utilizes to track residents that are temporarily relocated?	Multiple Choice: Radio Buttons
<input type="checkbox"/>	4	One of the drills has to be community based event?	True/False
<input type="checkbox"/>	5	What is the report called after each drill is completed?	Multiple Choice: Radio Buttons
<input type="checkbox"/>	6	Where are the Fire and Disaster Policy Manual's found?	Multiple Choice: Radio Buttons
<input type="checkbox"/>	7	Where can the evacuation carts be found?	Multiple Choice: Radio Buttons
<input type="checkbox"/>	8	Where is the primary assembly area that staff would report to in an emergency?	Multiple Choice: Radio Buttons

2021 Quality Assurance Process Improvement (QAPI)

QAPI is the MERGER of two approaches to quality:

1. Quality Assurance (QA)
2. Performance Improvement (PI)

<input type="checkbox"/>	1	Both Quality Assurance and Performance Improvement involve gathering information and then using that information to help improve quality	True/False
<input type="checkbox"/>	2	In the scenario that was reenacted, who's ideas were the ones that changed the process to prevent future problems?	Multiple Choice: Radio Buttons
<input type="checkbox"/>	3	Measuring our compliance with certain standards and then trying to improve our compliance after we find a problem is called	Multiple Choice: Radio Buttons
<input type="checkbox"/>	4	Process Improvement Project teams involve members from all levels of the organization.	True/False
<input type="checkbox"/>	5	QAPI stands for	Multiple Choice: Radio Buttons
<input type="checkbox"/>	8	What is a "Root Cause Analysis?"	Multiple Choice: Radio Buttons
<input type="checkbox"/>	9	When a process has been found in need of improvement, a PIP is established. PIP stands for.	Multiple Choice: Radio Buttons
<input type="checkbox"/>	10	Studying the processes we have, trying to improve them, and testing new approaches is called	Multiple Choice: Radio Buttons

Dementia Care: Challenging Behaviors and Direct Care Staff

Section 1: Introduction

About This Course

Dementia is a common chronic condition affecting older adults. Some individuals with dementia experience behaviors such as restlessness, wandering, agitation, physical aggression, and shouting. This course discusses how to prevent and manage these types of behaviors. It also discusses factors affecting the behaviors of individuals with dementia. Without knowledge of dementia and management of dementia-related behaviors, the quality of life of individuals with dementia declines.

The goal of this course is to educate direct care workers in post-acute care settings on identifying and managing challenging behaviors in older adults with dementia.

Learning Objectives

After taking this course, you should be able to:

- Identify two factors that trigger behaviors in older adults with dementia.
- Explain at least three strategies to manage dementia-related behaviors.

Section 2: Dementia

Dementia

According to the Centers for Disease Control and Prevention (2019), dementia is not one specific disease but an overall term that describes the inability for an individual to think, remember, or make decisions. Dementia is not a normal part of aging.

Let's discuss the most common types of dementia.

Alzheimer's disease is the most common cause of dementia. Short-term memory problems are the trademark symptom of Alzheimer's disease. Memory loss, such as forgetting important events or having difficulty learning a new task, is the first sign of Alzheimer's disease.

Vascular dementia is caused by having a stroke or other issues with blood flow to the brain. It is the second most common type of dementia. Signs of this type of dementia include a lack of organizational skills and an inability to follow simple steps in a process.

Lewy Body dementia is a combination of Alzheimer's disease and Parkinson's disease. Individuals may experience visual hallucinations such as seeing people, objects, or shapes that are not actually there. They may also have movement or balance problems such as stiffness or trembling. Other signs include:

- Changes in alertness
- Daytime sleepiness
- Confusion
- Staring spells

Dementia Care: Challenging Behaviors and Direct Care Staff

- Difficulty sleeping

Fronto-temporal dementia causes personality and behavior changes because of the affected part of the brain. Another sign of this type of dementia is problems with language skills, such as speaking or understanding.

Mixed dementia occurs when more than one type of dementia is present in the brain at the same time. For example, a person may have both Alzheimer's disease and vascular dementia. This is common in people age 80 years old and older. It may be not always be clear that a person has mixed dementia since the signs and symptoms of one type of dementia may be the same as the signs and symptoms of another type of dementia.

Risk Factors for Dementia

Some factors increase an individual's risk for developing dementia. Common risk factors for dementia include:

- Age, especially those 65 years and older
- Family history
- Race or ethnicity
- Poor heart health
- Traumatic brain injury

Dementia-Related Behaviors

Memory loss and cognitive changes are the most common symptoms of dementia. Individuals with dementia may feel angry, confused, and sad. Older adults may show behaviors that create challenges for caregivers. Not every person with dementia will experience every behavior discussed in this course. Dementia-related behaviors may include:

- Delusions or belief in things that are not real
- Hallucinations
- Sleep disturbances
- Physical or verbal aggression
- Restlessness
- Pacing
- Yelling
- Shredding papers or tissues

Delusions are a type of dementia-related behavior and best described as firm beliefs in things that are not real. Confusion and memory loss can cause this type of behavior in older adults with dementia.

Individuals with dementia can experience episodes of aggression which can be physical or verbal. This type of behavior can occur suddenly for no known reason or result from a situation that has become frustrating to the older adult with dementia.

Have you ever noticed an older adult with dementia shredding pieces of paper or tissues? This can be a type of dementia-related behavior. Shredding paper or tissues can be the result of several factors such as the individual's environment or an emotional need not being met.

Dementia Care: Challenging Behaviors and Direct Care Staff

Review

What is the most common cause of dementia?

- A. Vitamin deficiency
Feedback [Vitamins are an important part of maintaining a healthy lifestyle, but they do not cause dementia.]
- B. Alzheimer's disease
Feedback [Alzheimer's disease is the most common cause of dementia. Short-term memory problems are the trademark symptom of Alzheimer's disease.]
- C. Depression
Feedback [Depression does not cause dementia but is linked to dementia-related behaviors.]
- D. Infection
Feedback [Infection does not cause dementia but can be a physical health factor that can cause behaviors such as delirium.]

Factors

Many older adults with dementia experience changes in behavior as their condition progresses (Alzheimer's Society, 2020). Behaviors will vary depending on the type of dementia the individual has.

Some behaviors may change an individual's personality, especially as the disease progresses. Older adults with dementia may experience hallucinations or paranoia towards others. They may become anxious or aggressive and physically strike out because of an unmet need. It is important to remember that when an individual is having challenging behaviors, they need you to keep them safe.

There are factors or triggers that may contribute to dementia-related behaviors in the older adult. Most of the factors that trigger behaviors can be controlled by knowing what the triggers are. By knowing the triggers, you can start to learn how to manage the behaviors.

The following factors affect dementia-related behaviors:

- Environmental factors
- Communication factors
- Physical health factors
- Emotional factors
- Nutritional factors

Environmental Factors

The individual's environment can trigger unwanted behaviors due to excessive environmental stimuli or the lack of environmental stimuli. For example, loud noise will increase the individual's confusion or frustration and lead to agitation. The temperature of the individual's environment can also be a trigger for unwanted behavior. On the opposite spectrum, an individual who has no environmental stimuli can exhibit unwanted behaviors because they are bored.

Communication Factors

Dementia affects the way a person communicates with other individuals. Poor communication techniques can be the source of an older adult's behavior. Older adults can also have a difficult

Dementia Care: Challenging Behaviors and Direct Care Staff

time understanding directions when staff members are moving and speaking quickly. If the older adult feels rushed, they may become agitated.

For instance, asking the individual to perform the task of brushing their teeth can be overwhelming to them because they may not understand or remember all of the steps involved in brushing their teeth. This causes feelings of frustration which can lead to disruptive behaviors.

Physical Health Factors

As the dementia progresses, the older adult may not be able to communicate when something is physically wrong with their body. Disruptive or unwanted behaviors may be a way they communicate when there is something wrong. Some physical health factors that cause behaviors include:

- Medical issues
- Constipation
- Acute illness or infection
- Medication side effects
- Pain
- Vision or hearing problems
- Fatigue

Emotional Factors

Dementia affects the way an individual thinks, feels, and behaves (Hill, 2020). An older adult's emotional well-being and unmet psychosocial needs can affect their behavior. Problem behaviors result from feelings of anxiety, depression, and loneliness.

You need to identify what feelings or unmet needs trigger the challenging behaviors of the older adult with dementia. Some emotional factors or unmet needs that could trigger the behavioral challenges that you face daily include:

- Loss of control
- Roommate changes
- Insecurity
- Lack of meaningful activities
- Loss of identity
- Change in caregivers
- Low self-esteem

A change in a person's normal routine may cause them to feel a loss of control. This may trigger an unwanted behavior to occur. For example, a change in an individual's bath day or time can cause anxiety for them. They may not be able to express verbally how they feel, so they might try to hit you or kick you.

Nutritional Factors

Nutrition can be a problem for individuals with dementia. Changes in taste, smell, and perception interfere with the older adult's ability to eat. They may forget to eat or even not be able to understand how to feed themselves leading to frustration and problem behaviors. Dementia-related behaviors may be a way of communicating that the individual is hungry or

Dementia Care: Challenging Behaviors and Direct Care Staff

thirsty.

The environment can also affect the dining experience and cause some older adults to display behaviors. Confusion and frustration could possibly lead to challenging behaviors during mealtime. For example, if there are too many food choices on the individual's plate, they might become confused and frustrated.

Review

Which of the following is a communication trigger that can cause dementia-related behaviors?

- A. Changes in taste or smell

Feedback [Changes in smell and taste are a nutritional trigger. These triggers interfere with their ability to eat.]

- B. Overhead paging systems

Feedback [Overhead paging systems is an environmental trigger that can cause dementia-related behaviors.]

- C. Speaking too quickly

Feedback [Poor communication such as speaking too quickly can cause frustration in an older adult with dementia because they do not comprehend what is being said.]

- D. Change in caregivers

Feedback [A change in caregivers is an emotional trigger. Older adults with dementia need structure and routine, which includes having the same caregiver.]

Summary

There are different types of dementia such as Alzheimer's disease, vascular dementia, Lewy Body dementia, and fronto-temporal dementia. Older adults with dementia experience changes in behavior that are caused by several factors. These factors include the environment, poor communication, emotional well-being, physical health, and nutrition. By identifying these factors that trigger unwanted behavior, you can understand how to manage these behaviors.

Section 3: Strategies to Manage Behaviors

Strategies

More than 90% of adults who have been diagnosed with dementia have dementia-related behaviors (Ellison, 2020). You have identified what can trigger these behaviors and now we will look at how to manage the challenging behaviors.

Challenging dementia-related behaviors could be the result of a physical health factor that is not being addressed such as pain or lack of sleep. Most likely, you will be the first person to notice that the individual is not sleeping well. You might notice if they are grimacing with pain while performing routine ADLs.

The best strategy for managing dementia-related behaviors caused by physical health factors is notifying your immediate supervisor of these issues. By doing this, you will help identify and treat the problem that is causing the behavior. Refer to your organization's policy on notification.

You can help older adults who exhibit these challenging behaviors have a better quality of life by applying the following strategies for each identified factor.

Dementia Care: Challenging Behaviors and Direct Care Staff

Environmental Strategies

Our environment is considered where we live and what we surround ourselves with. The older adult with dementia NEEDS to have an environment that they are familiar with and comfortable in. Their daily surroundings should allow them to maintain a quality of life but also provide a safe place for them to live. You can help provide and encourage a comfortable and safe environment by using the following strategies:

- Reduce the noise level in the room.
- Limit the use of overhead paging.
- Provide pleasant smells.
- Adjust the lights to reduce shadows.
- Allow for natural sunlight.
- Remove anything that could cause tripping or falling.
- Use furniture with solid colors or very small patterns.
- Avoid using rugs over carpet.
- Hang a picture of the individual on their room door.
- Place personal objects within easy reach.

Safety is another important issue for the older adult dealing with dementia. You must protect individuals and provide them a safe environment to live in. This can be a challenging task for you, especially during behavioral outbursts. You can keep the individual safe by:

- Making key destinations, such as the bathroom, easily visible.
- Providing activities such as flower boxes or garden planters.
- Securing large furniture.
- Providing a safe wandering path.
- Providing easily accessible and secure outdoor spaces.

Review

What is the best strategy to improve an individual's environment?

- A. Place personal items within easy reach.

Feedback [This allows the individual to have access to what they need and also prevents frustration.]

- B. Provide finger foods.

Feedback [Providing finger foods to the older adult with dementia will increase their nutritional intake but it does not improve their environment.]

- C. Give simple directions.

Feedback [Giving simple directions is a communication strategy which helps decrease frustration with the older adult who struggles with comprehending instructions but it does not improve their environment.]

- D. Provide respect and dignity.

Feedback [Providing respect and dignity is an emotional well-being strategy. By always giving respect and dignity to the older adult, we meet their psychosocial needs, but this does not improve their environment.]

Dementia Care: Challenging Behaviors and Direct Care Staff

Communication Strategies

It is important for you to pay attention to how you are communicating with the individuals you provide care for. You can use the same communication strategies with all people you care for. As the dementia progresses, the individual may not be able to follow simple directions or tell you what they are feeling. Always communicate in a calm and clear manner (Hicks, 2018).

Use a calm voice and speak slowly. Give the older adult time to process the information and respond to your question. You spend the most time with the individual when you provide their daily care. You can make sure their needs are being met and decrease unwanted behaviors by using the following communication strategies:

- Approach from the front.
- Give simple instructions.
- Limit choices.
- Call the individual by their preferred name.
- Use hand gestures.
- Use pictures or written words.
- Approach with a smile and in a friendly manner.

Pay attention to non-verbal communication. For example, if you stand with your hands on your hips or point at the individual, it may cause the individual to feel threatened. This may result in unwanted behaviors.

Review

You are assisting Ms. Jones with getting dressed for the day. Which of the following statements is most appropriate?

- Good morning, Ms. Jones, would you like to wear black pants or brown pants?
Feedback [Giving Ms. Jones two choices will not overwhelm or frustrate her.]
- Good morning, Ms. Jones, what would you like to wear today?
Feedback [Giving Ms. Jones an open-ended question may cause her frustration because she has to pick from too many choices.]
- Good morning, sweetheart, time to get dressed.
Feedback [Address the individual by their preferred name. By doing this, you are showing respect dignity to the older adult.]
- Good morning, Ms. Jones, please get dressed, brush your teeth, and make the bed.
Feedback [This statement has too many tasks for an older adult with dementia to process and complete. Giving multiple tasks will cause frustration because the individual may not understand what is being asked.]

Emotional Strategies

Older adults with dementia have emotional and psychosocial needs. There are many things that you can do to help older adults with maintaining their emotional wellness and meet their psychosocial needs. You should always provide respect and dignity to the individuals you care for. You can help an older adult with dementia meet their emotional and psychosocial needs by:

- Identifying tasks the individual can complete.
- Providing reassurance of love and caring.
- Reintroducing the individual to their past.

Dementia Care: Challenging Behaviors and Direct Care Staff

- Praising all accomplishments.

For example, if an older adult was a housekeeper, you can give them items to fold, a tabletop to wash, or a feather duster to dust items. By doing this, you will reintroduce them to their identity or their past. This will also give them meaning and a sense of purpose to their lives. It provides a sense of accomplishment.

Another important aspect of emotional well-being is having the feeling of love and intimacy provided daily. Feelings of love and intimacy are a part of human nature. Despite the individual's feelings of confusion, they still need the feelings of love and closeness. Offer to give a gentle hug or to hold their hand. You can meet their emotional needs by:

- Sharing old memories.
- Talking about old traditions.
- Listening carefully to their words.
- Giving a hug.

Review

Ms. Smith is an older adult with dementia who currently resides in her home with her husband. When you arrive at her home to provide her daily care, you notice that she is showing signs of anxiety. What is the most appropriate response you should take for her anxiety?

- A. Ignore Ms. Smith as she will eventually get over her anxiety.
Feedback [Ignoring Ms. Smith's anxiety is not appropriate.]
- B. Talk with Ms. Smith in a clear, kind, and calm way.
Feedback [Talking with Ms. Smith in a clear, calm, and kind way will provide her reassurance and caring.]
- C. Immediately leave Ms. Smith's home and notify your supervisor.
Feedback [Leaving Ms. Smith will not relieve her anxiety. Abruptly leaving will likely increase her anxiety level.]
- D. Ask Ms. Smith multiple questions to find out the source of her anxiety.
Feedback [Bombarding her with multiple questions to find why she is having anxiety may cause her to have increased anxiety.]

Nutritional Strategies

Nutrition is an important aspect of maintaining quality of life for older adults with dementia. Identifying what the individual likes and dislikes is a starting point in providing adequate nutrition. Here is a list of nutritional strategies that you can use to help with decreasing dementia-related behaviors:

- Offer food and drink regularly.
- Limit distractions.
- Offer finger foods when available.
- Provide encouragement to eat.
- Offer nutritional beverages.
- Provide small portions in a bowl.
- Only provide the utensils that are needed.
- Sit with the individual while they eat.

Dementia Care: Challenging Behaviors and Direct Care Staff

Review

Which of the following is a TRUE statement regarding communication strategies with the older adult with dementia?

- A. Approach the individual from the front.
Feedback [You will not startle the individual if you approach them from the front.]
- B. Non-verbal communication does not affect the individual with dementia.
Feedback [Non-verbal communication does affect the individual's behavior.]
- C. Always speak in a loud voice so the older adult can understand you better.
Feedback [Speaking in a loud voice can cause an increase in behaviors.]
- D. Give complicated instructions to complete a task.
Feedback [Always give simple instructions to complete a task.]

Summary

There are many strategies you can use to help decrease behaviors in the older adult with dementia. You can make simple changes to the environment such as adjusting the light to reduce shadows or providing a calm, quiet area without excessive stimuli. Both verbal and non-verbal communication can trigger behaviors. You can use hand gestures or pictures to communicate with individuals who have dementia. Break tasks into simple, easy-to-understand steps. Praise the person's accomplishments, no matter how small the task is. During mealtime, take the time to sit with the older adult and offer encouragement. By using these simple strategies every day, you will help manage dementia-related behaviors.

Section 4: Conclusion

Summary

Now that you have finished viewing the course content, you should have learned the following:

- Two different factors that affect behaviors of individuals with dementia
- Three strategies to manage dementia-related behaviors

Course Contributor

The content for this course was revised by Bobbi Whittington RN, BSN.

Bobbi Whittington started her nursing career as a CNA in long-term care and developed a passion for the geriatric population. She obtained her LPN certificate in 1997 from South Central Area Vocational Technical School in Missouri. Continuing her education, she earned her Associate degree in nursing from Texas County Technical Institute, Missouri in 2007 and her Bachelor of Science in nursing from Chamberlain College of Nursing in 2013. Bobbi has over 24 years of clinical and managerial experience in the skilled nursing industry.

References

Alzheimer's Society. (2020). Changes in behavior.
http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=159

Centers for Disease Control and Prevention. (2019). What is dementia?
<https://www.cdc.gov/aging/dementia/index.html>

Dementia Care: Challenging Behaviors and Direct Care Staff

Ellison, J. (2020). The challenging behaviors of Alzheimer's disease. <https://www.brightfocus.org/alzheimers/article/challenging-behaviors-alzheimers-disease-part-one>

Heerema, E. (2020). Preserving the dignity of dementia patients. <https://www.verywellhealth.com/preserving-dignity-in-people-with-dementia-4130118>

Hicks, K. (2018). How to deal with aggression and dementia. <https://www.alzheimers.net/how-to-deal-with-aggression-and-dementia>

Hill, C. (2020). How to manage challenging behaviors in Alzheimer's. <http://alzheimers.about.com/od/caregiving/a/behaviors.htm>

Congratulations!

You have finished reviewing the course content

Exam and BrainSparks

CE (Y)	BS (Y)	LO #	Q #	Question
		1	1	What are older adults with dementia trying to do when they exhibit behaviors?
			a	Showing their true colors
			b	Communicating an unmet need
			c	Trying to be ignored
			d	Asking to be started on a medication
	Y	2	2	Which of the following describes a good environment for individuals with dementia?
			a	Floors with bold colors and patterns
			b	Familiar and comfortable
			c	Radio at a loud volume
			d	Warm environment
	Y	2	3	Which of the following is the best strategy for an older adult with dementia who often wanders in and around their home?
			a	Use a restraint
			b	Keep them in their room
			c	Provide a safe wandering path
			d	Provide finger foods
		2	4	Which of the following displays effective communication with an individual with dementia?
			a	Speak very loudly so they can hear
			b	Approach them from the rear
			c	Use pictures or written words
			d	Use an aggressive tone of voice

Dementia Care: Challenging Behaviors and Direct Care Staff

	Y	1	5	True or False: The environment is a factor that can trigger behaviors in individuals with dementia.
				True
				False
			6	Which of the following best describes problem behaviors with older adults with dementia?
	Y	1	a	They are the result of negative feelings.
			b	They are not caused by environmental triggers.
			c	They are a normal part of aging.
			d	They are only present in strong-willed individuals.
		2	7	Which of the following is an appropriate nutritional strategy to use in individuals with dementia?
			a	Provide distractions during meals
			b	Provide a safe wandering path
			c	Offer finger foods
			d	Offer multiple choices
	Y	2	8	Which is the MOST appropriate way to help the individual with dementia feel love and intimacy?
			a	Ignore the individual
			b	Talk to them in a rushed manner
			c	Limit distractions
			d	Hold their hands
	Y	2	9	Which of the following best describes a way to improve an older adult's sense of control?
			a	Identifying a task the older adult can complete
			b	Attempting multiple tasks at once
			c	Playing loud music
			d	Encouraging families to visit often
		1	10	What is a cause of vascular dementia?
			a	Inadequate nutrition
			b	Depression
			c	Stroke
			d	Anxiety

COURSE TITLE:	Bloodborne Pathogens (Self-Paced)
COURSE CODE:	REL-SRC-0-BBPATH-R1
PROJECT TYPE:	New - Derivative
SME:	Jennifer Moore
WRITER/EDITOR:	Jennifer Moore
PROJECT MANAGER:	Cassandra Peterson
TARGET AUDIENCE:	All staff in SN, AL, HH, Hos
ACCREDITED:	None
TRAINING HOURS / ORIGINAL, TARGET, and FINAL WORD COUNT:	Hours: 0.5 Original: 4380 Target: 3000 Final: 3064
COURSE LEVEL / NARRATED / LANGUAGE / ADA:	2 / Yes / Spanish / Yes
PM TRANSCRIPT REVIEW:	No
PARTNER COURSE:	No
PRONUNCIATION GUIDE	

Bloodborne Pathogens

Section 1: Introduction

- A. About This Course
- B. Learning Objectives

Section 2: The Bloodborne Pathogen Standard

- A. Meet Yolanda
- B. Bloodborne Pathogens
- C. Transmission
- D. Exposure Control Plan
- E. Exposure Determination
- F. Hepatitis B Vaccination
- G. Prevention Methods
- H. Sharps Safety
- I. Meet Katie
- J. Response to a Potential Exposure
- K. Review

Section 3: Conclusion

Bloodborne Pathogens

- A. Summary
- B. Course Contributor
- C. References
- D. Congratulations!

Section 1: Introduction

About This Course

Exposure to blood and other potentially infectious materials place employees at risk for acquiring bloodborne disease including HIV and hepatitis. As such, employees must understand their risk for exposure and steps to prevent exposure in accordance with the OSHA Bloodborne Pathogen Standard.

Unless otherwise noted, the information in this course was sourced from the OSHA Bloodborne Pathogen Standard rule (29 C.F.R. §1910, 2017). However, many states have their own Bloodborne Pathogen Standard which must be at least as strict as the federal OSHA Standard, but in some cases state standards may have additional requirements. Be sure you know if your state has its own Bloodborne Pathogen Standard and what its requirements are.

Learning Objectives

After taking this course, you should be able to:

- Identify situations that may cause exposure to bloodborne pathogens.
- Describe how to prevent exposure to bloodborne pathogens.
- Explain steps to take if a workplace exposure occurs.

Section 2: The Bloodborne Pathogen Standard

Meet Yolanda

Yolanda, an RN, is trying to start an IV on Ms. Webster, who is dehydrated and needs IV fluids. Due to the dehydration, Yolanda is having a difficult time accessing a vein and has already attempted to stick Ms. Webster twice without success. Ms. Webster is starting to get agitated. Yolanda is going to attempt to start the IV one more time. She inserts the retractable IV catheter into a vein in Ms. Webster's right hand and begins to advance it.

With the catheter in place, Yolanda quickly removes the needle, sets it on the table, and connects the IV tubing. She wants to quickly secure the IV in place before Ms. Webster becomes agitated and she loses the IV access. Yolanda finishes securing the IV and starts running the fluids. She turns around to clean up her supplies when she accidentally sticks herself with the needle. In Yolanda's rush to secure the IV, she failed to retract the needle of the IV catheter after withdrawing it. Yolanda has now potentially been exposed to bloodborne pathogens.

It is unfortunate but situations like these are all too common in healthcare. Because of this the Occupational Safety and Health Administration, or OSHA, has developed the Bloodborne Pathogens Standard to protect employees like Yolanda.

Bloodborne Pathogens

Bloodborne Pathogens

Exposure to blood and other potentially infectious materials can occur in a wide variety of health-related environments, including nursing facilities, assisted living facilities, home care, and hospice care. All healthcare workers are at risk of exposure to blood and other potentially infectious materials through contact with mucous membranes, non-intact skin, needlesticks, or other sharps.

The term “pathogen” is used to describe any disease-producing microorganism. The term “bloodborne pathogen” refers to pathogenic microorganisms that are present in human blood and can cause disease in humans. Bloodborne pathogens can also be found in other potentially infectious materials such as semen, vaginal secretions, and any body fluid that is visibly contaminated with blood. Once a bloodborne pathogen enters the human body, it can cause disease and immune deficiencies which can lead to death.

The most common types of bloodborne pathogens include the hepatitis B and C viruses and the human immunodeficiency virus, or HIV. Hepatitis B and C viruses cause diseases of the liver, while HIV is the virus that leads to AIDS.

Transmission

Exposure to bloodborne pathogens can occur through direct contact with blood or other potentially infectious materials. This most commonly occurs through:

- Puncture of the skin with contaminated needles, broken glass, or other sharps
- Contact with non-intact skin
- Contact with mucous membranes

Your skin serves as a barrier against bloodborne pathogens. In addition to punctures, non-intact skin, including open sores, cuts, abrasions, acne, blisters, eczema, psoriasis, and even sunburns, can lead to exposure.

Exposure to bloodborne pathogens can also occur through mucous membranes. If not properly protected, blood or other potentially infectious materials can enter your eyes, nose, and mouth through splashes or sprays.

Bloodborne pathogens can also be transmitted by touching a contaminated surface and transferring the infectious material to your eyes, mouth, or non-intact skin. This is called indirect transmission.

Exposure Control Plan

You can protect yourself from bloodborne pathogens by following OSHA's Bloodborne Pathogen Standard. This standard sets forth an exposure control plan for all healthcare workers who are reasonably anticipated to come in contact with blood or other potentially infectious materials as part of their job duties. The purpose of the standard is to remove or reduce an individual's exposure to blood and other potentially infectious materials.

An exposure control plan includes information on exposure determination, methods of compliance, hepatitis B vaccination, and post-exposure evaluation and follow-up. You should obtain a written copy of your organization's exposure control plan and be familiar with the organization-specific information that is contained in that plan.

Bloodborne Pathogens

Exposure Determination

You should know if the job duties you perform carry a chance of exposure to bloodborne pathogens. In the exposure control plan, the exposure determination will identify:

- Job classifications in which **all** employees have exposure to bloodborne pathogens, such as nursing staff
- Job classifications in which **some** employees have occupational exposure, such as non-nursing staff

It also contains a list of all tasks and procedures performed by employees in which exposure could occur. Potential exposure risks can include contact with or care of an infected individual, cleaning or working with contaminated equipment, or cleaning contaminated surfaces.

Hepatitis B Vaccination

It is estimated that up to 2.2 million people in the United States are chronically infected with the hepatitis B virus and 15-25% of those with chronic infection will die prematurely from cirrhosis or liver cancer (Centers for Disease Control and Prevention [CDC], 2016). Hepatitis B is a virus that can cause both acute and chronic liver disease. There is no cure, but there is a vaccination that has an 80-100% effectiveness in preventing hepatitis (CDC, 2017).

Under the Bloodborne Pathogen Standard, employers are required to make the hepatitis B vaccination series available at no cost to all staff members who have a reasonable chance of exposure to blood or other potentially infectious materials. The only exceptions to this are for employees who:

- Have previously completed the hepatitis B vaccination series
- Have demonstrated immunity through antibody testing
- Have a medical contraindication for the vaccine

The hepatitis B vaccination is a series of 3 injections. After the first injection is given, the second injection is given not fewer than 4 weeks after the first injection followed by a third injection 4-6 months after the second injection.

The hepatitis B vaccine is safe for administration to all individuals, including pregnant women, unless there is a severe allergic reaction to a vaccine component or in the presence of a moderate or severe acute illness, in which case the vaccine can be administered once the condition improves. The benefit of protection from the hepatitis B virus significantly outweighs the common side effects, which are pain at the injection site and a mild to moderate fever.

It is your decision on whether or not you want to receive the hepatitis B vaccine. Even if you decline, you may change your mind and receive a vaccination later.

Prevention Methods

By following a few basic prevention strategies, you can prevent or minimize your chances of exposure to bloodborne pathogens. The first method of prevention requires observing standard precautions. Standard precautions are intended to be applied to the care of all individuals in all healthcare settings, regardless of the suspected or confirmed presence of an infectious agent. Simply stated, treat all individuals as if they carry an infectious agent.

Hand hygiene, which is the term that applies to washing hands with soap and water or thoroughly applying an alcohol-based hand rub, is another prevention strategy. There are

Bloodborne Pathogens

situations where either technique is appropriate for hand cleansing. Hand hygiene is the single most important method for preventing the spread of infection. Effectively cleansing your hands removes harmful pathogens. Refer to your company's policy on when to perform hand hygiene and always remember to perform hand hygiene after removing gloves or any other piece of personal protective equipment.

Wearing the most appropriate personal protective equipment, or PPE for short, for the task you are completing is essential in preventing exposure to bloodborne pathogens. Anytime there is a chance that your clothes, skin, eyes, mouth, or other mucous membranes may come into contact with blood or other potentially infectious materials, be certain to wear the appropriate PPE. Always minimize splashing, spraying, spattering, and the generation of droplets of blood and other potentially infectious materials, even when wearing the appropriate PPE.

It is important for you to know where to obtain PPE in your workplace. Always remove PPE if penetrated by blood or other potentially infectious materials and before leaving the work area. Dispose of PPE in an appropriately designated container.

Another way to minimize or prevent exposure to bloodborne pathogens is by decontaminating equipment and environmental surfaces. All equipment and environmental surfaces that may have been exposed to blood or other potentially infectious materials must be decontaminated with the appropriate disinfectant as soon as possible. Follow your company's exposure control plan on the type of disinfectant to use.

Contaminated laundry must be handled carefully to avoid contact with blood and other potentially infectious materials. When handling contaminated laundry, always wear the appropriate PPE, minimize agitation, and bag it at the location of use.

Appropriate disposal bags and/or containers for items that possibly contain blood or potentially infectious materials, such as personal protective equipment and laundry, are required to have 1 of 2 methods of warning. Bags and/or containers can either be color-coded red OR display a fluorescent orange or orange-red label with biohazard lettering and symbol in a contrasting color.

Always place potentially infectious materials in the appropriately marked disposal containers. Never push down contents of any disposal container. Reusable disposal containers must be inspected and decontaminated on a regular basis or upon visible contamination.

If a blood spill occurs, blood must be cleaned up using a blood spill kit according to your organization's policy. Blood spill kits allow you to contain the potentially infectious material and properly dispose of it. Even if blood is dried, you must take the proper precautions. Make sure you know where to obtain a blood spill kit if needed. Some viruses, such as the one which causes hepatitis B, can remain infectious for several days on environmental surfaces and can be transmissible in the absence of visible blood (CDC, 2017).

There are certain activities that you should refrain from in areas where there is a potential for exposure. These activities include eating, drinking, smoking, applying make-up or lip balm, and handling contact lenses. All of these activities are prohibited except in designated employee break areas, bathrooms, and lounges.

Food or drink should never be stored in the same refrigerators, freezers, shelves, cabinets, or

Bloodborne Pathogens

on countertops where blood or other potentially infectious materials, such as lab specimens, are kept. Specimens of blood or other potentially infectious materials need to be placed in a container that is either appropriately labeled or color-coded and prevents leakage prior to storage or transport.

Remember that your workplace will have a specific exposure control plan to prevent or minimize exposure to bloodborne pathogens. Make sure you are familiar with this specific plan.

Sharps Safety

The CDC estimates that 385,000 needlesticks are sustained by hospital-based healthcare personnel each year, however, the true magnitude of the problem is much higher. Data to calculate the overall prevalence across settings, such as long-term care, home healthcare, and private medical offices has not been gathered and surveys indicate that 50% or more of healthcare personnel do not report sharps injuries (CDC, 2008). Sharps include not only needles, but razors and broken glass as well. The best way to prevent cuts and sticks is to minimize contact with sharps.

All sharps should be disposed of immediately after use in an appropriate disposal container, called a sharps container; not the regular trash bin. Sharps containers are closable, puncture resistant, leakproof containers and are either labeled appropriately or color-coded red.

You should never handle or pick up broken glass with your hands. It should be swept into a dustpan and placed into the appropriate sharps container. Make sure you do not overfill or take the lid off a sharps container and never reach your hand into a sharps container.

You should always take a sharps container with you when performing a procedure in which a sharp object will need to be disposed of. Never walk around with a contaminated sharp. Needles should never be bent, recapped, or removed unless no alternative is available.

If no alternative is available, you can recap a needle using the one-handed technique. To do this, place the needle cap on a flat surface with something firm to “push” the cap against and remove your hand from the cap. Hold the syringe with the needle attached in one hand and slip the needle into the cap without using the other hand. Push the capped needle against a firm object to “seat” the cap onto the needle firmly using only one hand (U.S. Food & Drug Administration, 2014). Remember, however, that best practice involves always having a sharps container available.

To minimize exposure to needlesticks, OSHA requires employers to provide safety engineered sharps for employee use. Safety engineered sharps are designed with a built-in safety feature or mechanism that reduces exposure. Examples may include protective shields that cover a needle after use or self-retracting needles or lancets. They may also include needleless systems for IV access.

Some safety engineered sharps have passive safety designs, meaning users have to activate the safety mechanism. Sharps with passive safety designs do not provide protection from contact if the user doesn’t activate the mechanism. It is important to activate the protective mechanism of a sharp immediately after use.

Some additional tips for the safe handling of sharps include:

- Maintaining focus on your task

Bloodborne Pathogens

- Keeping fingers and hands away from the point
- Never walking with an exposed sharp in your hand

Meet Katie

Katie is shaving Mr. Kellogg when she accidentally nicks his chin and the tiny cut on his chin begins to bleed. After she has finished the task, she turns to place the razor in a sharps container and realizes that she forgot to bring one with her. Katie places the razor in her pocket, removes her gloves, and proceeds to wash her hands.

Katie finishes her day and when she gets home she starts to empty the pockets of her scrubs. OUCH! Katie cut her finger on something sharp. Katie looks in her pocket to see what cut her...the razor she used to shave Mr. Kellogg. What did Katie do wrong?

She didn't immediately dispose of the razor she used in an appropriate container. Katie forgot to bring a sharps container with her when she went to shave Mr. Kellogg, knowing that the razor would need to be disposed of. You should always ensure that a sharps container is available whenever handling needles, razors, or other sharps. It is never appropriate to place a used sharp in your pocket.

In addition, when Katie cut Mr. Kellogg, this exposed the razor to pathogens that may have been present in his blood. When Katie cut her finger on the razor, this provided a route for any potential pathogens to enter. She has now potentially been exposed to a bloodborne pathogen. What steps should Katie take at this time?

Response to a Potential Exposure

Your workplace should have a plan to follow when a staff member is exposed to blood or any other potentially infectious materials. Your employer is required to provide, at no cost to you, post-exposure medical evaluation and follow-up. Make sure to ask your supervisor for more information about your company's post-exposure plan.

If you have an exposure via a sharp or non-intact skin, wash the area of contamination thoroughly with soap and water. If exposure occurs through a mucous membrane, flush the area thoroughly with water. Immediately inform your supervisor of the exposure incident.

Following exposure, your supervisor will assist you in obtaining a confidential medical evaluation and a follow-up which includes:

- Documentation of the route of exposure and the circumstances under which exposure occurred
- Identification and testing of the source if possible, unless prohibited by law
- Collection and testing of your blood after consent is obtained
- Post-exposure prophylaxis if medically indicated
- Counseling
- Evaluation of reported illness

If you require a medical evaluation, your employer will only receive documentation that you were informed of the results of the evaluation and that you have been told about any medical conditions resulting from exposure. All findings or diagnoses will remain confidential.

Bloodborne Pathogens

Review

After giving Mrs. Albertson an injection, Jan realizes she forgot to bring the sharps container. How should she recap the needle?

A. It is never acceptable to recap a needle.

Feedback [There is an acceptable way to recap a needle as a last resort.]

B. With the syringe in one hand and the cap in the other, carefully place the cap over the needle and press firmly to seat it.

Feedback [This technique is unsafe and should never be used to recap a needle.]

C. Use the one-handed technique to slip the needle into the cap while lies on a flat surface and then push it against a firm object to seat the cap.

Feedback [Although it is always best to use a sharps container, if one is not available, this method is recommended for recapping a needle.]

D. Have Mrs. Albertson recap the needle since it contains her blood.

Feedback [Although the needle does contain her blood, she could still sustain an injury by recapping it incorrectly.]

Section 3: Conclusion

Summary

Now that you have finished viewing the course content, you should have learned the following:

Ensuring a safe workplace begins with following all safety guidelines set out by the government and your organization. This begins by understanding where the risks for bloodborne pathogen exposure exist. Protect yourself by practicing standard precautions that include wearing the appropriate personal protective equipment and being diligent in proper hand washing. No single safety procedure will offer complete protection from exposure, but the combination of increased awareness and safeguards can decrease the overall risks. The better you are prepared, the safer you will be.

Course Contributor

Jennifer Moore, RN-BC, DNS-CT, CDP started working in the senior care industry in 2000. She is a certified Gerontological Nurse, a Director of Nursing Services – Certified, and a Certified Dementia Practitioner. She has held positions including MDS Coordinator, Director of Nursing, Medicare Nurse Coordinator, Nurse Consultant, Area Manager, and Director of Quality Assurance. Her overall responsibility within each of these positions was to ensure residents received the highest quality of care. This included active participation in quality improvement initiatives, review of clinical records to identify areas of weakness, corroboration with the medical director to institute policies and procedures for resident care, and staff education/training. Additionally, she was responsible for maintaining an effective compliance program under a Quality of Care Corporate Integrity Agreement with the Office of Inspector General for a period of five years. She currently serves as the manager of curriculum design for post-acute care for Relias Learning. Within this position, her responsibility is to oversee the development of online training modules for the post-acute care industry. She has served as the subject matter expert for courses on re-hospitalization, clinical skill reviews, and various OSHA and regulatory compliance topics. In addition, she has presented at various state conferences on mandatory compliance, quality assessment and assurance (QA&A), and quality assurance and performance improvement (QAPI).

Bloodborne Pathogens

References

29 C.F.R. §1910 (2017)

Centers for Disease Control and Prevention. (2008). Workbook for designing, implementing, and evaluating a sharps injury prevention program. Retrieved from https://www.cdc.gov/sharpssafety/pdf/sharpsworkbook_2008.pdf

Centers for Disease Control and Prevention. (2016). Increases in acute hepatitis B virus infections – Kentucky, Tennessee, and West Virginia, 2006-2013. *Morbidity and Mortality Weekly Report*, 65(3), 47-50. Retrieved from: <https://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6503.pdf#page=7>

Centers for Disease Control and Prevention. (2015). Hepatitis B. In *Epidemiology and Prevention of Vaccine-Preventable Diseases (13th ed.)*. Washington DC: Public Health Foundation.

Food & Drug Administration. (2014). *Medical devices: What to do if you can't find a sharps disposal container*. Retrieved from: <https://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/HomeHealthandConsumer/ConsumerProducts/Sharps/ucm263259.htm>

Congratulations!

You have finished reviewing the course content. Please close this window to proceed.

Exam

1. True or False: Bloodborne pathogens can be found in any body fluid contaminated with blood, such as semen and vaginal secretions.

True
False

2. True or False: Diseases caused by bloodborne pathogens typically cause only mild illness with little risk of death.

True
False

3. After cleaning up a work area, you observe blood on your arm. You identify the blood is not yours. What is the FIRST thing you should do?

Report the incident.
Wash the blood off.
Finish cleaning the work area.
Proceed to emergency room.

4. All of the following are ways that bloodborne pathogens can enter the body EXCEPT:

Through intact skin
Through non-intact skin
Through a mucous membrane
Through a needlestick

5. The most appropriate way to dispose of a contaminated sharp is in:

Bloodborne Pathogens

- The general trash bin
- A biohazard bag
- The toilet
- A puncture-proof container

6. Which of the following is an unsafe work practice?

- Pushing the contents of a biohazard bag down to create more room
- Treating all bodily fluids as potentially infected with bloodborne pathogens
- Washing hands with soap and water after working around blood
- Wearing the appropriate personal protective equipment required for specific job tasks

7. Which of the following BEST describes an appropriate and effective prevention method to minimize exposure to bloodborne pathogens?

- Washing your hands ONLY at the end of your work shift
- Decontaminating equipment and environmental surfaces
- Putting contaminated laundry in laundry baskets
- Pushing down contents in a disposal container to make more room

8. Where should contaminated laundry be bagged to prevent exposure to potentially infectious material?

- At the location of use
- In the hallway
- In a room designated for soiled laundry
- In an area with appropriate ventilation

9. If a contaminated material splashes in your eyes, what should you do FIRST?

- Quickly put on eye protection to prevent any further exposure.
- Notify your supervisor.
- Flush the area thoroughly with water.
- Use an approved cleansing agent.

10. Which of the following should you avoid in areas where there is a potential for exposure to bloodborne pathogens?

- Using a blood spill kit
- Gathering laundry
- Taking deep breaths
- Handling contact lenses

BrainSparks

LO	Q #	Question
3	3	After cleaning up a work area, you observe blood on your arm. You identify the blood is not yours. What should you do?
		Wash the blood off your skin with soap and water but don't report the incident.
		Wash the blood off your skin with soap and water and report the incident.
		Leave the blood on your skin until you

Bloodborne Pathogens

		report the incident.
		Proceed to the closest urgent care clinic for immediate medical attention then report the incident.
1	4	All of the following are ways that bloodborne pathogens can enter the body EXCEPT:
		Through intact skin
		Through non-intact skin
		Through a mucous membrane
		Through the mouth
2	6	Which of the following is an unsafe work practice?
		Pushing the contents of a biohazard bag down to create room
		Treating all bodily fluids as potentially infected with bloodborne pathogens
		Washing hands with soap and water after working around blood
		Wearing the appropriate personal protective equipment required for specific job tasks
1	7	Which of the following BEST describes an appropriate and effective prevention method to minimize exposure to bloodborne pathogens?
		Washing your hands only at the end of your work shift
		Decontaminating equipment and environmental surfaces
		Putting contaminated laundry in laundry baskets
		Pushing down contents in a disposal container to make more room
2	8	Where should contaminated laundry be bagged to prevent exposure to potentially infectious material?
		At the location of use
		In the hallway
		In a room designated for soiled laundry
		In an area with appropriate ventilation

Bloodborne Pathogens

3	9	Contaminated material splashes in your eyes. What should you do FIRST?
		Quickly put on eye protection to prevent any further exposure.
		Notify your supervisor.
		Flush the area thoroughly with water.
		Use an approved cleansing agent

COURSE TITLE:	Protecting Resident Rights in Nursing Facilities (Self-Paced)
COURSE CODE:	REL-SRC-0-PRRNF-R1
PROJECT TYPE:	New – Derivative
SME:	Elizabeth Kellerman
WRITER/EDITOR:	Jennifer Moore
PROJECT MANAGER:	Cassandra Peterson
TARGET AUDIENCE:	All staff in SNFs
ACCREDITED:	None
TRAINING HOURS / ORIGINAL, TARGET, and FINAL WORD COUNT:	Hours: 1 Original: 6388 Target: 6000 Final: 5536
COURSE LEVEL / NARRATED / LANGUAGE / ADA:	2 / Yes / Spanish / Yes
PM TRANSCRIPT REVIEW:	No
PARTNER COURSE:	No
PRONUNCIATION GUIDE	

Protecting Resident Rights in Nursing Facilities

Section 1: Introduction

- A. About This Course
- B. Learning Objectives

Section 2: Resident Rights

- A. A Healthy and Safe Environment
- B. Freedom from Abuse and Neglect
- C. Freedom from Restraints
- D. The Right to Dignity and Respect
- E. Practice
- F. Protecting Dignity and Respect
- G. Access to Medical Treatment
- H. Decision-Making and Choice
- I. The Right to Self-Determination
- J. The Right to Privacy and Confidentiality
- K. Privacy Violations

Protecting Resident Rights in Nursing Facilities

- L. The Right to be Notified of Changes
- M. The Right to Manage Finances
- N. The Right to Voice Grievances
- O. The Right to Examine Survey Results
- P. The Right to Work or Not Work
- Q. The Right to Have Personal Possessions and Visitors
- R. The Right to Share a Room with a Spouse
- S. The Right to Self-Administer Medication
- T. The Right to Refuse Transfer in the Organization
- U. Informing Residents of Their Rights
- V. Exercising Their Rights
- W. Review

Section 3: Conclusion

- A. Summary
- B. Course Contributor
- C. References
- D. Congratulations!

Section 1: Introduction

About This Course

We are granted certain rights, protections, and freedoms by our government. Our rights, protections, and freedoms enable us to make independent decisions regarding all aspects of our life. When residents are admitted to your nursing facility, they do not lose any of their rights, protections, or freedoms. You have the ethical and legal responsibility to protect the rights of residents. In this course, you will learn about the rights residents have and ways you can protect these rights.

Unless otherwise stated, the information in this course was sourced from Appendix PP – Guidance to Long Term Care Facility Surveyors published by the Centers for Medicare & Medicaid Services updated in 2017.

Learning Objectives

When you complete this course, you will be able to:

- Describe and give examples of the rights residents have.
- Explain steps you can take to protect these rights.

Section 2: Resident Rights

A Healthy, Safe Environment

First, all residents have a right to a healthy and safe environment.

Water

Protecting Resident Rights in Nursing Facilities

As part of a healthy environment, residents have the right to have access to clean water for cleaning, bathing, drinking, and hand washing that meets governmental standards as set by the Safe Drinking Water Act.

Air

Residents have the right to air that is free of infectious particles, such as those transmitted in respiratory infections. Air should also be free of noxious particles, such as smoke. To maintain this right, residents with respiratory infections may be required to wear masks to prevent the airborne transmission of disease. Your organization has developed policies regarding locations in which residents are allowed to smoke.

Food

This is the right to food that is safely prepared and stored to prevent the spread of foodborne illness. Anytime you are handling food, you should follow the rules of basic food safety. This right also involves having an adequate amount of food to maintain proper nutrition and health. Not only is amount important, but the type of food must also promote nutrition and health.

Sanitation

A healthy environment is also a clean and sanitary environment. Residents have the right to adequate sanitation, including the removal of human waste and the proper cleansing of environmental surfaces and linens. Keep surfaces clear of clutter, wipe down surfaces with disinfectant, and empty trash bins or linen hampers. Keep surfaces and linens clean through the use of hot water, detergents, and disinfectants (World Health Organization [WHO], 2008).

Shelter

Residents have a right to shelter that keeps out unwanted weather elements and provides adequate lighting, electricity, and ventilation. Buildings must adhere to the Americans with Disabilities Act by allowing persons with disabilities who use assistive devices to have equal access to the building (Department of Justice, 2010).

The right to adequate shelter is also protected by national standards and building codes for nursing facilities. The building must have emergency procedures in place in the event of fire, tornado, floods, or other disasters. Hallways and emergency exits must be kept clear so residents can escape during a fire. Walkways must be kept clear of ice and snow to prevent falls.

Freedom from Abuse and Neglect

A healthy and safe environment includes the right to be free from abuse, mistreatment, and neglect.

Abuse

Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. In this definition, willful means that the individual must have acted deliberately. It does not mean that they must have intended to inflict injury or harm.

Mistreatment

Mistreatment means inappropriate treatment or exploitation of a resident. Exploitation is taking advantage of a resident for personal gain using manipulation, intimidation, threats, or coercion.

Protecting Resident Rights in Nursing Facilities

Neglect

Neglect means the failure to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress.

This right applies to any type of abuse, including verbal, sexual, physical, and mental abuse. No one has permission to abuse, mistreat, or neglect any resident. This includes employees of a nursing facility, family members, and volunteers. If you suspect abuse, mistreatment, or neglect, you must report it immediately so your organization can take steps to prevent further abuse, mistreatment, or neglect of the resident and others as well as conduct an investigation.

Freedom from Restraints

All residents have the right to be free from restraints, both chemical and physical, used for the purposes of discipline or convenience AND not used to treat a resident's medical symptoms. Restraint use is associated with multiple types of injuries and even death. Restraints must only be used as a last resort or when medically necessary for the treatment of a medical condition.

To protect this right, you must understand the specific circumstances in which restraint use is allowed along with the guidelines for appropriate restraint use. Many facilities have completely eliminated the use of restraints.

The Right to Dignity and Respect

All residents have the right to be treated with dignity and respect. Activities and interactions must assist the resident with maintaining and enhancing their self-esteem and self-worth and incorporate the resident's goals, preferences, and choices. To uphold this right, an organization must accommodate an individual's needs by providing person-centered care.

Person-centered care is an approach to care that views residents holistically so they can achieve their highest level of well-being (Eliopoulos, 2015). Each resident has a unique identity composed of cultural, social, and religious components. Each organization should provide care that respects the resident, including their religious, cultural, and social preferences, and values the resident's input.

For example, you can respect a resident's personal preferences when it comes to daily activities. Does the resident prefer to play cards or watch TV? Does the resident prefer to eat a large breakfast and small dinner, or vice versa? Knowing the resident you care for is an important component of respect and person-centered care.

Practice

Mr. Ivanchenkov is an 89-year-old resident who immigrated to the United States with his wife from eastern Europe when they were younger. Besides a few plants, his room does not have many personal belongings. He does, however, prefer to keep a picture of his family on his nightstand. While providing care you need to move the picture on his nightstand. What should you do?

A. Place the picture in the drawer of his dresser.

Feedback [This action violates the resident's right to be treated with respect. It is NEVER acceptable to move a resident's belongings without asking their permission first.]

B. Ask him if it is ok to move it while you provide care.

Feedback [By asking permission before moving Mr. Ivanchenkov's picture you are protecting his right to be treated with respect.]

C. Give it to the nurse so it won't get lost.

Protecting Resident Rights in Nursing Facilities

Feedback [This action violates the resident's right to be treated with respect. It is NEVER acceptable to move a resident's belongings without asking their permission first.]

Protecting Dignity and Respect

Treating residents with respect and dignity is especially important when communicating. Speak in a courteous manner and call residents by the name they wish to be called as indicated in their plan of care. Some residents may prefer to be addressed using a formal title such as "Mrs. Redding" or "Dr. Sanders." Others may prefer you use their first name or a nickname. Do NOT use "pet names" such as granny, honey, or sweetheart. You must also be sure to use the gender pronoun that the resident prefers. If you are unsure how to address a resident, the best practice is to ask them.

According to Eliopoulos (2015), some practices to enhance resident's dignity include:

- Respecting resident's grooming and dressing preferences
- Safely promoting independence with activities of daily living
- Being respectful of private space and property
- Letting residents do things for themselves
- Offering choices in daily activities
- Helping them be involved with friends and family
- Not laughing at their behaviors
- Learning and sharing their personal history

Other steps you can take to ensure you are protecting resident's dignity include:

- Using regular dishware and utensils instead of plastic single use dishware and utensils
- Using napkins as clothing protectors instead of bibs
- Sitting when assisting the resident with eating rather than standing
- Conversing with residents when assisting with care rather than talking to other staff

You should also avoid practices that are demeaning to residents such as calling a resident a "feeder" or keeping catheter bags uncovered.

Access to Medical Treatment

All residents have a right to the prevention and treatment of diseases. They have a right to quality medical treatment by competent licensed healthcare providers. Residents have a right to know the names and contact information of their healthcare providers. No resident shall be denied emergency medical treatment due to inability to pay. Residents have a right to any essential medical treatment needed to maintain life.

Discrimination is treating a person or group of people different from another person or group based on their characteristics. Every resident has the right to be free from discrimination. This means that everyone should have equal access to quality healthcare regardless of their:

- Race, color, or national origin
- Sex including pregnancy, gender identity, and sex stereotyping
- Sexual orientation
- Age
- Disability status
- Religion

Protecting Resident Rights in Nursing Facilities

- Socioeconomic status
- Diagnosis, severity of condition, or payment source
- Ability to speak English

Decision-Making and Choice

Each resident has a right to participate in their own care by making their own healthcare decisions and choices about their life. This right includes the right to choose their healthcare provider. Residents must know who their primary healthcare providers are, including their specialty and a way to contact them.

The right to make decisions requires that residents are thoroughly informed. Your facility must communicate healthcare information to residents. The resident has a right to be fully informed about their:

- Health status, including medical, functional, nutritional, cognitive, oral health, and psychosocial status
- Plan of care, including medical and nursing care, such as medications and procedures, and changes to that plan of care

Information provided on the care to be delivered and the type of professional who will deliver that care must be given to the resident before care is delivered. Residents must be provided information about the risks and benefits of care and treatment in advance of the delivery of that care or treatment, as well as options for alternative treatment.

The resident also has the right to participate in the care planning process including establishing:

- Goals and outcomes of care
- The type, amount, frequency, and duration of care
- Any other factors related to the effectiveness of the plan of care

All of this information must be provided in their preferred language and in terms that the resident will understand. Avoid the use of medical jargon and abbreviations. In addition, the healthcare provider must inform them of any alternative medical treatments available.

Residents have the right to refuse any medical treatment they do not want as well as any basic care such as food or fluids that they do not want. They can also choose an alternative treatment option if they prefer. Residents cannot be forced to accept medical treatment or basic care. If a resident refuses care, whether medical treatment or basic care, try to identify the reason for refusal.

You may find that the reason the person is refusing care can be easily addressed. For example, if a resident is refusing to eat, maybe they need help eating or their dentures do not fit properly. If so, you can help them with these barriers. However, you cannot force residents to eat or punish them for not doing so.

If a resident refuses recommended care, they must be informed of any consequences as a result of their refusal. This education, along with the resident's decision, must be documented in the medical record and included in the plan of care.

The right to decision-making and choice extends beyond medical treatment and care. They have the right to choose activities and schedules that are consistent with their interests and

Protecting Resident Rights in Nursing Facilities

personal preferences. This includes interaction with members of the community and participation in community activities both inside and outside of the facility.

The Right to Self-Determination

Residents have the right to create advance healthcare directives. Advance directives are legal documents with instructions for healthcare providers if an adult is not able to make decisions about their own healthcare. There are several different types of advance directives. A living will, for example, identifies the medical treatments a resident may or may not want in a particular situation. A durable power of attorney for healthcare assigns someone else the power to make healthcare decisions in the event the resident is unable to do so themselves.

The Patient Self-Determination Act (2015) requires healthcare organizations to:

- Ask if residents have an advance directive upon admission.
- Educate staff about advance directives.
- Give a written explanation of decision-making rights.
- Not discriminate against residents if they do not have an advance directive.
- Not require that residents have an advance directive.

All residents have the right to designate someone as their representative who can exercise their rights to the extent provided by state law, including a same-sex spouse. This representative can be:

- Any person chosen by the resident to act on their behalf
- Any person authorized by state or federal law, such as a power of attorney, to act on behalf of the resident
- Any legal representative or court-appointed guardian

You must treat the decisions of a resident's representative as the decisions of the resident in accordance with applicable law. Additionally, you must involve the resident's representative as much as possible in the development and implementation of that resident's care plan.

For example, involve the decision-maker in discussions about medication for harmful behaviors and include alternatives to medication to provide individualized care. Staff should document involvement with the appointed decision-maker including attempts to contact them by phone or email as well as conversations about the plan of care.

The Right to Privacy and Confidentiality

Residents have the right to privacy and confidentiality. Be sure to maintain a resident's physical privacy when providing care. Always discuss the care you will provide and explain to the resident that you might need to expose a part of their body. When providing care, it is important to avoid exposing parts of the resident's body that do not require care or exposing more than what is needed. You should also maintain privacy by closing all curtains or doors while providing care or assistance.

Additionally, ask visitors to step out of the room when you provide care that requires you to expose parts of a resident's body. Be respectful of the resident's wishes regarding visitors. Some may be okay with having certain visitors present during care while others may want to have privacy. All you have to do is ask! For example, if you are going to help Mrs. Smith with a bed bath and her daughter is present, you may ask, "Mrs. Smith, I'm going to help you with your

Protecting Resident Rights in Nursing Facilities

bath today and will need to expose parts of your body. Would you prefer if your daughter left the room?"

In addition to physical privacy, all residents receiving care have a right to have their health information kept private. Under HIPAA, you must protect the confidentiality of protected health information. Protected health information includes the resident's physical or mental health condition, treatments, and payment for their treatment (U.S. Department of Health and Human Service, 2003).

All staff, regardless of their role, must help to secure protected health information. Protected health information can only be shared for treatment, billing purposes, and healthcare operations such as quality improvement and surveys (U.S. Department of Health and Human Service, 2003). Even in these situations, only the specific information needed should be disclosed. Photographs and recordings of residents and/or their private space cannot be shared without consent.

Residents have the right to control their health information including the right to a copy of their medical records and the right to request corrections to their medical record. If a resident requests a copy of their medical record, you should direct them to your supervisor. Nursing facilities are required to provide access to the resident's medical record within 24 hours, excluding weekends and holidays. Copies of records must be provided within 2 working days of notice. Therefore, it is imperative that you notify the management team immediately after this request.

Residents have a right to privacy regarding communication, visitation, mail, and the telephone. To respect the right to privacy, remember that all mail to residents must be delivered within 24 hours and unopened. If a resident asks you to assist with opening their mail or reading it to them, you are permitted to do so. Outgoing mail must be sent to the postal service within 24 hours except when there is no regularly scheduled postal delivery or pick-up service. Be sure to give any mail a resident gives you to the appropriate department.

During visitation, the resident has a right to privacy. This entails providing physical space for the visitor to talk with the resident without interference and without being overheard by others. Each resident is to have access to a telephone. When the telephone is in use, the resident is to have privacy such that the conversation cannot be overheard. You are never allowed to listen in to residents' telephone conversations. Facilities must also provide access to the use of electronic communication such as email, video communication, and the internet, to the extent it is available in the facility.

Privacy Violations

Time to see if you can identify privacy violations.

Before entering someone's room, you knock on the door then immediately enter without waiting for a response. Is this a violation of privacy?

A. Yes

Feedback [You should always ask for permission and give the resident time to respond before entering the room.]

B. No

Feedback [Actually, this IS a violation of the resident's privacy. You should always ask for permission and give the resident time to respond before entering the room.]

Protecting Resident Rights in Nursing Facilities

You only discuss a resident's care with approved family members. Is this a violation of privacy?

A. Yes

Feedback [Actually, this is NOT a violation of privacy because the resident has approved that certain family members may receive information about their care. If you are ever unsure of whether someone can receive protected health information, be sure to ask!]

B. No

Feedback [If you are ever unsure of whether someone can receive protected health information, be sure to ask!]

The Right to be Notified of Changes

Residents and their legal representative or designated family member should be notified of certain changes before they take place. This includes:

- Changes in policies and services
- Changes in treatment
- Decisions to transfer or discharge
- Change in room or roommate
- Change in rights under Federal or State law
- Changes in smoking policy

The facility must notify the resident and the resident's representative and consult with the resident's healthcare provider when there is:

- An accident involving the resident which results in injury and has the potential for requiring physician intervention
- A significant change in the resident's physical, mental, or psychosocial status
- A need to alter treatment significantly
- A decision to transfer or discharge a resident from the facility

If a change in treatment is needed, the organization must contact the resident's healthcare provider and their designated family member or legal representative. Even when the resident is competent, your organization must notify the designated family member or legal representative of significant changes, because the resident may be unable to do so themselves.

The following are examples of health changes that may need to be reported to the resident's healthcare provider and their designated family member or legal representative:

- Pain
- Changes in nutrition intake
- Changes in condition of feeding tube
- Decline in function
- Decline in cognition
- Incontinence pattern changes
- Worsening mood
- Unplanned weight loss
- Begin use of restraint
- New condition or unstable disease
- Pressure injury

Protecting Resident Rights in Nursing Facilities

- Decline in overall condition

When a resident is to be transferred to a new room or receives a new roommate, the facility must be sensitive to the stress this may cause by explaining the reason for the move or the new roommate. The resident should be given as much written notice as possible. The resident has the right to share a room with a roommate of their choice, including someone of the opposite sex, when practicable and when both residents consent to the arrangement if this arrangement will not displace a current roommate.

The resident's medical record must document all of these changes, including the date and reason for the change. Finally, the names of caregivers or healthcare providers who were involved and that the resident was informed should be documented.

The Right to Manage Finances

The resident has the right to manage their own finances. The resident also has a right to ask the facility to manage their personal finances. The facility must obtain and keep on file written authorization to manage the resident's funds. The authorization must be signed by the resident or their legal representative. The facility may have access to sensitive financial information such as account numbers and it must protect this information by keeping it private.

When a resident requests money from their account, they must have access to it in a reasonable amount of time. If the amount requested is less than \$100.00, or \$50.00 for Medicaid residents, they should receive that money the same day. If the amount is greater than \$100.00, or \$50.00 for Medicaid residents, they should have this money within 3 banking days. This amount can be withdrawn from the organization's petty cash and reimbursed from the resident's financial account.

The Right to Voice Grievances

All residents have the right to voice grievances about their care. This right empowers each resident to:

- Voice concerns and questions.
- Make complaints to or about staff members or other persons.
- Meet with and voice concerns to outside organizations, social service groups, legal advocates, and members of the general public who visit the organization.

Examples of grievances include concerns about the treatment or care received, handling of finances, lost personal property, and violation of rights.

Residents should **never** fear punishment or discrimination for voicing their concerns. If a resident reports a concern, the facility must promptly attend to and resolve the matter.

To protect this right, your facility will provide information to its residents on how to contact advocacy groups and the State Survey Agency. This information will also be posted throughout the facility for reference. You can protect this right by ensuring that you listen to residents' concerns and grievance and notify you supervisor or other member of the management team about these concerns. Even if you are able to address the concern, you must still notify management what the concern was and how you addressed it.

Residents and their families also have the right to organize and participate in resident and family

Protecting Resident Rights in Nursing Facilities

groups within the facility. The facility must make a private space available for them and provide notice of upcoming meetings in a timely manner. Staff, visitors, and other guests can only attend if invited to do so by the group. All grievances and recommendations provided by the groups concerning care and life in the facility must be given prompt consideration by the facility. This does not mean that the facility must implement every request but the facility must provide their response and the reason for said response to the group.

The Right to Examine Survey Results

Residents have a right to view the results of surveys conducted on your facility. The results of the most recent survey, including any plan of correction in effect, must be posted in a place that is visible to all residents, family members, and legal representatives.

The location should be such that residents do not have to ask permission to see them. They should be in large print or there should be a magnifying glass available if necessary. Often times these results are located in a public location, such as the building's lobby. Signage helps communicate to everyone that the results are available and informs them of the location of the results.

Additionally, the facility must have available upon request any surveys, certifications, and complaint investigations, as well as any plan of corrections, during the past 3 years. A notice should be posted in areas that are prominent and accessible alerting the public to the availability of these reports.

The Right to Work or Not Work

Residents are never required to work for a facility. If the resident chooses to perform a service, certain conditions must be met:

- There must be a documented need for the work in the plan of care.
- The plan must specify the type of work and if it is voluntary or paid.
- Compensation must be at or above the common rate.
- The resident must agree to the work conditions in the plan of care.

The facility must describe the work thoroughly in the plan of care. The plan of care must address the medical appropriateness of the work assignment. After work begins, the resident may stop working or refuse to work at any time.

The Right to Have Personal Possessions and Visitors

Each resident should be encouraged to have personal belongings if the belongings do not hamper the health, safety, or rights of other residents. You must be respectful of personal possessions regardless of their monetary value. You cannot discourage a resident from having personal possessions. The facility must also take reasonable care to protect the resident's property from loss or theft.

Residents have the right to have visitors of their choosing at the time of their choosing and also have the right to deny visitation when applicable. The facility cannot restrict visiting hours and must provide 24-hour access to immediate family. With the consent of the resident, other non-relative visitors may have 24-hour access if there are no health or safety risks to residents and staff. An example of a health or safety risk may include the prevention of communicable disease transmission or denying access to someone who is inebriated or abusive. Visitation cannot infringe on the rights of other residents so alternate accommodations may need to be made to

Protecting Resident Rights in Nursing Facilities

protect the rights of all parties involved.

If the resident's physician or legal representative or a representative of the Department of Health and Human Services, State Survey Agency, Ombudsman Program, or any agency responsible for protection and advocacy of persons with intellectual and developmental disabilities and mental illness visits a resident, you must give them immediate access. This right to immediate access also applies to any person providing healthcare, social, or legal services.

The facility must inform the resident of their rights regarding visitation including the right to consent to visitation and deny visitation. They must also be informed of the facility's policies and procedures for visitation. Staff should work to ensure that all visitors enjoy full and equal visitation privileges in accordance with the resident's preferences without discrimination on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.

The following scenario demonstrates how you can correctly uphold the visitation rights for a resident:

Mr. Hill is a 72-year old-resident. Every couple of days, his grandchildren bring his wife around dinner time and they eat together. Sometimes they visit later in the evening and spend time with him in his room. One night they stay in his room until after 9:00 PM. Around 9:30, one of the grandchildren finds you and asks if it is ok if they stay a little longer. You remember that Mr. Hill does not have a roommate and respond that according to the visitation policy, family members are allowed to visit throughout the day and that visitation hours are not restricted for family.

It is important to remember that all facilities have specific policies regarding visitation, so be sure you are familiar with them. If you ever have a question about visitation rights, be sure to talk to your supervisor or a member of the management team!

The Right to Share a Room with a Spouse

Spouses have the right to live in the same room if they are married, living in the same facility, and they both consent to living together. If space is available that can accommodate a married couple, the facility must allow married couples to share the room. Federal guidelines state that marriage includes same-sex marriage.

The Right to Self-Administer Medication

If the healthcare team deems it safe, residents have the right to self-administer their own medications. If a resident self-administers medication, the interdisciplinary team must decide where to keep their medications, where they are to be self-administered, and what medications may be self-administered. This right is periodically reassessed as a resident's health condition changes.

If a resident becomes unable to safely administer their own medication, the facility will then assume this responsibility. The decision to self-administer medication must be documented in the care plan within 7 days of the comprehensive assessment.

The Right to Refuse Transfer in the Organization

Residents can refuse transfer from a room that is not Medicare or Medicaid eligible to a room that is eligible if the transfer is for the sole purpose of obtaining Medicare or Medicaid eligibility. They must understand that if they refuse to transfer to a Medicare or Medicaid eligible room, they may be financially responsible for services.

Protecting Resident Rights in Nursing Facilities

If a resident is no longer eligible for Medicare or Medicaid, they must be allowed to refuse to transfer with the understanding that they will be financially responsible for the cost of services. In other words, if Medicare or Medicaid stops payment, a resident can refuse to transfer to a new room, but they have to understand that they are responsible for the cost of staying in the old room.

Residents also have the right to refuse a transfer to another room if the transfer is solely for the convenience of staff. For example, requesting that a resident move to a room that has other residents that requires a similar level of service.

Before transferring a resident from one room in an organization to another, always be sure the management team has approved this transfer to prevent a violation of rights.

Informing Residents of Their Rights

Upon admission, each resident has the right to be informed orally and in writing about their rights and all rules and regulations that govern the resident's conduct and responsibilities. They must also be given a written explanation of the facility's policies pertaining to how they implement these rights. This notification must be given in a format and language the individual understands. The receipt and acknowledgment of this information must be documented in writing.

Your organization must also inform residents before admission, during admission, and throughout their stay of the cost of services and specify which services are not covered by Medicare, Medicaid, or other private insurance. This means that the organization must inform the resident of the cost of services the resident will need to pay out of pocket, if those services are not covered by their health plan. You should also notify the resident if there are any changes to coverage or cost of services.

Exercising Their Rights

Residents have the right to exercise their rights freely and to the maximum extent possible including those given to a resident as a citizen of the United States. Your organization cannot punish, retaliate, interfere with, or discriminate against residents because they exercise their rights. Additionally, you cannot persuade someone to act a certain way by using force or threats. Your organization must facilitate and support the implementation of these rights as much as possible.

Review

Mrs. Williams is a resident of the nursing facility where you work. This evening you notice that she hardly touched any of her dinner. When you ask her about it, she says, "Of course, I didn't. It's as cold as ice. It's like that every night! In fact, I'd like to file a complaint about that." What should you do?

A. Notify Mrs. Williams of your organization's process for filing a complaint.

Feedback [Your actions support Mrs. Williams' right to file a complaint! You should also immediately address her concern by offering to reheat her food or offering to get her another plate. If you are not able to address the concern, you should find someone that can.]

B. Record Mrs. Williams behavior in the care plan.

Feedback [Your actions have violated Mrs. Williams' right to voice grievance.]

C. Tell Mrs. Williams that she is being too difficult.

Protecting Resident Rights in Nursing Facilities

Feedback [Your actions have violated Mrs. Williams' right to voice grievance.]

Section 3: Conclusion

Summary

Now that you have finished reviewing the course content, you should have learned the following:

Residents have basic rights that you and your facility must ensure are protected. You should always consider whether the actions you take, or your inactions in certain circumstances, protect these rights. If you need any additional information on any of the topics discussed in this course, please contact your supervisor. Remember to always follow your facility's policies and procedures regarding the protection of resident rights.

Course Contributor

Elizabeth Kellerman started in nursing in 2007 after graduating from Samuel Merritt University in Oakland, California. Her work in the critical care unit of a community hospital provided significant experience caring for older adults. Her experience and knowledge led her to nursing education where she taught at a community college while working to receive her Master's in Nurse Education at Western Carolina University. As a nursing instructor, she spent time in many types of care settings including medical-surgical inpatient and community living centers. Her passion for education and training has most recently led her to a position as Subject Matter Expert and Content Writer for Relias Learning.

References

Centers for Medicare & Medicaid. (2017). Appendix PP- Guidance to surveyors for long term care facilities. In *State Operations Manual*. Retrieved from <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Advance-Appendix-PP-Including-Phase-2-.pdf>

Eliopoulos, C. (2015). *Fast facts for the long-term care nurse*. Springer New York, NY

Patient Self-Determination Act, 42 C.F.R. §489.102 (2015).

U.S. Department of Health & Human Services. (2003). Privacy rule summary. Retrieved from <http://www.hhs.gov/sites/default/files/privacysummary.pdf>

U. S. Department of Justice. (2010). 2010 ADA standard for accessible design. Retrieved from <https://www.ada.gov/regs2010/2010ADASTandards/2010ADASTandards.htm>

Congratulations!

You have finished reviewing the course content. Please close this window to proceed.

Exam

1. A facility refuses to let a resident administer their own medication even though an assessment indicates they are capable of doing so. Which right does this violate?
Self-determination

Protecting Resident Rights in Nursing Facilities

Decision-making

Self-administer medication

Be informed of changes

2. True or False: The right to be free from abuse only applies to certain forms of abuse.

True

False

3. True or False: Residents have the right to have their mail promptly delivered, even on weekends.

True

False

4. You are cleaning a resident's room and come across a small stack of old paper bags. They are not in use and have frayed edges and tears. What is the best course of action?

Throw the paper bags away.

Put them in drawer, out of the way.

Ask the resident what to do with the paper bags.

Inform the resident about the facility's recycling program.

5. All of the following need to be communicated to the resident, designated family member, or legal representative EXCEPT:

A change in the resident's health status

A resident is getting a new roommate in 2 weeks

An update to the individual's rights under Federal or State law

The facility will replace all of the carpet with non-slip flooring

6. Mr. S is being admitted to your facility from the hospital. When must he be informed about the services covered under Medicaid, Medicare, or other type of health insurance?

When the bill is due

As the bill is distributed

Before admission to the facility

Once a month and annually

7. In order to know a facility's latest compliance rating with Medicare and Medicaid standards a resident has a right to:

View the survey report.

Look at the facility's policies.

Talk to the manager.

Perform an internet search.

8. A resident has their finances managed by the facility where you work. One day they ask you how to get \$20.00 out of their account. How do you respond?

Tell the resident they must go to the bank.

Tell them they will receive the money that same day.

Tell them the manager will bring it to them in a week.

Tell them to call their family and ask them to bring the money.

9. With whom should a resident's protected health information be shared?

Volunteers

Protecting Resident Rights in Nursing Facilities

Residents

Visitors

Authorized persons

10. When is it okay to open a resident's mail?

When it's a bill

When requested by the resident

Every day

On occasion

11. When a resident is admitted to your facility, which of the following do they have the right to know?

Their rights as a resident at the facility

Who supplies the facility's electricity

The pay scale for staff members

The facility's profit margin

12. Which of the following can provide instructions to healthcare providers about a resident's wishes?

Informed consent

Living will

Customer satisfaction survey

Quality of life survey

13. Which of the following requires healthcare organizations to ask residents if they have an advance directive?

The Long-Term Care Facility Bill

The Patient Self-Determination Act

The Standard Precautions Bill

The Older American's Act

14. Which legislation requires that individuals who require the use of assistive devices such as wheelchairs have equal access to a building?

Nursing Home Act

Civil Right Act

Americans with Disabilities Act

The U.S. Constitution

15. The right to a healthy environment includes:

Water, finances, sanitation, air, and food

Personal possessions, food, water, sanitation, and air

Personal possessions and visitors

Water, air, food, sanitation, and shelter

16. A staff member confines a resident to her room and prevents them from socializing with other individuals. Which right has this staff member violated?

The right to manage finances

The right to be free from abuse, mistreatment, and neglect

The right to privacy

The right to be informed

Protecting Resident Rights in Nursing Facilities

17. Under the right to voice grievances, which of the following can residents do?

Voice concerns, with the fear of discrimination

Make complaints, but receive punishment

Voice concerns without the fear of reprisal

Expect to be discharged after reporting a grievance

18. If an organization is authorized to manage an individual's funds, they have a responsibility to:

Keep a written authorization signed by the resident.

Access the funds to pay staff payroll.

Counsel the resident on wasteful spending habits.

Post the account balance in the medical record.

19. What can organizations do to empower residents to make their own decisions?

Exclude them from planning with staff members.

Fully inform them about their health status.

Deny them the ability to contact their healthcare provider.

Use complex terminology when discussing alternatives.

20. You can protect a resident's dignity by:

Not allowing them to do things for themselves

Laughing when they are embarrassed

Learning their history and preferences

Limiting visitation of family and friends

BrainSparks

LO	Q #	Question	Feedback
1	1	A facility refuses to let a resident administer their own medication even though an assessment indicates they are capable of doing so. Which right does this violate?	
		Self-determination	Actually, this scenario violates the right to self-administer their medication. This right is periodically reassessed as a resident's health condition changes.
		Decision-making	Actually, this scenario violates the right to self-administer their medication. This right is periodically reassessed as a resident's health condition changes.
		Self-administer medication	Great job! This right is periodically reassessed as a resident's health condition changes.
		Be informed of changes	Actually, this scenario violates the right to self-administer their medication. This right is periodically reassessed as a resident's health condition changes.
1	7	In order to know a facility's latest compliance rating with Medicare and	

Protecting Resident Rights in Nursing Facilities

		Medicaid standards a resident has a right to:	
		View the survey report.	Good job! This information must be kept where it is accessible.
		Look at the facility's policies.	Actually, the survey report has the latest compliance report for your facility. This information must be kept where it is accessible.
		Talk to the manager.	Actually, the survey report has the latest compliance report for your facility. This information must be kept where it is accessible.
		Perform an internet search.	Actually, the survey report has the latest compliance report for your facility. This information must be kept where it is accessible.
2	8	A resident has their finances managed by the facility where you work. One day they ask you how to get \$20.00 out of their account. How do you respond?	
		Tell the resident they must go to the bank.	The facility is managing their finances, so the resident should not need to go to the bank. Since the amount requested is only \$20.00, the correct response would be to tell the resident they will receive the money the same day.
		Tell them they will receive the money that same day.	Good job! Doing so ensures the protection of the resident's rights.
		Tell them the manager will bring it to them in a week.	Actually, because the amount requested is only \$20.00, the correct response would be to tell the resident they will receive the money the same day.
		Tell them to call their family and ask them to bring the money.	Actually, because the facility is managing their finances and the amount requested is only \$20.00, the correct response would be to tell the resident they will receive the money the same day.
1	15	The right to a healthy environment includes:	
		Water, finances, sanitation, air, and food	Actually, a healthy environment provides adequate water, air, food, sanitation, and shelter. This is a fundamental right.
		Personal possessions, food, water, sanitation, and air	Actually, a healthy environment provides adequate water, air, food, sanitation, and shelter. This is a

Protecting Resident Rights in Nursing Facilities

			fundamental right.
		Personal possessions and visitors	Actually, a healthy environment provides adequate water, air, food, sanitation, and shelter. This is a fundamental right.
		Water, air, food, sanitation, and shelter	Correct! This is a fundamental right.
1	16	A staff member confines a resident to her room and prevents them from socializing with other individuals. Which right has this staff member violated?	
		The right to manage finances	Actually, this action violates the right to be free from abuse and neglect. It is abusive to confine a resident in their room.
		The right to be free from abuse, mistreatment, and neglect	Correct! It is abusive to confine a resident in their room.
		The right to privacy	Actually, this action violates the right to be free from abuse and neglect. It is abusive to confine a resident in their room.
		The right to be informed	Actually, this action violates the right to be free from abuse and neglect. It is abusive to confine a resident in their room.
2	20	You can protect a resident's dignity by:	
		Not allowing them to do things for themselves	Actually, this is a violation of the resident's right to dignity. Learning residents' history and preferences, however, protects the right to dignity as it enhances their self-esteem and self-worth.
		Laughing when they are embarrassed	Actually, this is a violation of the resident's right to dignity. Learning residents' history and preferences, however, protects the right to dignity as it enhances their self-esteem and self-worth.
		Learning their history and preferences	Good job! This protects the right to dignity as it enhances their self-esteem and self-worth.
		Limiting visitation of family and friends	Actually, this is a violation of the resident's right to dignity. Learning residents' history and preferences, however, protects the right to dignity as it enhances their self-esteem and self-worth.

Protecting Resident Rights in Nursing Facilities