

NATIONAL CAREGIVER CERTIFICATION COURSE

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LEARNING OUTCOMES

To ensure that students understand the basic responsibilities of being a caregiver.

To provide guidance and insight into the caregiver industry and the demands of being a caregiver

To provide students with the basic tools and information they need to be a successful caregiver.

To make the caregiver course as enjoyable and thought provoking as possible.

To ensure that students understand the core principles and values of the ACA and AHCS.



WHO IS A CAREGIVER?

According to John Hopkins Medicine, a caregiver is a person who tends to the needs or concerns of a person with short- or long-term limitations due to illness, injury or disability.

SOME DUTIES OF A CAREGIVER



Meal Preparation



Bathing and Grooming



Medication Management



Nutrition



Mobility Assistance



Food Shopping



Light Housekeeping



Emotional Support



Exercise



Laundry



Transportation



STYLES AND ATTITUDES OF COMMUNICATION

Passive Communication Style

This type of communication style is one in which individuals have developed a pattern of avoidance in terms of expressing their opinions or feelings, protecting their rights, and identifying and meeting their needs. Passive communication is usually born of low self-esteem. These individuals believe: I'm not worth taking care of."

Aggressive Communication Style

This communication is one in which individuals express their feelings and opinions and advocate for their needs in a way that violates the rights of others. Thus, aggressive communicators are verbally and/or physically abusive.

BARRIERS TO EFFECTIVE COMMUNICATION

1. Physical and mental disabilities
2. Language
3. Culture



COMPONENTS OF EFFECTIVE COMMUNICATION



Set Boundaries



Listen



Avoid Frustration



Be Respectful



HOW TO COMMUNICATE MORE EFFECTIVELY WITH THE ELDERLY

Always remember: **PATIENCE**

- Hearing loss makes you harder to understand, so be patient and speak more clearly to your clients.
- Be sure you face the client when you talk and avoid talking while you eat.
- Check to see if an assistive listening device could improve communication by phone.
- Vision loss also makes it harder for the elderly person to recognise you, so don't take it personally.
- Changes in speaking ability may cause their voices to become weaker, or harder to understand. Be patient when listening and be aware of when the person gets tired and wants to stop talking.
- Age-related memory loss is normal as people grow older. Most often, short term memory is affected, making it harder for an elderly person to remember recent events. Keep this in mind, and practice patience.



MANAGING PERSONAL STRESS

- Being able to cope with the strains and stresses of being a caregiver is part of the art of caregiving. In order to remain healthy so that we can continue to be “good” caregivers we must be able to see our own limitations and learn to care for ourselves as well as others.
- Recognising the signs of caregiver burnout is important.
- Too often caregivers who are not closely associated with health care profession get overlooked and lost in the larger context of health care and such things as the commotion of medical emergencies and procedures.
- Close friends begin to grow distant, and eventually the caregiver is alone without a support structure. We must allow those who do care for us, who are interested enough to say something, to tell us about our behaviour, a noticed decrease in energy or mood changes.



CAREGIVER BURNOUT

According to Cleveland Clinic, caregiver burnout is a state of physical, emotional and mental exhaustion.

Some Common Symptoms of Caregiver Burnout Include:

- Feelings of depression
- A sense of ongoing and constant fatigue
- Decreasing interest in work
- Decrease in work production

Ways To Prevent Caregiver Burnout

- Give yourself an opportunity to recharge your batteries.
- Keep track of your own physical and medical well-being. .
- Avoid using drugs and/or alcohol as a remedy, or as a replenishment for fatigue.
- Whenever possible, get a minimum of six (6) hours sleep at night. eight (8) hours of sleep is preferable.



TIME MANAGEMENT

In order to juggle caregiving responsibilities with all the other demands of daily life, time management strategies can be a life saver. Try some of these techniques next time you're feeling overwhelmed:

1. Unplug from technology
2. Make a “To Do” List
3. Mono-task instead of multitasking
4. Start with the most dreaded task on your list
5. Schedule time to recharge your batteries
6. Delegate what you can



PREVENTING ABUSE, NEGLECT, AND EXPLOITATION

ABUSE (to treat in a harmful way):

Typically, in the care home setting abuse can be defined as the “intentional infliction of physical harm, injury caused by negligent acts or omissions, unreasonable confinement or sexual abuse or assault.

NEGLECT (to pay too little attention to)

Generally, in the care home environment neglect is defined as “a pattern of conduct without the person’s informed consent resulting in deprivation of food, water, medication, medical services, shelter, cooling/heating or other services necessary to maintain minimum physical or mental health.”

EXPLOITATION (to take advantage of)

Exploitation is the illegal or improper use of an incapacitated or vulnerable adult or his resources for another’s profit or advantage.



CONTROLLING THE SPREAD OF DISEASE & INFECTION

One of the most important aspects of environmental safety is infection control. As a caregiver you have a responsibility to understand and to follow your facility infection control policies and procedures. By doing so, you protect the clients, yourself, your family, and your fellow workers from the possibility of acquiring an infection.

GUIDELINES FOR INFECTION CONTROL

Hand Hygiene

Hand hygiene is widely acknowledged to be the single most important activity for reducing the spread of infection.

REMEMBER: Wash your hands “before” and “after” providing care to a client.

Personal Protective Equipment (PPE)

Selection of personal protective equipment (PPE) must be based on an assessment of the risk of transmission of micro-organisms to the resident, and the risk of contamination of a caregiver's clothing and skin by the client's blood, other body fluids, secretions or excretions.

E.g of PPE are disposable gloves, aprons and nose masks.



DISPOSAL OF SHARPS

"Sharps" is a medical term for devices with sharp points or edges that can puncture or cut skin.

Examples of sharps include:

1. Needles
2. Syringes
3. Lancets
4. Auto Injectors: Including insulin pens
5. Infusion sets
6. Connection needles/sets: Needles that connect to a tube used to transfer fluids in and out of the body.

Sharps may be used at home, at work, and while travelling to manage the medical conditions of people. These medical conditions include allergies, arthritis, cancer, diabetes, hepatitis, HIV/AIDS, infertility, migraines etc.



IMPORTANCE OF SAFE SHARPS DISPOSAL

Used needles and other sharps are dangerous to people and pets if not disposed of safely because they can injure people and spread infections that cause serious health conditions.

The most common infections are:

- Hepatitis B (HBV)
- Hepatitis C (HCV)
- Human Immunodeficiency Virus (HIV)

Safe sharps disposal is important no matter where you are. **NEVER** place loose needles and other sharps in the household or public trash cans or recycling bins, and never flush them down the toilet. This puts trash and sewage workers, housekeepers, facility members and children at risk of being harmed.



GENERAL HOME/ FACILITY CLEANING

- The home of clients or the facility in which they temporarily reside should be cleaned and kept clean to the highest possible standards simple because clients, their families and the general public have a right to expect the highest standards of cleanliness. Caregivers should be aware that standards of cleanliness are often seen as an outward and visible sign of the overall quality of care provided.
- A key component of providing consistently high-quality cleaning is the presence of a clear plan setting out all aspects of the cleaning service and defining clearly the roles and responsibilities of all those involved, from managers through care staff to domestics.



RECORD KEEPING AND DOCUMENTATION

- As a caregiver you are responsible for record keeping and documentation keeping. As such, you must keep any and all resident records confidential and in a safe and secure area.
- You are not permitted to release confidential client information to any unauthorised parties.
- You have an obligation to the client, the facility you work for and yourself to properly and adequately document, and to keep resident records private.

Caregivers are to document the following:

1. Changes in level of care
2. Incidents
3. Doctor's Communication
4. Pharmacy Communication
5. Representatives/Relative Communication
6. Actions taken to ensure continuous and consistent care
7. ADL'S (Activities of Daily Living)
8. Other facility records
9. Any other documentation which you would reasonably consider to be important to document



SERVICE PLANS

A service plan is a written agreement between the client and his/her doctor that is designed to help the client manage their health day-to-day.

Typical Requirements For Service/Care Plans Are As Follows:

- I. Is initiated the day a client commences the services.
- II. Is completed and on file within a specified amount of time (usually 14 days) upon the client's date of commencement.

THE SERVICE/CARE PLAN MUST BE UPDATED:

Generally, if there is a significant change in the resident's physical, cognitive, or functional condition a resident's service plan must be updated based upon the resident's level of care. Updates for service plans can range from 3-12 months.



NUTRITION, HYDRATION & EXERCISE

Nutrition, along with hydration and exercise comprise what is commonly referred in the caregiver industry as the “Key 3”, or “Big 3” as they are sometimes referred to.

THE FIRST KEY: NUTRITION

1. Use variety
2. Moderation
3. Temperature and Texture

THE SECOND KEY: HYDRATION

Without adequate fluids your residents would be predisposed to the following:

1. Dry Skin
2. Indigestion
3. Constipation
4. Urinary Tract Infections (UTIs)
5. Lethargy
6. Bad Breath
7. Dizziness



NUTRITION, HYDRATION & EXERCISE

THE THIRD KEY: EXERCISE

The final of the 'Key 3' requires that you do your diligent best to assist residents with some degree of exercise depending on the residents' ability and level of care.

Here are some of the things that you can do to assist a resident with exercise:

- A. **Planned Exercise:** Create scheduled exercise time for the resident or hire a professional from outside of the home. If you opt to conduct your own scheduled exercise routine, consider playing familiar music that will help the residents to get motivated. Don't forget that you may have to persuade some residents to exercise.
- B. **Exercise to Prevent Contractures:** When a muscle is not used it contracts. A stroke victim whose arm is drawn up against his or her chest makes it difficult for the resident to keep this area clean. The key is to try and promote exercise for those residents who do not have this condition by regular exercise.



FOOD SERVICES

Generally, residents are required to receive three meals a day, usually about 14 hours between the evening meal and morning meal. In addition, a minimum of one snack a day should be made available, unless otherwise prescribed by a therapeutic diet. Below are some additional guidelines for food services.

MENUS

1. Should be based on the resident's food preferences, eating habits, customs, health conditions, and appetites, religious, cultural, and ethnic backgrounds.
2. Should be prepared at least one week before the date the food is served;
3. Should be dated and conspicuously posted
4. Should be maintained on the facility premises for a specific amount of time, usually 60 days from the date on the menu.
5. Your facility should have, at a minimum, a three-day supply of perishable and a three-day supply of non-perishable food that is maintained on the premises.
6. Your facility should have water available and accessible to residents at all times.



FOOD STORAGE

1. Food is free from spoilage, filth, or other contamination & is safe for consumption
2. Food is protected from potential contamination;
3. Foods requiring refrigeration should be maintained at 41°F or below.
4. Leftovers are reheated to a specific temperature, generally about 165°F
5. A refrigerator contains a thermometer, accurate to plus or minus 3°F at the warmest part of the refrigerator
6. Raw fruits and raw vegetables are rinsed with water before cooked or served.
7. Food is stored in covered containers, a minimum length, usually about six inches above the floor, and protected from splash and other contamination.
8. Frozen foods are stored at a temperature of 0°F or below
9. Food service is not provided by an individual infected with a communicable disease that may be transmitted by food handling or in which there is a likelihood of the individual contaminating food or food-contact surfaces or transmitting disease to other individuals.
10. Before starting work, after smoking, using the toilet, and as often as necessary to remove soil and contamination, individuals providing food services must wash their hands and exposed portions of their arms with soap and warm water.



ASSISTING IN THE SELF-ADMINISTRATION OF MEDICATION

What do we mean when we say medications?

Prescription medications are drugs that can only be purchased with a prescription from the resident's primary care provider (doctor, nurse practitioner, physician's assistant).

Over-the-counter (OTC) medications are drugs that can be bought without a prescription. All medications, whether prescription or OTC, are capable of treating certain conditions, have side effects, and can be dangerous to some people. **TREAT ALL MEDICATIONS WITH RESPECT.**

MEDICATION ADMINISTRATION

Medication administration is generally defined as "*the direct application of a medication or treatment to the body of a resident.*"

WHO MAY ADMINISTER?

Typically, only doctors, pharmacists, and licensed nurses are to administer medications. One of the above can delegate task to either a family member or caregiver to administer medication.



ASSISTING IN THE SELF-ADMINISTRATION OF MEDICATION

ASSISTANCE IN SELF-ADMINISTRATION GENERALLY INCLUDES HELP WITH ONE OR MORE OF THE FOLLOWING:

1. Storing the resident's medications
2. Reminding the resident that it is time to take a medication
3. Reading the medication label to the resident
4. Confirming the medication is being taken by the individual it is prescribed for
5. Checking the dosage against the label on the container
6. Reassuring the resident that the dosage is correct
7. Confirming that the resident is taking the medication as directed
8. Opening the medication container for a resident
9. Pouring or placing a specified dosage into a container or into the resident's hand
10. Observing the resident while the medication is taken.



MEDICATION AND TREATMENT ORDERS

Generally, the manager or designated staff member of a care home must decide how medication and treatment orders will get from the doctor to the medication sheet or what is commonly referred to as “Activities of Daily Living” (ADL) sheet.

HOW DO MEDICATION ORDERS GENERALLY ARRIVE AT YOUR FACILITY?

Medication and treatment orders for a resident can come in several forms. The initial orders typically come from the client’s doctor.

The orders usually include:

1. Diagnoses of all the resident’s medical problems
2. All medications the resident is currently taking along with orders for administration
3. All treatments the resident currently requires along with instructions for administering the treatments
4. Any medication or food allergies the resident may have
5. A list of non-prescription over-the-counter medications for common problems such as cough, fever, indigestion, constipation, headache, etc.



MEDICATION AND TREATMENT ORDERS

HOW DO CAREGIVERS FIND OUT ABOUT MEDICATION TREATMENT ORDERS?

The service plan nurse uses the doctor's orders to prepare a service plan specific to that resident. The service plan shows what medications are being taken by the resident, and what treatments he/she is undergoing.

The medication orders are written on the resident's med sheet immediately, so that the medication or the change in medication starts the next time the med is due to be taken. If there is a specific person who can make changes to the med sheet, and that person is not around, a note should be attached to the med sheet for staff to follow until the change is made. Treatments must also be written on a medication sheet or an ADL sheet. An ADL sheet issued to record activities like showers, exercise, bowel movements, and may be used to record treatments.



MEDICATION AND TREATMENT ORDERS

WHEN MEDICATION ORDERS CHANGE: CAREGIVER RESPONSIBILITY

When a resident goes to the doctor, his/her representative should take along a form for the doctor to fill out if there are any changes in his/her orders. If the facility does not provide the form, the care home manager or caregiver on duty can call the doctor's office and ask the nurse to send any changes.

When you receive the changes, they are transcribed onto the appropriate daily medication and/or ADL sheets. The change sheet should be attached to the service plan so that when it is revised, the new orders will be included.



MEDICATION AND TREATMENT ORDERS

VERBAL PHONE ORDERS FROM THE RESIDENT'S DOCTOR

Typically, a verbal phone order from a resident's doctor must be followed by a written order with a specified amount of time, usually about 14 days. If a resident becomes ill, or has a reaction to a medication, call the doctor to find out what to do. If the doctor changes the medication over the phone, ask him to send over a written order. If the facility has a Doctor's Order by Phone form, the caregiver who takes the order should write it in there.

Two copies are sent to the doctor, and one copy is kept with the service plan. The doctor signs the form and sends one copy back to the home. The unsigned copy that was kept with the service plan is thrown away, and the signed copy is attached to the service plan. Any med changes should be put on the med sheet, showing what medications were discontinued or added, and if times or dosages were changed.



MEDICATION AND TREATMENT ORDERS

RECORDING THE CHANGES

A specific trustworthy staff person should be appointed to make changes on the medication sheets; usually this person is the manager of the facility. However, keep in mind that the manager may not be there. Also bear in mind that a situation could potentially arise where the resident is having trouble with a medication during the night. In such cases the caregiver should be trained to call the doctor and how to fill out the Dr's Order by Phone form if the facility has one.

Caregivers should know exactly where to put it, so the necessary changes will be made on the med sheet. Sometimes the care home manager may opt to deal with the resident's doctor and handle the completion of the Dr. Order by phone form. If this is the case, then such discretion should be annotated in the facility policy and made clear to all staff during orientation or in-service training.



MEDICATION AND TREATMENT ORDERS

REPORTING MEDICATION ERRORS

While most medication errors are preventable, they do occasionally occur. It does not matter where the error started; the person who discovers the error MUST follow up immediately. For example, you may discover that you gave the wrong medication, or that the pharmacy sent the wrong medication, or that the home health nurse must put the wrong dose in the medication box. In any of these cases, it becomes your responsibility once you have knowledge that an error occurred.





MEDICATION AND TREATMENT ORDERS

MANAGING ERRORS: CAREGIVER RESPONSIBILITY

Most assisted living facilities require that you report a medication error to the facility manager as soon as it is discovered. Follow the manager's directions for follow up. Complete an incident report consistent with the policies of your facility.

1. Check the basic condition of the resident
2. Get as much information as possible about the error
3. Report the error to the doctor
4. Tell the doctor what was given, what should have been given, the resident's diagnoses and current condition.
5. Follow the doctor's instructions. You may have to call the pharmacist or poison control.



MEDICATION AND TREATMENT ORDERS

Make sure that proper documentation is provided. Documentation should include what was given and when, who was notified, what actions were taken, and on whose directions. For example:

1. "Induced vomiting with syrup of Ipecac on direction of poison control."
2. "Resident given 8 ounces of milk per Dr. Smith's direction."

Do not write the word "error" in your notes. Do not refer to any incident report that was completed. Seek emergency assistance if necessary or if directed to do so. The care home manager should make sure that an incident report is completed consistent with the policies of the facility.

The manager should follow up on all errors to identify what went wrong. If policies were followed, identify changes that need to be made in existing policies to make sure that the error does not reoccur. If policies were not followed, training should be provided to staff on the existing policies and the importance of following policies.



SOCIAL, RECREATIONAL AND REHABILITATIVE ACTIVITIES

As we age our level of activity decreases as well as our ability to perform activities. Keeping active both physically and “busy” mentally improves overall health in the aging adult.

- i. Try to keep residents busy, active, and help them feel needed.
- ii. Only after becoming familiar with the resident's care plan, level of care, doctors' orders, physical limitations and abilities, may you implement an activity or recreation.
- iii. A plan of activity
- iv. Remember to always ‘personalize’ the activity.

SOME SUGGESTIONS WHICH OLDER ADULTS MIGHT FIND ENJOYABLE

- Playing Cards
- Board Games such as chess or ludo
- Armchair Exercise
- Walk (based on mobility)
- Have a ‘Reminisce Day’ where the resident listens to old records or music



FIRE, SAFETY AND EMERGENCY REQUIREMENTS

1. A written evacuation plan is developed and maintained on the premise.
2. A written disaster plan, identifying a relocation plan for all the residents from the facility, is developed and maintained on the premises.
3. An employee fire drill is conducted at least once every three months on each shift.
4. A resident fire drill is conducted at least once every six months and includes residents, employees on duty, support staff on duty, and other individuals in the facility.
5. Records of employee fire drills and resident fire drills are maintained on the premises for 2 months from the date of the drill.
6. A licensee (home owner) shall ensure that a resident receives orientation to the evacuation plan within 24 hours of the resident's acceptance into the assisted living facility.



THE AGING PROCESS

As we age our bodies change in a variety of ways and on many levels. There are three specific areas of change that affect our ability to move, think and perform.

THE THREE AREAS WHERE WE CHANGE AS WE AGE INCLUDE THE FOLLOWING:

1. Physical Changes:

These changes occur at all levels of care:

- Hearing
- Vision
- Arthritis (bone loss)
- Bowel and Bladder control
- Loss of teeth
- Skin tears easily and is dryer
- Speech is slowed or slurred
- Unable to ambulate
- Loss of mobility
- Loss of lung capacity

THE AGING PROCESS

2. Cognitive Changes:

These changes are more related to residents unable to direct self-care, and particularly, clients with dementia or Alzheimer's disease:

- Memory
- Loss of reasoning ability
- Loss of decision-making ability
- Loss of good judgment
- Personality
- Emotional Problems
- Hypochondria
- Confusion
- Reactions are slowed
- Movement slowed



THE AGING PROCESS

3. Functional Changes:

These changes are more related to clients unable to direct self-care:

- Unable to cook
- Unable to clean
- Unable to bathe
- Unable to drive
- Unable to swallow
- Unable to walk (use a wheelchair)
- Unable to take their own medication



ACTIVITIES OF DAILY LIVING (ADLS)

Activity for ageing adults is vital in maintaining their health. As a caregiver it is your responsibility to not only assist resident with daily activities, but you should also record and/or document any resident ADLs. Some of the ways that you can assist a client in their ADLs include the following:

1. Bathing or Showering
2. Eating
3. Walking
4. Shaving
5. Cleaning Teeth
6. Dressing
7. Assisting with Medications

If a resident does or does not require assistance you should still document the activity on the Activity of Daily Living sheet. For instance, if a resident does not want to take a shower you must annotate this on the ADL sheet by drawing the letter 'R' then circling the R to indicate that the client refused to take a shower.



WHAT ARE VITAL SIGNS?

Vital signs are measurements of the body's most basic functions. The four main vital signs routinely monitored by medical professionals and healthcare providers include the following:

- Body Temperature (BT)
- Pulse Rate (PR)
- Respiration Rate (rate of breathing)
- Blood Pressure (BP) (Blood pressure is not considered a vital sign, but is often measured along with vital signs.)

Vital signs are useful in detecting or monitoring medical problems. Vital signs can be measured in a medical setting, at home, at the site of a medical emergency, or elsewhere.



ORAL HYGIENE, GROOMING & BATHING

ORAL HYGIENE

Dentition that is left uncared for can result in gum disease and eventually tooth loss. To prevent this, ensure the following:

1. Check the client's mouth
2. Brush your client's teeth

GROOMING

Some of the ways that you can assist a client with grooming include the following:

1. Shaving
2. Combing hair
3. Fingernails & Toenails

BATHING

To help this process along there are a few things that you can do to persuade a client to take a bath, some of which involve the following:

1. Reassure the clients
2. Get the bathroom warm before the bath
3. Use a soft touch



SKIN INTEGRITY

Skin integrity means the non-presence of bruises, rashes, abrasions, ulcers, discoloration or tears. On the other hand, it means that you are probably providing good quality care to your clients to your residents if these ailments are absent from your clients.

With this in mind, these are a few things that you should be aware of as a caregiver.

1. Use lotion
2. Proper Bathing
3. How pressure sores are formed: Pressure sores are localised areas of dead tissue which may protrude through muscles and into the bone. Due to the seriousness of this possibility it is of the utmost importance that you are not only aware of what causes pressure sores, but also the strategies to help prevent and treat pressure sores.



SKIN INTEGRITY

SOME CAUSES OF PRESSURE SORES INCLUDE:

1. Pressure
2. Friction
3. Inadequate Nutrition
4. Dehydration
5. Moisture

There are many helpful products on the market to help prevent pressure sores from developing with your clients; some of these include the following:

- Water Cushions
- Gel Cushions/Mattresses
- Egg Crates and Foam pads



SKIN INTEGRITY

THERE ARE FOUR PARTICULAR STAGES TO THE DEVELOPMENT OF A PRESSURE SORE, THEY ARE:

- 1. Stage 1:** Stage 1 is signalled by reddening of the skin whose colour does not immediately fade.
- 2. Stage 2:** In Stage 2, you would see small blisters or breaks in the skin appearance, and the skin will be red. Typically, if a pressure sore is observed on a resident in this stage it is easier to treat.
- 3. Stage 3:** Stage 3 represents an open wound. At this juncture in the process underlying tissues are most likely already compromised. There could be a scab covering the wound, but this is not necessarily indicative of a healing wound. Quite the contrary, the scab is not an indication of healing therefore you will need to ensure that a health professional is consulted at this point.
- 4. Stage 4:** Stage 4 is the final stage of a developing bed sore and it is noted by a particularly poor condition in which bone and muscle are destroyed. At this stage, the resident may require surgery which could take several months to repair itself.



RESIDENTS WITH DEMENTIA AND ALZHEIMER'S

WHAT IS ALZHEIMER'S DISEASE AND DEMENTIA?

Dementia is a gradual decline in mental and social functioning compared to an individual's previous level of functioning. A resident may have memory loss, personality change, behaviour problems, and loss of judgment, learning ability, attention and orientation to time and place and to oneself as a result of having dementia.

Alzheimer's disease is a chronic, progressive debilitative illness. At first the symptoms are mild and might include difficulty remembering names and recent events, showing poor judgment and having hard time learning new information

Dementia clients have a short attention span and often experience boredom and disinterest. This is common behaviour for people experiencing the advanced stages of dementia. Other advanced dementia traits can be agitation, pacing, combativeness, restlessness, and wandering.



RESIDENTS WITH DEMENTIA AND ALZHEIMER'S

GENERAL PRINCIPLES OF COMMUNICATION WITH CLIENTS UNABLE TO DIRECT SELF-CARE

1. Approach respectfully, calmly, cheerfully and in an adult fashion
2. Develop a communication system to meet the needs of the individual
3. Remain flexible, supportive and guiding (not controlling)
4. Correct hearing and visual problems
5. Employ good timing; make a second attempt if message is not received
6. Match your attitude and message
7. Remove distractions
8. Encourage communication
9. Avoid overwhelming patient physically or verbally
10. Presume comprehension on some level
11. Non-verbal communication becomes more important as the disease progresses
12. Remember that behaviours communicate a message
13. Do not argue or confront the client



RESIDENTS WITH DEMENTIA AND ALZHEIMER'S

VERBAL COMMUNICATION

1. Remember the KISS method: KEEP IT SHORT AND SIMPLE
2. Select words common to their age and background
3. Use calm, slow voice patterns
4. State one question at a time and wait for response
5. Remain on one topic unless individual initiates the change
6. Utilise the task breakdown technique
7. Avoid complex questions
8. Offer simple choices
9. Give suggestion or direction if unable to make choices
10. Provide praise and reassurance.



RESIDENTS WITH DEMENTIA AND ALZHEIMER'S

NON-VERBAL COMMUNICATION

1. Remember your attitude and mood are felt by the individual
2. Watch patient's non-verbal messages as a clue to problems.
3. Use non-threatening posture and gestures
4. Demonstrate or get person in motion
5. Convey a positive, supportive attitude
6. Stand or sit at the same level as individual
7. Move slowly
8. Utilize touch and allow time for individual to touch you
9. Encourage their communication with nods, smiles and soft eye contact
10. Try to understand the feelings behind their confusing words



PROVIDING SERVICES AND LIFE SKILLS TO RESIDENTS UNABLE TO DIRECT SELF-CARE

SERVICES

In most towns or cities there are a number of services and resources for the elderly, many of which caregivers are unaware of. The key is to research your local community and ascertain what and how to access such services. Some of the services or resources that your community may have include, but are limited to the following:

1. Transportation (to and from medical appointments, etc)
2. Meals (usually a certain number of meals per week)
3. Housing
4. Utility Assistance (discounts on utilities)
5. Home Care/ Hospice
6. Home Repairs (discounts on home repairs)



PROVIDING SERVICES AND LIFE SKILLS TO RESIDENTS UNABLE TO DIRECT SELF-CARE

ACTIVITIES TO HELP PROMOTE LIFE SKILLS AND MAXIMIZE FUNCTIONING FOR CLIENTS UNABLE TO DIRECT SELF-CARE

In deciding which activities are appropriate, start with some of the following ideas:

- TAKE STOCK
- BUILD IN STRUCTURE
- OFFER SUPPORT
- LOOK FOR A CLIENTS' FAVOURITES



MANAGING DIFFICULT BEHAVIOUR IN CLIENTS UNABLE TO DIRECT SELF-CARE

BEHAVIOUR MANAGEMENT TECHNIQUES WHEN WORKING WITH CLIENTS THAT HAVE COGNITIVE IMPAIRMENT

Behaviour management involves using certain techniques and ways of interacting in order to increase or decrease certain behaviours. It can be very effective, but is not a quick fix, and it must be used consistently.

TOOLS THAT WE CAN USE

Tool #1: Ask questions to figure out the reason for the behaviour

Tool #2: Use positive reinforcement/rewards

Tool #3: Listen with understanding

Tool #4: Smile and keep it positive!



DEVELOPING & PROVIDING SOCIAL, RECREATIONAL & REHABILITATIVE ACTIVITIES FOR RESIDENTS UNABLE TO DIRECT SELF-CARE

It is important that each resident has people to care about and people who care about him/her. Being involved in community groups and activities provides many opportunities for important social connections.

Caregivers need to be aware of the importance of social contact in the lives of residents, especially those unable to direct self-care, such as typically the case with residents suffering from dementia or Alzheimer's disease.

Whenever possible, interaction with other residents and with family members and friends should be encouraged. Such interactions can contribute to physical as well as mental health.



DEVELOPING & PROVIDING SOCIAL, RECREATIONAL & REHABILITATIVE ACTIVITIES FOR RESIDENTS UNABLE TO DIRECT SELF-CARE

ENCOURAGING SOCIALIZATION AMONG RESIDENTS

1. Introduce a new resident to other residents.
2. Introduce residents with shared interests.
3. Constantly encourage the resident to participate in activities. Find and provide activities that the resident enjoys.
4. Talk with the resident's family and friends to find out more about his/her interests and hobbies.
5. Check the resident's support plan for special interests.
6. Encourage the resident to join interest groups, activity groups or social committees.
7. Honour the resident's right to choose activities.



DEVELOPING & PROVIDING SOCIAL, RECREATIONAL & REHABILITATIVE ACTIVITIES FOR RESIDENTS UNABLE TO DIRECT SELF-CARE

ENCOURAGING PARTICIPATION IN THE COMMUNITY

Caregivers help residents have access to “formal support systems.” Besides taking part in community-based programs that offer formal services, residents can be engaged in the community in many other ways. Some examples include:

- Going to a church of your faith.
- Attending a senior centre.
- Visiting a museum
- Visiting a beauty salon or barber shop.
- Joining a gardening club.
- Volunteering at a school.
- Going to the movies.
- Going shopping.



RISK MANAGEMENT, FALL PREVENTION AND AMBULATION

THERE ARE SEVEN (7) THINGS THAT YOU NEED TO BE AWARE OF CONCERNING RISK MANAGEMENT AND FALL PREVENTION:

1. Ensure that both you and your clients have sturdy shoes.
2. Get regular exercise: to maintain bone and muscular strength.
3. Ensure that you have adequate lighting throughout the home or facility. This is essential in the prevention of falls and overall risk management.
4. Keep obstacles below the eye level. Combined with poor lighting and impaired balance, obstacles below the eye level can be particularly dangerous such as throw rugs and lamps cords.
5. Avoid a cluttered room arrangement. Ensure that any unnecessary furniture is removed from the facility or stored in a place that will not interfere with the movement of your residents and their safety.
6. Ensure that your bathroom is safe by placing non-slip rubber mats in the tub. Eliminate any unnecessary debris.
7. Store any hazardous chemicals or liquids in a safe place that is locked.



CLOSING THOUGHTS FROM THE ACA

The ACA would like to both congratulate you and thank you for taking our course does not represent the end of your training or education as a caregiver. Moreover, while this course provides you with the essential knowledge. Therefore, we encourage you to continue your pursuit of knowledge acquisition beyond the scope of this course.

If you are new to the caregiver field, then perhaps this course has opened your eyes to the basic responsibilities that caregivers have with respect to the residents that you will be caring for. Likewise, we hope this course has equally prepared you to perform your duties as a caregiver diligently and with compassion.

If you are already a certified caregiver perhaps this course has provided you with a nice refresher. If you are neither then we hope that you have acquired some new-found knowledge and/or skills that will be helpful to you as you move along in your career as a caregiver, assisted living manager, or even an owner of a facility.

The ACA believes that your decision to acquire professional caregiver certification is a wise one. Likewise, we are equally thankful to you for choosing to step up to the plate and acquire National Caregiver Certification, which has become the requirement and expectation for caregivers in the health care industry.

By taking our course and becoming certified with the American Caregiver Association you are clearly one step above everyone else. Similarly, your certification represents an important and vital step not only in terms of the growth of your career, but your tuition goes toward the AHCS's effort to support local and national health care issues that our seniors face every day.



CLOSING THOUGHTS FROM THE ACA

Your support in taking our course and becoming a certified member of the ACA plays a key role in how effective we are in carrying our campaign to professionalise the field of caregiving on a national level.

As a graduate of our national caregiver course your name will be entered in our database as a nationally certified caregiver. You can now proudly display your caregiver certificate, as well as your membership certificate if you have opted for membership with the ACA. We certainly recommend that you do so for your own benefit.

Finally, we encourage you to seek out notably additional knowledge from other sources, but we also encourage you to put some of your free time to good use by volunteering to help an elder in some way outside of your normal duties as a caregiver.

We understand this can be difficult to do, but the rewards are wonderful in terms of improving the quality of life for our seniors., which is what caregiving is all about. Lastly, whatever your dreams, we wish you all the best in life and career. Good luck from all of us at the ACA and AHCS, and once again, thank you.

All Certification Courses Offered by the American Caregiver Association

- Advanced National Caregiver Certification Course
- Certificate of Caregiver Ethics: Level 1
- Certificate of Caregiver Personal Development: Level 1
- Master Caregiver Certification





THIS CONCLUDES

THE NATIONAL

CAREGIVER

CERTIFICATION

COURSE

THANK YOU!

