

SKILLS WORKBOOK

A training program
for caregivers, personal
attendants and direct
support professionals.

The Arizona Direct Care Curriculum Project

Skills Workbook

Principles of Caregiving includes the following modules.

- Caregiving Fundamentals (2011)
- Aging and Physical Disabilities Module (2011)
- Developmental Disabilities Module (2011)
- Alzheimer’s Disease and Other Dementias Module (2008)
- Skills Workbook (2011)

Arizona Direct Care Curriculum Project, *Principles of Caregiving.*

This material was created for educational purposes by the Arizona Direct Care Curriculum Project. It is intended as reference material for persons seeking to learn more about this topic. Neither the Arizona Department of Economic Security and its Division of Aging and Adult Services, nor any individuals or organizations associated with this project, guarantee that this information is the definitive guide on this topic, nor does it guarantee that mastery of this material assures that learners will pass any required examination.

The *Principles of Caregiving* manuals are posted at www.azdirectcare.org and can be downloaded and copied.

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Skills Workbook

Introduction to the Workbook

This workbook was created to complement the *Principles of Caregiving* curriculum. It covers many of the skills that are included in the Arizona Direct Care Worker Knowledge and Skills Competencies. Specifically, it includes the skills that are required or recommended for skills testing. The workbook can be used to prepare specifically for the skills demonstrations. Please note that the training manuals (Fundamentals and modules) have additional information about these skills; they also contain additional skills that may be required for your training. The training manuals are posted on the website of the Arizona Direct Care Workforce Initiative at www.azdirectcare.org. You can also find the competencies posted there.

This is still a work in progress; if you have any questions or comments about this workbook, please tell your instructor or send feedback through the azdirectcare.org website.

Arizona Direct Care Curriculum Project
Revised 2011

Skills Workbook

Acknowledgments

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The Direct Care Curriculum Project is a partnership between the Arizona Department of Economic Security, the Arizona Department of Health Services, the Arizona Health Care Cost Containment System, the Governor's Council on Developmental Disabilities, and the Core Curriculum and Expansion Committee.

The opinions expressed in this material do not represent the official positions of these agencies.

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Tips for Demonstrating Skills (Testing)

The skills described in this workbook should be practiced during training. You should be able to demonstrate these skills during practice or during a test after training.

General Tips:

- Communication with the client is essential:
 - Always explain what you are going to do.
 - Always find out if the client has certain preferences.
- Remember that the client has the right to choose the time for an activity or refuse an activity.
- Many common tasks can be activities. Involve the client as much as possible.
- Don't assume that you should do everything for the client. Always determine how much the person can do for himself or herself before you help.
- Be sure to offer the client choices or ask what the client would like: Which foods do you like? What clothes do you want to wear?
- Preserve privacy and dignity for the client.

Test-taking Tips:

- Wear comfortable clothes and solid shoes.
- Be sure to verbalize (explain) anything you cannot demonstrate.
- During practice and testing, act as if you were in a client's home.
 - Act professionally.
 - Respect personal property.
 - Communicate with the client throughout the procedure.
- If there is a volunteer for the skills demonstration, treat the volunteer with the same courtesy you would show a client.
- If you have questions about the scenario, ask before you start:
 - Does the client have a weak or strong side?
 - Is there a choking risk?

Level 1: Fundamentals

Hand Washing

Gloving

Fire Extinguisher Use

Procedures for Calling 911

Procedures for Moving Objects (Body Mechanics)

Skill: Hand Washing

Competencies:

1. Identify the most effective ways to reduce the spread of infection.
2. List the appropriate times to wash one's hands.
3. Demonstrate/verbalize proper hand washing techniques.

Supplies:

- Liquid soap (preferred) or bar soap
- Paper towels
- Sink with running water
- Lotion (optional)

Overview

Hand washing is one of the easiest and most effective ways to prevent the spread of infection when proper techniques are used at the appropriate times when working with clients. It is imperative that all steps are demonstrated for proper hand washing techniques.

Wash your hands:

- Immediately upon arrival and before leaving a client's home.
- Immediately if contaminated by blood or any other bodily fluid.
- Before and after contact with a new client.
- Before and after use of gloves.
- After handling soiled linens or waste.
- Before and after contact with any wounds.
- After using the restroom.



Procedure: Hand Washing

1. Collect items needed for hand washing.
2. Remove all jewelry on hands, fingers, wrists - *recommended*.
3. Turn on the water and adjust the temperature. Water should be warm but not hot.
4. Wet hands under running water with fingertips pointed down.
5. Apply soap to hands (liquid soap in a pump is best).
6. With fingertips pointing down, lather hands well. Rub your hands together in a circular motion to generate friction. Wash carefully between fingers, palms, the back of hands and under/around any jewelry.
7. Rub your fingernails against the palm of the opposite hand to push soap under the nails.
8. Remember: You need to wash your hands a minimum of 20 seconds. (Sing "Happy Birthday" twice, or "Twinkle-Twinkle Little Star", to yourself as a timer.)
9. Wash a full hand's distance up both wrists as well.
10. With fingertips pointed down, rinse off all soap thoroughly.
11. Dry hands with a clean paper towel.
12. Use paper towel to turn off the water and to open the restroom door if needed.
13. Drop paper towel in trash container.

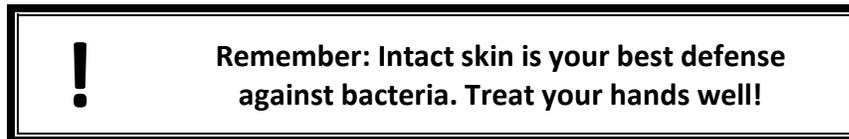
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Practical Tips

- Use soap – it breaks the surface tension of the water, making the water work harder.
- Friction (rubbing hands together) loosens bacteria and dirt. Remember it is the friction that kills and loosens the germs, not the soap or water temperature.
- Use plenty of water to wash away the contaminants: dirt, germs and the soap.
- Do not use chemicals such as bleach or alcohol to wash hands. They may damage the skin.
- Do not use a nail brush or any kind of brush. This can damage the skin and cross-contaminate.

Don't forget!

- You must wash your hands for at least 20 seconds for effective decontamination.
- Keep fingers pointed down into the sink. Do not allow water to run up the arm, off the elbows.
- Don't forget to wash the wrists.
- Either remove jewelry or wash under items. Germs hide under rings and bracelets.
- Don't touch the faucet, sink, surfaces, or doorknobs with hands after washing. This will re-contaminate your clean hands.



The following checklist will be used in the evaluation of the demonstration.

Skill: Demonstration of Proper Hand Washing Skills	Comments
• Verbalizes/demonstrates proper procedure-all steps.	
• Verbalizes when hand washing is necessary.	
• Demonstrates/Verbalizes avoidance of cross contamination.	

Skill: Gloving

Competencies:

1. Give examples of how germs are spread.
2. Give examples of when gloves should be worn.
3. Demonstrate/verbalize how to apply, remove and dispose of gloves.

Supplies:

- Well fitting gloves
- Paper towel, soap and water for hand washing

Overview

Personal Protective Equipment (PPE), such as disposable gloves, allows you to create a barrier between yourself and germs. By using disposable gloves you are preventing the spread of infectious diseases like the common cold, the flu, MRSA or HIV, just to name a few. Wearing gloves is not just for your protection but the protection of others as well.

Disposable gloves should be worn when:

- Touching blood or body fluids.
- You or the individual you are caring for has cuts, sores or other skin openings.
- There is possible contact with feces, urine, vomit or wound drainage.
- Handling soiled clothing or linens.
- Cleaning the bathrooms.



Procedure: Putting on Gloves

1. Wash and dry your hands following proper procedures.
2. Remove a pair of gloves from the glove box.
3. Use care when pulling gloves on. If a glove tears or becomes punctured take it off and start again with a new glove.
4. Interlace fingers to remove wrinkles, air pockets and achieve a comfortable fit.
5. You may want to consider double gloving if your nails are longer and at risk of puncturing the gloves or if they will become heavily soiled. Double gloving simply means wearing two pairs of gloves.

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Procedure: Removing and Disposing of Gloves

1. From the outside, pinch the rubber glove just below the cuff using your thumb and index finger to lift the glove away from your wrist area.
2. Using your middle and ring fingers, scoop the glove away from the wrist; pulling it off inside out. Ball that glove tightly into palm of gloved hand.
3. Now with ungloved hand slide your index and middle finger under the cuff of the other glove; again pulling it off inside out. The first glove you removed should now be inside the second glove.
4. Follow your agency's policies in disposing of the gloves.
5. Wash your hands following proper procedure.

Practical Tips:

- Disposable gloves should NEVER be washed or re-used.
- Always replace if they become ripped, torn or contaminated.
- Always wash hands before and after.
- Know your agency's policies on disposing of gloves. Policies may differ between agencies.
- Wear gloves that fit properly. If they are the wrong size, they can tear or fall off.

Don't forget!

- Contamination can happen when:
 - touching unclean areas (the wrist, other surfaces)
 - placing gloves on contaminated surfaces or in your pocket
- removing gloves
- You must wash hands when you replace gloves
- Long nails can puncture gloves

General rule: Touch the outside of a glove only with a glove.

The following checklist will be used in the evaluation of the demonstration.

Skill: Gloving	Comments
<ul style="list-style-type: none">• Verbalizes/demonstrates proper procedure-all steps.	
<ul style="list-style-type: none">• Verbalizes when hand washing is necessary.	
<ul style="list-style-type: none">• Demonstrates/Verbalizes avoidance of cross contamination.	

Skill: Fire Extinguisher Use

Competencies:

1. Identify common emergency situations.
2. Describe fire safety techniques and risk factors.
3. Identify potential fire hazards in the home: frayed cords, open flames, cigarette smoking.
4. Describe or simulate the use of a fire extinguisher.

Supplies:

- Fire extinguisher

Overview

A fire needs 3 elements – oxygen, heat and fuel. To extinguish a fire you need only take one of these elements away. That is the purpose of a fire extinguisher: If used properly, a fire extinguisher will remove one or more of the elements needed by the fire.

Description of Procedure:

1. Ensure client is safe and free from possible injury/smoke damage.
2. Determine if the fire is fightable.
3. Do not fight the fire if:
 - The fire is spreading
 - The type or size of the extinguisher is wrong
 - The fire is too large
 - If you do not know how to use a fire extinguisher
4. Retrieve the fire extinguisher.
5. Use the **P.A.S.S.** acronym:
 - **P**ull the pin from the handle area at the top of the Fire Extinguisher and remove the hose from the clamp (if applicable).
 - **A**im the hose nozzle at the base of the fire. (You should be at least 10 ft. from the fire.)
 - **S**queeze the lever in order to release the chemical.
 - **S**weep the hose nozzle from side to side at the base of the fire. (You will only have about 10 seconds of extinguishing power.)

Practical Tips:

- Know the location of the fire extinguisher.
- Know the type of fire extinguisher to use (ABC puts out most classes of fire).
- Check to see if the fire extinguisher is fully charged.
- Remember the extinguisher is heavy and only blasts for a few seconds.
- Stand at least 10 feet from the fire.
- Aim the spray of the extinguisher at the base of the fire. Aiming high spreads the fire.

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Don't forget!

- Use the P-A-S-S acronym.
- **Don't forget the client.** Where is the client? Is the client safe and free from smoke contact? Do you need to assist or rescue the client?

Most fire extinguishers operate using the following P.A.S.S. technique:

1. **PULL...** Pull the pin. This will also break the tamper seal.
 2. **AIM...** Aim low, pointing the extinguisher nozzle (or its horn or hose) at the base of the fire.
- Note:** Do not touch the plastic discharge horn on CO2 extinguishers, it gets very cold and may damage skin.
3. **SQUEEZE...** Squeeze the handle to release the extinguishing agent.
 4. **SWEEP...** Sweep from side to side at the base of the fire until it appears to be out. Watch the area. If the fire re-ignites, repeat steps 2 - 4.



If you have the slightest doubt about your ability to fight a fire...EVACUATE IMMEDIATELY!

Source: United States Department of Labor, www.osha.gov/SLTC/etools/evacuation/portable_use.html

Resources:

- http://www.emd.wa.gov/preparedness/videos/video_using_a_fire_extinguisher.shtml
- <http://www.hanford.gov/fire/safety/extingrs.htm>

The following checklist will be used in the evaluation of the demonstration.

Skill: Proper Use of Fire Extinguisher	Comments
<ul style="list-style-type: none"> • Verbalizes/demonstrates proper procedure. 	
<ul style="list-style-type: none"> • Ensures client's safety. 	
<ul style="list-style-type: none"> • Demonstrates/Verbalizes PASS acronym. 	
<ul style="list-style-type: none"> • Demonstrates proper safety points in using fire extinguisher. 	

Skill: Procedures for Calling 9-1-1

Overview:

Emergency situations can be very stressful for everyone involved. It is important that you remain as calm as possible to get the necessary help as quickly as possible. Individuals with disabilities and those who are elderly are more vulnerable to injuring themselves in their home environments or becoming seriously ill, requiring immediate medical attention. It is very possible a situation may arise where the DCW will be required to place an emergency 9-1-1 call.

Some situations that would require you to call 9-1-1 would be:

- Chest pain
- Shortness of breath
- Suspected heart attack or stroke
- Suspected heat stroke
- Non-responsiveness
- Confusion that is not common with individual
- Individual falls and cannot get up
- Fire
- Safety issues, such as gas leaks



Competencies:

1. Identify common emergency situations.
2. Explain general guidelines for emergencies, including when to call 9-1-1.
3. Describe the proper procedure for calling 9-1-1.

Supplies:

- Land line phone (preferred over cell phone)

Description of Procedure:

1. Stay calm. – The calmer you remain, the quicker you will be able to get help. Take a deep breath and proceed.
2. Assess the client for responsiveness. Ensure the client is safe in the environment.
3. Call 9-1-1 preferably from a land line phone.
4. State the nature of the emergency in plain, concise tone.
5. State the location of the emergency with the nearest cross streets.
6. Give your name and telephone number.
7. Remain on the line until dispatch tells you to hang up.
8. Render first aid as needed to the client.
9. Stay alert to your surroundings, staying with client, rendering assistance. Reassure and calm the client until the emergency medical services (EMS) team arrives.
10. Notify your supervisor as soon as possible.

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Practical Tips:

- Remain calm.
- Call from a land line. There are fewer dropped calls, and some emergency systems cannot locate you when you use a cell phone.
- Have someone else call if possible. Remain focused on client and his/her needs.
- Render appropriate care for the conditions you find, within the scope of your training.
- Stay with the client until transported and explain what is happening.
- Know agency's policy for reporting emergency situations.
- Be available to answer questions from the emergency response system (EMS) team.

Don't forget!

- Do not leave the client unattended for a long period. Be sure to render assistance to the client while waiting for EMS.
- Remember to communicate to the client throughout.
- Know the full address where you are. Response time is longer if EMS has to search for the location.

Practice Scenarios:

1. You are at a client's home and he becomes non-responsive. Upon checking, he is not breathing, no heartbeat is detected, and he remains slumped over in his chair. What do you do?
2. You are assisting your client with ambulation when she trips over her dog. The client falls to the floor. The client has a lot of pain in her right hip region and is not able to get up on her own. After getting her as comfortable as you can, what will you need to do?

The following checklist will be used in the evaluation of the demonstration.

Skill: Calling 911	Comments
<ul style="list-style-type: none">• Verbalizes correct procedures for calling 9-1-1.	
<ul style="list-style-type: none">• Verbalizes assistance / first aid to client.	
<ul style="list-style-type: none">• Verbalizes the advantage of calling from a land-line vs. a cell phone.	

Skill: Procedures for Moving Objects (Body Mechanics for Back Safety)

Overview

Just as lifting, pushing, and pulling loads can damage your back, so can bending or reaching while working. It is important for a DCW to know how to interact with the environment to reduce the risk of injury. Common situations involved in the DCW's daily routine can be picking up items, carrying groceries, and moving objects from one place to another.

Competencies:

1. Explain the importance of good body mechanics and lifting techniques.
2. Describe elements of good body mechanics, such as proper use of leg muscles and keeping center of gravity over the base of support.
3. Describe and demonstrate proper technique for moving objects with good body alignment.

Supplies:

- 10 pound bag potatoes
- 10 pound box

Description of Procedure:

1. Start with good standing position; feet are shoulder width apart.
2. Keep knees bent slightly.
3. Keep your center of gravity (which is usually right behind a person's belly button) over base of support (which is the proper stance the person is in).
4. Squat with the chest and buttocks sticking out. This position will keep your back flat.
5. When you squat down or squat back up, place your elbow or hand on your thigh or the counter to take some pressure off your back.
6. Use leg and upper body muscles when elevating/lowering an object, keeping body in alignment (keep your buttocks behind you - no twisting). Utilize the whole body to complete the task.
7. Keep object close to body (10-pound weight at arms length will put 150 pounds of pressure on your back).

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Illustration: When holding, lifting or carrying items

Before lifting boxes and cases, check to see if the weight is given so you can prepare to lift properly.

Keep the item close to your body.

Turn with the feet, not the torso.

Keep your back straight.

Use your legs to do the lifting.

Get close to where you want to set the item down.



Source: United States Department of Labor,
<http://osha.gov/ergonomics/guidelines/grocerysolutions/index.html>

Practical Tips:

- Maintain good stance – be aware of your center of gravity over base of support.
- Keep object close to you.
- Keep your bottom behind the activity! Don't twist from side to side.
- Bend your knees. Lift with your legs (not with the back). Squat with your back in neutral position.
- Don't lift objects that are too heavy.
- Use a stool or ladder to retrieve items above your head.
- Think before you do. Mentally plan and practice your task.
- Maintain your natural spinal curves. Maintain neutral posture when you are sitting, standing, lifting, pushing or pulling.
- Pivot, don't twist. Turn your feet rather than twist your body.

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Don't forget!

- Keeping your feet too close together results in poor leverage; you may lose your balance.
- Rounded back results in stress on the back.
- Twisting your upper body can result in a strained back.
- Carry items close to your body.

Practice Scenario:

The client received a medium package weighing about 15 lbs. in the mail and the delivery person left it on the front porch. The DCW was asked to bring the package inside. Demonstrate/verbalize the proper lifting procedure to bring this package inside.

The following checklist will be used in the evaluation of the demonstration.

Skill: Moving objects	Comments
<ul style="list-style-type: none">• Demonstrates proper stance when lifting.	
<ul style="list-style-type: none">• Demonstrates good body mechanics when lifting.• Does not twist spine.• Lifts with legs, not back.	
<ul style="list-style-type: none">• Holds objects close to body when carrying them.	

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Level 2:

Aging and Physical Disabilities Developmental Disabilities

**Assistance with Eating
Positioning in Wheelchair
Gait Belt Use and Application
Positioning in Wheelchair
Transfer in/out of Wheelchair
Assist with Ambulation
Assist with Dressing
Assist with Standing from Bed
Assist with Positioning in Bed
Redirect a Person**

Aging and Physical Disabilities

**Assist with Positioning of Bedpan
Assist with Bed bath
Emptying Catheter Bag**

Developmental Disabilities

Assist with Oral Hygiene

Skill: Assistance with Eating

Overview

Providing assistance with eating and/or feeding a consumer is a skill that many Direct Care Workers will use on a daily basis. The purpose of this skill is to ensure that the DCW knows the correct technique for assisting with and/or feeding another individual.

Competencies:

1. Identify and explain the relationship between a person's service plan and the DCW role when providing assistance with activities of daily living.
2. Be aware of assistive devices available and their uses as feeding aides.
3. Give examples of techniques that can be used to promote independence and respect a person's preferences.
4. Demonstrate/verbalize the procedure for assisting a client with eating.

Supplies:

- Spoon and/or fork, napkin, bowl or plate, clothing protector, cup.
- Food items

Description of Procedure:

1. Maintain dignity and safety of client at all times.
2. Check care plan or with supervisor to determine if choking hazard exists.
3. Ensure that you cut up meat, open cartons, butter bread, etc. **if** that type of assistance is needed.
4. Sit next to the individual at eye level.
5. Ensure that the individual is sitting with his/her head elevated to prevent choking.
6. Provide **ONLY** the amount of assistance that is necessary (graduated guidance, hand over hand, etc). **Encourage the client to be as independent as possible.**
7. Check the temperature of food before you begin feeding. Feel the container, observe for steam, to ensure the food is at an acceptable temperature.
8. Explain what foods are on the plate. For someone with a visual impairment, use the clock description method (e.g., "Your meat is at 12:00, vegetables are at 3:00," etc.).
9. Ask the individual what he/she wants to eat first.
10. Watch the individual to make sure food is swallowed before giving additional food or fluids. Remind the individual to chew and swallow as necessary.
11. Offer liquids at regular intervals.
12. Engage the client in pleasant conversation while completing this task, but don't ask questions that take too long to answer.
13. Do not rush the individual.
14. Once the meal is complete, ensure that you help the individual in wiping his/her face and washing hands as necessary.

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Practical Tips:

- Be aware of how the individual may be feeling in regards to needing assistance. Ensure dignity and respect by allowing clients to make their own food choices, giving options and respecting preferences.
- Be aware of any issues causing the individual to tire out or get frustrated easily.
- Pay special attention to individuals who may present a choking hazard.
- Ensure that you are communicating with the individual about the pace in which you are feeding or assisting him/her with eating.

Don't forget!

- Don't do everything for the client just because it is faster for you. Only provide the assistance that is truly needed.
- Don't assume the individual likes every item that has been served.
- Don't treat the client like a child. For example, do not wipe client's mouth with the spoon.
- Serve food in proper consistency to avoid choking.



Right way



Wrong way

Practice Scenarios:

1. Jenny is 26, is visually impaired and lives in an assisted living facility. Jenny is capable of feeding herself, but requires some basic assistance during meal time.
2. Marilyn is a 70 year old woman. Marilyn has had two strokes, which has left her with weakness on her right side. Marilyn has very limited use of her right hand. Marilyn is going to have lunch before going shopping for the afternoon.

The following checklist will be used in the evaluation of the demonstration.

Skill: Assistance with Eating	Comments
<ul style="list-style-type: none"> • Communicates effectively with client regarding preferences and choices. 	
<ul style="list-style-type: none"> • Describes the order of the food on the plate and the location of drink using the clock method. 	
<ul style="list-style-type: none"> • Assists only at level needed and requested to maintain independence. 	
<ul style="list-style-type: none"> • Questions evaluator as to presence of choking risk. 	

Skill: Positioning in Wheelchair

Overview

When a person with a disability is sitting in a wheelchair or chair, make sure she/he is sitting upright to prevent the risk of contractures and pressure sores (ulcers). A proper sitting position places the person in good, comfortable alignment. Good alignment involves head, shoulders, hips squarely over the axle of the wheel.

Competencies:

1. Explain the importance of repositioning and list techniques to prevent skin damage.
2. Identify common causes for skin breakdown for persons in a wheelchair.
3. Demonstrate technique for re-positioning a person in a wheelchair.

Description of Procedure:

1. Explain to the client what steps you are going to do to reposition him.
2. Have wheel chair locked with caster wheels in forward position. This can be accomplished by moving the wheelchair backwards. Then the front caster wheels swivel forward, which gives the wheelchair a better base of support.
3. Swing foot rest to side, or remove if possible.
4. Stand in front of the person with the left leg of the person between your legs.
5. Have the client lean forward with the person putting his/her head above your left hip. This places most of the person's weight on his/her right buttock side. Your left arm should come across the person's back to provide stability.
6. Place your right arm under the thigh of the person's left leg while placing slight pressure against the person's left knee with your knee. It is best to use the wide area above your knee to press against the client's knee.
7. With a fluid motion, use your entire body to gently push the person toward the back part of the wheelchair.
8. Let the client sit up, and then repeat the same procedure for the other side of the person.
9. You might need to do this several times (both left side and right side) for the correct alignment of the client in the wheelchair.

Position of front wheels



Incorrect



Correct



Practical Tips:

- Always explain to the person what is being done.
- Make sure wheels are locked.

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- Make sure the person's weight is on the side opposite the side that is to be re-positioned.
- Use your entire body when positioning.
- Prepare for this technique by repositioning yourself in a chair: Sit on the edge of a chair (or slouch). Then move yourself backward without using your hands. This motion of backing up in a chair (first one side, then the other) is used for the technique of repositioning.

Don't forget!

- Always use proper body mechanics. Poor body mechanics can injure both you and the client.
- Do not rush the procedure; you may need to do this procedure a couple of times to get the client all the way back in the chair.
- DO NOT lift client over the back of the handles of the wheelchair

Practice Scenarios:

1. John, who is quadriplegic and uses a mechanical lift to be transferred into the wheelchair, regularly needs to be repositioned in the wheelchair to have a good sitting alignment. Demonstrate how you would reposition John if he is sliding out of the wheelchair.
2. Aunt Mabel is very small in stature. Aunt Mabel just loves to sit in the reclining chair to watch TV. This repositioning procedure will assist Mabel to be able to sit to the back of the reclining chair.

The following checklist will be used in the evaluation of the demonstration.

Skill: Repositioning in Wheelchair	Comments
<ul style="list-style-type: none"> • Demonstrates ability to maintain proper body alignment of client and DCW. 	
<ul style="list-style-type: none"> • Displays proper safety procedures: locking wheelchair, wheel alignment, body mechanics. 	
<ul style="list-style-type: none"> • Adequately demonstrates/verbalizes proper step by step procedure for skill as described. 	
<ul style="list-style-type: none"> • Communicates procedure and expectations with client. 	
<ul style="list-style-type: none"> • Verbalizes/Identifies all main points from the scenario given. 	

Skill: Gait Belt Use and Application

Overview

A gait belt provides the Direct Care Worker with a secure point to hold while assisting clients in walking and transfer activities. It is also called transfer belt.

Special Note:

Ensure the client can safely wear a gait belt. You may not be able to use one if the person:

- Has had recent surgery or incisions (within the last 6-8 weeks) in the abdominal and back areas.
- Has an ostomy (e.g. a colostomy), G-tube, hernias, severe COPD, post-surgical incisions, monitoring equipment, tubes or lines that could be interfered with by the pressure.
- Is pregnant. Applying a gait belt to a pregnant woman could cause injury to the unborn child.

If the DCW determines the client cannot safely use a gait belt, the DCW should contact the supervisor for instruction on agency specific policy and procedures.

Competencies:

1. Identify and describe common assistive devices including a gait belt.
2. Explain the importance of proper transfer skills and the safe use of assistive devices.
3. Describe/role-play the procedure for application and use of a gait belt.

Supplies:

- Gait Belt (with metal teeth or quick release buckle)

Description of Procedure:

1. Tell the person what you are going to do.
2. Position the person to make application of the belt easier. Have the person move forward and sit on the edge of the chair.
3. Place the gait belt around the client's waist, above the pelvic bone and below the rib cage. Always place the gait belt on top of clothing, and for females make sure breast tissue is above the belt.
4. Pass the metal tip of the belt end through the teeth of the buckle first and then through the other side of the buckle.
5. Adjust it so it is snug, but not uncomfortable for the client. You should be able to slip your open flat hand between the belt and the client.
6. Tuck the excess end of the belt through the waist band.
7. The strap should lay flat across the buckle.
8. ALWAYS verify proper closure before use.
9. ALWAYS grasp the transfer belt from underneath.
10. Remove the gait belt when not in use, or loosen it.



Skills Workbook

Practical Tips:

- It is important that you ask permission before applying a gait belt because you are about to invade the client's personal space. Maintain client's rights by informing him/her of all procedures prior to actions.
- Gait belts come in various lengths; use an appropriate size for the client.
- Belts with padded handles are easier to grip and increase security and control.
- Use a rocking and pulling motion rather than lifting when using a belt.
- DCW should walk slightly behind the client with a hand under the bottom of the belt.
- On some gait belts, the seam and label will be on the outside, on other belts it is on the inside. Don't assume that the manufacturer's label is on the inside – be sure to start putting the end of the belt through the teeth first.

Don't forget!

- Apply gait belt over clothing, NEVER apply to bare skin.
- Check female clients to assure no breast tissue is caught in belt.
- Use good body mechanics when transferring a client with a gait belt.

The following checklist will be used in the evaluation of the demonstration.

Skill: Gait belt Use and Application	Comments
• Communicates well with person regarding expectations of procedure.	
• Demonstrates ability to put on gait belt correctly.	
• Verbalizes procedure pitfalls and safety requirements.	

Skill: Transfer In/Out of Wheelchair

Overview

A move as basic as getting in and out of a chair can be difficult for an individual with a disability. Techniques for assisting an individual with transfers can vary from minimum assist to maximum assist. While procedures can vary for certain kinds of transfers, there are general guidelines that apply when assisting with any transfer.

Competencies:

1. Identify and describe common assistive devices including gait belts and wheelchairs.
2. Explain the importance of proper transfer skills and the safe use of assistive devices.
3. Demonstrate the proper technique for transferring someone in/out of a wheelchairs.

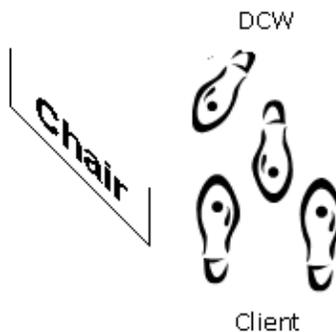
Supplies:

- Wheelchair, chair
- Gait belt

Description of Procedure:

Note: Person is 50% or more weight bearing (moderate assist)

1. Ensure the client can safely wear a gait belt. (See procedure for gait belt application.)
2. Explain the gait belt procedure to the client.
3. Ask the client's permission to use the gait belt. Explain the belt is a safety device and will be removed as soon as the transfer is complete.
4. Tell the client what you are going to do.
5. Lock the wheels of wheelchair.
6. Put the footrest in the up position and swing the footrest to the side or remove.
7. Take off the armrest closest to the chair (or drop armrest, if possible).
8. Place chair at a 45 degree angle to the wheelchair.
9. Have the client move to the front of wheelchair seat.
10. Use gait belt secured around client's waist to assist him/her out of the wheelchair.
11. Foot placement (depending on the client's disability or preference):
 - a. Place both of your feet in front of the client's feet with toes pointing outward
 - b. Place one foot slightly in front of the other one. This foot in front will be placed between the client's feet.



12. Have the client either hold onto your shoulders or arms, **not around your neck!**

Skills Workbook

13. Grasp the gait belt on both sides with fingers under belt.
14. Bend at knees and hips. Using your body leverage lift with legs, not back.
15. Assist the client to a standing position, mirroring posture of person.
16. Have the client stand for a minute, shifting weight from one foot to other.
17. Pick up your feet and move them, facing the chair as the client takes baby steps to a standing position in front of chair.
18. Ask the client if he/she feels the chair seat on the back of his/her legs.
19. Have the client put his/her hands on the armrests.
20. Assist the client to a seated position, mirroring their posture.

Practical Tips:

- DCW should always wear proper foot wear (closed, non-slip, flat shoe).
- Use smooth fluid motion.
- Don't rush the transfer procedure.
- Don't transfer a person who is too heavy for this type of body transfer. Ask your supervisor for further training.

Don't forget!

- Keep body in proper alignment; use proper body mechanics.
- Move feet with the pivot, do not twist.
- Be sure to place gait belt properly.

! At no time should the client put her / his hands around the DCW's neck during a transfer. Serious injury can occur.

Practice Scenarios:

1. The Direct Care Worker is in process of transferring the client from wheelchair to an armed chair and the client insists that the DCW allow him to put his arms around the DCW's neck because this gives the person balance. What should the DCW do?
2. The DCW has been called into work for an emergency relief position and just left a dance recital wearing high heels. She arrives at the client's home and realizes the person needs to be transferred from the wheelchair to the commode. She has the skill to perform this task. What should she do?

Skills Workbook

The following checklist will be used in the evaluation of the demonstration.

Skill: Transfer In/Out of Wheelchair	Comments
• Communicates with person.	
• Demonstrates good body mechanics when transferring a person from wheelchair to chair. • Does not twist spine. • Body leverage with legs, not back. • Moves feet the same direction the person is being transferred to.	
• Demonstrates ability to position wheelchair, footrests and brakes correctly.	

Skill: Assist with Ambulation

Overview:

Ambulation simply means to walk or move from one place to another. Every client will be different in his or her level of need for assistance, and it will differ in how you help each one. We have heard the old saying that there are no two people alike. There are also no two disabilities that are alike. The question becomes how do we do this when the individual we are assisting cannot do it on his/her own?

There are several benefits to ambulation, some of which include:

- Relieve stress and anxiety
- Improve and/or maintain muscle strength
- Improve circulation
- Decrease digestion and elimination problems
- Improve appetite

Competencies:

1. Identify and describe common assistive devices including gait belt.
2. Explain the importance of proper transfer skills and the safe use of assistive devices.
3. Describe and role-play techniques to assist with ambulation/use of gait belt.
4. Identify the characteristics of clients who may be at risk for falls during ambulation.

Supplies:

- Gait Belt and/or other walking aids like a cane or a walker
- Non-slip, properly fitting footwear

Skills Workbook

Description of Procedure:

Ambulation:

1. Before you begin, familiarize yourself with the expectations and requirements of the service plan. Contact your supervisor for clarification.
2. Ensure the client can safely wear a gait belt. See “application of gait belt” for procedure and contraindications.
3. Communicate procedure to client before you begin.
4. Apply non-skid, properly fitting footwear.
5. Have the client’s walking aid readily available if required.
6. Apply gait belt (see procedure for gait belt application).
7. Make sure that the client has his feet firmly on the floor.
8. Use an underhand grasp on the belt for greater safety.
9. Assist client to a standing position as described in other skills (e.g. Transfer out of wheelchair).
10. Walk behind and to one side of the client during ambulation. Hold on to the belt from directly behind him. Be aware to support weaker side if applicable.
 - a. Right side: you should be standing between 4 and 5 o’clock.
 - b. Left side: you should be standing between 7 and 8 o’clock.
11. Let the client set the pace, and walk in step with the client, maintaining a firm grasp on gait belt.
12. Watch for signs of fatigue.



Ambulation with a Cane:

The handle of the cane should be at a height that would be equivalent to where the client’s wrist of his strong hand would fall if his hand was placed at his side when standing in an upright position. The client should be using the cane on his strong side, and the DCW should be walking on his weak side for assistance.

Ambulation with a Walker:

When assisting a client with ambulation when using a walker, it is important that the client stay inside the frame of the walker. Make sure it has been properly fitted for the individual. The DCW should always walk on the client’s weak side to provide additional support as needed.

Special Note:

In the instance a client does collapse or loses his/her footing, it is acceptable to ease the person gently to the floor. The DCW should not try to carry the person, hold him up or catch him if he starts to fall.



Skills Workbook

Practical Tips:

- Communicate expectations with the client at all times.
- Encourage the client to assist as much as possible.
- Be aware of, and remove, tripping hazards: electrical cords, throw rugs, clutter.
- Make sure that you are standing on the consumer's weak side, if applicable.
- Be observant: the client may tire easily and can only handle short walks.
- Ensure assistive devices fit properly; notify your supervisor with concerns.
- The tips on the canes wear out over time and it may be necessary for them to be replaced periodically.
- Don't rush the client to meet your schedule.

Don't forget!

- Keep a firm grasp on gait belt.
- Don't assume that once the client is up and moving, he/she will continue to be stable. Always be prepared for a fall.

Practice Scenario:

The client has experienced a stroke and has right side weakness. He uses a quad cane. He will need assistance standing up and is not always confident he can make it from the living room to the bathroom by himself. Please demonstrate how the DCW would assist him with ambulation.

Resource: <http://www.youtube.com/watch?v=386tpXsaXI4>

The following checklist will be used in the evaluation of the demonstration.

Skill: Assist with Ambulation	Comments
• Communicates with client before and during procedure.	
• Demonstrates safe transfer using gait belt and correct body mechanics.	
• Demonstrates correct hand position when using gait belt.	
• Demonstrates correct position when assisting with ambulation.	
• The Applicant is able to verbalize the listed procedures if requested.	

Skill: Assist with Dressing

Overview

Providing assistance with dressing, or dressing a client with or without an extremity weakness, is a skill that many Direct Care Workers will use on a daily basis. The purpose of this skill is to ensure that Direct Care Workers know the correct technique for assisting and/or dressing another individual. As with other tasks, **it is important that the DCW allows the client to be as independent as possible**, even if the person dresses slowly.

Competencies:

1. Identify and explain the relationship between a person's service plan and the DCW role when providing assistance with activities of daily living.
2. Describe / role-play assistance with dressing a client, with or without specific weaknesses.

Supplies:

- Article of clothing client wishes to wear

Description of Procedure:

1. Communicate with client the assistance procedure and expectations.
2. Provide for client's comfort and privacy.
3. Discuss client's preference of clothing. Offer the client a choice of what they want to wear that day.
4. Retrieve the clothing, and lay it out in an orderly fashion.
5. Dress weak side first (if applicable). Put the clothes on the weaker arm and shoulder side first, then slide the garment onto the stronger side. When UNDRESSING, undress the strong side first.
6. As much as possible, dress the client seated. Put on underwear and slacks only up to the client's thighs. To finish, ask him/her to stand, or assist to stand, and then pull up the underwear and slacks.
7. Continue to communicate each step in the process as you go along.

Practical Tips:

- Always discuss with clients what their preferences are and how they are most comfortable.
- Don't assume a client wants to wear items of clothing that someone else may have chosen for them.
- Be aware of how the client may be feeling in regards to needing assistance.
- Be aware of any issues that could cause the client to get tired or frustrated easily.
- Be pleasant while completing this task, engage the client in conversation.
- Encourage the client to wear clothes with elastic waistbands and Velcro closures.

Skills Workbook

Don't forget!

- Encourage the client to be as independent as possible.
- Only provide the assistance needed – don't do everything for the client just because it is faster for you.
- If the person has a stronger and a weaker side, put the clothes on the weaker arm and shoulder first. Then slide the garments on the stronger side. When undressing, undress the strong side first.

Practice Scenario 1:

Helga is 30 and lives at home with her mother. Helga has a brain injury from a car accident. Helga has a doctor's appointment, and the van will be at the home in 30 minutes to pick her up. Assist Helga in getting dressed for her doctor's appointment, using proper techniques and procedures.

Practice Scenario 2:

John is a 40 year old man, who does not communicate with speech. John uses gestures and facial expressions to communicate his wants and/or needs. John's son is coming to take him out to dinner at Red Lobster. Assist John in getting dressed for dinner.

The following checklist will be used in the evaluation of the demonstration.

Skill: Assist with Dressing	Comments
• Asks client for clothing preferences.	
• Maintains client privacy and safety.	
• Dresses client in correct order weak/strong side.	
• Knows amount of assistance needed and provides only the level of assistance necessary.	

Skill: Assist with Standing from Bed

Overview

The DCW's main focus is to be as helpful as possible, assisting clients with their activities of daily living as needed. There are times when just a little assistance is needed, for example, assisting a client from the bed to a standing position.

Competencies:

1. Explain the importance of proper transfer skills.
2. Identify the characteristics of clients who may be at risk for falls during ambulation.
3. Explain the importance of good body mechanics and transfer techniques.
4. Describe/demonstrate the techniques for rendering standing assistance from a prone position.

Supplies:

- Non-slip shoes/socks

Description of Procedure:

1. Tell the client what you are planning to do.
2. If the person is in a hospital bed:
 - a. Raise the head of the bed.
 - b. Assist in having the person extend his/her legs over the edge of the bed.
 - c. Support the person's back and shoulders (not the neck) if needed, and help him/her to a sitting position.
3. If the person is in a standard bed:
 - a. Have the client roll onto his side, facing you, elbows bent, knees flexed.
 - b. Assist in having the person extend his/her legs over the edge of the bed.
 - c. Instruct client to use his/her forearm to rise up and the opposite hand to push up to a sitting position while you support his back and shoulders (not the neck) if needed.
 - d. You may also need to place your arm under the person's knees and help him/her to a sitting position.
4. Allow client to sit on the edge of the bed for a minute or two to regain a sense of balance. Make sure the person does not slip off the edge of the bed.
5. Assist with putting on non-skid footwear (sneakers, slippers, tread socks are good choices).
6. If bed was raised or lowered, make sure to adjust to a height in which the client's feet can touch the floor comfortably.
7. Instruct client to place feet flat on the floor.
8. Ensure the client is oriented and stable before assisting to stand.
9. Keep one hand on the client's elbow and the other behind the client's back when standing.

Skills Workbook

Practical Tips:

- Be sure to have supplies ready. Do not leave client on the edge of the bed while you go find slippers or a robe.
- Remember to support limbs and back during procedure.
- **BE OBSERVANT!** It is common for the blood pressure to drop when going from a prone to a sitting position, causing light-headedness or dizziness. Watch the client for changes in condition, such as color change, respiratory changes, and other signs of distress.
- Use good body mechanics when turning and rolling, moving, standing. Protect your back.
- Encourage the client to help as much as he possibly can; this helps maintain independence.

Don't forget!

- Don't forget to lower the bed if a mechanical bed is being used.
- Do not pull client by arms, hands, wrists etc. Support back and knees to prevent injury.
- Do not place your hands/arms around the client's neck when assisting.
- Do not let the client place his hands/arms around your neck while you assist.

Practice Scenario:

Mrs. Anderson is 82 years old and lives by herself, with family living on the next street. She has arthritis in both hips and does not ambulate well. She has had three falls in the past months. A recent bout of pneumonia has left her physically weaker than normal and she prefers to be out of bed for only short periods of time. With encouragement and instruction, Mrs. Anderson can and will roll on her own and assist with sitting. She can ambulate with her walker for short distances, to the bathroom or her recliner. Mrs. Anderson likes to get up and sit in her chair while the DCW makes her bed or changes the linen.

Please demonstrate the actions necessary to help Mrs. Anderson stand beside her bed.

The following checklist will be used in the evaluation of the demonstration.

Skill: Assist With Standing from Bed	Comments
<ul style="list-style-type: none">• Communicates with the client before and during procedure.	
<ul style="list-style-type: none">• Ensures client's privacy/safety.	
<ul style="list-style-type: none">• Demonstrates correct procedures in assisting client to stand from a prone position.	
<ul style="list-style-type: none">• Demonstrates proper body mechanics during demonstration.	
<ul style="list-style-type: none">• Demonstrates proper safety points in standing client.	
<ul style="list-style-type: none">• The candidate is able to verbalize the listed procedures.	

Skill: Assist with Positioning in Bed

Overview

Proper alignment of a client while in bed can be essential to the person's comfort and proper rest. The DCW must conscientiously assist in maintaining good body alignment, proactively address pressure points, and support the natural curves of the body. These curves need to be supported to prevent undesired pressure that may lead to uncomfortable areas or pressure sores.

Proper positioning:

- Helps the client feel more comfortable.
- Relieves strain.
- Helps the body function more efficiently.
- Prevents complications with skin breakdown and pressure sores.

Competencies:

1. Explain the importance of re-positioning and list techniques for preventing skin damage and pressure sores.
2. Identify the characteristics of clients who may be at risk for skin integrity concerns.
3. Identify common causes of skin breakdown.
4. Describe/demonstrate the techniques for positioning a person in bed.

Supplies

- Bed
- Blankets
- Pillows

Description of Procedure:

1. Provide for client's privacy.
2. Communicate expectation/procedure to client (how is the client most comfortable, are there any pressure concerns, ask about personal preferences).
3. Raise bed to comfortable position, lower side rail (if mechanical bed is available).
4. Roll client to a new preferred comfortable position (support upper torso and head).
 - a. Supine: flat on the back
 - b. Fowler's: on the back with head raised slightly
 - c. Lateral: on either side (but not resting directly on hip)
 - d. Prone: on the stomach
5. Place pillows or soft rolled towels under such areas as:
 - a. The client's head, shoulders, the small of the back
 - b. The arms and elbows
 - c. The client's thighs (tucked under to prevent external hip rotation)
 - d. The ankles, calves and knees, to raise the heels off the bed. Do not just raise the ankles without supporting the knees and calves.
6. The knees may be flexed and supported with a small pillow or blanket roll.
7. A small pillow or roll may be added at the feet to prevent foot drop.

Skills Workbook

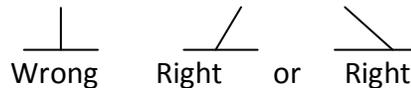
Positioning in Bed



Supine Position, on the back, with pillows used for support; heels off the bed. Note pillow under head is placed under shoulders, and under ankles, calves and knees.



Lateral Position, on the side, with pillows used for support-- person should not be placed at 90 degree angle (hip to bed) but rather slightly side lying either to front or to back



Practical Tips:

- Remember to support bony prominences to prevent pressure from bed surfaces.
- This is a good time to make skin assessments, looking for “hot spots.”
- Casual conversation with the client makes task more pleasant--for DCW and client.
- Encourage the client to help as much as they possibly can--maintaining independence.
- Replace covers for comfort; maintain privacy for the client at all times.

Don't forget!

- Always discuss with clients their preferences and how they are most comfortable.
- Don't forget to put the bed back down if you raised it.
- Use good body mechanics when turning and rolling. Protect your back.
- Be sure to verbalize that you need to “reposition every 2 hours or as directed.”

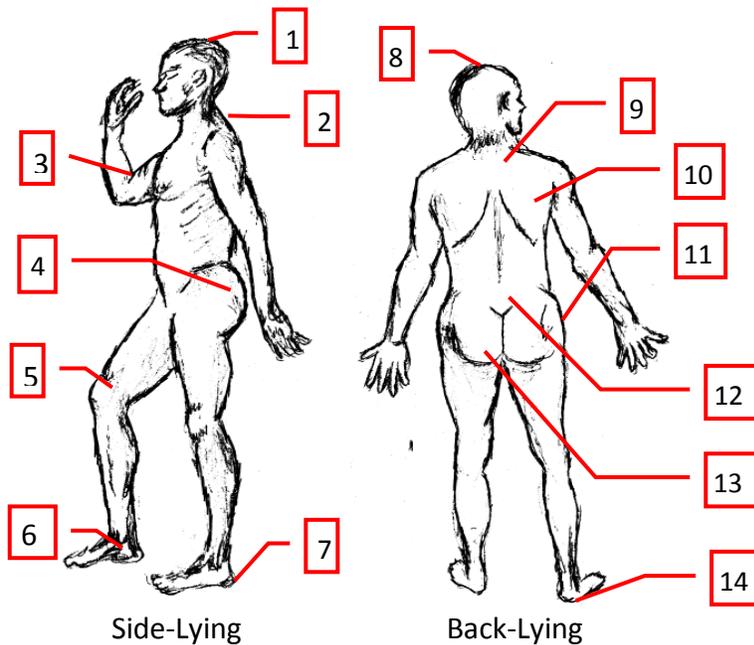
Practice Scenario:

Mrs. Gonzalez is 82 years old and lives by herself, with family living on the next street. She has arthritis in both hips and does not ambulate well, but can still walk with assistance. A recent bout of pneumonia has left her physically weaker than normal and she prefers to be out of bed for only short periods of time. Her family and case managers are concerned about her skin integrity and possible breakdown. They have rented an electric bed to assist in maintaining her comfort and for ease in positioning. With encouragement and instruction, Mrs. Gonzalez can and will roll some on her own. The care plan states to reposition Mrs. Gonzalez every 2 hours to prevent breakdown. Your shift with Mrs. Gonzalez starts at 3 p.m. and the notes say she was positioned last at 2:30 p.m. Mrs. Gonzalez is asleep on her left side when you arrive.

Please demonstrate the actions necessary to reposition Mrs. Gonzalez.

Skills Workbook

Body Areas Most Affected by Pressure



Body Area

1. Ear
2. Shoulder
3. Elbow
4. Hip
5. Inside knee
6. Inside heel
7. Outside foot
8. Back of head
9. Spine
10. Shoulder Blades
11. Hip
12. Tailbone
13. Ischium
14. Heel

Illustration by Lance

The following checklist will be used in the evaluation of the demonstration.

Skill: Assist with Positioning in Bed	Comments
<ul style="list-style-type: none"> • Communicates with person before and during procedure. 	
<ul style="list-style-type: none"> • Ensures client's privacy/safety. 	
<ul style="list-style-type: none"> • Demonstrates correct procedures in rolling client to new position. 	
<ul style="list-style-type: none"> • Demonstrates support of bony prominences. 	
<ul style="list-style-type: none"> • Demonstrates proper use of pillows for body alignment. 	
<ul style="list-style-type: none"> • Verbalizes "Must re-position every 2 hours or as directed." 	
<ul style="list-style-type: none"> • The candidate is able to verbalize the listed procedures. 	

Skill: Oral Hygiene

Overview

Providing proper oral hygiene for an individual that is unable to care for his or her own teeth is an important role for a Direct Care Worker. Proper tooth brushing techniques help prevent conditions such as gingivitis, tooth decay and tooth abrasions, a condition in which the tooth is worn away.

Competencies:

1. Provide assistance with oral care.
2. Give examples of techniques that can be used to promote independence and respect a person's preferences, for example, at mealtimes.
3. Give examples of techniques that can be used to preserve dignity and privacy while providing personal care.

Supplies:

- An extra soft or soft bristled manual toothbrush and toothpaste
- Emesis basin
- Disposable cup
- Water or mouth rinse
- Protective covering for clothing
- Protective gloves

Description of Procedure:

1. Gather all needed materials.
2. Provide an explanation of what will occur prior to starting the process and continue throughout.
3. Place the person in a seated (minimum of 60 degrees) or standing position prior to beginning.
4. Place a protective covering over the person's clothing.
5. Wash hands and apply gloves before brushing the person's teeth.
6. Apply water and a small amount of tooth paste to the tooth brush.
7. Brush all surfaces of the teeth and gum line before brushing the inside of the teeth. It is a natural reaction to bite down on whatever is placed in the mouth. To help avoid the bite reflex, do not insert the toothbrush in the inside of the mouth until later on in the process.
8. Offer the person the opportunity to rinse and spit into an emesis basin as needed. If the person cannot independently rinse, turn the person to one side to allow the liquid to run from the person's mouth into a folded cloth.
9. Rinse the toothbrush periodically and apply another small amount of tooth paste as needed.
10. Clean the inside and outside teeth.
11. Upon completion, clean and dry the area around the person's mouth and remove protective covering. Dispose of soiled linen and trash.
12. Remove and dispose of gloves. Wash your hands.

Skills Workbook

Practical Tips:

- Try standing behind the person so you are looking down on his/her mouth. This will allow easier access and a better view of the person's mouth.
- Don't use too much tooth paste.
- Brush all three areas of the teeth (outside, inside and top).
- Allow the client an opportunity to rinse as often as needed.
- If the client is not able to spit out water, use an oral swab instead of the toothbrush.

Don't forget!

- Thoroughly clean the tooth brush after each use.
- Start with the outside of the teeth.
- Utilize standard universal precautions and infection control measures through the process.

Practice Scenarios:

Scenario 1

You are a Direct Care Worker for Juan, a 21 year old male diagnosed with Cerebral Palsy. Juan experiences muscle tightness and involuntary movement of his arms and is unable to brush his own teeth. Please demonstrate how you would support Juan in getting his teeth brushed.

Scenario 2

As a DCW, you work with a 12-year-old child that is medically fragile and is unable to independently sit up. He is recovering from a recent illness and is currently unable to get out of bed. How would you approach brushing this person's teeth?

The following checklist will be used in the evaluation of the demonstration.

Skill: Oral Hygiene	Comments
<ul style="list-style-type: none">• Verbalizes greeting the person and providing an explanation of what will occur prior to starting the process and continues throughout.	
<ul style="list-style-type: none">• Demonstrates ability to place a protective covering over the persons clothing.	
<ul style="list-style-type: none">• Demonstrates ability to brush all surfaces of the teeth and gum line with a gentle motion.	
<ul style="list-style-type: none">• Starts with the outside teeth.	
<ul style="list-style-type: none">• Stands behind the person.	
<ul style="list-style-type: none">• Verbalizes what to do if the person<ul style="list-style-type: none">○ is unable to sit or is bedridden,○ cannot independently rinse his/her mouth.	

Skill: Assist with Positioning on the Bedpan

Overview

Regular, periodic elimination of body wastes is essential for maintaining good health. Clients who are confined to bed and who have restrictive ambulation must rely on the DCW to help them with this task. This often includes assisting the client with the proper positioning and use of a bedpan. It is important to understand and be able to demonstrate this skill properly. The DCW must be aware of the emotional concerns of the client and preserve privacy and dignity in the accomplishment of this task while maintaining good personal hygiene as well.

Competencies:

1. Give examples and techniques that preserve privacy and dignity while providing personal care.
2. Identify the characteristics of clients who may be at risk for skin integrity concerns.
3. Give examples of techniques that can be used to promote independence and respect a client's preferences.
4. Simulate/demonstrate the procedure for meeting toileting needs, including placing a client on/off a bedpan.

Supplies:

- Bedpan and cover (if available)
- Basin of warm water
- Washcloth and towel
- Disposable gloves
- Toilet tissue
- Soap
- Paper towels/protective pad
- Baby powder or corn starch (if available)

Description of Procedure:

1. Explain procedure/expectations to client.
2. Provide for client's privacy.
3. Assemble supplies; place all items but protective pad on nightstand.
4. Wash hands, apply gloves.
5. Raise bed to comfortable position, lower head if elevated (if mechanical bed is used).
6. Place protective pad on bed or bedside chair.
7. Ask the individual what they need help with in removing clothing and assist as needed.
8. Fold bedcovers back, raise the client's gown, or assist with lowering pajama bottoms.
9. Sprinkle bedpan with baby powder or cornstarch for ease in sliding on and off the bedpan (prevents skin tears). Placing a paper towel in the bottom aides in emptying solid waste and cleaning the bedpan later.
10. If the client can assist:
 - a. Ask client to flex the knees and place the feet flat on the bed mattress.
 - b. Ask client to lift buttocks. The DCW may assist by putting a hand on the small of the back and lifting gently and slowly with one hand.
 - c. Place the protective pad on the mattress. Push bedpan downward into mattress and slide under client's buttocks.

Skills Workbook

11. If the client cannot assist:
 - a. Roll client onto side, away from DCW.
 - b. Place the protective pad on the mattress. Push bedpan downward into the pad and roll the client back onto bedpan.
12. For all clients:
13. Replace the bedcovers and raise the head of the bed (if applicable).
14. Place toilet tissue within reach.
15. Allow person privacy. Step away from the bed and ask to be notified when through.
16. Bring tub of warm water and perineal supplies back to bedside.
17. Lower the head of the bed and remove bedpan. Unfold bedcovers, roll client to side, pushing bedpan into the mattress and pad and holding onto the pan carefully so as not to tip or spill contents.
18. Cover the bedpan and set aside.
19. Assist with perineal care (cleaning) as needed if client is unable to do so.
20. Assist client with hand washing or antiseptic cleanser if needed.
21. Replace clothing and bedcovers. Provide for safety and comfort.
22. Take to bedpan bathroom. Empty contents into toilet, being careful not to splash.
23. Rinse, disinfect, dry and store bedpan using proper infection control procedure.
24. Remove gloves and wash hands.
25. Communicate with client as to comfort and position as needed.



Practical Tips:

- The narrow end of the bedpan should face the foot of the bed. The client's buttocks should rest on the rounded shelf of the bedpan.
- Check for proper positioning to avoid spills. Glance at the bedpan from the top, between client's thighs.
- Always discuss preferences with the client and how they are most comfortable.
- Remember to collect supplies in advance.
- Always maintain safety and privacy in the procedure (raise/ lower bed, put up rails).
- This is a good time to make skin assessments, looking for "hot spots."
- Encourage the client to help as much as she possibly can. This helps maintain independence.
- Stay close to hear when the client is done; don't leave them on the bedpan too long.
- Don't put soiled bedpan on the night stand.
- Casual conversation makes the task more pleasant for both the client and the DCW.

Don't forget!

- Discuss the procedure with the client. Don't just jump in and mechanically perform.
- Don't forget your gloves!
- Be sure to keep client covered and maintain dignity throughout procedure.
- Use good body mechanics when turning and rolling – protect your back.
- Don't forget to help the client with personal hygiene, such as washing the client's hands.

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Practice Scenario:

Mrs. Chin is 86 and recently fell and fractured her hip. It was surgically corrected with pins and rods, but still causes her a lot of pain when she walks. The DCW's shift with Mrs. Chin starts at 7am, to assist her in getting up, personal care, dressing and breakfast. The first thing she wants to do every morning is use the bedpan.

Please demonstrate how you would assist Mrs. Chin to use the bedpan, using proper techniques.

The following checklist will be used in the evaluation of the demonstration.

Skill: Assist with Positioning on the Bedpan	Comments
• Communicates with person before and during procedure.	
• Ensures client's privacy/safety/dignity.	
• Demonstrates correct procedures for personal protection.	
• Demonstrates proper placement of bedpan.	
• Demonstrates proper personal hygiene of client.	
• Demonstrates proper bedpan removal techniques.	
• Demonstrates proper sanitation techniques.	
• The applicant is able to verbalize the listed procedures.	

Skill: Assist with Bed Bath

Overview

Bathing is an activity of daily living that cleans skin, improves circulation, and provides an opportunity for range of motion and socialization. It is preferable to transfer the client to a chair to provide a partial bath or to a shower bench. When this is not possible due to client weakness, decreased endurance (person cannot sit upright for an extended time), or respiratory problems that make transfers too taxing, then a bed bath needs to be provided.

Competencies:

1. Identify and explain the relationship between a person's service plan and the DCW role when providing assistance with activities of daily living.
2. Describe/demonstrate the procedure for assisting a client with a bed bath with perineal care.
3. Give examples of techniques that can be used to promote independence and respect a person's preferences.

Supplies:

- Wash basin
- Lanolin based soap (rinse-less soap works best)
- At least four soft, absorbent towels and two soft washcloths
- Disposable gloves
- Moisturizing body lotion

Description of Procedure:

1. Ask the client his/her preferences. Based on the response, gather supplies and plan how to proceed.
2. Explain procedure and continue to talk the client through each step of the bath.
3. Assist the client with removing clothing, eyeglasses, and jewelry.
4. Wash your hands and put on disposable gloves.
5. Place two large towels, one covering the shoulders to waist and the other from the waist to the toes, on top of the client's top sheets. Then carefully remove the top sheets underneath, leaving the towels in place. This keeps the client covered.
6. Use one washcloth for cleansing, another for rinsing (unless a rinse-less soap is used).
7. Have the client wash his/her face if able, or wash the face making sure the areas behind the ears get washed and dried.
8. Place towel lengthwise under the client's arm. Wash, rinse and pat dry the arm, armpit, and hand (place the hands in the wash basin if possible). Repeat with other arm, armpit, and hand.
9. Lift up the chest towel just enough to expose the chest and wash, rinse and pat dry. Re-cover the chest.
10. Lift up the towel covering the abdomen and wash the area to the groin. Rinse and pat dry. Replace the towel.
11. Remember to change the water as soon as it gets cold.



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12. Place towel lengthwise under the client's leg. Wash, rinse and pat dry the leg and foot. Place the foot in the wash basin if possible. Make sure area between the toes is dried. Check the heels for any signs of skin problems.
13. Repeat the same process on the other side of the body.
14. Turn the client on the side away from you. Exposing just the back, place a towel lengthwise close to back.
15. Beginning at shoulders and working down toward buttocks, wash, rinse and pat dry the back. Examine area of tailbone for skin problems (this is a common problem site).
16. Turn the client on back. If the person cannot wash the genital area, do it for him or her, always wiping from genital to anal area (front to back). (See *Perineal care* below.)
17. Turn client on side. Wash the rectal area, front to back, rinse and pat dry.
18. Apply moisturizer while the skin is still moist.
19. Assist the client in dressing.
20. Put away supplies, remove gloves and wash hands.



Perineal care:

Perineal care is the term for cleansing the genital area. Be sure to provide for privacy and comfort. Use a towel of bath sheet to keep the client covered while you do perineal care.

- **Female:** Have the woman lie on her back with knees bent (with or without having her knees bent depending on her ability). Visualize the area and separate the labia. With a washcloth make one swipe from front to back. Turn over the cloth and make another swipe from front to back. Continue until the area is cleansed. Rinse with water using the same procedure and pat dry.
- 
- **Male:** Have the man lie on his back. If the individual is uncircumcised retract the foreskin. Grasp the penis shaft and with a circular motion cleanse from the tip of the penis to the shaft. Turn over the cloth and repeat from the tip of the penis down the shaft. Turn over the cloth and repeat from tip of the penis down to the shaft. Wash the scrotum. Rinse with water and pat dry. **For the uncircumcised male put the foreskin back into the original position.**
 - **For rectal area for both female and male:** Have the person lie on the side away from you. If necessary separate the buttocks to visualize the anal area. Wipe from the front to the back, turning to a new area of the washcloth after each swipe until the area is clean. Rinse with water and pat dry.

Practical Tips:

- Throughout the procedure the client should be encouraged to perform as much of the bathing routine as possible. Ask specifically if the person can wash his/her own face or genital area.
- The DCW should **ensure privacy and dignity by only exposing the areas necessary** during bathing. Close the door and pull the window shade if necessary.

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- Make sure the room is warm and draft free.
- Be careful not to overtire a client. If a person becomes too tired, finish up with the most important areas (face, hands, arm pits, and genitals) and leave the rest for another day.
- When washing the eyes, wipe one eye, turn the cloth and wipe the other so as not to contaminate the other eye. Repeat as necessary.
- When applying moisturizer, gently massage bony prominences (e.g., hips, tailbone, elbows) using a light circular motion. Be observant for any skin changes. Do not massage legs. Poor circulation often causes clots to form, which can be dislodged by massage.

Don't forget!

- Wash areas from clean to dirty, that is, from head to rectum.
- Communication is very important before and during the procedure. This includes non-verbal communication during perineal care. If you feel uncomfortable or hesitant, your client will probably feel the same. Even if the client is non-verbal, continue to talk to the client as if he/she could communicate.
- Keep water warm to aid in comfort. Cool water can cause the client to catch a chill.

The following checklist will be used in the evaluation of the demonstration.

Skill: Assist with Bed Bath	Comments
<ul style="list-style-type: none"> • Communicates with person before and during procedure. 	
<ul style="list-style-type: none"> • Demonstrates correct procedures in giving the bed bath. 	
<ul style="list-style-type: none"> • Ensures client's privacy. 	
<ul style="list-style-type: none"> • Demonstrates correct perineal care. <ul style="list-style-type: none"> ○ Adequately visualizes area. ○ Wipes front to back and turns cloth as necessary. 	
<ul style="list-style-type: none"> • If requested the candidate is able to verbalize the listed procedures. 	

Skill: Emptying Catheter Bag

Overview

A person with an indwelling urinary catheter will have some type of a urinary collection device, often referred to as a catheter bag. This catheter bag will have to be emptied by the client or DCW on a regular basis, with special attention to infection control practices.

Competencies:

1. Identify and explain the relationship between a person's care plan and the DCW role when providing assistance with Activities of Daily Living (ADL's).
2. Give examples of techniques that can be used to preserve dignity and privacy while providing personal care.
3. Give examples of techniques that can be used to promote independence and respect a person's preferences.
4. Demonstrate proper procedure for emptying catheter bag.

Supplies:

- Catheter bag (large bag that can hold 2000 cc of urine, sometimes referred to as nighttime drainage bag)
- Disposable gloves
- Collection container (can be urinal, small pitcher or comparable device)
- Optional: leg bag (holds 600-900cc and usually used during the day for more mobile clients)

Description of Procedure:

1. Explain to the person what you are going to do.
2. Wash hands, put on gloves.
3. Place the drainage container below the level of the client's bladder.
4. Unhook the tube and open the clamp over the container (be careful not to touch the tube on the side of the container).
5. Drain the urine into the container, close the clamp, and refasten the tube to the urine bag.
6. Empty the contents of the container into the toilet. Rinse the container and pour the rinse water into the toilet and flush.
7. Disinfect container, dry with paper towels and put away for storage.
8. Remove gloves and wash hands following proper procedure.

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Practical Tips:

- Always explain to the person what is being done since the person in bed cannot see what you are doing.
- Make sure the catheter bag tube is opened over the container because once the clamp is opened, urine will quickly flow out.

Don't forget!

- Never lift catheter bag or tubing above the level of the bladder. Make sure the drainage bag and tubing ALWAYS remain below the level of the client's bladder or else the urine could backflow into the bladder.

Practice Scenarios:

1. Mrs. Garcia has terminal cancer. She has an indwelling catheter. Practice opening the clamp to the drainage bag, draining the "urine" and closing the clamp. Then discuss safe disposal of body fluids, disinfection of collection container, removing gloves and washing hands (infection control practices).
2. Ms. Kahn has multiple sclerosis. She has an indwelling catheter and uses a nighttime urinary collection bag and a leg bag during the day. In the morning the DCW is supposed to empty the large catheter bag and put on a leg bag before she goes to work. The trainer will have to discuss how to change bags using good infection control practices.

The following checklist will be used in the evaluation of the demonstration.

Skill: Emptying Catheter Bag	Comments
• Candidate explains and communicates what is needed throughout procedure.	
• Demonstrates correct procedure when draining the catheter bag. <ul style="list-style-type: none">○ Catheter bag and tubing is kept below the level of the client's bladder.○ Drainage tube is opened over and into collection device.	
• Verbalizes correct infection control practices when disposing of urine and finishing with skill.	

Skill: Redirect a Person with Dementia

Overview

People with dementia will often get anxious and obsessive about events from their long term memory. Common statements that they will make are, “I have to get home to take care of my children,” or “I need to get home so that I can cook dinner for my husband” (even though you know the person’s husband died several years ago). The DCW needs to redirect the person, using a calm, soothing approach instead of arguing with the client. The redirection technique can be used to divert people’s attention away from the stressful event to something that is more pleasant.

The DCW can also use this skill for a non-dementia client with a challenging behavior. Remember that the client’s actions can be greatly influenced by the reaction /approach of the DCW.

Competencies:

1. Role-play or describe how to re-direct a person with dementia
2. Understand changes in behaviors and emotions

Description of Procedure:

1. Use a calm, soothing voice.
2. If the client does not mind being touched, try soothing touch. Touch is powerful in conveying a caring attitude.
3. Use short, simple sentences.
4. Do not argue about statements the person makes. Arguing can escalate the situation. The DCW should go to the client’s reality rather than try to orient them to reality.
5. Respect people’s feelings (don’t tell them they are being stupid for how they feel, or they are being silly, etc.). People with dementia rely on non-verbal cues and they can tell if the DCW is being patronizing (treating them like a child).
6. Try switching to a different activity (**redirection**). Redirect the person to an activity that interests him or her (remember the client’s life story). Choose activities with the abilities of the client in mind.

Don’t forget!

- Use the calm, soothing approach and try not to get frustrated.
- The activity that the client is directed to has to be of interest to the client and not just the DCW.
- The activity must also be geared to the abilities of the client. If the activity is too hard, the client could get frustrated. If the activity is too easy or childish, the client could get bored. Either way, the behavior could get worse.

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Practice Scenarios:

1. Mr. Allen has dementia. Every afternoon he tries to get out the door.
2. Mrs. Smith has Dementia. She is pacing and wringing her hands. She states she needs to get home to take care of daughter who will be getting home from school. You know Mrs. Smith's children are in their 50s.

The following checklist will be used in the evaluation of the demonstration.

Skill: Redirecting a person with dementia	Comments
<ul style="list-style-type: none">• Demonstrates good communication techniques when redirecting the client:<ul style="list-style-type: none">• Uses calm, soothing approach.• Does not argue with client.• Uses short, simple sentences.	
<ul style="list-style-type: none">• Redirects client to a suitable activity.	

Tips for the Practice Scenarios

General instructions for scenarios:

Various scenarios will be presented to role play a procedure. Scenarios will describe the client's health and physical condition, the environment and any specific issues related to the skill.

- Role-play your actions exactly as you would in the client's home.
- Ask about any relevant conditions if the scenario did not explain.
- Remember to verbalize concepts (or explanations for your actions) to the evaluator during demonstrations.
- Even if there is no client (or a volunteer to play the role of the client), verbalize any steps you would take to communicate with the client or assist the client.

Instructions for scenarios with clients:

Scenarios will describe the client's health and physical condition, the environment and any specific needs of the client.

- Role-play your actions exactly as you would in the client's home.
- Remember to communicate to the client during demonstrations. Demonstrate good communication skills during all of the skills demonstrations.
- Always maintain privacy and dignity for the client: ask for permission before doing procedures, and offer choices.
- Ask about any relevant conditions if the scenario did not explain:
 - Relevant health conditions
 - Precautions that might be in the service plan, etc.

Explanations for the practice scenarios:

For some of the practice scenarios, additional explanations are provided on the following pages.

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Calling 911:

Scenario 1 Explanation

During the test, you would verbalize the proper procedure and steps needed to call 9-1-1 while maintaining a safe area for the client, easing him to the floor (firm hard surface). Verbalize the importance of remaining calm. Call 9-1-1 to alert proper services of emergency situation, and give all necessary information. Then start CPR since client is not breathing. Continue CPR until condition rectifies or EMS arrives. After the client is transported, contact supervisor to report incident.

Meal Preparation:

Preparing for the Demonstration:

Various scenarios will be presented regarding a client and his or her health and dietary needs. Scenarios will request the creation of a menu (s) to meet meal/dietary needs as presented. Play food may be accessible as “available/on hand items” to choose from as a visual assistive device. Menu forms will be provided. Be prepared to justify the choices and answer questions regarding your menu, issues from scenarios.

Scenario Explanation:

During the test, using the above scenario, you would prepare a menu for low sodium meals and snacks, keeping in mind that the doctor would like to add a few pounds. A higher calorie snack, such as a piece of fruit pie, or fresh fruit would be appropriate. Yogurt shakes with fresh fruit and ice cream, vegetable casseroles with cream sauces, etc. can add a few calories and still respect the client’s preferences. Be sure to include a variety of items from the basic food groups. Limit condensed/processed foods like canned soups, Hamburger Helper, and salted crackers as these are high in salt. Beverages should be included, meeting the scenario presented.

Assistance with Ambulation:

Scenario Explanation:

During the test, using the above scenario, discuss with the client what you plan to do. Then you would apply the gait belt and assist with ambulation demonstrating and verbalizing the procedures above. You would make sure to stand close, keeping a firm grasp on the gait belt at all times. Make sure to verbalize observing for fatigue and distress during the walk. Make sure to role play the EXACT actions you would do in a client’s home, addressing all the main points of the scenario.

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Assistance with Dressing:

Scenario Explanation (1):

During the procedure, you will talk to Helga and explain the procedure. You should ask Helga what she wants to wear and allow her to choose the clothing items. Allow for personal preferences; boxers or briefs, bra or not, socks, sandals or sneakers etc. Let her help as much as possible; take your time and go at Helga's pace. Provide for her privacy and comfort, eliminate drafts, close doors etc. Help her take off her existing clothes and dress in the clothes she chose to wear to the doctor's office. Be gentle taking items over her head. Casual conversation during the procedure will make things more pleasant for both the client and the DCW. Remember to role play and demonstrate exactly as you would in the client's home. Verbalize main points to evaluator during exam.

Assistance with Transfer Into/Out of Wheelchair:

Scenario Explanation (1):

Explain to the client he/she cannot put her arm around the caregiver's neck because of risk of injury to both the caregiver and the person. Then continue with transfer procedure.

Scenario Explanation (2):

DCW should take her shoes off before she provides the transfer. Then continue with transfer procedure.

Assistance with Standing (from prone position):

Scenario Explanation:

During the exam, the participant will talk to Mrs. Anderson and explain the procedures as you go along. The DCW should encourage Mrs. Anderson to help in the procedure as much as possible to aid in her maintaining some independence and as an exercise for her muscles. Determine that you will roll client to her side facing you, with knees and elbows bent. Help her to sit on the side of the bed using procedure above. Give her time to get her bearings and observe her for any changes in condition. Offer her slippers and her robe if available. Demonstrate procedures above to help her stand beside her bed. If a volunteer is available for the demonstration, do things and communicate with the volunteer as you would with the real client. Don't forget to verbalize main points to the evaluator.

Positioning in Bed:

Scenario Explanation:

During the exam, the DCW will talk to Mrs. Gonzalez and explain the procedures as you go along. The DCW should encourage Mrs. Gonzalez to help in the procedure as much as possible to aid in her maintaining some independence and as an exercise for her muscles. Determine that you will roll client to her back and then position her for comfort and proper alignment, supporting bony prominences with pillows, trochanter rolls, blankets etc. Make sure she is comfortable before you leave her...use the bed to assist you in maintaining your own back safety. If a volunteer is available for the demonstration,

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do things and communicate with the volunteer as you would with the real client. Don't forget to verbalize that you documented your actions.

Positioning of Bedpan:

Scenario Explanation:

During the exam, the DCW will talk to Mrs. Chin and explain the procedure and get her input/preferences as you go along. The DCW should encourage Mrs. Chin to help in the tasks as much as possible to aid in her maintaining some independence and as an exercise for her muscles. Go through the procedure steps, verbalizing points to be emphasized to the evaluator, including washing your hands and putting on gloves before starting. Determine that you will roll client to her side and properly position the bedpan her for comfort and proper alignment, checking for positioning to reduce spilling. Continue in the proper steps to remove, clean disinfect and store the bedpan. Assist Mrs. Chin in perineal care; give her a washcloth to wash her hands afterwards. Re-position the bed, return the covers and get her comfortable in the bed again. Make sure she is comfortable before you leave. Verbalize the removal of gloves using proper technique and washing your hands.