Hartman's Nursing Assistant Care The Basics 5th edition Fuzy Test Bank

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Instructor's Guide for Hartman's Nursing Assistant Care

The Basics

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Notice to Readers

Though the guidelines and procedures contained in this text are based on consultations with healthcare professionals, they should not be considered absolute recommendations. The instructor and readers should follow employer, local, state, and federal guidelines concerning healthcare practices. These guidelines change, and it is the reader's responsibility to be aware of these changes and of the policies and procedures of her or his healthcare facility.

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Preface

Welcome to the instructor's guide for *Hartman's Nursing Assistant Care: The Basics*! We want to be your teaching partner, and we have tried to make this the most useful instructor's guide we have ever written. If you have suggestions for improving it, please let us know. If you teach topics not covered in the book, call us and we will do something about it!

Like the textbook and the workbook, the instructor's guide is organized around learning objectives, which should make teaching the material much simpler. We have included the textbook and workbook page numbers to make it easier for you to assign readings and exercises to your students.

Appendix A contains all of the transparency masters that we have created for this course, and Appendix B contains the handouts. There are exams for all chapters located in Appendix C. Appendix D contains the answers for each chapter's exams. Appendix E contains the first final exam, and Appendix F has the answers to the final exam. Appendix G contains a shorter, additional final exam, and Appendix H has the answers to that exam. Appendix I includes all of the answers to the student workbook exercises, as well as the answer key for the practice exam.

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We hope you find this guide helpful, thorough, and engaging. Call us with your feedback and suggestions! We would love to hear from you.

Happy teaching!

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1
The Nursing Assistant in Long-Term Care

1. Compare long-term care to other healthcare settings
2. Describe a typical long-term care facility
3. Explain Medicare and Medicaid
4. Describe the nursing assistant's role
5. Describe the care team and the chain of command
6. Define policies, procedures, and professionalism
7. List examples of legal and ethical behavior and explain Residents' Rights
8. Explain legal aspects of the resident's medical record
9. Explain the Minimum Data Set (MDS)
10. Discuss incident reports

Supplemental Tools

TRANSPARENCY 1-1 FACTS ABOUT MEDICARE AND MEDICAID

TRANSPARENCY 1-2 CHAIN OF COMMAND

TRANSPARENCY 1-3 QUALITIES OF GREAT NURSING ASSISTANTS

TRANSPARENCY 1-4 RESIDENTS' RIGHTS

TRANSPARENCY 1-5 SUSPICIOUS INJURIES

TRANSPARENCY 1-6 SIGNS OF ABUSE

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HANDOUT 1-1 DECISION QUIZ

HANDOUT 1-2 WHO IS VULNERABLE TO ABUSE OR NEGLECT?

CHAPTER 1: EXAM

Assignments

TEXTBOOK READING: PP. 1-20

WORKBOOK EXERCISES: PP. 1-8

Overview of Teaching Strategies

The purpose of this chapter is to offer insight into healthcare settings and the healthcare team. This chapter emphasizes the specific roles of different care team members and functions the nursing assistant will be expected to perform. Nursing assistants are expected to behave in ethical and legal ways, which are specifically explained in this chapter. The students should be made aware of their responsibilities regarding legal and ethical issues. Information about HIPAA is included in this chapter and should be emphasized. It is important that students know that there are serious repercussions for breaches of confidentiality. It is also important to emphasize that NAs are legally required to report suspected or observed abuse or neglect. In addition, students will learn that the residents for whom they care have legal rights, and they must respect those rights every day from resident to resident.

1. Compare long-term care to other healthcare settings

Meeting the Learning Objective

TEXTBOOK PP. 1–2

WORKBOOK P. 1

Lecture

Define the following terms:

- Long-term care (LTC)
- Skilled care
- Length of stay
- Terminal illness
- Chronic
- Diagnoses
- Home health care

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- Assisted living
- Adult day services
- Acute care
- Subacute care
- Outpatient care
- Rehabilitation
- Hospice care

Discuss the different healthcare settings. Briefly emphasize aspects of long-term care, including

- Reasons why people live in LTC facilities
- Common conditions in LTC
- The fact that LTC facilities are residents' homes

2. Describe a typical long-term care facility

Meeting the Learning Objective

TEXTBOOK PP. 2–3

WORKBOOK PP. 1–2

Lecture

Define the following term:

- Activities of daily living (ADLs)

Discuss common services provided at facilities:

- Assistance with personal care
- Physical, occupational, and speech therapy
- Wound care
- Care of different types of tubes
- Nutrition therapy
- Management of chronic diseases

Discuss different models of LTC facilities, including those with dementia and assisted living wings. Review services facilities offer.

Define the following terms:

- Culture change
- Person-centered care

Discuss the core values of culture change:

- Choice
- Dignity
- Respect
- Self-determination
- Purposeful living

Describe person-centered care:

- Emphasizes individuality of person who needs care
- Each person's background, culture, language, beliefs, and traditions are respected
- Improving each resident's quality of life is an important goal

Activity

As a class project, ask students to write a report on either the Pioneer Network or the Eden Alternative. They can include their own opinions on why care might be changing to reflect each person's individual needs.

3. Explain Medicare and Medicaid

Meeting the Learning Objective

TEXTBOOK P. 3

WORKBOOK P. 2

Lecture

Define the following terms:

- Medicare
- Medicaid

Display Transparency

1-1 FACTS ABOUT MEDICARE AND MEDICAID

Describe Medicare coverage:

- For people 65 or older or who have disabilities or certain illnesses
- Part A helps pay for care in a hospital or skilled nursing facility or for care from a home health agency or hospice.
- Part B helps pay for doctor services and other medical services and equipment.
- Part C allows private health insurance companies to provide Medicare benefits.
- Part D helps pay for medications prescribed for treatment.

Describe facts about Medicaid:

- Funded by both the federal government and each state
- Eligibility and coverage vary and are determined by income and special circumstances.
- People must qualify for Medicaid/

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Describe long-term care coverage under Medicare and Medicaid:

- Pays LTC facilities a fixed amount for services
- Services are based on the resident's needs upon admission.

4. Describe the nursing assistant's role

Meeting the Learning Objective

TEXTBOOK PP. 4–5

WORKBOOK P. 2

Lecture

Define the following term:

- Charting

Discuss two ways NAs provide services for residents:

- Performing assigned nursing tasks
- Providing personal care or assisting with self-care

Encourage students to discuss specific tasks NAs perform (e.g., helping to dress residents, caring for supplies and equipment) and tasks NAs do not perform (e.g., giving tube feedings).

Emphasize NAs as the "eyes and ears" of the healthcare team.

5. Describe the care team and the chain of command

Meeting the Learning Objective

TEXTBOOK PP. 5–7

WORKBOOK PP. 2–3

Lecture

Define the following term:

- Assistive or adaptive devices

Define *care team* by discussing the roles of each of the following team members:

- Nursing assistant
- Registered nurse
- Licensed practical nurse/licensed vocational nurse
- Physician or doctor
- Physical therapist
- Occupational therapist
- Speech-language pathologist
- Registered dietitian
- Medical social worker
- Activities director
- Resident and resident's family

Define the following terms:

- Chain of command
- Liability
- Scope of practice

Display Transparency

1-2 CHAIN OF COMMAND

Discuss the chain of command (Figure 1-8 in textbook).

Remind students that while laws and regulations vary from state to state, some tasks are never performed by NAs (e.g., performing procedures involving sterile technique, making diagnoses).

Emphasize that NAs must never honor a request to do something outside their scope of practice and that such requests must be reported to the nurse.

Define the following term:

- Care plan

Describe the purpose of the care plan. Discuss how and why each care plan is different. Emphasize that activities not listed on the care plan should not be performed.

6. Define policies, procedures, and professionalism

Meeting the Learning Objective

TEXTBOOK PP. 8–10

WORKBOOK PP. 3–4

Lecture

Define the following terms:

- Policy
- Procedure

Discuss common policies and procedures in facilities:

- All resident information is confidential.

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- Residents' care plans must be followed.
- NAs should not perform tasks not in their job descriptions.
- NAs report to nurse.
- NAs should not discuss personal problems with residents or residents' families.
- NAs should not accept gifts or money from residents or residents' families.
- NAs must be dependable.

Encourage students to ask questions about policies or procedures and to review the procedure manual when they are unsure about care.

Define the following terms:

- Professional
- Personal
- Professionalism
- Compassionate
- Empathy
- Sympathy
- Tactful
- Conscientious

Discuss important points about professional relationships with residents:

- Providing person-centered care
- Being positive
- Doing only assigned tasks
- Keeping residents' information confidential
- Being polite and cheerful
- Not discussing personal problems
- Not using personal phones in residents' rooms or in any resident care area
- Not using profanity
- Listening
- Calling residents by their proper names
- Not giving or accepting gifts
- Explaining care before providing it
- Following proper practices

Discuss important points about professional relationships with employers:

- Completing tasks efficiently
- Following policies and procedures
- Documenting and reporting carefully
- Reporting problems
- Reporting anything that interferes with duties
- Asking questions
- Taking direction and feedback
- Being clean and neatly dressed and groomed
- Being on time
- Notifying the employer if the NA will be absent
- Following the chain of command
- Participating in education programs
- Being a positive role model for the facility

Display Transparency

1-3 QUALITIES OF GREAT NURSING ASSISTANTS

Ask students if they can think of examples of each quality as it pertains to care of residents:

Compassionate: caring, concerned, empathetic (identifying with the feelings of others), understanding, and sympathetic (sharing in the feelings and difficulties of others)

Honest: never saying or doing anything that is not true

Tactful: showing sensitivity and having a sense of what is appropriate when dealing with others

Conscientious: always trying to do one's best

Dependable: being on time and helping peers when they need it

Patient: not acting irritated or complaining when things are hard

Respectful: valuing individuality, treating others politely and kindly, not gossiping about others

Unprejudiced: giving all residents the same quality of care, regardless of age, gender, sexual orientation, race, religion, ethnicity, or condition

Tolerant: never judging the behavior or conduct of residents

7. List examples of legal and ethical behavior and explain Residents' Rights

Meeting the Learning Objective

TEXTBOOK PP. 10–18

WORKBOOK PP. 4–7

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Lecture and Discussion

Define the following terms:

- Ethics
- Laws

Review these guidelines for legal and ethical behavior. Engage the class in a discussion of what each guideline will mean for their behavior on the job:

- Be honest at all times.
- Protect residents' privacy.
- Keep staff information confidential.
- Report abuse or suspected abuse of residents, and assist residents in reporting abuse if they wish to do so.
- Follow the care plan and your assignments.
- Do not perform any task outside your scope of practice.
- Report all resident observations and incidents to the nurse.
- Document accurately and promptly.
- Follow rules about safety and infection prevention (outlined in Chapter 2).
- Do not accept gifts or tips.
- Do not get personally or sexually involved with residents or their family members or friends.

Define the following terms:

- Omnibus Budget Reconciliation Act (OBRA)
- Cite
- Residents' Rights
- Informed consent

Discuss these important points about OBRA:

- Sets minimum standards for NA training (75 hours)
- Requires competency exam for NAs
- Requires regular in-service training for NAs (12 hours annually)
- Establishes state registry of NAs
- Sets standards that instructors must meet to train NAs
- Establishes increased minimum staff requirements
- Outlines minimum services that LTCFs must provide
- Sets resident assessment requirements (MDS)
- Requires changes in survey process
- Outlines Residents' Rights

Display Transparency

1-4 RESIDENTS' RIGHTS

Review each of the Residents' Rights:

- Quality of life
- Services and activities to maintain a high level of wellness
- Be fully informed regarding rights and services
- Participate in their own care
- Make independent choices
- Privacy and confidentiality
- Dignity, respect, and freedom
- Security of possessions
- Be informed of and consent to transfers and discharges
- Voice complaints
- Have visits
- Have access to social services

Discuss ways NAs can protect residents' rights. See the bulleted list on page 13 in the textbook. Ask students if they can think of other ways to protect their residents' rights.

Distribute Handout

1-1 DECISION QUIZ

Tell students to think about all of the choices or decisions they made this morning and write six of them down on their handout. Allow six minutes for the class to finish this exercise. (Responses may include when to get up, what to eat for breakfast, what to wear, whether to stop at a store on the way to work, whether to drive the children to school or put them on the bus, etc.)

After students are finished, make these points:

- Everyday decisions may not seem that important because you are able to make them. In fact, you may get tired of deciding and wish someone would handle it all for you. But if you have had the experience of not being able to make all of your own choices, such as when you were recovering from an illness or surgery, you know it did not take long to want to be in charge of your own life again!

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- Why do you want to make your own decisions? Possible responses: "It's my life," "I have the right to do what I want," or "I like to control my life."
- Residents probably feel much like you do. Making decisions about our own lives is a very important part of being adults. It helps us feel capable and less like children.
- Residents' Rights guarantee that residents can continue to make many decisions about their own lives.

Lecture

Define the following terms:

- Abuse
- Physical abuse
- Psychological abuse
- Verbal abuse
- Sexual abuse
- Financial abuse
- Assault
- Battery
- Domestic violence
- False imprisonment
- Involuntary seclusion
- Workplace violence
- Sexual harassment
- Substance abuse
- Neglect
- Active neglect
- Passive neglect
- Negligence
- Malpractice

Display Transparency

1-5 SUSPICIOUS INJURIES

Review suspicious injuries to observe and report:

- Poisoning or traumatic injury
- Teeth marks
- Belt buckle or strap marks
- Bruises, contusions, or welts
- Scars
- Fractures or dislocation
- Burns, including cigarette burns and scalds
- Scratches or puncture wounds
- Scalp tenderness or missing hair
- Swelling in the face, broken teeth, or nasal discharge
- Bruises, bleeding, or discharge from the vaginal area

Display Transparency

1-6 SIGNS OF ABUSE

Review signs and symptoms of abuse to observe and report:

- Yelling obscenities
- Fear, apprehension, fear of being alone
- Poor self-control
- Constant pain
- Threatening to hurt others
- Withdrawal or apathy
- Alcohol or drug abuse
- Agitation, anxiety, or stress
- Low self-esteem
- Mood changes, confusion, disorientation
- Private conversations not allowed, or family member/caregiver is present during all conversations
- Reports of questionable care by resident or her family

Display Transparency

1-7 SIGNS OF NEGLECT

Review signs of neglect to observe and report:

- Pressure injuries
- Unclean body
- Body lice
- Unanswered call lights
- Soiled bedding or incontinence briefs not being changed
- Poorly fitting clothing
- Unmet needs relating to hearing aids, eyeglasses
- Weight loss, poor appetite
- Uneaten food
- Dehydration
- No fresh water or beverages

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- Reports of not receiving prescribed medication by resident or her family

Distribute Handout

1-2 WHO IS VULNERABLE TO ABUSE OR NEGLECT?

Give the students time to read the handout. Ask them, "Why are these people so vulnerable?"

- Older people may be unable to stand up for themselves.
- Older people may be unable to report abuse or neglect to others.
- Older people may not understand that they have rights.
- Caring for older people may be much more demanding.
- Caregivers may not be trained properly.
- Caregivers may not understand residents' behavior.
- Caregivers may be overworked, tired, stressed, and unappreciated, on top of caring for someone who requires so much time and energy.

Lecture and Discussion

Discuss what Residents' Rights mean to NAs. How are they related to abuse? What action should an NA take if abuse is seen or suspected? Emphasize that NAs must never abuse residents in any way, and must try to protect residents from others who abuse them. It is essential that students understand that reporting abuse is not optional—it is the law. Remind students that they must follow the chain of command when reporting abuse.

Define the following term:

- Ombudsman

Discuss typical tasks of an ombudsman:

- Advocates for residents' rights
- Educates consumers and care providers
- Investigates and resolves complaints
- Appears in court
- Works with investigators
- Gives information to public

Define the following terms:

- Confidentiality
- Health Insurance Portability and Accountability Act (HIPAA)
- Protected health information (PHI)

Emphasize that HIPAA applies to all healthcare providers. Remind students of penalties imposed by not adhering to HIPAA.

Go over the guidelines for protecting residents' privacy found on pages 17–18 in the textbook. Ask students if they can think of any other ways that breaches in confidentiality may occur and how to prevent them.

The use of social media (Facebook, Twitter, Instagram, Tumblr, WordPress, etc.) is widespread. You can use the discussion points below to help students distinguish between what is legal and what is illegal regarding social media. This is not a complete list.

Legal use of social media and technology includes the following:

- Posting rude comments about coworkers, either on one's own social media page or site, or on the coworker's page or site
- Posting something that shows the company for which the person works (logo, uniform, company vehicle)
- Posting rude comments about company events
- Friending, favoriting, and following coworkers' social media sites or pages

Illegal use of social media and technology includes the following:

- Posting anything that violates HIPAA laws
- Posting anything about residents or their family members
- Using social media sites to discuss any confidential information, such as documentation, oral reports, etc.
- Making harassing or discriminatory comments or threats, or demonstrating any unlawful conduct

It is very important to make the distinction that just because something is legal, it does not mean that it is professional, ethical, or respectful. The fact that something is legal also does not mean that the person will not be reprimanded or fired because of the posting.

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Role Play
Role-play a situation in which an NA posts photos of a resident on her Facebook page, which is seen by another NA.

8. Explain legal aspects of the resident's medical record

Meeting the Learning Objective

TEXTBOOK PP. 18–20

WORKBOOK PP. 7–8

Lecture
Review the following reasons current documentation is essential:

- Guarantees clear and complete communication
- Provides legal record of treatment
- Protects NA and employer
- Provides up-to-date record of resident's status

Discuss the "if it was not documented, it was not done" rule.

Review guidelines for documentation:

- Document care immediately after it is given.
- Think before documenting. Be brief and clear.
- Use facts, not opinions.
- Use black ink when documenting by hand.
- Correct errors properly (see Figure 1-17 in text).
- Sign full name and title.
- Document per the care plan's instructions.

Display Transparency

1-8 24-HOUR CLOCK

While looking at the transparency, explain how to convert regular time to military time:

- To change the regular hours between 1:00 p.m. and 11:59 p.m. to military time, add 12 to the regular time.
- To change from military time to regular time, subtract 12.
- Minutes and seconds do not change.
- Midnight may be written as 0000 or 2400; follow facility policy.

Lecture
Explain the basics of computer use if you have computers available. If your facility uses computers to document information, this would be a good time to show the students some examples of how to do it. Review the basic guidelines for computer documentation:

- Ask questions when you do not understand something. Training often includes how to document by hand even if a facility uses electronic documentation.
- Legal documentation rules apply to both electronic and paper medical charts.
- HIPAA privacy guidelines apply to electronic documentation.
- Do not have someone else enter information for you.
- Make sure you are logged in to the correct resident's chart. Log out when finished.
- Be sure that you are documenting correctly and any autofill entries are accurate.
- Treat computers carefully.
- Do not browse the internet or access personal accounts when using a facility's computer.

9. Explain the Minimum Data Set (MDS)

Meeting the Learning Objective

TEXTBOOK P. 20

WORKBOOK P. 8

Lecture
Define the following term:

- Minimum Data Set (MDS)

Discuss the MDS:

- Helps nurses complete resident assessments accurately
- Details what to do if resident problems are identified
- Must be completed for each resident within 14 days of admission and again each year
- Must be reviewed every three months
- New MDS must be done when there is any major change in the resident's condition

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Emphasize how NAs' reporting is important in the MDS process. It can trigger a new MDS to be completed.

10. Discuss incident reports

Meeting the Learning Objective

TEXTBOOK P. 20

WORKBOOK P. 8

Lecture

Define the following term:

- Incident

Discuss what events are considered incidents, including the following:

- Falls
- Damage
- Mistakes in care
- Requests outside scope of practice
- Sexual advances or remarks
- Unsafe or uncomfortable situations
- Injuries
- Blood or body fluids exposure

Review the guidelines for incident reporting:

- Tell what happened.
- Describe the person's reaction to the incident.
- State facts only.
- Do not document that an incident report was completed on the medical record.
- Describe the action taken.

Chapter Review

Role Play

Role-play a situation in which the NA is told by the resident's daughter about suspicious injuries on the resident, emphasizing the following:

- With whom on the care team should the NA talk?
- With whom should the NA not discuss the information?
- Whose rights must the NA support?
- Why is it illegal for the NA to discuss this situation away from work?

Case Study and Critical Thinking

While at the grocery store, an NA overhears another NA talking to a friend about a resident's condition. What action should she take?

NA number 1 overhears NA number 2 threatening to hit a resident; another time the resident tells NA number 1 that the bruises on his arm are from NA number 2 grabbing and pushing him. What action must NA number 1 take and why? Which Residents' Rights are involved here?

Exam

DISTRIBUTE CHAPTER 1: EXAM (APPENDIX C)

Allow students enough time to finish the test. See Appendix D for answers to the chapter exams.

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2
Foundations of Resident Care

1. Understand the importance of verbal and written communications
2. Describe barriers to communication
3. List guidelines for communicating with residents with special needs
4. Identify ways to promote safety and handle non-medical emergencies
5. Demonstrate how to recognize and respond to medical emergencies
6. Describe and demonstrate infection prevention and control practices

Supplemental Tools

- TRANSPARENCY 2-1 BODY LANGUAGE
- TRANSPARENCY 2-2 USING YOUR SENSES
- TRANSPARENCY 2-3 BARRIERS TO COMMUNICATION
- TRANSPARENCY 2-4 BODY ALIGNMENT
- TRANSPARENCY 2-5 LIFTING HEAVY OBJECTS FROM THE FLOOR
- TRANSPARENCY 2-6 THE CHAIN OF INFECTION
- TRANSPARENCY 2-7 AIRBORNE DISEASES
- TRANSPARENCY 2-8 DROPLET DISEASES
- TRANSPARENCY 2-9 CONTACT DISEASES
- HANDOUT 2-1 ABBREVIATIONS
- HANDOUT 2-2 ABBREVIATIONS FLASH CARDS
- HANDOUT 2-3 PREFIXES, ROOTS, AND SUFFIXES
- HANDOUT 2-4 CPR REVIEW
- HANDOUT 2-5 BURNS
- HANDOUT 2-6 NOSEBLEEDS
- HANDOUT 2-7 INFECTION PREVENTION DEFINITIONS
- CHAPTER 2: EXAM

Assignments

- TEXTBOOK READING: PP. 21–59
- WORKBOOK EXERCISES: PP. 9–17

Overview of Teaching Strategies

The bulk of information OBRA requires to be covered in its mandated 16 hours of instruction prior to resident contact is found in this chapter.

Communication: Nursing assistants communicate important medical information to the other members of the team, who expect the information to be accurate, factual, descriptive, and pertinent. Students should learn in this chapter to be very clear about how, when, and why they communicate properly. The importance of both oral and written communication should be emphasized.

Communicating with residents who have special needs will likely be a daily part of the NA's job. Nursing assistants must be aware of the special circumstances of these residents and adapt their communication techniques to them.

Safety: Accidents involving injuries to NAs and residents are always a serious concern to employers. Keeping NAs and residents as safe as possible is best accomplished by first emphasizing the principles of proper body mechanics, demonstrating them to the students, and having the students do a return demonstration. NAs should be able to apply the principles of body mechanics to the tasks required of them as they function in their jobs. The overall objective is to teach the students that there are ways to prevent many injuries and accidents. NAs should become more educated about various high-risk situations because awareness may make a difference for them and their residents. Students should be aware of OSHA and the employer's requirement to provide an SDS for all chemicals used in a facility.

Medical Emergencies: NAs need to have the ability not only to recognize medical emergencies, but also to respond appropriately. The students will learn the skills to remain calm and to take action in this section. Many facilities require a CPR certification for all NAs caring for residents. A CPR handout has been included as a review for students, but

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because policies regarding CPR vary, CPR is best learned from certified instructors in the field.

Infection Prevention and Control: The lecture for this section should begin with an overview of what infection prevention means and the role of the NA in meeting the precautions established by OSHA, the CDC, and the individual facility. It is important for NAs to understand that there are state and federal laws requiring healthcare workers, including NAs, to follow the guidelines presented in this section. When the students learn that preventing infection is a method of lowering the incidence of illness and disease, these procedures and guidelines will take on a new level of value. The instructor's ability to emphasize the importance of these guidelines will determine whether that sense of importance stays with the students in the years to come. These guidelines affect not only the resident's health, but the health of the NA as well, and this should be the central theme of the lecture. Demonstration of procedures to the class and return demonstration by the students either individually or in a group would be very beneficial as a teaching strategy.

1. Understand the importance of verbal and written communications

Meeting the Learning Objective

TEXTBOOK PP. 21–24

WORKBOOK PP. 9–10

Lecture

Define the following terms:

- Communication
- Verbal communication
- Nonverbal communication

Display Transparency

2-1 BODY LANGUAGE

Discuss the transparency (Figure 2-1 in textbook) and answer the question given.

Discuss honesty in verbal communication and conflicts between verbal and nonverbal messages. How can the NA use observation as a form of nonverbal communication with a resident? Ask student how they could use verbal or nonverbal communication to reach a specific goal.

Role-Play

Role-play a situation in which the verbal and nonverbal messages are different. Ask the students to describe how this made them feel.

Lecture and Discussion

Review the following occurrences that should be reported immediately. Ask students to give oral examples of how they would report each:

- Falls
- Chest pain
- Severe headache
- Difficulty breathing
- Abnormal pulse, respiration, or blood pressure
- Change in mental status
- Sudden weakness or loss of mobility
- Fever
- Loss of consciousness
- Bleeding
- Swelling of a body part
- Change in condition
- Signs of abuse

Define the following terms:

- Objective information
- Subjective information
- Incontinence

Display Transparency

2-2 USING YOUR SENSES

Review the transparency (Figure 2-2 in textbook) and discuss reporting from these four senses:

- Smell
- Sight
- Hearing
- Touch

Lecture

Discuss the terms root, prefix, and suffix. Emphasize that NAs should not use medical terminology with residents or their families. However, learning medical terminology and abbreviations is an important part of communicating with the care team.

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Distribute Handouts

2-1 ABBREVIATIONS

2-2 ABBREVIATIONS FLASH CARDS

2-3 PREFIXES, ROOTS, AND SUFFIXES

Handouts 2-1 and 2-3 are for the students' reference. Go over the terms or ask them to do so at home. For Handout 2-2, either cut along the dotted lines to make flash cards before class, or have students do this in class. Break the class into small groups. Show the flash cards to the class, one by one, and give points to the students who answer first. Alternate between showing abbreviations and showing meanings.

Lecture

Review steps for answering the phone:

- Identify the facility's name, your name, and your position.
- Place caller on hold if need be. Write down messages. Ask for correct spelling of names. Get a number.
- Say "Thank you" and "Goodbye."

Remind students not to give out information about staff or residents over the phone.

2. Describe barriers to communication

Meeting the Learning Objective

TEXTBOOK PP. 24–26

WORKBOOK P. 10

Lecture

Define the following term:

- Clichés

Display Transparency

2-3 BARRIERS TO COMMUNICATION

Review the barriers given in the transparency (Figure 2-4 in textbook):

- Resident does not hear, does not hear correctly, or does not understand.
- Resident is difficult to understand.
- NA, resident, or others use words that are not understood.
- NA uses slang or profanity.
- NA uses clichés.
- NA responds with "Why?"
- NA gives advice.
- NA asks questions that only require yes/no answers.
- Resident speaks different language.
- NA or resident uses nonverbal communication.

Ask the students to give examples of slang expressions, such as "as if," "sweet," "dead" (empty, quiet), "straight up," etc.

Discussion

Ask the following questions for further discussion:

- Imagine a day or a lifetime without communication.
- Describe a situation where you wasted much time and effort because of a miscommunication.
- Describe a situation where effective communication resulted in a positive outcome.

Lecture and Discussion

Define the following term:

- Defense mechanisms

Discuss these behaviors as barriers to communication:

- Denial
- Projection
- Displacement
- Rationalization
- Repression
- Regression

Define the following term:

- Culture

Discuss the influence of culture on communication between NA and resident. Ask the students to give examples of their cultural background as it applies to the following communication issues:

- Distance/personal space
- Touch
- Eye contact

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3. List guidelines for communicating with residents with special needs

Meeting the Learning Objective

TEXTBOOK PP. 26–30

WORKBOOK PP. 10–12

Lecture

Define the following terms:

- Impairment
- Mental health
- Mental health disorder
- Combative

Discuss the role of the NA in communicating with residents with the following conditions:

Hearing impairment

- Make sure hearing aid is on and working. Clean hearing aid as instructed.
- Reduce or remove noise.
- Get residents' attention first.
- Speak clearly, slowly, and in good lighting.
- Do not shout or mouth words in an exaggerated way.
- Lower the pitch of your voice.
- Keep hands away from your face while talking.
- Speak to the side with better hearing.
- Use short sentences and simple words.
- Repeat what was said, using different words if necessary.
- Use picture cards or notepads.
- Be patient and empathetic.
- Ask resident to repeat what was said when necessary. Observe body language.
- Be understanding and supportive.

Vision impairment

- Encourage the use of eyeglasses or contact lenses. Make sure eyeglasses are clean and are in good condition. Leave contact lens care to resident if possible.
- Identify yourself when entering the room.
- Make sure there is proper lighting. Face the resident when speaking.
- Orient the resident to new areas.
- Tell the resident what you are doing. Talk directly to the resident.
- Use an imaginary clock as a guide.
- Do not move items. Put anything you move back where it was found.
- Tell the resident where the call light is.
- Leave door completely open or completely closed.
- When assisting resident with walking, walk slightly ahead, letting resident grasp your arm.
- Give assistance with cutting food and opening containers as needed.
- Use large clocks, clocks that chime, or radios.
- Offer large-print books, audiobooks, digital books, and Braille books if necessary.
- Do not play with guide dogs.
- Encourage the use of other senses.

Mental health disorder

- Do not talk to adults as if they were children.
- Use simple, clear statements and a normal tone of voice.
- Be sure that what you say and how you say it show respect and concern.
- Sit or stand at a normal distance from the resident. Be aware of your body language.
- Be honest and direct, as with any resident.
- Avoid arguments.
- Maintain eye contact and listen carefully.

Discuss the false belief that people who have a mental health disorder can control their behavior and choose to be well. Emphasize the fact that a mental health disorder is a disorder like any physical disorder.

Combative behavior

- Block blows or step out of the way.
- Allow the resident time to calm down before the next interaction.
- Give the resident space; stand at least an arm's length away.
- Stay calm. Lower the tone of your voice.
- Be flexible and patient.
- Stay neutral. Do not respond to verbal attacks, argue, or accuse the resident of wrongdoing.
- Do not use gestures that could frighten or startle the resident.
- Be reassuring and supportive.
- Find out what provoked the resident.

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- Report inappropriate behavior.

Angry behavior

- Stay calm. Do not argue or respond to verbal attacks.
- Empathize.
- Try to find out the cause. Listen attentively and remain silent.
- Be respectful. Explain what you are going to do.
- Answer call lights promptly.
- Stay at a safe distance.

Inappropriate behavior

- Report behavior.
- Be professional and do not overreact.
- Try distraction.
- Gently direct resident to private area.

Emphasize to students that they must never hit a resident, no matter how the resident may have provoked them. Hitting is considered abuse and may result in termination and/or legal action.

4. Identify ways to promote safety and handle non-medical emergencies

Meeting the Learning Objective

TEXTBOOK PP. 31–37

WORKBOOK PP. 12–13

Lecture

Discuss prevention as a key to safety. Emphasize that unsafe conditions should be reported before accidents occur.

Define the following terms:

- Body mechanics
- Posture

Display Transparency

2-4 BODY ALIGNMENT

Demonstrate these terms, referring to the transparency (Figure 2-11 in textbook):

- Alignment
- Base of support
- Center of gravity

Review the principles of body mechanics as related to each of the following:

Alignment

- Try to keep the body in alignment, with the two sides of the body mirror images of each other.
- Keep object close when carrying or lifting.
- Point feet and body toward the direction you are moving.
- Avoid twisting at waist.

Base of support

- Wide base is more stable.
- Stand with legs shoulder-width apart.

Center of gravity

- When standing, weight is centered in pelvis.
- Low center provides more base of support.
- Bend knees when lifting.

Demonstration

Demonstrate the following example of applying proper body mechanics:

Lifting a heavy object from the floor:

- Spread feet shoulder-width apart.
- Bend knees.
- Use muscles in thighs, upper arms, and shoulders.
- Hold object close to body.
- When standing up, push with hip and thigh muscles.

Display Transparency

2-5 LIFTING HEAVY OBJECTS FROM THE FLOOR

Ask the students to look at the transparency (Figure 2-12 in textbook) and discuss the right and wrong way to lift an object to avoid straining the back muscles.

Review the guidelines for using proper body mechanics:

- Assess the situation and remove obstacles.
- Use both arms and hands to lift, push, or carry objects.
- When lifting a heavy object from the floor, spread your feet shoulder-width apart. Bend your knees. Raise your body and the object together.

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- Hold objects close to you when you are lifting or carrying them.
- Push or slide objects, rather than lifting them.
- Avoid bending and reaching as much as possible.
- If you are making a bed, adjust the height to a safe working level, usually waist high.
- When a task requires bending, use a good stance. Bend your knees to lower yourself, rather than bending from the waist.
- Avoid twisting at the waist when you are lifting or moving something. Instead, turn your whole body. Your feet should point toward what you are lifting or moving.
- Get help from coworkers when possible for lifting or helping residents.
- Talk to residents before moving them. Agree on a signal. Lift or move on three so that everyone moves together.
- To help a resident sit up, stand up, or walk, place your feet shoulder-width apart. Place one foot in front of the other, and bend your knees. Your upper body should stay upright and in alignment.
- Never try to catch a falling resident. If the resident begins to fall, assist her to the floor.
- Report to the nurse any task you feel that you cannot safely do.

Lecture

Define the following terms:

- Fracture
- Disorientation
- Scalds
- Abrasion

Discuss the following types of accidents and preventative measures, emphasizing that all staff members, including NAs, are responsible for safety in a facility:

1. **Falls**

Causes: unsafe environment, loss of abilities, diseases, medication, loss of vision, gait or balance problems, weakness, paralysis, and disorientation

Prevention:

- Clear walkways.
- Use nonskid rugs.
- Have resident wear nonskid shoes.
- Have resident wear clothing that fits.
- Keep frequently used personal items close.
- Answer call lights promptly.
- Clean up spills.
- Report loose hand rails immediately.
- Mark hazardous areas.
- Improve lighting.
- Lock wheelchairs.
- Lock bed wheels.
- Return beds to lowest positions.
- Get help.
- Offer toileting assistance and respond to requests promptly.
- Leave furniture in the same place.
- Pay attention to residents at risk for falls.
- Never try to catch a falling resident.
- Report all falls to the nurse. Always complete an incident report.

2. **Burns/Scalds**

Causes: dry heat (irons, stoves, other electric appliances), wet heat (hot water or other liquids, steam), or chemicals (lye, acids)

Prevention:

- Check water temperature.
- Report frayed cords.
- Communicate about hot liquids.
- Pour hot drinks away from residents.
- Keep hot drinks away from edges of tables. Use lids.
- Make sure residents are sitting before serving hot drinks.
- Monitor heat-producing equipment.

3. **Resident Identification**

Cause: not identifying resident properly

Prevention:

- Identify each resident before care or feeding.
- Check IDs.
- Call resident by name. Ask resident to state his name.

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Remind students that not identifying residents before giving care or serving food can cause serious problems or even death.

4. **Choking**

Causes: weakened, ill, or unconscious residents

Prevention:

- Eat sitting upright.
- Follow orders for special diets and thickened liquids.

5. **Poisoning**

Cause: ingesting harmful substances

Prevention:

- Store harmful substances carefully.
- Do not leave cleaning products in rooms.
- Investigate any unusual odors.
- Post Poison Control Center number.

6. **Cuts/Abrasions**

Cause: sharp objects

Prevention:

- Put sharp objects away after use.
- Push wheelchairs forward.

Lecture

Make the following points about the Safety Data Sheet (SDS):

- Required by OSHA for all hazardous chemicals
- Details ingredients, dangers, emergency response, safe handling procedures
- Sometimes accessed by toll-free number
- Must be accessible by all employees

Emphasize that students must know where SDSs are kept at their facilities and how to use them. Show examples of your facility's or school's SDSs if you have access to them.

Lecture

Discuss the following guidelines for fire safety and the NA's role:

- Make sure smokers are in the proper area for smoking. Never leave smokers unattended. Make sure ashtrays do not contain hot ashes before emptying them. Use burn-resistant aprons properly and as instructed.
- Follow instructions for e-cigarettes.
- Report frayed or damaged cords.
- Report if fire alarms and exit doors are blocked.
- Know how to use fire extinguishers.
  - **P**ull the pin.
  - **A**im at the base of fire when spraying.
  - **S**queeze the handle.
  - **S**weep back and forth at the base of fire.
- In case of fire, use RACE.
  - **R**emove residents from danger.
  - **A**ctivate alarm or call 911.
  - **C**ontain fire if possible.
  - **E**xtinguish the fire, or fire department will extinguish.
- Know evacuation plan.
- Stay calm.
- Follow directions of fire department.
- Know which residents need one-on-one help.
- Know differing abilities of residents.
- Remove blockage from windows or doors.
- Do not use elevators.
- Stay low in a room to escape fire.
- Check for heat coming from doors.
- Stop, drop, and roll if clothing catches fire.
- Use damp covering over mouth and nose.
- Leave building if possible, then move away from it.

Lecture and Discussion

Discuss different types of disasters, especially the ones that occur in your area. Review the following general guidelines for disasters:

- Listen carefully and follow instructions.
- Remain calm.
- Know where exits and stairways are.
- Know where alarms and extinguishers are.
- Learn appropriate action to take.
- Stay informed via internet, radio, or TV.

Ask the students to share any experiences they have had with disasters and what actions they took that were appropriate or not appropriate.

Hartman's Nursing Assistant Care The Basics 5th edition Fuzy Test Bank

5. Demonstrate how to recognize and respond to medical emergencies

Meeting the Learning Objective

TEXTBOOK PP. 37–45

WORKBOOK PP. 13–14

Lecture

Define the following term:

- Conscious

Ask the students to memorize the following steps in responding to an emergency:

- Assess the situation. Make sure you are not in danger and note the time.
- Assess the victim. Check the victim's level of consciousness.
- Call for help or send someone to get help.
- Remain calm and confident.
- Properly document the emergency after it is over.

Discuss the following symptoms of injury:

- Severe bleeding
- Changes in consciousness
- Irregular breathing
- Unusual color or feel to the skin
- Swollen places on the body
- Medical alert tags
- Anything the resident says is painful

Define the following terms:

- First aid
- Cardiopulmonary resuscitation (CPR)

Make sure students know that not all facilities permit NAs to start CPR—even those who are trained to do so. It is important to know the facility's policy. If your facility arranges CPR training for students, now would be a good time to explain the details. The CPR instructor could come in for this portion of the class to give the overview.

Optional Handout

2-4 CPR REVIEW

This handout is intended to serve as a review for those who have completed CPR training. Review points on the handout together if students need a CPR review.

Lecture

Define the following terms:

- Obstructed airway
- Abdominal thrusts
- Cyanotic

Review the sign of choking:

- Putting hands to throat

Demonstration

Demonstrate the procedure *Performing abdominal thrusts for the conscious person*. Have the students return the demonstration. Procedure checklists are located at the end of the student workbook, as well as in the instructor's guide as a supplementary handout.

Lecture

Define the following term:

- Shock

Review the signs of shock:

- Pale or cyanotic skin
- Staring
- Increased pulse and respiration
- Low blood pressure
- Extreme thirst

Demonstration

Demonstrate the procedure *Responding to shock*. Have the students return the demonstration. Procedure checklists are located at the end of the student workbook, as well as in the instructor's guide as a supplementary handout.

Lecture

Define the following terms:

- Myocardial infarction (MI)
- Dyspnea

Review the symptoms of a myocardial infarction:

- Sudden, severe pain in the chest, usually on the left side or in the center behind the sternum
- Pain or discomfort in other areas of the body, such as the arms, back, neck, jaw, or stomach
- Indigestion or heartburn
- Nausea and vomiting
- Dyspnea

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- Dizziness
- Skin color that is pale or cyanotic
- Perspiration
- Cold and clammy skin
- Weak and irregular pulse rate
- Low blood pressure
- Anxiety and a sense of doom
- Denial of a heart problem
- Women can have MI without chest pressure or pain. Their most common symptoms are shortness of breath, pressure or pain in the lower chest or abdomen, dizziness, lightheadedness, fainting, pressure in the upper back, or extreme fatigue. Some women's symptoms are more flu-like.

Demonstration
Demonstrate the procedure *Responding to a myocardial infarction*. Have the students return the demonstration. Procedure checklists are located at the end of the student workbook, as well as in the instructor's guide as a supplementary handout.

Lecture
Emphasize that severe bleeding must be controlled immediately. Remind students to take time to put on gloves before trying to control bleeding.

Demonstration
Demonstrate the procedure *Controlling bleeding*. Have the students return the demonstration. Procedure checklists are located at the end of the student workbook, as well as in the instructor's guide as a supplementary handout.

Distribute Handout

2-5 BURNS

Describe first-degree, second-degree, and third-degree burns. Discuss the importance of doing no harm to severe burns, which could later cause infection or damage to skin that should be saved. Emphasize that ice, ointment, salve, or grease should not be used.

Demonstration
Demonstrate the procedure *Treating burns*. Have the students return the demonstration. Procedure checklists are located at the end of the Student Workbook, as well as in the instructor's guide as a supplementary handout.

Lecture
Define the following term:

- Syncope

Discuss the signs and symptoms of fainting:

- Dizziness
- Nausea
- Perspiration
- Pale skin
- Weak pulse
- Shallow respirations
- Blackness in visual field

Demonstration
Demonstrate the procedure *Responding to fainting*. Have the students return the demonstration. Procedure checklists are located at the end of the student workbook, as well as in the instructor's guide as a supplementary handout.

Lecture
Define the following terms:

- Insulin reaction
- Diabetic ketoacidosis (DKA)

Discuss the following signs and symptoms of insulin reaction:

- Hunger
- Weakness
- Rapid pulse
- Headache
- Low blood pressure
- Perspiration
- Cold, clammy skin
- Confusion
- Trembling
- Nervousness
- Blurred vision
- Numbness of lips and tongue
- Unconsciousness

Discuss the following signs and symptoms of diabetic ketoacidosis:

- Increased hunger
- Increased thirst
- Increased urination

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- Abdominal pain
- Deep or labored breathing
- Breath that smells fruity or sweet
- Hunger
- Headache
- Weakness
- Rapid, weak pulse
- Low blood pressure
- Dry skin
- Flushed cheeks
- Drowsiness
- Nausea and vomiting
- Air hunger
- Unconsciousness

Lecture

Describe seizures and the possible causes. Discuss the signs of seizures:

- Severe shaking
- Thrusting arms and legs uncontrollably
- Jaw clenching
- Drooling
- Inability to swallow

Discuss the primary goal of the caregiver, which is to keep the resident safe. Remind students not to try to force anything into the mouth of a person who is having a seizure.

Demonstration

Demonstrate the procedure *Responding to seizures*. Have the students return the demonstration. Procedure checklists are located at the end of the student workbook, as well as in the instructor's guide as a supplementary handout.

Lecture

Define the following terms:

- Cerebrovascular accident (CVA)
- Transient ischemic attack (TIA)

Review these signs that a stroke is occurring:

- Facial numbness, weakness, or drooping, especially on one side
- Paralysis on one side
- Arm numbness or weakness, especially on one side
- Slurred speech or inability to speak
- Inability to understand spoken or written words
- Use of inappropriate words
- Severe headache
- Blurred vision
- Ringing in ears
- Redness in the face
- Noisy breathing
- Elevated blood pressure
- Slow pulse rate
- Nausea/vomiting
- Loss of bowel and bladder control
- Seizures
- Dizziness
- Loss of consciousness

In addition to the symptoms listed above, women may experience the following symptoms:

- Pain in the face, arms, and legs
- Hiccups
- Weakness
- Chest pain
- Shortness of breath
- Palpitations

It may be helpful to describe the acronym F.A.S.T. because it can be used as a way to remember the sudden signs that a stroke is occurring.

- (**F**)ace: Is one side of the face drooping? Is it numb? Ask the person to smile. Is the smile uneven?
- (**A**)rms: Is one arm numb or weak? Ask the person to raise both arms. Check to see if one arm drifts downward.
- (**S**)peech: Is the person's speech slurred? Is the person unable to speak? Can the person be understood? Ask the person to repeat a simple sentence and see if the sentence is repeated correctly.
- (**T**)ime: Time is of the utmost importance when responding to a stroke. If the person shows any of the symptoms listed above, report to the nurse (or call 911) immediately.

Let students know that websites for the American Stroke Association (strokeassociation.org) and the

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National Stroke Association (stroke.org) have more information.

Lecture

Define the following term:

- Emesis

Demonstration

Demonstrate the procedure *Responding to vomiting*. Have the students return the demonstration. Procedure checklists are located at the end of the student workbook, as well as in the instructor's guide as a supplementary handout.

Distribute Handout

2-6 NOSEBLEEDS

Go over information on the handout or have students read the material at home.

6. Describe and demonstrate infection prevention and control practices

Meeting the Learning Objective

TEXTBOOK PP. 45–59

WORKBOOK PP. 15–17

Lecture

Define the following terms:

- Infection prevention
- Microorganism/microbe
- Infections
- Pathogens
- Localized infection
- Systemic infection
- Healthcare-associated infection (HAI)
- Chain of infection
- Causative agent
- Reservoir
- Portal of exit
- Mode of transmission
- Direct contact
- Indirect contact
- Portal of entry
- Mucous membranes
- Susceptible host
- Transmission
- Infectious
- Medical asepsis
- Surgical asepsis

Display Transparency

2-6 THE CHAIN OF INFECTION

The chain of infection is a way of describing how disease is transmitted from one living being to another. Define and describe each of the six links in the chain of infection (Figure 2-22 in the textbook). Ask students to think of examples of each link.

Emphasize to students that if one of the links in the chain of infection is broken—by washing hands, for example—then the spread of infection is stopped.

Distribute Handout

2-7 INFECTION PREVENTION DEFINITIONS

Go over supplemental definitions relating to infection prevention or let students take handout home to review.

Lecture

Define the following terms:

- Centers for Disease Control and Prevention (CDC)
- Standard Precautions
- Sputum
- Sharps

Discuss how the CDC defines body fluids: tears, saliva, sputum (mucus coughed up), urine, feces, semen, vaginal secretions, pus or other wound drainage, and vomit. Sweat is not considered a body fluid.

Ask, "Why should Standard Precautions be followed on every resident in your care?" Answer: Because you cannot tell by looking at a person whether he or she has an infectious disease.

Review and explain the Standard Precautions measures:

- Wash hands.
- Wear gloves.
- Remove gloves immediately when finished with a procedure.

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- Immediately wash skin surfaces.
- Wear a disposable gown.
- Wear a mask and goggles and/or a face shield.
- Wear gloves when handling sharp objects. Avoid nicks and cuts.
- Never attempt to recap needles or sharps.
- Bag all contaminated supplies.
- Clearly label body fluids.
- Dispose of contaminated waste properly.

Define the following terms:

- Hand hygiene
- Antimicrobial

Discuss your policies regarding alcohol-based rubs. Remind students that it is still very important to wash their hands with antimicrobial soap and water and not to rely solely on alcohol-based rubs.

Discuss the following times that NAs should wash their hands:

- When first arriving at work
- Whenever hands are visibly soiled
- Before, between, and after all resident contact
- Before putting on gloves and after removing gloves
- After contact with body fluids, mucous membranes, nonintact skin, or wound dressings
- After handling contaminated items
- After contact with objects in resident's room
- Before and after touching meal trays or handling food
- Before and after helping residents with meals
- Before getting clean linen
- Before and after using the toilet
- After touching garbage or trash
- After picking up things from the floor
- After blowing nose, coughing, or sneezing into hands
- Before and after eating
- After smoking
- After touching areas on the body, such as the mouth, face, eyes, hair, ears, or nose
- Before and after applying makeup
- After any contact with pets/pet care items
- Before leaving the facility

Emphasize that handwashing is the single most important thing NAs can do to prevent the spread of disease.

Demonstration

Demonstrate the procedure *Washing hands (hand hygiene)*. Include all of the numbered steps in your demonstration. We also have a corresponding video for this skill that you can show to the students. Have the students return the demonstration. Procedure checklists are located at the end of the student workbook, as well as in the instructor's guide as a supplementary handout.

Lecture

Define the following terms:

- Personal protective equipment (PPE)
- Don
- Doff
- Perineal care
- Nonintact skin

Remind students that PPE must be worn if the caregiver could come into contact with body fluids, mucous membranes, or open wounds. Nursing assistants must wear gowns, along with masks and goggles or face shields when splashing or spraying of body fluids or blood could occur.

Discuss the following points about gowns:

- Protect exposed skin
- Prevent soiling of clothing
- Should fully cover the torso, and the sleeves should fit snugly

Demonstration

Demonstrate the procedure *Putting on (donning) and removing (doffing) gown*. Include all of the numbered steps in your demonstration. We also have a corresponding video for this skill that you can show to the students. Have the students return the demonstration. Procedure checklists are located at the end of the student workbook, as well as in the instructor's guide as a supplementary handout.

Lecture

Discuss the following points about masks and goggles:

- Masks are worn when the resident has a respiratory illness.

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- Masks should fully cover the nose and mouth.
- Masks should fit snugly over the nose and mouth.
- It is important to change masks between residents.
- Goggles should fit snugly over the eyes or eyeglasses. Eyeglasses alone do not provide adequate eye protection when blood or body fluids may be splashed or sprayed into the eye area.

Demonstration
Demonstrate the procedure *Putting on (donning) mask and goggles*. Include all of the numbered steps in your demonstration. Have the students return the demonstration. Procedure checklists are located at the end of the student workbook, as well as in the instructor's guide as a supplementary handout.

Lecture
Discuss the following situations during which gloves should be worn:

- If you might come into contact with blood or any body fluid, open wounds, or mucous membranes
- During mouth care or care of any mucous membrane
- During perineal care
- When providing personal care on nonintact skin
- When the NA has open sores or cuts on her hands
- When shaving a resident
- When disposing of soiled linens, gowns, dressings, and pads
- When touching surfaces or equipment that is visibly contaminated or may be contaminated

Discuss the times gloves should be changed:

- If gloves become wet, soiled, or torn
- Before contact with mucous membranes or broken skin

Demonstration
Demonstrate the procedure *Putting on (donning) gloves*. Include all of the numbered steps in your demonstration. We also have a corresponding video for this skill that you can show to the students. Have the students return the demonstration. Procedure checklists are located at the end of the student workbook, as well as in the instructor's guide as a supplementary handout.

Lecture
Discuss when gloves should be removed:

- After giving care
- Before touching surfaces or leaving residents' rooms

Demonstration
Demonstrate the procedure *Removing (doffing) gloves*. Include all of the numbered steps in your demonstration. We also have a corresponding video for this skill that you can show to the students. Have the students return the demonstration. Procedure checklists are located at the end of the student workbook, as well as in the instructor's guide as a supplementary handout.

Emphasize the proper order of donning PPE: wash hands; put on gown; put on mask; put on goggles or face shield; and put on gloves.

Emphasize the proper order of doffing PPE: remove gloves; remove goggles or face shield; remove gown; remove mask; and wash hands. It may help to remember to remove PPE alphabetically, i.e., gloves, goggles, gown, and mask.

Lecture
Define the following terms:

- Clean
- Dirty
- Sterilization
- Disinfection
- Disposable

Discuss the following guidelines for equipment, linen, and clothing:

- Prevent skin/mucous membrane contact.
- Prevent contamination of clothing.
- Prevent transfer of disease to other residents or environments.
- Do not use reusable equipment until it has been cleaned properly.
- Dispose of all single-use/disposable equipment properly.
- Clean and disinfect all environmental surfaces, beds, bedrails, bedside equipment, and all frequently touched surfaces (doorknobs and call lights are good examples).

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- Handle, transport, and process soiled linens and clothing in a way that prevents skin and mucous membrane exposure, contamination of clothing (hold linen away from uniform), and transfer of disease to other residents and environments.
- Bag soiled linen at point of origin.
- Sort soiled linen away from resident care areas.
- Place wet linen in leakproof bags.

Review these guidelines for cleaning spills involving blood, body fluids, or glass:

- Don gloves (heavy duty).
- Use proper product to absorb spill.
- Scoop up absorbed spill and dispose of it in designated container.
- Apply disinfectant.
- Use proper cleaning solution.
- Use tools, never hands, to pick up glass.
- Properly bag waste.

Emphasize that spills should be absorbed and removed without placing disinfectant directly on the fluid.

Lecture

Define the following term:

- Transmission-Based Precautions

Emphasize to students that these precautions are used in addition to Standard Precautions.

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2-7 AIRBORNE DISEASES

Discuss airborne diseases and precautions to take (Figure 2-36 in textbook).

Transmission: Pathogens transmitted through the air after being expelled; can remain floating for some time
Examples: tuberculosis (TB), measles, chickenpox

Precautions: Face mask and gown; handwashing; proper ventilation

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2-8 DROPLET DISEASES

Discuss droplet diseases and precautions to take (Figure 2-37 in textbook).

Transmission: Any microorganism spread by coughing, sneezing, talking, laughing, suctioning
Example: influenza

Precautions: Face mask; covering nose and mouth when sneezing or coughing; handwashing

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2-9 CONTACT DISEASES

Discuss contact diseases and precautions to take (Figure 2-38 in textbook).

Transmission: Touching skin, wound, or infection
Examples: conjunctivitis (pink eye), *C. diff*, lice, scabies

Precautions: use PPE; wash hands (antimicrobial soap); avoid touching infected surfaces without gloves; avoid touching uninfected surfaces with contaminated gloves; avoid sharing towels, linens, and clothing; use disposable equipment when possible.

Review guidelines for isolation:

- Transmission-Based Precautions are always used in addition to Standard Precautions.
- Use PPE as instructed. Do not wear PPE outside resident's room, and perform hand hygiene following removal of PPE.
- Do not share equipment between residents.
- Wear proper PPE when serving food and drink.
- Follow Standard Precautions in dealing with body waste removal.
- Wear proper PPE if required to take a specimen.
- Reassure residents and allow time for them to talk about their concerns.

Lecture

Define the following terms:

- Bloodborne pathogens
- Hepatitis
- Tuberculosis (TB)
- Methicillin-resistant *Staphylococcus aureus* (MRSA)
- Vancomycin-resistant *Enterococcus* (VRE)
- *Clostridium difficile* (*C. diff, C. difficile*)

Discuss how bloodborne diseases are transmitted:

- Infected blood

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- Infected semen or vaginal secretions contacting mucous membranes
- Sexual contact (sexual intercourse [vaginal and anal], contact of the mouth with the genitals or anus, and contact of the hands with the genital area)
- Needle sharing
- Infected mothers
- Contact with infected blood or certain other body fluids in healthcare setting

Discuss prevention of transmission with Standard Precautions, handwashing, isolation, and PPE.

Discuss two common types of hepatitis:

- Hepatitis B (HBV) is spread through sexual contact, by sharing infected needles, and from a mother to her baby during delivery. It can be spread through improperly sterilized needles used for tattoos and piercings and through grooming supplies such as razors and toothbrushes. It is also spread by exposure at work from accidental contact with infected needles or other sharps or from splashing blood. Discuss the vaccine.
- Hepatitis C is spread through blood or body fluids.

Encourage students to take the HBV vaccine when it is offered.

Review the following guidelines for TB:

- Follow Standard Precautions and Airborne Precautions.
- Wear PPE as instructed.
- Handle sputum or phlegm carefully.
- Ensure proper ventilation.
- If resident is in an airborne infection isolation room (AIIR), open and close the door slowly.
- Follow isolation procedures if ordered.
- Help resident remember to take medications.

Explain types of MRSA:

- Hospital-associated MRSA (HA-MRSA)
- Community-associated MRSA (CA-MRSA)

Explain how MRSA is spread:

- Direct contact
- Indirect contact

Emphasize that handwashing is the single most important measure to control the spread of MRSA.

Explain how VRE is spread:

- Direct contact
- Indirect contact

Emphasize that prevention of VRE is very important. Proper handwashing is an important part of prevention.

Explain how *C. difficile* is spread:

- By spores via direct contact
- Intestinal flora altered due to enemas, nasogastric tubes, GI tract surgery, or overuse of antibiotics

Emphasize that proper handwashing and proper handling of wastes can help prevent the disease. Emphasize that hand sanitizers are not effective on *C. difficile*. Soap and water must be used each time hand hygiene is performed. Disinfecting surfaces and limiting antibiotics can also help.

Review employers' responsibilities regarding infection prevention:

- Establish procedures and exposure control plan.
- Provide in-service education.
- Have written procedures for exposures.
- Provide proper PPE.
- Provide HBV vaccination.

Review employees' responsibilities regarding infection prevention:

- Follow Standard Precautions.
- Follow facility's policies and procedures.
- Follow care plans and assignments.
- Use PPE.
- Take advantage of free hepatitis B vaccine.
- Report any exposure immediately.
- Participate in education programs.

Chapter Review

Role Play

Some suggestions for role play and discussion include the following:

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- A resident does not speak any English, and the NA only speaks English. The NA wants to gain this resident's trust.
- A resident falls in the shower and complains of pain in her left hip.
- The nurse asks the NA to report a resident's skin condition. What senses does the NA use?
- Role-play NA and resident interactions in which the NA must cope with combative behavior.
- Role-play NA and resident interactions in which the NA must cope with angry behavior.
- Role-play NA and resident situations in which the NA must handle inappropriate behavior.

Case Study

An NA goes into a resident's room and finds the resident on the bathroom floor.

- What is the NA's first response?
- How does the NA determine whether the resident is conscious or unconscious at this time?
- What information would the NA be expected to give if she were told to call 911?
- What does the NA do if she is not trained to do CPR and the resident is not breathing?
- Does the NA feel an ethical obligation to do CPR anyway if the resident's life is in danger?
- How can the NA avoid finding herself in a situation such as this where she is not able to offer the emergency care necessary to save a life?

An NA and his friend are at a baseball game. The friend begins to complain of shortness of breath and sudden pain and pressure in his chest.

- What does the NA immediately suspect is happening?
- What other medical information would be important to observe at this time?
- What questions should the NA ask his friend?
- What is the appropriate emergency action at this time?
- If the friend complains of thirst, should the NA offer him a drink of water?
- If the friend stops breathing and the NA cannot find a pulse, what should the NA do next?
- If the NA is not properly trained to handle this situation, what should he do?

Exam

DISTRIBUTE CHAPTER 2: EXAM (APPENDIX C)

Allow students enough time to finish the test. See Appendix D for answers to the chapter exams.

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