

# TRAINING MATERIALS AND OTHER RESOURCES FOR THE ATTENDANT CARE WORKER



## THE ATTENDANT CARE WORKER

### ☞ ATTENDANT CARE WORKER ROLE

The role of the Attendant Care Worker (ACW) is to provide attendant care services outlined in the service plan while maintaining a safe and comfortable environment. The member and the case manager are responsible for creating the service plan.

### ☞ ATTENDANT RIGHTS

An ACW in the Self Directed Attendant Care (SDAC) option has the right to:

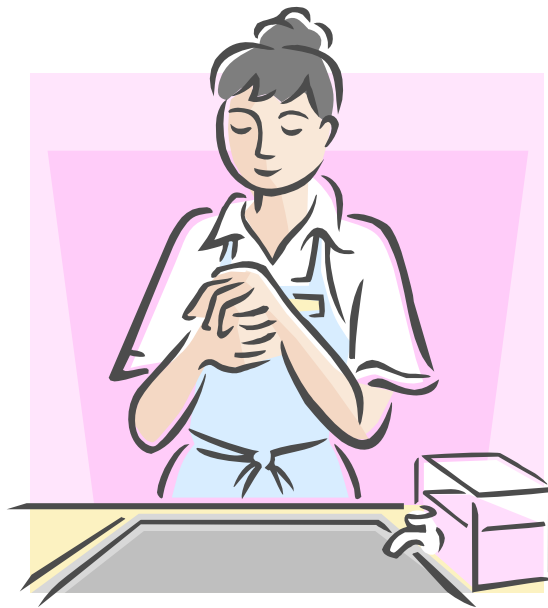
- Receive a clear, well-defined set of expected tasks and time schedule
- Receive requests for any additional tasks or schedule changes with as much advance notice as possible
- Receive clear, step-by-step instructions for doing tasks
- Be told ways of doing task(s) that are logical and time/effort efficient
- Receive instructions and other communications in a clear and direct manner
- Be provided with equipment and supplies that are adequate for performing assigned tasks
- Be provided with the wage information prior to accepting the position and be paid for all services rendered
- Perform tasks in a safe working environment
- Negotiate additional tasks requested by a member, including requesting additional training
- Receive from the member the confidentiality, respect and dignity as a human who has personal thoughts, values, beliefs, relationships, activities and a personal life outside of providing attendant care services
- Express reasonable concerns regarding working conditions
- Express feelings about work expectations

## ☞ ATTENDANT CARE WORKER RESPONSIBILITIES

An ACW in the SDAC option has the responsibility to:

- Feel comfortable doing the work that needs to be done
- Know his/her own skills and limitations and to discuss them with the member
- Be dependable – to arrive on time and be ready to go to work
- Notify the member as soon as possible when the ACW knows that s/he will be late or unable to work
- Give a two-week notice if s/he will be quitting (unless s/he is in danger if work is continued). Attendant may quit for any reason.
- Provide reliable, safe, high quality services as directed, in a thorough and caring manner
- Respect the member's dignity, privacy, property, religion, and culture
- Leave personal problems at home!
- Report any suspected abuse, neglect, or exploitation of a dependant elderly or disabled person
- Complete and submit time cards as instructed; timecards should be accurate and completed in a timely manner
- Keep personal information about the member and/or their family confidential (refer to HIPAA training that follows)
- Complete training as instructed by the member
- Communicate clearly and honestly about feelings, needs and routines
- Report emergency situations to the proper authorities

# UNIVERSAL PRECAUTIONS



# UNIVERSAL PRECAUTIONS

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Universal precautions are practices that help protect against many infectious diseases, such as AIDS or Hepatitis B. Universal precautions can help people avoid contact with blood and certain other bodily fluids. Universal precautions must be followed with all people one comes in contact with, since one cannot be sure who is infected.

Universal precautions should be taken with:

- Blood
- Urine
- Feces
- Saliva
- Sputum
- Wound drainage
- Tears
- Sweat
- Cerebrospinal fluid
- Vaginal secretions or discharge
- Semen
- Breast milk
- Anything wet that comes out of the body

## ☞ DO'S AND DON'TS OF UNIVERSAL PRECAUTIONS

1. Wear gloves when coming in contact with body fluids, blood, and when handling contaminated articles such as lab specimens, dressings, and linens.
2. Wear masks, gowns, and/or goggles in addition to gloves, to protect you during procedures that may involve splashing of blood and/or contaminated body fluids.
3. Wash your hands with soap, running water, and rubbing prior to contact, immediately following contact, and after removing gloves. Wash hands immediately after contact with blood or any body fluids.
4. Place used disposable syringes, needles, and sharp items into a puncture resistant container.

5. Do not disregard an accidental needle stick or other exposure such as a splash to the eyes or mouth. Cleanse the site thoroughly with soap and water and contact your doctor immediately.
6. Clean all blood and body fluid spills promptly. Use detergent and water followed by a disinfecting solution of one part household bleach to nine parts water.
7. Dispose of articles (used gloves, dressings, bandages, etc.) contaminated with blood or body fluids into a plastic bag. Close the bag tightly, place into a second plastic bag, and discard into a plastic-lined trash can.
8. Treat all linens and clothing soiled with blood or body fluids as infectious. Wear gloves and a gown (if possible) when removing soiled linens or clothing. Place the soiled articles into a plastic bag and later wash the articles in hot (160° F) with detergent for 25 minutes.

## **HAND WASHING**

The single most important universal precaution is hand washing. It is the best way to prevent the spread of germs which cause infections. Hand washing helps to prevent infection from the Attendant Care Worker (ACW) to the member and from the member to the ACW.

### **☞ WHEN TO WASH YOUR HANDS**

- Immediately if contaminated with blood or other bodily fluids
- Before and after touching wounds or waste
- Before and after physical contact with the member
- After using the bathroom
- After handling soiled items such as linens, clothing, and garbage
- Before and after meals and meal preparation
- After sneezing or coughing into your hand(s)
- After taking off gloves (if gloves are used)

## ☞ HOW TO WASH YOUR HANDS

1. Consider the sink, including the faucet controls, contaminated. Avoid touching the sink.
2. Turn water on using a paper towel and then wet your hands and wrists.
3. Work soap into a lather.
4. Vigorously rub together all surfaces of the lathered hands for 15 seconds. Wash around and under rings, cuticles, and fingernails.
5. Rinse hands thoroughly under a stream of water. Point fingers down so water and contamination won't drip toward elbows.
6. Dry hands completely with a clean, dry paper towel.
7. Use a dry paper towel to turn faucet off.
8. To keep soap from becoming a breeding place for microorganisms, thoroughly clean soap dispensers before refilling with fresh soap.
9. When hand washing facilities are not available at a remote work site, use appropriate antiseptic hand cleaner or antiseptic towelettes. As soon as possible, rewash hands with soap and running water.

**Remember: Intact skin is your best defense against bacteria. Treat your hands well!**

## ☞ WHAT TO AVOID WHEN WASHING HANDS

- DON'T use a standing basin of water to rinse hands
- DON'T use a common hand towel. Always use disposable towels.
- DON'T use sponges or non-disposable cleaning cloths unless you launder them on a regular basis, adding chlorine bleach to the wash water.

**Remember: Germs thrive on moist surfaces!**

## **MODES OF TRANSMISSION FOR COMMON ILLNESSES**

- Airborne: Colds, Flu, Measles, Chickenpox, Smallpox
- Animals: Rabies (bite from an infected animal such as a dog, bat, or squirrel); Trichinosis (eating poorly cooked pork)
- Insect: Bubonic or black plague (bat or flea bites); Malaria (mosquito bites); Dysentery (common house fly)
- Contact: Mononucleosis, Venereal disease (syphilis, gonorrhea, etc.), Hepatitis, Tuberculosis, Poliomyelitis, MRSA (staph infection)
- Human: Typhoid Fever, Mumps, Impetigo, Whooping Cough
- Food: Dysentery, Botulism, E Coli, Worms, Salmonella
- Water: Typhoid Fever, Dysentery, Poliomyelitis
- Soil: Tetanus, Dysentery, Worms



# HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)



# HIPAA

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## ☞ WHAT IS HIPAA?

HIPAA is the Health Insurance Portability and Accountability Act of 1996. This law protects the privacy of a person's medical information and makes sure that it is treated confidentially. The information includes the reason the person is sick, the treatments and medications they receive, Social Security Number and any other personal information. Do not pass this information on unless it involves information professional staff need to know to do their jobs.

The member needs to trust you before they will feel comfortable enough to share any personal information with you. In order for you to provide quality care you will need this information. The member must know that whatever they tell you will be kept private and limited to those who need the information for treatment, payment and health care procedures. The member will have control over who will be told any personal information with or without their permission.

## ☞ HOW TO SAFEGUARD INFORMATION

- Watch what you say, where you say it, and to whom.
- Close doors when talking about private information
- Do not talk about health information in front of others
- If someone asks you a question involving personal information, make sure that person has a "need to know" before answering.
- Do not leave medical records lying around or in an area where others can see them.
- Do not leave private information on an answering machine.



## **ATTENDANT CARE WORKER CODE OF CONDUCT**

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**Be dependable** - Arrive at your work site on time and be ready to start work. If you are running late call and let the member know.

**Be courteous** - Always be courteous and kind to the member and to anyone involved in the care of the member. Never use profanity, physical violence or mental cruelty.

**Be honest** - Theft in the member's home will be handled by the police. If the member has belongings that you notice are missing, report it to the employer immediately.

**Be professional** - Do not discuss your personal problems. Never bring your children, spouse and/or friends to work. Never discuss topics that are controversial such as religion, politics or moral beliefs. Never use illegal drugs and/or alcohol prior to going to work or at work. Be alert while you work. Do not tell sexually oriented jokes or stories.

**Be well groomed and professional in appearance** - Always wear clothing that is appropriate for the tasks that you will be doing. Make sure that your clothing is clean and that you do not wear anything that is offensive in nature. Make sure that you do not use too much perfume. If you smoke, make sure that you do not smell like smoke.

**Respect the member's home** - Do not smoke in the member's home. Never use the member's telephone and/or internet for your own personal use. Never give the member's telephone number as a place you can be contacted. Personal telephone calls are not allowed.

**Respect the member's privacy** - Allow your member privacy. All member information is confidential and must not be discussed with anyone unless it is necessary for them to perform their duties.

**Be safety conscious** - Discuss safety concerns and/or potential hazards to the member. Report any injuries to the member as soon as they happen. If the member is in pain or not responding, call 911 immediately. If the member

is hurt you must also report it to the case manager immediately. Document what happened to the best of your knowledge.

**Do not accept money, gifts, favors or loans** - You should not accept money or any other payment for your work directly from the member. Payment for the services you do will be paid to you through the Fiscal Employer Agent. Under no circumstance should you ever attempt to borrow money from the member.

**Do not act as a consultant or representative** - You are never to act on behalf of the member as a power of attorney, representative of their estate, guardian and/or conservator. Never sign on behalf of the member for anything. Never conduct business on behalf of the member.

**Never be in the member's home if he/she is not there** - Do not enter the member's home if he/she is not there. Make sure that you have permission to be in the home and that the member is aware of your presence every time you are in the home.

**Always give the best quality care that you can** - Agree to do the tasks that you feel you are capable and/or qualified to do. Do not base your quality of care or discriminate against the member because of personal medical decisions he/she may have made (i.e. – having an Advanced Directive in place).

**Respect the boundaries set by the member.** – Boundaries define someone's personal space. You need to know about the member's boundaries and what your own boundaries are. Do not assume that the member wants to be hugged and don't use terms like "honey" or "sweetie". Refer to the BOUNDARIES section of this manual for more details.

**Respect the member's cultural individuality.** – We need to respect other cultures and try to learn more about different cultures. Not all people from one culture are the same. Talk to the member about their customs and traditions and how that might impact the way you provide care. Treat others as they want to be treated.

# CAREGIVER BURNOUT



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Caregiver burnout is a state of physical, emotional, and mental exhaustion. It may go along with a change in attitude -- from positive and caring to negative and unconcerned.

While burnout is a constant threat for healthcare workers in many settings, Attendant Care Workers (ACWs) face some unique stressors that can wear down even the most energetic and enthusiastic caregiver. These tips can help you avoid burnout in this emotionally and physically demanding field.

Caregivers who are "burned out" may experience fatigue, stress, anxiety, and depression. Many caregivers also feel guilty if they spend time on themselves rather than on the people they are caring for.

## ☞ SYMPTOMS OF CAREGIVER BURNOUT

The symptoms of caregiver burnout are similar to the symptoms of stress and depression. They include:

- Withdrawal from friends, family, and other loved ones
- Loss of interest in activities previously enjoyed
- Feeling blue, irritable, hopeless, and helpless
- Changes in appetite, weight, or both
- Changes in sleep patterns
- Getting sick more often
- Feelings of wanting to hurt yourself or the person for whom you are caring
- Emotional and physical exhaustion

## ☞ WHAT CAUSES CAREGIVER BURNOUT?

ACWs often are so busy caring for others that they tend to neglect their own emotional, physical, and spiritual health. The demands on an ACW's body, mind, and emotions can easily seem overwhelming, leading to fatigue and hopelessness -- and, ultimately, burnout. Other factors that can lead to caregiver burnout include:

- *Unrealistic expectations* - Many ACWs expect their involvement to have a positive effect on the health and happiness of the member. This may be unrealistic for members suffering from a progressive disease, such as Parkinson's or Alzheimer's.
- *Unreasonable demands* - Some ACWs place unreasonable burdens upon themselves, in part because they see providing care as their exclusive responsibility. Some family members such as siblings, adult children, or the member himself/herself may also place unreasonable demands on the ACW. Members also may disregard personal responsibilities and place burdens on the person identified as the primary caregiver.
- *Other factors* - Many ACWs cannot recognize when they are suffering burnout and eventually get to the point where they cannot function effectively. They may even become sick themselves.

## ☞ HOW CAN I PREVENT BURNOUT?

Here are some steps you can take to help prevent caregiver burnout:

- *Nurture Your Member Relationships:* Accept that you are not there to change their lives. You are there to give them help, be a companion, and improve their quality of life.
- *Get Help with Difficult Members:* Any person can be crabby and unhappy and a member's family can create conflict. ACWs need to accept those facts and don't take to heart their member's moodiness or the families' second-guessing or nitpicking. Oftentimes you are caring for the father or mother, but the whole family is living there. Sometimes everyone wants to be the boss, but the member is your boss. You have to learn to just focus on the member. You know what you're supposed to do, and you stick to it. If things become really rough, talk to your member and the Case Manager.
- *Get Connected:* Find someone you trust - such as a friend, co-worker, or neighbor to talk to about your feelings and frustrations.
- *Get Trained:* Take advantage of the training available. Make sure you know how to safely perform all the tasks required of you. Ask to be trained in any area you feel you don't know enough.

- *Be Proud of Your Work:* Veteran workers feel good about what they do and find the rewards of their work to be more than just a source of a paycheck.

## ➤ MORE WAYS TO HELP WITH CAREGIVER BURNOUT

There are some additional things you can do to help avoid caregiver burnout. These may especially apply to you if you are a family member caring for a loved one.

- Accept that you may need help with providing care, and turn to others for help with some tasks.
- Be realistic about the disease of the person you are caring for, especially if it is a progressive disease.
- Don't forget about yourself because you're too busy caring for someone else.
- Talk to a professional. Most therapists, social workers, and clergy members are trained to counsel individuals dealing with a wide range of physical and emotional issues.
- Know your limits and be honest with yourself about your personal situation. Recognize and accept your potential for caregiver burnout.
- Develop new tools for coping. Remember to lighten up. Use humor to help deal with everyday stresses.
- Stay healthy by eating right and getting plenty of exercise and sleep.
- Accept your feelings. Having negative feelings -- such as frustration or anger -- about your responsibilities or the person for whom you are caring is normal. It does not mean you are a bad person or a bad caregiver. Acting on those feelings is different than having them. If you feel that you cannot control your feelings and may cause harm to the member, do not put yourself in the position where something could happen.



# FRAUD, ABUSE, NEGLECT AND EXPLOITATION



## **FRAUD, ABUSE, NEGLECT, AND EXPLOITATION: WHY YOU NEED TO KNOW WHAT THESE WORDS MEAN**

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Safety and well-being are very important and everyone has a right to be treated with dignity and respect. An Attendant Care Worker (ACW), whether paid or non-paid, is never allowed to hurt a member in any way or steal money and things that belong to a member. It is important that the member and others involved in the member's care understand the meaning of Fraud, Abuse, Neglect and Exploitation so that the member and ACWs are able to recognize if these are happening to a member.

### **☞ FRAUD**

Fraud happens when someone tries to trick, steal or cheat someone for his or her own personal gain. It is against the law and against all Arizona Long Term Care System (ALTCS) rules.

Examples can include:

- Altering time sheets
- Lying about work hours
- Stealing or selling medical equipment (wheelchairs, walkers, etc.)
- Misrepresentation of medical condition
- Identity Theft
- Taking someone else's money

### **FOR WORKERS: FRAUD AND AVOIDING LEGAL ACTION**

Fraud is illegal and ALTCS program contractors are required to report suspected fraud for further investigation. The information listed below is important for you to understand to avoid any legal actions against you.

- Only perform work you are told to do. If you perform work that you were not to do, you become liable for those actions.
- Do not do less work than asked to do. When you fail or forget to do all the tasks, you may put your employer at risk. As a result of your failure to act you might be found negligent.
- Avoid doing careless or low-quality work. Performing tasks carelessly might make you liable for the damages or injuries that result.

- If you work fewer hours than you say you did, it could be fraud.

## **∞ ABUSE**

Abuse is intentional physical or mental harm. It can include injury caused by lack of care.

Examples can include:

- Confinement and restraint – being held down or forced to stay in one place
- Sexual assault – being touched in places where one doesn't want to be touched
- Being hit, pushed, grabbed or handled in a rough way
- Name calling and making verbal threats
- Denying/being denied visits with friends and or family
- Giving the wrong medication or too much medication on purpose



## SIGNS OF ABUSE

Many of the symptoms listed below can occur as a result of disease conditions or medications. The appearance of these symptoms should prompt further investigation to determine and remedy the cause.

### *Physical Abuse*

- Bruises or grip marks around the arms or neck
- Rope marks or welts on the wrists and/or ankles
- Repeated unexplained injuries
- Dismissive attitude or statements about injuries
- Refusal to go to same emergency department for repeated injuries

### *Emotional/Psychological Abuse*

- Uncommunicative and unresponsive
- Unreasonably fearful or suspicious
- Lack of interest in social contacts

- Chronic physical or psychiatric health problems
- Evasiveness

### *Sexual Abuse*

- Unexplained vaginal or anal bleeding
- Torn or bloody underwear
- Bruised breasts
- Venereal diseases or vaginal infections

## **☞ NEGLECT**

Neglect is a failure to provide the necessary care and services when someone is unable to care for him or herself.

Examples can include:

- Failure to provide enough shelter, clothes or food
- Failure to provide personal care
- Failure to provide necessities such as eyeglasses, dentures, hearing aids and a walker

### SIGNS OF NEGLECT

- Sunken eyes or loss of weight
- Extreme thirst
- Bed sores

## **☞ EXPLOITATION**

Exploitation is when someone uses something that is not theirs for his or her own personal gain. This can include money or personal property.

Examples can include:

- Forcing someone to change his/her will or to sign over personal property such as a home
- Taking someone's money or checkbook for personal use
- Asking for additional money
- Forcing someone to give personal financial information such as bank account numbers, Social Security Numbers, etc
- Taking personal property such as a car, jewelry or furniture

## SIGNS OF EXPLOITATION

- Life circumstances don't match with the size of the estate
- Large withdrawals from bank accounts, switching accounts, unusual ATM activity
- Signatures on checks don't match account holder's signature

## WHO TO TELL IF YOU SUSPECT FRAUD, ABUSE, NEGLECT OR EXPLOITATION

- If a member or an ACW is in immediate danger, call **911** for assistance
- Call the case manager
- If you are over 18, you may call Adult Protective Services at **1-877-767-2385**
- If you are under 18, call Child Protective Services at **1-888-767-2445**

# HOME AND FIRE SAFETY

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Good safety precautions can help prevent falls, fires, and other emergencies. Keep appliances in good repair, practice personal safety, and prepare a plan for emergencies.

## ☞ RESPONDING TO AN EMERGENCY

- STAY CALM. You help the member by remaining calm and giving reassurance.
- Yell for someone to assist you if possible.
- DO NOT LEAVE the member unless it is to call 911 and then return immediately.
- Keep the member's airways open by placing the person on his/her side if possible.

## ☞ IF THE MEMBER IS NOT RESPONDING AND NOT BREATHING

- Yell for help. Have someone call 911, or leave the member momentarily and call 911.
- Don't leave the member alone except to call for help.
- Begin a CPR assessment and procedure.
- Do not stop CPR until help has arrived.
- Take medicine or medicine bottles with you to the emergency room.

## ☞ IF THE MEMBER IS NOT RESPONDING BUT IS BREATHING

- Call 911 for emergency assistance.
- Keep the member's airway open by placing the person on his/her side if possible.
- If you can't get emergency assistance, take the member to the nearest emergency center.
- Take medicine or medicine bottles with you to the emergency room.

**Call the Case Manager AFTER the paramedics have been called and the member is no longer in danger.**

## FALL PREVENTION

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Many falls occur in or around the home. Older adults and members with physical conditions that impair vision or mobility are at a high risk of falling. Falls are a leading cause of injury, hospitalization, and death. When you are in a member's home, watch for things that can be done to make the living area safer and prevent falls. If you notice a safety feature that is missing, talk to the member about what you notice.

### TIPS TO MAKE LIVING AREA SAFER AND REDUCE FALLING RISKS

- Basic home safety features include secure handrails, well lit stairs, night-lights, non-skid bath mats and grab bars for tubs and next to the toilet.
- Make sure the member has night-lights to brighten dark hallways, bathrooms and stairways. Suggest any improvements to lighting throughout the home.
- Small rugs or mats could easily slide or bunch up and cause someone to trip. Ask the member if you can remove throw rugs. Bare floors are best.
- With the member's permission, clear objects from stairs and traffic areas.
- If the member does not have sturdy handrails on both sides of the stairs, suggest that they might get these installed. Also let the member know if you think the stairs need lighting or are not in good repair.
- Encourage the member to stay indoors during icy or snowy conditions. If the member must go outside and uses a walking device, make sure it is adapted to the icy conditions.
- Encourage the member to take their time when moving from place to place. Rushing increases the risk of falling.
- Some medications including "over the counter" ones can make the member drowsy, dizzy or unsteady. Ask the member if this is a side-effect of any of their medications so you can be aware of the potential fall risk.
- Make sure you know where the member keeps their emergency phone numbers and that you know where the phone is located. Try to make sure the member has a phone in easy reach of the bed for emergencies.

## ☞ WHAT TO DO WHEN A MEMBER FALLS

- If you are able, when the member starts to fall, attempt to lower him or her gently to the floor, taking care not to injure yourself in the process.
- If the member has already fallen when you find him or her or is complaining of pain after falling:
  - Do not move the member. Make the person comfortable without moving any affected body parts.
  - Call 911. The paramedics will evaluate the member when they arrive.

**If the member is not responsive, call 911 immediately.**



# FIRE SAFETY

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## **If there is a fire: Get out and stay out!**

- Leave the home as soon as possible.
- Do not try to gather personal possessions or attempt to extinguish the fire.
- Stay low because the air above the flames can be extremely hot. Crawl and stay under the smoke if you are able. If not, try to cover your nose and mouth to avoid breathing toxic fumes.
- Do not use an elevator if there is one.
- Once out, do not go back inside. Call the fire department at 911 from a cell phone or a neighbor's home. Tell them if someone is missing. The fire fighters are trained to perform safe rescues.

### **☞ USE R.A.C.E.**

- **R**escue or remove members in your care, if you can do so without injuring yourself.
- **A**larm: call 911 and or yell to someone else to call 911.
- **C**ontain the fire by closing doors behind you as you leave.
- **E**xtinguish the fire if you can safely do so with a fire extinguisher, e.g. fire in a waste basket. Do not try to extinguish fires that are spreading.

## **If you are in immediate danger from flames or smoke: Get out and stay out.**

### **☞ HOW TO USE A FIRE EXTINGUISHER: P.A.S.S.**

- **P**ull the safety pin.
- **A**im low, pointing the nozzle at the base of the fire.
- **S**queeze the trigger or handle.
- **S**weep the extinguisher from side to side, aiming at the base of the fire.

## SAFETY TIPS FOR THE ATTENDANT CARE WORKER

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- Before leaving home, know how to change a tire and take emergency supplies with you. Always use reliable transportation that is well-fueled.
- Let someone know the address you are visiting and the anticipated length of time you will be there.
- Let the member know (when possible) that you are coming and have him or her watch for you.
- Have accurate directions to the street, building, or apartment. Obtain a map to identify the location to which you are traveling.
- Drive with the windows closed and all car doors locked. Keep your purse or wallet in the trunk.
- As you approach your destination, carefully observe your surroundings. Note location and activity of the people; types and locations of cars; conditions of buildings (abandoned or heavily congested buildings).
- If you see a gathering of people, do not walk through them. Walk on the other side of the street.
- Before getting out of the car, once again thoroughly check the surroundings. If you feel uneasy, do not get out of the car.
- Park your car in a well lit, heavily traveled area of the street. Lock your car and lock your personal items in the trunk.
- Do not enter the home if the situation seems questionable (e.g. drunk family members, family quarrel, combativeness, unleashed pets, etc). **If your instinct tells you to leave, you may want to say, "I am leaving now. I forgot I have another appointment." You should call 911 if in danger or a medical emergency presents. Never try to take care of this situation on your own!**
- Note your exits when you enter the member's residence. Try to always have a safe way out.
- Remain cautious when approaching pets within the home/community setting. They may be territorial and protective of their owners. It may be necessary to ask a family member to confine them briefly while you are completing your visit.

**Be Alert  
Be Observant  
Trust Your Own Instincts  
Know How and When To Call 911**

# THINGS TO KNOW AS AN ATTENDANT CARE WORKER



## ATTENDANT TIPS

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You should always try to maintain the highest standard of ethics and moral conduct in your relationship with the member. As an employee it is important that you establish a reputation for professional, caring service to your clientele and confidentiality concerning your member's interest. You will be expected to be loyal, law-abiding, honest, responsible and cost effective in the use of member resources. Any activity, conduct or transaction that could create an appearance of unethical, illegal or improper business should be avoided.

As an Attendant Care Worker (ACW), always:

- Make a list before going shopping for groceries or other household items. Buy only what is on the list.
- Always check for the correct name when picking up prescriptions. Make sure the pharmacist sees your identification.
- Make sure the car insurance and registration is current before using a member's car. Also make sure that you are a covered driver when driving his or her vehicle.
- Keep your conversations light. Learn your employer's moods so that you will learn when to speak and when to listen.

### ADDITIONAL TIPS

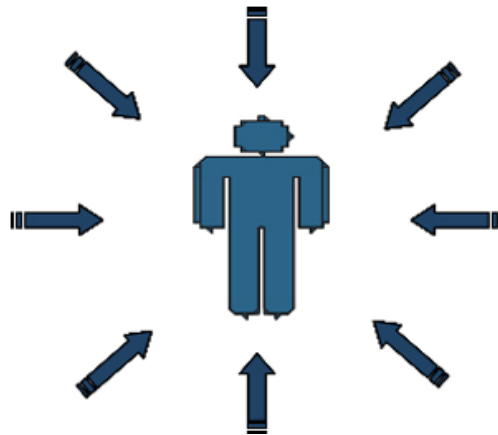
The member's portion of the manual on Self Directed Attendant Care (SDAC) has information on Communication and Stress Management. Ask them to share this information with you. The member may share this information with you as part of your training.

# BOUNDARIES

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∞ A BOUNDARY IS THE:

- Emotional and physical space between you and another person.
- Limit or line which you will not allow anyone to cross because it will not be emotionally healthy and will cause you physical and mental discomfort.
- Emotional and physical space you need to behave like the real you without the pressure from others to be something that you are not.
- Healthy emotional and physical distance you can maintain between you and another so that you do not become trapped and/or dependent.
- Clearly defined limits within which you are free to be yourself with no restrictions placed on you by others as to how to think, feel, or act.
- Set of traits which make you a unique, independent person who has the freedom to be a creative, original problem solver.



## ☞ BOUNDARIES AND A RELATIONSHIP WITH YOUR EMPLOYER

Since personal care is so personal, it is important to be aware of the potential issues that may arise as you work toward developing comfortable boundaries with the member in your care. Take some time to look at what a boundary is and then look at the “signs” of healthy boundaries.

Keep in mind that it is always important for you to be aware of your own behavior and what it might be saying to your employer.

## ☞ GUIDELINES FOR PROFESSIONAL BOUNDARIES

- Share personal information only if you think it will help your employer
- Don't talk about your own problems; the member (your employer) may start worrying about your problems
- Remember that you are the member's employee, not friend
- Don't tell sexually oriented jokes or stories, and do not flirt with the member
- Ask how the member wants to be addressed and use that title. Don't use terms of endearment such as “honey” or “sweetie”.
- Maintain a professional demeanor when you witness the member's disability, pain or personal problems.
- Use touch sparingly. Be respectful of the member's modesty and privacy when providing personal care.
- Don't assume that the member likes to be hugged.
- Don't let the member touch you in a way that makes you feel uncomfortable.
- Wear professional clothing and keep jewelry, perfume and make-up to a minimum.
- Do not accept gifts or money from your employer
- Stick to your work schedule. Do not stay over your work hours. If the person needs more assistance than the hours authorized, tell the member to call their case manager.
- Don't divulge confidential information. Refer to the HIPAA section of this manual.

# COMMUNICATION SKILLS

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*COMMUNICATION* is one of the most basic skills we learn in a lifetime. From the time we are infants into our old age, we communicate with others in a variety of ways.

- Communication is the link between you and your employer.
- Communication frequently involves talking, but listening and observing are also usually required.
- Even when we are quiet, we are communicating.

Communication can be difficult, but everyone can learn to be a better communicator.

## ASSERTIVE COMMUNICATION

### ☞ WHAT IS ASSERTIVE COMMUNICATION?

- It is communication that is respectful of yourself and others.
- It recognizes your needs as well as the needs of others.
- It is constructive, honest, open and direct.

### **Assertive Communication means being positive and thoughtful!**

- *Think, act, and speak positively* whenever possible. Try to avoid talking about your personal problems a lot.
- *Use "I" statements.* For example:
  - Say: "I need more instruction on how you want me to transfer you into the chair."
  - Don't Say: "You haven't given me enough information on how to transfer you."

- *Share your feelings.* If someone talks to you in a way that makes you feel uncomfortable, take the time to share your feeling about the discomfort you feel. Sharing your feelings as incidents arise will help to prevent emotional build up. For example:
  - If you are feeling uncomfortable about a situation, you may say "I will try to turn you over gently, but I'm afraid I might hurt you."
- *Accept Feedback.* Listen to the other person's point of view. If someone has a valid criticism, acknowledge it. For example:
  - If your employer says, "I want only a little mustard on my sandwich," you can answer, "I will try to remember to put just a little mustard on your sandwich next time."
- *Speak to the other person as an adult.* Do not use a parental tone. Do not act as if you know what is best for the other person. It is best to express your opinion by using an "I" statement.
- *Be able to give and receive compliments.* Some people are uncomfortable with compliments, but giving sincere compliments is an excellent way of expressing feelings and establishing a good relationship. For example, say:
  - "I feel so comfortable in your home. It feels cozy to me."
- *Be open and honest in your communication.* Honesty is very important to relationships and to communication. Sometimes you need to discuss negative feelings in order to solve problems. Remember to use "I" statements. For example, say:
  - "I feel like I'm not appreciated when you get angry and stop talking to me. What can I do to improve the situation?"



# MAINTAINING A CLEAN AND PLEASANT ENVIRONMENT

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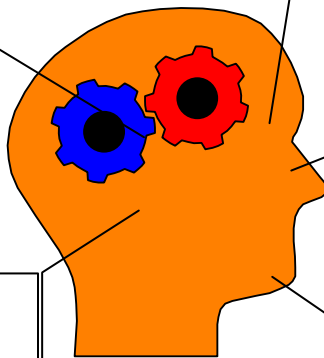
A pleasant household environment is simply one that appeals to your employer's senses.

## Hearing:

- ✓ Is the TV or stereo set at a comfortable volume level?
- ✓ Are headsets set at a comfortable volume level?
- ✓ Are vacuuming and loud noises avoided when employer is napping?

## Sight:

- ✓ Is the TV or computer at a comfortable viewing distance?
- ✓ Are the lights or amount of sunshine at a comfortable brightness level?
- ✓ Has the household been straightened-up and freed of daily clutter?



## Smell:

- ✓ Have annoying smells been eliminated, e.g., burnt foods, cleaning fluids, cigarette/cigar smoke residue, foul or spoiled waste?

## Touch:

- ✓ Is bath/shower at a comfortable water temperature?
- ✓ Are clothes comfortable?
- ✓ Are linens soft and comfortable?

## Taste:

- ✓ Are preferred foods being purchased and served?
- ✓ Are meals prepared in an appealing and nutritious manner?
- ✓ Are teeth and mouth kept clean and fresh?

# CLEANING



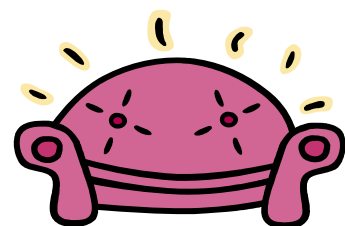
As an Attendant Care Worker (ACW), it is possible that many of your employer's requests will involve some type of cleaning; cleaning up around the house, cleaning the laundry, cleaning up after meals, etc. The importance of a clean environment cannot be over-emphasized! The cleaning process not only eliminates unsightly dust, dirt, and debris; it also cuts down on the growth of molds, germs, and infections.

## ☞ KITCHEN AREA

- Wash and dry (or place in dishwasher) dirty dishes and cooking utensils immediately after eating.
- Do not use kitchen sponges or wash cloths in any other area of the house. Never clean the floor or any bodily fluids with a kitchen sponge or dish cloth.
- Sweep kitchen floor daily or when dirty. Wash floor with hot, soapy water.
- Clean counters, tables, and cutting boards where food is prepared. Food may be contaminated if placed on soiled working areas.
- Refrigerate foods after meal is completed.
- Do not let prepared food sit out if the food requires refrigeration.
- Keep lids or covering on food containers: close cartons and replace covers to prevent bugs or bacterial growth.
- Dispose of unusable food products properly. Use garbage disposal or wrap food waste in plastic/paper bag and put in outside garbage can with a lid.
- Wash trash and garbage cans with hot soapy water if dirty.
- Periodically, clean out the refrigerator with soap and water to remove molds or food spills. Remove outdated products.

## ☞ LIVING ROOM AREA

- Dust furniture and windowsills.
- Vacuum/sweep floor regularly or if dirty.
- Straighten-up, empty ashtrays and



wastebaskets, and water plants.

### ☞ BEDROOM AREA

- Make beds and wash sheets regularly or if soiled.
- Dust and vacuum/sweep regularly.
- Straighten-up, empty ashtrays and wastebaskets, and water plants.



### ☞ BATHROOM AREA

- Check for necessary supplies; i.e. – soap, toothpaste, shaving cream, etc.
- Clean sink area and tub regularly; if soiled with bodily fluids, disinfect with a 1:9 bleach solution (1 part bleach, 9 parts water).
- Launder the bath mats regularly or if soiled.
- Empty wastebasket and “double bag” waste with bodily fluids.
- Scrub toilet with a disinfectant toilet cleanser regularly or if soiled.
- Scrub floor with hot, sudsy water regularly; if soiled with bodily fluids, disinfect with a 1:9 bleach solution.
- Clean mirrors regularly.
- Maintain a clean supply of towels and face cloths.

### ☞ LAUNDERING



- Wash clothes, towels, bedding, etc. regularly or if soiled.
- Linens or clothing soiled with blood or bodily fluids should be washed in hot water with the usual detergent and one cup of bleach.
- Fold washed items.

### ☞ CLEANING ASSISTIVE DEVICES AND EQUIPMENT

- Wheelchairs, handgrips, railings, boards, and other assistive devices should be washed with hot, sudsy water; if soiled with bodily fluids, disinfect with a 1:9 bleach solution.

## NUTRITION AND FOOD HANDLING GUIDELINES

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Good nutrition is important in the care of ill and frail persons. It speeds up healing, recovery from illness, and helps maintain health.

### ☞ ESSENTIAL NUTRIENTS

<b>Nutrients</b>	<b>Food Sources</b>	<b>Body Uses For:</b>
Proteins	Meat, poultry, fish, eggs, cheese, milk, peas, nuts	Growth and strength, cell repair, builds bones and body tissue
Carbohydrates	Breads, cereals, rice, pasta, potatoes, corn, fruits, sugars, flour	Energy
Fats	Butter, margarine, oil, ice cream, dressings, meats, nuts, mayonnaise	Energy, protection of body organs, nerves, cells
Vitamins	Fruits and Vegetables, butter, milk, liver	Growth, healing, resistance to sickness healthy skin, eyes, teeth, gums, hair and bones
Minerals	Milk, cheese, yogurt, green leafy vegetables, meat, eggs, breads, cereals	Bones teeth, blood, nerves, muscles
Water	Water and other liquids	The human body is made up of 55-85% water. Water carries nutrients to the cells, flushes wastes from the cells, and regulates body temperature
Fiber	Raw fruits and vegetables, wholegrain cereals	Digestion, getting rid of wastes

## ☞ IMPORTANCE OF WATER

Water is important because it prevents dehydration, reduces stress on the kidneys and helps maintain regular bowel functions. Getting enough water is by far the most important of all the dietary requirements and is essential to life. If the member is on diuretics (“water pills” – often used to treat cardiovascular problems), make sure they drink enough fluids.

## ☞ GENERAL DIET GUIDELINES

- Note any food allergies the member has. Some food allergies can cause anaphylactic shock which can quickly lead to death.
- Note any special diet orders and plan the meal according to diet restrictions. Sometimes, a member may want to eat something that is not on the prescribed diet. If this happens, try to negotiate with the member to follow the diet.
- Encourage the member to use good oral hygiene and assist if needed. Encourage the member to use dentures and bridges, and suggest they go to the dentist if these do not seem to fit properly.
- Consider cultural and religious preferences for certain foods. It is best to ask the member and don't assume anything about what someone wants to eat.
- Make sure the member eats foods from all five food groups (breads and cereals, fruits and vegetables, proteins, dairy, and fats and sweets – this group should be limited to a small amount).
- Pay attention to food labels that list the calories per serving, serving size and specific nutrients. You can get more information on food portions and the food pyramid at <http://www.mypyramid.gov/>.

## ☞ FOOD HANDLING AND FOOD SAFETY

A food borne illness is a sickness caused by eating contaminated food, sometimes called food poisoning. The bacteria in unsafe food are hard to detect. They cannot be seen, smelled, or tasted. The very young and the very old are at increased risk for food borne illnesses. It is very important that you follow the correct food handling techniques so that the member does not get food poisoning.

Signs to watch for in food poisoning:

- Nausea
- Vomiting
- Diarrhea
- Fever
- Headache
- Body Aches

## ☞ BASIC FOOD HANDLING TECHNIQUES

- Use only clean utensils for tasting food. Thoroughly clean dishes, utensils and work surfaces with soap and water after each use.
- Use a bleach and water (one part bleach to 9 parts water) to clean cutting boards, knives, counter tops, sinks, meat grinders, blenders and can openers.
- If a dishwasher is used, don't open the door during the dry cycle as the heat in this cycle is an effective sanitizer. If a dishwasher is not used, VERY hot water (170 degrees F) must be used.
- Use the sponge for the kitchen ONLY in the kitchen. Use a clean sponge to wash dishes and clean food preparation areas. Soak this sponge in the bleach and water solution for five minutes to disinfect it.
- Clean the inside of the refrigerator with soap and water to control molds.
- Wash your hands in soapy water before preparing foods.
- If possible use a separate cutting board for meats and a separate one for vegetables and cooked foods. A hard plastic cutting board is better than a wooden one for preventing the spread of bacteria. Wash these cutting boards in soap and water and then disinfect with the bleach and water solution.
- Eat fresh vegetables as soon as possible after purchase. Wash them in running water but do not soak. Scrub potatoes and root vegetables to remove the dirt. Use only a minimum amount of oil if frying vegetables.
- Defrost meat in the refrigerator, the microwave, or in a watertight bag in a sink or bowl of cold water. Do not defrost meat on the kitchen counter.

- Store leftovers in the refrigerator or freezer IMMEDIATELY after the meal. At room temperature, bacteria in food can double every 20 minutes.
- Toss leftovers after three days.

**Keep food clean  
Keep HOT food HOT  
Keep COLD food COLD  
When in doubt, throw it out!**

# PROPER BODY MECHANICS

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Using proper body mechanics means using lifting and moving techniques that will reduce stress and strain on your body. Proper body mechanics are necessary when transferring a person from one place to another.

## ☞ PRINCIPLES OF BODY MECHANICS

- Not using correct body mechanics puts the safety of the member and the caregiver at risk.
- Body leverage - Using leg and arm muscles is important, but so is applying body leverage. Use the body as a unit of "one".
- Remove throw rugs or other obstacles.
- When assisting in the transfer of a member do not allow the member to wrap his/her arms around your neck, as this can cause a neck injury.
- When assisting in the transfer of a person do not grab, pull or lift by the person's arm joints (elbows, shoulders, wrists) as this can cause a joint injury.
- Use a gait belt secured around the member's waist to assist him/her.
- Explain each step of the transfer to the member and allow the member to complete it slowly.
- If a person is unable to stand, you should use a mechanical lift for transfers.

## ☞ VARIATIONS OF LIFT/TRANSFER TECHNIQUES

- Maximum Assist
  - Mechanical Lift
  - Gait belt with a person who is 50% or less weight bearing
  - Stand Pivot
  - Squat Transfer
- Moderate Assist
  - Gait belt with a person who is 50% or more weight bearing
  - Verbal cues with moderate physical assist



## ☞ TECHNIQUES FOR PROPER BODY MECHANICS

- Plan the job before starting.
- Never try to lift beyond your strength – get help.
- Maintain a broad base of support. Keep feet apart, one foot slightly ahead of the other.
- Keep the back straight, with knees and hips flexed; keep your heels on the floor.
- Get a firm grip (fingers under the load whenever possible) with your body as close to the load as possible.
- Use the large muscles of the legs to lift – not the small muscles of the back.
- Never bend from the waist; instead bend the knees.
- Keep your head up and your back slightly arched while lifting.
- Lift smoothly, letting your shifting weight do the lifting; if possible, avoid jerking.
- Shift your weight backward slightly and bend your knees to set the object or person down.

# MOBILITY

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As the Attendant Care Worker, you will need to ask the right questions and listen closely to the answers to get a clear picture of how much you will need to help the member with his/her mobility. Being able to move around or to change positions is very important in maintaining independence and preventing skin breakdown and pressure sores on the member's skin.

## ∞ ADJUSTING AND REPOSITIONING FOR COMFORT

Sometimes the member will need help adjusting seat cushions, pillows, or clothing. In addition, he or she may need assistance to reposition themselves while lying in bed or sitting in a chair.

Repositioning someone requires patience, gentleness, and good communication skills. A good rule of thumb is to imagine yourself in the member's position and do what you would want done for you while receiving direction from the member.

Use the following steps to help make the member more comfortable:

### *Step 1: Observe the Problem*

- Listen - Sometimes the member may be able to say, "I'd like my head a little higher. Would you put a pillow under my neck?" Observation of the problem is fairly easy in this case.
- Look for Body Language - Sometimes a member will not be able to tell you the problem.

### *Step 2: Learn More About the Problem*

- Ask Close-Ended Questions – These are especially helpful when information is needed right away.
  - Example: If the member is attempting to sit up and begins to groan, you could ask, "Do you want to lie back down?" Close-ended questions are also useful when a person cannot speak.
- Ask Open-Ended Questions – Open-ended questions are especially helpful when something needs more explanation and feelings are important.

- Example: The member might say, "Please, pull me up in my chair." You could use an open-ended question like, "After I pull you up, where do you want your hips to be?"

### *Step 3: Respond to the Problem*

- Follow Directions – Remember, you do not know how your employer feels. You may like two pillows under your head when you are sleeping, but another person may like only one.
- Be Gentle and Patient – Take your time, and be sensitive to your employer's needs and feelings.
- Communicate - Talk to the member while you are adjusting or repositioning. You and your employer will be more comfortable when communication is open and honest.

### *Step 4: Evaluate Your Response*

- Observe Your Results – Look to see if you have improved the situation. Notice your employer's nonverbal cues.
- Ask For Feedback - In order to determine if your response to the problem was effective, you may need to ask, "How do you feel now that I have pulled you up?" By asking for feedback you get information about how to do a better job, as well as you are communicating that you care.

## TRANSFERRING AND AMBULATION

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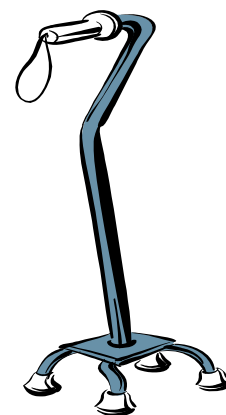
Lifting, pushing, and pulling loads can damage your back, so can bending or reaching while working in an individual's home. You may have experienced the pain a back injury can cause. The good news is that you can learn some simple ways to reduce the risk of injuring your back.

### ***PROPER TRANSFER METHODS***

A transfer is helping a person move from one place to another, like from the bed to a wheelchair, from a wheelchair to a toilet, or from a wheelchair to a lounge chair. Your employer will teach you how to transfer the way he/she is most comfortable. Once again, communication skills are very important.

There are some general guidelines that should be followed when transferring someone. They are as follows:

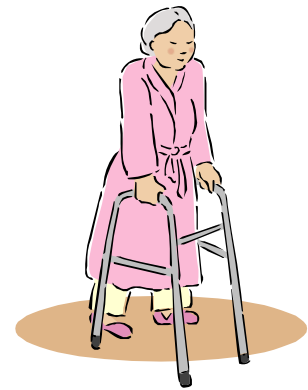
1. Be sure to discuss the transfer before doing the transfer: what weight can the member bear, where he/she prefers to be held, if a 1-2-3 count is helpful, etc.
2. Be sure your employer has any assistive devices, like a cane or walker, before transferring or walking.
3. Before starting, make sure everyone and everything is ready. For example, if you are transferring your employer to the bed, you'll want to be sure the bed has been turned down. If you are using a wheelchair, be sure the wheels are locked.
4. Make the transfer as smoothly and as quickly as possible. Sometimes transfers are painful for people with disabilities.
5. Know your limits. Do not try to do more than you can.
6. Always use proper body mechanics.



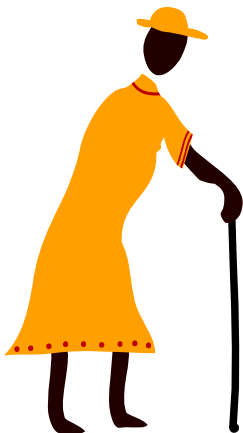
7. After the transfer, discuss what went well and what might need changing. Remember, be honest and open in your communication. By doing so, you will have less conflict and better job satisfaction.
8. Consider using a lift if the member cannot help at all with the transfer.

## ☞ EFFECTIVE WALKER USE

- The member should always look ahead, not at the feet
- The member should walk inside the walker (avoid pushing walker too far ahead as if it were a “shopping cart”)
- Use walkers only in well-lit areas.
- Avoid cluttered and crowded areas, throw rugs, and wires running across the floor.
- The member should wear appropriate footwear. Properly fitting shoes with rubber soles are best. Do not wear loose fitting footwear such as slippers, high heels, or slippery-soled shoes.
- Avoid using the walker on stairs.
- Small rooms, such as bathrooms, may prevent safe walker use. A solution is to install grab bars.
  - If using a wheeled walker, a member may also reverse the wheels so that the wheels are on the inside of the walker, thereby saving 3-4 inches of space.



## ☞ WALKING (AMBULATION)



- Apply gait belt (a belt that goes around a member’s waist that has hand holds for an ACW to grab onto when lifting/transferring a member), unless instructed not to or one is not available.
- Always walk on the person’s weak side.
- Walk slightly behind the member while holding onto the gait belt from behind and placing your hand under the belt from the bottom versus from the top of the gait belt.

# BATHING

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## ☞ BENEFITS OF BATHING

- Cleansing and removing wastes from the skin
- Stimulating circulation
- Providing passive and active exercise
- Helping a person feel better about him/herself and his/her appearance
- Providing an opportunity to observe the skin

Some members may be able to bathe without assistance; others may need assistance occasionally, or all of the time. Encourage as much independence as possible.

The number of times a member bathes per week will be between you and him/her, although at least once a week is recommended. The member's bathing patterns, skin type, recent activities and physical condition will all be factors.

## ☞ FOR SAFETY AND COMFORT

- Be sure the room is warm and draft free
- Use your inner wrist to test the temperature of the water. Water should be moderately warm (not over 105 degrees F). Hot water dries the skin and can result in severe burns.
- Use non-skid decals or a non-slip bath mat in the tub and shower.
- Use a sturdy shower chair or transfer bench. A closed toilet seat covered with a towel can serve as a chair if a shower chair is not available.
- Be sure grab bars are installed correctly and assist the employer in using them.
- A member may need assistance in and out of the tub or shower, in washing the back or hair, or in towel drying. When a person bathes independently, keep the door unlocked and check on them about every five minutes. Be ready to provide assistance.
- Bathe from top to bottom, front to back. After bathing, assist the person to the towel covered toilet seat or wheelchair. Always be aware of the room temperature and assist in keeping the person warm.
- Be in the room only when the person needs assistance. Respect his/her privacy.

- Examine the person's body for signs of skin problems. Shoulder blades, elbows, tailbone and heels are the most common areas for pressure sores. Look for reddened areas, breaks in the skin or other signs of trauma or infection.
- If a person cannot get in and out of a tub without assistance, then a shower is recommended for safety, using a shower seat.

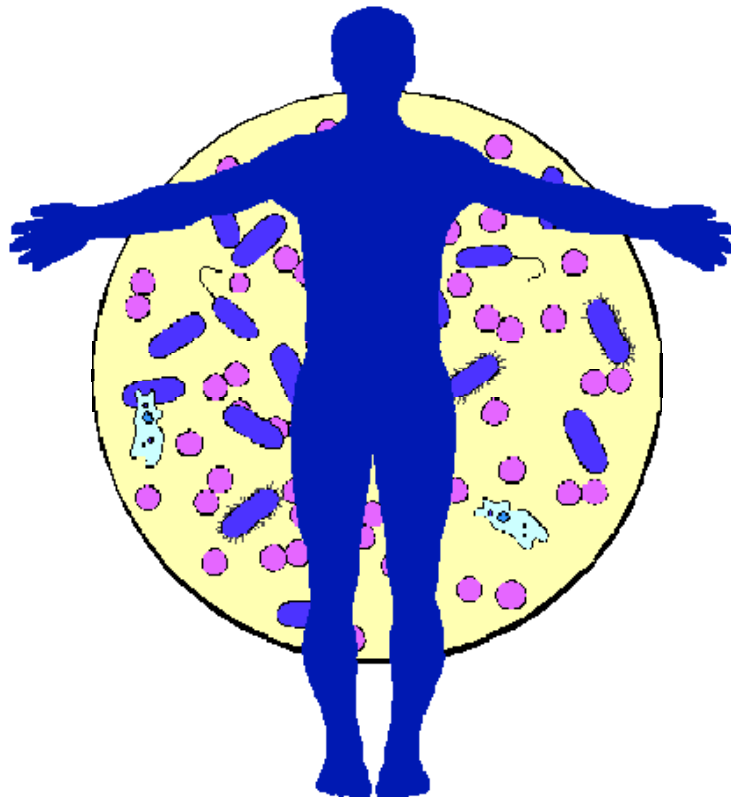
## PROVIDING A BED BATH

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- Follow a schedule that you and the member have agreed upon. Be as flexible as possible. If the member is upset or overly tired, suggest an alternative time, if feasible.
- Have all supplies ready. They should include:
  - Wash basin filled with warm water (not over 105°F)
  - Lanolin based soap (rinseless soap works best)
  - Lotion or cream and deodorant
  - Comb or brush
  - Bath blanket, two soft washcloths, two soft absorbent towels
  - Disposable gloves
- Raise bed to high position if possible, to reduce your back strain. If possible sit the person on the side of the bed closest to you. Use good body mechanics if you need to assist the person in moving.
- Assist the person to remove clothing, eyeglasses, and jewelry.
- Cover the member with the bath blanket (or two beach towels) then remove bedding underneath. A bath blanket protects the person from unnecessary exposure and drafts.
- Talk the member through each step of the bath. Before you begin the bath explain what you plan to do.
- Do not overtire the member. Pay attention to how the member is responding, and ask them how they are. If a person becomes too tired, finish up with the most important areas (face, hands, arm pits, and genitals).
- Follow a standard routine in bathing the member. Wash, rinse and pat dry one part of the body at a time. Bathe the body in this order: face (eyes first), neck, ears, hands, arms, underarms, chest, abdomen, legs, back and genital area. Check skin condition.



# INFORMATION ABOUT DISEASES



## **DISEASE INFORMATION – Alzheimer’s Disease**

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Alzheimer’s disease is a very serious brain disorder that does not currently have a cure. Once contracted, the disease gets worse over time. No one knows for sure what causes Alzheimer’s disease. Some factors that may play a role in developing the disease are:

- Age and family history
- Certain genes
- Abnormal protein deposits in the brain
- Other factors, such as head injury

Alzheimer’s disease causes changes in the brain tissue which can only be seen by examining the brain after death. Doctors can rule out other diseases by looking at the symptoms. Some of the symptoms seen in a person with Alzheimer’s disease can include:

- Memory loss
- Confusion
- Restlessness
- Misplacing things
- Trouble completing familiar tasks
- Changes in personality and behavior
- Poor or decreased judgment
- Less able to communicate
- Unable to follow directions
- Less willingness to interact with others

While there is no cure for Alzheimer’s disease, doctors can treat some of the problems that often go along with the disease such as depression, behavior problems, and sleeplessness. There are a few medicines available now that may slow the progress of the disease or reduce some memory loss. Side effects and improvement vary widely among people who use these medicines.

### **☞ CARING FOR A PERSON WITH ALZHEIMER’S DISEASE**

- Keep a calm, consistent routine
- Allow the person to complete as many tasks as possible by themselves
- Redirect and distract to reduce anxiety and modify behavior
- Keep activities familiar and keep instructions simple

- Maintain a safe area – hide car keys and lock doors if person wanders
- Encourage physical exercise, a healthy diet, and contact with friends and family
- Be patient – the person will have good days and bad days
- Be flexible – the person’s abilities, communication, and memory will vary from day to day and the disease will progress
- Be positive and keep your sense of humor – you may need to repeat instructions and cues over and over
- Ask for help from family and friends – caregivers need breaks from time to time

Depending on the progression of the disease, a family member with Alzheimer’s disease can be successfully cared for in the home for up to several years. At this time there are many community services, such as the Alzheimer’s Association, to provide information and support. Local support groups can also provide a source of help and encouragement.

## DISEASE INFORMATION – Arthritis

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Arthritis causes inflammation and deterioration of the joints.

### ☞ THREE TYPES OF ARTHRITIS

- *Osteoarthritis*
  - Degeneration of the joints causing pain and stiffness
  - Most common form of arthritis – 90% of people over 50 have some osteoarthritis
  - Symptomatic treatment is aspirin or non-steroidal anti-inflammatory drugs (Ibuprofen, Naproxen)
- *Rheumatoid Arthritis*
  - More severe form but less common
  - Causes joint deformities
  - More difficult to treat since it is considered an autoimmune disease (immune system turns against itself)
  - Can also affect internal organs such as heart, lungs and muscles.
- Osteoporosis
  - Loss of calcium in the bones, making them porous and brittle with increased risk of fractures
  - Risk factors – hereditary factors, decreased calcium intake, lack of exercise
  - Treatments aimed at ways to increase calcium uptake and weight training (exercising with weights helps calcium re-absorption)
  - Causes shortened stature as the vertebrae collapse and the spine curves leading to decreased range of motion and painful mobility
  - Causes compression fractures of the spine
  - Fractures increase risk of joint replacement surgery

## **DISEASE INFORMATION – Chronic Obstructive Pulmonary Disease**

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Chronic Obstructive Pulmonary Disease (COPD) is the term used for a group of chronic lung conditions that obstruct the airways in the lungs. In all forms of COPD, there is a blockage within the tubes and air sacs that make up the lungs. This hinders one's ability to exhale. When a person cannot properly exhale, air gets trapped in the lungs and makes it difficult to breathe normally.

### **☞ CHARACTERISTICS**

- Persistent (long-term) cough
- Increased mucus production
- Shortness of breath, especially during physical activities
- Wheezing
- Chest tightness
- Frequent respiratory infections

### **☞ PREVENTION:**

- Not smoking or quitting smoking
- Avoid secondhand smoke
- Avoid chemical fumes and dust (wear a mask)

### **☞ TREATMENT:**

- See a doctor

## **DISEASE INFORMATION – Congestive Heart Failure**

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Congestive Heart Failure is a condition where the heart is not working as well as it should. Sometimes the heart weakens and is not able to pump blood out of the heart as well and sometimes the heart cannot relax properly to fill with blood. There are times when there is also excess fluid in the lungs. This is called Congestive Heart Failure. These problems usually do not happen suddenly, but over time and have many causes.

### **∞ CHARACTERISTICS**

- Frequent cough and wheezing
- Shortness of breath during active or even when lying in bed
- Waking up due to trouble breathing
- Bloating
- Swollen feet, legs, or ankles
- Urinating often at night
- Sudden increase in weight
- Nausea or no appetite
- Confusion or drowsiness
- Fast heartbeat

### **∞ TREATMENT**

- Take medication exactly like the doctor orders
- Learn to take a pulse and know what is normal for the member
- Eat food that is low in salt/Sodium and caffeine
- If the doctor orders a limit on the amount of liquids, be sure to follow this carefully
- Limit the amount of fatty foods
- Keep track of weight daily and call doctor if there is a sudden increase or decrease in weight
- Keep track of blood pressure and know what is normal for the member
- Exercise as directed by the doctor
- If there is oxygen in use, be sure to use it like the doctor ordered
- DO NOT smoke with oxygen in use
- Keep a positive attitude

## **DISEASE INFORMATION – Depression**

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Depression is a common illness that can affect anyone. About 1 in 20 Americans (over 11 million people) get depressed every year. Depression affects twice as many women as men. Many people with depression continue to function in their day to day lives; experiencing feelings of hopelessness, helplessness, worry, anxiety, fear, dread, or just fatigue.

Depression is not just “feeling blue” or being “down in the dumps”. It is more than being sad or feeling grief after a loss. Depression is a medical disorder (just like diabetes, high blood pressure, and heart disease are medical disorders) that affects your thoughts, feelings, physical health, and behaviors.

Certain life conditions (such as extreme stress or grief) may bring on a depression or stop you from recovering fully. In some people, depression occurs even when life is going well or after the stressful event has ended. Depression is not the fault of a person. It is not a weakness. It is a medical illness. Depression is treatable.

### **∞ CHARACTERISTICS**

- Loss of interest in things that you used to enjoy
- Feeling sad, blue, or hopeless
- Feeling slowed down (fatigued) or restless and unable to sit still – anxiety
- Feeling worthless or guilty
- Increase or decrease in appetite or weight
- Thoughts of death or suicide
- Problems concentrating, thinking, remembering, or making decisions
- Trouble sleeping or sleeping too much
- Loss of energy or feeling tired all the time

### **∞ PREVENTION**

- Exercise
- Be around others
- Get plenty of sleep
- Eat a healthy diet
- Know your triggers or what causes you to feel down

- Be able to identify when you do feel down and how to combat the feelings

☞ TREATMENT:

- See a doctor
- Antidepressant medicine, as prescribed
- Counseling
- Get out and be around people
- Healthy diet and exercise



## DISEASE INFORMATION – Diabetes

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Diabetes is a condition that keeps the body from using food the way that it should. The body normally changes food into a sugar called glucose. Glucose moves through the blood to the body cells where it is used for energy. A hormone in the body called insulin helps the glucose get inside the body cells. When the glucose cannot get inside the body cells because the body does not make enough insulin, or the body cells cannot use the insulin correctly, this is called Diabetes.

When Diabetes gets out of control, it can cause high blood sugar and low blood sugar.

### ☞ CAUSES OF HIGH BLOOD SUGAR

- Too much food
- Not enough medication
- Illness
- Stress
- Reduced activity

### ☞ CHARACTERISTICS OF HIGH BLOOD SUGAR

- Blurred vision
- Thirst
- Feeling more tired
- Having to urinate often
- Sweet smelling breath

If high blood sugar is left untreated, it can lead to more serious symptoms and must be treated right away. Please discuss with the member how they best take care of their symptoms and discuss who to call for help. Serious symptoms include:

- Nausea and vomiting
- Difficulty breathing
- Severe weakness and drowsiness

## ☞ CAUSES OF LOW BLOOD SUGAR

- Not eating on time
- Too much exercise
- Too much medication

## ☞ CHARACTERISTICS OF LOW BLOOD SUGAR

- More nervous or irritable
- Shakiness
- Fast heartbeat
- Confusion
- Sweating
- Hunger
- Headache
- Dizziness
- Numbness or tingling
- More tired or weak

Untreated low blood sugar can lead to serious problems. It is important to act fast. Usual treatments include drinking or eating something that is higher in sugar to help bring the glucose level up. Please discuss with the member how they best take care of their symptoms and discuss who to call for help if symptoms occur.

## ☞ PREVENTION OF HIGH/LOW BLOOD SUGAR

- Eat a healthy diet with limited fat, salt, and a balance of protein and carbohydrates as the doctor orders.
- Eat correct portions and eat at regular times.
- Regular exercise helps the body use glucose and helps the body use insulin. It is important to know how increased or decreased exercise may change the need for medication.
- Taking Diabetes medicine the way that the doctor orders it is very important.
- Checking the blood sugar as the doctor orders is a smart way to keep track of blood sugars and can help prevent the need for emergency treatment of a too high/low blood sugar level.
- Call the doctor if there is illness with a fever or nausea, vomiting or diarrhea. Do not stop medication.

- Try to keep weight in a normal range. Being overweight can increase complications of diabetes.
- Monitor feet and legs for redness and open areas. Have the doctor check this at each doctor visit.
- Eye exams are important every year because Diabetes can damage blood vessels in the eye.
- Have HGBa1c (test for average blood sugar) done at least twice a year or more often as ordered by the doctor.
- Keep a positive attitude – stress can cause changes to the blood sugar levels.

## ☞ DIABETES RESOURCES

- The American Diabetes Association: 1-800-342-2382
- The American Association of Diabetes Educators: 1-800-832-6874
- National Diabetes Information Clearing House: 1-800-86-8747

# DISEASE INFORMATION – Flu and Pneumonia

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## INFLUENZA (FLU)

The Flu is a contagious respiratory illness caused by the Flu virus. It can cause mild to severe symptoms and sometimes can lead to death. More than 200,000 people each year have to be in the hospital for problems caused by the Flu. The Flu is spread person to person by droplets from coughing, sneezing, and touching something that has been touched by someone with the Flu virus.

The best way to prevent or lessen this illness is to wash hands regularly and get a Flu shot each year. The doctor should be asked beforehand to make sure that there is no medical reason the Flu shot should not be received.

### ☞ CHARACTERISTICS

- Fever (usually high)
- Headache
- Extreme tiredness
- Dry cough
- Sore throat
- Runny or stuffy nose
- Muscle aches
- Nausea
- Vomiting
- Diarrhea

### ☞ COMPLICATIONS

- Pneumonia
- Dehydration
- Other conditions like Asthma, Diabetes, and Congestive Heart Failure can get worse from the Flu.

## ☞ PREVENTION

- Wash hands regularly.
- Do not go into areas where there are a lot of people during the Flu season.
- Get a Flu shot as long as the doctor agrees it should be given.
- Do not go out if you do get the Flu. This will limit the chance of someone else getting it.

You can learn more about the Flu from:

The Centers for Disease Control and Prevention

1-800-232-4636

[www.cdc.gov/flu](http://www.cdc.gov/flu)

## PNEUMONIA

Pneumonia is a bacterium that can cause serious illness and even death. It is responsible for more than 200 deaths each year in children and is the leading cause of Bacterial Meningitis in the United States. These infections can be hard to treat because the antibiotics to treat them do not always work.

The best way to prevent or lessen this illness is to wash hands regularly and get a Pneumonia shot. This shot is usually given about every five years for people who are at risk of getting Pneumonia. The doctor should be asked to be sure that there is no other medical reason the Pneumonia shot should not be given. The Pneumonia shot can help prevent other problems such as ear infections, sinus infections, and blood infections.

## ☞ CHARACTERISTICS

- Fever (usually high)
- Headache
- Extreme tiredness
- Dry cough
- Sore throat
- Runny or stuffy nose
- Muscle aches
- Nausea

- Vomiting
- Diarrhea

## ☞ PREVENTION

- Wash hands regularly
- Get a Flu shot each year unless the doctor tells you not to
- Get a pneumonia shot at about every 5 years or as your doctor recommends
- Stay away from people who have the flu, colds, chicken pox, or measles. You may get pneumonia after you have had one of these illnesses.

## **DISEASE INFORMATION – Multiple Sclerosis**

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Multiple Sclerosis (MS) is a disease of the brain and spinal cord (central nervous system). Body functions become uncontrolled because messages don't get through correctly, or are sent to the wrong area. MS is not a mental illness; it is not preventable or curable.

### **☞ CHARACTERISTICS**

- Seeing double or uncontrolled eye movements
- Partial or complete paralysis in any part of the body
- Shaking of hands
- Loss of bladder or bowel control
- Staggering or loss of balance
- Speech problems (slurring)
- Weakness or unusual tiredness
- Loss of coordination
- Numbness or prickly feelings
- Obvious dragging of feet

### **☞ FUNCTIONS AFFECTED BY MS**

- Seeing
- Walking
- Talking

### **☞ CAUSES OF MS**

- Virus attack – MS can be caused by some slow-acting viruses, or can be a delayed reaction to a common virus
- Immune Reaction – MS can involve an auto-immune reaction in which the body attacks its own tissues by mistake
- Combination – When viruses invade the body, they take over body cells, which can lead to an immune reaction

## ☞ INDIVIDUALS WITH INCREASED RISK OF MS:

- Young adults – symptoms usually appear between ages 20 and 40
- Women – more women than men develop MS
- Individuals living between 40° and 60° north and south latitudes
- People living in areas with poor sanitation standards



## DISEASE INFORMATION – Muscular Dystrophy

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Muscular Dystrophy (MD) is an inherited disease. It is caused by a defect in genes that are important for healthy muscles. It is a group of similar diseases marked by dissipating and progressive weakness of the skeletal muscles (those that control body movement).

Muscular Dystrophy is a progressive disease; symptoms gradually get more severe as muscles begin to waste away and weaken. There is no cure and no way to stop the disease process. MD is not contagious.

### ☞ TYPES OF MUSCULAR DYSTROPHY

- *Duchenne* – Develops early, between 2 – 6 years of age. Symptoms include: waddling or walking on toes, difficulty in running, protruding abdomen. This type of MD is 50% more likely to occur in males.
- *Facioscapulohumeral* – Usually becomes evident in teens (but may appear in infancy, childhood, or middle age). Symptoms include: ever-present facial weakness (difficulty closing eyes and whistling, unlined face even in middle age), difficulty raising arms and lifting objects, prominent shoulder blades. This gene is usually passed on from generation to generation and affects both sexes.
- *Limb-Girdle* – Usually becomes obvious in late childhood or early adolescence. Symptoms vary with body part affected: difficulty raising arms and lifting objects, drooping shoulders, waddling, frequent falls, difficulty rising from the floor and climbing stairs. This type of MD is recessive; it appears only if both parents carry the gene. It affects both sexes.
- *Myotonic* – Appears in early adulthood, less often in adolescence. Symptoms include stiffness in hands and feet, especially after a chill, difficulty relaxing grip, and facial weakness. It affects both sexes.

## **DISEASE INFORMATION – Osteoporosis**

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Osteoporosis, which means “porous bones”, causes bones to become fragile and more likely to break. In most cases it can be prevented and treated, but if steps are not taken, it progresses painlessly until a bone breaks.

### **☞ CHARACTERISTICS**

- Loss of height over time
- Back pain
- Fracture of the hips, spine, wrists or other bones

### **☞ PREVENTION**

- Regular (weight-bearing) exercise
- Adequate amounts of calcium
- Adequate amounts of Vitamin D
- Do not smoke
- Limit caffeine intake
- Avoid drinking too much alcohol
- Bone density testing and medication when appropriate

### **☞ TREATMENT**

- See a doctor

## **DISEASE INFORMATION – Parkinson’s Disease**

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Parkinson’s disease is part of a group of diseases called movement disorders. It is both chronic and progressive, meaning that its symptoms grow worse and last over time.

### **☞ CHARACTERISTICS**

- Tremor or shaking of the hands, arms, legs or jaw
- Rigidity or stiffness of the arms and legs or trunk
- Slowness of movement
- Poor balance and coordination

The cause of Parkinson’s disease is not known. The disease occurs when cells in an area of the brain begin to malfunction and die. These cells produce dopamine, a chemical that regulates the activity of parts of the brain that control movement and coordination. Parkinson’s disease causes the cells to die faster, so the amount of dopamine in the brain decreases and the person is unable to control movement normally. There are other symptoms that may affect the care of people with Parkinson’s disease. These include:

- Depression
- Slowed reaction time
- Dementia – may include hallucinations, paranoia, and memory loss
- Sleep disturbances including daytime sleepiness and nighttime insomnia
- Dizziness and fainting
- Pain
- Incontinence – urinary and bowel accidents
- Constipation and upset stomach

Treatment for Parkinson’s disease is use of medication for a large number of people. Some benefit from deep brain stimulation surgery. All require a combination of education (patient and family), support group services, general health and wellness care, exercise, and good nutrition. New medications and treatments are being studied carefully, looking for any improvements in care for this difficult disease.

## **DISEASE INFORMATION – Spinal Cord Injury**

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The spinal cord is a long, rope-like cord about the width of your little finger that extends from the brain to the lower back, where it fans out like a horse's tail. The spinal cord is protected by bones called vertebrae. In between the vertebrae are discs that act as cushions. The spinal cord is the second most protected organ in your body, with the brain being the most protected.

The type of spinal cord injury will determine what parts of the body will be partly or fully paralyzed.

### **☞ TYPES OF SPINAL CORD DAMAGE**

- Complete – all the nerves at the level of injury are damaged. There will be no movement or feeling below the level of injury.
- Incomplete – Partial damage to the nerves at the level of injury. There may be some movement and/or feeling.

### **☞ TYPES OF PLEGIA'S**

- Paraplegia – paralyzed below the waist
- Hemiplegia – paralyzed on one side of the body
- Quadriplegia – paralyzed from the neck down

### **☞ COMMON WAYS SPINAL CORD INJURY OCCURS**

- The result of something intrusive in the spine, like a gunshot wound.
- Pressure to the spine, such as a tumor inside the spinal column.
- The spinal cord being partly cut or cut in half; resulting from a car accident, a fall, sports, or violence.

### **☞ COMMON CONDITION OF SPINAL CORD INJURY**

- Autonomic Dysreflexia – This is an emergency situation that can lead to a stroke. Messages sent from the brain cannot get through the level of injury and the blood pressure rises uncontrolled. This rise in blood pressure will cause signs that the individual can see. These are signs that something is wrong.

## ☞ CHARACTERISTICS OF AUTONOMIC DYSREFLEXIA

- Pounding headache
- Sweating above the level of injury (SCI persons cannot sweat below the level of injury)
- Nasal congestion and pupil constriction
- Goose bumps/chills
- Slow heart rate (brain's response to high blood pressure)
- Vision changes (seeing spots, blurry vision)
- Anxiety
- Skin color changes above the level of injury

## ☞ CAUSES OF AUTONOMIC DYSREFLEXIA

- Full or infected bladder
- Blocked bowels
- Pressure ulcers
- Broken bones, severe cuts
- Labor pains, menstrual cramps
- Extreme temperatures, sunburns
- Tight clothing
- Ingrown toenails

## ☞ WHAT TO DO FOR AUTONOMIC DYSREFLEXIA

- Have the person immediately sit up or raise head to 90°. This will reduce the blood pressure.
- Determine the cause. If you cannot determine the cause – GET HELP!! Call or go to the hospital. Health providers may not know what Autonomic Dysreflexia is so it is best to carry an ID card that explains the condition.
- As a preventative measure, practice good bowel care and bladder management.

## DISEASE INFORMATION – Strokes

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Brain damage occurs when blood flow to or within the brain is interrupted. Without the oxygen in the blood, the brain cells die. The location of those damaged cells will determine the symptoms and severity of the stroke.

### ∞ CHARACTERISTICS

- Drooping of one side of the face
- Slurred speech
- Visual disturbances
- Incoordination or paralysis of extremities

### ∞ TYPES OF STROKES

- *Hemorrhagic* – When a blood vessel breaks and leads blood into the surrounding tissue. Can be caused by a weakened artery wall (aneurysm) or by trauma.
- *Ischemic* – Interruption of blood flow due to a clot or plaque formation.

If the cause is ischemic, a medication can be given within the first two hours that will greatly reduce the effects of the stroke. If the cause is hemorrhagic, the same medication can cause further bleeding and possibly death. Therefore, it is imperative that the individual be evaluated in the emergency room for the appropriate treatment within two hours of onset of symptoms.

### ∞ EFFECTS OF A STROKE

- Paralysis
- Memory loss
- Impaired judgment
- Aphasia (difficulty expressing oneself)
- Depression
- Emotional instability
- Seizures

Following a stroke, it is also imperative that the individual get rehabilitative therapy as soon as possible to decrease impairment and learn how to manage activities of daily living (ADLs) with the impairment. The caregiver can also help by allowing the person to be as independent as possible and to allow plenty of time for independent function. This will help decrease depression.

## SECONDARY CONDITIONS

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Secondary conditions are those physical, medical, cognitive, emotional, or psychosocial consequences to which persons with disabilities are more susceptible by virtue of an underlying condition, including adverse outcomes in health, wellness, participation, and quality of life.

***A secondary condition is “any condition to which a person is more susceptible by virtue of having a primary disabling condition.”***

These are conditions that often go along with major health problems. They can be side effects of some diseases. They also may happen because a person can no longer move around very easily or because they are limited in what they can do.

Secondary conditions have an enormous impact on a person's health, function and quality of life. Secondary conditions are recognized as a major limiting factor in the promotion of good health, independence, and social integration. This term can apply to people that are aging or people with a specific disability.

The key element is that the condition is preventable and by knowing that it exists, there can be clearer and more focused health promotion strategies. If not treated, they may cause decline in health and abilities and lead to further disabilities.

**If an Attendant Care Worker sees that a member possibly has any of the following secondary conditions, encourage the member to contact his or her doctor.**

## **SECONDARY CONDITIONS ~ Bowel Dysfunction**

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The most common gastrointestinal problem reported by people with disabilities is altered bowel elimination – too much and too little can be a problem and make any condition worse.

### **☞ CHARACTERISTICS**

- Feeling gassy or bloated
- Problems with bowel movement (either not having enough or having too many)
- Pain associated with hemorrhoids
- Rectal bleeding
- Problems with voluntary or involuntary contractions

### **☞ PREVENTION**

- Daily physical exercise; moving around will help with digestion
- Avoid eating gas forming foods (Brussels sprouts, peas, spinach, corn, cabbage, broccoli, radishes, string beans, dried beans, mushrooms, cucumbers, onions)
- Avoid drinking gas forming beverages (beer and carbonated drinks)
- Eat high fiber foods (Vegetables, fruits, whole wheat breads, and bran – read labels carefully on cereal boxes)
- See your doctor for medical care if problem persists

### **☞ TREATMENT:**

- See a doctor

Make sure that bowel movement is monitored daily so if bowel movement isn't happening, it will be recognized and treatment can begin.



## ☞ BOWEL MANAGEMENT (Information for the Attendant Care Worker)

Sometimes a member may need help with their bowel movements. The member may not know when a bowel movement is needed or may not be able to control when he/she has a bowel movement. An Attendant Care Worker (ACW) may be asked to help a member follow a routine or bowel program. If an ACW is asked to assist with bowel management, the ACW can expect some additional training in order to make sure the care is provided correctly.

The goal for a bowel care program is to establish emptying the bowel at regular times and prevent accidental bowel movements. A bowel program is usually established three times a week, but does vary from member to member. There are two types of bowel programs: suppository and digital stimulation.

The acronym SELF will help you remember good habits to keep the bowels working well.

### **S** is for Schedule

- A bowel routine might involve reminding the member to use the toilet after dinner every day or using a suppository several times a week to make the bowels move. Establishing and adhering to a schedule is very important.

### **E** is for Exercise

- Exercise helps the bowels work more regularly and efficiently. ACWs should discuss exercise with members and follow their instructions.

### **L** is for Liquids

- Drink 6 to 8 glasses of liquids each day to help avoid constipation and help bowel movements be more comfortable.

### **F** is for Fiber

- Foods with fiber include fruits, vegetables and grains. Fiber helps the bowels work more regularly and efficiently. Members may want help in planning meals that include healthy amounts of fiber.

## SECONDARY CONDITIONS ~ Chronic Pain

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Chronic pain is long-term pain that may be mild, moderate, or severe. Chronic pain is defined as pain that lasts longer than three months. It may be caused by a physical illness or it may not be known what is causing the pain.

### ∞ TREATMENT

- See a doctor who has experience in treating people with chronic pain or go to a pain management clinic.
- Use some relaxation techniques to reduce stress, such as visualization/meditation or exercise.
- Use physical therapy to relieve pain and improve movement and function or use complementary therapies (such as acupuncture) to reduce pain.
- Injection therapy (injections of certain medications can sometimes reduce pain and inflammation).
- Exercise regularly. Many studies show that exercise significantly reduces pain. Aerobic exercise - such as swimming, stationary cycling, and walking – promotes good health. Water exercise may be especially helpful in reducing pain. When beginning an exercise program try frequent, short periods of exercise (5 to 6 minutes at time) rather than long ones (20 minutes or more). If your joints are stiff, try taking a warm bath or shower beforehand to loosen up. Also, try to do some stretching exercises each day.
- Taking medications to relieve pain.

## **SECONDARY CONDITIONS ~ Dental Disease**

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Cavities and periodontal disease are the most common forms of dental disease. Both are caused by bacteria in the mouth, which attach to the tooth and form a sticky mass called bacterial plaque (the sticky, colorless film that constantly forms on your teeth).

### **☞ CHARACTERISTICS OF TOOTH OR GUM PROBLEMS**

- Dark spot or pit that can be seen on the tooth surface
- Noticeable shadows between teeth or on surface of the tooth
- Holes or weak spots
- Persistent sore, swollen, red, or bleeding gums
- Spaces between the teeth and gums
- Tooth pain or sensitivity
- Bad breath

### **☞ PREVENTION OF DENTAL DISEASE**

A brushing and flossing routine, along with early and regular dental examinations and treatment will enhance good dental health. The development of mechanical toothbrushes, modification of toothbrush handles/grips, oral antimicrobial agents, and fluorides have all enhanced home care results.

The active participation of the ACW and the member will go a long way toward achieving and maintaining good oral health. Good oral health is an important part of total health. There is strong evidence that most dental disease can be prevented.

### **☞ TREATMENT**

- See a dentist

## SECONDARY CONDITIONS – Fatigue

---

Physical Fatigue is the lack of muscle strength and the inability to put force against one's muscles to the degree that would normally be expected given a person's general physical fitness.

Mental Fatigue is the decreased ability to be awake or alert, decreased attention, or being unable to focus or concentrate. This can be, but is not always, associated with lack of sleep.

### ☞ COMMON SYMPTOMS

- Muscle weakness
- Lack of stamina
- Extreme tiredness
- Unable to concentrate
- Take more effort to complete a task than what is normal
- Overall exhaustion
- Muscle aches

### ☞ PREVENTION

- Do not overeat
- Drink plenty of water
- Exercise regularly
- Prevent constipation
- Limit caffeine
- Limit food and beverages that act as diuretics such as coffee, tea, colas, and chocolate

### ☞ CONDITIONS THAT CAN CAUSE FATIGUE

- Thyroid problems
- Diabetes
- Anemia
- Depression
- Urinary tract infections
- Food allergies
- Sleep apnea (not getting good quality sleep)

**For ongoing problems with fatigue, please encourage the member to see a doctor.**

## **SECONDARY CONDITIONS ~ Medication Side Effects**

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Some prescription medications can cause physical side effects that impact comfort levels. It is important to communicate with your employer any concerns you are having about their medications immediately! Your employer's healthcare professionals can help manage their treatment plan to minimize or avoid side effects.

### **☞ TO BETTER UNDERSTAND MEDICATIONS**

- Have your employer tell you about what the doctor and pharmacist have said about the frequency and severity of any possible side effects of a new medication and what to do if they occur.
- If your employer experiences a new symptom, contact their doctor immediately.
- Read all the information supplied by the pharmacist and doctor.

### **BETWEEN 30% AND 50% OF ALL PATIENTS FAIL TO FOLLOW THEIR PRESCRIBED MEDICATION THERAPY!**

This contributes to:

- Nearly 10% of all hospital admissions
- Nearly 25% of all nursing home admissions

## SECONDARY CONDITIONS ~ Migraines

---

A migraine is a type of headache that usually happens in episodes or "attacks". Attacks may last anywhere from 4 hours to as long as 72 hours.

### ☞ CHARACTERISTICS

- Mild to severe throbbing/pounding pain
- Pain (on one or both sides of the head)
- Pain made worse with activity
- Nausea (upset stomach) or vomiting (throwing up)
- Pain may last from 4 hours to 72 hours

### ☞ TRIGGERS

- Stress
- Glaring or flickering lights
- Changes in the weather
- Certain food (yogurt, nuts, lima beans, aged cheese, alcohol, chocolate, onions, figs, liver, caffeine, monosodium glutamate (MSG), smoked or pickled fish/meat, nitrate/nitrite-preserved foods (hot dogs, pepperoni, salami))

### ☞ PREVENTION

- If prescribed medication, keep it with you at all times and take it exactly as directed
- Eat and sleep regularly
- Eat a healthy diet
- Get enough exercise
- Try to lower stress (relax)
- Do not smoke

### ☞ TREATMENT

- See a doctor

## SECONDARY CONDITIONS ~ Nutrition/Obesity

---

Concerns about eating behaviors and patterns have grown in recent year due to increasing evidence that diets can have profound and long-term effects on health.

Until recently, a person was thought to be obese if he or she weighed at least 20% more than his or her ideal weight. This is no longer commonly used by doctors, but is still used by insurance companies.

The Body Mass Index (BMI) can be calculated by:

$$\frac{(\text{Weight in Pounds} \times 700)}{(\text{Height in inches, squared})}$$

Desirable BMI's are 19.1 to 27.3 for women and 20.7 to 27.8 for men. People who have BMI's of 30 or higher are obese.

### ∞ PREVENTION

- Pay attention to what foods you are eating.
- Cut back on fast foods and junk food.
- Try to eat five portions of fruit and vegetables each day.
- Eat a moderate amount of dairy products – around 2 to 3 servings per day.
- Eat moderate amounts of meat and fish – around 2 servings a day.
- Be physically active (daily).

### ∞ TREATMENT

- Talk to a doctor
- Watch the amount and types of food eaten daily

## **SECONDARY CONDITIONS ~ Pressure Sores/Ulcers**

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A pressure sore/ulcer (popularly called a bedsore) develops due to poor blood supply to an area of the body.

When the pressure or force applied to the skin is greater than what the blood vessels can take, it will cause the skin to go without oxygen and other nutrients and the skin will begin to die.

### **☞ COMMON AREAS FOR PRESSURE SORES**

- Bony areas of the body:
  - Tailbone
  - Heels
  - Elbows
  - Shoulder Blades

### **☞ COMMON WAYS PRESSURE SORES DEVELOP**

- Sitting or lying in one position too long
- Rubbing casts, braces or crutches
- Wrinkled bed linens
- Poorly fitting clothes

### **☞ FOUR STAGES TO RECOGNIZE A PRESSURE SORE**

- *Stage I:* the skin is reddened and the color does not return to normal 20 minutes after the pressure is relieved. The skin remains intact.
- *Stage II:* Partial thickness skin loss involving epidermis, dermis, or both. The sore is superficial and looks like an abrasion, blister or shallow crater.
- *Stage III:* Involves the full thickness of the skin, extending into the underlying tissues. This layer has a relatively poor blood supply and can be difficult to heal. The sore is a deep crater with or without undermining (tunneling) adjacent tissue.
- *Stage IV:* Full thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone or supporting structures.



## ☞ PREVENTION

- Repositioning the body every two hours to prevent circulation problems to any one part of the body. If an area stays inflamed for more than five minutes, reduce time for changing position by 30 minutes.
- Inspect the skin daily for common signs.
- Gentle massage to the area stimulates circulation to the areas most likely to be affected.
- If area has already reddened do not massage, because massage encourages tissue breakdown. Seek medical treatment immediately.
- Cleansing - especially to remove sweat, urine, and feces - helps prevent chemical breakdown of the skin and aids in the removal of bacteria.
- Avoid skin scrapes from friction. Follow safe transfer procedures. Do not drag or slide the member across supporting surfaces. Get help or use a lift sheet to turn and move a member in bed.
- Protect skin over protruding bones and where two skin surfaces rub together. Protect the skin with clothing and special pads for elbows and heels. Remember, cushions do not replace frequent positions changes.

## ☞ TREATMENT

- See a doctor

## SECONDARY CONDITIONS ~ Respiratory Problems

---

Respiratory problems can include the upper or lower respiratory system. The upper respiratory system includes the nose, ears, sinuses, and throat. Respiratory problems involving the lower respiratory system are less common than upper respiratory infections.

### ☞ CHARACTERISTICS

- A runny or stuffy nose. This may lead to blockage of the nasal passages, causing it hard to breathe through the mouth.
- Coughing, especially when lying down
- Fever that occurs suddenly and may reach 103°F (39.44°C) to 105°F (40.56°C).

### ☞ PREVENTION

- Get immunized (get a flu shot each autumn if over age 65 or in a high-risk group).
- Wash hands often.
- Keep hands away from eyes, nose and mouth. These are the places where viruses are most likely to enter the body.
- If a person smokes, quitting will help.
- Eat a healthy diet with plenty fruits and vegetables, get regular exercise, and drink plenty of fluids to keep up resistance.

### ☞ TREATMENT

- Drink extra fluids. Hot fluids may help relieve congestion.
- Get extra rest to fight the infection.
- For a sore throat, gargle with salt water.
- Keep the room temperature comfortable. A hot, dry environment will increase nasal congestion.
- See a doctor.

## SECONDARY CONDITIONS ~ Skin Problems

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Healthy skin provides a barrier between the inside of the body and the outside environment. A rash indicates an abnormal change in the skin.

### ☞ CHARACTERISTICS

- Redness
- Swollen
- Itchy
- Sensitive to touch
- Pain
- Warmer to the touch than other unaffected areas

### ☞ PREVENTION

- Avoid bathing too frequently.
- Avoid contact with allergens.
- Avoid infectious diseases.
- Avoid scratching the skin or rubbing it vigorously with towels.
- Avoid exposure to chemicals that may irritate the skin, such as rubbing alcohol, soaps, detergents, or solvents.

### ☞ TREATMENT

- Try an oatmeal bath to help relieve itching.
- Dress in cotton clothing.
- Use as little soap as possible, and use gentle soaps (such as Basis, Cetaphil, Dove, or Oil of Olay). Do not use deodorant soaps.
- Avoid dry skin, which may worsen itching caused by a rash.
- See a doctor

## SECONDARY CONDITIONS ~ Sleep Disorders

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There are a vast range of factors that can cause sleep problems. Health and lifestyle issues such as stress, illness, or sleep environment might be at play or chronic medical conditions such as asthma, arthritis and other long-term problems. Whatever the cause or causes of sleep problems, there are effective solutions.

### ☞ TYPES OF SLEEP DISORDERS

- Insomnia
- Sleep-disordered breathing
- Sleep Apnea
- Narcolepsy

### ☞ WHAT IS INSOMNIA?

Insomnia is a term used broadly to define “difficulty with sleeping”, can take many forms. There are three types of insomnia, which can be caused by many different things:

- **Transient Insomnia** lasts only a few nights. It is often caused by jet lag, temporary stress, excitement, illness, or a change in sleep schedule.
- **Short-term Insomnia** last up to three weeks. It often results from more prolonged stress or worries, such as financial troubles, death of a loved one, job change, or divorce. If not addressed, short-term insomnia may escalate into a chronic problem.
- **Chronic Insomnia** also known as long-term insomnia lasts more than a month. It can occur every night, most nights, or several nights each month. Chronic insomnia is often caused by a medical problem; treating the underlying problem may alleviate the insomnia. Chronic sleeplessness may also be caused by bad sleep habits.

### ☞ WHAT IS SLEEP DISORDER BREATHING?

Sleep-disordered breathing (SDB) is a range of disorders that includes snoring, shallow breathing, breathing pauses, and in extreme cases, obstructive sleep apnea. The most common symptom of sleep-disordered breathing is loud snoring during the night.

Signs and symptoms of SDB may include:

- Breathing pauses
- Restless sleep
- Frequent nighttime awakening or arousal
- Daytime fatigue or over activity
- Bedwetting

### ☞ WHAT IS SLEEP APNEA?

With sleep apnea, your breathing is briefly interrupted while you sleep. These interruptions can occur dozens or even hundreds of times during the night. The biggest sign of sleep apneas is loud snoring.

Signs and symptoms of sleep apnea are very similar to those of sleep-disorder breathing. They include:

- Nightly snoring
- Gasping for air during sleep
- Irregular breathing during sleep
- Mouth breathing
- Restlessness during sleep
- Excessive daytime sleepiness or irritability
- Daytime irritability
- Daytime hyperactivity

### ☞ WHAT IS NARCOLEPSY?

Neurological disorder brings on sudden, uncontrollable bouts of sleepiness throughout the day; persons will fall asleep involuntarily – even when actively engaged in interactions and tasks, such as:

- Driving
- Talking
- Watching TV

## SECONDARY CONDITIONS ~ Spasms/Contractures

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A spasm is defined as a sudden, involuntary contraction of a muscle or group of muscles. Spasms usually occur when the nerves supplying muscles are irritated, and are commonly accompanied by pain.

### ☞ CHARACTERISTICS

- Spasms may be repetitive twitching motions, some of which are called tics.
- In a convulsive spasm, the entire body is jerked by sudden violent movements that may involve almost all the muscles. These spasms may last from a fraction of a second to several seconds, or even minutes. Severe tonic spasms can be fatal if not treated promptly.

### ☞ THINGS THAT CAN MAKE SPASMS WORSE

- Presence of pressure sores
- Bowel impaction
- Urinary tract infections
- Any irritant below the level of injury

### ☞ THINGS THAT CAN MAKE SPASMS BETTER

- Take measures to avoid urinary tract infections, bowel impaction, or ingrown toenails.
- Do full range of motion exercises to joints regularly.
- Apply hot or cold packs.
- Lay in a prone position when in bed to counteract hip flexion contractures.
- Medical or surgical management by a physician.

### ☞ TREATMENT

- The treatment varies with the cause.
- Notify a doctor when you have had a spasm and he or she should monitor all medications for spasms.

## SECONDARY CONDITIONS ~ Stress and Anxiety

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Stress is a non-specific response of the body to any demand placed on a person to change, adapt or modify their existing sense of balance in life.

### ☞ SIGNS OF STRESS

- Crying
- Depression
- No Energy
- Anxiety
- Not Sleeping
- Stomach Pains

Stress can also contribute to other conditions such as migraines.

Anxiety is an emotional and physical reaction to stressful situations. Even though the physical reaction is related to stress, it real and should be treated as any other medical condition. Anxiety attacks can resemble a heart attack or high blood pressure and should be treated with the same seriousness and sense of emergency.

When the stress level is manageable or when we have developed effective coping mechanisms, the impact of stress on our lives is minimal. Whether you are the ACW or the member, you will be involved in a stressful situation.

Recognizing the signs and learning to cope with stress is necessary, not only to be effective in the workplace, but to protect your health. The benefits of coping with stress include:

- A positive attitude
- More energy
- Looking forward to getting up every day
- The ability to make better decisions
- In general, feeling lighter

## ☞ HEALTHY APPROACHES TO STRESS MANAGEMENT

- Exercise regularly and eat a well-balanced diet
- Visit an old friend
- Participate in a hobby
- Take a hot bubble bath
- Rent a funny movie
- Slow down
- Keep a journal
- Take a nap
- Read a favorite magazine or book
- Listen to music
- Go out to eat at a favorite restaurant
- Learn to meditate or do yoga
- Laugh
- Practice relaxation techniques (see page 92 for examples)

## ☞ UNHEALTHY APPROACHES TO STRESS MANAGEMENT

Unhealthy coping strategies cover up the problems, providing temporary rather than long-term help, in managing stress. Examples of unhealthy coping methods include the use of:

- Alcohol
- Cigarettes
- Drugs



## **SECONDARY CONDITIONS ~ Urinary Tract Infections/Bladder Infections**

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Urinary tract infections (UTIs) are usually caused by bacteria. Bladder infections are the most common UTI, and primarily affect women.

If not treated, UTIs may cause serious, possibly life-threatening problems and permanent damage to the urinary tract.

### **☞ CHARACTERISTICS**

- Pain/burning upon urination or urge to urinate frequently
- Dribbling (inability to control urine release)
- Reddish or pinkish urine
- Foul-smelling and/or cloudy urine
- Pain in the back just below the rib cage, on one side of the body
- Fever and chills
- Nausea and vomiting

### **☞ PREVENTION**

- Drink plenty of liquids, including cranberry and blueberry juice.
- Always wipe from front to back after using the restroom.
- Change sanitary napkins often.
- Take showers instead of tub baths.
- Keep the tip of the penis clean.

### **☞ TREATMENT**

- See a doctor.
- Uncomplicated UTIs are treated with antibiotics and home treatment, which includes drinking lots of fluids.

### **☞ BLADDER MANAGEMENT**

Sometimes your employer might require help urinating. They may simply need to have assistance getting on the toilet at certain times, or they may experience incontinence (the inability to hold urine).

Your employer will teach you how to best help him/her. Even with direction, you may still want to ask the following important questions:

- If the toilet is used, how much help is needed to get on or off the toilet?
- Are incontinence pads or underpads being used?
- Is a catheter being used? (A catheter is a small tube that collects the urine). What special care is required?

In addition, your employer should engage in the following habits to help keep his/her bladder healthy:

- Drink at least six glasses of liquids each day.
- Keep clean to prevent infection.
- Wipe from front to back (women) to prevent bacteria from the bowel from getting into the urinary tract.
- Drink extra liquids if the urine is dark, cloudy, or foul smelling.
- Call a doctor if chills, fever, or blood in the urine is present.

