

Lesson # 6

Title: Fire Safety and Other Resident Safety Concerns

Lesson Objectives:

- I. The student will be able to describe fire safety and necessary emergency response should a fire occur and manner of resident evacuation.
- II. The student will be able to explain the rationale for use of side rails and potential entrapment dangers associated with side rail use.
- III. The student will be able to describe those residents at risk of elopement and interventions to be implemented for those residents identified as at risk of elopement.
- IV. The student will be able to explain the smoking policy, safety concerns and interventions to promote safe smoking, as possible, and as applicable.

Key Terms:

Evacuation Plan – plan developed by the facility by which residents would be relocated to a safe area within the facility, outside the facility, or to an alternate location.

Entrapment – a resident’s body part becomes lodged between the bed frame and/or mattress and the bed rail.

Elopement – a resident exiting the facility whose whereabouts are unknown to the staff.

Fire Drill – plan executed frequently to help workers learn what to do in the case of a fire.

Flammable – easily ignited; capable of burning quickly.

Pacing – walking back and forth in the same area of the facility.

Wandering – walking aimlessly throughout the facility.

Content:

- I. Fire Safety
 - A. General
 1. Know the evacuation plan
 2. Know how much assistance is needed, and which residents to relocate first (i.e., ambulatory, those who need assistance, totally dependent)

3. Dangers of smoke inhalation
 - a. Stay low and cover mouth with wet cloth
 - b. Shut resident doors
 4. Fire drills and procedures
 - a. Role of the nursing assistant during a fire drill and/or evacuation
 - b. Know the locations of all exits and stairways
 - c. Know the locations of fire alarms, extinguishers and fire blankets
 5. Never use an elevator in the event of a fire
 6. If your clothing catches on fire, STOP, DROP and ROLL to smother the flames
 7. A supervisor or charge nurse will give directions during an emergency
- B. Guidelines in case of fire (**See RCP**)
1. Remove residents from area of immediate danger
 2. Activate the fire alarm
 3. Contain the fire, if possible (close doors)
 4. Extinguish, if possible
- C. Use of the fire extinguisher (**See RCP**)
1. Pull the pin
 2. Aim at the base of the fire
 3. Squeeze the handle
 4. Sweep back and forth at the base of the fire
- D. Types of fire extinguishers
1. A= paper, wood, cloth
B= oil, grease
C=electrical
- E. During an emergency, stay calm, listen carefully and follow directions given
- II. Side rails/Entrapment
- A. Purpose of side rail use
1. Enabling or self-help if used to assist the resident to move independently

2. Restrictive if their use results in confining the resident in bed; restricting voluntary movement
- B. Zones/areas of potential bed entrapment

III. Resident Elopement

A. Exit seeking behavior

1. Frequently remaining at or near exit doors
2. Shaking door handles
3. Pacing to and from the exit doors
4. Voicing a desire to leave the facility and/or return home
5. Packing clothing/belongings
6. Wearing shoes, coat, hat, etc., although in the facility

B. Resident identification and monitoring

1. Facility assessment and identification of residents at risk of elopement
2. Pictures, logs or other means to identify residents at risk of elopement

C. Electronic bracelets

1. Worn by residents at risk for elopement
2. Checked for presence and function per established facility frequency
3. Exits become secured when a resident with such a bracelet approaches the exit
4. Be cautious, as residents may cut-off/remove bracelet with nail clippers, knife, etc.

D. Coded entries

1. Requires a code to be entered to release/open the door
2. Code should be known/available to alert and oriented residents, visitors and staff
3. Coded entries are unlocked during a fire alarm and must be monitored.

E. Alarmed doors

1. Staff should suspect a resident has exited unattended when the alarm is heard
2. Check panel for source door sounding the alarm
3. Immediately assess grounds near exit. If source of alarm sounding is not visualized, conduct a headcount to confirm all residents are safe within the facility
4. Never silence an alarm without knowing “why” the alarm sounded

IV. Smoking

A. Facility policy

1. Supervised vs. unsupervised smoking per resident assessment of ability
2. If the facility allows unsupervised smoking, the facility should direct how the resident is to store/manage smoking materials (i.e., lighter, cigarettes)
3. The facility may be a “non-smoking” campus

B. Potential safety concerns/assistive devices

1. Ability to manipulate smoking materials/cigarette extension
2. Smoking apron if concerned with ashes dropped on clothing
3. Appropriate non-flammable ashtrays/containers
4. Oxygen use prohibited when smoking
 - a. Oxygen supports combustion (the process of burning)
 - b. Never allow open flames near oxygen
5. Monitoring for non-compliance with smoking policy
 - a. Smoke odor in room
 - b. Burn holes in clothing/bedding
 - c. Smoking materials supplied by family members
6. Electronic cigarettes

Visual Aides:

- Sample evacuation plan
- Fire extinguisher
- FDA illustrations of zones of potential bedrail entrapment
- Electronic bracelet (if available)
- Smoking apron (if available)
- Fire blanket (if available)

RCPS:

- Fire
- Fire Extinguisher

Review Questions

1. Explain the acronym “RACE.”
2. Describe the proper use of the fire extinguisher using the acronym “PASS.”
3. Describe the action to be taken should your clothing catch fire.

Lesson # 7

Title: Basic Nursing Skills (Vital Signs, Height and Weight)

Lesson Objectives:

- I. The student will be able to demonstrate competence in completion of initial steps to be taken prior to initiating a procedure as well as final steps following any procedure executed.
- II. The student will be able to demonstrate competence in taking and recording vital signs.
- III. The student will be able to demonstrate competence in measuring and recording height and weight.

Key Terms:

Apical Pulse – located on the left side of the chest, under the breastbone; taken with a stethoscope

Brachial Pulse – located at the bend of the elbow, used for taking blood pressure measurement

Carotid Pulse – located on either side of the neck, supplies the head and neck with oxygenated blood

Diastolic Blood Pressure (bottom number) – the phase when the heart relaxes; the pressure in the arteries between heartbeats

Expiration – exhaling air out of the lungs.

Hypertension – high blood pressure.

Hypotension – low blood pressure.

Inspiration – breathing air into the lungs.

Orthostatic Hypotension – a drop in blood pressure when a resident suddenly rises from a lying to a sitting or standing position.

Radial pulse – the pulse site found on the inside of the wrist.

Respiration – the process of breathing air into lungs and exhaling air out of the lungs.

Systolic Blood Pressure (top number) – the phase when the heart is at work, contracting and pushing blood from the left ventricle; the pressure in the arteries when the heart beats

Content:

- I. Initial Steps- These are consistent steps to be taken prior to executing any procedure with a resident. (**See RCP**)
 - A. Includes asking the nurse about the resident's needs, abilities and limitations
 - B. Includes following infection control guidelines and providing the resident privacy during care

- II. Final Steps- These are consistent steps to be taken following the completion of any procedure with a resident. (**See RCP**)
 - A. Includes ensuring the resident is comfortable and safe
 - B. Includes removing supplies and equipment from the residents room and reporting any unexpected findings to the nurse and documenting care provided.

- III. Vital signs provide important information
 - A. How the body is functioning
 - B. How the resident is responding to treatment
 - C. How the resident's condition is changing
 - D. Taking and Recording Vital Signs
 1. Temperature (oral, axillary, tympanic) - the measurement of heat in the body affected by time of day, age, exercise, emotional state, environmental temperature, medication, illness and menstruation. Types of thermometers include glass, electronic with probe cover, paper/plastic tape, tympanic with probe cover. Glass thermometers are seldom used. NOTE* A facility may have specific instructions in regard to equipment to be used and/or the cleaning and disinfection of common use equipment for those residents who require isolation. The facility policies should be followed in regard to residents in isolation
 - a. Oral (by mouth) - normal range 97.6 to 99.6 F (**See RCP**)
 - b. Axillary (placed in the armpit)- normal range 96.6- 98.6 F (**See RCP**)
 - c. Aural/tympanic (placed in ear)- normal range 98.6- 100.6 F (**See RCP**)
 2. Pulse-rate is the measurement of the number of heart beats per minute – Normal range 60 – 100 (**See RCP**)

- a. Affected by age, sex, emotions, body position, medications, illness, fever, physical activity and fitness level
 - i. Pulse points most often used are: carotid, apical, radial, brachial
 - ii. When taking the pulse rate – note the rate, rhythm and force. (**See RCP**)
- c. Respirations/Respiratory Rate-the measurement of the number of times a person inhales per minute (**See RCP**)
 - i. Affected by age, sex, emotional stress, medication, lung disease, heat and cold, heart disease, and physical activity
 - ii. When taking respirations, note rate (number of respirations per minute- normal rate is 12-20 per minute); rhythm (the regularity or irregularity of breathing); and character (the type of breathing, such as shallow, deep or labored)
 - iii. When taking respirations, count respirations after finishing taking the pulse, without taking your fingers off the wrist or the stethoscope from the chest so that the resident is unaware you are checking the respirations
 - iv. If resident is agitated or sleeping, place hand on resident's chest and feel chest rise and fall during breathing
- d. Blood Pressure - A measurement of the force the blood exerts against the walls of the arteries. Abnormally high blood pressure is called hypertension. Abnormally low blood pressure is called hypotension. Normal range for Systolic blood pressure is 100-139; Normal range for Diastolic blood pressure is 60-89 (**See RCP**)
 - i. Caution: If resident has a history of mastectomy or has a dialysis access, the blood pressure is not to be taken in the affected side/extremity
- E. Height (**See RCP**)
 - a. Residents who are able to stand should utilize a standing balance scale
 - b. Residents who are unable to stand should be measured while lying flat in bed.
 - c. Residents who are unable to lay flat in bed should be measured using a tape measure.
- F. Weight- Have resident wear the same type of clothing each time he/she is weighed. If daily weights are ordered, attempt to weigh at approximately the same time each day.

If resident wears a prosthetic device, the weight should consistently be taken with the device in place, or not in place, to eliminate inaccurate weight changes. Follow the manufacturer's guidelines for use of the scale (**See RCP**)

Visual Aides:

- Watch with second-hand
- Oral Thermometer/probe covers
- Tympanic Thermometer/probe covers
- Stethoscope
- Sphygmomanometer
- Scale (standing and wheelchair, if available)
- Measuring tape
- Sample record/document to record vital signs

RCPS:

- Review Initial/Final Steps
- Oral Temperature
- Axillary Temperature
- Pulse and Respiration
- Blood Pressure
- Height
- Weight

Review Questions

1. What is the normal heart rate for adults?
2. What is the normal blood pressure for adults?
3. If a resident is sleeping, describe how the respiratory rate can be taken?

Lesson # 8

Title: Activities of Daily Living (Positioning/Turning, Transfers)

Lesson Objectives:

- I. The student will be able to demonstrate the importance of proper positioning and body alignment.
- II. The student will be able to recognize four commonly used resident positions.
- III. The student will be able to demonstrate competence in proper transfer techniques.

Key Terms:

Alignment – put in a straight line; shoulders directly above hips, head and neck straight, arms and legs in a natural position.

Ambulation – walking.

Assistive Devices – equipment used to help resident increase independence.

Body Mechanics – using the body properly to coordinate balance and movement.

Cane – assistive device used by the resident with weakness on one side.

Dangle – sitting up with feet over the edge of the bed.

Deformities – abnormally formed parts of the body.

Fowler's Position – head of bed elevated 45 to 60 degrees.

Lateral Position – lying on side, either right or left.

Logrolling – to turn, or move the resident without disturbing the alignment of their body.

Pivot – to turn with one foot remaining stationary.

Positioning – the placement and alignment of the resident's body when assisting the resident to sit, lie down or turn.

Semi-Fowler's Position – head of bed elevated 30 to 45 degrees.

Supine Position – lying flat on back.

Transfer – moving the resident from one surface to another.

Transfer Belt (Gait Belt) – a safety belt used to assist the resident who is weak or unsteady during transfers or walking.

Walker – assistive device used for support and steadiness.

Content:

- I. Proper positioning and body alignment
 - A. Positioning
 1. Frequency of re-positioning
 - a. Recommended every 2 hours or more frequently, if warranted
 - i. Prevent deformities, development of pressure sores, respiratory complications and decreased circulation
 - B. Alignment
 1. Proper alignment
 - a. Shoulders above hips, head and neck straight, and arms and legs in natural position
 - b. Promotes
 - i. Physical comfort
 - ii. Relieves strain
 - iii. Promotes blood flow
 - iv. Efficient body function
 - v. Prevention of deformities and complications (i.e., contractures and prevention of pressure sores, etc.)
 - C. Role of the Nurse Aide
 1. Provide privacy
 2. Check resident's body alignment after position change
 3. Keep resident's body in good alignment, as possible
 4. Support affected limbs during re-positioning
 5. Review care plan
 - a. Know what position is safe for the resident
 6. Do not cause the resident pain or injury
 - a. Be gentle
 - b. Do not rush
 - c. Do not slide or drag resident on bed linen
 - d. Use appropriate side rail when turning resident (if side rail is used)
 - i. Side rail up on side of bed resident is turning toward

- e. Return bed to appropriate height and position
- 7. Encourage resident to assist with positioning, if able

II. Commonly used positions

A. Supine Position (**see RCP**) - Flat

- 1. Ensure resident is placed at the head of the bed to prevent resident's feet/heels from touching or resting against the footboard. This will also help keep the trunk in position should the head of the bed be elevated.
- 2. Procedures which may require supine position
 - a. Bed making
 - b. Bed bath
 - c. Perineal care

B. Lateral Position (**see RCP**) – Resident placed on left or right side

- 1. Reposition to side
- 2. Logrolling
- 3. Reduces pressure on one side

C. Fowler's Position (**see RCP**)

- 1. Head of bed elevated 45 to 60 degrees
 - a. Promotes breathing
 - b. Caution: this position adds pressure to coccyx
- 2. Procedures which may require Fowler's position
 - a. Grooming
 - b. Oral care
 - c. Eating

D. Semi-Fowler's Position (**see RCP**)

- 1. Head of bed elevated 30 to 45 degrees
 - a. Promotes breathing
 - b. Less pressure to coccyx

III. Proper transfer

A. Planning and safety

1. Gather equipment
2. Arrange furniture
3. Awareness of catheters, tubing or devices
4. Resident in shoes with non-skid soles, gripper socks, or shoes.
5. Assess need for assistance from coworker; refer to assignment sheet

B. From bed to chair (See RCP)

1. Determine if resident has weakness on one side
 - a. Place chair on unaffected side and transfer resident towards his/her unaffected side
2. Brace chair firmly against the bed facing the foot of the bed.
3. Lock chair wheels & remove leg rests, if wheelchair
4. Sit on side of bed/dangle (**see RCP**)
 - A. For approximately 10-15 seconds
 - i. Feet flat on floor
 - ii. Regain balance
4. Prevent self injury by using proper body mechanics
 - A. Place feet 18" or shoulder width apart
 - b. Bend knees and keep back straight
 - c. Keep the weight of the resident close to you
 - d. Lift using thigh muscles in a smooth motion
 - e. Never lift and twist at same time
 - C. Using transfer/gait belt (**see RCP**)
 1. Secure belt around resident's waist and over their clothes
 2. Most used when resident has fragile bones or recent fractures
 3. May not be used when resident has had abdominal surgery or has difficulty breathing
 4. Check for proper fit; not too tight; should not slide
 5. Use proper body mechanics
- D. Ambulation/walking (**See RCP**)
 1. Encourage/assist throughout the day
 - a. Promote physical and mental well being

2. Stand to side and slightly behind the resident
 - a. Weakness on one side, stand on that side
3. Arm on residents back (if no gait belt)

E. Assistive devices

1. Fitted to each resident
 - a. Measurements obtained by PT or nurse
2. Walker (**see RCP**)
 - a. Used by resident who can bear weight
 - b. Used for support/balance
 - c. Design
 - i. Light weight
 - ii. Rubber stops should be in good repair
 - iii. Wheels
 - d. Walking sequence
 - i. Walker is placed at a comfortable distance in front of resident
 - ii. Feet/wheels on ground
 - iii. Resident moves to the walker, weaker side first
3. Cane (**see RCP**)
 - a. Used by resident to help maintain balance
 - i. Resident should be able to bear weight
 - ii. Not for weight bearing
 - b. Designs
 - i. Curved handle
 - ii. Straight handle
 - iii. Four feet (quad-cane)
 - iv. Rubber stops should be in good repair

F. Role of the Nurse Aide

1. Provide for privacy and encourage the resident to help as much as possible to promote independence
2. Use proper body mechanics
3. Check the resident's care plan and/or assignment sheet before moving the resident

4. Be patient and give the resident time to adjust to changes in position
5. Be aware of resident's limbs when transferring
6. Check condition of assistive devices
7. Report any misuse of (or refusal of) device to nurse
8. Observe resident for signs of discomfort or fatigue
9. When assisting resident to walk with cane, stand on weaker side

Visual Aides:

- Illustrations of the four commonly used positions
- Transfer/Gait Belt
- Illustrations of proper body mechanics

RCPs:

- Assist to Move to Head of Bed
- Supine Position
- Lateral Position
- Fowler's Position
- Semi-Fowler's Position
- Sit on Edge of Bed
- Using a Gait Belt to Assist with Ambulation
- Assist to Chair
- Transfer to Wheelchair
- Walking
- Assist with Walker
- Assist with Cane

Review Questions:

1. What is proper body alignment?
2. List the four commonly used positions.
3. Which position raises the head of the bed 30-45 degrees?
4. Does this position put more or less pressure on the coccyx than Fowler's position?

5. When transferring a resident with right sided weakness from the bed to a chair, the chair should be placed on the resident's right side? True or False?

Lesson # 9

Title: Activities of Daily Living (Devices Used for Transfer)

Lesson Objectives:

- I. To introduce the use of a mechanical lift to the student.
- II. The student will be able to explain how to transfer a resident to a stretcher or shower bed.
- III. The student will be able to explain how to and when to use a two person transfer.

Key Terms:

Mechanical Lift – a hydraulic or electric device used to transfer dependent or obese residents between surfaces. The lift may also have a scale to weigh the resident.

Stretcher – gurney; device for transporting residents unable to use a wheel chair or to walk; a means of transporting the severely ill or an immobile resident.

Content:

- I. Using mechanical lifts
 - A. Common names and types
 - a. Sling
 - b. Sit to Stand
 - B. Manufacturer's instructions – normally requires at least two caregivers
 - C. Facility policy
 - D. Transferring – general principles (but may vary with type of lift)
 1. Position sling
 2. Base open and under bed
 3. Place over head bar
 4. Attach the sling
 5. Resident's arms across chest. Stabilize resident's head and neck.
 6. Raise sling/resident
 7. Co-worker support resident's legs
 8. Lower sling/resident to chair or stretcher

9. Position for comfort and place sling in a manner to protect the resident's dignity.

E. Role of the Nurse Aide

1. Review assignment sheet before transferring
2. Be aware of manufacturer's instructions and facility policy
3. Make sure lift is in proper working order
4. Provide privacy for the resident during the transfer
5. Be aware of catheter or tubing the resident may have

II. Transfer resident to stretcher/shower bed

A. From bed to stretcher (**see RCP**)

1. Need at least two co-workers to assist

B. Return resident to bed

1. Height of stretcher slightly higher than bed

C. Role of the Nurse Aide

1. Explain to the resident what you are about to do prior to transferring
2. Provide the resident with privacy when transferring
3. Keep the resident covered
4. Be aware of any catheter or tubing the resident may have
5. Use proper body mechanics
6. Lock wheels on bed
7. Ensure resident is positioned for comfort prior to exiting the room.

III. Transfer - Two Person Lift (**see RCP**) **ONLY TO BE USED IN AN EMERGENCY – IF RESIDENT UNABLE TO BEAR WEIGHT, A LIFT SHOULD BE USED**

A. For transferring resident unable to bear weight (i.e., history of stroke)

B. Role of the Nurse Aide

1. Explain to the resident what you are about to do prior to the transfer
2. Lock wheel chair brakes
3. Be aware of catheter or tubing the resident may have
4. Use proper body mechanics

Visual Aides:

- Textbook illustrations
- Demonstration
- Manufacturer's instructions for mechanical lift
- Videos online

RCPs:

- Transfer to Stretcher/Shower Bed
- Transfer: Two Person/Lift

Review Questions:

1. The manufacturer's instructions state the mechanical lift can safely be used by two qualified staff persons to transport a resident. The facility's policy states two qualified staff members are required to transport a resident. You were trained on how the lift functions and are competent to use it. Mrs. Smith would like to get up in her wheel chair. You have the lift ready to assist in the transfer and Cindy, another CNA, is coming to help with the transfer. After five minutes have passed and Cindy has not arrived, it would be acceptable for you to transfer Mrs. Smith by yourself.

True or False

Lesson # 10

Title: Activities of Daily Living (Bathing, Shampoo, Perineal Care)

Lesson Objectives:

- I. The student will be able to demonstrate competence in assisting a resident to bathe/shower.
- II. The student will be able to demonstrate competence in assisting the resident to shampoo his/her hair.
- III. The student will be able to demonstrate competence in providing perineal care.

Key Terms:

Activities of daily living (ADL) – personal care tasks a person does every day to care for self; including bathing, dressing, caring for teeth and hair, toileting, eating and drinking and moving around.

Perineal Area- the area of the body between the genitals and the anus.

Content:

I. Shower

Points to Remember:

1. Bathing is an opportunity to observe the resident's skin. Should a concern, such as a new bruise, blister, rash or open area be noted, the nurse should be notified
2. The resident's face, hands, underarms, and perineal area should be washed at least daily
3. The elderly may bathe only twice a week, in that older skin produces less perspiration and oil and frequent bathing could cause excessive dryness
4. Before beginning the bathing process, the caregiver should make certain the room is warm enough and all linens and supplies are gathered so the resident is not left alone.
5. Respect the resident's privacy when transporting to and from the shower room and during the shower or bath. Be certain the resident's body is not unnecessarily exposed.

- A. Shower/Shampoo (**see RCP**)
- B. Bed Bath/Perineal Care/Back Rub (**see RCP**)
- C. Catheter care (**see RCP**)
- D. Perineal Care (**see RCP**)
- E. Back Rub (**see RCP**)
- F. Bed Shampoo (**See RCP**)
- G. Whirlpool (Type of whirlpool, trolley, etc., may alter actions. Always refer to facility policy and/or manufacturer's instructions)
 - a. Whirlpool Fill tub with water before bringing resident to bathing area
 - b. Help resident remove clothing, drape resident with bath blanket
 - c. Transport resident to tub room via wheelchair, Geri-chair, or lift bath trolley
 - d. Have resident check water temperature for comfort
 - e. If not already on trolley, assist resident into lift bath trolley, secure straps and lower lift bath trolley and resident into bath. Turn system on
 - f. Let resident wash as much as possible, starting with face
 - g. You may shower the resident by using the shower handle to gently spray over the resident's body. Stay with resident during procedure
 - h. Turn system off after completion of bath and return shower handle to hook, if used
 - i. Raise trolley out of tub; give resident towel and assist to pat dry and assist resident to dry areas of resident that had been touching the trolley
 - j. Assist resident out of trolley
 - k. Help resident dress, comb hair and return to room
 - l. Drain and sanitize tub per manufacturer's instructions

NOTE Following assisting a resident to toilet, it may be necessary for the nursing assistant to perform perineal care. If doing so, the nursing assistant must ensure the resident can stabilize while standing, utilizing a walker, side grab bars and/or with the assistance of a second caregiver utilizing a gait/transfer belt. With resident's feet spread apart and standing firmly, the nursing assistant must use the same aforementioned principles (i.e., wiping from front to back,*

using a different part of the washcloth for each stroke, and changing the washcloth as necessary). The resident's perineum should be rinsed and patted dry prior to raising the undergarment or applying a brief.

Visual Aides:

- Linens
- Basin
- Shower Chair
- Shower Bed (if available)
- Whirlpool (if available)
- Trough or basin used to wash the hair of a bedfast resident

RCPS:

- Shower/Shampoo
- Bed Bath/Perineal Care/Back Rub
- Bed Shampoo

Review Questions

1. Explain the procedure to cleanse the perineal area (both male and female) and rationale of importance.