



Personal Assistants

A Training and Task Guide

Developed in collaboration with



CHC

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Consulting LLC**

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Introduction

In response to the COVID-19 pandemic, long term care facilities (nursing facilities and assisted living facilities) are using various non-clinical staff members to continue to provide the much needed services and care to their residents and patients, as well as sustain the operations of the facility.

In collaboration with Chiles Healthcare Consulting, the **Virginia Health Care Association – Virginia Center for Assisted Living (VHCA-VCAL)** developed this guide as a tool for facilities which are hiring and training these additional staff members. This guide represents a compilation of resources that are intended to provide long term care facilities with the necessary education tools and some recommended tasks that are appropriate for a Personal Assistant.

The Personal Assistant role may be known as other titles throughout the industry (e.g., hospitality aide, customer service associate, ancillary services associate, etc.)

This guide is intended to supplement the facility's existing practices and protocols. It includes examples of education material that may be used during orientation of Personal Assistants as well as a sampling of step by step task assignments that the facility may find appropriate for the employees.

Adoption of any education or task tools should be carefully reviewed by the facility's leadership and clinical management team prior to implementation. If you have questions regarding this guide or any of the tools, please contact April Payne (april.payne@vhca.org) or Mary Chiles (mary@chileshealthcare.com).

The tools within this resource are provided to you in a format that you can easily modify to meet the unique needs, characteristics, protocols, and practices of your facility.

The tools included in this guide include:

Orientation Guide and Checklist

Education Tools

- Abuse, Resident Rights and Confidentiality (HIPPA)
- Communication Strategies
- Infection Control
- Resident Safety

Task Tools

- Activities/Engagement
- Answering Call Lights
- Answering Phones
- Environmental – Cleaning
- Filling/Passing Water Pitchers - Non-Clinical Guide
- Linen and Laundry
- Mail and Newspaper Delivery
- Making an Unoccupied Bed
- Meal Trays – Assisting Residents - Non-Clinical Guide
- Providing 1:1 Supervision
- Restocking Supplies
- Screening for COVID-19

Orientation Checklist

Topic	Date	Staff Signature	Employee Signature
Abuse/Resident Rights/HIPPA Abuse <ul style="list-style-type: none"> • Definition • Types of Abuse • Reporting Requirements Resident Rights HIPPA and Resident Confidentiality			
Communication <ul style="list-style-type: none"> • Residents • Resident Representatives • Staff 			
Infection Control <ul style="list-style-type: none"> • Types of precautions • COVID-19 • Handwashing • Hand Sanitizing • Cough Etiquette • General • Environment • Laundry/Linen • Isolation Exclusions 			
Emergency Procedures <ul style="list-style-type: none"> • Fire • Weather • Missing Resident • Violent Behavior • Active Shooter • Etc. 			
Resident Safety <ul style="list-style-type: none"> • Change in Resident Condition • Fall Prevention • Oxygen • Environment 			
Task Assignments (Review If Applicable to Facility)			
Activities Engagement			
Answering Call Lights			
Environmental Cleaning			
Filling Water Pitchers			
Linen and Laundry Delivery			
Mail and Newspaper Delivery			
Making Unoccupied Beds			
Meal Trays – Assisting Residents			
Providing 1:1			
Restocking Supplies			
Screening for COVID-19			

Abuse, Resident Rights, and Confidentiality (HIPPA)

What Is Abuse?

Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology. Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.

Long-term care residents often have physical or cognitive limitations that can leave them particularly vulnerable to abuse. Abuse of long-term residents can be committed by staff, residents, or others in the long term care facility. **Any incident of abuse is a serious occurrence** and can result in potentially devastating consequences for residents, including lasting mental anguish, serious injury, or death.

TYPES OF ABUSE		
Type	Description	Examples
Physical abuse	Use of physical force against an older adult that may result in bodily injury, physical pain, or impairment	Striking with an object, hitting, pushing, shoving, etc.
Sexual abuse	Nonconsensual sexual contact of any kind with an older adult	Unwanted touching, rape, sodomy, coerced nudity, etc.
Psychological abuse	Infliction of anguish, pain, or distress on an older adult through verbal or nonverbal acts	Verbal assaults, insults, threats, intimidation, humiliation, and harassment
Financial exploitation	Illegal or improper use of an older adult's funds, property or assessments	Cashing an older adult's checks without authorization. Forging an older adult's signature. Misusing or stealing an older adult's money or possessions
Neglect	Refused or failure to fulfill any part of a person's obligation or duties to an older adult	Refusing or failing to provide an older adult with such necessities as food, water, clothing, shelter, personal hygiene, medicine, comfort, personal safety, and other essentials

All alleged violations involving mistreatment, neglect or abuse, including injuries of unknown source and misappropriation of property must be reported immediately.

- Immediately – means as soon as you see or hear
- Report to your Supervisor, the Director of Nursing, Administrator, or Social Worker

Other Examples of Situations That Need to Be Reported

- Staff misconduct
- Observed incident (e.g., falls, resident-to-resident behaviors that are inappropriate or potentially abusive)
- Observed injury (e.g., bruise, skin tear, etc.)

What Are Resident Rights?

Residents of nursing homes have rights that are guaranteed by the federal and state law. The law requires long-term care facilities to “promote and protect the rights of each resident” and stresses individual dignity and self-determination.

Right to a Dignified Existence

- Be treated with consideration, respect, and dignity, recognizing each resident's individuality
- Freedom from abuse, neglect, exploitation, and misappropriation of property
- Freedom from physical or chemical restraints
- Quality of life is maintained or improved
- Exercise rights without interference, coercion, discrimination, or reprisal
- A homelike environment, and use of personal belongings when possible
- Equal access to quality care
- Security of possessions

Right to Self-Determination

- Choice of activities, schedules, health care, and providers, including attending physician
- Reasonable accommodation of needs and preferences
- Participate in developing and implementing a person-centered plan of care that incorporates personal and cultural preferences
- Choice about designating a representative to exercise his or her rights
- Organize and participate in resident and family groups
- Request, refuse, and/or discontinue treatment
- Right to be Fully Informed of care the type of care to be provided, and risks and benefits of proposed treatments
- Changes to the plan of care, or in medical or health status
- Rules and regulations, including a written copy of residents' rights
- Contact information for the long-term care ombudsman program and the state survey agency
- State survey reports and the nursing facility's plan of correction
- Written notice before a change in room or roommate
- Notices and information in a language or manner he or she understands (Spanish, Braille, etc.)

Right to Raise Grievances

- Present grievances without discrimination or retaliation, or the fear of it
- Prompt efforts by the facility to resolve grievances, and provide a written decision upon request
- To file a complaint with the long-term care ombudsman program or the state survey agency
- Right of Access to individuals, services, community members, and activities inside and outside the facility
- Visitors of his or her choosing, at any time, and the right to refuse visitors
 - **Excluding Visitor Restrictions During COVID-19 Outbreak**
- Personal and medical records
- His or her personal physician and representatives from the state survey agency and long-term care ombudsman program
- Assistance if sensory impairments exist
- Participate in social, religious, and community activities

Rights Regarding Financial Affairs

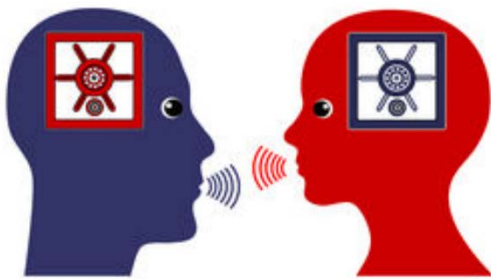
- Manage his or her financial affairs
- Information about available services and the charges for each service
- Personal funds of more than \$100 (\$50 for residents whose care is funded by Medicaid) deposited by the facility in a separate interest-bearing account, and financial statements quarterly or upon request
- Not be charged for services covered by Medicaid or Medicare

Right to Privacy

- Regarding personal, financial, and medical affairs
- Private and unrestricted communication with any person of their choice
- During treatment and care of personal needs

Rights During Discharge/Transfer

- Right to appeal the proposed transfer or discharge and not be discharged while an appeal is pending
- Receive 30-day written notice of discharge or transfer that includes: the reason; the effective date; the location going to; appeal rights and process for filing an appeal; and the name and contact
- information for the long-term care ombudsman
- Preparation and orientation to ensure safe and orderly transfer or discharge
- Notice of the right to return to the facility after hospitalization or therapeutic leave



Resident Confidentiality

Maintaining confidentiality can be difficult in long-term care facilities. Often, residents share bedrooms, dining rooms, and lounges with other residents. Good practice means making sure you protect residents' confidentiality and privacy as much as possible. The following are steps long-term care staff can take to reduce violations of resident confidentiality:

- Move to a private place where others cannot overhear the conversation when discussing resident information. Do not discuss personal information in elevators, hallways, lunchrooms, restrooms, or other public spaces
- Escort residents to private areas before asking them sensitive questions
- Guard against carelessly voiced comments that might include resident-identifiable information
- **Do Not Use** speaker phones and listen to taped telephone messages that might include confidential information only use where others cannot overhear
- Share resident information only with those who need to know. If you are uncertain whether a family member or staff member from another unit needs to know, check with your supervisor.
- Do not discuss residents with your family or friends
- Do not use your cell phone when you are with a resident, including taking pictures, videos or texting

Communication Strategies

Communication Strategies

Communication is the process of passing information and understanding from one person to another. Communication can be accomplished through words, sounds, signs, or behaviors to express information from one person to another person. Communication with the older adult can be challenging due to hearing loss, vision problems, confusion, life experiences, and cultural differences. Some of the residents may use communication devices, others may need glasses and hearing aids, and others may not use English as their dominant language. It is important to treat all people with respect and recognize the barriers in order to be able to communicate effectively. The following are tips to use for communication with older adults:

Be Patient

- Be compassionate and tolerant
- Don't rush or get frustrated with yourself and/or the resident when trying to understand language and dialects
- **Do Not Argue with the resident**

Sit Face to Face or Stand So Resident Can See You

- Position yourself directly across from the resident – face the resident
- Give the resident your full attention

Maintain Eye Contact

- Establish and maintain eye contact
- Be aware that the resident may have glasses
- SMILE 😊



Speak Clearly and Adjust Your Volume

- Speak louder and/or slower (as needed)
- Avoid shouting
- Be aware that the resident may have difficulty hearing
- Use nonverbal communication such as enhanced body language or gestures
- Repeat yourself if needed

Minimize Background Noise – Make the Room or Area as Quiet as Possible

- Turn off or lower the volume of TV, radio, music, computers (as needed)
- Stop conversations with other people in the room or passing by

Listen

- Make it know that you are listening- a nod, smile, or simple yes or no
- Ask simple questions if you are unsure what they are saying
- Acknowledge the resident's emotions and show compassion and understanding

Keep Your Message Simple

- Focus on one subject at a time
- Ask simple open ended questions
- Give the resident time to respond – don't rush
- Don't interrupt or try to talk for the resident
- Consider cultural differences; be respectful of various languages

Ask for Help

- Get a staff member to help you if you are not able to understand what the resident needs
- Get a staff member if the resident is becoming upset or frustrated
- If you do not understand the request or comment, tell the resident that you will get help and return back to the resident as quickly as possible

Infection Control

Introduction

Infection control is one of the most important things that a long-term care facility (nursing home or assisted living) can do to reduce exposure and minimize transmission of infectious diseases. The two most critical elements in preventing the spread of infections are:

- Hand hygiene (washing or using alcohol-based sanitizer) and cough etiquette
- Compliance with facility precautions
 - Standard Precautions
 - Transmission-Based Precautions
 - Contact Precautions
 - Droplet Precautions

Standard Precautions

“Standard precautions” are a set of basic infection prevention practices intended to prevent transmission of infectious diseases from one person to another. Because we do not always know if a person has an infectious disease, standard precautions are applied to every person, every time to assure that transmission of disease does not occur. These precautions were formerly known as “universal precautions.”

- Practicing appropriate hand hygiene before and after contact with a resident, after contact with the surfaces or objects around the resident, and after removing gloves (if used).
- Practicing good cough etiquette
- Wearing disposable gloves when the care provider may have contact with blood, feces, urine, or any other body fluids.
- Wearing a gown to prevent contamination of the provider's clothing with blood or body fluids.
- Using a face mask, face shield, and/or goggles, if splashing of blood or body fluids might occur.
- Cleaning of care equipment between residents.

Transmission Precautions

“Transmission-based precautions”: There are two basic types of transmission-based precautions, and each type has some unique prevention steps that should be taken; but all have standard precautions as their foundation, with the following added:

- Contact Precautions — for diseases spread by direct or indirect contact
- Droplet Precautions — for diseases spread by large particles in the air

All residents who are in need of Transmission Precautions will:

- Have a sign on their door noting to check with the nurse before entering
- Will have precaution supplies (e.g., gloves, masks, gowns, etc.) in close proximity of their room
- **Unless you have been trained in the specific precautions and have demonstrated competency in following the precautions, including demonstrating putting PPE (gloves, masks, gowns, etc.) on and off, you should not enter this resident's room**



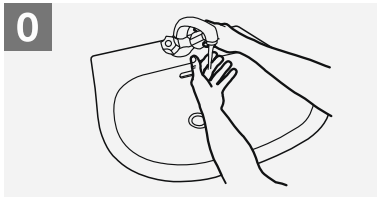
If You Have Any Questions About Infection Control,
Ask A Nurse

How to Handwash?

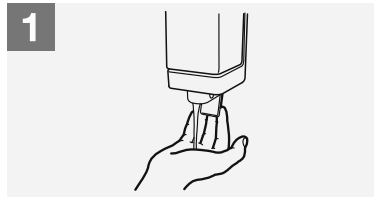
WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB



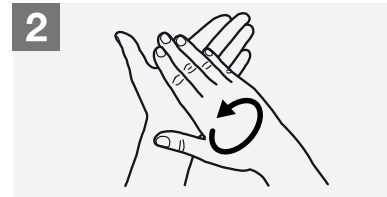
Duration of the entire procedure: 40-60 seconds



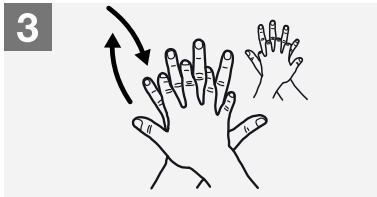
Wet hands with water;



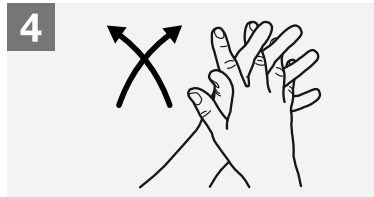
Apply enough soap to cover all hand surfaces;



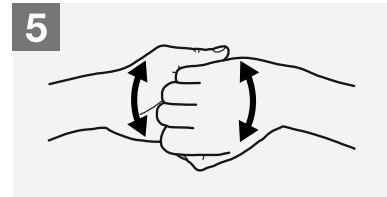
Rub hands palm to palm;



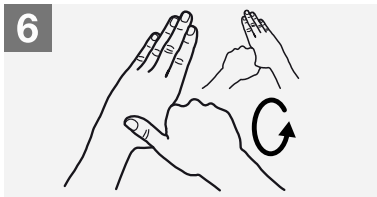
Right palm over left dorsum with interlaced fingers and vice versa;



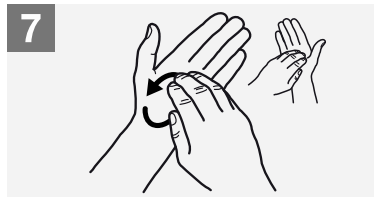
Palm to palm with fingers interlaced;



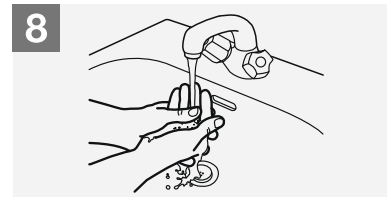
Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



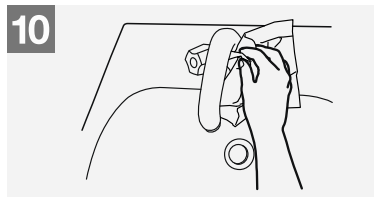
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



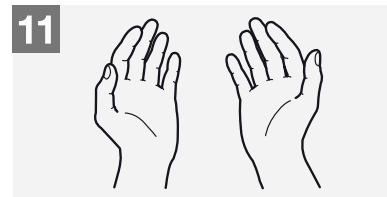
Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.



World Health Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES

Clean Your Hands

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WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.

May 2009



How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED



Duration of the entire procedure: 20-30 seconds

1a



Apply a palmful of the product in a cupped hand, covering all surfaces;

1b

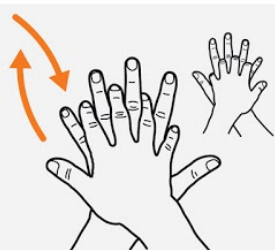


2



Rub hands palm to palm;

3



Right palm over left dorsum with interlaced fingers and vice versa;

4



Palm to palm with fingers interlaced;

5



Backs of fingers to opposing palms with fingers interlocked;

6



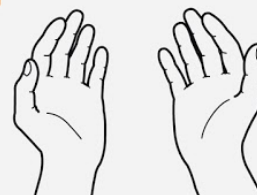
Rotational rubbing of left thumb clasped in right palm and vice versa;

7



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8



Once dry, your hands are safe.



World Health Organization

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SAVE LIVES
Clean Your Hands

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May 2009

VHCAVICAL

Resident Safety

Residents in long-term care settings may be particularly vulnerable to safety problems in the course of their care. There are many factors that increase their risk for safety including Medical conditions, confusion, dementia, cluttered rooms, busy hallways, interactions with other residents, etc. Preventable unplanned accidents or incidents are those that occur due to error or failure to apply an accepted approach for prevention. These unplanned accidents or incidents have the potential to create physical and/or psychosocial harm for the residents. It is the responsibility of all team members to assist residents to maintain a safe environment and to provide care and services in a manner to minimize harm to the resident.

Areas of Focus

Change in Resident Condition

- If you a resident who is having an emergency situation (e.g., they are having difficulty breathing, they appear to be very confused from what you know is normal for them) put their call light on and **immediately** call for a nurse to help.
- If you find a resident who does not appear to be breathing, **immediately** call for assistance
- If a resident tells you they do not feel well, they are in pain, they have a new injury (e.g., skin tear, bruise, etc.) you see that they are bleeding, or they tell you they simply do not feel like what is normal for them, **immediately** contact a nurse to evaluate the resident



Fall Prevention

Residents in long term care facilities may be more likely to fall. They often have unsteady gait, weakness, unstable medical conditions, inability to remember / follow instructions, impulsivity and may not recognize their need for help. There are many simple things that you can do to help a resident from having a preventable fall. Some ideas include:

- Remember to place signal device / call bell within easy reach of the resident
- Answer call bell lights quickly; if you can assist the resident with what they need do so, if not ensure they are safe and call for help
 - Do not attempt to help a resident walk, get out of bed / chair, etc.
- If a resident has fall prevention interventions in place (e.g., fall mat on the floor, bed rails, bed in low position, etc. make sure they are in place
- If the resident is using a mobility aide (e.g., walker, cane, wheelchair, power chair, etc.) make sure it is within reach of the resident (unless you are otherwise instructed)
- Encourage resident to put on non-skid socks or shoes as appropriate
- If you see the resident in an unsafe position, stay with the resident and call for help



Oxygen Use

Many residents in long term care facilities utilize oxygen to assist their breathing.

- If the resident is using oxygen, ensure there is an "oxygen in use" sign outside of their door
- If you see an extra cannister sitting anywhere and it is not secure, and presents risk of falling over, get a staff member to move the cannister to a safe location
- **Do not** adjust the settings on an oxygen concentrator or tank



Environment

- If there is a spill on the floor, put on gloves and clean it up, and then wash or sanitize your hands
- If there is something on the floor that should not be on the floor, pick it up, return it to proper location or if trash dispose of it in trashcan
- If you see a sharp item (e.g., scissors, knife, etc.) in the resident's room, check with staff to see if it is OK for the resident to have
- If you see medications left at the bedside, **immediately** notify the nurse
- If you see items stored or placed in a manner that may create a fall risk for the resident, ask if they can be moved
- Ask the resident if there is sufficient lighting in the room for what they are doing
- If you see anyone smoking in the facility, **immediately** report it to a staff member



Activities/Engagement

As a Personal Assistant, one of the most valuable and rewarding task that may be assigned to you is assisting with activities for the resident(s) or engaging with the resident(s) in a leisure interest that he/she may have. Some of the activities/engagement that you may be asked to assist with include, but are not limited to:

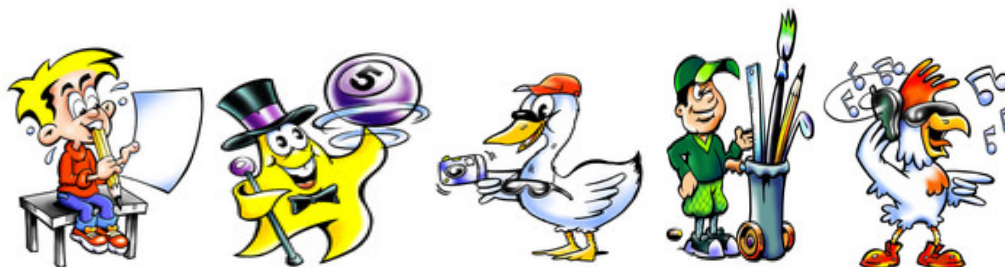
- Calling Bingo over the paging system
- Assisting with small group (where Social Distancing is maintained) or individual games
- Reading to the resident(s)
- Assisting with virtual based communication or cell phones
- Engaging in conversation with the residents
- Offering prayer
- Writing letters and cards
- Polishing nails (only fingernails, file gently, do not clip)
- Providing hair care and make up

Before You Start

- Wash your hands or use alcohol-based hand sanitizer

Assisting with Activities or Providing Engagement to the Resident

1. If you are providing 1:1 activity or engagement with a resident, you will be given specific guidance for that resident from the facility staff
2. Ask questions if you are unsure about any of those activities and/or directions
3. If there is a restriction sign on the door, **do not enter the room**
4. Knock on the resident's door
5. Introduce yourself and tell the resident what you are doing
6. Position yourself so that you are easily visible to the resident and assure the resident can hear and understand you
7. Assure the resident has his/her glasses in place; assist with cleaning and position on the resident's face as necessary
8. Engage the resident with what you are assigned to provide
9. If the resident is able to communicate effectively, confirm with the resident that the activity is convenient and appropriate for type of activity, time and location.
10. If the resident is unable to communicate, observe the resident for acceptance and enjoyment of the activity.
11. If the resident does not appear to enjoy or engage in the activity, stop immediately
12. Do not attempt to move or transfer the resident
13. Check with the staff before providing any food or beverages to the resident
14. If you need immediate assistance with the resident use the emergency call bell to notify staff and stay with the resident until staff arrives
15. Wash your hands or use alcohol-based hand sanitizer prior to leaving the resident's room



Answering Call Lights

Before You Start

- Wash your hands or use alcohol-based hand sanitizer

Answering Call Lights

1. If there is a sign or notice on the door regarding see nurse before entering, do not enter the room
2. If you see or hear a call light/ signal for a resident concern, and there is not a notice on the door you may
 - a. Knock on the door of that room
 - b. Introduce yourself and ask permission to enter
 - c. Ask the resident what he or she needs
 - i. if the request is for something that you can do such as turn off the light, hand the resident their phone, hand the resident the tv remote, provide the resident a blanket, etc. then you may assist with the request and turn off the call light/signaling device
 - ii. if the request requires touching the resident or any medical equipment in the room then you should report the request to the staff and explain to the resident that you will notify a staff member to assist them
 - iii. if the request is for medication then you should report the request to the nurse and explain to the resident that you will notify a nurse of their request
 - iv. if the resident is in distress or has fallen, assure the resident that you will get immediate help and report to the nurse **immediately**
3. Wash your hands or use hand sanitizer prior to exiting the resident's room



Answering Phones

Before You Start

- Wash your hands or use alcohol- based hand sanitizer

Answering Phones

1. Answer phone by 3 rings if possible
2. Answer with a positive greeting i.e. Hello, Name of Facility, Your name, How may I help you?
3. Speak in a clear voice and slow enough for the caller to understand you
4. Listen to what the caller is saying without interruptions
5. If you are transferring the call inform the caller that you are transferring the call and tell the person receiving the call the name of the person calling and a brief message
6. If you need to place the caller on hold ask permission to place the caller on hold or ask if they would like to leave a voice mail
7. When taking them off hold thank the caller for their time.
8. If you must leave the phone place the call on hold, **never** leave the line open
9. If you don't know the answer do not say "I don't know", instead say " Let me get someone that can help you"
10. If you need to take a message, write it down and ask the caller for their name and a return call number
 - read the message and return phone number back to the caller
 - date and time the message
11. When ending the call state, "Thank you for calling" or "Have a good day "
12. Never argue with a caller
13. Never give out any resident information over the phone
14. If you have a message, deliver to the intended person
15. Do not answer the phone while eating



Environmental – Cleaning

Emptying Trash Cans

Before You Start

1. Wash your hands
2. Make sure you have an ample supply of various sized trash can liners
3. Obtain large wheeled trash receptacle

Emptying Trash Cans

1. Start in the common/office areas of the facility
2. Pull trash can liner and dispose of in the wheel receptacle
3. Replace clean liner in trash can
4. Do all common/office areas **before** any resident rooms
5. Wash or sanitize your hands prior to entering any resident room
6. Look for any signs on the doorframe or in the resident's room that may indicate any restrictions or isolation precautions. If there are room restrictions, **do not enter**, skip the room and report to your supervisor that you did not empty the trash in that specific room
7. Knock on the resident room door
8. Introduce yourself and tell the resident what you are going to do
9. Leave large receptacle outside resident room door
10. Tie trash liner in knot
11. Replace clean liner in trash can
12. Exit resident room and place tied liner in rolling receptacle
13. Sanitize or wash hands before moving to the next room



Wiping Down Doorknobs, Handrails, Light Switches, Etc. in Common Areas

Before You Start

1. Wash your hands
2. Obtain wipes or sanitizing solution from supervisor
3. Put on gloves

Wiping Down Doorknobs, Handrails, Light Switches, Etc. In Common Areas

1. In common areas only, using only the wipes/spray provide, thoroughly wipe areas commonly touched (i.e. door knob, hand rails, elevator buttons, light switches, etc)
2. Let cleaned areas dry thoroughly
3. Move through areas starting at one end and ending at the other ensuring all commonly touched areas are sanitized
4. Remove gloves
5. Wash hands

Cleaning Wheelchairs

Before You Start

1. Wash your hands
2. Obtain cleaning supplies (i.e. cleaning agent, sponge, brush, rags, towels, etc.)
3. Validate area where wheelchairs are to be cleaned (i.e. shower room, wheelchair cleaning bay, etc.)

Cleaning Wheelchairs

1. Assemble wheelchairs outside of cleaning area (clinical staff will assist or advise the wheelchairs that are available for cleaning)
2. Remove any cushions or caddies that are attached to the wheelchair. **Any** item removed from the wheelchair needs to be given to the CNA prior to start of cleaning.
3. Take one wheelchair at a time into cleaning area
4. Wet down the chair thoroughly
5. Clean wheelchair with brush or sponge, make sure you clean on the inside of the wheels, under the seat, bottoms of foot pedals and all hard to reach areas.
6. Rinse the wheelchair thoroughly
7. Dry with towel
8. Allow to air dry thoroughly before returning
9. Wash hands

Cleaning Vital Sign Machines, Tube Feeding Poles, IV Poles, Etc.

Before You Start

1. Wash your hands
2. Obtain cleaning supplies (i.e. cleaning agent, sponge, brush, rags, towels, etc.)
3. Validate area where equipment is to be cleaned (i.e. shower room, cleaning bay, outside, etc.)

Cleaning Vital Sign Machines, Tube Feeding Poles, IV Poles, Etc. (*When Not in Use)

1. Assemble equipment outside of cleaning area (clinical staff will assist or advise of the equipment that needs that for cleaning)
2. Take one piece of equipment at a time into cleaning area
3. Wet thoroughly
4. Utilizing the provided cleaning agent, clean the equipment thoroughly, be sure to clean the undersides and any hard to reach areas
5. Rinse the thoroughly
6. Dry with towel
7. Allow to air dry thoroughly before returning
8. Wash hands



Filling/Passing Water Pitchers - Non-Clinical Guide

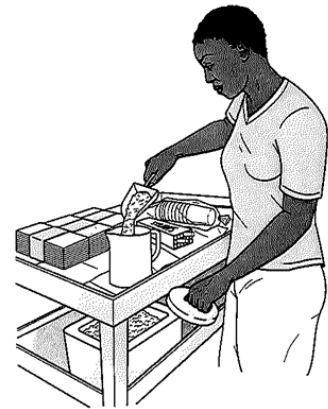
Filling/Passing Water Pitchers Using Cooler

Before You Start

- Wash your hands

Filling Ice Chest

1. Make sure ice cart and ice chest are clean and dry
2. Remove scoop from ice chest and fill ice chest without touching the ice
3. Replace ice scoop in designated receptacle
4. Close top on ice chest



Filling Water Pitcher

1. Knock on resident's door
2. Introduce yourself and tell the resident what you are going to do
3. Look for any signs on the doorframe or in the resident's room that may identify fluid restriction for the resident.
 - a. If you are not sure ask a nurse or a CNA
4. Remove the water pitcher from where it is being stored and empty the water pitcher into the sink
5. Make sure that the pitcher is labeled with resident name and room number
6. On the overbed table or other flat furniture place a clean paper towel and place the top of the water pitcher on it
 - a. Do not touch the top of the pitcher with your bare hands
7. Take pitcher to the cart with the ice chest; do not sit the pitcher on the cart
8. Hold the pitcher in one hand and in the other hand open the ice chest and fill the pitcher using the ice scoop
 - a. Do not touch the pitcher with the ice scoop
9. Replace the scoop in the designated receptacle and close the ice chest
10. Return the filled pitcher to the resident's room and fill with water from the sink
11. Place the lid back on the water pitcher being careful not to touch the inside of the lid with your bare hands
12. Wash your hands or use alcohol-based hand sanitizer between residents and when leaving the room

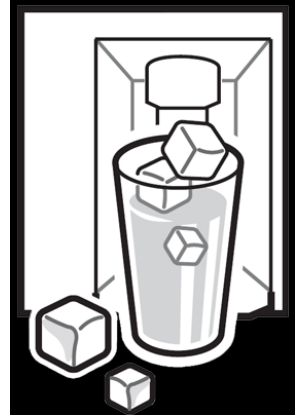
Filling Pitcher/Individual Cup from Ice Dispensing Machine

Before You Start

1. Wash your hands
2. Obtain clean pitcher or cup and lid
3. Label with resident name and room number

Filling the Cup at the Ice Dispensing Machine

1. Take the new clean cups on a cart to ice machine
2. Hold the cup in one hand and fill from the ice dispenser and water dispenser if water is available
3. Do not touch the inside of the cup
4. Place the lid on the cup if water is available being careful not to touch the inside of the lid with your bare hands
5. Knock on the resident door
6. Introduce yourself and tell the resident what you are going to do
7. Look for any signs on the doorframe or in the resident's room that may identify fluid restriction for the resident.
 - a. If you are not sure ask a nurse or a CNA
8. If water is not available on the dispenser then return the filled pitcher to the resident's room and fill with water from the sink
9. Place the lid back on the water pitcher being careful not to touch the inside of the lid with your bare hands
10. Wash your hands or use alcohol-based hand sanitizer between residents and when leaving the room



Linen and Laundry

Stocking of Linen and Delivering Personal Laundry

Before You Start

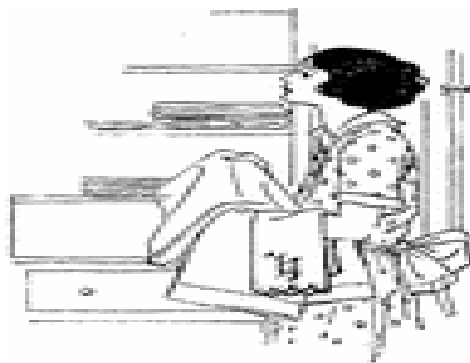
- Wash your hands or use alcohol-based hand sanitizer

Stocking of Linen

1. Place the linen on a cart to transport to the unit- do not carry the linen against your body
2. The cart should be covered with the attached cart cover or sheet prior to delivering to the unit
3. Take the linen from the cart and place on the linen cart or shelves in linen storage area on the unit
4. If the linen is stored in a linen cart then be sure to close the cover after restocking
5. If the linen is stored on shelves in a closet then be sure to close the closet door after restocking
6. Wash your hands or use alcohol-based hand sanitizer

Stocking of Rooms with Disposable Briefs/Other Supplies

1. Obtain a list of resident names, room numbers, brief size, and number of briefs and other supplies to be delivered in each resident room
2. Place the disposable briefs on a cart sorted by room number for delivery
3. Wash your hands or use alcohol-based hand sanitizer prior to entry to each resident room
4. If the resident door is shut, then go to the next room and return to that room at the end
5. If there is a stop sign to see the nurse prior to entering the room do not go into that room
6. Knock on the resident's door and ask if it is ok to come in
7. Introduce yourself and tell the resident what you are doing
 - a. Do not take the cart into the resident's room
8. Place the resident's disposable briefs and/or supplies in the appropriate cabinet in the room as directed by staff
9. Wash your hands or use alcohol based hand sanitizer when leaving the room
10. Wipe the delivery cart down with a sanitizer wipe and return to the proper storage location
11. Wash your hands or use alcohol-based hand sanitizer



Mail and Newspaper Delivery

Before You Start

- Wash your hands or use alcohol-based hand sanitizer

Mail and Newspaper Delivery

1. Obtain mail and or newspapers from office staff with a list of resident names and room numbers
2. Sort mail and newspapers by room number
3. Place sorted mail and newspaper on a cart for distribution to resident rooms
4. Wash hands or use alcohol-based hand sanitizer prior to entry into each resident room
5. Look at the resident's door and door frame for a sign that notes to check with the nurse prior to entrance- if one is there do not enter that room
6. If the resident door is shut then go to the next room and return to that room at the end
7. Knock on resident's door and ask if it is ok to come in
8. Introduce yourself and tell the resident what you are doing
 - Do not take the cart into the resident's room
9. Place the mail and or newspaper on the resident's table or bed unless the resident requests that you place it in another location
10. If the resident requests help with opening the mail, you may assist with opening and reading
 - If the resident is not in their room or not able to communicate with you, **do not** open the mail
11. If the resident is not in the room you may leave the mail on the table
12. Wash your hands or use alcohol-based hand sanitizer when leaving the room
13. Wipe the delivery cart down with a sanitizer wipe and return to the proper storage location
14. Return any mail that you were not able to deliver to the office staff
15. Wash your hands or use alcohol- based hand sanitizer



Making an Unoccupied Bed

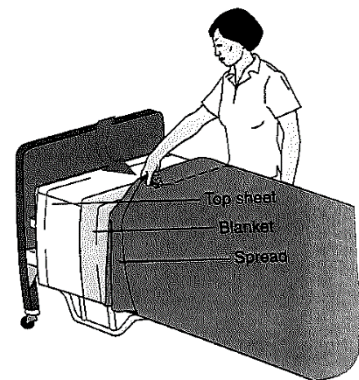
Getting Prepared

1. Ask a staff member to demonstrate to how the bed works (raises/lowers, elevate head of bed, raise/lower any rails, etc.)
2. Wash your hands and or use alcohol-based hand sanitizer
3. Go to linen cart/room and select the linen that will be needed
4. Only take the linen you will need for that room into the room with you
5. Take the linen to the resident's room – hold linen in manner that it does not touch your body
6. Knock on the resident's door
7. Introduce yourself and tell the resident what you are going to do
8. Place clean linen in a chair, on top of overbed table, or a clean surface



Making the Bed

1. Wash your hands and/or use alcohol-based hand sanitizer
2. Put on a pair of disposable gloves
3. Dispose of any trash that may be on the bed in the trashcan
4. Remove soiled linen from bed and place in chair or receptacle
 - a. If possible, place soiled linen inside the removed pillowcase
 - b. Do not place on floor
 - c. Do not place beside next to clean linen
5. Make bed, apply bottom sheet first ensuring that it is tight and does not have wrinkles
6. Apply top sheet, blanket, and/or bedspread and place clean pillowcases on the pillow
7. Tuck top sheet, blanket or bedspread into the bottom of the bed, making square corners
8. Place signaling device/call bell on the bed in location that resident will be able to reach it
9. Ensure that bed is in the same position as it was when you entered the room (i.e., the same height)
10. Remove your gloves and wash your hands before leaving the room
11. Take soiled linen to the designated soiled linen hamper
12. Hold linen in manner that it does not touch your body
13. Wash your hands and or use alcohol-based hand sanitizer



Meal Trays - Assisting Residents - Non-Clinical Guide

Preparing the Resident for a Meal

1. Before assisting the resident with a meal:
 - a. Ask a nurse if the resident needs any special precautions or has any dietary or fluid restrictions
 - b. Wash your hands or use alcohol-based hand sanitizer before entering the resident's room
 - c. Knock on the door and ask if you can come in? Introduce yourself.
- d. Assist the resident to wash their hands
2. If the resident needs assistance with bed position or wishes to eat in a chair, find a nurse or aide to assist the resident. Unless told otherwise, you may assist the resident in raising the head of the bed if desired.
3. Position the overbed table and prepare a space in which to place the tray. Cleanse the top of the overbed table with a disinfectant wipe.
4. With the resident's permission move unpleasant items from the tray (e.g., urinal, etc.)
5. Place the overbed table in a position that is accessible and comfortable to the resident.
6. Ensure the resident's signaling device (i.e., call bell) is within their reach.

Delivering the Meal Tray

1. Read the tray card to ensure that tray contains all requested items
2. Identify the resident (check bracelet or ask the resident to tell you their name) before placing the tray in front of them
3. Place the tray within reach of the resident
4. Remove food covers. Open cartons, cut food into bite-size pieces, as requested by the resident.
5. If you must assist the resident with food preparation, do not touch their food, eating utensils or other items that may come in contact with their mouth with your bare hands. For example:
 - a. Wear gloves if you butter their bread
 - b. Wear gloves if you use their utensils to cut food
 - c. Be cautious when you open straws so that your bare hands do not touch straws or openings in cartons, etc.
6. Place the napkin or clothing protectors on the resident as requested
7. Ensure that food, drink and eating utensils are within reach of the resident
8. If the resident requests something that is not on their tray, check with the nurse before giving it to them
9. Do not reheat anything in the microwave.

Removing the Meal Tray

1. Ask the resident if they are finished with their meal and if they would like anything else; if they want something that is not on their tray, check with nurse before giving it to the resident
2. Observe the amount of food / drink that the resident consumed
3. Place cover back on the food items (i.e., cover from plate)
4. Remove any paper trash from the tray and dispose of in the trashcan
5. Remove the resident's napkin / clothing protector and place in soiled linen
6. Assist the resident in washing their hands or using alcohol-based sanitizer
7. Ask the resident if they would like to be repositioned and if they do, seek nurse or CNA for assistance
8. Remove the tray from the resident's room and return to designated location
9. Place requested items back on the overbed table and position the tray away from the resident unless requested to leave it in place
10. Ensure that the resident's signaling device/call bell is within their reach.
11. Inquire if you can do anything else to assist them.
12. Report to the nurse or assigned CNA the percentage of food/meal consumed (see guide)

Dietary Intake GUIDE

A helpful resource to help measure meals, liquids or supplements consumed

Directions: Record amount of the total meal or supplements consumed using the following guidelines. Overestimating total consumption is a common error, especially when food is pushed around the tray. Avoid letting how much a resident normally consumes influence your estimate.

Refused—0%

Refused meal completely, or consumed only one or two bites of each item.



Poor—25%

Approximately 25% of entree, or 50% of one item consumed.



Fair—50%

Approximately half of food is consumed. (eg, 50% of entree, 25% of vegetable and soup left). If total entree is consumed but no other food is touched, record as Poor/25% -- not Fair/50%.



Good—75%

Majority of the meal is consumed, but a significant amount of one or more items is left (eg, 25% of entree or 75% of vegetable left).



All—100%

Entire meal is consumed except for a minimal amount of food (eg, less than 25% of vegetable left).



Patient _____

Room Number _____

Date _____

Time _____

☐
☐
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Providing 1:1 Supervision

1:1 visits may be needed for residents with special care needs (i.e., risk of falling, to allow care to be provided, or to provide overall supervision of resident to minimize wandering or inappropriate behaviors, etc.) When providing 1:1 supervision it is important that you continue to provide privacy, that you attempt to engage the resident in appropriate activities that they enjoy, have respect for their daily routine, and make sure that the resident does not feel uncomfortable with your presence.

Before You Start

- Wash your hands or use alcohol-based hand sanitizer

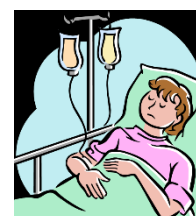
Falls

- If you are providing 1:1 with a resident at risk for falls or with frequent falls you will be given specific guidance for that resident from the nurse or CNA such as fall mats, side rails, footwear, use of walkers, wheelchairs, favorite activities etc.
- Ask questions if you are unsure about any of those interventions and or directions
- Knock on the resident's door
- Introduce yourself and tell the resident what you are doing
- Provide companionship and observation with the resident such as ; if the resident attempts to stand unassisted remind him or her to sit back down and attempt to distract the resident using some of the information that you have been given for that resident such as favorite book, TV show , games, etc.
- Do not attempt to transfer the resident
- If the resident falls or is in a position that they may fall, immediately call for assistance; **do not move the resident if he or she falls**
- Check with the staff before providing any food or beverages to the resident
- If you need immediate assistance with the resident use the emergency call bell to notify staff and stay with the resident until staff arrives
- Wash your hands or use alcohol-based hand sanitizer prior to leaving the resident's room
- Report to the staff immediately when you leave the resident's room



Supervision to Allow Resident to Receive Care

1. Prior to entering the resident's room for supervision being provided (observing the don't pull out an IV tube, etc.), meet with the resident's nurse to understand any special instructions
2. Ask questions if you are unsure about anything
3. Knock on the resident's door
4. Introduce yourself and tell the resident what you are doing
5. Engage the resident in conversation or other activities of choice as appropriate
6. Notify the nurse when the resident has completed his/her treatment or if you have to leave the room for any reason. Do not leave the resident unattended



Supervision While the Resident Is Eating

1. Prior to entering the resident's room for supervision while eating, meet with the resident's nurse or CNA to validate if there are any diet or fluid restrictions
2. Wash or sanitize your hands prior to setting up the residents meal tray
3. If the resident needs assistance with positioning, contact a CNA or nurse
4. Do not touch the resident's food with your bare hands or soiled gloves
5. Observe the resident for any coughing or signs of choking, if observed get the nurse **immediately**
6. Observe the resident for safely consuming hot liquids, if there is a spill of the hot liquid on the resident, get a CNA or nurse **immediately**



Dementia

1. If you are providing 1:1 for a resident that is confused you will be given specific guidance for that resident from the nurse, CNA or other staff person who is familiar with the resident care needs
2. Ask questions if you are unsure about any of the guidance for that resident
3. Knock on the residents door and introduce yourself
4. Provide companionship such as conversation, TV, reading, or games using the specific guidance that you received
5. Provide sufficient space between you and the resident so that the resident appears comfortable
6. Do not leave the resident unattended
7. Check with the staff before providing any food or beverages to the resident
8. If you need immediate assistance with the resident use the emergency call bell to notify staff and stay with the resident until staff arrives
9. Wash your hands or use alcohol-based hand sanitizer prior to leaving the resident's room
10. Report to the staff immediately when you leave the resident's room



Restocking Supplies

Before You Start

- Wash your hands or use alcohol-based hand sanitizer

Isolation Carts

1. Check the isolation cart for needed supplies i.e. gowns, gloves, masks , trash bags, etc.
2. Obtain needed supplies from supply room
3. Place the supplies on a cart to transport to the unit—**do not** carry supplies against your body
4. Stock the isolation cart with the needed supplies
5. Do not leave any supplies on top of the isolation cart
6. Clean the transport cart with a Sani-wipe and place back in appropriate location
7. Wash your hands or use alcohol-based hand sanitizer

Office Supplies

1. Obtain a list of needed office supplies
2. Obtain the needed supplies from the supply room
3. Place the supplies on a cart to transport and deliver to the offices
4. Do not leave any items on the cart unsupervised in any resident care areas during delivery
5. Clean the transport cart with a Sani-wipe and place back in appropriate location
6. Wash your hands or use alcohol-based hand sanitizer

Kitchen Deliveries

1. Obtain hair net and/or beard guard from kitchen entrance door
2. Communicate with dietary staff as to the location that supplies are to be placed
3. Carry food and paper boxes into the kitchen and place on pallets in the location directed from the dietary staff
4. Once all delivery items have been transported into the kitchen and you no longer need entrance into the kitchen area you may remove hair and/or beard guard and dispose in the trash can
5. Wash your hands or use alcohol-based hand sanitizer

General Deliveries

1. Sort general delivery boxes to determine location of delivery (e.g., office supplies, medical supplies, housekeeping supplies)
2. Place the supplies on a cart to transport and deliver to the appropriate location as directed by facility staff
3. Do not leave any potentially hazardous items on the cart unsupervised in any resident care areas during delivery
4. Pick-up, sort, and deliver resident addressed items
5. Clean the transport cart with a Sani-wipe and place back in appropriate location
6. Wash your hands or use alcohol-based hand sanitizer



Screening Employees and Visitors – COVID-19

Screening Employees and Visitors

Prior to this task being assigned, the Personal Assistant must demonstrate competency in obtaining employee or visitor temperature. The competency and return demonstration must be documented and signed by a member of the facility's clinical team.

Before You Start

- Wash your hands or use alcohol-based hand sanitizer

Screening

1. Have employee/visitor answer the screening questions on the screening form
 - a. all answers must be a **NO** for entrance into the facility
2. Take employee/visitor's temperature-
 - a. **entrance is not allowed for a temperature at 100° F or higher**
3. Have the employee/visitor sign in and log their temperature
4. If a visitor, have them log in who they are visiting
5. If approved for entrance, have the employee/visitor use hand sanitizer prior to entering the resident care area
6. Wash your hands or use alcohol-based hand sanitizer prior to screening the next employee/visitor

