

**COMPANION / HOMEMAKER
TRAINING COURSE**

(Revised Feb. 2005)

Legal and Ethical Responsibilities
Module One
Companion/Homemaker Course

Objectives

Upon completion of this module, the learner will be able to:

- Identify services provided for home care
- Describe the overall structure of the home care services
- Be aware of other members of the home care team
- Understand the role of the Companion and Homemaker
- Understand the client/patient's rights
- Understand the referral process

SECTION 1 HOME HEALTH CARE SERVICES

Introduction

Welcome! We're glad that you want to become part of a home care team. Home care is a rapidly growing and important part of today's home care system.

Home care serves several major purposes:

- Clients who normally would be hospitalized for medical care can remain at home with their families.
- Clients who wish to die at home have an option that allows them to do so.
- Elderly, disabled, or medically complex clients can remain in their homes rather than being admitted to a nursing home or other health care facility.
- Hospital stays for certain types of illnesses or surgical procedures can be shortened. This saves money.
- Early signs of complications can be identified and treated before the client becomes so ill that they must be hospitalized.

Home Care Services

Home care can provide a wide range of services. These include:

- Intermittent nursing *visits* to clients at home to provide skilled care.
- Intermittent home aide *visits* to provide assistance with personal care needs in the home.
- Nursing *hours* to provide skilled care for clients in the home setting.
- HHA/CNA *hours* to provide assistance with personal care and physical needs in the home setting.
- Homemaker/Companion services to provide assistance with meal preparation, household maintenance, socialization for the client in the home setting.
- Supplemental staffing (RN, LPN, CNA) pool for extended care facilities and acute care hospitals.
- Intermittent visits by physical therapy, occupational therapy, or speech therapy to provide rehab for clients in the home setting.
- Visits by Medical Social Workers to clients to provide assistance with financial, emotional, or family needs.
- Specialized care in the home setting for children with needs for complex medical care.
- Specialized care in the home setting for clients with AIDS.

The Nurse Registry

The **General Manager** is responsible for overseeing the day-to-day operations within the Nurse Registry.

In addition to the General Manager, the Registry may have some or all of the following staff:

- **Administrators** – These people are responsible for overseeing all the clients in their assigned areas. They report directly to the General Manager.
- **Director of Office Services** – This person is responsible for overseeing the Office Services Department, sees that the office runs smoothly, and helps manages the business side of the Registry.
- **Office Services' Staff** – These people are responsible for processing registrant's files, client charts, and the daily tasks of running the office.

- **Director of Referral Coordinators** – This person is responsible for overseeing the Referral Coordinator Department and works directly with the referral coordinators who refer caregivers to clients.
- **Referral Coordinators** – These people are responsible for responding to client's needs by referring qualified caregivers when needed.
- **Finance Department** – This department is responsible for finance transacting within the company. This department also processes the client's payment to the caregiver through an escrow account and reimburses these payments to the caregiver.

Independent Contractors that can register with a Nurse Registry for client referrals would include:

- **Skilled Nurses – RN's and LPN's**
- **Certified Nursing Assistants (CNA's)**
- **Home Health Aides (HHA's)**
- **Companions**
- **Homemakers**

Spotlight on the Companion and Homemaker

The Companion and Homemaker is an important part of the health care team. They are often the first person to provide service to a client. The Companion and Homemaker may be the only person working with the client, or the client may receive services from a number of home care people.

The major responsibilities of a Companion (per the Florida State Statutes) include:

- Provide companionship for the client
- Provide escort services, such as taking the client to the doctor or grocery store
- Provide light housekeeping tasks such as preparation of a meal or laundering the client's personal garments
- Perform casual, cosmetic assistance, such as brushing the client's hair, assisting with make-up, filing and polishing nails
- Stabilize the client when walking, as needed, by holding the client's arm or hand
- Report any unusual incidents or changes in the client's behavior to the nurse registry administration
- Main focus is on client needs

The major responsibilities of a Homemaker (per the Florida State Statutes) include:

- Maintain the home in the optimum state of cleanliness and safety
- Preparation of meals, laundry and shopping
- Perform casual, cosmetic assistance, such as brushing the client's hair, assisting with make-up, filing and polishing nails
- Stabilize the client when walking, as needed, by holding the client's arm or hand
- Report any unusual incidents or changes in the client's behavior to the nurse registry administration
- Main focus is on household duties

Please Note: A Companion or Homemaker MAY NOT assist a client with any personal care. "Personal care" means assisting with bathing, showering, skin care, dressing, or any other skilled tasks.

Introducing the Client

The most important person on the home care team is the client.

Clients can be young, middle-aged, or older; they can be very sick and need a lot of home care assistance, or they may need a minimum amount of assistance to remain living independently in their own home.

To obtain help, the client will contact the nurse registry and let them know what assistance they need. A skilled nurse referred from the registry will make a visit to the client's home to assess their health needs and prepare a plan of care. Once this is done, the information is given to the Referral Coordinator who begins referring the hours the client requested to available caregivers.

The client directs the hours and plan of care. Clients are discharged from home care services when:

- The client no longer needs the service
- The type of care the client needs exceeds what the nurse registry can refer
- The client has moved out of the area served by the registry
- The client expires

The Client/Patient Rights

- ***The right to confidentiality.*** This means that you can only discuss the client's care with your referral coordinator, office staff or another caregiver referred to the client. You may not talk about the client's care or their health with the client's friends or neighbors. You may not talk about the client to your friends or family. Federal laws are in place to protect the confidentiality of the client's health information.
- ***The right to be treated with respect and dignity.*** Always address your adult clients by Mr., Mrs., Miss, or Ms. Do not call the client "honey" or "love" or any other inappropriate name. Always remember that you are a guest in the client's home. Do not turn on radios, televisions, or use items that belong to the client/family without permission. Do not use the client's telephone for personal calls. If you must call the registry from the client's home, first ask permission to use the phone. Do not put long distance charges on the client's phone.
- ***The right to privacy.*** Always knock or announce your arrival at the home. Respect the privacy of the family and client. If a door is closed, knock before entering.
- ***The right to complain about the service they are receiving.*** When a client decides to use a nurse registry service, they are informed of the Florida State Statute that says they have the right to report abusive, neglectful, or exploitative practices. The statewide toll-free telephone number for the central abuse hotline is provided to each client.

SECTION 2 WORKING IN HOME CARE

Introduction

As a Companion or Homemaker, you should be aware of certain information.

Referrals for Work

1. The Companion or Homemaker will receive client referral from the referral coordinator at the nurse registry office.
2. The client/caregiver should keep the registry notified of any changes in the referred hours.
3. When a *client* desires to make a change in referred services, they will contact the nurse registry office to request the change.
4. If a *caregiver* wants to make a change in a referred service that they have accepted, they will contact the nurse registry office directly and request the change.
5. If a Companion or Homemaker determines that they will be unable to work on an accepted referral, they should immediately notify the nurse registry office.
6. The caregiver should follow the Companion/Homemaker care plan to provide the services the client has requested. Extra activities, such as helping families move, giving presents to clients, loaning money to clients, or transporting people that are not included in the care plan, should be avoided.
7. When you agree to accept a referral, make sure that you know and understand the following information:
 - Where the client lives and directions on how to get there
 - What is included on the care plan and what services you are expected to complete
 - Which days or hours are being referred to you

Obtaining Your Referral

When you are referred to a client, the information about this client will be given to you on a form called the "Patient Information Sheet". You will also receive a copy of the care plan to advise you of the client requests. If you feel that the care plan does not give accurate information about what the client expects, notify the referral coordinator at the nurse registry office so the care plan can be updated.

Following Your Referral: *Question and Answer*

I will be visiting Mr. Smith on Monday's, Wednesday's, and Friday's. Mr. Smith has a doctor's appointment on Wednesday and wants me to come on Thursday instead. What should I do? Have Mr. Smith call the office and request the time change.

My care plan says that I'm supposed to change the bed linens for Mrs. Petry on Thursday. She has asked me to wait until Friday because she has company who are leaving Friday morning. She wants the linens changed after they leave. I will not be the referred companion/homemaker on Friday. What should I do? If a client asks you to change your usual day for doing something, you can do so. Document on your note for that day what task was not done and why. If you cannot follow through with the task on the new day, notify your referral coordinator as to what needs to be done by the companion/homemaker referred for that day.

Mrs. Jones' family asked me to drive Mrs. Jones to the doctor for her next appointment. Transporting Mrs. Jones to the doctor is not something that is listed on my care plan. What should I do? Call your referral coordinator at the nurse registry office. They will check the client's chart to be sure it is okay for you to do this.

Mr. Toombs has a lot of trouble eating. He can't hold the spoon and he misses his mouth a lot. He has trouble chewing a lot of meats and vegetables. My care plan calls for me to fix him a regular diet; it doesn't say anything about helping him eat. What should I do? Call your referral coordinator at the nurse registry office and report what you are observing. Ask if the diet can be changed to foods that are easier to chew.

I have been referred to take care of Mrs. Rose. She's 85 years old. Her daughter sometimes drops the grandchildren off at Mrs. Rose's home when I'm there to "visit" grandmother. I end up spending a lot of time taking care of them. Is this okay? No. Your purpose in the home is to take care of the client, not to provide childcare to grandchildren who don't live there. Talk to your referral coordinator about the problem. Let them know what has been happening, how often it happens, and who is involved. This information will be passed along to the appropriate administrator who can talk with the client and the family to resolve this issue.

Module One
Review Activities

The types of caregivers that a nurse registry can refer to a client include: (circle all that apply)

- | | |
|----------------------|--------------------------------|
| a. Skilled Nurse | e. Plumber |
| b. Carpenter | f. Home Health Aide |
| c. Companion | g. Certified Nursing Assistant |
| d. Massage Therapist | h. Accountant |

Responsibilities of a Companion include: (circle all that apply)

- | | |
|------------------------------------|---|
| a. Preparing a meal | d. Assist client on the bedpan |
| b. Assist the client with a shower | e. Transport the client to a doctor appointment |
| c. Brush the client's hair | f. Provide companionship to the client |

List two (2) Client/Patient rights:

1. _____
2. _____

True or False

- _____ The person responsible for finance transacting within the company is called the "General Manager."
- _____ One of the Homemaker's responsibilities includes maintaining the home in the optimum state of cleanliness and safety.
- _____ A Companion or Homemaker MAY NOT assist a client with personal care or skilled tasks.
- _____ The most important person on the home care team is the referral coordinator.
- _____ The Companion or Homemaker should report any incidents or changes in the client's behavior to the nurse registry office.
- _____ Stabilizing the client when walking by holding the client's arm or hand is part of the responsibilities of the Companion/Homemaker.
- _____ A Companion/Homemaker may not talk about the client to their friends or family.

Working With People
Module Two
Companion/Homemaker Course

Behavioral Objectives

Upon completion of this module, the learner will be able to:

Understand effective communication

Identify between *verbal* and *nonverbal* communication

Identify factors that improve communication

Be aware of techniques/methods that a companion/homemaker may use to communicate effectively with clients, families, and other registry personnel

Recognize basic human needs and how to meet those needs

SECTION 1

COMMUNICATION

Introduction

Good communication skills are an important tool for the Companion and Homemaker. As a Companion or Homemaker, you will use communication skills to:

- Develop and maintain a good working relationship with the client and other family members in the home.
- Develop and maintain a good working relationship with your referral coordinator and other staff members in the nurse registry office.
- Explain the services that you will be providing to the client.
- Obtain information from the client or your referral coordinator about what the client needs and how the client is doing.
- Report information about the client to the nurse registry office.
- Document the care you provided and your observations about the client.

The goal of communication is to send and receive messages. Communication may occur between:

- Two people
- One person and a group of people
- Two groups of people

Communication may be: (1) *verbal*, (2) *nonverbal*, (3) *written*.

Verbal Communication

Verbal communication involves both **speaking** and **listening**.

Some general rules to follow when using verbal communication are:

- Speak clearly and distinctly.
- Speak slowly.
- Avoid chewing gum when you are talking to the client.
- Always talk *with* the client. Don't talk *down* to the client. Don't use baby talk.
- Respect the times when the client does not want to talk. Remaining silent and expressing care by facial expression or gestures can communicate effectively.
- Use simple words and short sentences.
- Avoid use of slang phrases or words with special meanings.
- Listen carefully when the other person speaks.
- Look at the person when they are speaking.
- Do not interrupt when someone else is speaking. Allow the person to finish their statements.
- If you do not understand what someone says to you, ask that person to repeat or explain the statement or phrase again.

Things that interfere with communication:

- Abruptly changing the subject before the other person is finished.
- Appearing to be too busy to listen.
- Doing another activity while the other person is talking.
- Offering your personal opinion to the client about what you think they should do.

- Making light of the other person's feelings (i.e., "come now, it can't be *that* bad").
- Jumping into a conversation and giving an opinion before you completely understand what the other person is saying.
- Telling the client/family that "everything will be okay" when you don't really know.
- Responding to the other person in an abrupt, angry, or threatening way.

Nonverbal Communication

In addition to speaking, people often communicate feelings and messages through non-verbal means. Nonverbal techniques could include:

- Facial expressions
- Posture
- Method of speaking (speed & volume)
- Use of eye contact
- Tone of voice

Pay attention to your nonverbal behavior when you are talking or listening to another person. Do you look interested in what the person is saying? Do you have a pleasant expression on your face? Or, do you look bored or irritated with the conversation?

Are you making direct eye contact? Is that appropriate in light of the other person's cultural background? What is your posture like? Slumping or slouching can communicate that you're not interested in what the client is saying. How you appear to the other person in a conversation can help or hurt the communication.

Also pay attention to the other person's nonverbal behavior. What clues are you picking up about how that person is feeling? Does the person seem tense? Anxious? Happy? Relaxed? Upset? Does the person appear to understand the messages that you are sending?

Sometimes a person's verbal and nonverbal communication doesn't match. For example, a client may tell you that they feel fine and are having a good day but their face looks like they have been crying. Another example is a family member may tell you that they are definitely not angry about something, but they pace the floor while they are talking and their speech is very loud and rapid.

When a person's verbal and nonverbal communication sends conflicting information, the listener may get a mixed message. If you are getting a mixed message from a person, it is important to ask questions and find out (clarify) exactly what the client is trying to say.

One way of clarifying a mixed message is to tell the speaker what you are picking up from their verbal and nonverbal behavior. You can do that in the form of a simple statement. For example, to the client mentioned earlier, you might say, "You're saying that you are having a good day, but it looks like you have been crying."

Using your communication skills with clients and their families

Your communication skills are a vital part of your work with clients and their families. You will use these skills to:

- Explain what care you will be providing during the visit or hours.
- Ask the client questions to find out what care they want done and in what order they would like to have things done.
- Tell the client what you are doing as you are doing it.
- Ask questions to find out how the client is doing.

Communication Question and Answer: How to Handle Different Situations

Mrs. K expects me to sit and talk with her about her knitting projects and her patterns. Is that okay? Certainly. Talking with a client about their hobbies or outside interests is part of providing companionship.

One of my clients, Mrs. H, asks me all kinds of personal questions about myself . . . like how old I am, do I have children, am I dating, what did I do over the weekend. Sometimes the questions get too personal. How should I handle that? “Chatting” with a client about neutral topics such as movies you’ve seen, shared hobbies, the weather, etc., is an expected part of your duties. However, it is not appropriate to talk to clients about your personal life and/or personal problems. If a client asks you personal questions, do your best to change the subject to something about them.

One of my clients asks me all kinds of questions about the other clients that I’m working with. Is it okay to talk about that? No, absolutely not! All client information is considered confidential. That means you may not discuss anything about one client with another client. Federal laws are in place to protect the confidentiality of client information.

Mr. L is very hard of hearing. What can I do to help him understand me better?

- Speak slowly and distinctly.
- Use short, simple phrases.
- Always face him directly when you are talking to him. Make sure that your face can be clearly seen (some hard of hearing people lip-read).
- Make sure that you have his attention before you begin to talk to him.
- Repeat what you have said using different words, if necessary.
- Do not shout.
- Limit background noise (such as TV’s, radio’s) when you are talking to the client.
- Write down simple directions.
- If he uses a hearing aid, make sure that he is wearing it and that it is working properly.
- Make sure that your nonverbal behavior matches what you are trying to say.

Mrs. Y has had a stroke. It affected her speech. I have trouble understanding her. What can I do so that I can understand her better? She gets really frustrated when I can’t figure out what she needs.

- Use direct questions that can be answered “yes” or “no”.
- Be patient with her attempts to communicate. Don’t automatically supply words. Give her time to speak. If the client is becoming frustrated, you can try different words to see if you can help the client with what she wants to say.
- Use picture cards or flash cards that communicate various needs. For instance, you could have pictures of a drink, food, a person sitting out of bed, etc. You can ask the client to point to what she wants.
- See if the client can write the message. Sometimes people can write but cannot talk after a stroke. Keep pencil and paper handy.
- Work out a “signal” system with the client for common needs. For example, tapping the table once can mean “yes”, tapping the table twice can mean “no”.
- Never talk to the client like a child! Don’t use “baby talk”.
- Keep your conversations short so that the client doesn’t get too tired.
- If you understand part of what she says but not all of it, repeat the part you understood. Then ask her to repeat the rest of her message.

Several of my clients do not speak a lot of English. How can I talk to them?

- Use short, simple sentences.
- Point to objects when appropriate.
- Don't try to use words or phrases from their language until you learn what these mean. If possible, find out how to say some simple words or phrases in their language and use these. Talk with the administrator or the referral coordinator about other resources available to you.

One of my clients comes from another country. She won't ever look me in the eye when she is talking to me. In some cultures, making direct eye contact is considered rude or insolent behavior. Respect the cultural background of your client. Understand that the lack of eye contact is a mark of respect or courtesy in her culture.

One of my clients complains a lot to me about the care he got from another homemaker. What should I do? Avoid getting into a discussion about this with the client. Encourage them to call the office and speak with the administrator. The administrator will be happy to address their concerns.

I need to see the administrator today. One of my clients is complaining about my work. What should I do? Think through the situation first. When you talk with the administrator, explain in clear, objective terms what is happening. If you made a mistake, admit it. Avoid using angry words or gestures. Don't argue. Be willing to listen to what your administrator has to say.

The last time I spoke with the administrators, they suggested I practice listening better to my clients and other caregivers. How can I do that? Listening well takes practice. Try these tips:

- Focus all of your attention on the person speaking. Don't do something else (like write, eat, etc.) while you are listening.
- Ask questions when you don't understand something.
- Don't interrupt the speaker.
- When the speaker has finished talking, summarize what you think the speaker said and repeat that back. Ask the speaker if you have understood the message completely. For example, you might say something like, "It sounds like you want to eat breakfast first and then take a nap before you do anything else."

Communicating by Telephone: Telephone Courtesy

You will be using the telephone to communicate with your clients, their families and with the referral coordinator in the office. Listed below are some general rules regarding telephone courtesy:

- When calling, always clearly identify yourself and your reason for calling to the person answering the telephone.
- When answering the telephone, always clearly identify yourself to the caller.
- When taking a telephone message for the client, always write it down immediately. Repeat the information back to the caller to make sure that you have the message correct. Always include the caller's name and telephone number.

SECTION 2

WRITTEN COMMUNICATION AND CHARTING

One of your most important responsibilities is to *communicate* what you observe or assess about the client during your referred visit or hours.

Your charting is important because:

- It provides the legal record of what you did in the home.
- It provides a written record of services provided and care given.
- It provides a written record of the client's status throughout the period that home care services were provided.
- Insurance companies will not reimburse the client for your services if there is not a written record of what you did in the client's chart.

If you fail to complete your charting or you chart carelessly, you can cause serious problems for your client. These include:

- Loss of money because insurance companies refuse to pay based on inadequate charting.
- Poorly coordinated services resulting in harm to the client.
- Ineffective services resulting in unnecessary use of home care resources.
- Client dissatisfaction resulting in discontinuing service.

Your documentation should always include:

- Your observations of the client during your visit or shift.
- The type of care provided.
- The client's response to the care.

In addition to writing this information on your notes, you are expected to communicate abnormal findings or significant changes immediately to your referral coordinator or the administrator at the nurse registry office. Document your call and the response that you get from the administrator on the charting sheet.

Rules of Charting

- Be careful to use only approved abbreviations as this could cause confusion.
- Do not use statements that reflect personal opinions. Only record what you actually saw, heard, or did. Chart facts.
- Write legibly when documenting your observations and tasks.
- When correcting something written in error, do not scribble it out. When you make an error, correct it by drawing a single line through the error. Place your initials beside the error then make your correction. For example: "*Client's left (crb) right arm was red.*"
- Do not use *pencil* on your documentation. **Black or blue ink** are the only pen colors acceptable for permanent documentation.
- Do not use *whiteout* on your documentation. Correct errors as described above.
- Do your charting as soon after the care as possible. The longer you wait, the more chance you may forget to record something.
- Always be sure to sign your documentation.

SECTION 3 INTERPERSONAL RELATIONSHIPS

To work effectively with your clients, you will need to develop a good working relationship with each one.

Tools to Use to Develop an Effective Working Relationship

- *Introduce yourself* and your reason for being in the home any time you meet a client for the first time.
- *Promptly greet the client* and any family members when arriving at the client's home.
- *Be polite and courteous.* Address the client and other people in the home by "Mr.," "Mrs.," or "Miss". Use "please" and "thank you" freely.
- *Be consistent and reliable.* Follow through on what you have said that you will do. For example, if you and the client agree that you will clean the kitchen every Tuesday morning, make sure that you do so.
- *Be friendly.* Your facial expression, your posture, and how well you listen will communicate warmth and caring. How you act should convey the idea to the client that you are glad to be providing services.
- *Be tactful.* Think before you speak so that you don't offend the client or a family member.
- *Be truthful.* This promotes trust in a relationship.
- *Be open to suggestions.* Remember that you are a guest in the client's home. Listen to what the client has to say and how they want things done.
- *Appear confident.* Your client needs to feel that you know what you're doing. Appearing confident (but not overconfident) can make your client more comfortable with you.
- *Be organized.* Doing your work in an organized manner helps to develop the client's trust and confidence in you and your work.
- *Be flexible.* Be willing to change the order that you complete your tasks if the client or family wishes.
- *Express interest in the client.* Listening to the client talk about hobbies or personal interests helps to form a relationship.
- *Listen to what the family members have to say.* Families can have invaluable insight regarding your client. Stay out of family arguments; never take sides in an argument.
- *Always remember* that your purpose for being in the home is to provide services.

Personal versus Professional Relationships

As you work with clients over time, you may develop a strong attachment or relationship to them. It is important for you to always remember that your relationship with the client or family is professional. Your purpose in being in the home is to provide service, not to act as a family friend or "adopted family member."

To maintain a professional relationship with the client and family:

- Avoid performing tasks that are not listed on your plan of care without first talking with your referral coordinator. The services that you provide were discussed with the client and family when the client was admitted to home care. If the client or family wishes additional services or changes, they should notify the nurse registry office so the plan of care can be updated.

- Avoid helping the client or family on your non-work (personal) time. Your contact with the client or family should always be referred through the nurse registry office.
- Avoid giving or accepting any type of gifts.
- Avoid loaning or borrowing money.

Stress and Interpersonal Relationships

Most of the clients and families that you will work with will be experiencing some type of stress.

Common causes of stress include:

- **Illness** – Being sick puts stress on a person's emotions as well as on their body. It can also interfere with normal activities, such as working, and normal relationships.
- **Money** – Worry about having enough money to pay for food, housing, routine bills, health care, and medicines can impose stress. Because being ill often keeps people from working, your client may be worried about financial matters.
- **Changes in family relationships** – Illness can make changes in how family members relate to each other. If the person who makes decisions for the family is ill, another family member may need to do that. Aging adults may not be able to be totally independent and may require assistance that they haven't needed before. A new baby in the household can shift attention and time from older children. All of these changes can create stress.

People react to stress in various ways. Some of the most common are:

- **Fear** – The client may express fear or may cry easily. The client may also report being unable to sleep at night or feeling tense or anxious. The client may be unwilling to try new things because of the fear.
- **Anger or aggression** – With this reaction, the client appears very angry or hostile. They may make seemingly endless demands of your time or complain frequently about the service you provide. Small problems may cause a large angry outburst.
- **Anxiety** – Clients who react by being anxious may tell you that they have trouble sleeping or that they can't seem to relax. They may worry constantly over small details. They may ask you the same questions over and over.
- **Depression** – Clients who are depressed may refuse to participate in their care. In fact, some depressed people find it difficult to get out of bed in the morning. Often they lose their appetite and/or refuse to eat. Depressed people may cry easily.
- **Physical illness** – Stress can cause physical illness. Stress related illnesses include ulcers and other problems with the digestive system, heart attacks, high blood pressure, headaches, and all kinds of back and muscle pains.

As a Companion/Homemaker, you need to be sensitive to the fact that the client and family are probably under stress. Routinely assess the client and family for signs of stress. If they are reacting to stress, do the following:

- Recognize that people under stress can be short tempered and may act angry. Understand that if the client or a family member seems mean or nasty to you, it is not directed at you personally. It can be a reaction to the stress. Remain calm and cheerful. Don't respond back in anger. If the situation persists, contact the office.
- Let the office know if you pick up clues that the client or family may be worried over lack of money to buy food, pay bills, or get medications. Our office can be consulted about providing assistance to the family.
- Also let the office know if family relationships seem really tense. A visit from the administrator may provide help to the family in coping with changes and illness.

SECTION 4 BASIC HUMAN NEEDS

Every person that you work with will be unique. No two people are ever exactly alike. However, people do have some common types of needs. We call these **Basic Human Needs**.

One group of basic human needs focuses on what people need to physically survive and be healthy. These needs include: - food - shelter - activity - clothing - rest

Another group of basic human needs relate to a person's need to belong and to be accepted. These emotional needs include: - love - affection - recognition - security - trust

Companion/Homemaker services can help clients meet these physical and emotional needs.

When basic human needs are not met, the client experiences stress. Review the information on stress in Section 3. You can help reduce the client's stress by working to meet their basic human needs.

A Word About Different Cultures

Although basic human needs remain the same, how people from various cultures express those needs and how they meet those needs can differ.

Be careful to respect the cultural background and practices of the client and the family. Understand that the ways you choose to meet your own needs may not be the same as the ways your clients choose. If you feel that a certain cultural practice is putting the client's health and well being at risk, talk with someone from the office about the situation.

Module Two **Review Activities**

General rules to follow when using effective *verbal* communication are: (circle all that apply)

- | | |
|-------------------------------------|--|
| a. Offering your personal opinion | e. Listen carefully when the other person speaks |
| b. Speak slowly | f. Avoid the use of slang phrases or words |
| c. Use simple words/short sentences | g. Abruptly change the subject |
| d. Appear to be busy | h. Look at the person when they speak |

Effective *nonverbal* communication would include: (circle all that apply)

- | | |
|--------------------------------------|--|
| a. Pleasant facial expressions | d. Slouching |
| b. Good posture | e. Use of eye contact |
| c. Tapping your foot while listening | f. Method of speaking (speed & volume) |

Tools to develop an effective working relationship could include: (circle all that apply)

- | | |
|--------------------------------|---|
| a. Being truthful at all times | d. Promptly greeting the client and any family |
| b. Being open to suggestions | e. Being <u>overly</u> confident in what you can do |
| c. Being flexible | f. Addressing the client by their first name |

The three (3) ways of communicating are:

1. _____ 2. _____ 3. _____

People react to stress in various ways. List two of the most common reactions:

1. _____ 2. _____

List three (3) *basic human needs* that people need to *physically* survive and be healthy:

1. _____ 2. _____ 3. _____

List three (3) *basic human needs* that people need to survive *emotionally*:

1. _____ 2. _____ 3. _____

True or False

- _____ Verbal communication involves both speaking and listening.
- _____ It is okay to talk with your client about their hobbies or outside interests.
- _____ It's important to interrupt the speaker when you want to clarify something.
- _____ Having a pleasant expression on your face while listening to someone talk is a form of nonverbal communication.
- _____ When charting your services for the client, it's okay to use "white-out" to correct errors.
- _____ Your charting is important because it provides a legal record of what you did in the client's home.
- _____ Being organized helps to develop the client's trust and confidence in you and your work.
- _____ Keeping a *professional* relationship with your client includes loaning or borrowing money from them.
- _____ People under stress can be short tempered and may act angry.
- _____ Illness could be a major cause of stress for the client.
- _____ When there is an argument amongst family members, the companion/homemaker should listen to all sides, then pick the best side and support that person.
- _____ Making direct eye contact with the person you're communicating with is not necessary.
- _____ When communicating by telephone you should clearly identify yourself to the person you're calling.
- _____ Your documentation should include your observations of the client during your referred hours.

Working With People Across the Lifespan
Module Three
Companion/Homemaker Course

Behavioral Objectives

Upon completion of this module, the learner will be able to:

Understand major physical and psychosocial changes associated with the aging process

Identify major interventions that the companion/homemaker can use when working with the aging adult

Recognize key tasks that the homemaker may be asked to do for the aging adult in the home setting

Describe common needs of the dying client and his/her family

Be aware of major interventions that the companion/homemaker can use when working with a dying client and their family

Describe characteristics of families in today's society

Understand various roles that a family serves

Recognize ways that the companion/homemaker can support and maintain the client's family structure during times of crisis

SECTION 1 WORKING WITH AGING ADULTS

Introduction

As a companion/homemaker, you may be referred to work with older adults. Older adults have different needs than children or younger adults. The service you provide can help them meet their specific needs.

Growing Older

Growing older is a normal part of living. Everyone grows older. In our society, there are a lot of incorrect ideas about what happens when people age. Some misconceptions include the following statements:

Aging adults cannot learn new things. **False.** A person's ability to learn doesn't get worse as they grow older.

Aging adults cannot change their way of doing things. **False.** Aging adults have to make lots of changes. They may retire from a job; they have to get used to children growing up and moving out; or they may have to get used to the loss of a spouse.

Aging adults want to be dependent on younger family members. **False.** Many older adults prefer to be as independent as they can be.

Aging adults do not need to feel useful and important to others. **False.** Just like younger adults, aging adults need to feel that they matter to someone.

All aging adults are alike and need the same things. **False.** Every person, . . . young or old, . . . is unique. No two aging adults are the same.

Growing Older: Physical Changes

As a person grows older, some physical changes occur. These could include:

- Increased trouble seeing
- Increased trouble hearing
- Loss of teeth
- Increased trouble keeping their balance
- Problems with circulation

What the Companion/Homemaker Can Do?

For the client who has problems seeing:

- Make sure that the home is well lit. Check for night-lights. Make sure that there is enough light for the client to see to walk safely.
- Use large print books. Write notes in large block letters that can be clearly read.
- Don't rearrange the client's furniture or personal belongings. Rearranging increases the chance that the client might fall. It also makes it harder for the client to find things that they may be looking for.

- Put items that the client frequently uses within easy reach. Tell the client where these items are located.
- If the client wears glasses, make sure that they are wearing them when needed.

For the client who has problems hearing:

- Speak slowly and distinctly.
- Use short, simple phrases.
- Always face the client directly when you are talking to them.
- Do not shout.
- Limit background noises, such as TV's and radios, when you are talking to the client.
- Make sure your nonverbal behavior matches what you are trying to say,
- If they use a hearing aid, make sure the client is wearing it and that it is working properly.

For the client who has lost teeth:

- Cook foods that are easy to chew.
- Help the client cut food into small pieces, if needed.
- If the client has dentures, make sure that they put them in before starting to eat.

For the client with balance problems:

- Don't rush the client.
- Have the client get up slowly. If the client is lying down, have them sit on the side of the bed before standing. If the client is sitting, have them stand for a minute before starting to walk.
- If the client uses a cane or walker, make sure that they have it within easy reach.

For the client with circulation problems:

- Teach the client to dress in layers to remain warm.
- When possible, keep the room temperature comfortably warm.
- If the client cannot afford adequate heat (or air conditioning), contact the office immediately.

Growing Older: Emotional and Social Changes

Emotional and social changes also occur, as a person grows older. These include:

- Retiring from a job
- Change in income due to retirement
- Death of a spouse
- Loss of friends or other relatives through death
- Increased fear of dying
- Increased fear of becoming seriously ill and unable to take care of themselves
- The need to give up their home and make other living arrangements.

As the companion/homemaker, you can assist the client in coping with these changes. Listening to the client talk about their feelings can help. Talking with the client about hobbies and interests can provide some companionship.

Respect the aging adult's need for privacy and respect. Don't touch personal belongings without permission. Knock on a closed door before entering.

SECTION 2 WORKING WITH THE DYING PERSON

Introduction

As a companion/homemaker, you may be referred to care for a client who is dying, or you may be referred to provide support and assistance to a family where someone is dying. How you feel personally about death will influence how well you can work with a dying client.

Working With the Dying Person

People respond differently to dying.

Some people never become aware that they are dying. Examples include people who are killed in an accident or people who have a heart attack unexpectedly. Other people may not realize that they have an illness that they will die from. Family members and friends may try to “protect” a dying person by not telling them.

Other people will become aware that they are dying.

Denial – The first reaction when a person learns that they are dying is *denial*. The person refuses to believe that they will actually die. Clients who are in denial will not talk about their disease, how serious it is, and may seem quite cheerful. They will not be willing to make plans about how they will manage when they cannot care for themselves.

Anger – Denial is often followed by *anger*. The dying person feels angry and expresses that anger to family and the people caring for them. The anger may be directed at themselves, at the doctor or the medical care, at family, at God or at fate. Working with the client who is angry can be difficult. Accept the client’s anger. Allow the client to express his anger in an appropriate way. Even when what the client says is hard to listen to, be willing to listen.

Bargaining – The dying person will sometimes move into a bargaining stage. During this stage, the person tries to bargain with someone or something to let him live longer.

Depression – The dying person may become depressed and feel sad and hopeless. Accept the client’s feelings. Stay with the client if they are crying. Touching the client or holding the client’s hand may help. Don’t offer false reassurances. Don’t tell the client that everything will be all right. Don’t tell the client to “be brave” and bear up.

Sometimes a dying person won’t always react the same way each day. Some days they may be angry, another day depressed, and at other times, may seem to have accepted their upcoming death.

What a Companion/Homemaker Can Do

Caring for a person who is dying requires *skill* and *sensitivity*.

Providing comfort is a key responsibility. Changing bed linens, for example, can help provide physical comfort. Sitting with the client and listening will provide emotional comfort.

Treating the client with respect is also very important. The dying client will be able to do less and less for themselves. The client will need more and more help. Don't treat the adult client as a child. Provide privacy for the client when they wish to be alone. Provide privacy for the client and family/friends to talk and be alone together.

Let the client have as much control as possible. This is very important. Following schedules rigidly is usually not necessary. Let the client make choices whenever possible.

Respect the client's cultural, religious, or personal practices related to dying. How the client copes with dying may be different than how you would. Different cultures have different rituals for dying. Respect the client and the family's choices and practices.

SECTION 3 WORKING WITH FAMILIES

Introduction

As a companion/homemaker, you may be working both with a client *and* with the client's family. How you work with the family is important.

What is a Family

Today, a family is a group of people who live together, sharing expenses and time together.

This group may be made up of "traditional" family members: mother, father, children. This group may also include "extended" family: grandparents, aunts, uncles, or close friends.

This group may be a single-parent family or, it may be two or more unrelated people living together.

For some clients, friends or neighbors may provide support and care.

When you begin to work with a client, it is important for you to determine what people are included as family for the client and who is providing support and care.

Working With the Client's Family

Some tips to use when working with families include:

- Always introduce yourself to family members. Be very open and clear about your responsibilities.
- Spend some time listening to the family member's concerns and interests.
- If the client and family member wish, allow the family member to assist with the client's care.
- Listen to the family member's concerns about the client's care. Family members may offer helpful suggestions. If they have a complaint, you should direct them to an administrator at the office. Provide the number where the administrator can be reached.

Module Three

Review Activities

Caring for a person who is dying requires skill and sensitivity. This would include: (circle all that apply)

- a. Letting the client have as much control as possible.
- b. Providing comfort.
- c. Following schedules rigidly.
- d. Making all the decisions for the client.
- e. Treating the client with respect and dignity.

For a client who has trouble seeing, you should: (circle all that apply)

- a. Make sure the home is well lit.
- b. Rearrange the client's furniture as you feel necessary.
- c. Put books away as the client can't read them, and it would only be a source of frustration.
- d. Put items the client uses frequently within easy reach.
- e. Check for night-lights.

Name two (2) physical changes that occur as a person grows older:

1. _____ 2. _____

List two (2) reactions that people may experience when they become aware that they are dying:

1. _____ 2. _____

True or False

- _____ All aging adults are alike and need the same things.
- _____ Talking with the client about their hobbies and interests can provide companionship.
- _____ Some people never become aware that they are dying.
- _____ It's okay to tell a dying person that "everything will be alright!"
- _____ For the client who has problems hearing, you should shout to make yourself heard.
- _____ Sitting with the client and listening will provide emotional comfort.
- _____ Today, a "family unit" includes a father, mother and children only.
- _____ Aging adults need to feel useful and important to others.

Working With Persons Experiencing Illness in the Home Setting
Module Four
Companion/Homemaker Course

Behavioral Objectives

Upon completion of this module, the learner will be able to:

Understand how a client may react to being ill

Identify the major goals for the care of the home care client who is ill

Understand the role and responsibilities of the companion/homemaker in working with the client who is ill

Understand the responsibilities of the companion/homemaker when working with the disabled client

Understand the responsibilities of the companion/homemaker when working with a client with mental health problems

SECTION 1 THE CLIENT WHO IS ILL

Introduction

It has been mentioned that illness can cause a lot of problems for the client and their family. These problems include loss of income, increased expenses, and change in normal family responsibilities and relationships. As a companion/homemaker working with the client, you will need to be able to provide *support* and *assistance*.

How People React to Illness

- **Denial** – Some people refuse to accept the fact that they are sick. A client who is denying an illness may refuse to take medication or may refuse to follow the doctor’s orders. This client may also try to do too much or may question why your services are needed. If the client is refusing your services or if you think the client is not following the doctor’s orders, contact the office. Communicate with them what the client is doing and saying.
- **Depression** – Some people react by becoming very depressed. Depressed clients may cry a lot or sit and sigh. A depressed client may talk about “being a burden” to their family. They may refuse to help with their own care.
- **Irritation, anger, impatience** – Some people express a lot of anger or irritation over being ill. Others may tell you that they don’t understand why getting well is taking so long. Anger and irritation may be expressed by frequent demands for your attention. The client may complain about how you do your work. Frequent complaints should be reported to the office.
- **Being too dependent** – Some people react to being ill by becoming very dependent. This type of client will often refuse to make decisions related to their care. Frequently, the dependent client will not even help with the parts of the care that they can do.

Goals of Care

Remember that the general goals of the home care services are to:

- Help clients return home from the hospital or extended care facilities
- Help clients remain in their own home whenever possible
- Help the client become as independent in their care as possible (in light of the client’s age, medical status, and amount of care needed)

The Role of the Companion/Homemaker

As part of the home care team, the companion/homemaker plays an important role in helping the client achieve these goals. Let’s look at some specific strategies that you can use.

Promoting Independence

Talk with the client. Include the client when making decisions about what care is to be done and when. Allow the client as much control as possible.

Allow the client to do as much of their care as possible. Don't do things for the client that the client can do for themselves. However, be careful that the client does not get too tired. People who are ill become tired easily. If the client looks like they are starting to get too tired, offer to help. Allow the client to direct your help.

Promoting Safety

Clients who are ill often need assistance to stay safe. In Module Five we will talk about specific things that you can do to help to promote safety.

Promoting Comfort

Clients who are ill need comfort. Listening or talking with a client can provide emotional comfort. Sitting quietly with the client can also help.

Maintaining the Client's Dignity and Self-Respect

Always provide privacy for the client. Don't use baby talk or "talk down" to a client. Don't talk "over" a client as though they weren't present. Respect the client's need to be alone (as long as the client can safely be left alone).

Reporting Changes in the Client

Since the companion/homemaker may be in the home more often or for longer times, you may be the first person to pick up on changes in the client's condition.

Let the office know immediately if you notice:

- Changes in the client's eating pattern
- Changes in how much the client sleeps
- Changes in the client's behavior (more confused, angry, etc.)
- That the client is not following the plan of care
- That the client is frequently away from home
- Any of the symptoms listed on your plan of care that you are expected to report
- Lack of food, medications, or required medical supplies
- Increased stress among client and family members

SECTION 2 WORKING WITH THE CLIENT WITH A DISABILITY

Introduction

As a companion/homemaker, you may be referred to care for a client who has a disability. When caring for the client with a disability, it is important to focus on what the client can do and to assist the client to be as independent as possible.

What is a Disability

A disability is a permanent loss of some kind of function. It can be physical or mental.

Physical disabilities can include paralysis or loss of an arm or leg, inability to walk due to damage to the spinal cord, blindness, or inability to speak.

Another type of disability is being mentally challenged. Adults who are mentally challenged may have trouble talking, learning, reading, and taking care of themselves without help.

What the Companion/Homemaker Can Do

- Follow the instructions on your plan of care. You are part of a team of people caring for this client. It is important for you to provide the services you are referred to do.
- Remember that the major focus of home care services for this client is to help them live independently at home.
- Always be patient. It will take the client longer to do most activities. Don't rush the client.
- Keep your instructions simple. Stick to one activity at a time. Don't give the client instructions about a lot of activities at one time.
- Don't interrupt the client. Allow them to finish one activity before starting another.
- Praise the client for completing a task.
- Always treat the client as an adult. Don't use baby talk. Always address the client respectfully.

SECTION 3 WORKING WITH THE CLIENT WHO IS CONFUSED

Introduction

As a companion/homemaker, you may be referred to care for clients who are confused. Clients who are confused require special assistance to remain safe.

Confusion, Confusion, and More Confusion

How much a person is confused can vary. The confusion can be temporary or permanent.

Mild confusion – Some people may have only mild confusion. They may not know today's date, the correct year, or what state they live in, but they can dress themselves without help and manage most self-care activities safely. They may need reminders to take medications or to keep doctor's appointments.

More severe confusion – Other clients may be more confused. They may require constant supervision so that they don't fall or hurt themselves in some other way.

Night confusion – Some clients may be confused only at night. These clients may need to be supervised at night so that they don't wander off or fall trying to get out of bed.

What the Companion/Homemaker Can Do

- Always make sure that you know what the confused client is doing and where they are.
- Don't leave a confused client unattended in the bathtub or shower.
- Don't let a confused client smoke unattended. Assist the client to light the cigarette, cigar, or pipe. Make sure that the cigarette, cigar, or pipe is properly taken care of when the client is done.
- NEVER restrain a confused client. If a client needs constant supervision to avoid injury, let the office know immediately.
- Don't rearrange the furniture or personal belongings of the confused client. This will only make the confusion worse.
- Always introduce yourself to the client when you first arrive. Explain (and re-explain, if necessary) what you are doing.
- Tell the client what day and what time it is.
- If a client becomes MORE confused than usual, notify the office immediately.
- Never leave the client unattended if they are doing something that could result in injury.

SECTION 4 WORKING WITH THE CLIENT WITH A MENTAL ILLNESS

Introduction

More and more people with mental illnesses are being treated at home. As a companion/homemaker, you may be referred to provide services to a client who is experiencing a mental illness. The service you provide will be important in allowing that client to remain at home.

What the Companion/Homemaker Can Do

Like clients with physical illness, clients with mental illness may require help to maintain a household.

The care you provide will be specific to each client. There is often a team of people working with this type of client. The registered nurse will decide with the client what type of services will be provided. It is important that you follow your plan of care. If the client asks for extra services or for services to be changed, notify the office. You cannot make changes on the plan of care sheet.

The registered nurse or administrator responsible for the client's care may ask you to observe and report specific behaviors. It is important that you observe the client carefully and report your observations to the office as necessary. This provides information to the other members of the home care team that may be needed in planning the client's continuing care.

Also, report any major changes in the client's behavior. This includes positive changes, such as increased appetite, increased willingness to participate in activities, etc. It also includes negative changes such as decreased appetite, change in appearance from neat to untidy, etc.

Always treat the client with respect, dignity and kindness. Remember that mental illness is just like a physical illness. Don't criticize or make fun of the client's behavior.

Module Four **Review Activities**

Changes you should report to the office would be: (circle all that apply)

- a. Lack of food or medications.
- b. Changes in the client's sleep patterns.
- c. Changes in a client's hair style.
- d. Client's desire to sit outside on the porch.
- f. Increased stress the client is experiencing.

To assist clients with disabilities, the companion/homemaker should: (circle all that apply)

- a. Give the client instructions about a lot of activities at once.
- b. Be patient and don't rush the client.
- c. Address the client respectfully.
- d. Interrupt the client at any time you wish.

Name two (2) reactions that people may have to illness:

1. _____ 2. _____

True or False

- _____ A disability could be physical or mental.
- _____ It is okay to restrain a confused client.
- _____ Rearranging the furniture can be helpful to a confused client.
- _____ Mental illness is an illness just like a physical illness.
- _____ Some people react to illness by becoming very dependent.
- _____ Do not let a confused client smoke unattended.
- _____ It is not necessary to explain to the client what you are doing if they are confused because they won't remember anyway.
- _____ You should notify the office if a client is more confused than usual.
- _____ Promoting client independence is an important role of the companion/homemaker.
- _____ A client should always be treated with respect, dignity and kindness.

Safety in the Home
Module Five
Companion/Homemaker Course

Objectives

Upon completion of this module, the learner will be able to:

- Identify key points to assess when evaluating safety in the home
- Be aware of measures needed to maintain safety in the home
- Describe how to obtain emergency help in the home setting when needed
- Describe how to respond to a fire in the home
- Understand basic measures that should be used to ensure personal safety when working in the home
- Demonstrate hand-washing techniques to use in a home setting
- Describe how/when personal protective equipment should be used (according to OSHA guidelines)
- Understand the principles of body mechanics when performing household tasks or cleaning

SECTION 1 SAFETY IN THE HOME SETTING

Introduction

Everyone caring for the client in the home should understand and use appropriate home safety measures.

Major causes of injury in the home setting include: (1) Fire, (2) Accidental spills, (3) Falls

Part of your responsibility as a companion/homemaker is to help promote a safe environment for the client and family. Let's look at some specific things that you can do.

FIRE SAFETY

General Rules

- Look at electrical cords and plugs. The plugs and cords should be intact. Do not use cords that are frayed or have exposed wires.
- Look at electrical outlets. Do not plug more than 1 or 2 items into a single outlet. Do not overload the outlet.
- When cooking, make sure to turn pot handles to the back of the stove.
- Promptly clean up all spills.
- Instruct the client NOT to wear clothing or sleeves that are loose, flowing, or long while working at the stove.
- Look at the stove and make sure that all stove controls are easy to reach and easy to read.
- Locate the fire extinguisher and review its use. A fire extinguisher should be kept near the stove or in another central location.
- If oxygen is in use, encourage any smokers present in the home to smoke outdoors. Review the potential hazards of live fire/sparks occurring close to the oxygen. If smoking continues in the home, contact the office.
- Discourage the client from smoking in bed or when sleepy. If the client is confused and wants to smoke, do not leave the client unattended.
- Identify exits from the home that can be used in the event of a fire.

If a Fire Does Occur: RESCUE---ALARM---CONFINE---EXTINGUISH (R-A-C-E)

- **Rescue** your client by removing the client, family, and other caregivers from close proximity to the fire and ideally out of the house. Stop all oxygen use and turn off oxygen equipment and ventilators. Manually "bag" ventilator clients until emergency assistance arrives.
- **Alarm** by calling 911 to report the fire. Give the 911 operator the client's name, address, phone number, and directions to the home. If possible, use the phone in the client's home. If the fire is developing too severely, use a neighbor's phone.
- **Confine** the fire ONLY if it is safe to do so by closing all doors.
- **Extinguish** the fire only if it is small, manageable, well contained, if a fire extinguisher is readily available, and if this action places you in no jeopardy. The fire department will handle this when they arrive.

REMEMBER THAT THE SAFETY OF YOUR CLIENT IS YOUR FIRST CONCERN.

Using a Fire Extinguisher

- Make sure that you have the proper fire extinguisher. Remember:
 - * A is for ordinary combustibles (paper, cloth, wood and many plastics)
A – leaves ashes
 - * B is for flammable liquids (oils, gasolines, grease, solvents)
B – is in bottles
 - * C is for electrical equipment (wiring, fuse boxes, appliances, etc.)
C – has current
- To use a fire extinguisher – **PASS**
 - P** - *Pull* the pin
 - A** - *Aim* at the base of the fire
 - S** - *Squeeze* the handle
 - S** - *Sweep* side to side

PREVENTING FALLS

General Rules

- Look at the floors in the home. Is the surface smooth? Even? Are the rugs well anchored?
- Are throw rugs present? Teach the client/family to avoid the use of throw rugs.
- Look at the shoes/slippers that the client wears. To help keep the client from tripping or falling, the shoes should be firm and provide support, and they should have corrugated or crepe soles.
- Wipe up all spills promptly.
- Keep the floors neat. Pick up any clutter on the floors.
- If the home has stairways, look at the steps. Are they even? Is each step clearly marked? Is there a handrail firmly attached to the wall?
- Look in the bathroom. If the client has trouble sitting, standing, or walking, they may need:
 - handrails to hold onto that are securely attached by the tub and toilet
 - a built-up toilet seat
 - non-skid mats in the tub or shower
 - a shower chair
- Check the lighting in the home. Can the client see clearly to get to the bathroom at night? Are night-lights needed? Should a light be left on at night in the hallway? In the bathroom?
- Do not rearrange the client's furniture. Changing the layout of a room can be confusing to a client and increases the risk that the client will fall.
- Do not leave a confused client unattended and out of bed.
- Never restrain a client at home. If the client requires a lot of supervision to avoid injury to themselves, call the office immediately to discuss the client's needs and care.

Home Safety Questions and Answers

What happens if a client falls at home? If you observe the fall, immediately assess the client. If they do not appear injured, you may assist the client into a chair or the bed. Notify the office about the fall.

If the client appears injured or you are uncertain about the client's status, call for the appropriate emergency help and follow any directions given. Once the client is safely cared for, call the office.

Obtaining Emergency Help

If an emergency occurs while you are working with the client, you must know how to obtain emergency help.

- Be sure a list of emergency numbers are posted in the client's home on the refrigerator or near a phone.
- Make sure you know how to summon the:
 - Police
 - Fire department
 - Ambulance/emergency medical services
- Also make sure that you know:
 - The location of the nearest phone. In some cases, the nearest phone may be at a neighbors or a nearby store.
 - What hospital to call and its telephone number.
 - What physician to call and how to reach them.
 - How to reach the office or the nurse on-call during and after business hours.
 - What friend/family member of the client's to contact in the event of an emergency.

If an emergency occurs, call the appropriate EMERGENCY TELEPHONE NUMBER right away. Have the following information available:

- The client's name and street address
- The nature of the emergency
- Your name
- The client's telephone number
- Directions to the home (if readily available)

Once the client has received the appropriate care, notify the office immediately.

SECTION 2 PERSONAL SAFETY IN HOME CARE

Personal safety is the responsibility of each member of the home care staff. Make yourself familiar with the following personal safety guidelines.

PERSONAL SAFETY GUIDELINES

Car Safety

- Lock all your car doors.
- Check the back and front seats, floors, and underneath your car before getting in.
- Keep your car windows rolled up tightly.
- Keep your purse or other valuables locked out of sight in your glove compartment, trunk, etc.

- Park in a well-lighted area whenever possible.
- Follow client/family's instructions about where to park in their neighborhood.
- Keep your gas tank filled at a reasonable level. Don't risk running out of gas.
- Keep your car in good repair. Don't risk breaking down.
- Check the routes you normally travel. Note places that you can stop if you have trouble, such as the police or fire station or convenience store.
- DO NOT hide spare keys around your car or home.
- DO NOT pick up hitchhikers.

If your car breaks down:

- Get off of the road, out of the way of traffic and turn on your flashing emergency lights.
- If a roadside call box is readily available, call for help.
- If no call box is available, remain in your car with the doors locked until help comes.
- If someone approaches your car and offers to help, ask them to call for help for you. Only roll the window down enough to talk.

Traveling to the Client's Home

- Make sure that the office knows your referred hours for the day.
- Notify the appropriate person in the office if you change your planned hours.
- If an unleashed dog is present in the client's home yard and appears unfriendly, do not get out of your car. Instead, drive to the closest phone. Call the client's home and ask for the dog to be leashed or restrained.
- If your personal safety becomes seriously threatened during a home visit, leave the client's home immediately. From a nearby telephone, notify any emergency services that are indicated. Call the office at once and notify them of the situation.
- Have the directions to the client's home well enough in mind so that you won't have to stop to ask directions. Carry a map.
- Dress conservatively, professionally and neatly.
- Wear the photo ID badge that is available to you so that it can be easily seen at all times.
- If you leave the client's home when it is dark, ask the client to leave the outside light on.
- Always have your car keys readily available when returning to your car.

When Walking From Your Car Into The Client's Home

- Do not carry more in your arms than you can easily manage.
- Stay in lighted areas. Don't cut through hedges, shrubs, or unlit areas.

When Shopping

- Don't carry more money with you than you will need for your immediate shopping.
- Do not flash money around or count change in a visible way.
- Keep your billfold out of sight at all times. Keep your purse closed at all times.

SECTION 3

UNIVERSAL PRECAUTIONS AND INFECTION CONTROL IN THE HOME SETTING

Introduction

Infection control practices should be understood and followed by everyone providing care for the client in the home.

Universal Precautions

Universal precautions are practices that help prevent contact with a person's blood or bodily fluids.

Using universal precautions allows the caregiver to feel confident and safe, placing the emphasis on caring for the client without undue fear of exposure.

Universal precautions work by preventing direct contact with blood, bodily fluid, excretions and/or secretions, which potentially contain virus or bacteria and transmit disease.

Universal precautions include:

- Washing your hands.
Hand washing is one of the best ways to prevent the spreading of disease.
Wash your hands:
 - when you arrive at the client's home and before you begin work
 - in between tasks
 - before handling or preparing food
 - before serving meals
 - before and after assisting the client in any way
 - after using the bathroom
- Wear gloves for all contact with blood, bodily fluids, excretions, and secretions.
- Wear a disposable apron or waterproof gown if splashing with blood or bodily fluids is likely.
- All sharps (such as needles) should be disposed of in the puncture-proof container located in the home. NEVER dispose of sharps in the regular trash.
- Use resuscitation bags or mouthpieces when performing mouth-to-mouth breathing. Always carry the appropriate equipment with you.
- Clean up spills of blood or bodily fluids using a bleach solution (1:10 dilution).

Other General Infection Control Principles

- Clean up spills as they occur.
- Keep all work surfaces clean.
- Clean up after every meal. Store all foods properly.
- Linens, towels, and utensils should not be shared among the client and family members.
- Teach the client to use clean towels and washcloths when bathing. Store bar soap to keep it dry.
- Wear gloves or use band aids/bandages if you have open cuts on your hands.
- Cover your mouth and nose when coughing or sneezing.
- Instruct the client to cover their nose and mouth when coughing or sneezing and to discard tissues after use.
- Clean the bathroom at least once-per-day or more often if needed.

Personal Hygiene Measures To Reduce Risk of Infection

- Have the client include tooth brushing as part of their daily routine. Tooth brushing promotes good oral hygiene and dental health.
- Razors should never be shared among family members.
- Showers are recommended over tub baths.
- If the client will be taking a tub bath, clean the tub first with bleach solution.

SECTION 4 BODY MECHANICS

As part of your referral, you may be doing a lot of bending, stooping, lifting, and carrying. To avoid hurting yourself while doing common household chores:

- Lift items from the floor by kneeling to pick them up, or bend your knees to reach the item. DO NOT bend your back to reach down.
- Lift or carry heavy objects close to your body.
- Avoid placing heavy items on the floor if you will need to move them. Use tables or kitchen chairs instead. For example, place grocery bags or laundry baskets on a chair rather than the floor.
- Move heavy furniture by pushing, pulling, or rolling the furniture. Use your entire body. Don't use just your arms and back.
- Stand close to your work area. If possible, use a work area that is high enough so that you won't have to bend over while working.
- Wear shoes that provide good support, are closed at the heel and toe, and are comfortable.
- Avoid slumping when you are sitting, standing, or walking.

Module Five
Review Activities

General rules for Fire Safety would include: (circle all that apply)

- | | |
|---|--|
| a. Identify exits from the home | d. Do not use cords that are frayed |
| b. Allow the client to smoke in bed | e. Keep fire extinguishers in the garage |
| c. Turn pot handles to the front of the stove | f. Clean up spills promptly |

Universal precautions include:

- a. Wearing gloves for contact with bodily fluids
- b. Combing your hair
- c. Dressing neatly
- d. Washing your hands
- e. Disposing needles properly
- f. Cleaning up blood spatter with soap and water

There are three (3) major causes of injury in the home setting. List two (2) of these:

1. _____ 2. _____

If a fire does occur, remember R-A-C-E. What does this stand for?

R _____ A _____ C _____ E _____

True or False

- _____ In the event of a fire, the safety of your client is your first concern.
- _____ Walking barefoot will help a client to keep from falling.
- _____ Take your purse or other valuables into the client's house for safe keeping.
- _____ Wash your hands before you handle or prepare food.
- _____ Family members may be allowed to share glasses or dishes.
- _____ Always clean up clutter off the floor immediately.
- _____ Before the client takes a tub bath, clean the tub with a bleach solution.
- _____ A tub bath is recommended over showers.
- _____ Lift items from the floor by bending your back and reaching down.

Maintaining the Household
How To Do Common Household Tasks
Module Six
Companion/Homemaker Course

Behavioral Objectives

Upon completion of this module, the learner will be able to:

Understand key rules to follow to keep a household clean

Identify how to organize common household tasks and make a plan

Describe usual cleaning routines for the bathroom, kitchen, client's bedroom and general living areas

Be aware of and understand the proper use of common household equipment and supplies

Describe appropriate techniques for cleaning bathtubs, toilets, kitchen sinks, and floors

Understand how to sort and wash clothes for the client

SECTION 1 CARING FOR A HOUSEHOLD

Introduction

As a Companion/Homemaker, you may be referred to help keep a client's home clean and in good order. Keeping things clean is important; it helps to keep people from coming down with some illnesses. It also helps people recover from illnesses.

Who Needs Help With Housework

Companion/Homemakers are often asked to help with household tasks when:

- A client wants to live in their own home but cannot do these tasks for themselves because of age or disease.
- The person who normally does these tasks for a family is ill, dies, leaves the family, or some other reason.

What a Companion/Homemaker May Do

You may be asked to only keep the client's immediate area clean. This involves:

- Picking up the client's room and keeping the area around the client neat.
- Light dusting or vacuuming of the client's room.
- Changing bed linens for the client.
- Cleaning the client's bathroom.

You may also be asked to do most of the household tasks and any cooking that needs to be done for the family. The nurse who admits the client for home care services will determine (with the client and family) how much the companion/homemaker will do. You will find this written on your plan of care.

Organizing Your Work and Planning a Routine

Your plan of care will list the specific tasks to be done. However, you will still need to plan a schedule or routine with the client or family.

Always remember that you are caring for the client's home, not your own. You will need to find out how the client/family wants things done. You also need to find out when the client/family prefers that you do different household tasks.

One way to organize your work is to write out a schedule for a week.

General Guidelines for Cleaning

In the Kitchen

Do the following **every day that you visit the client:**

- Wash the dishes. Use hot water and dishwashing soap. Rinse dishes using very hot water. Use boiling water to rinse the dishes if anyone in the family has a cold or another contagious illness.

- Let dishes air dry after washing. Put dishes away when they are dry.
- Wipe the table, kitchen counter, and stovetop. Use a sponge, warm water, and a cleaning agent/detergent.
- Clean the sink using scouring powder.
- Empty the trash.
- Sweep the floor using a broom or dust mop and dustpan.
- Get a clean dishtowel and dish cloth.

Do the following at least **once a week**:

- Damp mop the floor. Ask the client/family what to use. Some types of floor coverings should only be cleaned with water. You may use some type of cleaning agent on others.
- Wipe the outside of the stove, oven, and refrigerator.
- Check the refrigerator. With the client's permission, throw away all spoiled foods.

Do the following **as needed** (or when directed):

- Clean the oven. Use a commercial oven cleaner. Or, you may use ammonia mixed in soapy water.

In the Bathroom

Do the following **every day** that you work with the client:

- Clean the bathtub with a bathroom cleanser. Rinse the tub well with water after scrubbing.
- Scrub the sink with a bathroom cleanser. Rinse the sink well with water after scrubbing.
- Clean the shower stall with a damp sponge and bathroom cleanser. If available, use a spray that cleans up mildew.
- Clean the toilet bowl. Use a brush and toilet bowl cleaner. Scrub the inside of the bowl. Also scrub under the top rim of the bowl.
- Damp mop the bathroom floor.
- Empty the trash from the wastepaper basket. Put the trash in a plastic or brown bag. Tie the bag shut. Put the tied bag in the garbage can, dumpster, or incinerator.

Do the following **when needed** or as directed:

- Scrub the bathroom floor with a general cleaning agent. Make sure the floor is dry before you let anyone walk on it.
- Wipe medicine cabinets with a damp cloth and cleaning agent. Be careful when handling medicine bottles. Do not let the label get wet. Put the bottle back in the exact place you found it.

In the Bedroom

Do the following **every day that you visit the client**:

- Make the bed.
- Pick up clothes. Put dirty clothes in the clothes hamper.
- Pick up the items around the room. Put things away.
- Throw trash in wastepaper basket. Empty wastepaper basket.

Do the following **once a week** (or more as needed):

- Dust the furniture using a soft cloth. Dust window ledges.
- Vacuum or dry mop the floor.
- Change the sheets on the beds. Put the dirty sheets in the clothes hamper.

Cleaning in Other Living Areas

Do the following **every day** that you visit the client:

- Pick up clutter. Put items away. Make sure that the floor is clear.
- Throw away trash in the wastepaper basket. Empty the wastepaper basket.

Do the following **once a week** or as needed:

- Vacuum rugs.
- Dry mop the floors.
- Dust the furniture.
- Dust window ledges.

Cleaning Tools

There are a number of different types of household cleaning products. Make sure you know what product to use for what type of cleaning.

All purpose cleansers can be used for cleaning counter tops, stove tops, linoleum or tile floors, and baseboards.

Scouring cleaners are used to clean areas that require scrubbing and are hard to clean. Use these cleansers to clean sinks, tubs, showers.

Soaps or detergents are used to wash hands, wash dishes, wash clothes, or to use when bathing.

Specialty cleaners are used for a specific purpose. Examples are glass cleaners and furniture cleaners.

Ask the client/family what they normally use for cleaning certain items. Remember that some surfaces, such as hard wood floors, can only be cleaned with special cleaning products. If you aren't sure what to use, ask first!!

Safety Rules to Follow

Cleaning products can be harmful if they are not used correctly. Follow these safety rules:

- Always read the label of any product **BEFORE** you use it.
- Always follow the directions on the label.
- Don't use more of the product than the directions call for.
- Check the label to make sure you can use the product to clean the surface you are planning to. For example, make sure that you use a cleaning product that can be used on glass if you are cleaning windows.
- Make sure to rinse the cleaner off when the directions tell you to do so.
- Don't leave a cleaning product on something longer than the amount of time the directions tell you.
- When you are not using them, keep cleaning products in cabinets with the doors closed.
- Do not allow children to play with any cleaning product.
- Know how to contact the emergency Poison Control number, if needed.
- Don't mix cleaning products. Mixing different products can cause fumes that are dangerous to breathe.

Cleaning Equipment

When you are cleaning, you will need to use the client's cleaning equipment. Follow these guidelines:

- Talk with the client/family about what equipment to use.
- Read the instruction book before using any equipment that is unfamiliar to you.
- If you do not know how to use a piece of equipment, ask the client or family for help.
- Follow the directions for using the equipment carefully. Don't use a piece of equipment for something that it isn't intended to be used for.
- Return all equipment to the proper storage space when you have finished using it.
- Keep equipment clean.
- Don't use electrical equipment if the cord is frayed or wires are exposed.

SECTION 2 DOING LAUNDRY

Introduction

As a Companion/Homemaker, you may be referred to do laundry for the client or for the family. Laundry tasks include sorting, spotting, washing, drying, folding, ironing, and putting the clean items away.

Sorting Laundry

It is important to wash items that are alike together. Follow these guidelines:

- Place light-colored clothes together.
- Place dark-colored clothes together.
- Wash towels together; don't mix towels with clothing.
- Wash rugs separately, don't mix with other items.
- Put items that must be hand-washed together.
- Sort out any items that must be dry-cleaned. Do not wash any of these items in the washing machine or by hand.
- If the color of an item is likely to run or bleed, don't wash it with anything else.

Be sure to check pockets of clothes when you are sorting. Make sure that they are empty. Also make sure that belts or other items that cannot be washed have been removed.

Spotting

When you are sorting the laundry, look at each item. See if there are any spots that need to be specially treated.

To treat a spot, follow the directions on the label of the laundry detergent. You may also ask the client/family if they use a special laundry product to treat spots.

Washing Clothes

Before using the client's washing machine, read the directions. Talk with the client/family about doing their laundry. Find out if the client/family has any special way that they want the laundry done.

General guidelines for washing clothes are:

- Cotton fabrics may be washed in hot water.
- Blends of cotton and polyester may be washed in warm water.
- Make sure to follow the directions on the bottle if you are using bleach. For some fabrics, you can only use a certain type of bleach.
- If you are washing in cold water, make sure to use a cold-water detergent.
- Do not pack laundry into the washing machine. If the load is too big, the items will not get properly washed.

Drying

Laundry may be dried in a dryer. Items may also be hung up to air dry. Ask the client/family what they prefer.

Read the directions on the dryer before you use it. Check the temperature setting. Use the recommended temperature for the items that you are drying.

Remove clothes from the dryer before the dryer stops. If you let clothes sit in the dryer after the dryer has stopped, the clothes will get badly wrinkled.

Folding and Putting Away

When the laundry is dry, make sure that you put it away properly. Clothes may be hung on hangers. Fasten buttons and close zippers on clothes. Fold towels and sheets.

Some people want their clothes, sheets, towels, underwear, etc. folded a certain way. Talk with the client/family. Follow their instructions when folding or putting away clothes.

Ironing

Some laundry may need to be ironed. Ask the client/family what items will need ironing.

Before ironing, look at the iron. Find the controls. See if the iron is a steam iron. If it is, find out if it has enough water in it. Add water if necessary. Read the instructions to find out what kind to use.

Different irons heat differently. Check the temperature of the iron. Be careful not to scorch the fabric by using an iron that is too hot. Before ironing an item, read the instructions on the label. Use the recommended temperature for ironing.

Repairing Clothing

You may notice that a piece of clothing needs a small repair. Repairs that you may do include fixing a hem that has come out, mending a seam, patching a tear, or replacing a button, hook or snap.

Module Six

Review Activities

General guidelines for cleaning the kitchen would include: (circle all that apply)

- | | |
|--|--|
| a. Rinse the dishes using lukewarm water | d. Clean the oven as needed |
| b. Clean the sink using scouring powder | e. Let the dishes air dry |
| c. Damp mop the floor once a week | f. Check the refrigerator for spoiled food |

Doing the laundry could include: (circle all that apply)

- | | |
|--------------------------------------|---|
| a. Drying the clothes | e. Repairing the clothes |
| b. Wearing the clothes | f. Throwing old clothes away |
| c. Ironing the clothes | g. Folding and putting away the clothes |
| d. Buying new clothes for the client | h. Sorting the clothes |

When cleaning the bedroom, the following should be done every day: (circle all that apply)

- | | |
|----------------------------------|--|
| a. Empty wastepaper basket | d. Make the bed |
| b. Change the sheets on the beds | e. Put dirty clothes in the clothes hamper |
| c. Dust window ledges | f. Vacuum the floor |

True or False

- _____ Caring for a household could include changing bed linens for the client.
- _____ It's not important to plan a schedule or routine with the client or family.
- _____ When cleaning the bathroom, the toilet bowl is to be cleaned once a week.
- _____ It is important not to use more of a cleaning product than the directions call for.
- _____ Mixing different cleaning products can cause fumes that are dangerous to breathe.
- _____ When doing the laundry, it is okay to put white towels in with other white clothing.
- _____ It is important to know the different types of household cleaning products.
- _____ If you find an electrical cord that is frayed or has wires exposed, you should ignore it.
- _____ It is okay for you to mend clothes, when needed, for the client.
- _____ Keeping the home clean and clutter-free helps to keep people from coming down with some illnesses.

**Preparing Meals
Module Seven
Companion/Homemaker Course**

Behavioral Objectives

Upon completion of this module, the learner will be able to:

Identify common foods belonging to each of the four basic food groups

Plan a breakfast, lunch, and dinner for a client that includes appropriate foods from each food group

Identify what measures to use to limit salt in the client's diet

Describe what to use to prepare special diets

Understand key points to remember when preparing, cooking, or storing food

Identify measures that may increase a client's appetite

Identify measures to use to assist the client who needs help with eating

SECTION 1 PLANNING AND PREPARING MEALS

Introduction

As a Companion/Homemaker, you may be asked to plan and prepare meals for some of the clients with whom you work. Selecting the proper foods is an important part of this task.

When planning meals, think about the following:

- What diet is the client on? The diet orders should be written on your plan of care. Some clients may be on restricted diets.
- What food does the client like to eat? How do they like foods cooked?
- What foods should be included in the client's diet every day to help the client stay healthy?

Let's look at these one at a time.

The Client's Diet Order

The client (or another family member) may be on a special diet. Certain foods may not be allowed. Sometimes eating a special diet is the client's choice. For example, a lot of people today limit the number of eggs and the amount of fatty foods that they eat. The client may also have some restrictions on what foods they eat (or how those foods are cooked) because of religious or personal health practices.

Clients may also be on special diets ordered by a doctor. Low salt and the diabetic exchange diet are two examples.

The amount of fluid that a client can drink may also be limited. If it is, you will find this order on your plan of care, also.

General Tips for Cooking Special Diets

- Learn to read labels on foods. Sugar, salt (or sodium), and fat can be hidden in prepared foods.
- Pay attention to how you prepare the food. Frying can add calories and fat. Adding butter after the food is cooked can also add calories and fat.
- Be careful how you season food. Cooking with salt adds sodium. Also using soy sauce, Worcester sauce, or other prepared sauces may add salt.
- If the client can only drink a limited amount of fluid, avoid use of lots of seasoning when cooking. Heavily seasoned foods can increase the client's thirst.

Low Salt (low sodium)

- Don't add salt to the food when cooking.
- Don't use salty seasonings when cooking such as soy sauce, beef bouillon, or port fat.
- Don't add salt to the food at the table.
- Avoid processed foods such as hard cheese, luncheon meats, and canned soups.
- Avoid use of very salty foods such as pickles, olives, salted nuts, popcorn, or potato chips.
- Do not use peanut butter or processed cheese spreads.

Low Cholesterol Diet

- Avoid use of cream, regular ice cream, hard cheeses, whole milk, and regular butter.
- Use skim milk, margarine/low cholesterol spread, and low fat cheeses.
- Avoid cooking with butter, lard, or olive oil.
- Use vegetable oils for cooking.
- Limit use of eggs.
- Avoid bakery products such as cakes, cookies, rolls, and biscuits.
- Limit use of beef and pork to 3 or less times per week.
- Use fish, chicken, and turkey for meats.
- Avoid use of liver, kidney, brains, shrimp, oysters, other shellfish, and fatty meats.

Diabetic Diet: Limited Sugar

Some clients will be limited in the sugar they can eat. If the client needs to limit the amount of sugar in their diet, follow these tips:

- Avoid use of sugar in cooking and baking.
- Avoid use of syrups, honey, jellies, jams, candies.
- Avoid use of already prepared desserts including cakes, cookies, puddings, and ice cream.
- Use sugar-free products whenever possible.
- Avoid use of sodas containing sugar.
- Avoid sugarcoated cereals.

Diabetic Diet: Exchange Diet

Some clients with diabetes will have very restricted diets. If you are asked to plan and prepare meals for a client on this type of diet, the client or family will review exactly what the client may eat.

It is important that you follow the plan(s) for preparing the client's meals exactly as they are written.

Summary on Special Diets

Make sure that you understand the client's diet order BEFORE you begin to plan meals with the client. If you have questions about what foods the client can eat, contact the office.

Finding Out What the Client Likes

A client will eat better if they like the food that you prepare.

Follow these tips:

- **Plan meals in advance** with the client, a family member, or the usual caregiver. You can make sure that you have the food available.
- **Find out what the client or family's usual pattern is** for meals. Some people will eat a big breakfast, a light lunch, and a big dinner. Other clients may only eat 2 meals a day. Still others may eat 5 to 6 times a day.
- **Find out if the client or family has any cultural or religious practices that limit** what foods they will eat. Don't fix foods that the client or family won't eat.

- **Find out if the client or family has any cultural or religious rules about preparing food.** An example is the Orthodox Jewish family that maintains kosher. According to kosher rules, certain foods may not be cooked or served together. Special dishes are needed to cook various types of foods. Respect the client's or family's rules for preparing food.
- **Find out what food the client/family likes and doesn't like.**
- **Find out if the client can chew and swallow** without a problem. Some clients, because of loss of teeth or poorly fitting dentures, will need foods that are easy to chew. Others may have a problem swallowing. These clients will need foods that are thick and easier to swallow.

Planning Healthy Meals

To stay healthy, a person must eat certain types of foods every day. There are four (4) main types of foods; these are called the four major food groups. The four major food groups are:

- Milk and dairy products
- Breads and cereals
- Fruits and vegetables
- Meat, fish and poultry

When you plan meals with the client and family, try and include foods from each food group. Let's look at each food group and how much people need to eat of it each day.

Milk and Dairy Products

This group includes foods like milk, low fat milk, skim milk, many types of cheeses, yogurt, and ice creams. You may also use milk to prepare cream soups, puddings, some instant breakfast mixes, or milkshakes.

The amount of milk and milk products people need depends on their age.

Age	Recommended Serving Each Day
Children under age 9 years	2 to 3 cups
Children 9-12 years old	At least 3 or more cups
Adolescents ages 13-17	4 or more cups
Adults	2 or more cups
Women who are pregnant or breast-feeding	4 or more cups

Sometimes people have diarrhea or complain of having gas when they drink milk. Offer these people cheese, yogurt, buttermilk, or a smaller serving of milk.

Breads and Cereals

This group includes breads, biscuits, muffins, rice, macaroni, cooked cereals, and dry cereals. Each person needs 4 servings of bread or cereals each day.

One serving equals

- 1 slice of bread
- 1/2 cup of cooked cereal
- 1/2 cup of rice
- 1 small tortilla
- 1/2 cup of cooked macaroni
- 3/4 cup of dry cereal
- 1 small biscuit or muffin

Whole grain breads and cereals also provide fiber in the diet.

Fruits and Vegetables

This group includes foods such as oranges, grapefruit, strawberries, peaches, mango, papaya, green beans, broccoli, spinach/collard/turnip greens, and tomatoes.

Each person needs 4 servings of fruits and vegetables each day. **One serving equals ½ cup of a cooked vegetable or 1 medium piece of fruit.**

Meat, Fish, Poultry

This group includes beef, pork, chicken, and various types of fish. It also includes eggs, dried peas or beans, and peanut butter.

Each person needs 2 servings each day.

One Serving equals

- 3 ounces of meat, fish, or poultry
- 1 egg
- 2 tablespoons of peanut butter

Fluids

Each person needs to drink a certain amount of fluid each day.

Fluids can include:

- water
- fruit juices
- tea or coffee
- coke or other sodas (carbonated beverages)
- soups
- Jell-O

Normally, a person will need to drink six to eight 8-ounce glasses of fluid a day.

Some clients, because of their health problems, may be limited in the amount of fluid that they can drink. Follow the instructions on your plan of care.

A typical American meal plan for the day usually includes:

For breakfast:

1 serving fruit or fruit juice
coffee, tea, or water to drink

1 serving bread, biscuit, or muffin with
butter/jelly
1 serving cereal and milk (or cooked egg)

For lunch:

1 serving of meat, fish, poultry
1 serving of bread (with butter)

1 serving of fruit or vegetable
simple dessert (1 serving of milk product or
another serving of fruit)

For dinner:

1 serving of meat, fish, poultry
1 serving of vegetables
dessert (may include milk product or fruit)

1 serving of potato, rice, noodles
1 bread with butter

Remember that some of your clients will come from a cultural background different from yours. Ask the client or family what they normally eat for breakfast, lunch and dinner. If you have questions about whether or not a food is allowed on the client's diet, or the client's cultural foods and eating patterns do not provide the foods that they need, contact the office.

Preparing the Food

How you prepare the food is important to keeping the client/family healthy. Follow these tips:

- Wash your hands with hot water and soap before starting to prepare food.
- Clean the work surface with a clean dishcloth before preparing food.
- Use clean utensils and dishes each time you prepare food.
- Clean up all spills promptly.
- Make sure to cook meat according to the directions given.
- Don't serve eggs raw in anything.
- Wash all fruits and vegetables carefully before cooking.
- If you need to taste the food, use a clean spoon.
- Do not use any food that smells or looks funny.
- Do not use canned foods that are damaged, have bulging ends, or are rusty.
- If you have open cuts or sores on your hands, cover them with clean bandages.
- Don't share cups, plates, silverware, and glasses among family members.
- Refrigerate any unused foods.

Safety Measures to Use When Cooking

Use safety measures when cooking is very important. Key safety measures include:

- Keeping pot handles turned toward the back of the stove.
- Do not wear clothing with long flowing sleeves when cooking. These sleeves can catch on pots or hot burners.
- Make sure the burner on the stove you turn on is the one you want. Be careful to turn off a burner when you are done.
- Turn off the oven when you are done using it.
- Store knives carefully. Place them out of the reach of children.
- Don't leave food cooking on the stove unattended.
- Use potholders to handle hot foods.
- Do not plug too many things into one outlet. Unplug kitchen appliances when not in use.
- Keep drawers and cabinet doors closed.

After the Meal is Over

- Wash dishes using very hot water and soap. Use clean dishcloths and towels.
- Place leftovers in a sealed container. If the leftovers are warm, refrigerate before they cool.
- Use leftovers promptly.

SECTION 2 ASSISTING THE CLIENT WITH MEALS

Introduction

Planning and preparing a meal is only part of your responsibility. Many clients will need some help at meals. Helping the client to eat is vital to their care.

Improving the Client's Appetite

Sometimes clients who are ill or are under stress don't eat well. Some things that you can do to help the client eat better include:

- Allowing the client to rest before meals.
- Sitting and talking to the client during a meal. This provides company and distraction.
- Serving foods at the proper temperature (warm foods warm, cold foods cold).
- Offering the client a chance to brush their teeth or rinse their mouth before eating.
- Making sure that clients who wear dentures put them in before starting to eat.
- Cleaning up the area where the client will eat. Remove trash and waste.
- Offering cold or bland foods if the client feels nauseated.

Helping the Client Who Cannot See

- Carefully arrange the food on the plate.
- Tell the client what each food is and where it is. Picture the plate like a clock. Tell the client where each food is using the time on the imaginary clock.
- Tell the client where their glass, fork and spoon are.
- Cut meat into small pieces.
- Prepare food according to the client's wishes (ie: add milk to cereal, put pepper on potatoes, etc.).

Helping the Client Who Has Trouble Swallowing

Some clients will have trouble swallowing. This may be due to a stroke or to another type of disease.

If the client has trouble swallowing, use the following tips:

- Remind the client to sit up as straight as possible.
- Offer foods easier to swallow. Thick liquids, such as milk shakes, purees, yogurt, and Jell-O are usually easier for the client to swallow.
- Avoid use of thin liquids, such as water and fruit juices.
- Have the client eat slowly. Make sure that the client swallows each bite before taking the next one.
- If a side of the client's mouth is paralyzed, have the client feed himself on the good side.

53

SECTION 3 BUYING AND STORING FOOD

Introduction

As a Companion/Homemaker, you may be asked to grocery shop for the client. Making a grocery list, buying the food, and storing the food correctly are important tasks.

Making the Grocery List

Sit down with the client and/or family. Plan meals for about one week.

Look in the kitchen. Find out what food is available. Make a list of what food you will need to buy. Be sure to check on spices and all ingredients needed to prepare the food on the week's menu. Also, look at how much storage space there is. Don't buy more food than you need for the week or that you can store.

Write down exactly what foods you need to buy and how much you need. Ask the client/family what grocery store they would like you to use. Find out what brands of food they prefer.

Going Grocery Shopping

Talk with the client. Plan what day will be best for you to do the grocery shopping. Find out from the office if it is all right for you to leave the client to go grocery shopping. Also, find out how to handle money from the client so that the groceries can be paid for.

Be very organized. Know exactly what you need to buy. Only buy the items on your list.

Shop wisely. Compare prices. Look at the sizes. Only buy the amount that the client and family need. Learn to read labels and compare prices.

Don't buy additional items just because they are on sale. If the client uses the item and has room to store it, you may buy it if they have enough money.

Buy fresh fruits and vegetables that are in season. Out of season items can be very expensive. Look carefully at meat before you select any. If you poke fresh meat with your finger, it should regain its shape.

Don't buy meat that looks funny or does not feel or smell right.

Look at expiration dates. Don't buy food (especially food like milk, eggs, or meat) that is out of date.

Don't buy too much frozen food. Only buy what the client/family will need for the next week.

54

Comparing Prices: What is the Best Bargain?

Let's pretend that you need to buy a bottle of dishwashing soap. The right brand comes in two sizes: 12 ounces for \$1.99 and 20 ounces for \$2.60. Which should you buy?

To decide, follow these steps:

Step 1: Find out the cost of one ounce for the 12-ounce size. Divide 12 (number of ounces) into 1.99 (the price). The answer is .165 or 16.5 cents. Each ounce of the 12-ounce bottle costs 16 ½ cents.

Step 2: Find out the cost of one ounce for the 20-ounce size. Divide 20 (number of ounces) into 2.60 (the price). The answer is .13 or 13 cents. Each ounce of the bigger bottle costs 13 cents.

You should buy the large bottle; you will get more soap for less money.

Back From the Grocery Store: Storing the Food at Home

Go straight back to the client's home from the grocery store.

Properly store all foods. Use these tips.

- Put foods such as milk, fresh fruits, and fresh vegetables in the refrigerator immediately.
- Put all frozen foods directly into the freezer.
- For chicken: wash and clean all pieces before placing it in the refrigerator. If you will not be using the meat for several days, wrap it in freezer paper and place it in the freezer.
- Any meat, fish, or poultry that is going to be frozen should be taken out of the store wrapper and rewrapped.

Other General Tips for Storing Food

- Store eggs and dairy products in the refrigerator.
- Once you have opened a jar of mayonnaise or salad dressing, place it in the refrigerator.
- Put fats (butter, margarine, etc.) in a closed container; if they are not covered, they will pick up odors from other foods.
- Store dried and packaged foods in airtight containers. You may use canisters, plastic bags that seal, or glass jars with lids. If there is room, store these in the refrigerator.
- Don't store canned goods near hot water pipes or any heat source.
- Wrap smoked or processed meats (i.e. bacon, hot dogs, sausage) and store in the refrigerator.
- Store paper supplies close to where they will be used.

Module Seven **Review Activities**

When planning meals the companion/homemaker should think about the following: (circle all that apply)

- | | |
|-------------------------------------|---|
| a. What do I like to eat | e. How does the client like their food cooked |
| b. What diet is the client on | f. When cooking use lots of spices |
| c. Make a list of foods needed | g. What food does the client like to eat |
| d. Purchase food brands that I like | h. What foods will help the client stay healthy |

A client on a low cholesterol diet should: (circle all that apply)

- | | |
|---|---|
| a. Avoid cooking with butter | e. Use fish, chicken, and turkey for meat |
| b. Avoid regular ice cream or whole milk | f. Eat shrimp, oysters, and other shellfish |
| c. Eat beef and pork as much as they like | g. Use vegetable oils for cooking |
| d. Eat eggs every day | h. Avoid bakery products such as cakes |

List the four major food groups.

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

True or False

- _____ Chicken should be frozen in the original wrapper from the store.
- _____ A jar of mayonnaise should be kept in the refrigerator after it has been opened.
- _____ If the leftovers are warm, they should be refrigerated before they cool.
- _____ It is okay to use celery and lettuce without washing it first.
- _____ Special diets could include "low salt" or "low cholesterol."
- _____ It is important to plan meals in advance with the client or family member.
- _____ The recommended serving of milk each day for an adult is 1 cup.
- _____ When preparing food you should not serve eggs raw in anything.
- _____ Allowing a client to rest before a meal can help improve their appetite.
- _____ If a client has trouble swallowing, you should avoid thick liquids, such as milk shakes.
- _____ When grocery shopping for the client, it is important to ask the client or family what brands of food they prefer.
- _____ It is okay to store canned goods near hot water pipes or any heat source.