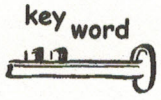
Module 3 - Lesson 1

The Caregiver

Basic Job Responsibilities

What you will learn in this module:

1. A caregiver's basic job responsibilities.
2. Benefits for the caregiver and client in having a caregiver available.
3. Using the DSHS care plan to understand your basic job responsibilities.
4. The importance of respecting a client's need for privacy and dignity, and supporting a client's independence.
5. How to document and report changes in a client's condition.
6. Responding to emergencies.



	Definition
Activities of daily living (ADL)	Everyday personal care activities
Advocating	To speak up or take action
Assessment Details	A section of a DSHS care plan that describes the client's strengths, limitations, and care task preferences, and provides specific caregiver instructions
Baseline	What is "normal" for a client at a certain point in time
Cultural background	The attitudes and behavior characteristics of a particular social group or organization
Instrumental activities of daily living (IADL)	Routine tasks performed around the home or in the community
Professional	Exhibiting a courteous, conscientious, and businesslike manner in the workplace
Professional boundaries	Appropriate limits in a job relationship
Service Summary	A section of a DSHS care plan that documents contact information, caregivers' schedules, and the client's goals

The role of the caregiver is full of challenges and rewards. There will be few other jobs in your lifetime where what you do so dramatically impacts another human being. The many positive benefits of caregiving include:

- feelings of positive self-worth, purpose, and meaning;
- confidence that a client is getting the best care;
- pride in successfully coping with difficult life situations;
- feeling closer to another person as a result of helping;
- increased patience and inner strength;
- a stronger sense of who you are and enjoyment out of life.

See the Resource Directory page 215 for more information on a caregiver's role in different care settings.

How a client benefits from having a caregiver

As a caregiver, you support a client's ability to live as independently and safely as possible. You support a client's:

- social, physical, and emotional well-being;
- ability to have choice and control over his/her environment;
- ability to have control over decisions about what services he/she receives, when, and how services are given.

Your **4 basic job responsibilities** as a caregiver are to:

Basic Job Responsibilities

A caregiver provides personal care, support, and assistance to another person.

1. **Provide personal care**, including:
- understanding how a client wants things done and doing tasks that way;
- honoring a client's privacy and dignity;
- encouraging a client's independence;
- honoring a client's differences.

2. Know, take pride in, and perform your role as a **member of the care team**, including:
- observing changes in a client's physical, emotional, and mental health.
- knowing when and what to document and/or report to the appropriate care team member(s).

3. Follow a **high standard of professional conduct**.

4. **Respond to day-to-day situations and emergencies** without supervision (if necessary).

In this course, we have used care plan to represent anything that documents a client's plan of care.

Understanding and using a care plan

A care plan outlines your caregiving responsibilities. The DSHS plan of care (care plan)* is made up of two sections: the ***Service Summary*** and the ***Assessment Details***.

* This section is written for caregivers using the DSHS care plan. Caregivers providing care for non state-funded clients should refer to the boarding home or adult family home care plan.

The Service Summary of a DSHS care plan gives you an overview of your caregiver responsibilities and what you and other members of the care team will be providing to support the client. The Service Summary also has contact information for other care team members, a list of any advance directives a client may have, and any other people involved in making decisions for a client.

In the Assessment Details, a case manager will document the client's needs, strengths, limitations, preferences, any special equipment necessary, and specific caregiver instructions for each needed task. Many tasks also include a section with specific instructions containing "Do's and Don'ts" for the caregiver. Read through everything carefully.

The types of services you may see in a DSHS care plan

The type of personal care services a client receives will vary depending on where the client lives, the services he/she needs, and what the client is financially eligible to receive.

Activities of Daily Living (ADLs) a client may need help with include:

Bathing: taking a full-body bath/shower, sponge bath, or transferring in/out of tub/shower.

Bed mobility: moving to and from a lying position, turning side to side, and positioning his/her body while in bed.

Body care: passive range of motion, applications of dressings and ointments or lotions to the body, pedicure to trim toenails and apply lotion to feet. Body care excludes foot care for clients who are diabetic or have poor circulation and changing bandages or dressings when sterile procedures are required.

Dressing: putting on, fastening, and taking off all items of clothing, including a prosthesis.

Eating: eating and drinking, regardless of skill. Eating includes any method of receiving nutrition, e.g., by mouth, tube, or through a vein.

Locomotion in room and immediate living environment: moving between locations in a room and immediate living environment.

Locomotion outside of immediate living environment, including outdoors: moving to, and returning from, more distant areas. Locomotion outside immediate living environment includes moving to and returning from a patio or porch, backyard, the mailbox, or the next-door neighbor, etc.

Medication management: the amount of assistance, if any, required to receive medications, over the counter preparations or herbal supplements.

Toilet use: using the toilet room, commode, bedpan, or urinal, transferring on/off toilet, cleansing, changing pad, managing an ostomy or catheter, and adjusting clothes.

Transfer: moving between surfaces (e.g. to/from bed, chair, wheelchair, standing position).

Personal hygiene: maintaining personal hygiene, including combing hair, brushing teeth, applying makeup, washing/drying face, hands, menses care, and perineum.

Instrumental activities of daily living

Instrumental activities of daily living (IADLs) your client may need help with include:

key word

Meal preparation: preparing meals (e.g. planning meals, cooking, assembling ingredients, setting out food, utensils, and cleaning up after meals).

Ordinary housework: performing ordinary work around the house (e.g. doing dishes, dusting, making bed, tidying up, laundry).

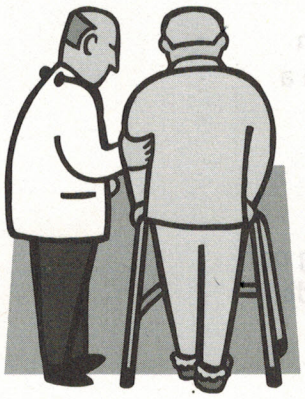
Essential shopping: shopping to meet a client's health and nutritional needs (e.g. selecting items). Shopping is limited to brief, occasional trips in the local area to shop for food, medical necessities, and household items required specifically for his/her health, maintenance, or well-being. This includes shopping with or for a client.

Wood supply: supplying wood (e.g., splitting, stacking, or carrying wood) when the client uses wood as the sole source of fuel for heating and/or cooking.

Travel to medical services: traveling by vehicle to a physician's office or clinic in the local area to obtain medical diagnosis or treatment. This includes a client driving a vehicle or traveling as a passenger in a car, bus, or taxi.

Managing finances: paying bills, balancing a checkbook, managing household expenses. Although you may see this listed on a DSHS care plan, this task is normally done by family or friends of the client. DSHS does not pay caregivers to assist with managing finances except for clients of the Division of Developmental Disabilities (DDD).

Telephone use: receiving or making telephone calls, including the use of assistive devices such as large numbers on telephone, amplification as needed.



The following scale is used by a case manager to communicate the client's ability to complete each personal care task.

Independent: no help or supervision required.

Supervision: oversight of client required (monitoring, encouragement or cueing).

Limited Assistance: client is highly involved in the task, but needs some physical help in guided maneuvering of limbs or other non-weight bearing assistance.

Extensive Assistance: client requires weight bearing or full assistance from caregiver during **part** of task.

Total Dependence: client requires caregiver to do all of the task.

resources

See pages 218-235 in the Resource Directory to see a sample DSHS care plan.

Care settings and care plans

Individual Providers (IPs) should receive a copy of the DSHS care plan. If you are an IP and do not have a copy, ask your employer (the client) or call the case manager.

If you work for a home care agency, the full care plan is normally kept at the home office. Many home care agency caregivers receive part of the care plan or a list of their assigned personal care tasks.

Adult family home and boarding homes with DSHS clients use the DSHS care plan as a starting point for developing their own negotiated service agreement or negotiated care plan.

This negotiated care plan has more details about the client's care preferences. This negotiated care plan is what caregivers normally see and may be kept in a notebook or as part of the client's records.

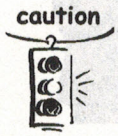
resources

See page 236 in the Resource Directory to see a sample negotiated care plan.

Understanding client preferences

No care plan has all the details you will need to do your job. You still need to talk with the client about EACH task you are assigned to do.

Follow up
Periodically, go back and make sure care tasks are still being done the way the client wants them to be. By asking again, you make sure you understand the client's current wishes and keep doing the tasks the way that works for him/her.



Clients who have trouble speaking, can't speak at all, or have other ways of communicating (e.g. sign language, assistive devices, gestures) still have preferences that are important to understand.

Depending on where you work, the case manager or supervisor is a good resource to talk with about how best to communicate directly with the client. If a client is unable to communicate at all, a family member or friend will be authorized as the client's contact and can give you more detailed information. His/her name and telephone number is listed in the Service Summary. There will also be information in the Assessment Details regarding communication with that client.

Knowing what your caregiver job isn't
The client or a family member may ask you to do things that are not on the care plan (e.g. lawn care or cleaning up after others in the house). Say "no" to these requests. Do so nicely. If the client continues to expect you to do something not on the care plan, encourage him/her to talk with the DSHS case manager or your supervisor. Tasks need to be listed in the care plan before you can do them.

Respecting a Client's Privacy and Independence

How you provide personal care requires great sensitivity and understanding. The term "personal" is a reminder that you are helping with tasks that are normally done in private.

View your caregiving role from a client's perspective. Most people would prefer to wash, groom, and care for themselves. Needing help with personal care can make a client feel a variety of very vulnerable emotions. A client may:

- feel uncomfortable having anyone, especially a stranger, help with these tasks;
- not want to talk about "private" things;
- feel his/her independence and sense of self-worth is threatened.

Privacy
One way to be sensitive to a client is to honor his/her privacy when you perform any personal care. Always:

- close windows, curtains, and doors;
- knock before entering a room with a closed door;
- keep the client's body covered;
- provide privacy for a client to do as much self-care as possible.

Supporting other forms of privacy

Everyone needs private time to think and deal with problems, losses, or simply to enjoy a quiet moment.

- Respect a client's need to get away. Be sensitive to a client's emotional need for privacy or quiet solitude.
- Make sure the client has privacy when visiting or talking on the phone with family and friends or reading his/her mail.

Support a client's independence

Anything that helps a client maintain mobility, social connections, and feelings of self-worth, can be physically and emotionally therapeutic. Find ways to support the client's independence as much as possible, including:

- allowing the client a chance to do things him/herself as much as possible.
- being patient. Do not rush or let getting your "work done" take priority over supporting a client's independence.
- encouraging the client to make little steps so he/she doesn't get discouraged.
- providing plenty of encouragement and positive feedback.
- encouraging the use of any assistive device(s).

Honoring Differences

Honoring Differences

key word

Each person is a unique and worthwhile individual. This uniqueness comes from a lifetime of experiences influenced by such things as his/her:

- ***cultural background;***
- religious upbringing and beliefs;
- gender;
- sexual orientation and/or marital status;
- economic status;
- social groups;
- physical, mental, and/or sensory disability.

All of these factors combine and influence:

- how a person sees the world;
- what he/she believes in and values;
- what he/she considers acceptable ways to look and act;
- what he/she considers "normal".

Bias

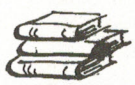
Your reactions and feelings towards others - especially those different from what you consider "normal" - happen automatically based on beliefs and values learned from your own upbringing (culture). Hidden biases can influence how you talk, look at, and do things for a client.

It is important to be aware of and question how your beliefs and values impact your dealings with others. Differences are neither good nor bad. It is how you react to them that is the key.

Stay alert for signs that unquestioned biases are impacting your actions with a client, including:

- negative judgments about a client's choices, life-style, etc.;
- viewing a client's cultural preferences as unimportant;
- being impatient or not open-minded about a client's needs;
- making jokes or fun of a client.

Just as you may have hidden biases, clients may as well. These biases may influence how he/she talks, looks at, and responds to you as a caregiver. You have a right to be treated respectfully, too.

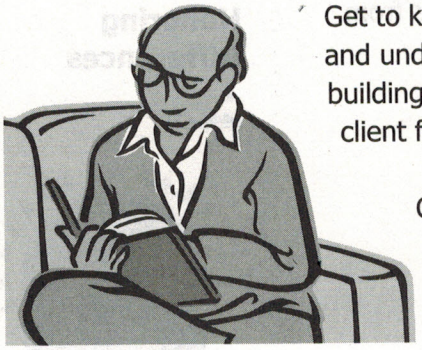


resources

See page 266 of the Resource Directory for some tips on how to communicate effectively if you feel you are being treated disrespectfully.

Getting to know a client

When another person is viewed as different, we tend to stress the differences and overlook the similarities. Differences can also create bridges and other worlds to explore.



Get to know your client as a unique individual. A genuine effort to learn about and understand another person with an open mind goes a long way towards building trust and respect. It will also have a real impact towards making a client feel appreciated and accepted.

Getting to know a client also tells you what he/she considers respectful and appropriate behavior. This helps you avoid unintentionally offending a client or other misunderstandings - especially when you first begin working together.

To learn more about your client, ask questions of other care team members and pay attention to any clues from how he/she acts, dresses, relates to others, and/or items of importance displayed in his/her room or home.

Honoring Differences

You can also ask questions of the client directly. Be aware that a client may have a different view of what types of questions are respectful and appropriate.

Caregiver as Part of a Care Team

2

Basic job responsibility

As a caregiver, you are an important part of the care team. Caregivers often spend more time with a client than other care team members and are better able to observe day-to-day changes.

Two important caregiver roles in a care team are to:

1. Watch for changes in a client's physical, emotional, and mental health.
2. Know when and what to document and report to the appropriate care team member(s).

Observing changes

key word

To effectively observe changes in a client, compare what you know of the client's ***baseline*** to what you currently see. A baseline is often called a client's customary range of functioning. Good sources of baseline information include the client, the client's care plan, other care team members, and a client's health care provider.

Make **regular observations** a part of your routine and get to know the client. Stay alert and pay attention to any change in a client's baseline. Changes can include an improvement or a decline in a client's condition.

- Listen to what the client tells you about how he/she is feeling or any pain being reported. Allow the client to complete what they have to say.
- Use your senses when observing a client (sight, hearing, smell, and touch), as well as your intuition or "gut".

See the next page for the types of changes to look for in a client.

What you see	**Physical changes** • Skin change (color, rashes, open areas) • Swelling of extremities • Marked changes in activity level • Decline in a client's ability to do tasks **Mobility** • Change in how client moves (e.g. leans to one side, ability to stand, more unsteady on feet) • Begins to limp or bumps into things • Falls or injuries **Ability to breathe** • Short of breath, gasping for air, difficulty talking • Breathing is slow or rapid **Appearance** • Change in hygiene habits or physical appearance • Unkempt or dirty clothing • Appears anxious, tense, afraid, or depressed • Change in level of consciousness **Bathroom habits** • Constipation or diarrhea • Frequent urination or urine of strange color • Not urinating after drinking • Urine or blood stains **Eating** • Increase or decrease in appetite • Losing/gaining weight - clothing or belts loose or tight • Any indication a client is not eating or has difficulty eating • Difficulty with swallowing
What you hear	• Coughing, noisy breathing • Crying, moaning • Talking to self or objects or others not in the room • Slurred speech, difficulty speaking or finding words • Client tells you about a change he/she is having • Client talks of loneliness and/or suicide
What you feel/ touch	• Skin temperature and moisture • Bumps or lumps under skin
What you smell	• Bad breath • Unusual odor from urine or stool • Odor from cut or sore

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Documenting Observations

Documenting is keeping a written record of any changes or concerns about a client, including a:

- change in a client's condition or baseline;
- sign or symptom of possible importance;
- concern about a client's behavior or a specific incident or event.

Having a written record helps you:

- see patterns of changes;
- remember details that could be important to another care team member;
- give more accurate information;
- not rely solely on your memory.

Care settings and documentation

The kind of documentation that you do depends on where you work.

For in-home workers, no documentation is officially required unless you are doing nurse delegated tasks. However, it is highly recommended that you keep a log in a notebook of your observations.

If you work in a boarding home or an adult family home, there are specific procedures on how, when, and what you are to document. Make sure you understand your responsibilities regarding documentation.

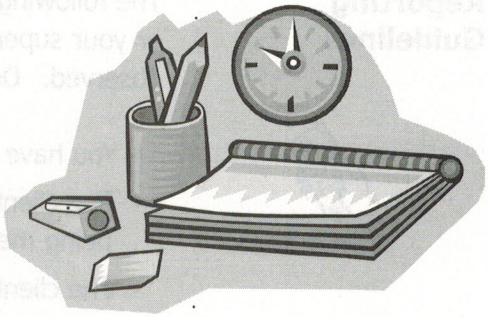
Objective versus subjective documenting

What you document should be objective. To document objectively means you write down the facts exactly as you observed or noticed them with your senses. The goal is to describe the specific behavior or changes you observed about the client and/or his/her mood. Your documentation should also include the facts as the client described them to you. When documenting something the client has told you, write down the client's exact words.

Subjective documenting means you write down your opinion or interpretation of what you observed. Opinions are less useful in documentation because biases and emotions can influence how you interpret what you see. You may not have all of the facts, the medical knowledge, or an understanding of what the client is experiencing. For these reasons, subjective documentation should be avoided.

There may be times when you are asked to give your opinion regarding a change or observation. If you are asked for your subjective opinion about a client, always start with the objective facts that led to your conclusion.

Documentation guidelines



- Set aside a specific time for writing notes. A regular routine helps ensure that your observations are documented promptly and the information is accurate.
- Make sure your handwriting is readable and use a blue or black pen.
- Make sure your documentation is complete. Include the date and time of when you are documenting your observations and sign your notes.
- Address the following information:

WHEN... date and time you observed the change, behavior, or incident.

WHAT... happened - writing down the objective facts.

WHERE... you observed this happening.

HOW... long and often it happened.

WHO... was present, involved, or notified about what was happening.

WHAT... action you took and the outcome.

Poor documentation example

Monday afternoon. Yelling in bathroom. Trapped herself in and is really angry.

Good documentation example

10/11/04, 4:30 P.M. *Heard Mrs. Smith in the bathroom yelling "Let me out". Found Mrs. Smith's bathroom door locked. Used key to unlock the door. Mrs. Smith said she was scared about being locked in the bathroom.*

Signed *Ms. Careful Caregiver*

The documentation in the last example gives a complete, factual picture of what happened. The caregiver wrote what she observed and heard, what Mrs. Smith said about her situation, and what she did to respond. The documentation is also dated and signed.

Reporting

There comes a point where a change in a client's baseline, or other concerns you may have, need to be reported to the appropriate person in your care setting.

For in-home clients, report changes to the case manager. If you work in a boarding home or an adult family home, there will be communication procedures on how, when, what, and to whom you are to report. If these procedures are unclear to you, ask your supervisor to explain them.

Reporting Guidelines

The following are some guidelines for when to report to the client's case manager or your supervisor. Use any documentation notes you have to report what you observed. Document afterwards what you have reported and to whom.

- You have worries or questions about changes in a client's condition.
- The client develops a new problem and has personal care needs that are not being met.
- The client is getting better and no longer needs help with some of the tasks you are doing.
- You have suggestions or know of additional resources that would add to a client's quality of care or independence.
- You are unable or uncomfortable doing the tasks outlined in the care plan.
- You are asked to perform tasks **not** outlined in the care plan and cannot resolve this with the client.
- The client continues to refuse services.

Professional Conduct

key word

Basic job responsibility

3

How you present yourself is your statement about who you are to others. See below for a list of important qualities of being a ***professional*** caregiver.

Professional

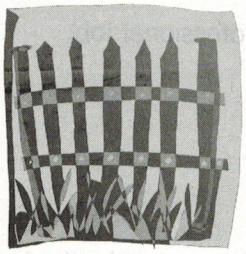
- Demonstrate integrity in word and action
- Take pride in doing the best job possible
- Continually strive to learn and improve
- Stay focused on what has to be done and getting it done
- Be a positive, flexible, team player
- Be responsible
- Communicate clearly and openly
- Leave your personal problems at home
- Do not make private arrangements with clients for services
- Maintain professional boundaries
- Do not accept tips, borrow, or lend money
- Do not use the client's phone for personal calls

Respectful

- Be polite
- Listen
- Honor and place value in a person
- Call a client by name
- Keep things private
- Provide choice and privacy
- Use appropriate language

Reliable

- Show up to work on-time – all the time
- Do what you say you are going to do
- Set realistic expectations of what you can do
- Organize your time to complete all necessary tasks



Professional Boundaries key word

Professional boundaries include setting and maintaining appropriate limits in your relationship with a client. Just as good fences make good neighbors, clear professional boundaries allow for a safe, trusting, and ethical connection between you and a client.

Setting clear boundaries as a caregiver helps you:

- manage your relationship with a client and other care team members;
- keep a healthy physical and emotional distance between you and a client;
- keep your identity as a caregiver clear;
- know what, how, and when to allow others into your personal space.

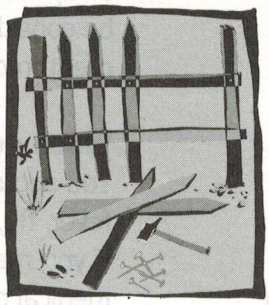
Many caregivers find it hard to keep the boundaries of a professional relationship with a client. This can happen because caregivers:

- are people who like helping others and find it difficult to say "no";
- enter into very private aspects of a client's life;
- work in a home or other home-like residential setting;
- can become emotionally attached to a client as "family-like" bonds develop.

Warning signs

Not having professional boundaries between you and a client interferes with your ability to provide quality care. Some of the warning signs that professional boundaries may be in question include:

- frequently thinking about the client away from work;
- spending your free time with a client;
- sharing personal information or work concerns with a client;
- giving special attention to one client over another;
- keeping secrets with a client;
- taking gifts or money from a client;
- giving a client your home telephone number.



Maintaining a healthy, professional boundary

The best way to maintain a healthy, professional boundary between you and a client is to view caregiving as your job. Viewing caregiving as a job helps you create a needed balance between your work and home life. Having a variety of interests and relationships outside of work is also important.

A family member or close friend employed as an Individual Provider has different challenges in establishing a "professional" relationship with a client. See the Resource Directory page 237 for more tips and information on establishing a working relationship as a family caregiver.

See the Resource Directory page 239 for tips on maintaining positive professional relationships, and the Resource Directory page 240 for tips on communicating professionally with your supervisor or employer.

Caregiving as a Professional Job

There are three important considerations to caregiving as a professional job, including:

- attendance;
- job performance;
- appearance.

Taking responsibility in these three areas are other ways to build trust with clients and other care team members and to take pride in the work you are doing.

Attendance

People need to be able to count on you to come to work when scheduled and on-time. This means having your home life organized so that things like child care and dependable transportation have already been arranged.

There are times when things go wrong in spite of your planning. When you are not able to go to work or will be late, call your employer as soon as possible. Know who to call and keep the phone number where you can easily find it.

If you know ahead of time you need time off, let your employer know about your plans as soon as possible. This gives your employer or the case manager a chance to arrange for coverage while you are away. Not calling when you are unable to get to work or not showing up may be considered abandoning a client. Besides inconveniencing or even putting a client in danger, you can get into legal trouble for abandonment.

When you are sick

You should not go to work if you have a contagious illness (e.g. chicken pox, fever, flu, diarrhea). It puts the client at risk of getting sick. If you are unsure if you may be contagious, contact your health care provider and get his/her medical opinion. Follow your health care provider's instructions and/or use your best judgment when making a decision to go to work.

Your personal problems can interfere with your job duties. Leave them at home.

If you can't go to work, call your employer as soon as possible. Have a backup plan worked out ahead of time with your employer.

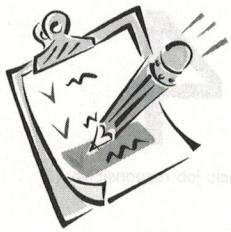
Performance

While you are at work, focus on your job. Make sure you have a good understanding of what you are to do and complete all of your assigned duties.

Do not let your personal problems interfere with your job duties.

Getting organized

Keep a daily routine. Come up with a system that works for you and the client, and keep it simple. When you arrive at work, get an idea of what you are supposed to do that day and how long it will take. Make yourself a task "to-do" list. A written list will help keep you on track and get everything done. Here are some tips for organizing your "to-do" list.



If you fail to plan, you plan to fail!

- ☐ List your activities in terms of importance. That way, if some less important things don't get done, it can be shifted to another day.
- ☐ Figure out when you work most efficiently. Do priority tasks then.
- ☐ Do similar activities at the same time. This saves time going back and forth between unrelated tasks.
- ☐ Provide for more time than you think you will need. This makes your schedule flexible enough to allow for the unexpected. Remember, there will be times you need to be flexible and change the routine.

Appearance

Take pride in your appearance and use the following guidelines when getting ready for work.

Hair Your hair should be clean, neat, and pulled back out of your face.

Jewelry Make sure your jewelry will not get in the way when you are providing care tasks.

Shoes Wear shoes that you can work in (e.g. no high heels, loose shoelaces).

Clothing Wear clean, comfortable clothing that you can move in.

Perfume Many people have allergies or are sensitive to odors. Be thoughtful and aware. Avoid wearing too much perfume or fragrance.

Fingernails Fingernails should be clean, filed smoothly, and short enough not to injure yourself or others (e.g. scratching, cutting, pinching).

Hygiene Remember the importance of daily oral and body hygiene.

We have to do the best we can. This is our sacred human responsibility.

Albert Einstein

Responding to Situations and Emergencies

4

Basic job responsibility

There are four ways you will provide for a client's safety and well-being:

1. Follow up on any concerns or problems you observe.
2. Practice good safety habits that help prevent accidents.
3. Be aware of environmental hazards and take precautions where you work.
4. Be prepared to recognize and handle emergencies.

Follow up

Take the time to follow up on any concern or problem you see happening with a client. Always talk to the client or other care team members if you see a problem, read any notes other care team members may have written, or take action to help resolve a situation.

key word

Following up can also mean ***advocating*** for a client. As a caregiver, this includes alerting others (including the client) that:

- a client has additional personal care needs that are not being met;
- you are aware of other services available in the community that may be helpful for a client;
- you know of additional equipment or assistive devices that would give a client more independence;
- a client has certain preferences that are not being followed.

Safety Habits that Prevent Accidents

resources

Checklist for home safety and environmental hazards

Practicing good safety habits that prevent accidents gives a client a sense of physical security. Look in the Resource Directory pages 241-243 for safety tips, page 244 for safety tips for clients that are cognitively impaired, and 245 for safety with environmental hazards.

Handling Emergencies

In an emergency, you may be the only person to provide or get help.

Ask questions, plan, and think about handling emergencies soon after you begin working. Statistics show that many kinds of emergencies occur during a person's first weeks or months on the job. From day one, make emergency awareness and preparedness a priority.

Emergency planning in your care setting

When working in an adult family home or boarding home, ask your supervisor about the policies and procedures for responding to work place emergencies.

When working in a client's home, discuss the emergency procedures and evacuation plan the client wants you to use. If no formal emergency procedures exist, use the information provided in the Resource Directory on pages 246-248 to work together and develop plans and procedures.

resources

Talk about emergency planning with the client, a member of his/her family, the case manager, or a trained community emergency response person. This is particularly important when a client needs help to evacuate. Refer to the client's care plan for further instructions and information.

Calling 911 for help in an emergency

The appropriate "first" response to a fire, medical, or police emergencies depends on the situation. In almost all cases:

- Make sure the client is safe before you do anything else.
- **Call 911** for help **in any situation** you think might be an emergency or problem. When calling 911:
  - briefly describe the problem;
  - give your address and the nearest major street or intersection;
  - stay on the phone and follow the directions of the emergency operator.

Keep emergency information next to the telephone including the address and cross street of the client's home or care facility.

You will also want to know who to contact once the emergency has been handled. IPs can check on the client's Service Summary for people's names and telephone numbers. If working in an adult family home or boarding home, check with your supervisor about where these numbers may be kept or if you are the person to make the call. See page 21 of the Learner's Guide for a reminder of what to do about advance directives.

Response to a fire

Planning ahead and knowing how to respond to a fire is important to you and the client's safety. You will want to know the location of telephones, flashlights, and the emergency evacuation procedures, etc.

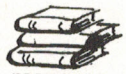
The appropriate "first" response to a fire emergency often depends on the situation. In general, follow the guidelines listed below.

- Always get your client to safety before you do anything else.
- Call 911 and report the fire - use a cell phone or a neighbor's phone.
- Stay as low as possible when exiting, there is less smoke closer to the floor.

If you discover a fire, use the word R.A.C.E. to remind you of the safest way to respond.

R = Rescue.	Remove everyone from the immediate vicinity.
A = Alarm.	Sound an alarm or call for assistance.
C = Confine the area.	Close doors and windows in the area.
E = Extinguish.	Extinguish the fire **if** it is confined to a small area and **if** you feel confident to do so.

See the Resource Directory pages 249-251 for fire safety and prevention information.



Module 3
Module Review

1. To support a client's independence when helping with personal care, you should encourage the client to: (circle the correct answer)
   a. Do as much as he/she can.
   b. Try big, new things every day.
   c. Not use assistive devices.

2. When providing personal care, honor a client's need for privacy: (circle the correct answer)
   a. Every time you provide care.
   b. When you can take the time.
   c. If the client asks for it.

3. True False The best way to maintain a healthy, professional boundary between you and a client is to view caregiving as your job.

4. True False A client's care plan has **all** of the information you need to do your job.

5. To effectively observe changes in a client, compare his/her baseline to: (circle the correct answer)
   a. What you see, hear, smell, or feel.
   b. Other client's behaviors.
   c. Their last visit to the doctor.

6. The following statement is a(n) ... objective observation. (circle one)
   subjective observation.

   "Mrs. Smith was out of control all afternoon."

7. In **most** emergencies, your **first** response should be to: (circle the correct answer)
   a. Check the care plan.
   b. Make sure the client is safe.
   c. Report to your case manager/supervisor.

8. Changes in a client's baseline should be reported when you: (circle the correct answer)
   a. Have a few extra minutes.
   b. Feel like it.
   c. Are concerned.

9. True False Your own beliefs and values can influence how you provide care.