

# Module 13: Safety

## Objectives

- Discuss what it means to be familiar with your facility’s policies and procedures.

## Content

<b>!!! REMINDER !!!</b>	
<ul style="list-style-type: none"> <li>• <b>ALWAYS FOLLOW YOUR FACILITY'S POLICIES AND PROCEDURES.</b></li> <li>• <b>ALWAYS FOLLOW THE CONSUMER’S CARE PLAN.</b></li> <li>• <b>NEVER WORK OUTSIDE YOUR JOB DESCRIPTION OR SCOPE OF TRAINING.</b></li> <li>• <b>NEVER PERFORM MEDICAL/CLINICAL PROCEDURES OR INTERPRET MEDICAL CONDITIONS OR RESULTS.</b></li> <li>• <b>REPORT OBSERVATIONS TO SUPERVISOR UNLESS INSTRUCTED OTHERWISE.</b></li> </ul>	
<b>REFERENCE TEXTBOOK: UNIT 3: CHAPTER 12: WORKPLACE SAFETY</b>	
TEXTBOOK SECTION	NOTES
<b>Your facility will train you on their procedures for emergency situations.</b>	
Preventing Chemical Injuries*	
Preventing Electrical Shocks*	
Preventing Fires*	Include: <ul style="list-style-type: none"> <li>• Figure 12-10*</li> <li>• Guidelines Box 12-4: Guidelines for Preventing Fires*</li> </ul>
Reacting to a Fire Emergency*	
• Extinguishing Fires*	
Disaster Preparedness*	
Workplace Violence*	Include: <ul style="list-style-type: none"> <li>• Table 12-2: Factors that Increase the Risk of Workplace Violence in the Health Care Setting*</li> </ul>
What Did You Learn?*	Questions 1, 3, 4, 5, 7, 8, 9, 11 only
<b>REFERENCE TEXTBOOK: UNIT 3: CHAPTER 15: BASIC FIRST AID AND EMERGENCY CARE</b>	
TEXTBOOK SECTION	NOTES
Responding to an Emergency*	Through Bullet #2 only, your facility will train you to their emergency policies and procedures.
• Helping Hands and a Caring Heart: Focus on Humanistic Health Care*	
<b>Tell the Nurse!*</b>	
<b>REFERENCE TEXTBOOK: UNIT 9: CHAPTER 47: SAFETY AND INFECTION CONTROL IN THE HOME HEALTH CARE SETTING</b>	
Textbook Section	Notes
Workplace Safety*	

<ul style="list-style-type: none"> <li>• Accidents and Medical Emergencies*</li> </ul>	
<ul style="list-style-type: none"> <li>• Fire*</li> </ul>	<p>Exclude the last paragraph, this will be trained at the facility level.</p> <p>Include:</p> <ul style="list-style-type: none"> <li>• Guidelines Box 47-1: Guidelines for Maintaining a Safe Home Environment*</li> </ul> <p>This set of guidelines provides a list of things the PSS should be aware of, but it is not their job to implement any of these changes unless they are directed to do so by their supervisor or the Consumer's care plan.</p>
<b>Tell the Nurse!*</b>	
Personal Safety*	<p>Include:</p> <ul style="list-style-type: none"> <li>• Box 47-1: Personal Safety Suggestions*</li> </ul>
Other Safety Concerns*	
<b>SUPPLEMENTAL INFORMATION</b>	
<b>Violence in Work Setting</b>	Your facility will train you on their policies and procedures on encountering violence towards yourself and/or your Consumer's.
Basic Life Support (BLS)/First Aid/CPR	<p>Your facility will inform you of any BLS, First Aid, and/or CPR requirements you will need to be certified in for your job.</p> <p><b><u>PSSs ARE NOT FIRST RESPONDERS.</u></b></p>

# Module 14: Procedures

## Objectives

- Demonstrate competency in the procedures listed below.

## Content

<b>REFERENCE TEXTBOOK: UNIT 3: CHAPTER 10: COMMUNICABLE DISEASE AND INFECTION CONTROL</b>
Communicable Disease and Infection Control Procedures
• Procedure 10-1: Handwashing*
• Procedure 10-2: Using an Alcohol-Based Hand Rub*
• Procedure 10-3: Removing Gloves*
• Procedure 10-4: Putting on a Gown*
• Procedure 10-5: Removing a Gown*
• Procedure 10-6: Putting on and Removing a Mask*
• Procedure 10-7: Removing More Than One Article of Personal Protective Equipment (PPE)*
• Procedure 10-8: Double-Bagging (Two Assistants)*

<b>REFERENCE TEXTBOOK: UNIT 3: CHAPTER 12: WORKPLACE SAFETY</b>
Workplace Safety Procedures
• Following Procedures*
Include:
• Guidelines Box 12-2: Guidelines for Getting Ready (Pre-procedure Actions) WEAVERS*
• Guidelines Box 12-3: Guidelines for Finishing Up (Post-procedure Actions) ALSO Wash & Document* (edit as necessary)

<b>REFERENCE TEXTBOOK: UNIT 3: CHAPTER 14: POSITIONING, LIFTING, AND TRANSFERRING PATIENTS AND RESIDENTS</b>
Positioning, Lifting, and Transferring Patients and Residents Procedures
• Procedure 14-1: Moving a Person to the Side of the Bed (One Assistant)*
• Procedure 14-2: Moving a Person to the Side of the Bed (Two Assistants)*
• Procedure 14-3: Moving a Person Up in Bed (Two Assistants)*
• Procedure 14-4: Raising a Person’s Head and Shoulders*
• Procedure 14-5: Turning a Person Onto His or Her Side*
• Procedure 14-6: Logrolling a Person (Three Assistants)*
• Procedure 14-7: Applying a Transfer (Gait) Belt*
• Procedure 14-8: Transferring a Person From a Bed to a Wheelchair (One Assistant)*
• Procedure 14-9: Transferring a Person From a Wheelchair to a Bed*
• Procedure 14-12: Transferring a Person Using a Mechanical Lift (Two Assistants)*
• Procedure 14-13: Assisting a Person with Sitting on the Edge of the Bed (“Dangling”)*
• Procedure 14-14: Assisting a Person with Walking (Ambulating)*

<b>REFERENCE TEXTBOOK: UNIT 4: CHAPTER 18: BEDMAKING</b>
Bedmaking Procedures
<ul style="list-style-type: none"> <li>• Procedure 18-1: Making an Unoccupied (Closed) Bed*</li> <li>• Procedure 18-2: Making an Occupied Bed*</li> </ul>

<b>REFERENCE TEXTBOOK: UNIT 4: CHAPTER 20: COMFORT AND REST</b>
Comfort and Rest Procedures
<ul style="list-style-type: none"> <li>• Procedure 20-3: Giving a Dry Cold Application*</li> <li>• Procedure 18-2: Making an Occupied Bed*</li> </ul>

<b>REFERENCE TEXTBOOK: UNIT 4: CHAPTER 21: CLEANLINESS AND HYGIENE</b>	
Cleanliness and Hygiene Procedures	
<ul style="list-style-type: none"> <li>• Procedure 21-1: Brushing (Excluding Flossing)</li> </ul> <p>Steps 1 – 9 and 14 through end. It is up to each facility to determine if their PSSs can floss a Consumer’s teeth.</p>	
<ul style="list-style-type: none"> <li>• Procedure 21-2: Providing Oral Care for a Person with Dentures*</li> <li>• Procedure 21-4: Providing Female Perineal Care*</li> <li>• Procedure 21-5: Providing Male Perineal Care*</li> </ul>	
<ul style="list-style-type: none"> <li>• Procedure 21-6: Assisting with a Tub Bath or Shower*</li> </ul>	NOTE: Always follow facility policies and procedures and the Consumer’s care plan.
<ul style="list-style-type: none"> <li>• Procedure 21-7: Giving a Complete Bed Bath*</li> </ul>	BODY POWDER: refer to facility policies about use of body powder around oxygen.
<ul style="list-style-type: none"> <li>• Procedure 21-8: Giving a Partial Bed Bath*</li> </ul>	DIABETIC CONSUMERS: Never apply moisturizer between the toes of diabetic Consumers.

<b>REFERENCE TEXTBOOK: UNIT 4: CHAPTER 22: GROOMING</b>
Grooming Procedures
<ul style="list-style-type: none"> <li>• Procedure 22-3: Assisting a Person with Dressing*</li> <li>• Procedure 22-5: Shampooing a Person’s Hair in Bed*</li> <li>• Procedure 22-6: Combing a Person’s Hair*</li> <li>• Procedure 22-7: Shaving a Person’s Face*</li> </ul>

<b>REFERENCE TEXTBOOK: UNIT 4: CHAPTER 23: BASIC NUTRITION</b>
Basic Nutrition Procedures
<ul style="list-style-type: none"> <li>• Procedure 23-1: Feeding a Dependent Person*</li> </ul> <p>NOTE: PSSs will not be feeding dependent people . Use Steps 1-11 and 16-20 ONLY.</p>

**REFERENCE TEXTBOOK: UNIT 4: CHAPTER 24: ASSISTING WITH URINARY AND BOWEL ELIMINATION**

**Assisting with Urinary and Bowel Elimination**

- Procedure 24-1: Assisting a Person with Using a Bedpan
- Procedure 24-2: Assisting a Man with Using a Urinal
- Procedure 24-7: Emptying a Urine Drainage Bag\*

**REFERENCE TEXTBOOK: UNIT 6: CHAPTER 31: THE CARDIOVASCULAR SYSTEM**

**The Cardiovascular System**

- Procedure 31-1: Applying Anti-embolism (TED) Stockings\*

**REFERENCE TEXTBOOK: UNIT 6: CHAPTER 33: THE SENSORY SYSTEM**

**The Sensory System Procedures**

- Procedure 33-1: Assisting a Person with an In-the-Ear Hearing Aid\*

## Appendix A: Maine Health Care Advance Directive Form

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# Maine Health Care Advance Directive Form

You may use this form now to tell your physician and others what medical care you want to receive if you become too sick in the future to tell them what you want. **You may choose to fill out the whole form or any part of the form and then sign and date the form in Part 6.** These are the parts:

<b>Part 1</b>	Fill this out if you want to choose someone to make all your health care decisions for you, either right away or if you become too sick to tell others what you want. This person is called your agent.
<b>Part 2</b>	Fill this out if: (1) you did not name an agent in Part 1 and now want to choose whether you want certain treatments <b>or</b> , (2) you did name an agent in Part 1 and want to tell your agent your wishes about certain treatments, knowing that your agent must follow your directions.
<b>Part 3</b>	Fill this out if you want to give the name of your primary physician, physician assistant or nurse practitioner.
<b>Part 4</b>	Fill this out if you want to make decisions about donating your organs, body or tissues after your death.
<b>Part 5</b>	Fill this out if you want: (1) to choose someone to make all funeral and burial decisions after your death, <b>or</b> (2) to tell your family any wishes you have about funeral and burial decisions.
<b>Part 6</b>	You must sign and date your Advance Directive form on this page. Have two witnesses sign the form at the same time you sign it. Tell others about your decisions and give copies to your physician, other health care providers, family and hospital.
<b>Part 7</b>	If you do not wish to be revived by ambulance crews should your heart or breathing stop, then you <b>and</b> your physician ( <b>or</b> nurse practitioner <b>or</b> physician assistant) need to sign this Do Not Resuscitate (DNR) form.

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