

Hartman's

Nursing Assistant Care The Basics

Hartman Publishing, Inc.
with Jetta Fuzy, RN, MS

THIRD EDITION

Formerly *The Nursing Assistant's Handbook*



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The Basics

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Though the guidelines and procedures contained in this text are based on consultations with healthcare professionals, they should not be considered absolute recommendations. The instructor and readers should follow employer, local, state, and federal guidelines concerning healthcare practices. These guidelines change, and it is the reader's responsibility to be aware of these changes and of the policies and procedures of her or his healthcare facility.

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Gender Usage

This textbook utilizes the pronouns “he,” “his,” “she,” and “hers” interchangeably to denote healthcare team members and residents.

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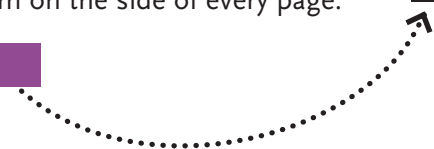
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Using a Hartman Textbook



Understanding how your book is organized and what its special features are will help you make the most of this resource!

We have assigned each chapter its own colored tab. Each colored tab contains the chapter number and title, and you'll see them on the side of every page.



1. List examples of legal and ethical behavior

Everything in this book, the student workbook, and your instructor's teaching material is organized around learning objectives. A learning objective is a very specific piece of knowledge or a very specific skill. After reading the text, if you can do what the learning objective says, you know you have mastered the material.

bloodborne pathogens

You'll find bold key terms throughout the text followed by their definition. They are also listed in the glossary at the back of this book.

Making an occupied bed

All care procedures are highlighted by the same black bar for easy recognition.

Guidelines: Preventing Falls

Guidelines and Observing and Reporting are colored green for easy reference.

Residents' Rights Abuse and Alzheimer's Disease

These boxes teach important information on how to support and promote Residents' Rights, as well as provide other types of important information.

1

The Nursing Assistant in Long-Term Care

1. Compare long-term care to other healthcare settings

Welcome to the world of health care. Health care happens in many places. Nursing assistants work in many of these settings. In each setting similar tasks will be performed. However, each setting is also unique.

This textbook will focus on long-term care.

Long-term care (LTC) is given in long-term care facilities (LTCF) for persons who need 24-hour supervised nursing care. This type of care is given to people who need a high level of care for ongoing conditions. The term “nursing homes” was once widely used to refer to these facilities. Now, however, they are often called long-term care facilities, skilled nursing facilities, residential facilities, rehabilitation centers, or extended care facilities.

People who live in long-term care facilities may be disabled and/or elderly. They may arrive from hospitals or other healthcare settings. Their **length of stay** (the number of days a person stays in a care facility) may be short, such as a few days or a few months, or longer than six months. Some of these people will have a **terminal illness**. This means that the person is expected to die from the illness. Other people may recover and return to their homes or to other facilities or situations.

Most conditions seen in long-term care are **chronic**. This means they last a long period of time, even a lifetime. Chronic conditions include

physical disabilities, heart disease, stroke, and dementia. (You will learn more about these disorders and diseases in Chapters 4 and 5.)

People who live in long-term care facilities are usually called “residents” because the facility is where they reside or live. These places are their homes for the duration of their stay.

People who need long-term care will have different **diagnoses**, or medical conditions determined by a doctor. The stages of illnesses or diseases affect how sick people are and how much care they will need. The job of nursing assistants will also vary. This is due to each person’s different symptoms, abilities, and needs.

Other types of healthcare settings include:

Home health care is provided in a person’s home (Fig. 1-1). This type of care is also generally given to people who are older and are chronically ill but who are able to and wish to remain at home. Home care may also be needed when a person is weak after a recent hospital stay. Home care includes many of the services offered in other settings.



Fig. 1-1. Home care is performed in a person’s home.

Assisted living facilities provide some help with daily care, such as showers, meals, and dressing. Help with medications may also be given. People who live in these facilities do not need skilled, 24-hour care. Assisted living facilities allow more independent living in a home-like environment. An assisted living facility may be attached to a long-term care facility, or it may stand alone.

Adult daycare is care given at a facility during daytime working hours. Generally, adult daycare is for people who need some help but are not seriously ill or disabled. Adult daycare centers give different levels of care. Adult daycare can also provide a break for spouses, family members, and friends.

Acute care is given in hospitals and ambulatory surgical centers. It is for people who have an immediate illness. People are admitted for short stays for surgery or diseases. Acute care is 24-hour skilled care for temporary, but serious, illnesses or injuries (Fig. 1-2). **Skilled care** is medically necessary care given by a skilled nurse or therapist. This care is available 24 hours a day. It is ordered by a doctor, and involves a treatment plan.



Fig. 1-2. Acute care is performed in hospitals for illnesses or injuries that require immediate care.

Subacute care can be given in a hospital or in a long-term care facility. Subacute care is given to people who have had an acute injury or illness or problem resulting from a disease. These patients need treatment that requires more care than some long-term care facilities can give and less care than acute illnesses require. The cost is usually less than a hospital but more than long-term care.

Outpatient care is usually given for less than 24 hours. It is for people who have had treatments or surgery and need short-term skilled care.

Rehabilitation is care given in facilities or homes by a specialist. Physical, occupational, and speech therapists restore or improve function after an illness or injury. You will learn more about rehabilitation and related care in Chapter 9.

Hospice care is given in facilities or homes for people who have six months or less to live. Hospice workers give physical and emotional care and comfort. They also support families. You will learn more about hospice care in Chapter 3.

2. Describe a typical long-term care facility

Long-term care facilities (LTCF) are businesses that provide skilled nursing care 24 hours a day. These facilities may offer assisted living housing, dementia care, or subacute care. Some facilities offer specialized care. Others care for all types of residents. The typical long-term care facility offers personal care for all residents and focused care for residents with special needs. Personal care includes bathing, skin, nail and hair care, and assistance with walking, eating, dressing, transferring, and toileting. All of these daily personal care tasks are called “**activities of daily living**,” or **ADLs**. Other common services offered at LTCFs include the following:

- Physical, occupational, and speech therapy
- Wound care

- Care of different types of tubes and catheters (a thin tube inserted into the body that is used to drain fluids or inject fluids)
- Nutrition therapy
- Management of chronic diseases, such as AIDS, diabetes, chronic obstructive pulmonary disease (COPD), cancer, and congestive heart failure (CHF)

When specialized care is offered at long-term care facilities, the employees must have special training. Residents with similar needs may be placed in units together. Non-profit companies or for-profit companies can own long-term care facilities.

Residents' Rights

Culture Change

Some long-term care facilities are adopting newer models of care. These models promote meaningful environments with individualized approaches to care. **Culture change** is a term given to the process of transforming services for elders so that they are based on the values and practices of the person receiving care. Culture change involves respecting both elders and those working with them. Core values are choice, dignity, respect, self-determination, and purposeful living. To honor culture change, care facilities may need to change organization practices, physical environments, and relationships at all levels. For more information, visit the Pioneer Network's website at pioneernetwork.net. and The Eden Alternative's website at edenalt.org.

3. Explain Medicare and Medicaid

The Centers for Medicare & Medicaid Services (CMS), formerly the Health Care Finance Administration (HCFA), is a federal agency within the U.S. Department of Health and Human Services (Fig. 1-3). CMS runs two national health-care programs, Medicare and Medicaid. They both help pay for health care and health insurance for millions of Americans. CMS has many other responsibilities as well.

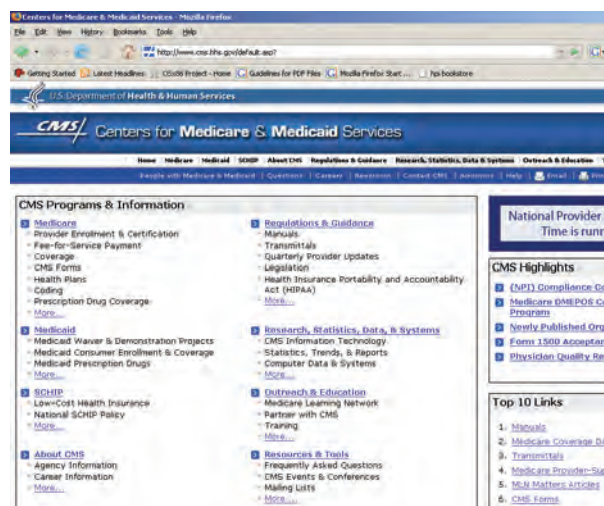


Fig. 1-3. The CMS website's address is cms.hhs.gov.

Medicare is a health insurance program that was established in 1965 for people aged 65 or older. It also covers people of any age with permanent kidney failure or certain disabilities. Medicare has four parts. Part A helps pay for care in a hospital or skilled nursing facility or for care from a home health agency or hospice. Part B helps pay for doctor services and other medical services and equipment. Part C allows private health insurance companies to provide Medicare benefits. Part D helps pay for medications prescribed for treatment. Medicare will only pay for care it determines to be medically necessary.

Medicaid is a medical assistance program for low-income people. It is funded by both the federal government and each state. Eligibility is determined by income and special circumstances. People must qualify for this program.

Medicare and Medicaid pay long-term care facilities a fixed amount for services. This amount is based on the resident's needs upon admission.

4. Describe the role of the nursing assistant

Nursing assistants can have many different titles. "Nurse aide," "certified nurse aide," "patient care technician" and "certified nursing assistant" are some examples. This textbook will use the term "nursing assistant."

Nursing assistants (NAs) perform assigned nursing tasks, such as taking a resident's temperature. Nursing assistants also provide personal care, such as bathing residents, helping them eat and drink, and helping with hair care (Fig. 1-4). Promoting independence and self-care are other very important tasks that nursing assistants do. Other nursing assistant duties include the following:



Fig. 1-4. Encouraging residents to drink often will be an important part of your job.

- Helping residents with toileting needs
- Assisting residents to move around safely
- Keeping residents' living areas neat and clean
- Caring for supplies and equipment
- Helping residents dress
- Making beds
- Giving backrubs
- Helping residents with mouth care

Nursing assistants are generally not allowed to give medications; nurses are responsible for giving medications. Some states allow nursing assistants to work with medications after receiving special training. Examples of other tasks that nursing assistants are not allowed to do are inserting/removing tubes, changing sterile dressings, and giving tube feedings.

Nursing assistants spend more time with residents than any other care team member. They act as the “eyes and ears” of the team. Observing changes in a resident's condition and reporting these changes is a very important role of the NA. Residents' care can be revised or updated as conditions change. Another role of the NA is writing down important information about the resident (Fig. 1-5). This is called **charting**.



Fig. 1-5. Observing carefully and reporting accurately are some of the most important duties you will have.

Nursing assistants are part of a team of health professionals. The team includes doctors, nurses, social workers, therapists, dietitians, and specialists. The resident and resident's family are part of the team. Everyone, including the resident, works closely together to meet goals. Goals include helping residents to recover from illnesses or to do as much as possible for themselves.

Residents' Rights

Responsibility for Residents

All residents are the responsibility of each nursing assistant. You will receive assignments to complete tasks, care, and paperwork for specific residents. If you see a resident who needs help, even if he or she is not on your assignment sheet, provide the needed care.

5. Describe the care team and the chain of command

Residents will have different needs and problems. Healthcare professionals with different kinds of education and experience will help care for them (Fig. 1-6). This group is known as the “care team.” Members of the care team include the following:



Fig. 1-6. The care team is made up of many different healthcare professionals.

Nursing Assistant (NA) or Certified Nursing Assistant (CNA). The nursing assistant (NA) performs assigned tasks, such as taking vital signs. NAs also provide routine personal care, such as bathing residents and helping with toileting. Nursing assistants must have at least 75 hours of training, and, in many states, training exceeds 100 hours.

Registered Nurse (RN). A registered nurse is a licensed professional who has completed two to four years of education. RNs have diplomas or college degrees. They have passed a licensing exam given by the state board of nursing. Registered nurses may have additional academic degrees or education in special areas. In long-term care, an RN coordinates, manages, and provides skilled nursing care. This includes giving special treatments and medication as prescribed by a doctor. A registered nurse also assigns tasks and supervises daily care of residents by nursing assistants.

The RN also writes and develops care plans. A **care plan** is created for each resident. It helps the resident achieve his or her goals. The resident assists with developing the care plan. The care plan outlines the steps and tasks the care team must perform. It states how often these tasks should be performed and specifies how they should be carried out.

Licensed Practical Nurse (LPN) or Licensed Vocational Nurse (LVN). A licensed practical nurse or licensed vocational nurse is a licensed professional who has completed one to two years of education. An LPN/LVN gives medications and treatments. LPNs may also supervise nursing assistants’ daily care of residents.

Physician or Doctor (MD or DO). A doctor’s job is to diagnose disease or disability and prescribe treatment. Doctors have graduated from four-year medical schools after receiving bachelor’s degrees. Many doctors also take specialized training programs after medical school (Fig. 1-7). (“DO” stands for “doctor of osteopathic medicine.”)



Fig. 1-7. Doctors diagnose disease and prescribe treatment.

Physical Therapist (PT). A physical therapist evaluates a person and develops a treatment plan. Goals are to increase movement, improve circulation, promote healing, reduce pain, prevent disability, and regain or maintain mobility. A PT gives therapy in the form of heat, cold, massage, ultrasound, electricity, and exercise to muscles, bones, and joints. For example, a PT helps a person to safely use a walker, cane, or wheelchair (Fig. 1-8). Physical therapist education programs are offered at two degree levels: doctoral and master's. Entrance into these programs usually requires an undergraduate degree. Master's degree programs usually last two years. Doctoral degree programs last three years. PTs have to pass national and state licensure exams before they can practice.



Fig. 1-8. A physical therapist will help restore specific abilities.

Occupational Therapist (OT). An occupational therapist helps residents learn to compensate for disabilities. An OT helps residents perform activities of daily living (ADLs). This often involves equipment called assistive or adaptive devices. For example, an OT can teach a person to use a special fork to feed himself. The occupational therapist observes a resident's needs and plans a treatment program. OTs generally have an undergraduate degree before being admitted to a doctoral or master's program. OTs have to pass a national certification examination and most must be licensed within their state.

Speech-Language Pathologist (SLP). A speech-language pathologist helps with speech and swallowing problems. An SLP identifies communication disorders, addresses factors involved in recovery, and develops a plan of care to meet recovery goals. An SLP teaches exercises to help the resident improve or overcome speech problems. For example, after a stroke, a person may not be able to speak or speak clearly. An SLP may use a picture board to help the person communicate thirst or pain. An SLP also evaluates a person's ability to swallow food and drink. Speech-language pathologists are generally required to have a master's degree in speech-language pathology. Most states require that SLPs be licensed or certified to work.

Registered Dietitian (RD). A registered dietitian creates diets for residents with special needs. Special diets can improve health and help manage illness. RDs may supervise the preparation and service of food and educate others on healthy nutritional habits. Registered dietitians have completed a bachelor's degree and may also have a master's degree. They may also have completed postgraduate work. Most states require that RDs be licensed or certified.

Medical Social Worker (MSW). A medical social worker determines residents' needs and helps get them support services, such as counseling.

He or she may help residents obtain clothing and personal items if the family is not involved or does not visit often. A medical social worker may book appointments and transportation. Generally, MSWs hold a master's degree in social work.

Activities Director. The activities director plans activities for residents to help them socialize and stay active. These activities are meant to improve and maintain residents' well-being and to prevent further complications from illness or disability. An activities director may have a bachelor's degree, associate's degree, or qualifying work experience. An activities director may be called a "recreational therapist" depending upon education and experience.

Resident and Resident's Family. The resident is an important member of the care team. The resident has the right to make decisions about his or her own care. The resident helps plan care and makes choices. The resident's family may also be involved in these decisions. The family is a great source of information. They know the resident's personal preferences, history, diet, rituals, and routines.

Residents' Rights

Resident as Member of Care Team

All members of the care team should focus on the resident. The team revolves around the resident and his or her condition, treatment, and progress. Without the resident, there is no team.

As a nursing assistant, you will be carrying out instructions given to you by a nurse. The nurse is acting on the instructions of a doctor or other member of the care team. This is called the **chain of command**. It describes the line of authority and helps to make sure that your residents get proper health care. The chain of command also protects you and your employer from liability. **Liability** is a legal term. It means that someone can be held responsible for harming someone else. For example, imagine that something you do for a resident harms him. However,

what you did was in the care plan and was done according to policy and procedure. Then you may not be liable, or responsible, for hurting the resident. However, if you do something not in the care plan that harms a resident, you could be held responsible. That is why it is important to follow instructions in the care plan and know the chain of command (Fig. 1-9).

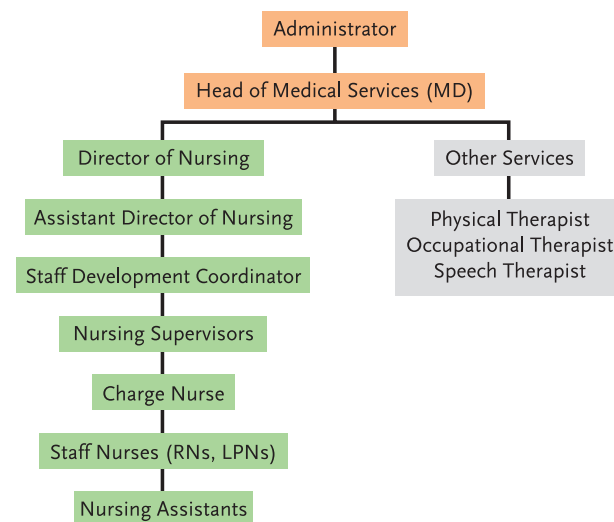


Fig. 1-9. The chain of command describes the line of authority and helps ensure that the resident receives proper care.

Nursing assistants must understand what they can and cannot do. This is so that you do not harm a resident or involve yourself or your employer in a lawsuit. Some states certify that a nursing assistant is qualified to work. However, nursing assistants are not licensed healthcare providers. Everything in your job is assigned to you by a licensed healthcare professional. You work under the authority of another person's license. That is why these professionals will show great interest in what you do and how you do it.

Every state grants the right to practice various jobs in health care through licensure. Examples include a license to practice nursing, medicine, or physical therapy. All members of the care team work under each professional's "scope of practice." A **scope of practice** defines the things you are allowed to do and how to do them correctly. Laws and regulations on what NAs can

and cannot do vary from state to state. It is important to know which tasks are said to be outside a nursing assistant's scope of practice.

6. Define policies, procedures, and professionalism

All facilities must have manuals outlining policies and procedures. A **policy** is a course of action that should be taken every time a certain situation occurs. A very basic policy is that healthcare information must remain confidential. A **procedure** is a method, or way, of doing something. A facility will have a procedure for reporting information about residents. The procedure explains what form to complete, when and how often to fill it out, and to whom it is given. You will be told where to locate a list of policies and procedures that all staff are expected to follow.

Common policies at long-term care facilities include the following:

- All resident information must remain confidential. This is not only a facility rule, it is also the law. See later in the chapter for more information on confidentiality, including the Health Insurance Portability and Accountability Act (HIPAA).
- The plan of care must always be followed. **Activities not listed in the care plan should not be performed.**
- Nursing assistants should not do tasks not included in the job description.
- Nursing assistants must report important events or changes in residents to a nurse.
- Personal problems must not be discussed with the resident or the resident's family.
- Nursing assistants should not take money or gifts from residents or their families.
- Nursing assistants must be on time for work and must be dependable.

Your employer will have policies and procedures for every resident care situation. Written procedures may seem long and complicated, but each step is important. Become familiar with your facility's policies and procedures.

Professional means having to do with work or a job. The opposite of professional is **personal**. It refers to your life outside your job, such as your family, friends, and home life. **Professionalism** is how you behave when you are on the job. It includes how you dress, the words you use, and the things you talk about. It also includes being on time, completing tasks, and reporting to the nurse. For an NA, professionalism means following the care plan, making careful observations, and reporting accurately. Following policies and procedures is an important part of professionalism.

Residents, coworkers, and supervisors respect employees who behave in a professional way. Professionalism helps you keep your job. It may also help you earn promotions and raises.

A professional relationship with a resident includes:

- Keeping a positive attitude
- Doing only the assigned tasks you are trained to do and that are listed in the care plan
- Keeping all residents' information confidential
- Being polite and cheerful, even if you are not in a good mood (Fig. 1-10)
- Not discussing your personal problems
- Not using profanity, even if a resident does
- Listening to the resident
- Calling a resident "Mr.," "Mrs.," "Ms.," or "Miss," or by the name he or she prefers
- Never giving or accepting gifts
- Always explaining the care you will provide before providing it

- Following practices, such as handwashing, to protect yourself and residents



Fig. 1-10. Being polite and cheerful is something that will be expected of you.

A professional relationship with an employer includes:

- Completing tasks efficiently
- Always following all policies and procedures
- Always documenting and reporting carefully and correctly
- Communicating problems with residents or tasks
- Reporting anything that keeps you from completing duties
- Asking questions when you do not know or understand something
- Taking directions or criticism without getting upset
- Being clean and neatly dressed and groomed (Fig. 1-11)
- Always being on time
- Telling your employer if you cannot report for work
- Following the chain of command
- Participating in education programs
- Being a positive role model for your facility



Fig. 1-11. Keeping your hair neatly tied back and wearing a clean uniform are examples of professional behavior.

Nursing assistants must be:

- **Compassionate:** Being **compassionate** is being caring, concerned, empathetic, and understanding. Demonstrating **empathy** means entering into the feelings of others. Compassionate people understand others' problems. They care about them. Compassionate people are also sympathetic. Showing **sympathy** means sharing in the feelings and difficulties of others.
- **Honest:** An honest person tells the truth and can be trusted. Residents need to feel that they can trust those who care for them. The care team depends on your honesty in planning care. Employers count on truthful records of your care and observations.
- **Tactful:** **Tact** is the ability to understand what is proper and appropriate when dealing with others. It is the ability to speak and act without offending others.

- **Conscientious:** People who are **conscientious** always try to do their best. They are guided by a sense of right and wrong and have principles. They are alert, observant, accurate, and responsible. Giving conscientious care means making accurate observations and reports, following assignments, and taking responsibility for actions.
- **Dependable:** Nursing assistants must make and keep commitments. You must get to work on time. You must skillfully do tasks, avoid too many absences, and help your peers when they need it.
- **Respectful:** Being respectful means valuing other people's individuality. This includes their age, religion, culture, feelings, practices, and beliefs.
- **Unprejudiced:** You will work with people from many different backgrounds. Give each resident the same quality care regardless of age, gender, sexual orientation, religion, race, ethnicity, or condition.
- **Tolerant:** You may not like or agree with things that your residents or their families do or have done. However, your job is to care for each resident as assigned, not to judge him or her. Put aside your opinions. See each resident as an individual who needs your care.

7. List examples of legal and ethical behavior and explain Residents' Rights

Ethics and laws guide behavior. **Ethics** are the knowledge of right and wrong. An ethical person has a sense of duty toward others. He always tries to do what is right. **Laws** are rules set by the government to help people live peacefully together and to ensure order and safety. Ethics and laws are very important in health care. They protect people receiving care. They guide those giving care. NAs and all care team members should be guided by a code of ethics. They must know the laws that apply to their jobs.

Guidelines: Legal and Ethical Behavior

- G** Be honest at all times.
- G** Protect residents' privacy. Do not discuss their cases except with other members of the care team.
- G** Keep staff information confidential.
- G** Report abuse or suspected abuse of residents, and assist residents in reporting abuse if they wish to make a complaint of abuse.
- G** Follow the care plan and your assignments. If you make a mistake, report it promptly.
- G** Do not perform any tasks outside your scope of practice.
- G** Report all resident observations and incidents to the nurse.
- G** Document accurately and promptly.
- G** Follow rules on safety and infection control (see Chapter 2).
- G** Do not accept gifts or tips.
- G** Do not get personally or sexually involved with residents or their family members or friends.

Due to reports of poor care and abuse in long-term care facilities, the U.S. government passed the **Omnibus Budget Reconciliation Act (OBRA)** in 1987. It has been updated several times since. OBRA set minimum standards for nursing assistant training. NAs must complete at least 75 hours of training. NAs must also pass a competency evaluation (testing program) before they can be employed. They must attend regular in-service education to keep skills updated.

OBRA also requires that states keep a current list of nursing assistants in a state registry. OBRA sets guidelines for minimum staff requirements. It specifies the minimum services that long-term care facilities must provide. Another important part of OBRA is the resident

assessment requirements. OBRA requires complete assessments on every resident. The assessment forms are the same for every facility.

OBRA made major changes in the survey process. Surveys are inspections done to make sure long-term care facilities follow state and federal regulations. Surveys are done every 9 to 15 months by the state agency that licenses facilities. They may be done more often if a facility has been cited. To **cite** means to find a problem through a survey. Inspections may be done less often if the facility has a good record. Inspection teams include a variety of trained healthcare professionals. The results from surveys are available to the public and posted in the facility.

OBRA also identifies important rights for residents in long-term care facilities. **Residents' Rights** relate to how residents must be treated while living in a facility. They are an ethical code of conduct for healthcare workers. Facilities give residents a list of these rights and review each right with them. You need to be familiar with Residents' Rights, which are very detailed. They include the following:

Quality of life: Residents have the right to the best care available. Dignity, choice, and independence are important parts of quality of life.

Services and activities to maintain a high level of wellness: Residents must receive the correct care. Their care should keep them as healthy as possible every day. Health should not decline as a direct result of the facility's care.

The right to be fully informed regarding rights and services: Residents must be told what care and services are available. They must be told the fees for each service. They must be made aware of all their legal rights. Legal rights must be explained in a language they can understand. This includes being given a written copy of their rights. They have the right to be notified in advance of any change of room or roommate. They have the right to communicate with someone who speaks their language. They have the right

to assistance for any sensory impairment. Blindness is one type of sensory impairment.

The right to participate in their own care: Residents have the right to participate in planning their treatment, care, and discharge. Residents have the right to refuse medication, treatment, care, and restraints. They have the right to be told of changes in their condition. They have the right to review their medical record. Informed consent is a concept that is part of participating in one's own care. A person has the legal and ethical right to direct what happens to his or her body. Doctors also have an ethical duty to involve the person in his or her health care. **Informed consent** is the process in which a person, with the help of a doctor, makes informed decisions about his or her health care.

The right to make independent choices: Residents can make choices about their doctors, care, and treatments. They can make personal decisions, such as what to wear and how to spend their time. They can join in community activities, both inside and outside the care facility.

The right to privacy and confidentiality: Residents can expect privacy with care given. Their medical and personal information cannot be shared with anyone but the care team. Residents have the right to private, unrestricted communication with anyone.

The right to dignity, respect, and freedom: Residents must be respected and treated with dignity by caregivers. Residents cannot be abused, mistreated, or neglected in any way.

The right to security of possessions: Residents' personal possessions must be safe at all times. They cannot be taken or used by anyone without a resident's permission. Residents have the right to manage their own finances or choose someone to do it for them. Residents can ask the care facility to handle their money and in this case, the resident must sign a written statement. If the facility handles residents' financial affairs, residents must have access to their accounts and

financial records. They must receive quarterly statements, among other things.

Rights during transfers and discharges: Location changes must be made safely and with the resident's knowledge and consent. Residents have the right to stay in a facility unless a transfer or discharge is needed.

The right to complain: Residents have the right to make complaints without fear of punishment. Facilities must work quickly to try to resolve complaints.

The right to visits: Residents have the right to have visits from family, friends, doctors, clergy members, groups and others (Fig. 1-12).



Fig. 1-12. Residents have the right to visitors.

Rights with regard to social services: The facility must provide residents with access to social services. This includes counseling, assistance in solving problems with others, and help contacting legal and financial professionals.

Protect your residents' rights in these ways:

- Never abuse a resident physically, emotionally, verbally, or sexually.
- Watch for and report any signs of abuse or neglect immediately.
- Call the resident by the name he or she prefers.
- Involve residents in your planning. Allow residents to make as many choices as possible

about when, where, and how care is performed.

- Always explain a procedure to a resident before performing it.
- Do not unnecessarily expose a resident while giving care.
- Respect a resident's refusal of care. Residents have a legal right to refuse treatment and care. However, report the refusal to the nurse immediately.
- Tell the nurse if a resident has questions or concerns about treatment or the goals of care.
- Be truthful when documenting care.
- Do not talk or gossip about residents. Keep all resident information confidential.
- Knock and ask for permission before entering a resident's room.
- Do not accept gifts or money (Fig. 1-13).
- Do not open a resident's mail or look through his belongings.
- Respect residents' personal possessions. Handle them gently and carefully.
- Report observations about a resident's condition or care.
- Help resolve disputes by reporting them to the nurse.



Fig. 1-13. Nursing assistants should not accept money or gifts because it is unprofessional and may lead to conflict.

Residents' Rights

Maintaining Boundaries

In professional relationships, boundaries must be set. Boundaries are the limits to or within the relationships. Nursing assistants are guided by ethics and laws that set limits for their relationships with residents. These boundaries help support a healthy resident-caregiver relationship. Working closely with residents on a regular basis may make it more difficult to honor the boundaries. Residents may feel that you are their friend. If the worker and resident become personally involved with each other, it becomes more difficult to enforce rules. The resident may expect you to break the rules because she thinks you are friends. Emotional attachments to residents weaken your judgment and are unprofessional. Be friendly, warm, and caring with residents. But behave professionally and stay within the limits of set boundaries. Follow your facility's rules and the care plan's instructions. They are in place for everyone's protection.

A very important part of protecting your residents' rights is preventing abuse and neglect. In order to do this, it helps if you understand more about the different types of each.

Neglect means harming a person physically, mentally, or emotionally by failing to provide needed care. Neglect can be purposeful (**active neglect**) or unintentional (**passive neglect**). Examples of active neglect are leaving a bedridden resident alone for a long time or denying a resident food, dentures, or eyeglasses. With passive neglect the caregiver may not know how to properly care for the resident, or may not understand the resident's needs.

Negligence means actions, or the failure to act or provide the proper care for a resident, that result in unintended injury. An example of negligence is an NA forgetting to lock a resident's wheelchair before transferring her. The resident falls and is injured. **Malpractice** occurs when a person is injured due to professional misconduct through negligence, carelessness, or lack of skill.

Abuse is purposely causing physical, mental, or emotional pain or injury to someone. There are many forms of abuse, including the following:

- **Physical abuse** is any treatment, intentional or not, that causes harm to a person's body. This includes slapping, bruising, cutting, burning, physically restraining, pushing, shoving, or even rough handling.
- **Psychological abuse** is emotionally harming a person by threatening, scaring, humiliating, intimidating, isolating, insulting, or treating him or her as a child.
- **Verbal abuse** involves the use of language—spoken or written—that threatens, embarrasses, or insults a person.
- **Assault** is threatening to touch a person without his or her permission. The person feels fearful that he or she will be harmed. Telling a resident that she will be slapped if she does not stop yelling is an example of assault.
- **Battery** means a person is actually touched without his or her permission. An example is an NA hitting or pushing a resident. This is also considered physical abuse. Forcing a resident to eat a meal is another example of battery.
- **Sexual abuse** is forcing a person to perform or participate in sexual acts against his or her will. This includes unwanted touching and exposing oneself to a person. It also includes sharing pornographic material.
- **Financial abuse** is stealing, taking advantage of, or improperly using the money, property, or other assets of another.
- **Domestic violence** is abuse by spouses, intimate partners, or family members. It can be physical, sexual, or emotional. The victim can be a woman or man of any age or a child.
- **Workplace violence** is abuse of staff by residents or other staff members. It can be verbal, physical, or sexual. This includes improper touching and discussion about sexual subjects.

- **False imprisonment** is the unlawful restraint of someone which affects the person's freedom of movement. Both the threat of being physically restrained and actually being physically restrained are false imprisonment. Not allowing a resident to leave the building is also considered false imprisonment.
- **Involuntary seclusion** is separating a person from others against the person's will. For example, an NA confines a resident to his room without his consent.
- **Sexual harassment** is any unwelcome sexual advance or behavior that creates an intimidating, hostile or offensive working environment. Requests for sexual favors, unwanted touching, and other acts of a sexual nature are examples of sexual harassment.
- **Substance abuse** is the use of legal or illegal drugs, cigarettes, or alcohol in a way that harms oneself or others.

Nursing assistants must never abuse residents in any way. They must also try to protect residents from others who abuse them. If you ever see or suspect that another caregiver, family member, or resident is abusing a resident, report this immediately to the nurse in charge. **Reporting abuse is not an option—it is the law.**

Observing and Reporting: Abuse and Neglect

These are “suspicious injuries.” They should be reported:

- /R Poisoning or traumatic injury
- /R Teeth marks
- /R Belt buckle or strap marks
- /R Old and new bruises, contusions and welts
- /R Scars
- /R Fractures, dislocation
- /R Burns of unusual shape and in unusual locations; cigarette burns
- /R Scalding burns
- /R Scratches and puncture wounds
- /R Scalp tenderness and patches of missing hair
- /R Swelling in the face, broken teeth, nasal discharge
- /R Bruises, bleeding, or discharge from the vaginal area

Signs that could indicate abuse include:

- /R Yelling obscenities
- /R Fear, apprehension, fear of being alone
- /R Poor self-control
- /R Constant pain
- /R Threatening to hurt others
- /R Withdrawal or apathy (Fig. 1-14)
- /R Alcohol or drug abuse
- /R Agitation or anxiety, signs of stress
- /R Low self-esteem
- /R Mood changes, confusion, disorientation
- /R Private conversations are not allowed, or the family member/caregiver must be present during all conversations
- /R Resident or family reports of questionable care

Signs that could indicate neglect include:

- /R Pressure sores
- /R Body not clean
- /R Body lice
- /R Unanswered call lights
- /R Soiled bedding or incontinence briefs not being changed
- /R Poorly-fitting clothing
- /R Refusal of care

- o/r Unmet needs relating to hearing aids, eye-glasses, etc.
- o/r Weight loss, poor appetite
- o/r Uneaten food
- o/r Dehydration
- o/r Fresh water or beverages not being given each shift

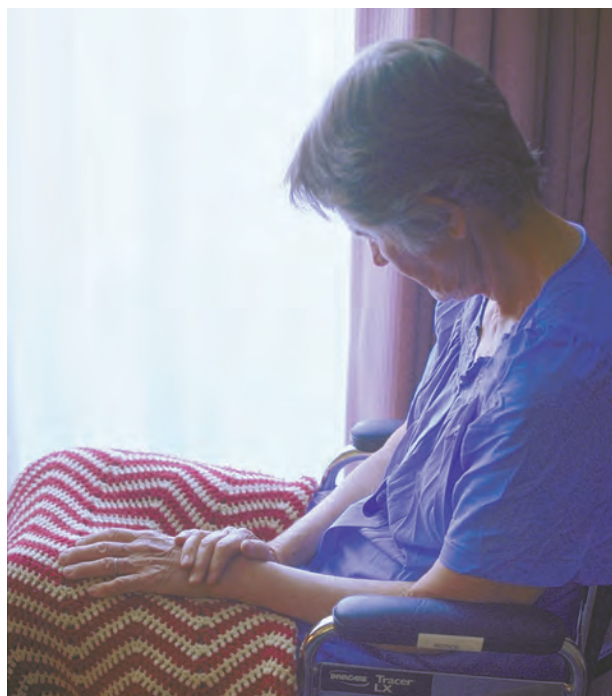


Fig. 1-14. *Withdrawing from others is an important change to report.*

You will be in an excellent position to observe and report abuse or neglect. As mentioned earlier NAs have an ethical and legal responsibility to observe for signs of abuse and report suspected cases to the nurse. Nursing assistants must follow the chain of command when reporting abuse. If action is not taken, keep reporting up the chain of command, and do this until action is taken. If no appropriate action is taken at the facility level, call the state abuse hotline, which is an anonymous call. If a life-or-death situation is witnessed, remove the resident to a safe place, if possible. Get help immediately or have someone go for help. Do not leave the resident alone.

If abuse is suspected or observed, give the nurse as much information as possible. If residents want to make a complaint of abuse, you must help them in every possible way. This includes telling them of the process and their rights.

Never retaliate against (punish) residents complaining of abuse. If you see someone being cruel or abusive to a resident who made a complaint, you must report it.

An ombudsman can assist residents, too. An **ombudsman** is assigned by law as the legal advocate for residents. The Older Americans Act (OAA) is a federal law that requires all states to have an ombudsman program. The ombudsman visits facilities and listens to residents. He or she decides what action to take if there are problems. Ombudsmen can help resolve conflicts and settle disputes concerning residents' health, safety, welfare, and rights. The ombudsman will gather information and try to resolve the problem on the resident's behalf, and may suggest ways to solve the problem. Ombudsmen provide an ongoing presence in long-term care facilities. They monitor care and conditions (Fig. 1-15).



Fig. 1-15. *An ombudsman is a legal advocate for residents. He or she may work with other agencies to resolve complaints.*

Residents' Rights

Residents' Council

A Residents' Council is a group of residents who meet regularly to discuss issues related to the care facility. This Council gives residents a voice in facility operations. Topics of discussion may include facility policies, decisions regarding activities, concerns, and problems. The Residents' Council offers residents a chance to provide suggestions on improving the quality of care. Council executives are elected by residents. Family members are invited to attend meetings with or on behalf of residents. Staff may participate in this process when invited by Council members.

To respect **confidentiality** means to keep private things private. You will learn confidential (private) information about your residents. You may learn about health, finances, and relationships. Ethically and legally, you must protect this information. You should not tell anyone except members of the care team anything about your residents.

Congress passed the **Health Insurance Portability and Accountability Act (HIPAA)** in 1996. It was refined and revised in 2001 and again in 2002. One reason for this law is to keep health information private and secure. All healthcare organizations must take special steps to protect health information. They and their employees can be fined and/or imprisoned if they break rules that protect patient privacy. This applies to all healthcare providers, including doctors, nurses, nursing assistants, and all team members.

Under this law, health information must be kept private. It is called protected health information (PHI). PHI includes the patient's name, address, telephone number, social security number, e-mail address, and medical record number. Only those who must have information for care or to process records should know this information. They must protect the information. It must not become known or used by anyone else. It must be kept confidential.

NAs cannot give out any resident information to anyone not directly involved in the resident's care, unless the resident gives official consent or unless the law requires it. For example, if a neighbor asks you how a resident is doing, reply, "I'm sorry, but I cannot share that information. It's confidential." That is the correct response to anyone who does not have a legal reason to know about the resident. Other ways to protect residents' privacy include the following guidelines:

Guidelines: Protecting Privacy

- G** Make sure you are in a private area when you listen to or read your messages.
- G** Know with whom you are speaking on the phone. If you are not sure, get a name and number. Call back after you get approval.
- G** Do not talk about residents in public (Fig. 1-16). Public areas include elevators, grocery stores, lounges, waiting rooms, parking garages, schools, restaurants, etc.
- G** Use confidential rooms for reports to other care team members.
- G** If you see a resident's family member or a former resident in public, be careful with your greeting. He or she may not want others to know about the family member or that he or she has been a resident.
- G** Do not bring family or friends to the facility to meet residents.
- G** Make sure nobody can see health information on your computer screen.
- G** Log off when not using your computer.
- G** Do not send confidential information in e-mails. You do not know who has access to your messages.
- G** Make sure fax numbers are correct before faxing information. Use a cover sheet with a confidentiality statement.

- Do not leave documents where others may see them.
- Store, file, or shred documents according to facility policy. If you find documents with a resident's information, give them to the nurse.



Fig. 1-16. Do not discuss residents in public places.

All healthcare workers must follow HIPAA regulations no matter where they are or what they are doing. There are serious penalties for violating these rules, including:

- Fines ranging from \$100 to \$250,000
- Prison sentences of up to ten years

Maintaining confidentiality is a legal and ethical obligation. It is part of respecting your residents and their rights. Discussing a resident's care or personal affairs with anyone other than members of the care team violates the law.

8. Explain legal aspects of the resident's medical record

The resident's medical record or chart is a legal document. What is written in the record is considered in court to be what actually happened. In general, if something does not appear in a resident's chart, it did not legally happen. Failing to document your care could cause very serious legal problems for you and your employer. It could also cause harm to your resident. Remember: if you did not document it, you did not do it. Careful charting is important for these reasons:

- It is the only way to guarantee clear and complete communication among all the members of the care team.
- It is a legal record of every resident's treatment. Medical charts can be used in court as legal evidence.
- Documentation protects you and your employer from liability by proving what you did.
- Documentation gives an up-to-date record of the status and care of each resident (Fig. 1-17).



Fig. 1-17. Documentation provides important, up-to-date information about the resident.

Guidelines: Careful Documentation

- Write your notes immediately after the care is given. This helps you to remember important details. **Do not record any care before it has been done.**
- Think about what you want to say before writing. Be as brief and as clear as possible.
- Write facts, not opinions.
- Write neatly. Use black ink.
- If you make a mistake, draw one line through it. Write the correct word or words. Put your initials and the date. Never erase what you have written. Do not use correction fluid (Fig. 1-18).

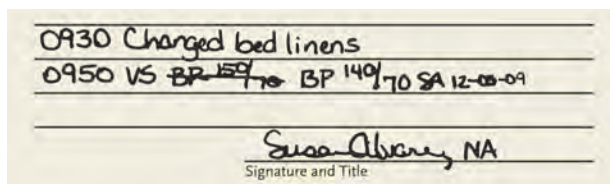


Fig. 1-18. Corrected notes.

- G** Sign your full name and title. Write the correct date.
- G** Document as specified in the care plan. Some facilities have a “check-off” sheet for documenting care. It is also called an ADL (activities of daily living) or flow sheet.
- G** You may need to document using the 24-hour clock, or military time (Fig. 1-19). To change regular hours between 1:00 p.m. to 11:59 p.m. to military time, add 12 to the regular time. For example, to change 4:00 p.m. to military time, add 4 + 12. The time is expressed as 1600 (sixteen hundred) hours.

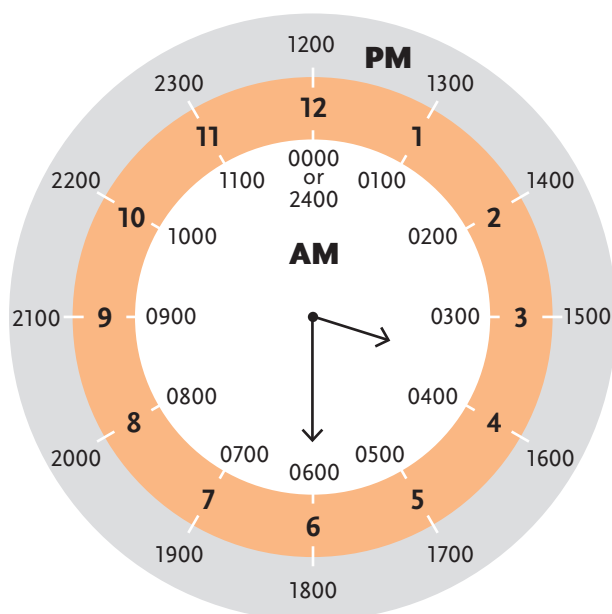


Fig. 1-19. Divisions in the 24-hour clock.

To change from military time to regular time, subtract 12. For example, to change 2200 hours to standard time, subtract 12 from 22. The answer is 10:00 p.m.

Both regular and military time list minutes and seconds the same way. The minutes

and seconds do not change when converting from regular to military time. For example, to change 4:22 p.m. to military time, add 4 + 12. The minutes do not change. The time is expressed as 1622 hours.

Midnight is the only time that differs.

Midnight can be written as 0000, and it can also be written as 2400. This follows the rule of adding 12 to the regular time. Follow your facility’s policy on whether to use 0000 or 2400 to express midnight.

- G** Some facilities use computers to document information. Computers record and store information. It can be retrieved when it is needed. This is faster and more accurate than writing information by hand. If your facility uses computers for documentation, you will be trained to use them. HIPAA privacy guidelines apply to computer use. Make sure nobody can see private and protected health or personal information on your computer screen. Do not share confidential information with anyone except the care team.

9. Explain the Minimum Data Set (MDS)

A resident assessment system was developed in 1990. It is revised periodically. It is called the **Minimum Data Set (MDS)**. The MDS is a detailed form with guidelines for assessing residents. It also lists what to do if resident problems are identified. Facilities must complete the MDS for each resident within 14 days of admission and again each year. In addition, the MDS for each resident must be reviewed every three months. A new MDS must be done when there is any major change in the resident’s condition.

The reporting you do on changes in your residents may “trigger” a needed assessment. Always report changes you notice to the nurse. They may be a sign of an illness or problem. By reporting them promptly, a new MDS assessment can be done if needed.

10. Discuss incident reports

An **incident** is an accident or unexpected event during the course of care. It is not part of the normal routine in a facility. An error in care, such as feeding a resident from the wrong meal tray, is an incident. A fall or injury to a resident, employee, or visitor is another type of incident. An accusation from a resident or family member against staff is another example of an incident. Employee injuries also require reporting. A **sentinel event** is an accident or incident that results in grave physical or psychological injury or death. In general, file a report when any of the following incidents occur:

- A resident falls (all falls must be reported, even if the resident says he or she is fine)
- You or a resident break or damage something
- You make a mistake in care
- A resident or a family member makes a request that is out of your scope of practice
- A resident or a family member makes sexual advances or remarks
- Anything happens that makes you feel uncomfortable, threatened, or unsafe
- You get injured on the job
- You are exposed to blood or body fluids

Reporting and documenting incidents is done to protect everyone involved. This includes the resident, your employer, and you. Always complete an incident report when an incident occurs. Complete the report as soon as possible and give it to the charge nurse. This is important so that you do not forget any details.

State and federal guidelines require incidents to be recorded in an incident report. The information in an incident report is confidential.

If a resident falls, and you did not see it, do not write “Mr. G fell.” Instead write “found Mr. G on the floor,” or “Mr. G states that he fell.” For

your protection, write a brief and accurate description of the events as they happened. Never place any blame or liability within the incident report. Incident reports help demonstrate areas where changes can be made to avoid repeating the same incident. When completing an incident report, follow these guidelines:

Guidelines: Incident Reporting

- G** Tell what happened. State the time, and the mental and physical condition of the person.
- G** Tell how the person tolerated the incident (his reaction).
- G** State the facts; do not give opinions.
- G** Do not write anything in the incident report on the medical record (incident reports are confidential).
- G** Describe the action taken to give care.
- G** Include suggestions for change.