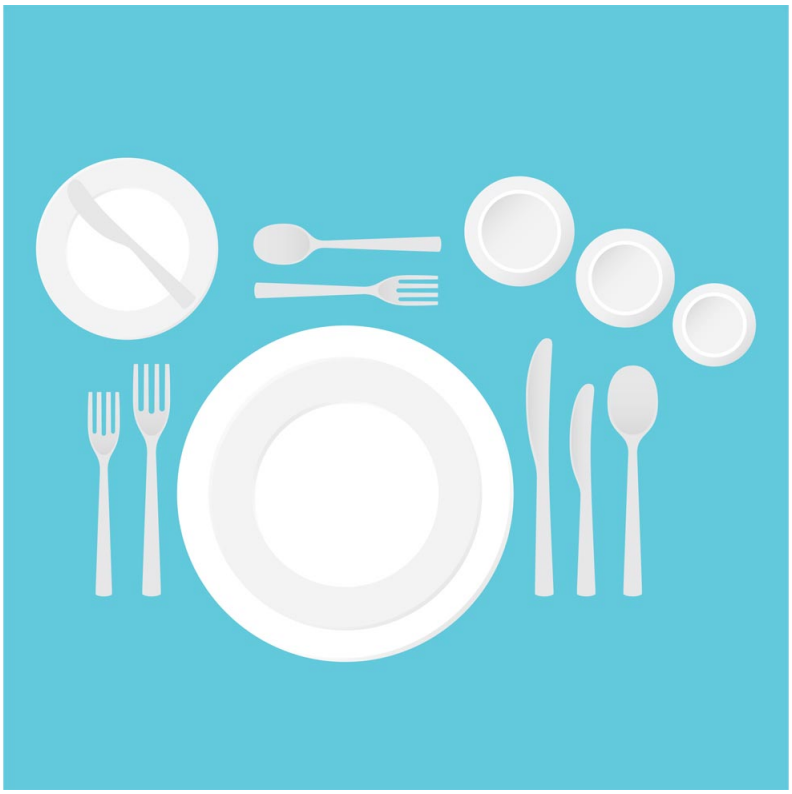
Oklahoma State Department of Health
Creating a State of Health

Oklahoma State Department of Health
State-approved Curriculum for

FEEDING ASSISTANT



Nurse Aide and Non-Technical Services Worker Registry
2020

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Preface
Feeding Assistant Curriculum

On September 26, 2003, the Centers for Medicare and Medicaid Services (CMS) published the final regulations for requirements for paid feeding assistants in Long Term Care Facilities (Federal Register/Vol. 68, No. 187/Friday, September 26, 2003/ Rules and Regulations, page 5539).

The regulations are found under 42 CFR 483, Subpart B § 483.35, 483.75, Subpart D § 483.160; and 42 CFR 488 Subpart E §488.301.

The regulations are effective October 27, 2003, and stipulate that facilities must not use any individual employed in the facility as a feeding assistant unless that individual has successfully completed a State-approved training program for feeding assistants, as specified in the regulations.

The regulations do not apply to licensed nursing personnel, or nurse aides. They do not apply to volunteers, families, or friends. However, any facility employee who feeds residents, if only for a short time each day or occasionally, must successfully complete State-approved feeding assistant training because s/he is functioning as a feeding assistant. This includes individuals whose services at the facility may be paid under contract with another employing agency.

A facility must maintain a record of all individuals, used by the facility as feeding assistants, who have successfully completed the State-approved curriculum for feeding assistants.

A facility must ensure that a feeding assistant feeds only residents who have no complicated feeding problems. Complicated feeding problems include, but are not limited to, difficulty swallowing, recurrent lung aspirations, and tube or parenteral/IV feedings.

The facility must base resident selection for being fed by a feeding assistant on the charge nurse's assessment and the resident's latest assessment and plan of care.

A feeding assistant must work under the supervision of a registered nurse (RN) or licensed practical nurse (LPN).

In an emergency, the feeding assistant must call a supervisory nurse for help using the resident call system.

To meet minimum federal requirements, a program must consist of at least 8 hours of a state approved training course for feeding assistants. The course must meet the requirements of §483.160 and must include the following:

(a) Feeding techniques.
(b) Assisting with feeding and hydration.
(c) Communication and interpersonal skills.
(d) Appropriate responses to resident behavior.
(e) Safety and emergency procedures, including the Heimlich Maneuver.
(f) Infection control.
(g) Resident rights.
(h) Recognizing changes in residents that are inconsistent with their normal behavior and the importance of reporting those changes to the supervisory nurse.

This curriculum does not include Bloodborne Pathogen training. Facilities are already required by OSHA to provide this training prior to exposure to individuals with Bloodborne pathogens and on an annual basis, thereafter. The principles and application of gloving, gowning, mask and eyewear protection are not included in this curriculum. It is the responsibility of the facility to provide the appropriate training in applying and removing PPE for any individual who needs this type of protection during feeding a resident. Material on Standard Precautions is limited to basic required application for all residents and does not address Droplet Precautions, Contact Precautions or Transmission-Based Precautions.

This curriculum is approved by the State of Oklahoma for meeting the requirements of the regulations governing the training of feeding assistants. Additional components that expand the curriculum may be added, but not substituted. A minimum of 8 clock-hours of instruction, including skills competency, is required. All skills in this curriculum should be successfully demonstrated with instructor supervision prior to feeding a resident and prior to completion of the program. No attempts have been made to establish a test or grading system for successful completion. The primary instructor, based on instructor evaluation and documented skills competency will determine successful completion of the program. The goal of the program is competency, not failure.

INSTRUCTOR QUALIFICATIONS

The course must be taught by qualified health professionals such as an RN, LPN, registered dietician, speech-language pathologist or speech therapist, or occupational therapist.

TRAINING RESOURCES

Use of up-to-date textbooks is an important learning resource for students. It is recommended that instructors review several and select one that will provide resources to complement the curriculum. Resources such as: (1) Eating Matters: A Training Manual for Feeding Assistants, published by the American Dietetic Association, 2003 edition; and Eating Matters: Feeding Assistants Manual, published by the American Dietetic Association, 2003 edition; or
(2) Assisted Dining: The Role and Skills of Feeding Assistants, published by the American Health Care Association, 2003 edition.

Directions for Use of the Feeding Assistant Curriculum

This Feeding Assistant curriculum has been prepared for two groups of people. First, the students, for whom we wish to provide the knowledge and the clinical skills necessary to become competent Feeding Assistants. Second, the teachers, for whom we wish to provide a curriculum that can be used to complement their teaching skills and help them to educate individuals to become knowledgeable, efficient, caring, Feeding Assistants.

The curriculum has been divided into six major sections. Content pertaining to recognizing changes that are inconsistent with normal behavior and the importance of reporting those changes to the supervisory nurse are included throughout the curriculum.

Unit 1 Role of the Feeding Assistant

Unit 2 Communication and Interpersonal Skills
Appropriate Responses to Resident Behavior

Unit 3 Resident Rights
Appropriate Responses to Resident Behavior

Unit 4 Safety and Emergency Procedures

Unit 5 Infection Control

Unit 6 Nutrition and Hydration
Feeding Techniques
Assisting with Feeding and Hydration

The curriculum pages have been divided into three columns. The first column lists the unit objectives. The second column, course content, provides an outline of the information to be covered to meet the objective. The third column, learning activities, is provided for listing individual activities the instructor might choose to enhance student learning. Medical terms, along with definitions, are included at the beginning of each unit.

Skills are listed at the appropriate point in the instructional content. Individual performance checklists for each skill are included in Appendix A, along with the Instructional Objectives and Performance Checklist Summary. Instructors should use the performance checklists to document individual performance and demonstration of skills by the student. A copy of the Instructional Objectives and Performance Checklist Summary as well as the individual Performance Checklists should be maintained in each employee's record to document successful completion of the program.

No attempt has been made to determine a grading policy. The grading policy developed by individual programs should be followed. Competency based education is based on the concept of mastery of behavioral objectives with sufficient time allotted for the individual to achieve mastery.

Unit 1

Role of the Feeding Assistant

Terminology Defined

1. **Feeding Assistant** - Any individual who has successfully completed a State-approved feeding assistant curriculum in accordance with Federal Requirements 42 CFR 483.160 and who works under the supervision of a licensed nurse, feeding residents; does not include nurse aides or licensed nurses when feeding is performed as part of their regular nurse aide or nursing duties.

Objectives	Course Content	Learning Activities
1.0 Examine the role of the Feeding Assistant	I. The Role of the Feeding Assistant A. Federal Regulations describing a single-task worker, the Feeding Assistant	Discuss regulations 42 CFR 483.35, 483.160, 483.301, 483.7, 483.75
	B. Aging population in facilities more acute than ever before 1. More staff time taken with high levels of care 2. Less time for routine tasks like feeding residents who need minimal assistance	
	C. Goal of Regulations 1. To supplement, not replace CNAs 2. To provide more residents with assistance in eating and drinking 3. To reduce unplanned weight loss 4. To reduce incidence of dehydration	
	D. Requirements to become a Feeding Assistant 1. Must complete a state-approved minimum 8 hour training course 2. Course must include content on: a. Feeding techniques b. Assistance with feeding and hydration c. Communication and interpersonal skills d. Appropriate responses to resident behavior e. Safety and emergency procedures, including the Heimlich maneuver f. Infection control g. Resident rights h. Recognizing changes in residents that are inconsistent with their normal behavior and the importance of reporting those changes to the supervisory nurse.	List the course requirements to become a Feeding Assistant
	E. Important Points to Remember 1. The Feeding Assistant does not give nursing care 2. Feeding Assistants should only perform those tasks for which they have been trained	

Objectives	Course Content	Learning Activities
	3. CNAs or other licensed personnel feed the more complicated resident 4. Feeding Assistants should only feed residents selected by charge nurse.	
2.0 Examine the role of facilities using Feeding Assistants	II. The Role of Facilities Using Feeding Assistants A. Supervision of the Feeding Assistant 1. Must work under the supervision of a registered nurse (RN) or licensed practical nurse (LPN) 2. In an emergency, the Feeding Assistant must call the supervisory nurse for help using the resident call system.	
	B. Choosing Residents for the Feeding Assistant 1. The facility must ensure that only residents who have no complicated feeding problems are selected for feeding 2. Complicated feeding problems include, but are not limited to: a. difficulty swallowing b. recurrent lung aspirations c. tube or parenteral/IV feedings 3. Resident selection based on the charge nurse's assessment and resident's latest assessment and plan of care.	Describe three feeding problems that a resident might have that would not allow feeding by a Feeding Assistant
	C. Maintenance of Records 1. Facilities must maintain a record of individuals used by the facility who have successfully completed the training for a feeding assistant 2. Feeding Assistant a. an individual who meets the requirements in the federal regulations and b. an individual who is paid to feed residents by a facility or c. an individual who is used under an arrangement with another agency or organization 3. Feeding Assistants should keep copy of record of successful completion for their records	List three facility responsibilities when using Feeding Assistants

Unit 2

Communication and Interpersonal Skills

Terminology Defined

1. **Abbreviation** – a shortened form of a word or phrase.
2. **ADL** – activities of daily living.
3. **Aphasia** – inability to express oneself properly through speech, or loss of verbal comprehension.
4. **Cognitive** – mental process by which an individual gains knowledge.
5. **Communication** – the exchange of information; a message sent is received and interpreted by the intended person.
6. **Feeling** – state of emotion, not able to be measured; subjective data
7. **Legible** – written in a manner that can be easily read.
8. **Paraphrase** – repeat a message using different words.
9. **Resident record** – a written account of the resident's physical and mental condition
10. **Rapport** – a close relationship with another.
11. **Recording** – writing or charting resident care and observations.
12. **Reporting** – a verbal account of resident care and observations.
13. **Sensory** – relating to sensation involving one or more of the five senses (seeing, hearing, touching, smelling, tasting).

Objectives	Course Content	Learning Activities
2.0 Demonstrate appropriate and effective communication skills.	I. Communication Skills	
	A. Elements that influence relationships with others 1. Prejudices 2. Frustrations 3. Attitudes 4. Life experiences	Have the class identify examples of these elements and discuss ways to handle each of the examples presented.
	B. Requirements for successful communications 1. A message 2. A sender 3. A receiver	Role-play the process of communication.
2.1 Describe the importance of developing good listening skills.	C. Listening skills 1. Show interest	Discuss ways of showing interest.
	2. Hear the message 3. Avoid interrupting 4. Ask appropriate questions for clarification 5. Be patient and help resident express feelings and concerns	Have the class divide into groups of three. Select a sender to give a message to two receivers (all senders will use the same prepared message). Have the receivers write down what they heard. Follow small group discussions with class discussion.
2.1.1 Identify five positive listening skills that can be used.	6. Avoid distractions 7. Note silence between sounds 8. Become involved with the message and the resident 9. Concentrate and be attentive	Role-play how the Feeding Assistant shows interest, is patient and helps resident express feelings and concerns.
2.1.2 Recognize barriers to effective communications.	D. Barriers to effective communications 1. Labeling 2. Talking too fast 3. Avoiding eye contact 4. Belittling a resident's feelings 5. Physical distance	Have the class share past experiences when a communication barrier caused them to end a conversation.
	6. Sensory impairment a. confusion b. blindness c. aphasia d. hearing impairment	Role-play ways in which sensory impairment can lead to breakdowns in communication.

Objectives	Course Content	Learning Activities
	7. Changing the subject 8. False assurances and clichés 9. Giving advice 10. Ineffective communication a. disguised messages b. conflicting messages c. unclear meanings d. abstractions e. perception	List false assurances, for example, "Everything will be fine, you'll see." Consider clichés rather than abstracts and discuss how the meanings could differ for residents, e.g., 1. "The grass is always greener on the other side of the fence." 2. "A bird in the hand is worth more than two in the bush."
2.2 Explain how one will need to modify his or her behavior in response to the resident's behavior.	II. Interpersonal Skills A. Determined by 1. standards and values 2. culture and environment 3. heredity 4. interests 5. feelings and stress 6. expectations others have for us 7. past experience	
2.2.1 Define the terms sympathy, empathy, and tact.	B. Dealing with resident behavior 1. Accept every resident 2. Listen to every resident 3. Comply with reasonable requests, when possible 4. Display patience and tolerance 5. Make an effort to be understanding 6. Develop acceptable ways of coping with your negative feelings a. Leave the room after providing for safety b. Talk with nursing supervisor about your feelings	Have the class discuss why resident behavior shouldn't be taken personally.

Objectives		Course Content	Learning Activities
		c. Involve yourself in physical activity d. Learn to use relaxation techniques that ease stress 7. Be sensitive to resident's moods 8. Be able to handle disagreements and criticism	Define anger and role-play situations of an angry and worried resident that lashes out at a health care worker. Discuss how these situations could be handled.
		C. Treat residents as unique individuals 1. Do things their way when possible 2. Anticipate their needs 3. Ask for their opinion	
		D. Be able to see things from the other person's point of view	
2.3	Develop effective non-verbal communications in keeping with one's role with residents and their families.	III. Communicating with Residents and Families	
		A. Nonverbal communications 1. Body language a. posture b. gestures	Discuss effects of positions and postures when communicating.
2.3.1	List four examples of nonverbal communications.	c. level of activity d. facial expressions e. appearance f. touch	
		B. Verbal communications 1. Speak clearly and concisely 2. Give message by tone of voice 3. Face resident, at eye level, when speaking 4. Avoid words having several meanings 5. Present thoughts in logical, orderly manner	Role-play examples of body language that differ from the verbal message being sent.

Objectives	Course Content	Learning Activities
	6. Learn to paraphrase 7. Types of communication a. person to person b. oral report	Have the class use paraphrasing for a message and discuss their understanding of the message.
2.3.2 Communicate effectively with the resident's family and visitors.	C. Communicating with the resident's family and visitors 1. Ask how they are doing 2. Indicate that you are glad to see them 3. Be warm and friendly 4. Use talking and listening skills you would use with resident 5. Share knowledge about your unit a. visiting hours b. restrictions to visitors c. any restrictions on bringing resident's food 6. Report stressful or tiring visits to supervisory nurse 7. Refer requests for information on the resident's condition to the supervisory nurse 8. Share information from family/visitors that would affect feeding resident with the supervisory nurse 9. Report visitor concerns or complaints to the supervisory nurse	Give examples of information from family members that would affect feeding of a resident.
2.3.3 Describe specific factors that should be considered when communicating with the hearing impaired resident.	D. Factors to consider when communicating with hearing impaired residents 1. Encourage resident to use hearing aid 2. Speak slowly using simple sentences 3. Face resident at eye level when speaking 4. Allow resident to lip read if that helps 5. Lower pitch of your voice	

Objectives		Course Content	Learning Activities
		6. Direct speech to stronger ear 7. Use gestures when possible to clarify statements 8. Write when necessary 9. Learn some basic signing if interested	
2.3.4	Identify factors to consider when communicating with residents that have decreased vision.	E. Factors to consider when communicating with the resident with decreased sight 1. Speak as you enter room 2. Sit where resident can best see you 3. Make sure lighting is sufficient 4. Allow resident to touch objects and yourself 5. Encourage resident to wear glasses if they help 6. Use touch and talk frequently to communicate your location 7. Encourage resident to use magnifying glass if it helps. 8. Use descriptive words and phrases 9. Make large print materials available	Speaker to discuss blindness and adaptations.
2.3.5	Consider factors that would assist the resident that has difficulty speaking to communicate.	F. Factors to consider when communicating with residents who have difficulty speaking 1. Encourage resident to use hands to point out objects 2. Use communication boards/cards 3. Repeat what you heard to be sure you understood resident 4. Allow resident to express feelings 5. Ask yes and no questions	Charades may be used to point out frustration of not being able to speak. The class can explore ways to turn this game into a helping tool for residents who have difficulty speaking.

Objectives	Course Content	Learning Activities
2.3.6 Recognize techniques that can be used to help the resident to communicate.	G. Communicating with depressed residents 1. Exercise patience 2. Allow time for resident to express feelings	
2.3.7 Identify ways one can communicate with residents with memory loss.	H. Communicating with residents with memory loss 1. Encourage resident to talk 2. Talk about things resident remembers 3. Ask one question at a time containing one thought 4. Keep questions simple 5. Rephrase questions that are not understood 6. Avoid asking resident to make a choice	Have class members share personal experiences with individuals with memory loss.
2.3.8 Communicate with residents according to their stage of development.	I. Communication based on stage of development 1. Treat all residents with dignity and respect 2. Encourage residents to make choices when appropriate 3. Use simple sentences 4. Emphasize positive qualities 5. Do not attempt to exert power over the resident 6. Encourage residents to do all they can for themselves 7. Be patient 8. Take time to explain what residents are to do or what you are going to do for them 9. Use age appropriate speech 10. Allow residents to express feelings, ideas and frustrations 11. Gain resident's attention and speak clearly, in a normal voice 12. Never assume that you aren't heard or understood 13. Never address residents as if they are children	Have class members share personal experiences with developmentally disabled. Discuss ways to develop rapport with residents. Have class members talk with two residents described in this Section. Ask the students to: -Identify communication problems experienced -Describe body language observed

Objectives		Course Content	Learning Activities
2.4	Observe by using the senses to report resident behavior to the nurse.	IV. Observation and Reporting A. Using Senses for observation and reporting 1. Sight a. rash b. skin color 2. Hearing a. wheezing b. moans 3. Touch a. cold b. perspiration c. hot 4. Smell a. odor of breath b. odor of wounds c. odor of body	
2.4.1	Recognize changes that are inconsistent with normal behavior.	B. Recognizing Changes 1. Observe continuously using senses method 2. Listen and talk to the resident 3. Ask questions 4. Be aware of a situation and any changes 5. Observe for changes in attitude, moods, and emotional condition 6. Pay attention to complaints 7. Be alert to changes in condition or unusual happenings	Have the class prepare a group list of behaviors and physical changes that would be inconsistent with normal behavior.
		C. Reporting 1. Reports are made to the supervisory nurse a. promptly b. thoroughly c. accurately	Practice reporting information in small groups with group members changing roles.
2.4.2	Discuss differences between objective and subjective data.	2. Use pad and pencil to jot down information for reporting 3. Report only facts, not opinions a. objective data b. subjective data	Role-play a situation and have the class report objective and subjective data.

Unit 3

Resident Rights

Terminology Defined

1. **Abuse** – the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish.
2. **Advocate** – one that pleads the cause of another.
3. **Aiding and Abetting** – not reporting dishonest acts that are observed.
4. **Assault** – attempt or threat to do violence to another.
5. **Battery** – an unlawful attack upon another person.
6. **Confidential** – keeping what is said or written private, or to oneself.
7. **Defamation** – injuring the name and reputation of another person by making false statements to a third person.
8. **Dignity** – the quality or state of being worthy, honored, or esteemed.
9. **Discrimination** – prejudiced or prejudicial outlook, action or treatment.
10. **Drugs** – Any chemical compound that may be used on or administered as an aid in the diagnosis, treatment or prevention of disease or other condition or the relief of pain or suffering or to control or improve any physiological pathologic condition.
11. **Diversion of Drugs** – The unauthorized taking or use of any drug.
12. **Ethics** – a set of moral principles and values.
13. **Fraud** – an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. This includes any act that constitutes fraud under applicable Federal or State law.
14. **Gossip** – talking about residents or co-workers.
15. **Grievance** – a cause of distress felt to afford reason for complaint or resistance.
16. **Harassment** – to worry or annoy persistently.
17. **HIPPA** – Health Information Privacy and Portability Act.

18. **Invasion of Privacy** – a violation of a person's right not to have one's name, photograph, or private affairs exposed or made public without giving consent.

19. **Misappropriation** – the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent.

20. **Neglect** – a failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness.

21. **Negligence** – an unintentional wrong in which a person fails to act in a reasonable and prudent manner and thereby causes harm to another person or the person's property.

Objectives	Course Content	Learning Activities
3.1 Support the resident's right to make personal choices to accommodate individual needs.	I. Residents' Rights A. Basic human rights 1. Protected by the Constitution 2. Laws clarify these rights a. right to be treated with respect b. right to live in dignity c. right to pursue a meaningful life d. right to be free of fear 3. Behavior that infringes on these rights a. addressing residents as children b. demeaning nicknames for residents c. not providing privacy d. threatening a resident with harm	Brainstorm and list personal choices that would contribute to a meaningful life.
3.1.1 Describe the Resident's Bill of Rights.	B. The Resident's Rights 1. Ethical and legal basis 2. Federal and state regulations 3. Posted in facility 4. Distributed on admission in many facilities 5. Residents have the right to: a. considerate and respectful care b. obtain complete current information concerning diagnosis, treatment and prognosis c. receive information necessary to give informed consent prior to treatments or procedures d. refuse treatment to the extent permitted under law e. privacy of resident's body, record, care and personal affairs f. confidential treatment of all records g. reasonable response to request for service h. examine bill and receive explanation of charges i. be informed of any facility rules/regulations	Review: Resident's Rights and HIPPA

Objectives	Course Content	Learning Activities
3.1.2 Demonstrate behavior that maintains residents' rights.	C. Behavior that maintains residents' rights 1. Address as Mr., Mrs., or Miss unless asked to use a specific name 2. Avoid being rude or unkind a. never withhold social responsiveness b. don't ignore residents c. make eye contact d. allow residents to complete sentences prior to leaving room e. don't shut or slam door to quiet a resident 3. Never threaten or intentionally hurt 4. Help meet emotional/spiritual/social needs through encouragement 5. Explain the feeding assistance you plan to give 6. Observe safety precautions 7. Obtain proper consent after identifying resident 8. Treat all residents equally 9. Promote positive attitudes 10. Report errors to your supervising nurse immediately	List advantages of explaining feeding assistance to a resident prior to starting.
3.2 Administer feeding assistance that ensures that the resident is free from abuse, neglect, misappropriation of property, diversion of drugs and fraud.	II. Mistreatment of the Elderly A. Federal and State Definitions of Mistreatment of the Elderly: 1. Abuse 2. Neglect 3. Misappropriation of Property 4. Diversion of Drugs 5. Fraud	Define terms, using State and Federal regulations.

Objectives	Course Content	Learning Activities

B. Resident's Right to be Free from Abuse
   1. Physical
   2. Verbal
   3. Sexual
   4. Mental
   5. Corporal Punishment
   6. Involuntary Seclusion

C. Signs of Abuse
   1. Fractures
   2. Bruises of face, upper arms, upper thighs, abdomen
   3. Fearfulness
   4. Withdrawn

D. Examples of Abuse
   1. Threatening a resident
   2. Frightening a resident
   3. Pinching, slapping, pushing or kicking a resident
   4. Withholding food or fluids
   5. Restraining a resident against her/his will without an apparent reason
   6. Leaving resident in soiled linen or clothing
   7. Yelling angrily at or making fun of resident
   8. Refusing to reposition resident or give treatment
   9. Not answering a call light/bell/signal
   10. Humiliating a resident
   11. Making disparaging derogatory remarks
   12. Sexual coercion
   13. Sexual harassment
   14. Verbal harassment

Objectives	Course Content	Learning Activities
	E. Identification of Residents at Risk for Abusing Other Residents 1. Residents with history of aggressive behavior F. Identification of Residents at Risk for Being Abused 1. Noisy individuals 2. Wandering individuals 3. Philandering individuals 4. Socially/logistically isolated individuals G. Reporting Abuse 1. If observed, report <u>immediately</u> to supervisory nurse 2. Cause for immediate dismissal of perpetrator if proven 3. Know your state law 4. Aiding and abetting	Role-play appropriate responses to observed mistreatment of the elderly. Review Oklahoma law and Federal regulations regarding abuse.

Unit 4

Safety and Emergency Procedures

Terminology Defined

1. **Convulsion** – violent and sudden contractions or tremors of muscles.

2. **Cardiopulmonary Resuscitation (CPR)** – combines the techniques of artificial respiration and cardiac compression to restore circulation.

3. **Dementia** – progressive mental deterioration due to organic brain disease.

4. **Disoriented** – confused about time, place and person or objects.

5. **Heimlich Maneuver** – a forceful upward thrust on the abdomen, between the sternum and the navel.

6. **Seizure** – involuntary muscle contraction and relaxation.

Objectives	Course Content	Learning Activities
4.0 Assist with basic emergency procedures. 4.1 Adhere to general safety rules. 4.1.1 List ten rules of general safety.	I. Basic Emergency Procedures A. General safety rules 1. Walk in halls and on stairs, never run 2. Keep to the right-hand side of the hall 3. Approach swinging doors with caution 4. Use handrails going up and down stairs 5. Keep handrails in halls and on stairs free of obstacles 6. Check labels on all containers prior to using contents 7. Wipe up spilled liquids 8. Pick up litter and place it in the proper container 9. Follow instructions of your supervisory nurse for feeding a resident 10. Report shocks and injuries promptly 11. Never use damaged or frayed electrical cords 12. Ask for an explanation of things you don't understand 13. Provide for resident safety 14. Check linen for personal items contained in folds prior to sending to the laundry 15. Report unsafe conditions when noticed	Review the general safety rules and have the class relate these to home as well as the health care facility. Discuss students' personal experiences with accidents and consider the general safety rules that may have prevented the accident.
4.2 Identify safety measures that prevent accidents to residents.	II. Safety Measures that Prevent Accidents A. Keep frequently used articles within reach of resident B. Lock brakes on movable equipment a. wheel chairs b. beds	

Objectives	Course Content	Learning Activities

C. Properly position residents - ask nurse aide to properly position resident in
   a. bed
   b. wheelchair
   c. chair

D. Provide assistance at mealtime to prevent spilling hot liquids

E. Identifying residents
   1. Use identification bracelets
   2. Call resident by name
   3. Use I.D. systems that involve photographs
   4. Realize that feeding wrong resident can threaten life

F. Preventing other injuries
   1. Keep resident's bed in lowest position except when giving bedside feeding assistance
   2. Place call bell/signal within reach

4.3 Discuss the emergency treatment of a choking resident

III. Assisting with the Choking Resident

A. Causes of choking
   1. Occurs when the throat is blocked or closed up and air cannot get to the airway
   2. Victim cannot breathe or speak

Objectives	Course Content	Learning Activities
4.3.1 Assist with cleaning an obstructed airway.	B. Airway blocked by 1. Food 2. Blood 3. Foreign objects 4. Vomitus C. Tilting the head back may clear the airway since this pulls the tongue forward. D. If victim is coughing, do not intervene 1. Stay near 2. Encourage coughing – most effective way to dislodge obstructions E. Signals of a complete airway blockage 1. Unable to speak 2. High pitched sounds with inhalation 3. Grasping the throat – distress signal F. Obstructed Airways and the Heimlich Maneuver 1. Equipment – gloves 2. Procedure – The Heimlich Maneuver G. Seek assistance from the nurse 1. Use emergency alarm 2. Use resident call system 3. Yell for help	Demonstration: Performance Checklist #1 The Heimlich Maneuver Return demonstration. Discuss the reason for chest thrusts instead of abdominal thrusts for obese residents.
4.4 Discuss and explain your responsibilities in assisting with the resident who may have an emergency involving the heart	IV. Cardiopulmonary Resuscitation A. Agencies providing CPR instruction 1. American Heart Association 2. American Red Cross 3. EMS Squads	

Objectives	Course Content	Learning Activities
	B. Common observations or resident complaints that signal a heart problem 1. Chest discomfort a. Pressure, fullness, squeezing, or pain in center of chest behind breastbone. b. May spread to either shoulder, neck, jaw, or arm c. Usually lasts longer than a few minutes. d. May come and go. 2. Fainting 3. Sweating 4. Nausea 5. Shortness of breath C. Seek assistance 1. use emergency alarm 2. use resident call system 3. yell for help	
4.5 Discuss and explain your responsibilities in assisting the resident until professional help arrives for convulsive disorders.	V. Recognizing Convulsive Disorders (Seizures) A. Causes 1. infectious disease 2. omitted medication 3. head injury 4. stroke 5. seizure syndrome B. Types 1. Partial 2. General (1) Tonic-clonic (grand mal) (2) Absence (petit mal) 3. Unclassified C. Seek Assistance from the nurse 1. summon help and use resident call system 2. stay with the resident 3. protect from injury (a) lower to floor if appropriate (b) move objects away that might cause injury 4. do not restrain the resident	Discuss the differences in types of seizures. Discuss how to physically protect the resident.

Objectives		Course Content	Learning Activities
		5. loosen constricting clothing (around neck) 6. place pillow under head and turn face to one side 7. note time seizure began and report to supervisory nurse 8. allow resident to rest after seizure a. very tired b. may be confused c. often disoriented	Suggest reasons why the face would be turned to the side.
4.6	Report emergencies accurately and immediately.	VI. Reporting emergencies A. Never panic, remain calm 1. try a few slow deep breaths 2. observe your surroundings 3. assess resources available B. Evaluate the situation 1. check resident's condition 2. determine safety of environment C. Call or send for help immediately (activate resident call system) D. Know your limitations E. Reassure the resident	Provide the class with a description of an accident or health emergency that has occurred. The student is the only person on the scene. Ask them to explain how he/she would handle the situation.

Unit 5

Infection Control

Terminology Defined

1. **Asepsis** – being free of disease-producing microorganisms.

2. **Biohazardous waste** – refers to items that are contaminated with blood, body fluids, or body substances that may be harmful to others.

3. **Bloodborne Pathogens:** Disease causing microorganisms that are present in human blood and can cause disease in humans; these pathogens include, but are not limited to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), and Hepatitis C Virus (HCV).

4. **Contaminated** – dirty, unclean, soiled with germs.

5. **Disinfection** – the process of destroying most, but not all, pathogenic organisms.

6. **Exposure incident** – a mucous membrane, non-intact skin, or sharps-injury contact with blood or potentially infectious materials that results from the performance of an employee's duties.

7. **Fomite** – any object contaminated with germs, and able to transmit disease.

8. **Germ** - a microorganism, especially one that causes disease.

9. **Isolation** – an area where the resident with easily transmitted diseases is separated from others.

10. **Medical Asepsis** – the practice used to remove or destroy pathogens and to prevent their spread from one person or place to another person or place, clean technique.

11. **Microorganisms** – living bodies so small, they can only be seen with the aid of a microscope, especially bacteria.

12. **Pathogen** – a microorganism that is harmful and capable of causing an infection.

13. **Personal Protective Equipment (PPE)** – specialized clothing or equipment worn by an employee for protection against a hazard.

14. **Phagocyte** – a cell that can ingest bacteria, foreign particles and other cells.

15. **Other Potentially Infectious Materials (PIM):**

- human body fluids: semen, vaginal secretions, cerebrospinal fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, and saliva in dental procedures.

- any tissue or organ (other than intact skin) or tissue or organ cultures.

16. **Standard Precautions** – CDC procedures that contain two tiers:

- Standard Precautions are those designed for the care of all residents, regardless of their diagnosis or presumed infection status. Standard Precautions include setting up barriers to prevent contact with blood, blood serum derived from body fluids, fluids that contain blood, and any moist body substances.

- Transmission-Based Precautions are to be used when caring for only those residents who are known or suspected to be infected or colonized with contagious pathogens that can be transmitted by airborne, droplet transmission, or contact with skin or contaminated surfaces.

17. **Virus** - the smallest organism identified using an electron microscope. There are 400 known viruses.

Objectives	Course Content	Learning Activities
5.0 Apply the basic principles of infection control.	I. Infection Transmission A. Microorganisms – germs 1. Microscopic-seen with the aid of a microscope 2. Surround us a. in air b. on our skin and in our bodies c. in the food that we eat d. on every surface we touch 3. Some germs cause a. illness b. infection c. disease 4. Some germs benefit us by maintaining a balance in our environment and in our body 5. Require certain elements to survive: a. oxygen – aerobic b. no oxygen – anaerobic c. warm temperatures d. moisture e. dark area to grow f. food 6. Body defenses a. external natural defenses (1) skin acts as mechanical barrier (2) mucous membrane (3) cilia – fine microscopic hairs (4) coughing and sneezing (5) hydrochloric acid in stomach (6) tears b. internal natural defenses (1) phagocytes (2) inflammation (3) fever (4) immune response	Have the class list ways in which nonpathogenic organisms benefit man: 1. cultured milk products 2. fermentation 3. cause bread to rise 4. decomposition of organic materials

Objectives	Course Content	Learning Activities
5.1 Identify how diseases are transmitted.	7. Chain of infection	
	a. causative agent	
	(1) bacteria	
	(2) viruses	
	(3) fungi	
	(4) protozoa	
	b. reservoir of the agent	
5.1.1 List the six components of the chain of infection.	(1) humans with active cases or those that carry disease	
	(2) animals	Relate fomites to facility supplies and discuss objects that might be involved in the spread of infection.
	(3) fomites	
	(4) environment	
	c. portal of entry	
	(1) cuts/breaks in skin	
	(2) openings in mucous membrane	
	(3) cardiovascular system	
	(4) respiratory system	Have class members select a causative agent and illustrate the chain of infection.
	(5) gastrointestinal system	
	(6) urinary system	
	(7) reproductive system	
	(8) fluid exchange from mother to fetus	
	d. portal of exit	
	(1) tears	Have the class relate the AIDS virus to portals of entry and exit.
	(2) saliva	
	(3) urine	
	(4) feces	
	(5) wound drainage	
	(6) genital and respiratory tract secretions	
	e. mode of transmission	Have the class discuss and give examples of the various modes of transmission of disease.
	(1) contact	
	(a) direct – person to person	
	(b) indirect – fomite to person	
	(c) droplet – common cold	

Objectives		Course Content	Learning Activities
		(2) common vehicle - salmonella in food (3) airborne – tuberculosis (4) vectorborne – mosquito harbors malaria parasite f. host – individual who harbors infectious organisms	
5.2	Define medical asepsis.	II. Medical Asepsis A. Definition - practice used to remove or destroy pathogens and to prevent spread from one person to another.	
5.2.1	Identify practices one can use to promote medical asepsis.	B. Practices to promote medical asepsis in personal life and work setting 1. Washing hands after use of bathroom 2. Washing hands prior to handling food 3. Washing fruits and vegetables before serving or consuming 4. Providing individual personal items for each resident during feeding 5. Covering the nose and mouth prior to coughing, sneezing, or blowing nose, and then immediately washing hands 6. Bathing, washing hair and brushing teeth on a regular basis 7. Washing cooking and eating utensils with soap and water after each use 8. Adhering to sanitation practices 9. Washing hands after feeding each resident 10. Washing hands prior to feeding a resident 11. Washing hands before meals 12. Maintaining a clean resident unit 13. Cleaning all reusable equipment after use 14. Using approved waterless hand cleaner 15. Do not sit on resident's bed 16. Do not transport equipment from one resident's room to another	Have the class relate practices to promote medical asepsis to other areas of employment (teachers, food workers, sales people, etc.).

Objectives	Course Content	Learning Activities
5.3 Demonstrate an understanding of the basic principles of Standard Precautions.	III. Standard Precautions - CDC procedures to control and prevent infections. A. Use for the care of all residents B. Precautions 1. Feeding Assistant should not touch blood, body fluids, secretions, or excretions. 2. Immediately report all incidences of contact with blood, body fluids, secretions and excretions to nurse supervisor.	
5.3.1 Identify the reasons for washing hands frequently and using good technique.	C. Handwashing Techniques 1. Equipment a. Sink b. Running water c. Soap dispenser d. Paper towels e. Waste container 2. Reasons for handwashing a. Everything you touch contains germs b. Handwashing is one of the most effective ways of controlling infection if done properly c. Prevents cross contamination d. Prevents growth of and washes away many microorganisms on skin e. Handwashing <u>must</u> be done prior to and after feeding assistance 3. To properly wash your hands: a. Warm running water should be used b. Use clean paper towels to turn hand-operated faucets off c. Avoid touching the soap dish when using bar soap d. Hold hands and forearms lower than the elbows during the procedure	

Objectives	Course Content	Learning Activities
5.3.2 Demonstrate proper handwashing technique.	e. Give frequently missed areas added attention: (1) sides of hands (2) knuckles (3) thumbs (4) little fingers (5) under nails (a) file used for cleaning (b) tips of fingers rubbed against palms f. For handwashing to be effective: (1) use enough soap to produce a lather (2) use friction – vigorous rubbing (3) rinse well g. Use a brush to remove resistant substances h. Use a lotion after cleaning to: (1) prevent chapping (2) prevent dry skin 4. Procedure – Handwashing a. Wash with soap and water immediately or as soon as feasible following contact with blood or other potentially infectious materials 5. Use of alcohol gels a. If there has been no exposure to blood or potentially infectious materials, antiseptic hand cleaners may be used as an appropriate handwashing practice	Demonstration: Performance Checklist #2 Handwashing Return demonstration of handwashing technique.

Unit 6

Nutrition and Hydration

Terminology Defined

1. **Anemia** – a deficiency of red blood cells, hemoglobin or both.

2. **Aspiration** – breathing fluid or food into the lungs.

3. **Calorie** – the amount of energy produced from the burning of food.

4. **Carbohydrates** – nutrient which provides the greatest amount of energy in the average diet.

5. **Dehydration** – a decrease of the amount of water in body tissue.

6. **Dysphagia** – difficulty swallowing.

7. **Fats** – nutrient that provides most concentrated form of energy.

8. **Malnutrition** – poor nutrition that lacks adequate food and nutrients.

9. **Metabolism** – the burning of food for heat and energy by the cells.

10. **NPO** – Nothing by mouth

11. **Nutrient** – a substance that is ingested, digested, absorbed and used by the body.

12. **Nutrition** – the entire process by which the body takes in food for growth and repair and uses it to maintain health.

13. **Osteoporosis** – the most common metabolic disease of bone in the United States, caused by a decrease in the mass of bony tissue.

14. **Peristalsis** – involuntary muscle contractions in the digestive system that move food through the alimentary canal.

15. **Protein** – nutrient essential for growth and repair of tissue.

16. **Recommended Dietary Allowances (R.D.A.)** – considered to be the amounts of essential nutrients adequate to meet the needs of practically all healthy people.

17. **Therapeutic Diet** – modification of the normal diet used in the treatment of specific health conditions.

Objectives	Course Content	Learning Activities

6.0 Identify the general principles of basic nutrition.

I. Principles of Nutrition

A. Good Nutrition
1. Promotes physical and mental health
2. Provides increased resistance to illness
3. Produces added energy and vitality
4. Aids in the healing process
5. Assists one to feel and sleep better

B. Functions of Food
1. Provides energy
2. Growth and repair of tissue
3. Maintenance and regulation of body processes

6.1 Recognize factors that influence dietary practices.

C. Factors influencing dietary practices
1. Personal preference
2. Appetite
3. Finance
4. Illness
5. Culture

6.1.1 Review cultural variations in diet.

a. Rice and tea favorites of Chinese, Japanese, Koreans, and people from Far East
b. Spicy dishes containing rice, beans and corn are preferred by Spanish-speaking people
c. Italians known for liking spaghetti, lasagna, and other pastas
d. Scandinavians have a lot of fish in their diets
e. Americans like meat, fast foods, and processed foods
f. Use of sauce and spices culturally are related
g. Preparation influences
(1) frying
(2) baking
(3) smoking
(4) roasting

Objectives	Course Content	Learning Activities
6.1.2 List five examples of foods avoided by various religious denominations.	6. Religion a. Days of fasting when all or certain foods are avoided b. Dietary practices (1) Christian Science – avoid coffee/tea and alcohol (2) Roman Catholic – avoid food one hour before communion, observe special fast days (3) Muslim/Moslem – avoid alcohol, pork products (4) 7th Day Adventist – avoid coffee/tea, alcohol, pork and some meats, caffeine (5) Some Baptists avoid coffee, tea and alcohol (6) Greek Orthodox – fast days, but usually "forgiven" when ill (7) Conservative Jewish Faith (a) prohibits shellfish, non-kosher meats (pork) (b) requires special utensils for food preparation (c) forbids cooking on Sabbath (d) forbids eating of leavened bread during Passover (e) forbids serving milk and milk products with meat (f) strict rules regarding sequence in which milk products and meat may be consumed	Discuss the religious practices related to food by the various denominations represented in the class.

Objectives	Course Content	Learning Activities
6.1.3 Cite five age-related changes that affect the resident's nutritional status.	E. Age-related changes affecting nutrition 1. Need for fewer calories 2. Vitamin and mineral requirements change 3. Drugs that affect how nutrients are absorbed and used 4. Teeth/dentures affect ability to chew food 5. Diminished sense of taste and smell 6. Assistance required with eating 7. Decreased saliva secretions 8. Discomfort caused by constipation 9. Decreased appetite and thirst	
6.1.4 Recognize the signs of good nutrition.	F. The signs of good nutrition include: 1. Healthy, shiny looking hair 2. Clean skin and bright eyes 3. A well-developed, healthy body 4. An alert facial expression 5. An even, pleasant disposition 6. Restful sleep patterns 7. Healthy appetite 8. Regular elimination habits 9. Appropriate body weight	
6.1.5 Report five results of poor nutrition.	G. Results of poor nutrition 1. Hair and eyes appear dull 2. Irregular bowel habits 3. Weight changes 4. Osteoporosis and other diseases 5. Lack of interest – mental slowdown 6. Skin color and appearance poor 7. Anemia leading to a. tired feeling b. shortness of breath c. increased pulse d. pale skin e. poor sleep patterns f. headaches g. problems with digestion	

Objectives	Course Content	Learning Activities
6.2 Discuss the six basic food groups that contribute to a well-balanced diet.	II. Six Basic Food Groups (Food Guide Pyramid) A. Vegetable Group 1. Provides: a. vitamins b. minerals c. fiber (roughage) 2. Easier to chew if cooked, chopped or diced 3. Three to five servings daily B. Fruit Group 1. Provides: a. vitamins b. minerals c. fiber (roughage) 2. Two to four servings daily C. Milk, yogurt, cheese group 1. Provides: a. proteins b. vitamins (A) c. minerals (calcium) d. carbohydrates e. fat 2. Two to three servings daily D. Grain group (breads, cereal, rice and pasta) 1. Provides a. carbohydrates b. minerals c. roughage 2. Six to eleven servings daily E. Meat, poultry, fish, dry beans, eggs, and nuts group 1. Provides: a. protein b. fats c. vitamins d. minerals 2. Two to three servings daily	

Objectives		Course Content	Learning Activities
		F. Fats, Oils and Sweets Group 1. Provides a. little to no nutritional value b. high in calories c. use sparingly 2. No recommended servings or serving sizes	
6.3	Define a therapeutic diet and recognize the need for alterations in a regular diet.	III. Therapeutic Diet	
6.3.1	List three purposes of a therapeutic diet.	A. Purposes of therapeutic diets 1. Add or eliminate calories to cause a change in body weight 2. Assist with digestion of food by taking foods out of the diet that irritate the digestive system 3. Restrict salt intake to prevent or decrease edema 4. Help body organs to maintain and/or regain normal function 5. Treat metabolic disorders by regulating amount of food	Hand out examples of sample menus for discussion.
6.3.2	Discuss the types of therapeutic diets that the physician might order for a resident.	B. Types of therapeutic diets 1. Clear liquid 2. Full liquid 3. Bland 4. Restricted residue 5. Controlled carbohydrate (Diabetic) 6. Low fat 7. Low cholesterol 8. Low calorie 9. High calorie 10. Low sodium 11. High protein 12. Mechanical soft, chopped, pureed	
		C. Residents may have difficulty accepting special diets.	

Objectives	Course Content	Learning Activities
6.4 Recognize adaptive devices used to assist residents with eating.	IV. Adaptive Devices A. Food Guards B. Divided Plates C. Built-up handled utensils D. Easy grip mugs/glasses E. Residents have to be taught how to use these devices	Demonstrate the use of adaptive devices. Encourage students to handle equipment.
6.5 Identify the responsibilities in preparing and serving residents meals.	V. Preparing and Serving Resident's Meals A. Meals enjoyable, social experience. B. Provide pleasant environment 1. Clean area 2. Odor-free area 3. Adequate lighting C. Flowers/decorations and music add interest to dining area. D. Resident Preparation 1. Face and hands washed 2. Raise the head of the bed 3. Assure resident is in comfortable position 4. Check to be certain resident receives right tray and has the correct diet 5. Food should be attractively served and placed within reach 6. Check the tray to see that everything needed is there 7. Assist resident as needed a. cutting meat b. pouring liquids c. buttering bread d. opening containers	

Objectives		Course Content	Learning Activities
		8. Residents should be encouraged to do as much as possible for themselves. 9. Allow time for resident to complete meal 10. Display a pleasant, patient attitude 11. Remove tray when meal is finished 12. Report unconsumed food to supervisory nurse 13. Call signal and supplies positioned within reach 14. Hands washed before and after assistance with feeding resident	
6.6	Describe feeding techniques	VI. Feeding Techniques A. Use a spoon and fill it only half-full B. Give the food from the tip of the spoon C. Introduce food on non-paralyzed side of mouth D. For blind or confused residents, name each mouthful of food E. Offer foods in logical order F. Allow hot foods to cool G. Feed the resident slowly. H. Encourage but do not force I. Warn resident if offering something hot J. Use a straw for liquids, if resident prefers K. Be sure mouth is empty before offering more food	Have students practice feeding techniques with their class members using appropriate techniques.
6.7	Discuss the various types of supplementary nourishments.	VII. Supplementary Nourishments A. Types of Nourishments 1. Milk 2. Juice 3. Gelatin 4. Custard, ice cream sherbet 5. Crackers 6. Nutritional supplementation products (ex. Ensure, Mighty Shake, etc.) B. Usually served 1. Midmorning 2. Mid-afternoon 3. Bedtime C. Ordered by physician	

Objectives		Course Content	Learning Activities
		D. Serve as directed by supervisory nurse E. Provide necessary eating utensils/straw/napkin.	
6.8	Demonstrate the procedure for serving supplementary nourishments.	VIII. Serving Supplementary Nourishments A. Supplies – nourishments, napkins, feeding aids (straws, flatware) B. Procedure – Serving Supplementary Nourishments	Demonstration: Performance Checklist #3 Serving Supplementary Nourishments. Return demonstration after practice. Follow facility policy for distribution of nourishments.
6.9	Identify the special fluid orders that the physician could write for residents.	IX. Fresh Drinking Water A. Fresh water should be provided periodically throughout the day B. Encourage residents to drink 6-8 glasses daily if appropriate C. Note residents who have special fluid orders. 1. N.P.O. 2. Fluid restrictions - Remind resident of restrictions 3. Force fluids a. Offer fluids in small quantities b. Offer fluids (resident preference) without being asked c. Remind resident of importance of fluids in getting better 4. No ice	
6.9.1	Demonstrate the procedure for providing fresh drinking water.	D. Providing Fresh Drinking Water 1. Supplies – cart, pitchers, cups, scoop for ice, straws 2. Procedure – Providing Fresh Drinking Water	Demonstration: Performance Checklist #4 Providing Fresh Drinking Water. Return demonstration after practice. Follow facility policy for distribution of drinking water.
6.10	Identify normal changes in the digestive system as they relate to the aging process.	X. Aging Changes A. Decreased number of taste buds B. Slowing of peristalsis causing constipation C. Slower absorption of nutrients D. Difficulty chewing and swallowing E. Loss of bowel muscle tone	Suggest a reason that would explain why some residents would add a lot of salt to their food.

Objectives	Course Content	Learning Activities
	F. Decrease in amount of digestive enzymes and saliva production G. Decreased appetite H. Loss of teeth I. Altered taste and smell	
6.11 Discuss signs and symptoms of dysphagia.	XI. Challenging Feeding Problems A. Dysphagia 1. Signs and Symptoms a. Foods “pocket” in cheeks b. Resident says food will not go down c. Excessive drooling d. Unexplained weight loss e. Frequently coughs or chokes f. Complains of heartburn g. Recurrent pneumonia 2. Report to nurse supervisor signs of dysphagia when feeding a resident 3. Do not continue to feed resident with dysphagia	
6.11.1 Demonstrate feeding techniques for use with the resident who has had a stroke.	B. A stroke victim with dysphagia should not be fed by feeding assistant. If dysphagia not present: 1. Introduce the spoon on the unaffected side of the mouth 2. Utilize adaptive feeding utensils 3. Observe for “pocketing” of food on affected side 4. One sip, then swallow 5. Approach from the unaffected side	
6.11.2 Demonstrate feeding techniques for use with the blind resident.	C. Blindness 1. Tell the resident what is on the tray 2. Arrange and describe location of foods according to the face of a clock	Demonstration: Performance checklist #5 Feeding a Resident. Return demonstration after practice.

APPENDIX A

INSTRUCTIONAL OBJECTIVES AND PERFORMANCE CHECKLIST SUMMARY

Instructional Objectives and Performance Checklist Summary

Student Name: _____Instructor Name: _____

Note: Upon completion of this Feeding Assistant course, all information should be completed and place in the Feeding Assistant's file.

Column A: Date taught
Column B Date skill successfully demonstrated, when applicable
Column C Instructors initials

A	B	C

The Role of the Feeding Assistant

1. Explain the role of a Feeding Assistant
2. Lists course requirements to become a Feeding Assistant
3. Explain the role and responsibilities of facilities who choose to use Feeding Assistants
4. Describe three feeding problems that a resident might have that would **not** allow feeding by a Feeding Assistant

Communication and Interpersonal Skills

5. Define terms important to the study of Communication and Interpersonal Skills.
6. Describe effective communication skills.
7. List elements that influence relationships with others.
8. Describe the importance of developing good listening skills.
9. Identify positive listening skills that can be used.
10. Recognize barriers to effective communication.
11. Give examples of situations in which the Feeding Assistant must modify his/her behavior in response to the resident's behavior.
12. Define sympathy, empathy, tact, and anger.
13. Demonstrate effective non-verbal communications.
14. List examples of nonverbal communications.
15. Describe effective communication with the resident's family and visitors.
16. List specific factors to consider when communicating with hearing impaired residents.

A	B	C

Communication and Interpersonal Skills (cont.)

17. List factors to consider when communicating with residents that have decreased vision.
18. List ways to communicate with residents with memory loss.
19. List factors to consider when communicating with a resident that has difficulty speaking.
20. Demonstrate effective communication with residents who have hearing, vision, speaking or memory loss difficulties.
21. Identify techniques that can be used to help the resident to communicate.
22. List techniques to communicate with residents based on their developmental stage.
23. List the elements in the Senses Method of observation, giving an example of each.
24. Describe behaviors that are inconsistent with normal resident behavior.
25. Define objective and subjective data.
26. Explain the elements essential for reporting to the supervisory nurse.

Resident Rights

27. Define terms important to the study of Resident Rights.
28. Describe the laws that protect the resident's right to make personal choices.
29. Give examples of behavior that would infringe on resident rights.
30. Describe the Resident's Bill of Rights and HIPPA and how they are used in resident care.
31. Identify behaviors that help maintain resident rights.
32. List the advantages of explaining feeding assistance to a resident prior to starting.
33. Identify important elements defined in Federal and State definitions of mistreatment of the elderly.
34. List signs of abuse of the elderly.
35. List examples of abusive behavior.
36. Identify individuals that might be at risk for being abused.

A	B	C

Resident Rights (cont.)

37. Describe important elements to observe when reporting suspected abuse.

Safety and Emergency Procedures

38. Define important terms used in Safety and Emergency Procedures
39. List rules of general safety.
40. Identify safety measures that prevent accidents.
41. Discuss key elements that might block the airway of a resident.
42. Enumerate the key steps for assisting to clean an obstructed airway to include the Heimlich maneuver.
43. Correctly perform the Heimlich maneuver.
44. Explain the responsibilities for assisting with a resident who may have an emergency involving the heart.
45. Discuss and explain the responsibilities when assisting the resident with seizures.
46. List important elements to observe when reporting emergency situations.

Infection Control

47. Define key terms important to Infection Control.
48. Discuss general principles that guide Infection Control techniques.
49. List the components of the chain of infection, giving examples of each.
50. Identify practices that promote medical asepsis.
51. Demonstrate a basic understanding of standard precautions.
52. List reasons for washing hands frequently.
53. List key steps to proper handwashing.
54. Correctly demonstrate handwashing.

A	B	C

Nutrition and Hydration

55. Correctly define Nutrition and Hydration terms.
56. Discuss the purpose of good nutrition and the functions of food.
57. Discuss factors influencing dietary practices.
58. List examples of foods avoided by various religious denominations.
59. Cite age-related changes that affect the resident's nutritional status.
60. Identify signs of good nutrition.
61. Describe results of poor nutrition.
62. List the basic food groups.
63. List purposes of therapeutic diets.
64. List types of therapeutic diets.
65. Recognize and describe adaptive devices used in feeding assistance.
66. Demonstrate the use of adaptive devices used in feeding assistance.
67. Identify Feeding Assistant responsibilities in serving resident meals.
68. List steps in preparing the resident for feeding assistance.
69. List techniques used when assisting with feeding.
70. Demonstrate feeding techniques.
71. Discuss the various types of Supplementary Nourishments.
72. Identify when Supplementary Nourishments are usually served.
73. Correctly demonstrate Serving Supplementary Nourishments
74. Identify how often fresh water should be provided to a resident each day and the amount to be encouraged.
75. Identify and describe special fluid orders that the physician could write for a resident.
76. Correctly demonstrate Providing Fresh Drinking Water
77. Identify normal changes in the digestive system as they relate to the aging process.
78. Discuss the signs and symptoms of dysphagia.

A	B	C

Nutrition and Hydration (cont.)

79. Identify feeding techniques to be used with residents who have had a stroke.
80. Identify feeding techniques to be used with residents who are blind.
81. Correctly demonstrate Feeding a Resident.

APPENDIX B

PERFORMANCE CHECKLISTS INDEX

Feeding Assistant Curriculum

Performance Checklists Index

APPENDIX C

PERFORMANCE CHECKLISTS

PERFORMANCE CHECKLIST FOR FEEDING ASSISTANT

Procedure 1: Performing Heimlich Maneuver **Name**_____

To be completed by instructor during observation of 100%, unassisted mastery of procedure. Date and sign below.

Equipment: No equipment

Conscious victim:

_____ 1. Ask person who appears to have choked but who is **not** coughing, "Are you choking?"

_____ 2. Determine that victim can not expel object on own and state that you will help.

_____ 3. Stand behind victim.

_____ 4. Wrap arms around victim's waist.

_____ 5. Clench fist, keeping thumb straight.

_____ 6. Place clenched fist, thumb side in, against abdomen between navel and tip of sternum.

_____ 7. Grasp clenched fist with opposite hand.

_____ 8. Push abdomen forcefully with upward thrusts until object is removed, victim starts to cough, or becomes unconscious.

Chest thrusts for obese victim:

_____ 1. Stand behind victim.

_____ 2. Place arms around victim directly under armpits.

_____ 3. Form fist and place thumb side of fist against sternum, level with armpits.

_____ 4. Grasp fist in opposite hand and administer thrusts, pulling straight back, until object is removed, victim starts to cough, or becomes unconscious.

Unconscious victim with obstructed airway:

_____ 1. Place victim on back.

_____ 2. Activate EMS system.

_____ 3. Finger sweep mouth to remove object.

_____ 4. If unsuccessful, open airway with head-tilt/chin-lift maneuver.

_____ 5. Try to ventilate; if still obstructed, reposition head and try to ventilate again.

_____ 6. If ventilation unsuccessful, give five abdominal thrusts:

a. straddle victim's thighs or kneel next to victim

b. place heel of one hand on abdomen above navel

c. place other hand in same position over first

d. keep elbows straight and thrust inward and upward five times

_____ 7. If unsuccessful, finger sweep mouth.

_____ 8. Repeat steps 4-7 until effective or EMS arrives.

Pass _____ Instructor's Signature _____Date_____

The above signature attests that the evaluator did not prompt, give hints, or otherwise assist the individual in the performance of the skills when the individual was being evaluated for competency.

PERFORMANCE CHECKLIST FOR FEEDING ASSISTANT

Procedure 2: Washing Hands **Name_____**

To be completed by instructor during observation of 100%, unassisted mastery of procedure. Date and sign below.

Equipment: Soap or soap dispenser, sink, running water, paper towels, waste receptacle

_____ 1. Assemble equipment if necessary.

_____ 2. Push sleeves and watch 4-5 inches up on arms.

_____ 3. Stand back from sink and adjust water temperature until warm.

_____ 4. Wet wrists and hands without splashing and with fingertips pointed downward.

_____ 5. Apply soap using friction.

_____ 6. Lather well, keeping hands lower than elbows.

_____ 7. Rub hands together in circular motion, being sure to wash between fingers and two inches above wrists.

_____ 8. Clean under nails by rubbing against palms.

_____ 9. Wash for at least 15 seconds or longer, if grossly contaminated, according to facility policy.

_____ 10. Rinse wrists and hands with running water.

_____ 11. Dry hands thoroughly with paper towel and discard towel into waste receptacle.

_____ 12. Turn faucets off with new paper towel and discard into waste receptacle.

Pass _____ Instructor's Signature _____Date_____

The above signature attests that the evaluator did not prompt, give hints, or otherwise assist the individual in the performance of the skills when the individual was being evaluated for competency.

PERFORMANCE CHECKLIST FOR FEEDING ASSISTANT

Procedure 3: Serving Supplementary Nourishment **Name**_____

To be completed by instructor during observation of 100%, unassisted mastery of procedure. Date and sign below.

Equipment: Nourishments, napkins, feeding aids (straws, utensils)

_____ 1. Receive directions from supervisor regarding individuals with special dietary needs.

_____ 2. Wash hands.

_____ 3. Assemble supplies.

_____ 4. Allow each resident to choose from available nourishments.

_____ 5. Place nourishment, napkin and feeding aids within reach.

_____ 6. Provide assistance as needed.

_____ 7. Remove glasses and dishes after use. Do not touch rim of glass.

_____ 8. Repeat steps 4-7 for each resident.

_____ 9. Return used equipment to kitchen to be washed.

_____ 10. Wash hands.

Pass _____ Instructor's Signature _____Date_____

The above signature attests that the evaluator did not prompt, give hints, or otherwise assist the individual in the performance of the skills, when the individual was being evaluated for competency.

PERFORMANCE CHECKLIST FOR FEEDING ASSISTANT

Procedure 4: Providing Fresh Drinking Water **Name_____**

To be completed by instructor during observation of 100%, unassisted mastery of procedure. Date and sign below.

Equipment: Cart, pitchers, cups, trays, ice, scoop for ice, straws

_____ 1. Receive direction from supervisor regarding residents with special needs (NPO, fluid restrictions, no ice).

_____ 2. Wash hands.

_____ 3. Assemble supplies.

_____ 4. Take cart with clean supplies and add ice and water to pitchers (use scoop for ice). Do not allow handle of scoop to touch ice.

_____ 5. Place fresh drinking water within reach.

_____ 6. Offer to fill cup with fresh water.

_____ 7. Provide assistance as requested or needed.

_____ 8. Return cart containing any used supplies to kitchen to be washed.

_____ 9. Wash hands.

Pass _____ Instructor's Signature _____Date_____

The above signature attests that the evaluator did not prompt, give hints, or otherwise assist the individual in the performance of the skills, when the individual was being evaluated for competency.

PERFORMANCE CHECKLIST FOR FEEDING ASSISTANT

Procedure 5: Setting up a Meal Tray and Feeding a Resident Name _____

To be completed by instructor during observation of 100%, unassisted mastery of procedure. Date and sign below.

Equipment: Basin, towel, washcloth, soap, oral hygiene products

_____ 1. Knock before entering room.

_____ 2. Address resident by name.

_____ 3. State your name and title.

_____ 4. Identify resident.

_____ 5. Explain procedure and obtain permission.

_____ 6. Wash hands.

_____ 7. Check tray for correct name, type of diet, and food. Inform resident what is on tray.

_____ 8. Position towel/napkin/bib under chin if requested.

_____ 9. Prepare food by opening cartons, removing covers, cutting meat and/or buttering bread.

_____ 10. Assist as needed, while encouraging to do as much as possible for his or her self.

_____ 11. Allow hot foods to cool before offering.

_____ 12. Use straw for liquids if appropriate.

_____ 13. Feed from tip of half-filled spoon.

_____ 14. Tell resident what he or she is eating.

_____ 15. Provide time to chew.

_____ 16. Alternate solids and liquids.

_____ 17. Wipe mouth as needed.

_____ 18. Encourage to eat as much as possible; observe that all food is swallowed and not pocketed in cheek.

_____ 19. Wash hands when finished.

_____ 20. Provide comfort with call signal in reach.

_____ 21. Report any abnormal observations to supervisor.

Pass _____ Instructor's Signature _____Date_____

The above signature attests that the evaluator did not prompt, give hints, or otherwise assist the individual in the performance of the skills when the individual was being evaluated for competency.