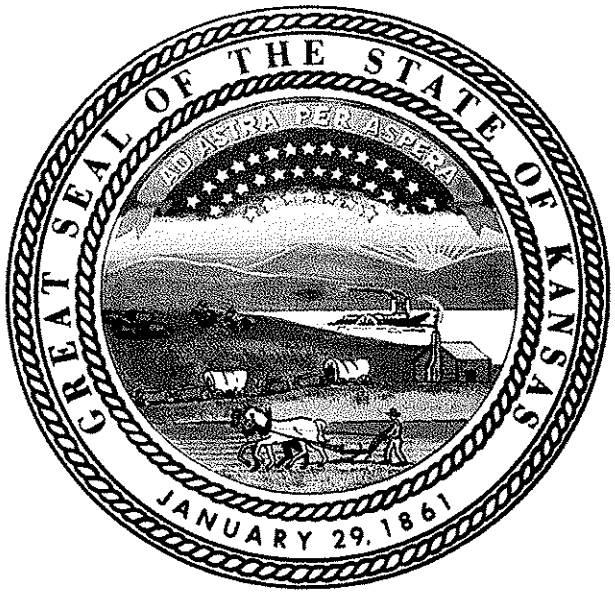

These guidelines for the preparation and administration of the course of instruction for Home Health Aides are authorized by K.S.A. 65-5115.

The guidelines provide the basis for the course which constitutes a minimum of 20 hours of training. The total training requirement for Home Health Aides is 110 hours. This includes completion of the 90-hour Nurse Aide Training Program which is authorized by K.S.A. 39-932.

Kansas Certified Home Health Aide Guidelines (20 Hours)

July 1, 2005

Kansas Department of Health and Environment

The revision of the home health aide guidelines was a cooperative effort of the Kansas Department of Health and Environment and the home health aide program revision committee. The committee members and the entities that nominated them are listed below:

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Guidelines may be downloaded and printed at::

www.kdheks.gov/hoc

KANSAS CERTIFIED HOME HEALTH AIDE GUIDELINES

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UNIT 1 - ORIENTATION TO HOME CARE

Learner Objectives	Content	Teaching Aids and Approaches
1. Generally describe functions of a home health agency and how the agency may be organized.	A. Function of a home health agency: 1. Provides care for acutely or chronically ill, disabled, or dying at home. 2. Promotes individual and community health. B. Organization of home health agency: 1. May be part of a county or city health department, hospital, or a proprietary agency. 2. Organization within an agency may vary but generally consists of a board, administrator and staff personnel.	Point out differences in terminology, such as "client," which accompany the altered relationship of the aide and the person receiving care and his/her family. Give examples of agencies in your region. Show organizational chart for one home health agency. You can review the use of a job description to clarify an employer's expectations.
2. Identify responsibilities of home health personnel.	C. Agency personnel: 1. Director or administrator - with the governing board, may be responsible for setting policy; carries out policy; provides management function for the agency. 2. Nursing personnel: a. Registered Nurse (RN) - may be called a community health nurse, public health nurse, or a home health nurse. Supervises and provides nursing care for clients, teaches clients, family and aide as needed. Works as part of team to prepare a plan of care for each client. b. Licensed Practical Nurse (LPN) - provides nursing care under the direction of a registered nurse. c. Home Health Aide (HHA) - gives personal care to clients as specified by, and supervised by health professionals (often the RN), helps maintain stability in the home by carrying out routine home management tasks and helping the client/family to resume these functions. 3. Physical therapist (PT) - is concerned with the restoration of function and prevention of disability following disease, injury or loss of body part. May use exercise, heat, cold, massage, and corrective devices.	Point out that some professionals may consult with home health agencies as their services are needed, rather than being available on a full-time basis. Explain that many of the services are provided on the basis of a physician's order. Show examples of a care plan. You may wish to review desirable attitudes and actions, personal grooming and related material from the Kansas Certified Nurse Aide Curriculum. "The Patient's Bill of Rights" may serve as the basis for discussion on legal/ethical responsibilities.

Learner Objectives	Content	Teaching Aids and Approaches
	4. Occupational therapist (OT) - is concerned with restoration of function and prevention of disability in training or retraining the client to perform activities of daily living. 5. Social worker - coordinates community resources to meet client/family needs. 6. Respiratory therapist (RT) - assists chronically ill persons with respiratory problems; assists with oxygen, breathing treatments and inhaled medication. 7. Speech language pathologist or therapist - treats persons with speech disorders caused by physical defects, such as stroke, or mental disorder. 8. Dietitian or nutritionist - assists clients/families in problems related to special diets or adequate nutrition.	
3. Discuss how a care plan is developed and used in the home health agency.	D. Development and use of care plan: 1. All personnel involved in care for the client are part of the team which formulates a plan for total care. 2. The client and family are also members of this team. 3. The plan is the basis for routine care and is modified as the client's needs change.	
4. Discuss legal and ethical aspects of the home health aide's job.	E. Legal and ethical aspects of working as a home health aide: 1. The home health aide must respect the confidentiality of the client's and family's information. 2. The home health aide must be aware of the client's rights and responsibilities. 3. The home health aide should know what tasks have been assigned for each client. 4. The home health aide should provide care according to the care plan and within the limits allowed by law for home health aides. 5. When unusual incidents arise, the aide should ask the supervisor immediately for guidance.	

Learner Objectives	Content	Teaching Aids and Approaches
	6. Types of incidents which need to be reported are: a. Client, family, or visitor accidents. b. Home health aide's accidents in the client's home or on the property. c. Suspected drug abuse, sexual harassment, physical or verbal abuse, neglect, exploitation, and illegal activities in the home. 7. Home health aide must document the time when supervisor was called and the incident.	

UNIT 2 - WORKING WITH PEOPLE

Learner Objectives	Content	Teaching Aids and Approaches
1. Define home and family.	A. Family - a unit bound together by common interests: 1. May not be traditional 2 parents and children. 2. All of the members of a household under one roof. B. Functions of a family: 1. Maintains stability. 2. Protects one another. 3. Transmits culture. 4. Can teach self-sufficiency and survival. C. Home - a dwelling place for the family unit can mean many things to people: 1. An environment that offers security and happiness. 2. A valued place of origin. 3. The place where one was born. 4. An experience or history (where family lives together as a family unit). 5. When you enter a home you are working with a family unit - you become aware of how that family operates.	Class discussion of differences in families. Describe traditions and customs in their own families. Additional Teaching Aids for Unit 2: Channing Bete Company 1 Community Place South Deerfield, MA 01373-0200 1-800-628-7733 www.channing-bete.com Brochures: "Good Mental Health" "Self-Esteem" "About Stress Management" "Stress and the Older Person" "Understanding Mental Illness" Videos: "Depression" Healing Arts Communications 1-888-846-7008 Video - "Elder Abuse and Neglect" 2001
2. Discuss cultural diversity and religious differences.	D. Cultures - a way of life passed down from generation to generation. E. In the U.S., people come from many cultural and religious backgrounds different from your own. F. Cultural background can determine how your client meets strangers or how they feel about you in their home. G. Religious differences also influence the way people behave. It can be very important to your client's life. H. Religious and cultural differences you may encounter are: 1. Languages 2. Morals 3. Customs 4. Foods	National Association for Homecare PO Box 92486 Washington DC 20090 205-547-7424 Video "Home Care Aide/The Heart of Caregiving" 1996 Delmar's Nursing Assistant Video Series www.DelmarHealthcare.com 1-800-347-7707 Delmar Learning PO Box 8007 Clifton Park, NY 12065-8007 Tape #2 Communication "Homemaker/Home Health Aide" 5th Edition 1998 p. 36, p. 99 pp. 177-183

UNIT 2 - WORKING WITH PEOPLE

Learner Objectives	Content	Teaching Aids and Approaches
	5. Response to grief and pain 6. Reactions to illness and treatment 7. How children are disciplined 8. Days of worship	A technique for teaching respect for individual life-styles could be values clarification. Use examples to help show how care is focused on the client's needs, respecting his/her customs and values.
3. Identify goals of the home health aide for providing care in the client's home.	I. Goals of the home health aide for providing care in the client's home: 1. Respect individual life-style practices. 2. Assist the client/family to maintain the home environment during illness, disability or other crisis. 3. Encourage and motivate the recovering client/family to assume increased home management responsibilities. a. Home care may be of limited duration. b. Client/family may benefit from increased feeling of independence. 4. Under the guidance of the supervising nurse, help the family solve problems of home maintenance that are due to a lack of skills or knowledge. In helping the client/family: a. Be patient and flexible. b. Show how to do a task while you explain. Have a return demonstration. c. Compliment and point out results.	Review unit in Kansas Certified Nurse Aide Curriculum concerning Death and Dying. Present information about stages of child development as you feel is necessary and appropriate for the class.
4. Identify common adult and family reactions to stress, such as illness and disability or approaching death.	J. Types of behavior which may occur in reaction to stress, including approaching death: 1. Denial: denying that a loved one is about to die, keeping the truth about an illness from the ill person. 2. Depression: lack of interest in environment shown by such things as poor appetite, lack of personal interaction, lack of vocal and facial expression. 3. Over-dependence: not taking responsibility as one is able. 4. Irritable or abusive language or behavior.	

UNIT 2 - WORKING WITH PEOPLE

Learner Objectives	Content	Teaching Aids and Approaches
5. Describe appropriate response of the home health aide to client/family behaviors resulting from the stress of illness and disability or approaching death.	K. Appropriate responses of home health aide to behavior resulting from stress: 1. Denial: Do not force clients to "accept the truth", but try to understand why the client is denying reality. Get guidance from supervisor for handling individual situations. 2. Depression: Try to interest client in meaningful activities, involve client in decision-making when possible, establish a daily routine, avoid being overly cheery. 3. Over-dependence: Assist the client toward becoming independent through encouragement and praise. Help family relate to client in this same manner. 4. Anger, irritable or abusive language or behavior: Remain calm, do not take this personally. Attempt to correct complaints which are valid. Discuss situations with your supervisor if necessary. 5. When caring for the dying person at home: Provide for physical care, be a good listener, don't dominate conversation, be honest, don't offer false assurances and encourage hope.	It can be pointed out that the approach to the developmentally disabled is similar to approach to others, i.e., respect individuality, be friendly and understanding.
6. Identify common reactions of children to personal or family illness and stress.	L. Types of behavior which a child may display when his security is threatened: 1. Withdrawal, shyness, fear 2. Aggressive behavior 3. Nightmares, fear of the dark 4. Jealousy 5. Change in toilet habits 6. Over-dependence M. Changes in the home which may cause the behavioral symptoms: 1. Financial pressures 2. Noise and activity restrictions 3. Fear and anxiety 4. Change in family member roles	

UNIT 2 WORKING WITH PEOPLE

Learner Objectives	Content	Teaching Aids and Approaches
7. Identify the role of the home health aide in working with children in the home.	N. Role of the home health aide in working with children: 1. Maintain stability in the home by: a. Maintaining familiar routines in mealtimes, sleep patterns, play, work and bath. b. Including child in household tasks to which he/she has been accustomed. c. Observe behavior of child and responses. 2. Maintain discipline patterns already established in the home: a. Treat each child as an individual. b. Use praise and positive suggestions. c. Provide choices. d. Do not take sides in discipline as much as possible. e. Listen to each child. f. Involve parents in discipline as much as possible.	
8. Identify characteristics of mental health.	O. Characteristics of mental health: The individual 1. Manages change effectively. 2. Accepts responsibility for his/her own feelings and actions. 3. Has positive relationships with others.	
9. Define what is meant by mental illness and identify the role of the home health aide in situations where there is mental illness.	P. A mental illness can be displayed as difficulty functioning satisfactorily in society as a result of changes in thoughts, behavior, personality or emotions. The mental illness can be temporary or permanent. Q. Role of the home health aide in situations where there is mental illness: 1. Assist with day-to-day management of the home. 2. Observe and report to appropriate person, the progress or setbacks in client/family behavior, such as changes in appetite, attention to personal appearance and ability to make decisions.	

Learner Objectives	Contents	Teaching Aids and Approaches
	3. Provide friendly understanding and assurance to family members. 4. Encourage the client to regain independence as much as possible.	
10. Define what is meant by developmental disability and identify the role of the home health aide in working with a client who is developmentally disabled.	R. Definition of developmental disability: Severe, chronic, mental or physical disability occurring before adulthood, which may necessitate care for an extended duration. S. Role of the home health aide in working with the developmentally disabled person and family: 1. Use resource people, i.e., social worker, physical therapist, to help carry out the plan of care. 2. The plan of care may identify that the role of the home health aide is to relieve family members of their around-the-clock responsibilities as care givers.	
11. Describe indications of family abuse which might be observed. Indicate the home health aide's responsibility if abuse is suspected.	T. Characteristics of parents who abuse children (there seems to be insufficient research at present to characterize those who abuse the elderly): 1. They are isolated from others and distrustful. 2. They were abused or neglected as children. 3. They have unrealistic expectations of the child and react negatively to the child. 4. They react inappropriately to inquiries and situations requiring medical care. 5. They may come from any economic or racial background. U. Indications of Abuse: 1. Of children: a. Physical appearance may show skin injuries, i.e., burns, bruises, welts. b. Behavior may be extreme: 1. Either fearful and passive or very aggressive. 2. May be wary of physical contact. 3. May show evidence of poor care in feeding, dressing, medication.	

Teaching Aids and Approaches	Content	Teaching Aids and Approaches
	2. Of the elderly: a. Physical signs include: bruises, burns, signs of hair pulling or signs of being tied to a bed or chair, rapid loss of weight not associated with disease. b. Behavioral signs include being extremely fearful, being afraid of the adult caregiver.	
	V. The home health aide's responsibility if abuse in the home is suspected: 1. Write down all observations which cause suspicion of abuse. Include date and time. 2. Report observations to the supervisor for further investigation. Record time supervisor was notified. 3. The Kansas Child Protection Act requires suspected abuse of children observed by health care workers to be reported to the Department of Social and Rehabilitation Services or the District Court. Persons making such a report are assured immunity from liability if the report was made in good faith.	
12. Discuss hospice/palliative care and how it relates to home care.	W. Hospice and palliative care: 1. Respect the goals and choices of the dying person. a. Respecting their needs and wants; gives them control over what they want. b. Gives them a choice of care givers. 2. Look at medical, emotional, social and spiritual needs of the dying person. a. Offers different choices in comfort care and pain management. b. Assists family in making changes and adjusting to those changes as the illness changes. 3. Support family members and care givers. a. Offers support for rest and respite for the care giver and family. b. Assists the families to cope and grieve. 4. Provide physical care of the dying client.	Review the 5 stages of grief and how the stages would relate to care givers and the client in the home. Encourage discussion about grieving and how their families react to death and dying.

UNIT 2 - WORKING WITH PEOPLE

Teaching Aids and Approaches	Content	Teaching Aids and Approaches
13. Identify the psychosocial aspects of death and dying.	X. Religious and cultural differences: 1. Will influence the dying process. 2. Grieving is the physical and emotional response to the loss and the process of acceptance. 3. Grief can take months and is individualized. It is influenced by cultural and family differences. 4. Home health aide's response is to listen, and to understand and provide support and privacy. 5. Understand and acknowledge the home health aide's feelings and seek support when challenged beyond the functioning ability.	Encourage discussion about grieving and how their families react to death and dying.
14. Describe what to do with death in the home.	Y. If a death occurs in the home: 1. Call the nurse/case manager at once. Await instructions and note time of the death. 2. If the nurse/case manager is present, assist with preparation of the body for the family and the funeral home. 3. If death has taken place before arrival: Notify nurse supervisor/case manager immediately and listen for instructions. Do not touch or move the body. The nurse will be responsible to notify physician, authorities if required, family and funeral home.	

UNIT 3 - HOME MANAGEMENT

Learner Objectives

1. Identify actions the home health aide takes to maintain a clean and safe environment.

Content

A. Guidelines for maintaining a clean and safe environment:
   1. Follow a written work plan. Start with one week schedule and decide priorities of tasks, consulting with supervisor and client as necessary. Organize and plan work for subsequent visits, but retain flexibility. Explain plan to client/family.
   2. Use standard infection control practices in the home.
      a. Handwashing - especially after handling soiled or contaminated articles.
      b. Limit spread of potential pathogens, especially from sputum or body drainage.
      c. Standard infection control is especially important to protect both the home health aide and clients seen on following visits.
   3. Identify and eliminate safety hazards, as it is possible. For example:
      a. Keep areas where people walk free of clutter and adequately lighted.
      b. Eliminate or properly position throw rugs to avoid causing falls.
      c. Store potentially toxic or flammable substances in original containers in safe location.
   4. Use good body mechanics.
   5. Use cleaning and laundry products properly; read labels.

B. Housekeeping:
   1. Make a list of supplies needed. Use products available in home. Improvising may be necessary.
   2. A dilute solution of chlorine bleach or pine oil solution may be used as a disinfectant if it will not damage the item.
   3. Find out how to use appliances in home before you use them.
   4. Complete specific tasks as necessary: dusting, care for floors and rugs, care for bathroom and kitchen.

Teaching Aids and Approaches

The extent of housekeeping which will be required of the home health aide will depend on the care plan and policies of the employing agency.

Show sample of work plan. Review infection control practice from Kansas Certified Nurse Aide Curriculum.

Review principles of body mechanics from the Kansas Certified Nurse Aide Curriculum.

Specific techniques in cleaning house and laundering clothes may be covered, as you feel is appropriate for the local job requirements and student needs. In addition, pamphlets may be obtained from the local county extension service.

UNIT 3 - HOME MANAGEMENT

Learner Objectives	Content	Teaching Aids and Approaches
	C. Laundry: 1. Handle soiled linens and clothing appropriately. 2. Sort clothes according to color, fabric, and degree of soiling. 3. Read clothing labels to identify washing and drying specifications. 4. Read label on detergent box or bottle to determine amount to use. 5. Remove clothes from dryer immediately once they are dry; hang or fold. This will reduce the ironing needed, saving both time and energy. 6. Iron clothes, if needed.	

UNIT 4 - NUTRITION AND MEAL PREPARATION

Learner Objectives	Content	Teaching Aids and Approaches
1. Identify the importance of an adequate and balanced intake of food.	A. Importance of adequate nutrition: 1. Nutrition is basic for maintaining health. It is needed to: a. Give energy for body's function. b. Provide for growth and replacement of body tissues. 2. Nutritional requirements vary at different stages of life and with certain medical conditions. 3. Adequate nutrition is especially important for ill people in order to maintain muscle strength, prevent decubiti, promote sound healing, and help meet the stresses placed on the body. 4. Each food group provides nutrients that are needed every day. No one food or group of foods provides all the required nutrients. 5. It is the client's right to refuse to follow any special diet.	Huber, Helen; Homemaker/Home Health Aide, 5th Ed., Delmar Publishing Inc., 1998. Capron, Mary Ellen, Zucker Elana; The Ultimate Cooking Companion for At Home Caregivers, Prentice Hall, 2003 Pamphlets and teaching material on such topics as food preparation, food safety and sanitation, nutrition, buying food and special diets can be obtained from the local county extension service. Handouts and filmstrips can be obtained from the County Health Department. Review, if necessary, the nutrition unit in the Kansas Certified Nurse Aide Curriculum. This contains topics about structure and function, how nutrition is altered in the elderly, description of modified diets, relieving an obstructed airway.
2. Name the basic food groups and identify foods which belong to each group.	B. Basic food groups: 1. Milk, Yogurt, and Cheese a. Provides minerals needed for bones and teeth. b. This group includes milk, milk products, cheese, ice cream and yogurt. 2. Meat, Fish, Poultry, Dry Beans, Eggs and Nuts a. Provides protein for tissue building. b. This group includes meat, fish, poultry, eggs; alternates are dry beans, beans, peas and nuts. 3. Vegetables and Fruits a. Provides a source of energy for the body to burn, plus vitamins, fiber and minerals. b. Foods in this group include fruits, vegetables, potatoes, onions, tomatoes, and may be fresh, frozen, dried, canned or juice. 4. Bread, Cereal, Rice, and Pasta a. Provides carbohydrates for energy, vitamins, fiber, minerals and iron. b. This group includes bread, cereal, rice, pasta and flour products. Whole grain and enriched products are preferred.	Have students identify foods in each group and forms of food available, i.e. fresh, canned, frozen, dried, etc.

Learner Objectives	Content	Teaching Aids and Approaches
	5. Fats, Oils, Sweets a. Provides storage for fat soluble vitamins and facilitates body processes. b. This group includes oils, butter, margarine, sweets and fat/oil sources such as meat, nuts and seeds.	
	6. Fluids a. Fluids provide hydration for tissue structure and form, and to regulate and facilitate body processes. b. Fluids also can be used to provide protein, carbohydrates, vitamins, minerals and fats in the diet. c. Adequate fluids can be taken in as water, milk, juices, ice cream, jello, pudding, or soup.	Give examples of fluids that can be used at home to meet nutritional requirements, i.e., milk and fruit smoothie.
3. Identify the recommended amount of the basic food groups for both adults and children.	C. Daily recommended amounts of the basic food groups: 1. Milk, Yogurt, Cheese a. Child 1-8 yrs. - 4 servings b. Youth 9-24 yrs. - 3 servings c. Adults - 2-3 servings d. During pregnancy and lactation - 3 servings e. A youth or adult serving is 8 oz. of milk or yogurt, 1½ oz. natural cheese like Swiss, Cheddar, Mozzarella, 2 oz. processed cheese like American, 1 cup tofu, 2 cups cottage cheese. f. A child serving is ½ to ¾ of the adult serving. 2. Meat, Fish, Poultry, Dry Beans, Eggs, and Nuts a. Two to three servings b. A youth or adult serving is 2-3 oz. of meat, fish, or poultry, 1 cup cooked beans, 2 eggs, 4 Tbsp. peanut butter. c. A child serving is ⅓ to ⅔ of the adult serving. 3. Vegetables and Fruits a. Five to nine servings daily, including a vitamin A and C source. b. A youth or adult serving is: 1 c. fresh leafy vegetable, i.e. spinach, ½ c. fresh, cooked or canned vegetables or fruit, ¾ c. fruit or vegetable	It might be helpful to give examples of the actual size of a serving of different foods. Explain that children's servings will vary with age. Younger children will need the smaller amount of food in the range. Discuss infant fluid needs and feeding. Explain that calorie requirements for adults will vary with age and activity level. Those requiring fewer calories will use the lower number of servings in each category.

Learner Objectives	Content	Teaching Aids and Approaches
	juice, 1 medium apple, orange, banana, ¼ c. dried fruit. c. A child serving is ¼ to ¾ of the adult serving. 4. Bread, Cereal, Rice and Pasta a. Six to eleven servings b. A youth or adult serving is 1 slice of bread, ½ hamburger bun, bagel or English muffin, ½ cup cooked cereal, rice, or pasta, 1 oz. dry ready-to-eat cereal, 4 small crackers, 1 large or 2 small tortillas. c. A child serving is ¼ to ¾ of the adult serving. 5. Fats, Oils and Sweets a. Should constitute 30% or less of the total daily calories for children and adults, with 10% or less from saturated fats. 6. Fluids a. Adults need 6 cups of fluid/1500cc's. b. The fluid requirements of children and youth vary by age and body weight. The dietitian or nurse will calculate the amount of fluid required.	Give examples of fluid requirements by age and body weight.
4. Identify foods or substances to be avoided in the following therapeutic diets: a. Diabetic b. Low sodium c. Low cholesterol d. Low fat	D. Foods to be avoided on modified diets: 1. Diabetic diet: a. Concentrated sweets such as candy, cake, etc. 2. Low sodium diet: a. Salty meat such as bacon, ham, bologna, processed cheese, vegetables prepared in brine such as pickles and sauerkraut, breads, crackers, chips with salt topping, canned or frozen vegetables or soup which have salt added, salted peanut butter. b. Condiments containing salt such as Worchester-shire sauce, catsup, barbecue sauce, soy sauce. 3. Low cholesterol diet: a. Cream, butter, cheese, ice cream, whole milk, egg yolks, fat meats, lard, shell fish, organ meats such as liver and kidney. 4. Low fat diet: a. Oils, butter, margarine, shortening, lard, meat fats, whole milk, processed meats, fried foods.	Have students identify foods to be included/excluded on each diet. May want to use fake plastic food to display appropriate diet. Hospital dietitians may have plastic food which they are willing to loan. Explain that there are many modified diets but these are the most common ones. Have students identify the difference between low cholesterol and low fat diets. Have students identify differences between fats and give examples, i.e., saturated vs. unsaturated.

UNIT 4 - NUTRITION AND MEAL PREPARATION

Learner Objectives	Content	Teaching Aids and Approaches
5. Identify the factors to consider when planning and preparing meals.	E. Planning and Preparing Meals: 1. The day's menu should meet minimum recommended amounts of the basic food groups for the adult or child.	Plan a day's menu as might be done for an adult, following recommended amounts of the basic food groups. Plan a menu for a child.
	2. The menu plan should take into consideration the client's food preferences and eating pattern, such as how many meals and snacks, and when the heavy meal is eaten.	Have the students identify how they would change the menu for the therapeutic diets listed above.
	3. The day's menu should balance the amount of calories taken in with the amount of calories expended to maintain normal body weight.	Have students identify ways to increase the amount of food without increasing the calories.
	4. Most foods contain more than one nutrient, and no one food can supply all of the nutrients needed; therefore, a varied diet is necessary.	
	5. Check product labels to see how much food is considered a serving and to see the amount of each nutrient included in the product.	Use a sample label to show nutrients, servings, additives, etc.
	6. Color, texture and flavor variation in the meal should be considered.	
	7. For economy, plan to use foods which are in season or specially priced.	
	8. To properly prepare meals the home health aide will need to know:	Show a recipe and ask the students what they would do first, second, etc. to prepare the recipe.
	a. How to follow a recipe.	
	b. Terms used for cooking, measuring, equipment and preparation.	Review common abbreviations used in recipes.
	c. Measuring equivalents.	Show a basic set of dry and liquid measuring devices and discuss substitute devices. Demonstrate how to measure and/or give handouts on measuring.
	d. How to measure ingredients.	
	e. Different methods of cutting, mixing and cooking foods.	Give handouts on basic cooking, cutting and mixing terms.
	f. Substitutions for kitchen tools and ingredients.	Give handouts on substitutions for measuring, equipment and ingredients.
6. Discuss factors to consider in planning for food purchases.	F. Purchasing Food: 1. The role of the home health aide may be limited to using the menu plan to prepare a shopping list for someone else to use.	
	2. If the home health aide prepares the shopping list for someone else's use, it should be very specific.	

UNIT 4 - NUTRITION AND MEAL PREPARATION

Learner Objectives	Content	Teaching Aids and Approaches
	3. When purchasing food: a. Check eggs to make sure there are no cracks, as bacteria can enter the egg. b. Cans shouldn't have dents, bulges, rust, or leaks. c. Place fresh meat in plastic bags to prevent it from dripping and contaminating other food in the grocery cart or refrigerator at home. d. Check frozen foods to make sure they are firmly frozen. e. Check all packaging for the expiration date. f. Check labels to make sure the food meets the client's dietary requirements. g. Pick up cold or frozen food last.	Use the daily menu plan to create a shopping list. Have the student identify which foods to pick up first/last at the market. Ask students to identify the proper way to arrange foods in the shopping cart to avoid damage/contamination.
7. Identify ways to safely store food.	G. Storing Food: 1. Packaged foods should be used prior to the expiration date. Rotate food so oldest is used first.	Have students locate expiration dates on different packages.
	2. Foods which show spoilage (even if just on top) should be discarded.	
	3. Refrigerate or freeze perishable foods within 2 hours of purchase or preparation. a. Meats should be refrigerated or frozen. Ground meat and variety meats spoil more quickly, so they should be used soon after purchase.	Discuss how each food on the shopping list would be stored.
	b. Most fruits and vegetables stay fresh longer in the refrigerator. Potatoes, bananas and onions stay fresh in a cool dry place. c. Eggs, dairy foods and foods high in fats require refrigeration.	Give handouts of charts that tell how long various foods can be refrigerated, frozen, stored.
	4. Dry foods such as flour and pasta should be kept in tightly covered containers in a cool dry place. 5. Bread and baked goods stay fresh at room temperature 3-4 days. Bread can also be frozen. 6. Store canned foods in cabinets away from the stove or oven.	

UNIT 4 - NUTRITION AND MEAL PREPARATION

Learner Objectives	Contents	Teaching Aids and Approaches
8. Discuss safe food handling and preparation practices.	H. Preparing and handling food safely: 1. Wash hands before and after handling raw food. 2. Separate raw, cooked and ready-to-eat foods. 3. Work surfaces, sinks, utensils, hands and dishcloths should all be clean. 4. Sanitize wooden and plastic cutting boards between each use. 5. Wash fresh fruits and vegetables before using. 6. Do not use rusty, damaged or bulging cans of food, cracked eggs or contaminated food. 7. Store knives carefully and avoid putting them loosely in the dishpan. 8. Cook foods to a safe temperature. 9. Read and follow the label.	Review general infection control guidelines for hand washing. Discuss ways to sanitize work surfaces and utensils. Have students identify when different types of food are cooked completely and/or safe to eat. Give handouts with proper cooking temperatures.
	I. Serving Food: 1. Use clean dishes and utensils, not those used in food preparation. 2. Keep hot foods above 140 degrees F. 3. In environmental temperatures of 90 degrees F. or warmer, hold cooked foods no longer than 1 hour before reheating, refrigerating, or freezing. Below 90 degrees F., no longer than 2 hours. 4. Pack lunches in insulated carriers with a cold pack and keep carriers out of the sun. 5. Cover and reheat leftovers thoroughly before serving (rolling boil for sauces, soups, gravies; 165 degrees F. for all others).	Discuss how to check cooking temperatures. Recommend use of thermometers so client is not burned. Discuss microwave cooking principles, including potential of uneven heating. For students with limited cooking skills identify local resources they can utilize to improve their skills, i.e., cooking classes at the County Extension Office.

UNIT 5 - ADAPTING PERSONAL CARE ACTIVITIES IN THE CLIENT'S HOME

Learner Objectives	Content	Teaching Aids and Approaches
1. Describe how to adapt personal care activities to meet the client's needs in the home.	A. Bedmaking: 1. Because bed may be low to floor, home health aide may kneel or squat while changing linen. 2. A draw sheet or pull sheet may be improvised by folding a large sheet in half (top to bottom). 3. A plastic tablecloth or shower curtain may be used for a waterproof protective sheet. Using thin plastic such as a dry cleaner's bag is potentially dangerous.	Because students have already completed instruction and clinical practice of personal care measures, basic content has not been repeated here. You may choose to reemphasize those areas on which each individual class needs to focus.
	B. Mobility: 1. For transferring and walking, use a wide belt or sturdy strip of cloth to substitute for a transfer belt. 2. To assist the client in turning or sitting up, a pulling rope may be tied to the foot or side of the bed. 3. A sliding board which fits between bed and chair may help the client move independently. For instructions in preparing and using the board, contact the physical therapist. 4. To assist client in transferring from wheelchair to car: a. Assess situation, select seat which provides adequate room and support. Push seat as far back as possible or use back seat if 4-door car. b. May lower door window to allow client to use frame for support while transferring. c. A family member may assist from inside the vehicle.	Have a lab with a physical therapist for: * Transfer with gait belt * Use of Hoyer lift Have occupational therapist demonstrate methods of bathing. Continue to emphasize rehabilitation techniques, as you have throughout the course. An occupational therapist may be able to help find examples of devices used to help with activities of daily living.
	C. Bathing: 1. Tub: a. If the tub does not have a non-skid bottom, use a non-skid rubber mat. b. If suggested by the nurse or therapist, family members may add security fastened grab bars to the tub or wall. c. A low bench or stool inside the tub may assist the person who has difficulty lowering himself/herself and getting up again.	

Learner Objectives	Content	Teaching Aids and Approaches
	d. Transfer belt may be used to help client get into and out of the tub. e. Emptying tub and drying client before helping from tub may provide for a more secure grip. f. Client may be able to get out of tub more easily by turning over onto hands and knees, using the edge of the tub or grab bars to push up to a standing position.	
	2. Shower: a. If the floor of the shower does not have non-skid treatment, use a non-skid rubber mat b. A chair or stool inside the shower can provide security for the client who cannot stand steadily during the shower.	
	D. Washing hair in bed: 1. Use shampoo pan. 2. Improvise shampoo pan from shallow disposable baking pan, clean bed pan or other container.	Have students demonstrate use of shampoo device.
	E. Measuring intake and output: 1. Measure and make a reference list of amounts in household cups and glasses used by clients. 2. A glass quart jar, clean plastic milk jug or similar container can be used as a urinal. 3. To make a graduate out of a clear plastic bottle, mark the outside with tape after pouring in measured amounts of liquid.	Have students demonstrate measuring intake and output (using containers with ml or cc's marked and without). Review equivalencies.
	F. Feeding: 1. Enlarge handle of fork or spoon by covering with foam rubber, such as a round curler pad. 2. Other special eating utensils may be purchased.	
	G. Dressing - may have special tools such as button aid, long shoe horn, elastic shoe laces.	Have occupational therapist demonstrate equipment. Ask speech therapist to demonstrate.

UNIT 5 - ADAPTING PERSONAL CARE ACTIVITIES IN THE CLIENT'S HOME

Learner Objectives	Content	Teaching Aids and Approaches
	H. Communicating - May use charts (communication board), pictures cut from magazines or flash cards to help the client with expressive aphasia.	Provide phone number for interpreter for foreign language. Explain use of TDD device.
	I. Obtaining equipment: 1. If the client/family need personal care equipment (commode, hospital bed, raised toilet seat, walker, wheelchair, etc.), the home health aide should consult his/her supervisor. These devices may be rented from pharmacies, medical supply stores or local community service groups. 2. Family members may be quite ingenious in developing solutions to personal care problems. The home health aide will learn from family members as well as help them.	Have durable medical equipment company come to instruct students.

UNIT 6 - MOTHER AND BABY CARE

Learner Objectives	Content	Teaching Aids and Approaches
1. Discuss the role of the home health aide in caring for mother and baby.	A. Role of the home health aide in caring for mother and baby: 1. Reason for using the services of a home health aide is usually because of special care needed by mother or baby, or because mother is not capable of meeting the demands of the family. 2. While the home health aide may help with baby care, he/she should strive toward relieving the mother of as many house hold tasks as possible, to free the mother to care for the baby herself, promoting the bonding. 3. The mother with a newborn may experience a wide fluctuation in emotions, including weepiness, irritability, and elation. The home health aide should be accepting of this behavior. Remind the mother that it is normal and temporary, and can be helped by getting adequate rest. 4. The home health aide should observe and report or urge the mother to report: a. Signs of infection: 1) Elevated temperature 2) Pain in breasts or abdomen 3) Odorous vaginal discharge b. Vaginal bleeding - bright red vaginal flow longer than several days post partum. 5. Care of the mother who is breast feeding includes: a. Cleansing breasts with water as directed by physician. b. Encouraging nutritious diet and adequate fluids.	Previous child care experience of class members will dictate amount and depth of content to be presented in this unit. More material about breast feeding could be added according to student needs. Some physicians no longer recommend that bottles and formula be sterilized.
2. State how to prepare a bottle for feeding avoiding contamination.	B. Preparing a bottle for feeding: 1. Wash hands. 2. Method of bottle preparation (to be chosen by family with physician's recommendation). a. Use clean bottles and nipples washed in hot sudsy water and rinsed in very hot water. b. Use disposable pre-sterilized bottle liners and nipples boiled or washed in hot water.	

Learner Objectives	Content	Teaching Aids and Approaches
	c. Sterilize bottles by boiling them and then storing them closed. 3. Prepare formula according to directions for type of formula on hand. 4. Refer questions concerning formula preparation to the supervising nurse.	
3. Describe how to feed and burp a baby.	C. Feeding and burping a baby: 1. Key points in feeding a baby a bottle: a. Make sure baby is dry and comfortable. b. Check the temperature of the formula by squirting some on the inside of your wrist to make sure it is not too hot. c. Hold the baby during the feeding; do not prop the bottle. d. Burp the baby after every 2 to 4 ounces of formula by changing its position to a more upright one. A cloth should be close to his/her mouth for catching spit-up formulas.	
4. Describe how to bathe a baby, including care of the umbilical cord and circumcision (if applicable).	D. Bathing the baby: 1. While the umbilical cord is still attached the infant is not submerged in water. He/she is given a sponge bath. 2. After the umbilical cord has fallen off, the baby can be submerged into water for his/her bath. A sink or baby tub works well; should be clean prior to use. 3. Have all equipment, including bath water, ready before you start the bath. Hold on to the infant at all times. 4. Wash each eye with a separate clean cotton ball, or separate corners of a clean washcloth. 5. Wash skin creases under arms, neck, legs, knees, using a minimum of mild soap. 6. Use mild shampoo or soap on hair and scalp.	

Learner Objectives	Content	Teaching Aids and Approaches
	7. For girls, wash between labia. For boys who are uncircumcised retract foreskin, wash penis, and return foreskin. 8. Lift infant into a towel and dry, paying special attention to drying creases, and dress infant.	
	E. Care of umbilical cord: 1. Within 5 to 10 days of birth, the umbilical cord will become dry, dark, and will eventually fall off. This does not cause the baby discomfort. 2. Apply alcohol to the cord at diaper changes. 3. Keep the diaper folded down and away from the cord. 4. If the cord is not dropping off, or smells foul, or the area around the cord is red, contact the supervising nurse.	
	F. Circumcision care: 1. Follow the physician's instructions for care. 2. Observe and report bleeding and drainage.	
5. Describe how to diaper a baby.	G. Diapering a baby: 1. Change diapers frequently. Wash and dry genital area to avoid skin irritation. 2. Care for cloth or disposable diapers as directed by the family. Consult supervisor with questions concerning care.	
6. Identify safety principles to be observed when caring for an infant.	H. Safety principles for infant care: 1. Wash hands before handling infant. 2. Always stay with infant whenever he is on a surface from which he could fall. Infant seats tip over easily. 3. Keep small objects (of choking size) out of reach of the infant. Any object that is small enough to fit through a 1 ¼" circle or is smaller than 2 ¼" long is unsafe for children under 4 years old.	

Learner Objectives	Content	Teaching Aids and Approaches
	4. Following feedings place infant on side to avoid aspiration.	
7. List signs of potential health crisis for an infant warranting evaluation by health professionals.	I. Signs of potential infant health crisis which should be reported: 1. Vomiting - for more than one day. 2. Diarrhea - watery, frequent stools for more than one day. 3. Fever of 100 degrees Fahrenheit axillary or 101 degrees Fahrenheit orally or higher. Do not take infant's temperature rectally. There is a danger of bowel perforation. The home health aide could also use a ThepaCdot.thermometer (one time use). 4. Difficulty breathing. Infant may be unable to nurse or take a bottle. 5. Severe pain. Indicated by crying that can't be comforted, sleep changes (such as sleeping more or less than usual, may take short naps because they are so tired). 6. Cloudy or foul-smelling urine. Brown, red or pink urine. Increased frequency of urination. 7. Bulging soft spot on infant's head (when the infant is not crying). 8. Skin rash or severe bruises.	

UNIT 7 - OBSERVING CLIENT'S MEDICATION

Learner Objectives	Content	Teaching Aids and Approaches
1. Define the role of the home health aide in assisting the client with medication.	A. Role of the home health aide in assisting the client with medication: 1. The home health aide may be expected to assist clients as they take their medication. It is NOT within the legal role of the home health aide to administer medication. The home health aide should check with the supervising nurse about the particular client's medications (and side effects) and when questions arise. a. May remind client to take medication. b. May hand the medication container to the client; loosen the cap or lid. c. May provide a glass of liquid.	Supervisor can prepare a schedule.
2. Identify and report observations concerning client's medications.	B. The home health aide should observe and report to their supervisor: 1. If client is not taking medication at proper time. 2. If client is not following directions for taking medications. 3. If client is taking wrong prescription, outdated medications and over the counter medications which are not part of the care plan. 4. If client doesn't understand the reason for the medications. 5. Changes in behavior or complaints of side effects of prescriptions.	
3. Identify safe medication storage.	C. Storing medication safely: 1. Medication containers should have a legible label with expiration date on it. 2. Medications should be stored out of the reach of children, and confused, forgetful clients. 3. Medications should be stored away from extreme heat, light, or cold. 4. If medications are improperly stored, change the place of storage only with the client's and/or family's permission. 5. The nurse fills the client's pill box (1 week-single dose, 1 week-4 dose, or automatic device) upon	Do NOT store in medicine cabinet in bathroom.

Learner Objectives	Content	Teaching Aids and Approaches
	client's or family's request to be done. Medication preparation needs to be in the Care Plan. The home health aide is prohibited from filling the box. The home health aide may hand the box to the client.	
4. Disposing of outdated/unlabeled medications.	D. Disposing of old medications safely: 1. Report to nurse supervisor any outdated/unlabeled medications in the home. 2. The nurse is responsible for disposal. 3. Document that the medications were reported to nurse.	
5. Identify concerns with oxygen therapy.	E. Assisting with oxygen therapy: 1. Maintenance: a. Document rate of flow. Contact supervisor if rate of flow doesn't follow physician's orders. Document that supervisor was contacted. b. If oxygen tank has a jar of water for humidity, fill and change the water per Care Plan and supervisor's instruction. Use only distilled water. 2. Safety: a. Remind client/family of need to eliminate sparks and flame near oxygen. b. Post "NO SMOKING" signs. c. Use cotton clothing and bedding around oxygen. Clothing and bedding may be saturated with oxygen. Be careful handling. Static electricity could emit sparks. d. Room humidifiers decrease static electricity. e. Do not light candles, gas heaters, or other open flames in room. f. Be sure full and empty oxygen tanks are securely in place. g. Follow directions when filling a portable oxygen tank from a supply tank of oxygen.	

UNIT 7 - OBSERVING CLIENT'S MEDICATION

Learner Objectives	Content	Teaching Aids and Approaches
6. Identify proper directions for use of other equipment.	F. Assist with other medication equipment: 1. Inhalers 2. Nebulizers 3. Automatic pill dispensers a. Read directions before instructing client. b. Call supervisor if concerns arise.	Demonstrate how nebulizers and inhalers are used and cleaned.

UNIT 8 - SPECIAL PROCEDURES AND EMERGENCY CARE

Learner Objectives	Content	Teaching Aids and Approaches
1. Describe the technique for changing a clean dressing.	A. Clean dressing change: 1. Technique for changing a clean dressing: a. Assemble all supplies needed. b. Wash hands. c. Put on gloves. d. Remove the old dressing, discarding it in a plastic or paper bag. Use a plastic bag if dressing is soaked and/or dripping. Observe characteristics of the wound and drainage. e. Cleanse the wound as instructed by supervisor. f. Remove gloves. Wash hands. Put on new gloves. g. Apply clean dressing, touching only edges. Tape in place. h. Remove gloves. i. Wash hands.	Kansas Certified Nurse Aide Curriculum Use policy statement from home health agency to explain local guidelines. Policy statement may also be used to illustrate how agencies provide specific descriptions of the aide's responsibilities.
2. Describe care for a person who has a cast.	2. Cast care: a. New cast care: 1. Until the cast dries it should be left uncovered. 2. It should be handled and positioned in such a way that the wet cast does not become indented or misshapen; support it with pillows. 3. Observe for signs that cast is too tight: tingling or numbness; pale, cold fingers or toes on cast extremity; pain or pressure in cast area. b. Dry cast: 1. Protect cast edges which are likely to become soiled with tape or plastic wrap. Washing it with water will cause it to crumble. 2. Observations of casted extremity to report: numbness or tingling of fingers or toes; pale, cold fingers or toes; swelling, unusual odor. 3. Skin under cast may itch, but one should avoid scratching under the cast with sharp object since this might break the skin; instead, lightly tap the cast or blow cool air under the cast.	

UNIT 8 - SPECIAL PROCEDURES AND EMERGENCY CARE

Learner Objectives	Content	Teaching Aids and Approaches
3. Describe general guidelines for care of a client who wears a prosthesis.	3. Caring for a prosthesis or brace: a. Have the device in use at the prescribed times and in the prescribed manner. b. Observe and report skin irritation, and worn or broken parts of the device. c. Assist in keeping the device clean.	
4. Identify how to use a vaporizer or humidifier safely.	4. Use of vaporizer or humidifier: a. Purpose of each is to improve breathing by adding moisture to the air. Older devices put steam from boiling water into air; they present a potential for burns. Newer devices pump cool water particles into the air. b. Points to consider in operation: 1. Place the device on a solid surface, below bed level. 2. Moist air should blow toward the client but not directly onto him/her. 3. Read and follow directions for use. Always unplug devices before moving, cleaning, or adding water.	
5. Identify the home health aide's action in emergency situations.	B. Emergency care: 1. Fire evacuation in the home: a. With client, begin to plan for fire emergency: 1. Where are exits? 2. How could client be removed from home? 3. What safety hazards (oxygen, smoking) and safety devices are present (fire extinguisher, smoke detector)? b. In case of fire: 1. Remove client, family and yourself. 2. Call fire department. 2. Assisting infant or child with an obstructed airway: a. Support an infant or child face down, with head lower than chest.	

Learner Objectives	Content	Teaching Aids and Approaches
	b. Give five quick blows to back, between shoulder blades. c. If obstruction is not dislodged, use five chest thrusts on an infant. Use the abdominal thrust motion on a child. d. If a bystander is present, ask the bystander to call 911 while you try to dislodge the obstruction. If you are alone, try to dislodge the obstruction for one minute, then call 911 and continue to try to dislodge the obstruction until you are exhausted or help arrives. 3. Diabetic emergency: a. Regulation of diabetes involves a balance among food eaten, amount of insulin, and client's activity. The home health aide should observe and report if the client is unable to maintain usual levels of food intake or activity, or if the client has difficulty with diabetes medication. b. Unusual symptoms or behavior should be reported immediately to nurse supervisor. Some symptoms to report include: nausea and vomiting, increased thirst and urination, lethargy, confusion, sweating, weakness, nervousness and unconsciousness. 4. What to do when no one responds to knock at client's door: a. Attempt to determine if client is inside: Observe if door is locked from inside, look in window, phone client from neighbor's home or use cell phone. b. Follow agency policy for specific action: Contact supervising nurse, call client's emergency contact person, call police. c. If client is apparently dead when discovered: Check for signs of life, then follow agency policy. Possible actions might be to call agency, call police, notify physicians.	

UNIT 9 - REPORTING, DOCUMENTATION AND OBSERVATION

Learner Objectives	Content	Teaching Aids and Approaches
1. Describe the importance of reporting, documenting and observing in home care.	A. Medical Record - a legal record in which the client's medical information regarding their care is stored. The medical record may be read by the nurses, physicians, and insurance companies. 1. Visit record - Also called visit summary; contains notes and documentation verifying the visit to the home. It is documentation of tasks that have been identified on the care plan and your assignment. 2. Confidentiality - A commitment to keep the client's information private. A visit record may be kept in a notebook or on a clipboard used when going from one home to the other. Follow the agency's policy on use and storage of the visit record. Keep all information regarding the client in a secure area of the car and away from any public view. 3. Communication - Much of the communication with the supervisor is the documentation. The supervisor or case manager can view the documentation and learn what the visit included. 4. Legal issues - If it wasn't documented, it wasn't done. It is important to document all of the care that was ordered and provided. In cases of identified issues regarding abuse, neglect or exploitation, it is important to have the objective information in the client's medical record. B. What should be included in the visit record: 1. A complete note for each visit. Some agencies use a checklist with a space for your signature and time that you were providing care. 2. Include what was in your care plan and your assignment duties. 3. Any observations significant for the nurse to know. 4. Daily measurements that may have been assigned. Included would be weights, blood pressure, temperature, or pulse.	

UNIT 9 - REPORTING, DOCUMENTATION AND OBSERVATION

Learner Objectives	Content	Teaching Aids and Approaches
	5. Any safety issues related to the care of the client. 6. Any statement by the client pertinent to the care that may be unusual. C. Observation: 1. The home health aide is sometimes the only person to see the client on a regular basis. Changes can be noticed more frequently than by a nurse. 2. The home health aide's observation of the client is important information for the nurse to receive. a. Use of the senses can assist in observation and documentation of significant information. 1. Sight - Look at changes since the last visit to the home. Look at surroundings. 2. Hearing - Listen to what the client says and how it is said. 3. Touch - Feel the skin for changes. 4. Smell - Note unusual odors, home odors. D. Reporting: 1. When making a report, it is important to collect the right kind of information before reporting and/or documenting. a. Objective reporting - what you actually see, feel, smell, hear. This is what is reported to the nurse and documented. b. Subjective reporting - your opinion or what someone else says. c. Is it significant to the care that is being provided? It is always better to report something even if you are not sure how significant it is. E. All of the observations, reporting and documenting will help the nurse make decisions regarding client care.	Obtain examples of visit reports/summaries that are used in home care.