

Family Choice Healthcare

Handout for Competency Exam #10

INSTRUCTIONS: Please read the information carefully prior to taking the exam. Somewhere in these paragraphs are the answers to the questions.

For most difficult people, the personality doesn't change much over time. A grumpy old man was probably an unhappy young man. When you work in healthcare, you come across many people who are dealing with events that can turn even the sweetest person into a growling bear. Difficult clients may be suffering from pain or illness, recovering from stress of a tragic event, dealing with a disability, feeling lonely or isolated, or even from taking medications that make them act differently than normal. Some people may become combative or violent. Just keep in mind that people are more likely to be violent when they have trouble communicating, are scared, or feel that their "personal space" has been invaded.

COMMON "DIFFICULT PERSONALITIES"

Passive personalities may be:

- Quiet
- Shy
- Agreeable all the time
- Apologetic for things that aren't their fault

Passive people tend to:

- Avoid speaking up for themselves
- Get overwhelmed
- Let others make decisions for them
- Be afraid to say "no"
- Allow others to be rude to them

Aggressive Personalities may be:

- Loud
- Rude
- Bossy
- Argumentative
- Impatient

Aggressive people tend to

- Interrupt others instead of listening
- Make sarcastic remarks about other people
- Stare or glare at other people
- Raise their voices
- Make decisions for others

Passive/aggressive people may be:

- Cynical or pessimistic
- Contradictory
- Untrustworthy
- Insincere
- Sarcastic

Passive/aggressive people tend to:

- Indirectly express negative feelings instead of openly addressing them
- Appear to be agreeable, then later express anger or resentment
- Complain about feeling underappreciated or cheated

TIPS FOR WORKING WITH DIFFICULT PEOPLE:

- **Consider your attitude.** If you think a person is going to be difficult, it may be because of your actions around them.
- **Keep your opinions to yourself.** A person who seems difficult to you may get along well with others.
- **Let the past go.** Forget what happened yesterday. Start with a new positive attitude each day.
- **Keep your cool.** If someone is yelling at you, crying, or complaining loudly, try standing still, looking directly at the person...and waiting. This gives the person an opportunity to get their anger out.
- **Take ten.** Remember the old “rule” about counting to ten? It really does work. The next time you feel angry or upset with your client or co-worker, breath slowly and count to ten before speaking.
- **Know YOUR triggers.** We all have “pet Peeves”. Think about the little things that tend to bother you and try not to overreact when your client or coworker does them.

Keep the line of communication open:

- Find out if your client has a history of being physically or verbally abusive.
- Always share your observations about your clients with those that you work with.
- Don't hesitate to ask advice from your supervisor.
- Knowing your client's history will help you be prepared to handle combative or violent situations.

- Take threats seriously. When you feel threatened, quickly, calmly end the interaction without making the situation worse. Before the situation becomes dangerous, leave the premises and notify the office staff immediately.
- Always keep your cell phone in your pocket in case you have to call for help.

UNDERSTANDING NEGLECT & ABUSE:

Neglect is when a person/caregiver fails to provide goods or essential services that are necessary to avoid serious injury et the needs of another individual. There are several types of neglect.

- **Passive neglect** is when a person can act of ignorance because they just don't know any better.
- **Active neglect** is when a person knows how to care for, or what to do to avoid harm to their self or an at-risk individual and makes a conscious decision that causes harm. Listed below are several types of active neglect or abuse:
 1. Exploitation is misuse of a person's funds or other resources without consent from the individual or their responsible party.
 2. Abandonment is leaving a client without proper supervision. This includes leaving prior to your assigned shift ends, without making sure someone else is available to cover the care of your client.
 3. Desertion/abandonment occurs when individuals leave their client without approval from the coordinator or supervisor.
 4. Unsafe or unsanitary conditions includes:
 - Unsafe living structure to include holes in the floor, wall, or roof
 - Mold
 - Rodents
 - Fleas, roaches, lice,
 - Strong odor of urine, feces, or body order
 - Pet waste
 - Limited access to food or drinking water
 - Lack of safety items to include safety bars and stair rails
 - Lack off electricity
 - Lack of proper heat or air conditioning

You do not have to have proof of neglect or abuse. **Always consult with your coordinator for advice before notifying the client's responsible party or Adult Protective Services regarding your concerns.**

PREVENT WANDERING:

The goal in preventing wandering is NOT to prevent all movement. Instead, the goal is to promote **safe** movement

- Make sure your client has a safe walking area that is lit and free of clutter
- Be sure to close closet and cabinet doors to prevent injury
- Use bed alarms or other alarm devices to alert caregivers when the client begins to move about
- Encourage the client's responsible party to place alarms on the doors to alert the caregivers when the client attempts to wander outside of their safe area
- Provide meaningful activities that include physical activities such as exercises and dancing

PROTECTING YOUR CLIENT FROM EXTREME HEAT:

Extreme heat can cause illness and death. The signs of Heat exhaustion include:

- Extreme thirst, fatigue, weakness
- Clammy skin
- Nausea – vomiting
- Flushed or reddened skin
- Rapid breathing and heart beat
- Muscle weakness
- Muscle cramps

INFECTION CONTROL

INFECTION PRECAUTIONS AND PREVENTIONS are designed to protect you as a caregiver and the client from spreading infections from one to the other. Standard precautions and preventions include:

- Hand hygiene
- Use of protective equipment such as gloves, masks, goggles, and gowns
- Safe handling of potentially contaminated equipment
- Respiratory hygiene – cough/sneeze etiquette
- Environmental cleaning

Good hand hygiene includes the use of alcohol-based hand rubs because they are convenient, require less time to clean hands, are less irritating, and reduce the risk of spreading infection. Good hand hygiene includes sanitizing/washing hands:

- Before touching the client, even if you are using gloves
- Before leaving the client's place of residence
- After contact with blood, body fluids, excretions, or wounds
- Prior to preparing meals
- After gloves are removed

Hand hygiene: Use the following technique to ensure your hands are safe:

- Cup one hand and apply hand enough hand sanitizer to cover the palms
- Rub hands palm to palm
- Place right hand over back of the left hand and rub to include the back of the fingers on the left fingers
- Place left hand over the back of the right hand and rub to include the back of the right fingers
- Rub the left thumb with the right hand
- Rub the right thumb with the right hand
- Clasp fingers on the right hand and rub them into the left palm
- Clasp fingers on the left hand and rub them into the right palm
- When both hands are dry, they are safe

Use soap and water when hands are visibly soiled with dirt, blood, body fluids, or after caring for patients with known or suspected infectious diarrhea. Otherwise, the preferred method of hand decontamination is with an alcohol-based hand rub.

Hand washing should take 20 to 30 seconds. Use the following technique:

- Turn on the faucet and wet hands
- Apply enough soap to cover the surface of both hands
- Rub hands together palm to palm
- Place the right palm on the back of the left hand and rub including between the fingers on the left hand
- Place the left palm on the back of the right hand and rub to include between the fingers on the right hand
- Palm to palm rub hands together to include fingers on both hands
- Wash the thumbs on both hands
- Wash both palms again
- Rinse hands and dry with a clean towel
- Turn the faucet off with the towel

Personal Protective Equipment (PPE) refers to wearable equipment that is intended to protect health care providers from exposure to or contact with infectious items.

Examples of protective equipment include:

- Gloves should to prevent infection when handling blood, body fluids, sores, rashes, mucus, and potentially infectious items
- Gowns protect clothing from coming in contact with contagious agents
- Goggles protect the eyes from possible splashes or sprays of blood or other body fluids

Other safety measures include:

- Never wear the same pair of gloves for the care of more than one client

- Never wash the same pair of gloves for the purpose of reuse
- Perform hand hygiene immediately after removing gloves

Environmental cleaning is routine cleaning and disinfection of surface areas as part of infection prevention. These areas may include:

- Bedside commodes
- Bedrails
- Door knobs
- Bathroom sinks
- Telephone
- Wheelchairs
- Any surface where the client touches frequently

Disinfectant products should not be used as cleaners unless the label indicates the product is suitable for such use. Always follow the manufacturer's recommendations for use of products selected for cleaning and disinfection. Be aware of the amount, dilution, contact time, safe use and disposal of disinfectants.

Respiratory hygiene/cough etiquette should be used at all time as a means of decreasing the spread of infection. Always put measures in place to contain respiratory secretions especially when there are signs and symptoms of undiagnosed illness to include:

- Coughing
- Congestion
- Runny nose
- Sneezing

When these symptoms are apparent when possible provide the following:

- Disposable tissues for the mouth and nose
- A safe area for disposal of tissues
- Hand sanitizer

MEASLES:

The Centers for Disease Control and Prevention recommends that children and adults receive the measles vaccine to prevent measles.

Measles vaccine in children

To prevent measles in children, doctors usually give infants the first dose of the vaccine between 12 and 15 months, with the second dose typically given between ages 4 and 6 years. Keep in mind:

- If you'll be traveling abroad when your child is 6 to 11 months old, talk with your child's doctor about getting the measles vaccine earlier.
- If your child or teenager didn't get the two doses at the recommended times, he or she may need two doses of the vaccine four weeks apart.

Measles vaccine in adults

You may need the measles vaccine if you're an adult who:

- Has an increased risk of measles — such as attending college, traveling internationally or working in a hospital environment — and you don't have proof of immunity. Proof of immunity includes written documentation of your vaccinations or lab confirmation of immunity or previous illness.
- Was born in 1957 or later and you don't have proof of immunity. Proof of immunity includes written documentation of your vaccinations or lab confirmation of immunity or previous illness. If someone in your household has measles, take these precautions to protect vulnerable family and friends:
- **Isolation.** Because measles is highly contagious from about four days before to four days after the rash breaks out, people with measles shouldn't return to activities in which they interact with other people during this period.
- It may also be necessary to keep non-immunized people — siblings, for example — away from the infected person.
- **Vaccinate.** Be sure that anyone who's at risk of getting the measles who hasn't been fully vaccinated receives the measles vaccine as soon as possible. This includes infants older than 6 months and anyone born in 1957 or later who doesn't have written documentation of being vaccinated, or who doesn't have evidence of immunity or having had measles in the past.

PREVENTING NEW INFECTIONS

If you've already had measles, your body has built up its immune system to fight the infection, and you can't get measles again. Most people born or living in the United States before 1957 are immune to measles. Simply, because they've already had it.

For everyone else, there's the measles vaccine, which is important for:

- **Promoting and preserving widespread immunity.** Since the introduction of the measles vaccine, measles has virtually been eliminated in the United States, even though not everyone has been vaccinated.
- **Preventing a resurgence of measles.** Steady vaccination rates are important because, soon after vaccination rates decline, measles begin to come back.

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CODE OF CONDUCT

Acceptable Code of Conduct:

Ethical conduct is the cornerstone upon which this Agency is built.

- **Always act with integrity; make sure your actions do not cause physical or mental harm to your client.**
- **Be an advocate; promote and protect the interest of your client.**
- **Maintain client's confidential health information**
- **Treat your client with dignity and respect**
- **Maintain a professional client and employee relationship**

Conduct Subject to Disciplinary Action:

The following is a list of unacceptable conduct for which an employee or independent contractor may receive disciplinary action, up to termination.

- Failure to maintain satisfactory attendance and punctuality
- Absence without proper notification or insufficient reason(s) for absenteeism
- Making malicious or false statements that are intended, or could be reasonably be expected, to damage the integrity of FCH, clients, or fellow workers
- Fighting and threats of physical violence, disorderly conduct, coercion, or intimidation
- Insubordination
- Dishonesty
- Failure to preform assigned duties
- Working under the influence of alcohol or illegal drugs
- Using abusive/profane language
- Abuse or neglect of a client

- Accepting gifts and/or money from the client and/or the client's family
- Misuse of the client's funds

Imposed Disciplinary Action

Disciplinary action will be handled with fairness and will be implemented at the discretion of the administrative staff. The following disciplinary actions may be applied, depending on the particular situation:

- Verbal Warning – The employee is verbally warned that the conduct is inappropriate and more stringent disciplinary action may be imposed if the behavior continues. The employee will be provided with steps to correct his/her behavior. Documentation of verbal warnings will be placed in the employee's personnel file.
- Written Reprimand – If, after receiving a verbal warning, the problem persists, the employee will receive a written reprimand which will remain in the employee's personnel file. The reprimand will include documentation of verbal warnings along with steps to correct his/her behavior.
- Suspension Without Pay- An employee may be suspended without pay if it is believed that this measure may improve the employee's performance/conduct. The employee may return to work at the discretion of the Agency.
- Termination of Employment – If the employee's unacceptable behavior continues, or if the misconduct is of a gross nature, the employee may be terminated immediately.

Depending on the infraction, any step(s) of disciplinary process may be skipped at the discretion of the administrative staff. The use of any form of disciplinary action will not affect an employee's "at will" employment status.