Care CEUs

Continuing Education for Nursing Home Administrators

Back To The Basics of Resident Care

Introduction

Due to the coronavirus disease 2019 (COVID-19) pandemic and other contributing factors, health care professionals are being asked to revisit and improve upon the fundamentals of health care. Therefore, health care administrators of nursing homes and assisted living facilities should ensure that health care professionals display a strong fundamental base. This course reviews the fundamentals of health care, while highlighting essential daily procedures that may be required of health care professionals. This course also reviews emergency procedures, and concepts central to medication preparation and administration. Health care administrators should note that the information found within this course may be used to develop training and educational offerings to health care professionals.

Section 1: Essential Daily Procedures

This section of the course will focus on essential daily procedures that may be required of health care professionals. Health care administrators should note that the recommendations and procedures highlighted below may be supplemented with information included in organizational policies and procedures to optimize their effectiveness and ability to meet the needs of specific health care organizations. The information found within this section of the course was derived from materials provided by the American Red Cross unless, otherwise, specified (American Red Cross, 2018).

Hand Hygiene

- Hand hygiene may refer to a process of cleaning the hands in order to prevent contamination and/or the spread of infectious agents (e.g., viruses).
- Effective hand hygiene occurs when dirt, soil, microorganisms, and other contaminants are removed from the hands.
- Effective hand hygiene may include hand washing with soap and water, and hand sanitizing with an alcohol-based hand sanitizer.
- Hand hygiene should be performed at the following key moments: when the hands are visibly soiled; after barehanded touching of instruments, equipment, materials, and other objects likely to be contaminated by blood, saliva, or

respiratory secretions; before and after treating each patient; before donning personal protective equipment (PPE); immediately after removing all PEE (note: personal protective equipment [PPE] may refer to equipment designed to protect, shield, and minimize exposure to hazards that may cause serious injury, illness, and/or disease) (Centers for Disease Control and Prevention [CDC], 2021).

- When engaging in hand hygiene with soap and water, health care professionals should, first, wet their hands with water, apply the amount of product recommended by the manufacturer to the hands, and rub the hands together vigorously for at least 15 - 20 seconds, covering all surfaces of the hands and fingers; rinse the hands with water and use disposable towels to dry; use a towel to turn off the faucet; avoid using hot water, to prevent drying the skin (CDC, 2021).

- When engaging in hand hygiene with an alcohol-based hand sanitizer, health care professionals should place the product on the hands; rub the hands together; cover all surfaces until the hands feel dry (note: hand hygiene with an alcohol-based hand sanitizer should take approximately 20 seconds) (CDC, 2021).

Donning Personal Protective Equipment (PPE)

- Effectively donning PPE can prevent the spread of infectious materials and agents to health care professionals and patients.

- PPE can include a variety of different types of equipment such as: masks, respirators, gowns, and gloves.

- When donning PPE, health care professionals should, first, engage in hand hygiene, and then don PPE, as required (note: when donning/wearing gloves, health care professionals should avoid touch contamination; touch contamination may refer to touching one's self and/or other surfaces such as tables, light switches, and doors while wearing gloves; touch contamination may lead to contamination and/or the passing of potentially infectious materials to health care professionals and patients) (CDC, 2021).

- When removing PPE, health care professionals should remove PPE as required, and then engage in hand hygiene after removing all PPE (CDC, 2021).

Lifting a Resident's Head and Shoulders off the Bed

- Engage in hand hygiene, don required PPE, and gather required supplies, when appropriate.
- Greet the resident.
- Explain the procedure, when appropriate.
- Adjust equipment for body mechanics and safety (e.g., raise the bed to a comfortable working height; make sure the wheels on the bed are locked).
- Face the head of the bed and position the feet so that one foot is about 12 inches in front of the other foot.
- If the resident can help, ask the resident to place his or her arm that is nearer to the health care professional under the arm and to hold on behind the shoulder.
- Place the arm that is nearer to the resident under his or her closest arm and behind his or her shoulder; place the arm that is farthest from the resident under the upper back and shoulders.
- The health care professional should raise the resident's head and shoulders off the bed by shifting his or her weight toward the foot of the bed; ask the resident to assist as much as he or she can by helping to support himself or herself with his or her free hand (note: do not to twist when lifting).
- The health care professional should use the hand that is under the resident's shoulders to readjust the pillow, and then help the resident lie back down.
- Remove and dispose of required PPE, and engage in hand hygiene, when appropriate.
- Engage in the following completion steps, when appropriate: complete all required documentation; adjust equipment for safety (e.g., lower the resident's bed to the level specified in the resident's care plan; make sure the wheels on the bed are locked; place the resident's method of calling for help within reach; lower or raise the side rails according to the resident's care plan); ensure the resident's comfort and good body alignment, when applicable; clean up the work area; engage in hand hygiene, when appropriate.

Moving a Resident Up in Bed

- Engage in hand hygiene, don required PPE, and gather required supplies, when appropriate.
- Greet the resident.
- Explain the procedure, when appropriate.
- Adjust equipment for body mechanics and safety (e.g., raise the bed to a comfortable working height; make sure the wheels on the bed are locked).
- Lower the head of the bed as low as the resident can tolerate; ask the resident to lift his or her head, or if he or she is unable, gently lift the resident's head and remove the pillow; place the pillow against the headboard.
- The health care professional should face the head of the bed and position his or her feet so that one foot is about 12 inches in front of the other foot; bend the hips and knees so that the upper back remains straight.
- Prepare the resident to help with the move, and choose one of the following options to move the resident.
    - Option A - ask the resident to bend his or her knees and place his or her feet firmly on the bed; then ask the resident to place his or her hands palm side down on the bed; place one arm under the resident's shoulders and one hand under the resident's thighs; ask the resident to help by pushing against the bed with his or her hands and feet on the health care professional's count of three.
    - Option B - If the resident is able, ask the resident to grasp a trapeze; ask the resident to assist by pulling himself or herself up on the health care professional's count of three.
- Inform the resident to get ready to move on the health care professional's count of three.
- On the health care professional's count of three, the health care professional should shift his or her weight onto the foot closest to the headboard, moving the resident up toward the head of the bed.

- Help the resident lift his or her head and replace the pillow.
- Remove and dispose of required PPE, and engage in hand hygiene, when appropriate.
- Engage in the following completion steps, when appropriate: complete all required documentation; adjust equipment for safety (e.g., lower the resident's bed to the level specified in the resident's care plan; make sure the wheels on the bed are locked; place the resident's method of calling for help within reach; lower or raise the side rails according to the resident's care plan); ensure the resident's comfort and good body alignment, when applicable; clean up the work area; engage in hand hygiene, when appropriate.

Moving a Resident to the Side of the Bed

- Engage in hand hygiene, don required PPE, and gather required supplies, when appropriate.
- Greet the resident.
- Explain the procedure, when appropriate.
- Adjust equipment for body mechanics and safety (e.g., raise the bed to a comfortable working height; make sure the wheels on the bed are locked).
- Lower the head of the bed as low as the resident can tolerate; ask the resident to lift his or her head, or if the resident is unable, gently lift his or her head and remove the pillow; place the pillow against the headboard.
- The health care professional should face the bed and position his or her feet so that one foot is about 12 inches in front of the other foot; bend the hips and knees so that the upper back remains straight.
- Ask the resident to cross his or her arms over her chest.
- The health care professional should place one of his or her arms under the resident's neck and shoulders and the other arm under the resident's upper back; on the health care professional's count of three, rock backward and lift the resident's upper body toward the health care professional.

- The health care professional should then reposition his or her hands, placing one hand under the resident's waist and the other hand under the resident thighs; using the same motion, the health care professional should count to three and rock backward, lifting the resident's lower body toward the health care professional.

- Finally, the health care professional should reposition his or her hands under the resident's calves and feet and, on the health care professional's count of there, the health care professional should move the resident's lower legs toward the health care professional so that the resident is in proper body alignment.

- Health care professionals should note the following: moving the resident to the side of the bed is usually the first step in another procedure; continue with the next procedure, when applicable.

- Remove and dispose of required PPE, and engage in hand hygiene, when appropriate.

- Engage in the following completion steps, when appropriate: complete all required documentation; adjust equipment for safety (e.g., lower the resident's bed to the level specified in the resident's care plan; make sure the wheels on the bed are locked; place the resident's method of calling for help within reach; lower or raise the side rails according to the resident's care plan); ensure the resident's comfort and good body alignment, when applicable; clean up the work area; engage in hand hygiene, when appropriate.

Repositioning a Resident in a Chair

- Engage in hand hygiene, don required PPE, and gather required supplies, when appropriate.

- Greet the resident.

- Explain the procedure, when appropriate.

- Adjust equipment for body mechanics and safety (e.g., raise the bed to a comfortable working height; make sure the wheels on the bed are locked).

- Place a transfer belt on the resident, when applicable.

- Stand as close as possible to the back of the chair, facing the resident's back; the health care professional should give himself or herself a broad base of support; place one leg against the back of the chair, and place the other leg about 12 inches behind the first; bend the knees.
- Ask a second health care professional to kneel on one knee close to the resident's legs and place an arm under the resident's knees.
- Support the resident's head against the chest or one shoulder, and grip the transfer belt firmly with the palms up.
- Instruct the resident and second health care professional that on the count of three to move the resident back.
- On the health care professional's count of three, the second health care professional should slightly lift the resident's legs and guide the resident toward the back of the chair, while the first health care professional lifts the resident's upper body by slowly straightening both legs; the health care professionals should make sure the resident's back and buttocks are resting against the back of the chair; place the resident's feet on the footrests, when applicable.
- Remove and dispose of required PPE, and engage in hand hygiene, when appropriate.
- Engage in the following completion steps, when appropriate: complete all required documentation; adjust equipment for safety (e.g., lower the resident's bed to the level specified in the resident's care plan; make sure the wheels on the bed are locked; place the resident's method of calling for help within reach; lower or raise the side rails according to the resident's care plan); ensure the resident's comfort and good body alignment, when applicable; clean up the work area; engage in hand hygiene, when appropriate.

Helping a Resident to Put On Compression Stockings

- Engage in hand hygiene, don required PPE, and gather required supplies, when appropriate.
- Greet the resident.
- Explain the procedure, when appropriate.

- Adjust equipment for body mechanics and safety (e.g., raise the bed to a comfortable working height; make sure the wheels on the bed are locked).
- Lower the head of the bed as low as the resident can tolerate.
- Adjust the top covers and the resident's clothing as necessary to expose one leg at a time.
- Turn one stocking inside out down to the heel.
- Hold the stocking so that when it is placed on the resident's foot, the toe opening is facing up or down, according to the manufacturer's instructions; slide the foot of the stocking over the resident's toes, foot and heel; ensure the opening is positioned properly across the resident's toes and that the stocking fits smoothly over the heel.
- Slide the rest of the stocking up the resident's leg, smoothing out any wrinkles.
- Cover the resident's leg, and apply the second stocking, in the same manner, to the other leg.
- Remove and dispose of required PPE, and engage in hand hygiene, when appropriate.
- Engage in the following completion steps, when appropriate: complete all required documentation; adjust equipment for safety (e.g., lower the resident's bed to the level specified in the resident's care plan; make sure the wheels on the bed are locked; place the resident's method of calling for help within reach; lower or raise the side rails according to the resident's care plan); ensure the resident's comfort and good body alignment, when applicable; clean up the work area; engage in hand hygiene, when appropriate.

Helping a Resident to Walk

- Engage in hand hygiene, don required PPE, and gather required supplies, when appropriate.
- Greet the resident.
- Explain the procedure, when appropriate.

- Adjust equipment for body mechanics and safety (e.g., raise the bed to a comfortable working height; make sure the wheels on the bed are locked).

- If the resident is lying down in bed, allow the resident to sit on the edge of the bed with his or her feet flat on the floor for at least two minutes before continuing; some dizziness is common when a resident sits up after being in bed for a while; if the dizziness does not pass in two minutes, or if it gets worse, or if the resident becomes sweaty or short of breath, or if the resident is in pain, help the resident to lie back down and complete required documentation, when applicable.

- Once the resident is ready to stand up; help the resident put on appropriate clothing and footwear, when applicable; place the transfer belt on the resident, when applicable.

- If necessary, help the resident to stand up; when doing so, the health care professional should stand facing the resident, and either grasp the transfer belt on the back side of the resident's waist with the palms up or, if the health care professional is not using a transfer belt, the health care professional should place his or her arms underneath the resident's arms and place the hands on the resident's shoulder blades; the health care professional should then place his or her toes against the resident's toes and bend the knees so that they rest against, or near, the resident's knees; instruct the resident to lean forward, toward the health care professional; instruct the resident that on the health care professional's count of three he or she can push down on the bed or chair with his or her hands while the health care professional assists the resident to a standing position; on the health care professional's count of three, straighten the legs to help lift the resident to a standing position.

- If the resident is using an assistive device for walking, make sure it is positioned properly; if the resident is using a walker, it should be positioned directly in front of the resident; if the resident uses a cane, make sure the resident is holding the cane in the hand opposite the resident's weak leg.

- Stand slightly behind the resident on the resident's weaker side; grasp the transfer belt on the back side of the resident's waist, with the palms up.

- Starting on the same foot as the resident, walk on the resident's weaker side and a little behind; help the resident walk to the intended location.

- Remove and dispose of required PPE, and engage in hand hygiene, when appropriate.

- Engage in the following completion steps, when appropriate: complete all required documentation; adjust equipment for safety (e.g., lower the resident's bed to the level specified in the resident's care plan; make sure the wheels on the bed are locked; place the resident's method of calling for help within reach; lower or raise the side rails according to the resident's care plan); ensure the resident's comfort and good body alignment, when applicable; clean up the work area; engage in hand hygiene, when appropriate.

Helping a Resident to Use a Portable Commode

- Engage in hand hygiene, don required PPE, and gather required supplies, when appropriate.

- Greet the resident.

- Explain the procedure, when appropriate.

- Adjust equipment for body mechanics and safety (e.g., raise the bed to a comfortable working height; make sure the wheels on the bed are locked).

- Position the portable commode near the side of the bed on the resident's stronger side so that it faces the foot of the bed; if the commode has wheels, make sure they are locked.

- Lift the lid of the commode; make sure the collection container is under the seat; if the collection container has a cover, remove it.

- Appropriately transfer the resident to the commode; before helping the resident to sit down on the commode, help the resident move clothing out of the way, as needed.

- Make sure the toilet paper and the resident's method of calling for help are within reach; if the health care professional does not need to stay with the resident to ensure his or her safety, ask the resident to call when he or she is finished and leave the room; the health care professional should shut the door to the room on the way out, and check on the resident every five minutes, when applicable.

- When the resident is finished using the portable commode; help the resident to stand and assist the resident with wiping and adjusting his or her clothing, as needed (note: health care professionals may be required to remove and dispose of required PPE, and engage in hand hygiene, when appropriate, as well as don new PPE for the remaining procedures).

- Fill the wash basin with warm water and help the resident wash and dry his or her hands (note: health care professionals may be required to remove and dispose of required PPE, and engage in hand hygiene, when appropriate, as well as don new PPE for the remaining procedures).

- Remove the collection container from the commode and replace the cover; take the collection container to the bathroom; observe and (if required) measure the contents of the collection container before emptying it and cleaning it.

- Remove and dispose of required PPE, and engage in hand hygiene, when appropriate.

- Engage in the following completion steps, when appropriate: complete all required documentation; adjust equipment for safety (e.g., lower the resident's bed to the level specified in the resident's care plan; make sure the wheels on the bed are locked; place the resident's method of calling for help within reach; lower or raise the side rails according to the resident's care plan); ensure the resident's comfort and good body alignment, when applicable; clean up the work area; engage in hand hygiene, when appropriate.

Helping a Resident Use a Bedpan

- Engage in hand hygiene, don required PPE, and gather required supplies, when appropriate.

- Greet the resident.

- Explain the procedure, when appropriate.

- Adjust equipment for body mechanics and safety (e.g., raise the bed to a comfortable working height; make sure the wheels on the bed are locked).

- Lower the head of the bed as low as the resident can tolerate.

- Fold the top linens out of the way, keeping the resident's legs covered; adjust the resident's clothing, as needed, to expose the buttocks.

- Choose one of the following options to position the bedpan underneath the resident's buttocks.

    - Option A - instruct the resident to bend his or her knees, place his or her feet firmly on the bed and raise his or her buttocks; assist as necessary by slipping the hand under the resident's lower back and lifting slightly; position the bed protector under the resident's buttocks, and place the bedpan on the bed protector; help the resident to lower himself or herself onto the bedpan.

    - Option B - assist the resident by helping the resident to turn onto his or her side so that he or she is facing away from the health care professional; position the bed protector under the resident's buttocks; hold the bedpan firmly against the resident's buttocks and then gently turn the resident back onto the bedpan.

- Arrange the top linens back over the resident; raise the head of the bed as tolerated so that the resident is in a comfortable sitting position.

- Make sure the toilet paper and the resident's method of calling for help are within reach.

- If the health care professional does not need to stay with the resident to ensure his or her safety; ask the resident to call a health care professional when he or she is finished and leave the room; the health care professional should remember to shut the door on the way out, and to check on the resident every five minutes (note: health care professionals may be required to remove and dispose of required PPE, and engage in hand hygiene, when appropriate, as well as don new PPE for the remaining procedures).

- When the resident is finished using the bedpan, lower the head of the bed as low as the resident can tolerate; fold the top linens out of the way (note: health care professionals may be required to remove and dispose of required PPE, and engage in hand hygiene, when appropriate, as well as don new PPE for the remaining procedures).

- Choose one of the following options to remove the bedpan.

    - Option A - instruct the resident to bend his or her knees, place the resident's feet firmly on the bed and raise his or her buttocks; remove the bedpan and bed protector.
    - Option B - instruct the resident to turn onto his or her side (facing away from the health care professional) while the health care professional holds the bedpan against the mattress to prevent the contents from spilling; remove the bedpan and bed protector, and then help the resident to roll back.
- Cover the bedpan with the cover and set it aside on the bed protector in an appropriate location (e.g., a place where it will not spill).
- Remove and dispose of required PPE, and engage in hand hygiene, when appropriate.
- Engage in the following completion steps, when appropriate: complete all required documentation; adjust equipment for safety (e.g., lower the resident's bed to the level specified in the resident's care plan; make sure the wheels on the bed are locked; place the resident's method of calling for help within reach; lower or raise the side rails according to the resident's care plan); ensure the resident's comfort and good body alignment, when applicable; clean up the work area; engage in hand hygiene, when appropriate.

Using an Electronic Thermometer to Measure a Resident's Temperature

- Engage in hand hygiene, don required PPE, and gather required supplies, when appropriate.
- Greet the resident.
- Explain the procedure, when appropriate.
- Adjust equipment for body mechanics and safety (e.g., raise the bed to a comfortable working height; make sure the wheels on the bed are locked).

- Turn the thermometer on by removing the probe from the location in the machine where it is stored (electronic thermometer) or by pushing the button (tympanic thermometer).

- Place the probe cover on the probe; for an electronic thermometer, insert the probe into the probe cover by pushing firmly until the cover snaps into place; for a tympanic thermometer, place the probe cover over the cone-shaped probe, when applicable.

- Choose one of the following options to position the resident appropriately.

    - Option A - when taking an oral or axillary temperature, position the resident in Fowler's position (sitting up with the head of the bed elevated) or the supine position (lying on the back).

    - Option B - when taking a rectal temperature, help the resident lie on one side with his or her back toward the health care professional and the top knee flexed.

    - Option C - when taking a tympanic temperature, position the resident in Fowler's position (sitting up with the head of the bed elevated).

- If taking a rectal temperature, lubricate the tip of the probe by placing a small amount of lubricating jelly on a tissue and dipping the tip of the probe in the lubricating jelly.

- Choose one of the following options to place the thermometer.

    - Option A - when taking an oral temperature, place the probe under the resident's tongue and slightly to one side; ask the resident to close his or her lips around the thermometer.

    - Option B - when taking a rectal temperature, adjust the top covers and the resident's clothing as necessary to expose the buttocks; lift the resident's upper buttock and insert the probe into the anus, no more than one inch in an adult or older adult; the health care professional should stay with the resident and hold the probe in place until complete (note: the term older adult may refer to an individual 65 years or older).

    - Option C - when taking an axillary temperature, expose the resident's underarm and pat the skin dry with a tissue, if necessary; place the probe in the middle of the resident's underarm and then bring the resident's arm across his or her chest to hold the probe in place until complete.

    - Option D - when taking a tympanic temperature, grasp the top of the resident's ear and pull up and back (in an adult or older adult) to straighten the ear canal; insert the probe into the ear canal, pointing it down and forward, toward the resident's nose until complete.

- When the electronic thermometer beeps or indicates it is ready to be removed, remove the probe and read the temperature measurement on the screen.

- Eject the probe cover into a facility-approved waste container and return the probe to its appropriate location (note: health care professionals should be sure to make note of the temperature measurement and accurately document the required information).

- Choose one of the following options to help ensure the resident is comfortable.

    - Option A - after taking a rectal temperature, wipe the lubricating jelly from the resident's buttocks with a tissue and discard the tissue in a facility-approved waste container; adjust the resident's clothing to cover the buttocks.

    - Option B - after taking an axillary temperature, adjust the resident's clothing to cover the underarm area.

- Remove and dispose of required PPE, and engage in hand hygiene, when appropriate.

- Engage in the following completion steps, when appropriate: complete all required documentation; adjust equipment for safety (e.g., lower the resident's bed to the level specified in the resident's care plan; make sure the wheels on the bed are locked; place the resident's method of calling for help within reach; lower or raise the side rails according to the resident's care plan); ensure the resident's comfort and good body alignment, when applicable; clean up the work area; engage in hand hygiene, when appropriate.

Evaluating a Resident's Radial Pulse

- Engage in hand hygiene, don required PPE, and gather required supplies, when appropriate.
- Greet the resident.
- Explain the procedure, when appropriate.
- Adjust equipment for body mechanics and safety (e.g., raise the bed to a comfortable working height; make sure the wheels on the bed are locked).
- Choose one of the following options to position the resident appropriately.
    - Option A - if the resident is in bed, position the resident in the Fowler's position (sitting up with the head of the bed elevated) or the supine position (lying on the back); position the resident's arm so that it is resting comfortably on the bed or the resident's lap.
    - Option B - if the resident is in a chair, instruct the resident to sit with both feet flat on the floor; position the arm so that it is resting comfortably on the arm of the chair or the resident's lap.
- Gently press the first, second, and third fingers over the resident's radial artery, which is located on the inside of the wrist on the same side as the thumb.
- Look at a watch or timer, when appropriate, note the time and begin counting the resident's pulse, continue counting for one full minute.
- Note the rhythm and force of the pulse.
- Document the required information.
- Remove and dispose of required PPE, and engage in hand hygiene, when appropriate.
- Engage in the following completion steps, when appropriate: complete all required documentation; adjust equipment for safety (e.g., lower the resident's bed to the level specified in the resident's care plan; make sure the wheels on the bed are locked; place the resident's method of calling for help within reach; lower

or raise the side rails according to the resident's care plan); clean up the work area; engage in hand hygiene, when appropriate.

Evaluating a Resident's Apical Pulse

- Engage in hand hygiene, don required PPE, and gather required supplies, when appropriate.
- Greet the resident.
- Explain the procedure, when appropriate.
- Adjust equipment for body mechanics and safety (e.g., raise the bed to a comfortable working height; make sure the wheels on the bed are locked).
- Choose one of the following options to position the resident appropriately.
    - Option A - if the resident is in bed, position the person in Fowler's position (sitting up with the head of the bed elevated) or the supine position (lying on the back); position the resident's arm so that it is resting comfortably on the bed or the resident's lap.
    - Option B - if the resident is in a chair, instruct the resident to sit with both feet flat on the floor; position the arm so that it is resting comfortably on the arm of the chair or the resident's lap.
- Clean the earpieces and diaphragm of the stethoscope with an alcohol wipe or other appropriate cleaning material; discard the wipe in a facility-approved waste container, when applicable.
- Adjust the top covers and the resident's clothing as necessary to expose the apical pulse site, which is located about two to three inches to the left of the breastbone, below the left nipple.
- Place the earpieces of the stethoscope in the ears with the tips facing forward (toward the nose).
- Warm the diaphragm of the stethoscope by holding it in the hands; place the diaphragm over the apical pulse site; hold the diaphragm in place with the fingers, not the thumb.

- Look at a watch or timer, when appropriate, note the time and begin counting the resident's pulse, continue counting for one full minute.
- Note the rhythm and force of the pulse.
- Document the required information.
- Remove and dispose of required PPE, and engage in hand hygiene, when appropriate.
- Engage in the following completion steps, when appropriate: complete all required documentation; adjust equipment for safety (e.g., lower the resident's bed to the level specified in the resident's care plan; make sure the wheels on the bed are locked; place the resident's method of calling for help within reach; lower or raise the side rails according to the resident's care plan); ensure the resident's comfort and good body alignment, when applicable; clean up the work area; engage in hand hygiene, when appropriate.

Evaluating a Resident's Respirations

- Engage in hand hygiene, don required PPE, and gather required supplies, when appropriate.
- Greet the resident.
- Explain the procedure, when appropriate.
- Adjust equipment for body mechanics and safety (e.g., raise the bed to a comfortable working height; make sure the wheels on the bed are locked).
- Hold the resident's wrist as if taking a radial pulse.
- Look at a watch or timer, when appropriate, note the time and, when the resident's chest rises, begin counting the respirations; continue counting for one full minute (note: one respiration equals one rise and one fall of the chest).
- Note the rhythm and depth of the respirations, and whether the resident seems to be having any difficulty breathing.
- Document the required information.

- Remove and dispose of required PPE, and engage in hand hygiene, when appropriate.

- Engage in the following completion steps, when appropriate: complete all required documentation; adjust equipment for safety (e.g., lower the resident's bed to the level specified in the resident's care plan; make sure the wheels on the bed are locked; place the resident's method of calling for help within reach; lower or raise the side rails according to the resident's care plan); ensure the resident's comfort and good body alignment, when applicable; clean up the work area; engage in hand hygiene, when appropriate.

Measuring a Resident's Blood Pressure

- Engage in hand hygiene, don required PPE, and gather required supplies, when appropriate.

- Greet the resident.

- Explain the procedure, when appropriate.

- Adjust equipment for body mechanics and safety (e.g., raise the bed to a comfortable working height; make sure the wheels on the bed are locked).

- Choose one of the following options to position the resident appropriately.

    - Option A - if the resident is in bed, position the resident in the supine position (lying on the back); position the resident's arm so that it is resting comfortably, palm up, on the bed.

    - Option B - if the resident is in a chair, instruct the resident to sit with both feet flat on the floor; position the arm so that it is fully supported and level with the resident's heart.

- Clean the earpieces and diaphragm of the stethoscope with an alcohol wipe or other appropriate cleaning material; discard the wipe in a facility-approved waste container, when applicable.

- Turn the screw to the left (down) and squeeze all of the air out of the cuff; adjust the resident's clothing as necessary to expose the upper arm.

- Locate the resident’s brachial pulse, on the inside of the elbow.
- Place the cuff on the resident’s arm, over bare skin, with the arrow directly over the brachial artery; the bottom edge of the cuff should be about one inch above the resident’s elbow; wrap the cuff around the resident’s arm snugly and smoothly and secure the cuff; health care professionals should make sure it is snug enough to stay in place, but not uncomfortably tight.
- Place the fingers on the resident’s radial pulse, which is located on the wrist.
- Turn the screw to the right so that the cuff inflates when the bulb is pumped; inflate the cuff by pumping the bulb until the radial pulse can no longer be felt; look at the gauge and note the reading, which is an estimate of the systolic pressure; let the air out of the cuff quickly by turning the valve to the left.
- Place the earpieces of the stethoscope in the ears with the tips facing forward (toward the nose); place the diaphragm of the stethoscope firmly over the resident’s brachial pulse.
- Turn the screw to the right (up) and pump the bulb to inflate the cuff to 30 mmHg above the estimated systolic blood pressure.
- Turn the screw to the left (down) and let the air out of the cuff slowly (about two to four mmHg per second); the reading when the pulse sound is first heard is the systolic pressure; note the number and continue letting the air out slowly.
- The reading when the pulse sound stops or changes is the diastolic pressure; note the number and quickly let out the rest of the air.
- Document the required information, and remove the cuff from the resident’s arm.
- Remove and dispose of required PPE, and engage in hand hygiene, when appropriate.
- Engage in the following completion steps, when appropriate: complete all required documentation; adjust equipment for safety (e.g., lower the resident's bed to the level specified in the resident’s care plan; make sure the wheels on the bed are locked; place the resident’s method of calling for help within reach; lower or raise the side rails according to the resident’s care plan); ensure the resident’s

comfort and good body alignment, when applicable; clean up the work area; engage in hand hygiene, when appropriate.

Measuring a Resident's Weight Using an Upright Scale

- Engage in hand hygiene, don required PPE, and gather required supplies, when appropriate.
- Greet the resident.
- Explain the procedure, when appropriate.
- Adjust equipment for body mechanics and safety (e.g., raise the bed to a comfortable working height; make sure the wheels on the bed are locked).
- Check the balance of the scale by moving the weights all the way to the left (zero); the pointer should be centered evenly between the top and bottom bars; if the scale is not balanced, notify the appropriate individuals.
- Place a paper towel or other material on the scale platform, when appropriate.
- Help the resident step onto the scale platform so he or she is facing the balance bar.
- The bottom bar should be marked in units of 50 pounds; move the large weight on the bottom bar to the weight that is closest to the resident's estimated weight in units of 50 pounds, without exceeding the resident's estimated weight (e.g., if a health care professional believes the resident weighs about 190 pounds, the health care professional should move the bottom weight to the "150" mark).
- The top bar is marked in units of one pound and ¼ pound; move the small weight on the top bar until the pointer is centered evenly between the top and bottom bars.
- Add the weight on the top bar to the weight on the bottom bar; the total amount is the resident's weight.
- Help the resident step off the scale, when appropriate.
- Document the required information.

- Remove and dispose of required PPE, and engage in hand hygiene, when appropriate.

- Engage in the following completion steps, when appropriate: complete all required documentation; adjust equipment for safety (e.g., lower the resident's bed to the level specified in the resident's care plan; make sure the wheels on the bed are locked; place the resident's method of calling for help within reach; lower or raise the side rails according to the resident's care plan); ensure the resident's comfort and good body alignment, when applicable; clean up the work area; engage in hand hygiene, when appropriate.

Measuring a Resident's Height Using an Upright Scale

- Engage in hand hygiene, don required PPE, and gather required supplies, when appropriate.

- Greet the resident.

- Explain the procedure, when appropriate.

- Adjust equipment for body mechanics and safety (e.g., raise the bed to a comfortable working height; make sure the wheels on the bed are locked).

- Check the balance of the scale by moving the weights all the way to the left (zero); the pointer should be centered evenly between the top and bottom bars; if the scale is not balanced, notify the appropriate individuals.

- Place a paper towel or other material on the scale platform, when appropriate.

- Help the resident step onto the scale platform so he or she is facing away from the balance bar; if the resident is already on the scale platform, help the resident turn around so he or she is facing away from the balance bar.

- Slide the height scale all the way up and pull out the height rod.

- Slide the height rod down until it touches the top of the resident's head, and note the number on the height scale, which is the resident's height.

- Help the resident step off the scale, when appropriate.

- Document the required information.
- Remove and dispose of required PPE, and engage in hand hygiene, when appropriate.
- Engage in the following completion steps, when appropriate: complete all required documentation; adjust equipment for safety (e.g., lower the resident's bed to the level specified in the resident's care plan; make sure the wheels on the bed are locked; place the resident's method of calling for help within reach; lower or raise the side rails according to the resident's care plan); ensure the resident's comfort and good body alignment, when applicable; clean up the work area; engage in hand hygiene, when appropriate.

Making an Unoccupied Bed

- Engage in hand hygiene, don required PPE, and gather required supplies, when appropriate.
- Greet the resident.
- Explain the procedure, when appropriate.
- Ensure the designated bed is unoccupied by a resident.
- Lower the head of the bed so that the bed is flat.
- Check the linens for items the resident may have left in the bed; if items were left in the bed, move them to a safe location.
- Moving around the bed, loosen all of the bed linens.
- Remove the pillowcase from the pillow, and place it in the linen hamper; place the pillow on a clean surface.
- Remove the bedspread; if it is clean and can be reused, fold it and place it on a clean surface; do the same with the blanket, if it can be reused.
- Remove the rest of the linens from the bed, rolling them toward the center of the bed so that any soiled areas are contained inside; place the dirty linens in the linen hamper (note: health care professionals may be required to remove and

dispose of required PPE, and engage in hand hygiene, when appropriate, as well as don new PPE for the remaining procedures).

- Place the clean mattress pad on the bed with the center fold in the center of the bed; unfold the mattress pad; if a fitted mattress pad is being applied to the bed, fit the elastic corners over the edges of the mattress; if a flat mattress pad is being applied to the bed, make sure the top edge is even with the head of the mattress.

- Place the clean bottom sheet on the bed; if a fitted sheet is being applied to the bed, fit the elastic corners over the edges of the mattress; if a flat mattress pad is being applied to the bed, place the flat sheet on the bed with the center fold in the center of the bed and the bottom edge even with the foot of the mattress; make sure the sheet is positioned so that when it is unfolded, the rough side of the hem stitching at the top of the sheet will be against the mattress; unfold the sheet; tuck the top of the sheet underneath the mattress at the head of the bed; tuck the top corner; with the palms facing up, continue tucking in the sheet on the side, all the way to the foot of the mattress.

- If a draw sheet is to be made into the bed, put the draw sheet across the middle of the mattress with the center fold in the center of the bed; unfold the draw sheet; with the palms facing up, tuck the draw sheet under the mattress, tucking in the middle third first, then the top third and then the bottom third.

- Place the top sheet on the bed with the center fold in the center of the bed and the top edge even with the head of the mattress; make sure that the sheet is positioned so that when it is unfolded, the rough side of the hem stitching at the top of the sheet will face up; unfold the sheet.

- Place the blanket on the bed with the center fold in the center of the bed and the top edge about six inches below the head of the mattress; unfold the blanket.

- Place the bedspread on the bed with the center fold in the center of the bed; unfold the bedspread.

- Together, tuck the top sheet, blanket and bedspread under the foot of the mattress; tuck the corner at the foot of the bed to hold the top sheet, blanket and bedspread in place.

- Move to the opposite side of the bed.

- Secure the mattress pad; if a fitted mattress pad is being applied to the bed, fit the elastic corners over the edges of the mattress; if a flat mattress pad is being applied to the bed, unfold it the rest of the way and make sure it is aligned properly.
- Secure the bottom sheet; if a fitted sheet is being applied to the bed, fit the elastic corners over the edges of the mattress; if a flat sheet is being applied to the bed, tuck the top of the sheet underneath the mattress at the head of the bed, tuck the top corner and, with the palms facing up, tuck in the sheet on the side, all the way to the foot of the mattress.
- Secure the draw sheet (if used), tucking in the middle third first, then the top third and then the bottom third.
- Together, tuck the top sheet, blanket and bedspread under the foot of the mattress; tuck the corner at the foot of the bed to hold the top sheet, blanket and bedspread in place.
- Fold the top of the bedspread down far enough to allow room to cover the pillow.
- Fold the top sheet down six inches over the blanket's edge on each side of the bed to form a neat cuff.
- Hold the pillowcase at the center of the bottom seam.
- Turn the pillowcase inside out, back over the hand that is holding the bottom seam.
- With the hand that is holding the pillowcase, pick up the pillow at the center of one of the short ends and bring the pillowcase down over the pillow using the other hand; fit the corners of the pillow into the corners of the pillowcase.
- Place the pillow at the head of the bed, with the open end of the pillowcase facing away from the door.
- If the resident will be returning to bed shortly, open the bed by fanfolding the top linens to the foot of the bed; if the resident will not be returning to bed soon, close the bed by folding the top of the bedspread back over the pillow (note: fanfolding may refer to folding the edge of a bed sheet six to eight inches outward).

- Remove and dispose of required PPE, and engage in hand hygiene, when appropriate.

- Engage in the following completion steps, when appropriate: complete all required documentation; adjust equipment for safety (e.g., lower the resident's bed to the level specified in the resident's care plan; make sure the wheels on the bed are locked; place the resident's method of calling for help within reach; lower or raise the side rails according to the resident's care plan); ensure the resident's comfort and good body alignment, when applicable; clean up the work area; engage in hand hygiene, when appropriate.

Making an Occupied Bed

- Engage in hand hygiene, don required PPE, and gather required supplies, when appropriate.

- Greet the resident.

- Explain the procedure, when appropriate.

- Adjust equipment for body mechanics and safety (e.g., raise the bed to a comfortable working height; make sure the wheels on the bed are locked).

- Lower the head of the bed so that it is as flat as the resident can tolerate.

- Remove the bedspread; if it is clean and can be reused, fold it and place it on a clean surface; do the same with the blanket, if it can be reused.

- Loosen the top sheet at the foot of the bed; cover the resident and the top sheet with a bath blanket (to provide privacy and warmth); ask the resident to hold the edge of the bath blanket (or tuck the edges under the resident's shoulders); remove the soiled top sheet and place it in the linen hamper (note: health care professionals may be required to remove and dispose of required PPE, and engage in hand hygiene, when appropriate, as well as don new PPE for the remaining procedures).

- Help the resident roll toward the health care professional, onto his or her side; raise the side rail and move to the opposite side of the bed.

- Adjust the pillow under the resident's head for comfort; ensure good body alignment and make sure the resident is covered with the bath blanket.

- The health care professional should check the linens on the side where he or she is working for items the resident may have left in the bed; if items were left in the bed, move them to a safe location.

- Loosen the dirty mattress pad, bottom sheet, and draw sheet; fanfold the dirty linens toward the resident and tuck them against and slightly under his or her back; if the linens are soiled with body fluids, tuck a bed protector under the dirty linens and fold it back over them and the resident's back to prevent the clean linens from becoming contaminated (note: health care professionals may be required to remove and dispose of required PPE, and engage in hand hygiene, when appropriate, as well as don new PPE for the remaining procedures).

- Place the clean mattress pad on the bed with the center fold in the center of the bed; unfold the mattress pad; if a fitted mattress pad is being applied to the bed, fit the elastic corners over the edges of the mattress; if a flat mattress pad is being applied to the bed, make sure the top edge is even with the head of the mattress.

- Place the clean bottom sheet on the bed; if a fitted sheet is being applied to the bed, fit the elastic corners over the edges of the mattress; if a flat sheet is being applied to the bed, place the flat sheet on the bed with the center fold in the center of the bed and the bottom edge even with the foot of the mattress; make sure the sheet is positioned so that when it is unfolded, the rough side of the hem stitching at the top of the sheet will be against the mattress; unfold the sheet; tuck the top of the sheet underneath the mattress at the head of the bed; tuck the top corner; with the palms facing up, continue tucking in the sheet on the side, all the way to the foot of the mattress.

- If a draw sheet is to be made into the bed, put the draw sheet across the middle of the mattress with the center fold in the center of the bed; unfold the draw sheet; with the palms facing up, tuck the draw sheet under the mattress, tucking in the middle third first, then the top third, and then the bottom third.

- Fanfold the opposite side of the clean linens toward the resident.

- Flatten the fanfolded linens as much as possible; help the resident roll over the fanfolded linens.

- Adjust the pillow under the resident's head for comfort; ensure good body alignment and make sure the resident is covered with the bath blanket.
- Raise the side rail and move to the opposite side of the bed.
- Lower the side rail on the side where the health care professional is working (note: health care professionals may be required to remove and dispose of required PPE, and engage in hand hygiene, when appropriate, as well as don new PPE for the remaining procedures).
- Check the linens on the appropriate side for items the resident may have left in the bed; if items were left in the bed, move them to a safe place.
- Loosen and remove the soiled linens and place them in the linen hamper (note: health care professionals may be required to remove and dispose of required PPE, and engage in hand hygiene, when appropriate, as well as don new PPE for the remaining procedures).
- Pull the clean, fanfolded mattress pad until it is completely unfolded; if a fitted mattress pad is being applied to the bed, fit the elastic corners over the edges of the mattress; if a flat mattress pad is being applied to the bed, make sure it is aligned properly.
- Pull the clean, fanfolded bottom sheet until it is completely unfolded; if a fitted sheet is being applied to the bed, fit the elastic corners over the edges of the mattress; if a flat sheet is being applied to the bed, tuck the top of the sheet underneath the mattress at the head of the bed, tuck the top corner, and with the palms facing up, tuck in the sheet on the side, all the way to the foot of the mattress.
- Pull the clean, fanfolded draw sheet until it is completely unfolded; with the palms facing up, tuck the draw sheet under the mattress, tucking in the middle third first, then the top third, and then the bottom third.
- Help the resident roll onto his or her back in the center of the bed; adjust the pillow under the resident's head for comfort; ensure good body alignment and make sure the resident is covered with the bath blanket, when applicable.
- Put the top sheet over the resident with the center fold in the center of the bed and the top edge even with the head of the mattress; make sure that the sheet is

positioned so that when it is unfolded, the rough side of the hem stitching at the top of the sheet will face up.

- Instruct the resident to hold the clean top sheet in place while the bath blanket is removed from underneath; place the bath blanket in the linen hamper.
- Remove the pillow from under the resident's head.
- Remove the pillowcase from the pillow, and place it in the linen hamper (note: health care professionals may be required to remove and dispose of required PPE, and engage in hand hygiene, when appropriate, as well as don new PPE for the remaining procedures).
- Hold the clean pillowcase at the center of the bottom seam.
- Turn the pillowcase inside out, back over the hand that is holding the bottom seam.
- With the hand that is holding the pillowcase, pick up the pillow at the center of one of the short ends and bring the pillowcase down over the pillow using the other hand; fit the corners of the pillow into the corners of the pillowcase.
- Place the pillow under the resident's head, with the open end of the pillowcase facing away from the door.
- Remove and dispose of required PPE, and engage in hand hygiene, when appropriate.
- Engage in the following completion steps, when appropriate: complete all required documentation; adjust equipment for safety (e.g., lower the resident's bed to the level specified in the resident's care plan; make sure the wheels on the bed are locked; place the resident's method of calling for help within reach; lower or raise the side rails according to the resident's care plan); ensure the resident's comfort and good body alignment, when applicable; clean up the work area; engage in hand hygiene, when appropriate.

Section 1 Summary

Health care administrators should ensure health care professionals understand and adequately complete essential daily procedures, such as the ones highlighted in this

section. Health care administrators should remain up to date with such procedures, and revise organizational policies and procedures, when appropriate, to reflect the specific needs of residents.

Section 1 Key Concepts

- When initiating essential daily procedures, health care professionals should engage in hand hygiene and don required PPE, when applicable.
- When completing essential daily procedures, health care professionals should engage in the following completion steps, when appropriate: complete all required documentation; adjust equipment for safety (e.g., lower the resident's bed to the level specified in the resident's care plan; make sure the wheels on the bed are locked; place the resident's method of calling for help within reach; lower or raise the side rails according to the resident's care plan); ensure the resident's comfort and good body alignment, when applicable; clean up the work area; engage in hand hygiene, when appropriate.

Section 1 Key Terms

Hand hygiene - the process of cleaning hands in order to prevent contamination and/or infections

Personal protective equipment (PPE) - equipment designed to protect, shield, and minimize exposure to hazards that may cause serious injury, illness, and/or disease

Touch contamination - touching one's self and/or other surfaces such as tables, light switches, and doors while wearing gloves

Older adult - an individual 65 years or older

Fanfolding - folding the edge of a bed sheet six to eight inches outward

Section 1 Personal Reflection Question

How can the procedures presented above impact resident care?

Section 2: Emergency Procedures, Medication Preparation and Administration

This section of the course will focus on emergency procedures, as well as medication preparation and administration. Health care administrators should note that the recommendations and procedures highlighted below may be supplemented with information included in organizational policies and procedures to optimize their effectiveness and ability to meet the needs of specific health care organizations.

First Aid for a Conscious Choking Adult

When presented by a conscious choking adult (or older adult), health care professionals should consider the procedure highlighted below. The information found below was derived from materials provided by the American Red Cross (American Red Cross, 2018).

- Check the scene and the resident; ask the resident if he or she is choking; the health care professional should identify himself or herself and ask the resident if he or she requires help; if the resident is coughing forcefully, encourage continued coughing.
- Give five back blows - the health care professional should position himself or herself behind the resident, lean the resident forward and strike the resident firmly between the shoulder blades using the heel of the hand.
- Give five abdominal thrusts - while still standing behind the resident, wrap the arms around the resident's waist; place the thumb side of the fist just above the resident’s belly button; clasp the fist with the other hand and give quick, upward thrusts into the abdomen (note: if the resident is too big to reach around, the health care professional should give chest thrusts instead of abdominal thrusts; to give chest thrusts, place the thumb side of the fist over the center of the resident’s breastbone instead of above the resident’s belly button, grab the fist with the other hand and give quick, upward thrusts).
- Continue giving back blows and abdominal thrusts until: the object is forced out; the resident becomes unconscious; the resident can breathe or cough forcefully.
- Engage in the following completion steps, when appropriate: complete all required documentation; adjust equipment for safety (e.g., lower the resident's

bed to the level specified in the resident's care plan; make sure the wheels on the bed are locked; place the resident's method of calling for help within reach; lower or raise the side rails according to the resident's care plan); ensure the resident's comfort and good body alignment, when applicable; clean up the work area; engage in hand hygiene, when appropriate (note: the resident should receive a medical evaluation after the emergency is complete).

Adult Basic Life Support for Health Care Professionals

Basic life support may refer to a type of care that can be applied to an individual who is experiencing a health care emergency, such as: cardiac arrest, respiratory distress, or an obstructed airway. Health care administrators should note that basic life support may include cardiopulmonary resuscitation (CPR). Cardiopulmonary resuscitation (CPR) may refer to an emergency lifesaving procedure that may be performed when an individual's heart stops beating. Specific information regarding basic life support may be found below. The information found below was derived from materials provided by the American Heart Association (American Heart Association, 2020).

- The health care professional should first verify scene safety.
- The health care professional should check for responsiveness; call for help, if appropriate; activate emergency response system via mobile device, if appropriate; obtain an automated external defibrillator (AED) and emergency equipment (or send someone to do so) (note: an automated external defibrillator [AED] may refer to a medical device designed to analyze the heart rhythm and deliver an electric shock to individuals with ventricular fibrillation to restore the heart rhythm to normal).
- Determine if the resident is breathing or only gasping and check pulse (simultaneously); determine if the pulse can definitely be felt within 10 seconds.
- If the resident is breathing normally and a pulse is felt, monitor until emergency responders arrive.
- If the resident is not breathing normally and a pulse is felt, provide rescue breathing, one breath every six seconds or 10 breaths/min; check pulse every two minutes; if there is not a pulse, start CPR; if there is potential for opioid overdose, administer naloxone if available per protocol (note: an opioid overdose may refer to a life-threatening emergency that is related to opioid use).

- If the resident is not breathing normally or only gasping, and a pulse is not felt, start CPR; perform cycles of 30 compressions and two breaths; use an AED as soon as it is available (note: by this time in all scenarios, emergency response system or backup should be activated, and AED and emergency equipment are retrieved or someone should be retrieving them).

- When the AED arrives, check rhythm and determine if there is a shockable rhythm (note: a shockable rhythm may refer to a heart rhythm that may be treated with defibrillation).

- If there is a shockable rhythm, give one shock; resume CPR immediately for two minutes (until prompted by AED to allow rhythm check); continue until Advanced Life Support (ALS) providers take over or the victim starts to move.

- If there is not a shockable rhythm, resume CPR immediately for two minutes (until prompted by AED to allow rhythm check); continue until ALS providers take over or the victim starts to move.

Opioid-Associated Emergency for Health Care Professionals

An opioid-associated emergency may refer to an emergency that is related to opioid use and characterized by potential or actual opioid poisoning and respiratory depression. Specific information regarding an opioid-associated emergency may be found below. The information found below was derived from materials provided by the American Heart Association (American Heart Association, 2020).

- If a health care professional suspects opioid poisoning, he or she should check for responsiveness; call for assistance, when appropriate; activate the emergency response system, when appropriate; obtain naloxone and an AED, if available (note: naloxone is a medication approved by the U.S. Food and Drug Administration (FDA) designed to rapidly reverse opioid overdose).

- The health care professional should determine if the resident is breathing normally.

- If the resident is breathing normally, the health care professional should prevent deterioration; tap and shout; open the airway and reposition; consider naloxone; consider transport; the health care professional should also maintain an ongoing assessment of responsiveness and breathing.

- If the resident is not breathing normally, the health care professional should determine if the resident has a pulse.
- If the resident has a pulse, the health care professional should support ventilation; open the airway and reposition; provide rescue breathing or a bag-mask device; administer naloxone.
- If the resident does not have a pulse, the health care professional should start CPR; use an AED; consider naloxone; consider basic life support/cardiac arrest procedures.

Minimizing Injury When a Resident Starts to Fall While Walking

When a resident starts to fall when walking with a health care professional, health care professionals should consider the procedure highlighted below. The information found below was derived from materials provided by the American Red Cross (American Red Cross, 2018).

- When the resident starts to fall, the health care professional should put his or her arms around the resident's waist or under the resident's arms, and hug the resident's torso close to his or her body.
- The health care professional should then place one foot behind the other to widen his or her base of support.
- The health care professional should then bend his or her knees and lower the resident slowly to the floor by sliding the resident down the leg.
- Finally, the health care professional should lower himself or herself to the floor and sit beside the resident; call for help; provide reassurance; and make the resident feel comfortable (note: while waiting for help to arrive, the health care professional should stay with the resident and assess the resident, when applicable).

Bloodborne Pathogen Exposure Incident

A bloodborne pathogen exposure incident may refer to any event involving one or more individuals and the potential or actual exposure to blood or other potentially infectious materials (OPIM) (e.g., semen, vaginal secretions, cerebrospinal fluid, synovial fluid,

pleural fluid, pericardial fluid, peritoneal fluid, and amniotic fluid); a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that results from the performance of an employee's duties. Specific information regarding a bloodborne pathogen exposure incident may be found below. The information found below was derived from materials provided by Occupational Safety and Health Administration (OSHA) (Occupational Safety and Health Administration [OSHA], 2022).

- Bloodborne pathogen exposure incidents should be reported immediately to the employer (note: early reporting is crucial for beginning immediate intervention to address the possible infection of an employee).

- When an employee reports a bloodborne pathogen exposure incident, the report permits the employer to arrange for the immediate medical evaluation of the employee.

- The employer is required to perform a timely evaluation of the circumstances surrounding the exposure incident to find ways of preventing such a situation from occurring again.

- If the status of the source individual is not already known, the employer is required to test the source's blood as soon as feasible, provided the source individual consents; if the individual does not consent, the employer must establish that legally required consent cannot be obtained; if state or local law allows testing without the source individual's consent, the employer must test the individual's blood, if it is available; the results of related tests must be made available to the exposed employee and the employee must be informed of the laws and regulations about disclosing the source's identity and infection status.

- When an employee experiences a bloodborne pathogen exposure incident, the employer must make immediate confidential medical evaluation and follow-up available to the employee; the evaluation and follow-up must be: made available at no cost to the employee and at a reasonable time and place; performed by or under the supervision of a licensed physician or other licensed health care professional; and provided according to the recommendations of the U.S. Public Health Service (USPHS) current at the time the procedures take place; laboratory tests must be conducted by an accredited laboratory and also must be at no cost to the employee.

- An employee who participates in post-exposure evaluation and follow-up may consent to have his or her blood drawn for determination of a baseline infection status, but has the option to withhold consent for HIV testing at that time. In this instance, the employer must ensure that the worker's blood sample is preserved for at least 90 days in case the worker changes his or her mind about HIV testing.

- Post-exposure prophylaxis for HIV, HBV, and HCV, when medically indicated, must be offered to the exposed employees according to the current recommendations of the U.S. Public Health Service; the post-exposure follow-up must include counseling the employee about the possible implications of the exposure and his or her infection status, including the results and interpretation of all tests and how to protect personal contacts; the follow-up must also include evaluation of reported illnesses that may be related to the exposure.

- The employer must obtain and provide the employee with a copy of the evaluating health care professional's written opinion within 15 days of completion of the evaluation.

- The written opinion should only include the following: whether hepatitis B vaccination was recommended for the exposed employee; whether or not the employee received the vaccination, and that the health care professional informed the employee of the results of the evaluation and any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment (note: any other findings should not to be included in the written report).

Medication Preparation

Medication preparation is an essential element of medication administration. Specific information regarding medication preparation may be found below. The information found below was derived from materials provided by the CDC (CDC, 2019).

- Medications should be prepared in a designated clean medication preparation area that is not adjacent to potential sources of contamination, including sinks or other water sources; water can splash or spread as droplets more than a meter from a sink; any item that could have come in contact with blood or body fluids, such as soiled equipment used in a procedure, should not be in the medication preparation area.

- The medication preparation area should be cleaned and disinfected on a regular basis and any time there is evidence of soiling; there should be ready access to necessary supplies (e.g., alcohol-based hand rub, needles and syringes in their sterile packaging, and alcohol wipes) in the medication preparation area to ensure that staff can adhere to aseptic technique.

- Parenteral medications should be accessed in an aseptic manner; this includes using a new sterile syringe and sterile needle to draw up medications while preventing contact between the injection materials and the non-sterile environment; proper hand hygiene should be performed before handling medications and the rubber septum should be disinfected with alcohol prior to piercing it.

- The safest practice is to prepare an injection as close as possible to the time of administration to a resident; this is to prevent compromised sterility (i.e., microbial contamination or proliferation) or compromised physical and chemical stability (e.g., loss of potency, adsorption to the container) of the medication when it is transferred outside of its original container and stored for a period of time before administration.

- A needle should not be left inserted into a medication vial septum for multiple uses because it provides a direct route for microorganisms to enter the vial and contaminate the fluid.

- Health care professionals should always enter a medication vial with a sterile needle and sterile syringe.

- Once used, a syringe and needle are both contaminated and must be discarded; health care professionals should use a new sterile syringe and needle for each resident.

- Health care professionals should note the following: everything from the medication bag to the resident's catheter is a single interconnected unit; all of the components are directly or indirectly exposed to the resident's blood and cannot be used for another resident; a syringe that intersects through ports in the IV tubing or bags also becomes contaminated and cannot be used for another resident; separation from the resident's IV by distance, gravity, and/or positive infusion pressure does not ensure that small amounts of blood are not present in these items.

Medication Administration

- When administering medications to residents, health care professionals should engage in hand hygiene, don required PPE, and gather required supplies, when appropriate.
- When administering medications to residents, health care professionals should greet the resident, and explain the procedure, when appropriate.
- When administering medications to residents, health care professionals should adjust equipment for body mechanics and safety (e.g., raise the bed to a comfortable working height; make sure the wheels on the bed are locked).
- When administering medications to residents, health care professionals should remove medications from storage, when applicable; and use at least two patient identifiers when administering medications (note: the resident's room number or physical location should not be used as an identifier) (Joint Commission, 2022).
- When administering medications to residents, health care professionals should verify medication directions and intended administration time as ordered by a health care professional; observe the resident for a specified time period; document the required information; remove and dispose of required PPE; and engage in hand hygiene, when appropriate.
- After administering medications to residents, health care professionals should engage in the following completion steps, when appropriate: complete all required documentation; adjust equipment for safety (e.g., lower the resident's bed to the level specified in the resident's care plan; make sure the wheels on the bed are locked; place the resident's method of calling for help within reach; lower or raise the side rails according to the resident's care plan); ensure the resident's comfort and good body alignment, when applicable; clean up the work area; engage in hand hygiene, when appropriate (American Red Cross, 2018).

Administering Naloxone Injection for Opioid Overdose

As previously mentioned, naloxone may be administered to an individual experiencing a potential or actual opioid overdose. Specific information regarding the administration of naloxone for an opioid overdose may be found below. The information found below was

derived from materials provided by the U.S. Food and Drug Administration (FDA) unless, otherwise, specified (Food and Drug Administration [FDA], 2022).

- Naloxone injection may be used for the emergency treatment of known or suspected opioid overdose.
- Health care professionals should administer naloxone injection as soon as possible after known or suspected opioid exposure because prolonged respiratory depression may result in damage to the central nervous system or death.
- Naloxone for injection is available in multi-dose vials.
- When administering naloxone injection, health care professionals should remove the cap from the vial; wipe the top of the vial with an alcohol wipe, when appropriate; push a needle through the rubber stopper; draw the required naloxone dose into the needle by pulling back on the syringe plunger; inject the needle into the desired individual; and push down on the plunger to administer the desired dose (note: if the individual does not respond in three to five minutes, another dose of naloxone may be required).
- Once naloxone administration is complete, health care professionals should remove and dispose of required PPE, and engage in hand hygiene, when appropriate.
- Health care professionals should engage in the following completion steps, when appropriate: complete all required documentation; adjust equipment for safety (e.g., lower the resident's bed to the level specified in the resident's care plan; make sure the wheels on the bed are locked; place the resident's method of calling for help within reach; lower or raise the side rails according to the resident's care plan); ensure the resident's comfort and good body alignment, when applicable; clean up the work area; engage in hand hygiene, when appropriate (American Red Cross, 2018).

Initiating and Administering Anticoagulant Medications

When initiating and administering anticoagulant medications, health care professionals should consider the recommendations found below. The recommendations found below were derived from materials provided by the Joint Commission (Joint Commission, 2022).

- Use only oral unit-dose products, prefilled syringes, or premixed infusion bags when these types of products are available.
- Use approved protocols for the initiation and maintenance of anticoagulant therapy.
- Before starting a patient/resident on warfarin, assess the patient's baseline coagulation status; for all patients receiving warfarin therapy, use a current International Normalized Ratio (INR) to adjust this therapy; the baseline status and current INR are documented in the medical record (note: the patient's baseline coagulation status can be assessed in a number of ways, including through a laboratory test or by identifying risk factors, such as: age, weight, bleeding tendency, and genetic factors).
- Use authoritative resources to manage potential food and drug interactions for patients/residents receiving warfarin.
- When heparin is administered intravenously and continuously, health care professionals should use programmable pumps in order to provide consistent and accurate dosing.
- Health care organizations should have a written policy that addresses baseline and ongoing laboratory tests that are required for anticoagulants.
- Health care professionals should provide education regarding anticoagulant therapy to prescribers, staff, patients/residents, and families.
- Patient/family education should include the education points found below.
    - The importance of follow-up monitoring
    - Compliance
    - Drug-food interactions
    - The potential for adverse drug reactions and interactions
- Evaluate anticoagulation safety practices, take action to improve practices, and measure the effectiveness of those actions in a time frame determined by the organization.

Section 2 Summary

Health care administrators should ensure health care professionals understand and adequately complete emergency procedures. Health care administrators should also ensure health care professionals safely and effectively prepare and administer medications to residents. Health care administrators should remain up to date with recommendations regarding emergency procedures, medication preparation, and medication administration in order to optimize resident care.

Section 2 Key Concepts

- Health care professionals should be aware of emergency procedures.
- Medications should be prepared in a designated clean medication preparation area that is not adjacent to potential sources of contamination.
- When administering medications to residents, health care professionals should use at least two patient/resident identifiers when administering medications.
- Health care professionals should understand how to adequately administer naloxone and anticoagulant medications.

Section 2 Key Terms

Basic life support - a type of care that can be applied to an individual who is experiencing a health care emergency, such as cardiac arrest, respiratory distress, or an obstructed airway

Cardiopulmonary resuscitation (CPR) - an emergency lifesaving procedure that may be performed when an individual's heart stops beating

Automated external defibrillator (AED) - a medical device designed to analyze the heart rhythm and deliver an electric shock to individuals with ventricular fibrillation to restore the heart rhythm to normal

Opioid overdose - a life-threatening emergency that is related to opioid use

Shockable rhythm - a heart rhythm that may be treated with defibrillation

Opioid-associated emergency - an emergency that is related to opioid use and characterized by potential or actual opioid poisoning and respiratory depression

Naloxone - a medication approved by the U.S. Food and Drug Administration (FDA) designed to rapidly reverse opioid overdose

Bloodborne pathogen exposure incident - any event involving one or more individuals and the potential or actual exposure to blood or OPIM; a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that results from the performance of an employee's duties

Section 2 Personal Reflection Question

How can health care administrators ensure that health care professionals understand and adequately complete emergency procedures?

Conclusion

Health care administrators should ensure that health care professionals display a strong fundamental base when caring for residents. Health care administrators should remain up to date with relevant procedures and recommendations in order to optimize health care professionals' fundamentals, and, ultimately, resident care.

References

American Heart Association. (2020). *Adult basic life support algorithm for healthcare providers.* https://cpr.heart.org/-/media/CPR-Files/CPR-Guidelines-Files/Algorithms/AlgorithmBLS_Adult_200624.pdf

American Heart Association. (2020). *Opioid associated emergency for healthcare providers algorithm*. https://cpr.heart.org/-/media/CPR-Files/CPR-Guidelines-Files/Algorithms/AlgorithmOpioidHC_Provider_200615.pdf

American Red Cross. (2018). *Nurse assistant training, 4th edition*. https://www.redcross.org/content/dam/redcross/training-services/nat/Excerpts-from-textbook.pdf

Centers for Disease Control and Prevention. (2021, January 8). *Healthcare providers*. https://www.cdc.gov/handhygiene/providers/index.html

Centers for Disease Control and Prevention. (2019, June 20). *Medication administration questions*. https://www.cdc.gov/injectionsafety/providers/provider_faqs_med-admin.html

Centers for Disease Control and Prevention. (2019, June 20). *Medication preparation questions*. https://www.cdc.gov/injectionsafety/providers/provider_faqs_med-prep.html

Joint Commission. (2022). *Hospital: 2023 national patient safety goals.* www.jointcommission.org/standards/national-patient-safety-goals/hospital-2020-national-patient-safety-goals/

Occupational Safety and Health Administration. (2022). *1910. 1030 - Bloodborne pathogens*. https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030

U.S. Food and Drug Administration. (2022, November 15). *Information about naloxone*. https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/information-about-naloxone