

## Activity of Daily Living Evaluation

This evaluation is used to determine how much assistance is needed to perform each of the activity of daily living skills.

Name: \_\_\_\_\_ DOC #: \_\_\_\_\_

|  |                  |                |                |                 |                |
|--|------------------|----------------|----------------|-----------------|----------------|
| <b>Mental Status</b>   | <b>Yes</b>       | <b>No</b>      |                |                 |                |
| Able to make needs known   |                  |                |                |                 |                |
| Able to follow one and two step commands   |                  |                |                |                 |                |
| Can focus for at least 5 – 10 minutes  |                  |                |                |                 |                |
| <b>Hearing</b>   | <b>Yes</b>       | <b>No</b>      |                |                 |                |
| Normal   |                  |                |                |                 |                |
| Hard of Hearing  |                  |                |                |                 |                |
| Wears prosthesis   |                  |                |                |                 |                |
| Able to hear best in:           Right                           Left                           ear   |                  |                |                |                 |                |
| <b>Vision</b>  | <b>Yes</b>       | <b>No</b>      |                |                 |                |
| Normal   |                  |                |                |                 |                |
| Wears glasses  |                  |                |                |                 |                |
| Blind  |                  |                |                |                 |                |
| <b>Range of Motion</b>   | <b>Yes</b>       | <b>No</b>      |                |                 |                |
| Reach hands above head   |                  |                |                |                 |                |
| Cross arms across chest  |                  |                |                |                 |                |
| Reach down towards floor   |                  |                |                |                 |                |
| Bend knees   |                  |                |                |                 |                |
| Straighten legs  |                  |                |                |                 |                |
| Move legs away from body   |                  |                |                |                 |                |
| Right handed   |                  |                |                |                 |                |
| Left handed  |                  |                |                |                 |                |
| Able to use non-dominant hand  |                  |                |                |                 |                |
| Tremors: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe                                       |                  |                |                |                 |                |
| Contractures: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe                                  |                  |                |                |                 |                |
| Specify joints involved:   |                  |                |                |                 |                |
| Pinch: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor   |                  |                |                |                 |                |
| Standing balance: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor                                    |                  |                |                |                 |                |
| Transfers: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Severe                                    |                  |                |                |                 |                |
| Mobility: <input type="checkbox"/> Fully ambulatory <input type="checkbox"/> Ambulatory with equipment <input type="checkbox"/> Non-ambulatory |                  |                |                |                 |                |
| Sitting tolerance _____ minutes  |                  |                |                |                 |                |
| <b>Dressing</b>  | <b>Supervise</b> | <b>Standby</b> | <b>Minimum</b> | <b>Moderate</b> | <b>Maximum</b> |
| Put on shirt   |                  |                |                |                 |                |
| Line up buttons  |                  |                |                |                 |                |
| Button/fasten  |                  |                |                |                 |                |
| Unbutton/remove  |                  |                |                |                 |                |
| Retrieve clothes/undergarments   |                  |                |                |                 |                |
| Pull pants over feet   |                  |                |                |                 |                |
| Stand to pull up pants   |                  |                |                |                 |                |
| Put on socks/shoes   |                  |                |                |                 |                |
| Tie/fasten shoes   |                  |                |                |                 |                |
| <b>Bathing</b>   | <b>Supervise</b> | <b>Standby</b> | <b>Minimum</b> | <b>Moderate</b> | <b>Maximum</b> |
| Wash face  |                  |                |                |                 |                |
| Wash upper body  |                  |                |                |                 |                |
| Wash perineal area   |                  |                |                |                 |                |
| Wash legs/feet   |                  |                |                |                 |                |
| <b>Grooming</b>  | <b>Supervise</b> | <b>Standby</b> | <b>Minimum</b> | <b>Moderate</b> | <b>Maximum</b> |
| Brush teeth/dentures   |                  |                |                |                 |                |
| Brush/comb hair  |                  |                |                |                 |                |
| Shave  |                  |                |                |                 |                |
| Apply deodorant  |                  |                |                |                 |                |

## **CURRICULUM**

- 1. Guidelines for Showers**
- 2. Safety Measures for Personal Hygiene**
- 3. Wheelchair Safety**
- 4. Transferring to a Wheelchair**
- 5. Using a Walker**
- 6. Using a Cane**
- 7. Transfers**
- 8. Guidelines for Special Transfers**
- 9. Tips on Assisting the Blind Offender**
- 10. Bloodborne Pathogens**
- 11. Incontinence Care**
- 12. Caring for the Confused Offender**
- 13. Rules for Oxygen Safety**
- 14. Tips on Assisting the Hearing Impaired Offender**
- 15. Proper Body Mechanics**

## **PERSONAL HYGIENE AND SELF-CARE**

Bathing facilities will be available to provide offenders the opportunity to shower/shave at a minimum of three times per week to maintain personal hygiene.

Reasonable accommodations will be made to ensure offenders with disabilities are provided opportunities to perform self-care and personal hygiene.

Offenders who are very weak, large or have a disability may require assistance to safely perform personal hygiene and self-care. Offenders should be instructed to inform the medical unit if assistance is needed to perform personal hygiene and self-care tasks.

### **SAFETY GUIDELINES FOR SHOWERS**

1. Make sure the shower is clean before and after use to prevent the spread of infection.
2. Dry the shower floor to prevent slipping.
3. Check hand rails, grab bar or other safety aides to ensure they are in working order.
4. Place needed items within reach of the offender.
5. Turn cold water on first, then hot water. Turn hot water off first, then cold water.
6. Remove clothing from the strong or "good" side first.
7. Check water temperature to prevent chilling or burns. If shower chair is used, position the shower chair first and lock the wheels.
8. Do not leave soap on the floor. Place soap in soap dish or container. This prevents soapy water and reduces chance of slipping.
9. Do not leave the weak or unsteady offender in the shower unattended. Stay within hearing distance.
10. Rinse the skin thoroughly. Soap can dry the skin. Soap is not needed for every bath. Plain water can cleanse the skin. Plain water is often used for the elderly because of their dry skin.
11. Pat the skin dry, do not rub as this can irritate or break the skin.
12. When dressing put clothing on weak side first.

### **SAFETY MEASURES FOR PERSONAL HYGIENE**

**Safety Alert: Brushing and Combing the Hair** – Sharp brush bristles or comb with sharp or broken teeth can injure the scalp. Talk with the nurse if you have concerns about the brush or comb.

**Safety Alert: Shampooing Hair** – If the offender requires assistance in shampooing their hair, hold a washcloth/towel over their eyes to prevent the shampoo from running into their eyes. The person assisting should have fingernails that are clean, short and filed. Long chipped nails can scratch the offender's head.

**Safety Alert: Nail and Foot Care** – Do not cut or trim the offender's nails. Notify medical if they need their toenails trimmed or cut.

### **WHEELCHAIR SAFETY**

1. Make sure the wheelchair is clean and free of rips and tears that could injure the offender's skin.
2. Check brakes. Make sure you can lock and unlock them.
3. Check for flat or loose tires. A brake will not lock into the tire if it is flat.
4. Make sure the wheel spokes are intact. Damaged, broken or loose spokes can interfere with moving the wheelchair or locking the brakes.
5. Make sure the casters point forward. This keeps the wheelchair balanced and stable.
6. Position the feet on the footrest before pushing or repositioning the chair.
7. Push the chair forward when transporting the offender. Do not pull the wheelchair backwards.
8. Lock both brakes when transferring the offender to and from the wheelchair.
9. Do not let the offender stand on the footrest.
10. Do not let the footrest fall on the offender's legs.

### **TRANSFERRING THE OFFENDER TO A WHEELCHAIR**

1. Wash your hands
2. Place chair at the head of the bed.
3. Help the offender sit on the side of the bed. Make sure his/her feet touch the floor.
4. Help the offender out of bed on his/her strong side.
5. In transferring, the strong side moves first. It moves the weaker side along.
6. Place your hands under the offender's arms. Your hands should be around the offender's shoulder blades.
7. Have the offender lean forward.
8. Brace your knees against the offender's knees, or use the knee and foot to block the offender's weak foot. This prevents the offender from sliding or falling.
9. Ask the offender to push down on the mattress and to stand on the count of "3". Pull the offender up into a standing position as you straighten your knees.
10. Support the offender in a standing position. Keep your hands on the offender's shoulder blades.
11. Turn the offender so he/she can grasp the far armrest.
12. Continue to turn until the other armrest is grasped.
13. Lower the offender into the chair as you bend your hips and knees.
14. Make sure the offender's buttocks are to the back of the seat.
15. Position the offender's feet on the wheelchair footrest.
16. Same rules apply for transferring an offender from chair to bed

### **USING A WALKER**

Walkers are used for the offender who requires some support when walking due to imbalance or weakness. The offender must be able to bear weight on at least one foot, remain balanced in an upright position, and have use of hands and arms. The height of the walker should be adjusted so the offender is standing straight with elbows slightly flexed (approximately at hip height).

#### **Procedure for ambulating an offender with a walker:**

1. Wash your hands
2. Explain what you are going to do
3. Assist the offender to sit on the edge of the bed
4. Pause and allow the offender to sit on the edge of the bed a few moments to regain his/her balance
5. Assist the offender on putting on his/her socks and shoes
6. Assist the offender to a standing position by straightening your legs as you lift and the offender pushes down with his hands on the bed
7. Instruct the offender to position his/her body within the frame of the walker
8. Instruct the offender to move the walker forward by lifting it up, moving it forward, and setting it down (the walker should never be slid along the floor or ground)
9. Instruct the offender to take a step forward with the weak leg
10. Instruct the offender to move strong leg forward
11. Instruct the offender to take short steps and keep his/her head up and eyes looking forward
12. Walk with the offender

## RISING

### **To Stand from a Chair with Armrests**

1. It is advisable to have the offender sit in a firm chair with armrests.
2. Place the walker in front of the offender. **Do not have the offender pull on the walker** when standing up. It is too unstable to support weight when pulled on.
3. Instruct the offender to slide forward in the chair, with his/her affected leg ahead and the good leg bent near the chair.
4. Instruct the offender to push down on the armrests of the chair; while straightening his/her good leg, rise to standing.
5. Instruct the offender to stand for a few seconds to stabilize balance before starting to walk.

### **To Stand from a Chair without Arm Rests**

1. It is advisable to have the offender sit in a firm chair. (An overstuffed chair or sofa is hard to get out of.)
2. Place the walker in front of the offender. **Do not let the offender pull on the walker** when coming to a standing position.
3. Instruct the offender to slide forward in the chair, with his/her affected leg ahead and good leg bent near the chair.
4. Instruct the offender to push down on the chair seat with the hand opposite the affected leg. Keep his/her other hand on the center of the walker's crossbar.
5. Instruct the offender to stand, steady his/her balance, and place his/her hands on the walker handgrips.

## USING A CANE

Canes are used by offenders who have weakness or paralysis on one side of the body. It should be used on the offender's stronger side to balance his/her weight between the cane and the weaker side.

The length of a cane depends upon the individual person. With arms relaxed at the offender's sides, the height of the cane should be at wrist level.

## WALKING

1. Wash your hands
2. Explain what you are going to do
3. Assist the offender to sit on the edge of the bed
4. Pause and allow the offender to sit on the edge of the bed a few moments to regain his/her balance
5. Assist the offender on putting on his/her socks and shoes
6. Assist the offender to a standing position by straightening your legs as you lift and the offender pushes down with his hands on the bed
7. Instruct the offender that the cane should be used in the hand on the opposite side of the involved leg.
9. Instruct that the cane should move with the involved leg at all times.
10. Instruct the offender to put as much weight on the cane as necessary to make walking comfortable, stable, and smooth
11. Walk in the same pattern as the offender (both step with left foot at the same time)
12. Instruct the offender to look ahead, not at the floor, when walking.

## STAIRS

### **Up (Up with the Good)**

1. Instruct the offender to lead up with the good foot.
2. Instruct the offender to move the cane and the involved foot up to the step at the same time.
3. Instruct the offender to continue one step at a time.

### **Down (Down with the Weak)**

1. Instruct the offender to bring cane and affected leg down one step.
2. Instruct the offender to bring good leg down to cane and affected leg.
3. Instruct the offender to continue one step at a time.

## HINTS

- Have the offender use a solid cane that has a good rubber tip with suction.
- On steps, have offender use a railing with their free hand whenever possible.
- Instruct the offender to be careful on slippery surfaces such as ice or waxed tile.

## TRANSFERS

A transfer is a move from one location to another. Moving from a chair to a bed or from a wheelchair to a toilet or bathtub are all examples of transfers. Four rules are necessary for safe transfers:

The surface you're transferring an offender to and the surface you're transferring an offender from should be the same height.

The two surfaces should be as close together as possible.

The offender should lead with his/her affected side unless the medical provider or nurse tells you otherwise.

The offender must put on his/her shoes and braces (if prescribed) before any transfer, unless they are going to take a bath or shower.

### **If the offender uses a wheelchair:**

- If the armrests are not removable, position the wheelchair at a 45 degree angle to the other surface.
- If the armrests are removable, position the chair beside the other surface.
- Lock the brakes on the wheelchair.
- Remove the footrests.
- Instruct the offender being transferred to place both feet flat on the floor.
- Instruct the offender being transferred to lean forward to assist in weight transfer.
- If you use a sliding board to transfer the offender, rest it securely on both surfaces.

### **To do a sitting transfer without help from another person:**

- Instruct the offender to move to the side of his/her bed or chair and sit with his/her feet touching the floor.
- Remove the armrest from the offender's wheelchair.
- Instruct the offender to lean forward and do short pushups to shift his/her hips and point them toward the surface you want to move to.
- While leaning forward, instruct the offender to do another series of pushups to lift him/her onto the other surface.
- Instruct the offender that as they shift to adjust the position of his/her legs.
- Replace the armrests on the wheelchair and instruct the offender to use them to bring himself to an upright, sitting position.

### **To do a standing transfer without another person's help:**

- Ask the offender to move to the edge of the bed or chair and sit with their feet touching the floor.
- Ask the offender to put their stronger foot in front of their weaker foot.
- Ask the offender to bend forward, push down on the bed or the chair's armrest and stand up. If the offender is moving from or to a wheelchair, be sure the brakes are locked.
- Ask the offender to turn their body to the front of the seat and bend forward slightly. Then, ask them to lower themselves to a sitting position by holding onto the arms of the chair.

## **GUIDELINES FOR SPECIAL TRANSFERS**

### **Toilet**

A transfer to the toilet presents special problems because of limited space and the arrangement. To do a sitting transfer, put the wheelchair as close to the toilet as you can. Installing grab bars at a 45-degree angle on the offender's stronger side will help him/her sit and stand.

Assist the offender to stand, loosen his/her clothing when they're out of the wheelchair. Have the offender hold on to the grab bars the whole time you're transferring. Toilet paper should be in easy reach of the offender's stronger hand.

### **Tub and Shower**

Place a tub bench or stool in the shower (make sure it has rubber or some other non-skid contact with the floor and bottom of the shower). The stool should be the same height as the wheelchair. Arrange the wheelchair in the same direction as the stool. Follow directions for a transfer as outlined above.

## **TIPS ON ASSISTING THE BLIND OFFENDER**

Similar design features or an unfamiliar building maybe scary and confusing (e.g. doors along one corridor may appear the same as others). To avoid confusion, the offender needs to be able to learn the layout of their environment.

Start by orientating the offender to their room or immediate environment to become familiar with the location of furniture and objects. The offender may wish to decide where to place the items as this will assist with memory.

You may need to repeat the familiarization process a number of times, in small stages. Tips:

- Allow the offender the opportunity to touch and look closely at items.
- Avoid moving personal items, objects and furniture, without consultation. If everything has its place, the person with low vision will know where to find things.
- Show important areas such as the bathroom/ toilet and dining areas. Begin at their room or work station and go to the area. Then retrace your steps.
- As their confidence increases, the offender can be shown other areas and they will become progressively more independent.

### **Meal Times**

- Dining and eating can be stressful, embarrassing and frustrating if people cannot see the food. Tips:
- Tell the offender when their meal has arrived and where their tray is placed.
- Inform the offender about what is on the table and where it is located (e.g. "Your drink is on your right and the salt is straight in front.")
- Describe the contents of the tray. You can either use the clock-face method (e.g. "The meat is nearest to you at six o'clock, the potatoes are on the right at three o'clock, and the carrots are on the left at nine o'clock"). Meat should be placed near the offender to assist with cutting.
- Ask the offender if they need assistance with their meal, rather than offering to cut their food.
- When filling glasses or cups, leave approximately one centimeter to help prevent spills

### **Guiding a Offender who is Blind or Vision Impaired**

Sometimes people who are blind or vision impaired find it useful to be guided by a person with sight. One way to do this safely and efficiently is to use sighted guide techniques. Not all people with little or no sight will use these methods, so it is important to ask what (if any) specific assistance they require.

#### **Getting started**

Ask the offender if they need assistance. If they do need assistance, touch the back of their hand with the back of yours.

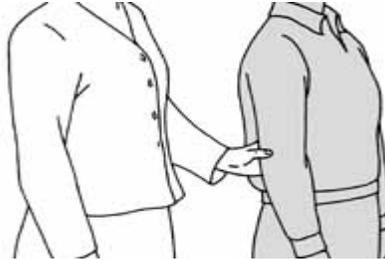


They can then hold your arm just above the elbow.



### Walking

When you start walking, make sure the offender is half a step behind you and slightly to the side. Walk at a pace that is comfortable for both of you. Look ahead for obstacles at foot level, head height and to the side.



### Narrow spaces

Tell the offender you are guiding that a narrow space is ahead. Move your guiding arm towards the center of your back to indicate that they need to walk behind you. The offender should step in behind you while still holding your arm. When you have passed through the narrow space bring your arm back to its usual position by your side.



### Changing sides

If you need to change sides with the offender you are guiding it is important they do not lose contact with you. This is easiest to achieve if you remain stationary.



Allow the offender to hold your guiding arm with both of their hands. They can then move one hand to reach your other arm without losing contact.

### Doorways

When passing through a doorway, ensure the offender who is blind or vision impaired is on the hinged side of the door. As you get close to the door, explain which way it opens.

Open the door and walk through, allowing the offender you are guiding to close it behind you using their free hand.



Steps and Staircases



Stop at the first step and tell the offender you are guiding whether the steps go up or down. Change sides if necessary to ensure the offender you are guiding can use the handrail.

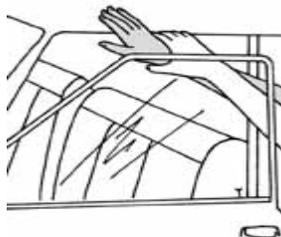
Start walking when the offender is ready, remaining one step ahead of them. Stop when you reach the end of the stairs and tell the offender you are at the top or bottom.

Seating



Explain which way the chair is facing and where it is placed in relation to the rest of the room. Then walk up and place your guiding arm on the chair and explain which part of the chair you are touching. The offender you are guiding can then move their hand down your arm to locate the chair to seat themselves.

Getting into a vehicle



Tell the offender you are guiding which way the vehicle is facing and which door they will be getting into. Place your guiding arm onto the door handle and ask the offender to move their hand down your arm.

Allow them to open the door and seat themselves. If the vehicle is unfamiliar to them, place your arm inside on the roof so they can follow it and avoid bumping their head.

Describe Surroundings

When describing the offender's surroundings, try to be specific. Rather than saying, 'there is a spare seat to your right', it might be more helpful to say 'the seat next to you, on your right, is occupied but the next set over is vacant'.

## BLOODBORNE PATHOGENS

### Bloodborne Diseases

Bloodborne pathogens are microorganisms such as viruses or bacteria that are carried in blood and can cause disease in people. There are many different bloodborne pathogens including Hepatitis B (HBV), Hepatitis C (HCV), AIDS (acquired immune deficiency syndrome) and Human Immunodeficiency Virus (HIV).

### **Mode of Transmission**

Bloodborne pathogens such as HBV, HCV and HIV can be transmitted through contact with infected human **blood** and **other potentially infectious body fluids** such as:

- Semen
- Vaginal secretions
- Saliva (in dental procedures)
- Body fluid
- Cerebrospinal fluid (fluids in the spinal column or brain)
- Synovial fluid (fluids surrounding joints)
- Pleural fluid (fluid surrounding the lung cavity)
- Peritoneal fluid (fluid inside the abdominal cavity)
- Amniotic fluid (fluid surrounding a baby before and during birth)

### **HBV, HCV and HIV are most commonly transmitted through:**

- Sexual Contact
- Sharing of hypodermic needles
- Tattooing
- From mothers to their babies at/before birth
- Accidental puncture from contaminated needles, broken glass, or other sharps
- Contact between broken or damaged skin and infected body fluids
- Contact between mucous membranes and infected body fluids

Unbroken skin forms an impervious barrier against bloodborne pathogens. However, infected blood can enter your system through:

- Open sores
- Cuts
- Abrasions
- Acne
- Any sort of damaged or broken skin such as sunburn or blisters

Bloodborne pathogens may also be transmitted through the mucous membranes of the

- Eyes
- Nose
- Mouth

### **What are universal precautions?**

"**Universal Precautions**" is the name used to describe a prevention strategy in which all blood and potentially infectious materials are treated as if they are, in fact, infectious, regardless of the perceived status of the source individual. In other words, whether or not you think the blood/body fluid is infected with bloodborne pathogens, you treat it as if it is. This approach is used in all situations where exposure to blood or potentially infectious materials is possible. This also means that certain engineering and work practice controls shall **always** be utilized in situations where exposure may occur.

Universal precautions are infection control guidelines designed to protect workers from exposure to diseases spread by blood and certain body fluids.

Universal precautions stress that all patients should be assumed to be infectious for blood-borne diseases such as AIDS and Hepatitis B and C.

### **Universal precautions do not apply to:**

- feces
- nasal secretions
- sputum
- sweat
- tears
- urine

- vomitus
- saliva (except in the dental setting, where saliva is likely to be contaminated with blood)

Universal precautions should be applied to all body fluids when it is difficult to identify the specific body fluid or when body fluids are visibly contaminated with blood.

### How can workers prevent exposure to blood and body fluids?

Barriers are used for protection against occupational exposure to blood and certain body fluids.

These barriers consist of:

- Personal protective equipment (PPE)
- Engineering controls
- Work practice controls

**Personal Protective Equipment (PPE)** - PPE includes gloves, lab coats, gowns, shoe covers, goggles, and glasses with side shields, masks, and resuscitation bags. The purpose of PPE is to prevent blood and body fluids from reaching the workers' skin, mucous membranes, or personal clothing. It must create an effective barrier between the exposed worker and any blood or other body fluids.

**Engineering Controls** - Engineering controls refer to methods of isolating or removing hazards from the workplace. Examples of engineering controls include: sharps disposal containers, laser scalpels, and ventilation including the use of ventilated biological cabinets (laboratory fume hoods).

**Work Practice Controls** - This refers to practical techniques that reduce the likelihood of exposure by changing the way a task is performed. Examples of activities requiring specific attention to work practice controls include:

- **Hand washing**

Hand washing is one of the most important (and easiest) practices used to prevent transmission of bloodborne pathogens. Hands or other exposed skin should be thoroughly washed as soon as possible following an exposure incident. Use soft, antibacterial soap, if possible. Avoid harsh, abrasive soaps, as these may open fragile scabs or other sores. Hands should also be washed immediately (or as soon as feasible) after removal of gloves or other personal protective equipment. Because hand washing is so important, you should familiarize yourself with the location of the hand washing facilities nearest to you. Laboratory sinks, public restrooms, janitor closets, and so forth may be used for hand washing if they are normally supplied with soap. If you are working in an area without access to such facilities, you may use an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. If these alternative methods are used, hands should be washed with soap and running water as soon as feasible.

- **Warning labels**

Warning labels need to be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport, or ship blood or other potentially infectious materials. These labels are fluorescent orange, red, or orange-red, and they are available from EHS. Bags used to dispose of regulated waste must be red or orange red, and they, too, must have the biohazard symbol readily visible upon them. Regulated waste should be double-bagged to guard against the possibility of leakage if the first bag is punctured.

**Regulated waste** refers to

- Any liquid or semi-liquid blood or other potentially infectious materials
- Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed
- Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling
- Contaminated sharps
- Pathological and microbiological wastes containing blood or other potentially infectious materials
- Collecting and transporting fluids and tissues

Offender assistant will not remove bags containing any form of blood (human or animal), vials containing blood, bloody towels, rags, biohazards waste, etc. from the clinic unless the bag has one of these labels on it.

Offender assistant will not handle regulated waste.



**Labels should display this universal biohazard symbol.**

OKLAHOMA DEPARTMENT OF CORRECTIONS  
**OFFENDER ASSISTANT**  
**ACKNOWLEDGEMENT OF EDUCATION/TRAINING**

My signature below acknowledges that I have had education/training in Bloodborne Pathogens (BBP) and Universal Precautions

\_\_\_\_\_  
Offender Printed Name

\_\_\_\_\_  
DOC Number

\_\_\_\_\_  
Offender Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Qualified Healthcare Professional

\_\_\_\_\_  
Date

❖ To be placed in Offender Assistant file

## INCONTINENCE CARE

You will provide care to many offenders who are incontinent of urine and feces.

Many offenders will experience embarrassment, shame, loss of self-esteem, and frustration when they become incontinent. It is important to provide care in a matter-of-fact way to minimize negative feelings. Be sure to:

- Approach the offender in a calm way
- Never tease or scold, or ridicule
- Protect the offender's privacy when you provide care
- Wear gloves when you come in contact with body fluids

Incontinent offenders may use diapers. When talking about "diapers" the terms to use are briefs, underwear, or underpants. Do not use the term "diapers" because it is disrespectful and takes away the dignity of the offender.

When the offender is incontinent keep these things in mind:

- Treat the offender as an adult with dignity. People often feel bad about being wet.
- Respond to a request for help as soon as possible.
- Do not rush him/her and be sure to provide enough time for him or her to empty their bladder.
- If possible, try to give the offender some privacy.
- Never yell at the offender if he or she is wet.
- Keep in mind that some people with incontinence may need extra help.
- Some people may need to use special pads or clothing. These pads and clothing help keep the skin dry. Wet pads and clothes should be changed often. Wetness can cause skin problems.
- Always have or assist the offender to wash the skin with soap and water

Incontinent offenders must be checked frequently to ensure they are not left wet or soiled for prolonged periods. Urine and feces is destructive to skin tissue and will cause skin breakdown, ulceration, and [infection](#) if not cleaned and removed promptly. The skin and perineal area should be promptly cleansed after each [incontinence](#) occurrence. If the offender has sore or tender skin because it is wet:

- Notify the healthcare professional
- Keep the skin clean and dry
- Use creams (if provided by healthcare professional) to protect skin after it has been cleaned and dried
- Keep pads and clothing wrinkle free
- Change wet pads and clothing often

## CARING FOR THE CONFUSED OFFENDER

People who have dementia have a problem in the brain that makes it hard for them to remember, learn and communicate. These changes eventually make it hard for them to care for themselves. Dementia may also cause changes in mood and personality.

Dementia is caused by the damage of brain cells. A head injury, stroke, brain tumor or disease (such as Alzheimer's disease) can damage brain cells.

### Caring for the confused offender: Communication

- Approach the offender in a calm, quiet manner
- Approach the offender from the front
- Call the offender by name every time you are in contact with him/her
- State your name
- Identify other person by name
- Use gestures or cues. Point to objects
- Speak in a calm, gentle voice
- Speak slowly. Use simple words
- Let the offender speak. Do not interrupt or rush the confused offender
- Give the offender time to respond
- Do not criticize, correct, or argue with the offender
- Present one idea, question, or instruction at a time
- Ask simple questions having simple answers

- Do not present the confused offender with many choices
- Provide simple explanations of all activities
- Give consistent responses

Caring for the confused offender: Wandering

- Exercise the confused offender. Adequate exercise often reduces wandering
- Involve the confused offender in activities
- Do not use restraints. Restraints tend to increase confusion and disorientation
- Do not argue with the confused offender who wants to leave. He/she does not understand what you are saying. Let the offender wander in a closed area. Guide the confused offender back after a few minutes

Caring for the confused offender: Sun downing

- Complete activities early in the day
- Provide a calm, quiet setting late in the day
- Meet nutritional needs. Hunger can increase restlessness
- Promote elimination. The need to eliminate can increase restlessness
- Provide for safety

Caring for the confused offender: Difficult or disruptive behavior

- Remain calm, get the offender's attention, try to establish eye contact
- Touch the offender gently, take his/her hand, speak slowly using as few words as possible
- Keep communication clear and simple, speak slowly
- Patting, rocking, holding hands may help to calm the offender
- If the offender shrinks away from touch, refrain from touching
- Assure the offender that he/she is safe
- Try to redirect or distract his/her attention to a different, less upsetting focus
- When possible, remove the offender from the immediate surrounding and take to a quiet, less stimulating environment; because short term memory is impaired, just the change may cause the offender to forget the reason for the outburst
- Use a calm, unhurried approach; do not make unnecessary demands
- Avoid approaching the offender from the side or behind, intrusions into what they think of as personal space is viewed as loss of control of their environment and may lead to aggression
- Help out if you observe frustration building such as difficulty buttoning a shirt ; "May I help you with that"
- Avoid verbal battles-never argue or scold the offender

**SAFETY RULES FOR OXYGEN**

- Never remove the device used to administer oxygen
- Check for signs of irritation from the device. Check behind the ears, under the nose, and around the face.
- Keep the offender's face clean and dry
- Never shut off the oxygen
- Do not adjust the flow rate
- Make sure there are no kinks in the tubing
- Make sure the offender does not lie on any part of the tubing
- Report to the healthcare professional if the offender experiences any shortness of breath



## TIPS ON ASSISTING THE HEARING IMPAIRED OFFENDER

Communicating with the hard of hearing or deaf offender will be more effective if you follow these guidelines:

- Always face the offender when speaking (this provides visual cues and increases understanding)
- Do not cover your mouth with your hand
- Touch the offender to gain his or her attention
- Speak slowly and clearly (avoid mumbling)
- If you are not understood, find new words to say the same thing rather than repeating the same words at a higher volume
- Use gestures and body movement to help get your point across
- Do not shout. Since the offender hears distorted sounds, making them louder does not make them easier to understand
- Speak slowly and clearly
- Write out hard to understand messages

## PROPER BODY MECHANICS

Body mechanics refers to a special way of standing and moving one's body.

The goal of body mechanics is to learn how to move the body so as to prevent injury to the spine.

Guidelines for lifting:

- Test the weight of the load first and get help if it is heavy or bulky
- Get close to the load
- Move the feet apart, one foot ahead of the other, toes pointed outward
- Perform the waiter's bow plus squat
- Pick up the load and bring it in close to you
- Lift by using your legs and buttocks to push up to straight.
- If turning, don't twist. Turn your feet by taking small steps
- If carrying is necessary, keep the stomach muscles tight and maintain a neutral spine
- To lower the load, again perform the "waiter's bow" plus squat, sticking the buttocks out behind you as you go down

Incorrect lifting techniques



Correct lifting technique



## PRINCIPLES OF GOOD BODY MECHANICS

Maintain a stable center of gravity

- Keep your center of gravity low
- Keep your back straight
- Bend at the knees and hips

Maintain a Wide Base of Support. This will provide you with maximum stability while lifting.

- Keep your feet apart
- Place one foot slightly ahead of the other
- Flex your knees to absorb jolts
- Turn with your feet

Maintain the Line of Gravity. The line should pass vertically through the base of support.

- Keep your back straight.
- Keep the object being lifted close to your body.

Maintain Proper Body Alignment

- Tuck in your buttocks
- Pull your abdomen in and up
- Keep your back flat
- Keep your head up
- Keep your chin in
- Keep your weight forward and supported on the outside of your feet

### **TECHNIQUES OF BODY MECHANICS**

#### Lifting

- Use the stronger leg muscles for lifting.
- Bend at the knees and hips; keep your back straight.
- Lift straight upward, in one smooth motion.

#### Reaching

- Stand directly in front of and close to the object
- Avoid twisting or stretching
- Use a stool or ladder for high objects
- Maintain a good balance and a firm base of support
- Before moving the object, be sure that it is not too large or too heavy

#### Pivoting

- Place one foot slightly ahead of the other
- Turn both feet at the same time, pivoting on the heel of one foot and the toe of the other
- Maintain a good center of gravity while holding or carrying the object

#### Avoid Stooping

- Squat (bending at the hips and knees)
- Avoid stooping (bending at the waist)
- Use your leg muscles to return to an upright position

### **GENERAL CONSIDERATIONS FOR PERFORMING PHYSICAL TASKS**

- It is easier to pull, push, or roll an object than it is to lift it
- Movements should be smooth and coordinated rather than jerky
- Less energy or force is required to keep an object moving than it is to start and stop it
- Use the arm and leg muscles as much as possible, the back muscles as little as possible
- Keep the work as close as possible to your body. It puts less of a strain on your back, legs, and arms
- Rock backward or forward on your feet to use your body weight as a pushing or pulling force
- Keep the work at a comfortable height to avoid excessive bending at the waist
- Keep your body in good physical condition to reduce the chance of injury
- It is easiest to load and unload things at waist height
- With overhead reaching, use a stool or chair to bring yourself up to the level of the object; again, get as close as possible

## CONFIDENTIALITY

Confidentiality is the right of an individual to have personal medical information kept private and not be disclosed to others unless the individual has given specific permission for such release.

I understand and acknowledge that:

1. I shall respect and maintain the confidentiality of all discussions and any other information in connection with individual offender care.
2. It is my ethical responsibility to protect the privacy and confidential information in connection with individual offender care.
3. I shall make no voluntary disclosure of any discussion or patient care information, except to persons authorized to receive it.
4. I agree to discuss confidential information only for job related purposes and to not discuss such information within hearing of other people who do not have a need to know about the information.

I, (Name) \_\_\_\_\_, DOC# \_\_\_\_\_ hereby acknowledge that I have read and understand the foregoing information and that my signature below signifies my agreement to comply with the above terms. In the event of a breach or threatened breach of the Confidentiality Agreement, I acknowledge that the Medical Health Unit may pursue disciplinary action up to and including my termination from the program.

Signature: \_\_\_\_\_ DOC#: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

❖ To be place in Offender Assistant file