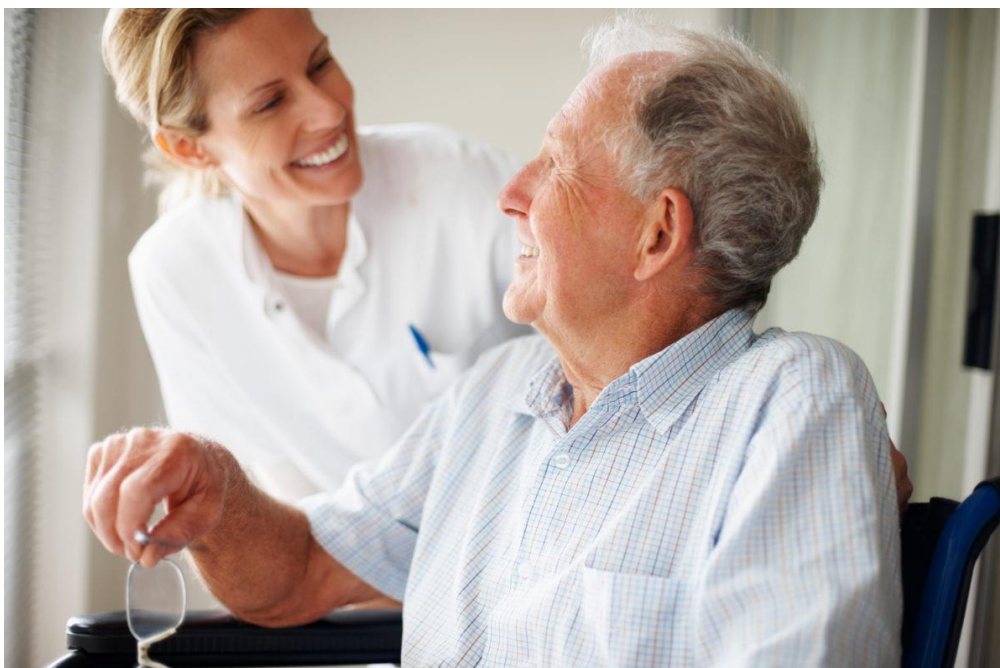




Erasmus+

*KA2 - Cooperation for Innovation and the Exchange of Good Practices: Strategic Partnerships for vocational education and training*

## **MigCare: Caregiver Training for Immigrants Through Serious Game**



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## *Caregiver Training for Immigrants: Educational Material*

### **INTRODUCTION**

The current course is about caregiver training for immigrants. It is an education material that focused on the qualifications and knowledge that a caregiver should have do his or her work efficiently and effectively. At the same time, give to the people that want to has to do with health care the opportunity to be informed about low issues, the ethics that has to do with health care and the dangers and difficulties that this specific sector have. Also, the aim of this paper is to educate professional caregivers theoretically to understand their role and gives them a guide to overcome the common obstacles that caregiving has.

The course involves six chapters. The chapters analyze the role of a caregiver and emphasizes how important is someone being a caregiver, and the principals that a caregiver should have and respect. Against this background, values and strategies for wellbeing, successful aging, health, nutrition and safety of elder people are pointed out in the chapters. Each chapter ends with a questionnaire and activities to help people understand these principals.

#### **Chapter 1-Overview**

Chapter one describes the role and tasks of immigrants' home caregivers (IHC) mentioning the definition of immigrants' home caregivers, the care that people who suffer from dementia need, and the obligations that IHC have, working in this sector. The epidemiologic data are stated at the text, that reveals who how and where the care to older people is provided. Then, the author states that more training is important for people that want to work in a place except for a house. Furthermore, the author mentions the philosophy of direct care by stating the basic principles that a caregiver should respect as the Independence or the dignity of the person.

#### **Chapter 2-Ethical Issues**

Chapter two talks about the ethical issues providing some helpful definitions for legal issues. Then the author said which practice belongs to the law and what belongs to ethics. Moreover, he says how to avoid legal actions as a caregiver and how you can do your work as a caregiver effectively. Another

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point that is mentioned is how to prevent elder abuse and fail to look after and distinguish the definitions of passive active neglect and abuse. The Ethics of Caregiving suggests that care, especially for people with debilitating diseases such as dementia, involves far more daily activities for the person in need. The author says that a lot of decisions are not immediately life and death issues, but always embodies judgments about the value of the person assigned to our care and always displays the character of caregivers. Our ability to fulfill the obligations that people have as caregivers would make the difference in the daily lives of those who need help. Also, the author examines how the love of prudence can work in a number of specific and difficult cases. After that, he points out the goals of caregiving that are the respect for person's ideas and desires, the well-being of the family, the good of society and the appropriate care for the person now and here. Subsequently, the author talks about the ethical guidelines. He descants on the distinction of providing the most appropriate care for each particular patient, that is the work of prudent discussion and judgment. After that, he mentions four ethical concepts to distinguish what is morally required, what is morally forbidden, and what is morally optional. Moreover, he talks about the moral boundaries that are important especially nowadays that we live in a mass geriatric society.

### **Chapter 3-Communication**

Chapter three focus on communication. According to the author, effective communication with a caregiver includes the language as a dialogue between the patient's ideas, needs and concepts. For this reason, communication skills are significant for health care. The author states four elements of the language allow people to communicate with each other. In most care settings there is a need to use all of four language elements to fully understand and address the needs of the caregiver. Then, reference is made to how the communication works, which is an effective communication and what things includes. After that, the author mentions the communication skills that a caregiver must have. At the end of this chapter, he talks about how people should communicate with individuals with disabilities and he focus on vision impairment, hearing impairment, language impairment, especially in aphasia disorder, and cognitive, memory, emotional and mental health impairment

### **Chapter 4-Job Management Skills**

Chapter four begins with job management skills mentioning some tips for caregivers. In detail, the chapter describes caregiving services and remark possible ways that these services can meet people needs. Using this information, caregivers could improve the circumstances arising from the care of the

elderly. At this point, the author describes in which person is in home services addressed. After that he mentions the key role of the family and friends and gives tips and suggest to ask the doctor if it is necessary. Moreover, he talks about medication management by giving five self-care tips and then describes the stress management, focuses on the causes of stress, the importance of understanding and recognizing when someone is stressed and what happened if someone is full of stress. Then, he says what things someone who is stressed should do to reduce his or her stress and suggests some effective methods to manage stress. Furthermore, the author gives the principles of body mechanics. Body engineering is the use of the right muscles to complete a job safely and efficiently depending on the author. According to the author some of the most common injuries sustained by healthcare workers are serious muscle conditions. A lot of injuries can be avoided by the conscious use of proper body engineering when performing physical work. For this reason, he states the principles of body engineering and gives practical safety tips for the caregivers.

### **Chapter 5-Nutrition**

Chapter five talks about nutrition. For many reasons, elder people usually have malnutrition problems. The author points out the factors that contributing to malnutrition and suggest caregivers to monitor nutrition to prevent patient s malnutrition. Then, focus on how someone could improve nutrition and provides the basic nutrition. After that talks about the role and the importance of nutrition. Last but not least, the chapter ends with the hydration signs and symptoms of dehydration. At this point the author suggests methods to encourage an individual to drink fluids.

### **Chapter 6-Safety**

Chapter six analyze the sector of safety. As a caregiver, it is substantial to promote an environment safe and comfortable for the patient. Unfortunately, bearing in mind only this factor it is easy to overlook some of the potential dangers that are associated with living independently. For this reason, according to the author, caregivers should organize and plan an emergency plan to avoid as many dangers as he or she could. The most significant things that a caregiver should focused on are the medical emergencies and first aid.

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## CHAPTER 1 – OVERVIEW

### ROLES AND TASKS OF IMMIGRANTS HOME CAREGIVERS (IHC)

#### 1. Definition

If you read these words, you are likely to be an Immigrant Home Caregiver IHC. There are strict definitions or specific information of care for all circumstances. There are no legal recognition or other name and the title comes with little awards or other gifts. "Immigrant Home Caregiver" implicit that duty is paid for free and there is a sense of personal responsibility to provide care to an adult with a serious disorder, maybe because the age. The "intensity" of care may vary, depending on carer's needs and the provider's ability to respond.

#### The "Receiver of Care"

If someone takes care of you, stay as active as you are capable of making decisions. Many conditions (a fracture, for instance) require a great deal of help, but you are well informed and able to control care matters and wait for recovery. Other circumstances may be in progress or have an affect your ability for correct decisions. Even you could not keep away all judgments, you can still provide information.

#### 2. Tasks

##### Work Description

Many things that the IHC has to do with settings or particular job. A job description cannot be written. Some common tasks for IHCs are mentioned below:

- Primary care: assisting a person in the bathroom, dressed and eating
- Doing everyday tasks and go shopping. taking a client to an appointment
- Domestic Chores: cleaning up, preparing meals

#### Who else is on the same boat?

-An overwhelming majority of people (78%) in the EU receiving care at home for a long time, receiving all their care from unpaid family or friends, mainly from their daughters or wives. Another 14% receive care from family and paid help.

- 34 million of people take care of adults over 50.

- 8.9 million carers (20% of carers) care people over the age of 50 who suffer from alzheimer.

- It is estimated that 59% to 75% of caregivers are women

. – Man caregivers would be increased and will continue to be due to various social demographic factors. - While carers could be found at all ages, plethora of carers are middle-aged (35-64 years). Of carers living with their care recipients, spouses represent about 62% of primary caregivers, while children, who are adults, account for 26%. Secondary caregivers are more likely to be adult children (46%) than wives (16%).

- Care workers, facing problems at the work environment thanks to the different duties assigned to them. Of the working carers caring for a friend or family over 65, 2/3 of them must adjust their job program, reduce time, or take no money leave for their responsibility. Situation is more difficult at care and work are even higher among people who caring Alzheimer patients. - The elderly many times take care of most hour of care. 28% of carers providing more than forty hours of care every week are sixty five years. - Studies have shown that carers may have elevated pressure of blood and insulin high levels of insulin, may have an impaired immune system and big dangerous of cardiovascular disease among other inauspicious health matters.

## SERVICE INFORMATION

| Service Information  | Work Environment  |
|--|---|
| <p>The persons home (or another home).<br/>The person may also participate in daily care services.</p> | <ul style="list-style-type: none"> <li>• Employers works in elders' home</li> <li>• Employers usually works alone</li> <li>• Teaching: IHC train</li> </ul> |

|   |  |
|---|--|
| <p>A group home, usually for a specific team of disabilities, e.x. for people with developmental disabilities</p>   | <ul style="list-style-type: none"> <li>• Working in a home environment</li> <li>• Not big number of colleagues</li> <li>• Workers had the responsibility for caring more than just one person</li> <li>• Training: IHC plus specialized training for people in group</li> </ul>  |
| <p>An AAL hours</p> <ul style="list-style-type: none"> <li>• Includes twenty four hour care in a home-like setting for one to ten patients</li> <li>• Sometimes is possible owner occupied</li> <li>• An elder care home is owner occupied and cares for one to four people</li> </ul>  | <ul style="list-style-type: none"> <li>• Very close to group home</li> <li>• Working in a house environment</li> <li>• Not large number of colleagues</li> <li>• Employers had the responsibility for assisting more than 1 person</li> <li>• Up to 10 individuals and all are adults with different type of disabilities</li> <li>• Training: IHC and/or ALC</li> </ul>   |
| <p>An autonomous living homes</p> <ul style="list-style-type: none"> <li>• People often live in separate rooms and give money only for the specific services</li> <li>• Bigger facilities, can be up to one hundred or more sectors</li> <li>• Usually bigger facilities are split into functional sectors depending on how much help the elders need.</li> </ul> | <ul style="list-style-type: none"> <li>• Usually care is provided in the patient's personal room</li> <li>• Employers many times works by them self in the patient's home but has staff working in common sectors</li> <li>• Employers may work for one person or more depending by the needs of each of them</li> <li>• Elders may pay for more services beyond from them offered by the company. The staff would be working for the patients, not the facility.</li> </ul> |
| <p>An Alzheimer sector</p> <ul style="list-style-type: none"> <li>• Like an Autonomous facility but only for Alzheimer patients</li> <li>• These sectors are usually locked so that people cannot wander away</li> </ul>  | <ul style="list-style-type: none"> <li>• Employers works on the some with other members of stuff (the persons number depends on the space of the unit)</li> <li>• Employers agree to care for more than one person.</li> </ul>   |



|  |  |
|--|--|
| <p>A skilled nursing sector</p> <ul style="list-style-type: none"> <li>• Skilled nursing care twenty four hours per day/seven days per week</li> </ul> | <ul style="list-style-type: none"> <li>• Staff works with other colleagues in the structure. Manager is a nurse.</li> <li>• There are also other positions (e.g., activities or nutrition). Training: IHC and/or specialized training</li> </ul> |
|--|--|

## A. IDEOLOGY OF DIRECT CARE AND SUPPORT FUNDAMENTALS

### Basic principles

There are basic principles - beliefs - that all people have rights, abilities, and freedom of choice.

- **Independence:** Freedom to direct one's life. Being able to do things for yourself when it is possible.
- **Choice:** People choose what things want to do and when to do them. Caregivers don't tell them what to do.
- **Dignity:** Every person is a person. Every person needs the respect of people, his or her privacy and is treated the way he / she wants to be treated. When people need help, they need to feel valued and that they have the control of their lives.
- **People can learn:** Some people may learn slower than others, some people need some help, or have little energy. Everyone can learn and change as a person.
- **Person-centered approach:** Assistance or support is provided when and how the individual needs it. For example: a person from another culture may prefer certain foods or the fact that some people want many remedies, others want less help.
- **Consumer direction:** The client, when it is possible, informs carers about what to do, when and how. There are some consumer-oriented public programs. This means that the individual interviews, hires, trains and supervises the IHC.

### Did you know?

1. Mrs. Smith has her dinner. She wants oats & fruits.
  - a. You support her with the oats & fruits.
  - b. You make her a toast because is better for lunch.
2. Mr. Davis needs to put his clothes.

- 
- a. You must show him some shirts and let him choose one.
  - b. You take a shirt & you try putting it on him.
3. Mrs. Smith spills juice when she opens the bottle.
    - a. You let her open the bottle of juice.
    - b. You do it for her to prevent this.
  4. Mrs. Jones sometimes get asleep in front of the Television.
    - a. You leave the Television on her channel.
    - b. You change channel to another show.
  5. Mr. Smith spilled tea on his shirt.
    - a. You ask if he wants to put another shirt.
    - b. You go to him and start to unbutton the shirt.
    - c. You tell him to put another shirt.
    - d. You do not need to do something.
  6. Jack D. was in early stage of dementia. He wants to eat some soup, but he can't use the stove.
    - a. You heat up the dinner for him.
    - b. You tell him to eat something else.
    - c. You support him to use the stove.
  7. Mrs. Daniels asked many times how to take photos through smartphone.
    - a. You tell her it is difficult to do that.
    - b. You change conversation; she is too old to use a smartphone.

## CHAPTER 2 – ETHICAL ISSUES

### A. LEGAL CONDITIONS AND DEFINITIONS

- **Abandonment:** When individuals or organization leave a person without support or care
- **Attack** occurs when one person attempts or threatens to intentionally insist on someone else

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with a dangerous or insulting way without his or her permission.

- **Battery:** One person touches another person or another without permission.
- **False imprisonment:** When you restrict a person's freedom to leave space.
- **Fraud:** People falsely warns information to gain advantage of the person or to earn money.
- **Privacy invasion:** reveals personal details without the persons consent.
- **Liability:** Employer or employee will be responsible for any economic damage resulting from their carelessness.
- **Malpractice:** Unfair practices that are the miscarriage to had right judgment to refer your working information.
- **Negligence:** A physical harm or material injury that is caused by you or by your incapacity to do something when is your responsibility to do.

## **B. DISCRIMINATION OF LAW AND ETHICAL ISSUES**

- **Law:** Norms that drawn up by legislator or national agency.
- **Ethical issues:** It is something has to do with values. A system of rules of consciousness. Some laws are ethical, such as them has to do with abuses matter. But some moral principles are laws (to be honest for instance).

## **C. AVOIDING LEGAL ACTION**

- Access in personal information and case history should have only the supervisor and other colleagues
- Performs only the assigned task. If you work on a task that did not have signature by your manager, you became responsible for these efforts. A plan is prepared for each person who write analytical which service should be considered. This is a care plan or a therapy plan. Note the tasks you need to plan for this person
- It is n't permitted to do not much work than you have agree in your contract. When you forget or you did not success to do all the actions, you can put the patients at risk. As a result of your not success to act, you may find yourself not professional. Moreover, it's substantial to know

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the right plan for the person. You have done all the parts assigned to you, as described in the plan, not more, not fewer.

- Try not to be careless or working with bad quality. Working with empathy can make you responsible for the dangerous or injuries that arise.
- Abuse should be reported, & each action should not be considered as abusive.

#### **D. ETHICAL PRINCIPLES**

- Autonomy is a person's right to regulate their fate.
- The benefit is to do good on behalf of the person with a deficit and not of health professionals.
- The aim of non-intransigence is to protect the person's safety and does not cause harm.
- The law tries to distribute advantages and problems based on justice and equal rights.
- When one of this moral rules is omitted, people may be at dangerous for negligence or abuse.

#### **E. PREVENTION IN GERIATRIC PEOPLE FOR NEGLECT AND ABUSE**

Neglecting seniors is the condition that people fail to meet care responsibilities. There are different ways of neglect to bear in mind.

**Active neglect** of elderly people can show when a carer actives with a selfish way or hurt or other problem such as not giving food or water to the patient.

**Passive neglect** can occur when the caregiver recklessly can't complete care responsibilities usually because health problems, anxiety, lack knowledge or resources. Self-neglect exists when elders fails to serve his own therapy needs.

**Abuse** of elderly people by a typical caregiver or his /her family along with clinicians and can cause from physical and sexual assault to emotional and economic exploitation. Examples of elder adult abuse includes excessive & sub-medicated to forge the elderly signature in legal documents.

#### **F. THE ETHICS OF CAREGIVING: DISCUSSION**

For various reasons, the discussion about aging, death and care is mainly focused on the "end-of-life problem". These problems actually bring life to a point: Do we need to solve this deadly disease? Do we have to interrupt this life-sustaining action? Is it allowed to take proactive measures, regardless

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of whether personal consent is obtained, can terminate life? These issues are crucial and we will discuss them in the following debate. But we also need to remember that care not includes moments when life come at one point, or just specific recommendations about use of medical actions to preserve or stop life. Care, specifically for people with very serious diseases such as alzheimer, involves far more everyday activities essential for the patients: giving protection to them from evil, arranging daily cases. Comforts in difficult periods, giving food and washing them, change their dirty clothes, & take important decisions when is necessary placing them in a nursing home that needs to be daily cared by professional stuff. The decision we take when someone getting close to a point will be taken by the way of care that brought us there. Even though most nursing decisions aren't a direct matter life or death, nursing reflects the implicit judgment of the value assigned to our nursing staff and always shows the personality of the nursing staff. Care all the time includes thoughts about what we owe to those who need our help to talk about them and stand by their side, just when they can speak any more by themselves or stand alone. Our capability to deliver on these obligations—not only bravely in tuff periods, but mundane and usually on everyday basis-will make the important difference in daily lives of those we care about. We consider that as they now focus on ethical matters of care in the medical setting. Our investigation proceeds in 3 main units. First, we take in mind the positive purposes that carer could curry out — moved by respect for one's past desires, the well-being of the family, the well-being of the wider society, and the " better treat "of the person at the present. Second, we look at some ethical rules and ethical borders that should lead the way and restrict carers as they strive to follow this purpose. As we will point out, the possibility to seek "the best possible care" depends on setting such limits both against non-ethical choices & against our fragility as carers, especially because we care for those who test our patience and tour capability to care for them with all our hurt.

Third, we examine how the love of prudence could work in a number of specific and not simple incidents. In other words: ethical care incudes the investigation and exist of protection against patients, and wisdom thoughts in the crisis. Another word is needed for prudence, a central idea in our account. In daily conversation we sometimes call 'judicious' those statements or actions that somehow cause the good or the right. Caution is sometimes considered a simple compromise or ingenious method, or a solution to certain things, and this is not really a goodwill or moral requirement. However, in our ethical tradition, prudence is a noble action and never opposes justice or kindness. From the other hand, a prudent attitude is that the greatness of the heart & spirit allows

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us to see the reality of things in a deep way and wisely-deeply to understand the existing positive things, and wisely enough to find the best means available without violating the rules of justice and justice. Therefore, prudent humanists ensure that the interests of the present and the current patients are distinguished, and in doing so, they must also observe the restrictions imposed by justice on us. The necessity to find good quality of care rarely means that there is a simple answer in any case, or a better way in any case. In the case of admitting that there is no happy choice, a morally conscious profession may disagree about which action method is less dangerous to the elder. However, the promise to find the best care in this situation will help ensure that certain types of decisions or decision-making methods are not morally ethical because they are contradictory in taking care of themselves. When we find the best in difficult and sometimes tragic situations, the pursuit of better care for two drivers is limited.

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## *Care Goals*

### **1. Respect people's previous wishes and ideals**

In clinical practice, appreciation for the desires and values of the patients is usually not sufficient to guide the nursing staff. In many cases, a person's past desires are unclear or unknown. Many patients can't totally imagine their needs in situations with no experience or imagination. They can't talk about a non-existent self. Or don't want to face the Alzheimer disease while still in a leading position. The ethical scope of past desires is also in low level because people's interests, they don't stop during time & change with dramatic way as Alzheimer occurs.

Generally, self-determination has inherent limitations for a civil and respectful society. Even if allowed by law, there are strict ethical reasons not to target our own death, nor to require others to end our life through voluntary actions. Even the desire of a capable person must be bound by this moral boundaries & thoughts, because in some cases a person's desire will bring inequity to the values of someone life, the concerns of the loved one or the rules of the whole society. Our life is interconnected with members of our society, who are strongly influenced by our decisions and who are themselves the ethical agents of consciousness. If the caregiver's requirements are morally misleading, our caregivers do not need to fulfil our wishes or sign a contract that requires them to break important rules with strong obligation to everyone.

### **2. The Well-Being of the Family**

Non typical carers and patients are, in many cases relatives, linked by bonds of obligation and commitment. By caring for a particularly vulnerable family member, caregivers feel understood and properly concerned about the well-being of the family. For example, a caring spouse may consider how continuing care for an elder or an elder with alzheimer affect the mental health of children and grandchildren. Also, an adult can imagine the good of his or her own family and how the care responsibilities of elderly parents at house environment will affect the capability to have interesting for a growing child. A family-oriented perspective may be very useful. It weighs the cost and advantages of maintaining a dependent's life for everyone in each family: In the current state of alzheimer, the presence of a parent or grandfather brings more happiness than heart. Can

the price of home care be offset by continuous life that this cost brings? When will the cost-benefit calculation change? However, this close effect does not seem to go hand in hand with our society ethical values of family life. The core of the ideal of family life is the bond of faith, good or bad. They shouldn't (or shouldn't) come in and out of families such as conventions, where the main goal is our greatest happiness or benefit. Instead, we have the ambition to live in and through family - as parent, children, brothers, spouse, grandparent - in a spirit of mutual reciprocity, well known that, as other people care for us, we can one day care for them too recognize that reciprocity is not it's always the same as reciprocity: in families, we sometimes have to give more than we seem to have. By decreasing members of the family to other family members only as a source of benefits or enjoyment, we risk undermining this family concept that user computing aims to promote. In the name of family joy, we take the risk underestimating the loyalty and dedication of the entire family.

### **Social good**

When most people decide how to take care of their loved ones lying on the bed, they have not decided on the best option now and now but are considering the most beneficial option for the whole society. But each member of a family are not often the only actors in this dramatic situation: there are doctors and hospitals that suggest better treat. There are organization in private (company) or public sector that give a big part of the cost of home care and long-term care for the elders and take the decisions what they had to pay. there is the largest state that has to decide for these goods over other citizens' goods and there are the moral value of society, like the care of people in young age, the guarantee of equal rights for all and the protection of vulnerable people from risk. Therefore, although family members cannot pursue social interests in decision-making, the entire society has created situations that strongly affect and limit these decisions-including the impact of laws and culture on the moral intuition of those responsible for care.



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### **3. Best Care for the Person Now Here**

If the purpose of care is to give the best quality of care here, it is important to try to look at the world from the perspective of those in need and ensure that we do not feel uncomfortable because of our reduced ability. The scale we use to measure its value. Of course, we need to increase our understanding of the lives of those in need. We need to explore the meaning of experiences that may be meaningful to us. For example, reading a book without paying attention to the page layout-but it usually brings experience fun to these people. More profoundly, we need to view these faces as not only a person who cares about ourselves, but a person whose life is meaningful to others. Sometimes, this means that even when you live, seeing the value of someone with disability in his personal life no longer seems to be beneficial to the disabled person.

People who advocate that care should be in the patient's "best interest" correctly seek to place patients in the middle of care decision. However, it seems a bit sad to only talk about "interests": humans are not only a collection of interests, but also the life of the whole person whose lives are interconnected with others. It makes sense even if his/her interest seem low, even when life choices shrink. In this case, the correct goal is not only the "best interest" in this case, but also "better care" of the patient's health. To sum up: The profession should first be guided by moral obligations and moral tendencies, so as to always take care of and appreciate the specific current needs and circumstances of everyone who is currently being cared for. We must work hard to provide best care on a case "by" case basis, but it must always be within some general moral scope. Next, we extend our appreciation for the ethical guidelines and ethical boundaries that should guide a caregiver before undertaking some tuff but exemplary clinical cases.

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## **Ethical Directions**

Now and now, the difference between providing optimal care for each specific patient is careful discussion and judgment. Because there are so many variables, face-to-face & everywhere, it isn't possible to decrease prudence of specific rules or plan procedures to make informed decisions. Nonetheless, the tradition of medical ethics has proposed some key concepts and differences to guide thoughtful thinking: negative, set some ethical limits, except these limits, prudence does not work. To be sure, it is to clarify the goal of pursuing caution. This moral concept & discrimination are necessary and dangerous. They are necessary because we must view moral decision-making with the right perspective, and we must establish some protective measures, even if it is out of goodwill or even out of harm. The danger exists because there is always the risk of turning specific diseases into general diseases and following specific rules without distinguishing the best care for each person.

The following are 4 differences or concepts used to distinguish between moral requirements, moral prohibition, and moral optionality. They are: (1) regular and emergency care; (2) supply and demand operations, (3) motivation, actions taken and the impact of human behavior. (4) The high stress of care caused by personal behavior & burden of disability and disease caused by nature

**Ethical Limits** We recognize that in the age of large-scale geriatrics, we are entering a perhaps unprecedented era where tens of thousands of elders can no longer take care of themselves and cannot take decisions the health care they really want. We also recognize that there is a lot of pressure to change these restrictions, because stressed and sad carers are looking for simple methods to get rid of the pain of having to fall into a large number of people who have fallen for a long time. But partly based on the power of the ethical investigation just finished, and from another part based on the obvious positive sense of the boundary itself, we propose this ethical limits as a rule to guide prudent professional development into action:

- No matter how painful or reduced life becomes, he will not actively kill or assist in killing others
- You are not aiming at death, whether it is commission or inaction
- No need for overly burdensome treatment

• ~~We are not obliged to do what caregivers cannot do, but we are obliged to see what we capable to do without losing or distorting other things in our lives.~~

We can also clarify the right reasons for interrupting life care:

- When the cure itself is under difficult conditions for the patients
- When the cure is not useful.
- When a descend death is possible in cases where death is approaching (ex., allowing terminally ill patients to stay at home with relatives rather than going to the hospital)

Compliance with these restrictions is not enough to draw the best conclusions about what constitutes a specific situation. Although ethical care is important, it is not primarily about observing good conduct or ethical standards. It is mainly to create emotions to nurture and nurture nursing habits, usually facing major obstacles, but it takes a lot of time and resources. In individuals or families or in the wider community, the ethical reflection of the species involved here alone cannot produce the required personality traits. But it can start to enhance the appearance and improving the understanding, otherwise, it may even cause a bad heart. Emphasizing proper targeted care - and demonstrating the boundaries of good behavior, these-in theory- conversation, albeit far from both public order and everyday practice of medicine and nursing, can improve our goal and reduce failures. try to fulfill our obligations, where appropriate, by manifesting and acquiring the care that is so essential to the work to be done.

## **Moral Boundaries**

We recognize that we are entering an age that may be unprecedented, an age of geriatric society, where a lot of people can anymore take care of themselves and cannot take decisions what kind of medical care they prefer. Also we understand that caregivers who are frustrated and unhappy are looking for easier methods and have to give more care to people who will only fall into a long and frustrating decline, so they may face huge Pressure to change these boundaries. But from on part depends on the power of the ethical exploration just ended, and from another depends on the obvious positive awareness of the boundary itself, we propose the following moral boundary as a rule to guide the prudent person to take action:

- 
- No matter how painful or diminished life is, you cannot actively kill or assist in killing others
  - Whether through commission or inaction, death must not be used as the purpose of action
  - Do not apply excessively heavy treatment to others

No obligation to do what caregivers cannot do, but an obligation to see what we can do without destroying or changing everything else in our lives.

We can also state the clear reasons for stopping life care:

- When the treatment itself is too difficult for patients
- When therapy is ineffective
- May die better when death is approaching (for example, allowing patients with terminal illness to stay at home instead of going to the hospital)

Compliance with these restrictions is not enough to draw specific conclusions about what constitutes the best care for a person. Although ethical care is important, it is not primarily about observing good conduct or ethical standards. It is mainly to create emotions to nurture and nurture nursing habits, usually facing major obstacles, but it takes a lot of time and resources. Whether in individuals, families or in the wider community, the ethical reflection of the species involved here alone cannot produce the necessary personality traits. But it can start to enhance the appearance and deepen the understanding, otherwise, even a kind heart may sometimes be distorted.

As we point out the right goals for better care-and show us the boundaries of good behavior, these theoretical discussions are recognized by public policy and the everyday practice of medicine and care that can improve our goals and limit our Weaknesses because we strive to fulfil our obligations by showing & getting care that is essential to the work to be done when appropriate.

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## CHAPTER 3 – COMMUNICATION

As we communicate, we build new relationships. Consider every relationship you have and also have in your mind all the different ways to be in touch with your spouse, partners, children, relatives, friend, professional health staff, the community, and the people you care for.

Effective communication with caregivers involves using language as a dialogue between the patient's thoughts, thoughts, and needs. Through communication with people, we can express thoughts, memories, needs, hopes, desires, worries and fears. For this reason, we call ourselves humans. As a carer, you like to speak with other people through dialogue. Ideally, you know the needs of the caregiver. In return, the caregiver believes that you can meet these needs. Therefore, the ability to communicate are a very important matter of healthcare.

### **How Communication Works**

I want to think about a question for a while: What is communication? Communication is the process of exchanging information's between individuals. Consider two people in a conversation: one person is a communication user who shares information, and the other person is just listening or "communication partner" that receives the information. In the dialogue, we switch between these characters without thinking. At one point, you talk to the person, and at the next moment, you hear the person. Always stop thinking about your role change. Or you can speak about your thoughts through a dialogue with someone, and after that you can unconsciously explain what your chat partner is sharing with you. How great is this? How do you speak about your thoughts to someone, and how does he/she explain or understand what you are saying?

Communication is really a not simple procedure of human beings. As humanity, we have made a complex system called communication language. Only human brain has discovered such a sophisticated system to communicate that give us the permission to use language as a method to communicate. Of course, as babies, we started to learn the language around us. No matter where people are, this is how people communicate in which country, town, or town through language. Effective communication with others involves using language as a conversation for thoughts & needs.

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## Caregiver Communication Skills

Now, let us see how to use language as a caregiver. The language has 4 elements for communication:

**Speaking:** Say the words you need to have clear communication for your message to the person you care about.

**Understanding and listening:** Explain & understand for is saying the patients you care. (If the person has a speech impairment, this is not always an easy process). **Write:** Write the information you need to communicate. Writing is a good method to communicate through write. You may need to manually write information to other professions or even people you care about via email or SMS. (This assumes that the person you care for can read the written information).

**Reading:** Learn about text messages. Sometimes, as a caregiver, you need to read the notes and information provided by a healthcare professional or caregiver. At other times, you may need to read articles related to the care or health status of the care recipient to conduct your own research. You can also provide information in paper or brochures to the people you care for.

At full operation, these 4 elements of the language forces us to communicate with each other. In most care settings, you will have to use all language elements to clearly understand and address the needs of caregivers.

## Communications Skills

Learning with effective way communication methods with relatives is very important to maintaining a positive care relationship. Try new communication skills when trying to acquire new communication skills, you may go through the following parts:

- Learn about new options.
- Try new behaviors that are not always correct.
- Tasks using new skills.
- Include new skills into everyday life.

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In the later stages, these new skills will be more easily integrated in your daily routine, and at the same time, they will be combined with those skills that have been serving you. In times of stress, you can of course return to your old behavioral patterns. However, if you continue to practice new communication skills every day, your rejection frequency will decrease until these new skills become part of you. Facing someone's problem provides an excellent opportunity to practice new skills.

**Communication about a problem.** Usually, when someone have a problem, we will provide suggestions and try to find a solution for the problem. Another useful method is to help him/her solve the problem. I believe they have at least part of the answer. In the beginning, help them solve the problem. Only then can a solution be developed. After determining the type of solution, you can develop an action plan. There are standard communication methods that can help you to finish these tasks with better way. About each task, provide effective steps and representative opinions.

- It is important to fully understand the problem for you and people you are helping.  
Obedient, and then make a summary:
  - “Tell me about...”
  - “In other words, what you think...”
  - “So, what is bothering you is...”
- Extend the words by asking questions.
  - “Can you tell me more about...”
  - “Has anything else happened which makes you think...”
- Let the others understand the acceptance of their feelings:
  - “I can understand how you would feel...”
  - “It seems to me that you are feeling...”
- Help to understand what is really annoying him/her:
  - “It all seems to boil down to...”
  - “The thing that seems to bother you most is...”
- Provide help to them to make a meaningful statement of the matter, including feeling and personal needs:

- 
- “The problem seems to be...”
  - “You feel...”
  - “You want...”
  - Help the person to realize limitations:
    - “Can you really do anything about that part...”
  - Help them recognize each different thought, feeling, and expectation which are in the way:
    - “What do you think others expect you to do?”
    - “Has someone told you that you should...”
    - “Are you comparing yourself to another person or to an ideal image?”
  - Make realistic solutions should be a joint endeavor. Never impose your own prejudice on other persons. Ask for their ideas:
    - “What could you do to make things different?”
    - “What are your alternatives right now?”
  - Give some suggestions based on your personal experience and ask for their response.
    - “Have you thought about...”
    - “What do you think would happen if...”
    - “If you...what do you think would happen?”
  - Evaluate any possible solutions.
    - “Looking at these alternatives, which seem to get you closer to what you want?”
    - “Would it be better to keep things the way they are?”
  - Plan the first step.
    - “So, the first thing for you to do is...”

## **Disagreements**

Another chance to practice positive communication and understanding skills is during a discrepancy with other person. When we are strict in our thoughts & emotions, it isn't easy to really hear people with different but very strong opinions and emotions. Probably, this may be one of the most important periods when using active listening. We must believe that listening some else & trying to be in their situation does not mean that we agree to give up our views/emotions. This simply means that we are prepared to give them respect through understanding.



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In the case of disagreements, it is useful to take a moment to clarify your thoughts and emotions so that you can communicate them clearly in the future. The next step is to set aside your thoughts to listen and understand each other. Hope this person will be willing to listen and understand your point of view. If this is not the case, then you can at least stay focused by making your communication clear and keep the situation out of control.

Did you know?

- 
1. Communication have effectiveness when 2 persons:
    - a. Understand each other.
    - b. Agree with each other.
  2. Non-verbal communication is possible to include:
    - a. Singing
    - b. Facial expressions
    - c. Written words
  3. Listening is important ..... True False
  4. Assertive communication is rude ..... True False

## **COMMUNICATING WITH DISABLED PERSONS**

### **1. Vision Impairment**

- If you think it is necessary, I suggest you help, but don't feel strange if this person likes to do it yourself.
- If you are unsure how to provide help, please consult the person in need
- When it comes to blind people, it is useful to use their name or touch the arms.
- Don't try to touch the guide dog.
- Let the person hold you against the one you hold.
- When you walk into the house, identify yourself.

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## **2. Hearing impairment**

- If necessary, use hand waves, shoulder flapping or other signals to grab people.
- Speak clearly and slowly, but do not exaggerate your lips or yell (using sound, the sound may not hear clearly).
- Give people time to understand and respond.
- Flexible language. If the other party has difficulties understanding your meaning, please rephrase what you say without repeating it. If this persists, please write it down.
- Minimize parasitic noise-turn off Television and stay away from the person speaking.
- Place yourself in a well-lit area. Keep hands & food away from the face.
- Look straight each other & try express ability.
- When the translator accompanies the person, please talk to that person instead of the translator.
- Encourage people to interact. Persons with hearing impairments are often isolated.
- Keep the amplifier/headphone.

## **3. Aphasia**

People sometimes can speak but not write and the opposite. This language disorder we called aphasia. It is usually caused from brain injury, by a serious accident or stroke but doesn't affect intelligence.

- Get people's attention before begins to speak.
- Reduce environmental noise. Turn off the Television.
- Do not use complex ways to communicate but keep them in an adult state. For e.x. is the yes/no option.
- Do not speak loudly or talk with others.
- Use and motivate for different communication skills: writing, drawing, gestures.
- Give people time to answer.
- Provide feedback to encourage others. Don't correct or criticize

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#### **4. Emotional / Mental Health Impairment**

Someone with a type of problems may have change the thought. Maybe sometimes have delusional (hearing voices or seeing thing that doesn't exist), had paranoid thoughts or problems to communicate. Very often this doesn't mean that the patient is aggressive if they do not feel threatened. Here are some communication methods to use:

- If the person has trouble talking to you, they can enjoy your business in other ways. Think about watch TV, listen to music, or read a book.
- Give the permission to the person to have his one part in the room. Do not stand on him/her or be close to them. This includes contact with the person. The person can hit you if you try a relaxing touch.
- Do not block the door.
- Try to avoid constant eyes contact.
- Stay calm and use a dispassionate approach. Use a slow and calm voice to speak. Use small and not complex fraise to the person, not be confuse. If necessary, say again fraise or questions with the same words.
- Try to organize a daily routine for the person. You have to be foreseeable and consistent. Don't change your thoughts or opinion after you say you do a specific thing.
- Try to prevent overstimulation because reduce anxiety.
- Respect their emotions. Saying, "Don't be silly. There's nothing to be afraid of," it is not useful. Allow to them to feel scary and try to say something like, "It's all right if you feel afraid. Just sit here by me for a while."

#### **5. Cognitive / Memory Impairment**

People with memory problems have difficulties to think, reasoning, and remember. If you ask for their name, specific dates, what eaten, what they are called, etc., these people will feel very upset or depressed. Because their long-term memory is more intact, they can deal with past things without remembering them. Such as the death of a relative or the child growing up and getting married. The two most important things if you work with MCI persons are:

- 
- Your actions.
  - Your reaction to this person and his attitude. When have communication with those people, remember:
    - Use a calm voice and make sure that the person is trying to understand environment.
    - Use redirect.
    - Give sincere compliments.
    - Do not argue with them. If the person tells you that he is waiting for his wife to come, & you know that his wife died a few years ago, please don't say: "You know that your wife died a few years ago." May think you are wrong because of him or her I feel mad because of it or feel hurt and sad because I just learned that my wife has passed away. It is best to assure people that everything is fine. His wife has just been postponed. Then focus on an activity.
    - Treat everyone as someone who has the talent and ability to be respected and dignified. People can usually say that they are talking like a child, which will make the situation worse.

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## CHAPTER 4 – JOB MANAGEMENT SKILLS

### Top-5 Tips for a Caregiver

- Creative and flexible
- Patience: You may not be able to solve the problem over the phone
- This is a teamwork involving you, people you and professional staff.
- Some things that are not available today may work better tomorrow.
- Success is accidental and conditions will change

This paragraph describes services care and the possible methods in which these services can match your needs. Try to use all this knowledge to improve your capacity level. The caregiver's life is full of one day. A large number of caregivers do not have enough time every day to fulfill their responsibilities. Providing care can be difficult and can cause health issues for caregivers. Meeting the personal needs of your loved ones, such as dressing, eating, bathing and going to the toilet, is an important part of daily activities. Caregivers often ignore their personal needs when helping relatives, especially social and medical care. Home care is a solution for carers who can:

1. need relief
2. need help when their loved ones' needs have increased
3. need short-term help because they or their loved one is being discharged from a hospital or rehabilitation facility
4. need time to explore placement options as the patient is safe.

Home care services can be used ranging from 2 hours a day to up to twenty-four hours of care.

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## **Respite**

Postponing rest is an opportunity for rest and charging. Like frogs in water tanks, we do not always realize that water is boiling. There are a lot of ways to help someone, but you have to ask questions first. You must act. A lot of carers are interested in understanding various options, but have never been involved in:

### **1. Let family or friends to come to your home**

It seems very simple, unfortunately too many nursing staff missed it. If someone wants to visit you, please say "yes" and give explanations when you need someone help. If there are no volunteers, you can ask if they can help you. The most important thing is to arrange rest time and then use free time. Enjoy yourself or accomplish important things, don't feel inward. If the person you love has physical trouble, he or she will be happy to accompany you. If your people you care has alzheimer, they will still be able to gain the trust of a company except he is in an advanced stage.

### **2. Hire a helper**

There are many individuals & organizations to make a choice. Make sure your choice is the best. Don't forget that you can have someone to come to your home, otherwise someone you love may for a while move to an institution. In other case the rules don't change. Plan, spend the appropriate time, and make sure you plan activities that will revitalize yourself

### **3. Go to a Daily Care Center**

This isn't a high-level center, but a meeting structure with a specific scope to provide activities, information about nutrition & comfortable environment. The service comes at a cost, but insurance may include expenses, and sometimes scholarships are provided.

### **4. Look for voluntary relief services**

Limited free relief services are provided both inside and outside the home. Normally, you must plan in advance, so try before you need service to call. What do you do? Thanks asking me.

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## **5. Support Groups**

Is difficult to find a shortage of professionals who claim to be an expert cloak. The only truth A nursing professional is someone who has or has experienced it. The support group is a gathering of many people. Whether it is "specific disease" or general care, there is no better place for self-education or looking for dependence. If you hear someone say, "I have tried a support team, but it is not for me...", they think each team is as unique as the people involved. There is no one-size-fits-all group at all times. There is a team that suits you and your situation.

### **Technology protection**

Technology provides multiple ways to help you and the safety and well-being of those you care about. Depending on individuals' risk & how they are presented, you will be directed to products that can help you. For people with alzheimer or other memory impairments, various safety products can be used. It has a wide range from door and window alarm to automatic flameout. The medical alert system is an economical way to create a safety environment for people who are alone or living alone at certain times of the day/night. Ask friends or search online for companies, check reports and understand any contractual obligations to monitor these systems.

### **Medication management**

Medical Prescriptions are difficult to keep up. Not only because most of the names are unexpected, but various dosage and timing guidelines are also easily confused. A good method to track everything is to put in a list all medicines in a chart, if is possible using excel or word procedure software on a PC. Note down medicine's name, the prescribing doctor, the effectiveness of the medicine, dosage for the medicine per day and when. If you don't have a PC or know someone who can install a computer, please do it manual. Use a specific form or download a notebook with accounting pages or graphic paper, and then use the grid to design the form. Print all this details on the chart carefully so that everyone can easily read it. Whenever the recipe changes, make sure to update the chart. Every time you visit a doctor, this tool is very useful for you to make it convenient and keep it in place. Keep up-to-date lists on wallets and life vials.

---

**Distribution** You have all prescriptions filled a specific pharmacy. This is positive for organization and monitoring.

**Fall Prevention** When an elderly person have a fall accident, an injury may have serious consequences for a lot of time. Researches show that four out of sixty-five people have an fall accident every year. For a percent of people, the injuries may be so serious that they cannot live with safety alone, and probably need help with daily activities such as swimming, dressing or cooking. The risk of a person falling may be the result of how chronic diseases affect vision, hearing, balance, muscles and general physiology. Because multiple drugs can cause fatigue and balance problems, eating multiple drugs can also cause a risk of falling. Therefore, a personalized approach has been adopted to reduce the risk of falls. However, there is a risk that everyone has an environment. Operation as simple as installing a handrail can save lives. Use the follow list it will be helpful to create a safer environment for their loved ones.

- If you have the role of caregiving, put in priority your health condition so you can continue to provide therapy treat for another person
- Have free time for rest and recharge
- Try to visit places, especially in nature because there is where you can find serenity.
- Listen to music.
- Go to shops.
- Go to cinema or to a concert.
- Try to write a letter to a person you haven't spoken for the last period.
- Try to do exercise like yoga, walking or do bicycle.
- Use meditation every day if possible.
- Try one time every day to day something good for yourself, without have guilts.

### **Top-5 Self-Care Tips**

- You eat with a smart way and put exercise in your daily routine. You know how to do.
- Be careful about magical therapies.
- Have in your mind that good mental health is the same important as physical.



- Laugh is still the best cure.
- Stay connected with family and friends

## STRESS MANAGEMENT

### 1. Identification of Causes of Stress

Stress is a part of our daily life. Knowing how to control stress is very important, not only to be productive in the work environment, but also for your protection of your own mental health

#### Symptoms of stress condition

|         | Normal: You have relaxed        | Under some pressure                | A lot of pressure            | Chronic stress  |
|---------|---------------------------------|------------------------------------|------------------------------|---|
| Brain   | bloods supply normal            | bloods supply up                   | thinks clearer               | headaches or migraines, tremor and nervous tics                   |
| Mood    | Happy                           | serious                            | increased concentration      | stress, loss of humor, crying, melancholy, rage, problem to sleep |
| Muscles | blood supply normal             | blood supply up                    | improve performance          | muscular tension and pain   |
| Heart   | stable rate and bloods pressure | increased rate and bloods pressure | improve performance          | hypertension and chest pains                                      |
| Lungs   | stable respiration              | increased respiration rate         | improve performance          | coughs and asthma   |
| Stomach | normal blood                    | reduced blood supply and           | reduced blood supply reduces | ulcers due to heartburn and indigestion                           |

|               |   |   |   |  |
|---------------|---|---|---|--|
|               | supply and acid secretion               | increased acid secretion  | digestion   | stomach pain                                   |
| Bowels        | stable blood supply                     | reduced blood supply & increased bowel activity                       | reduced blood supply reduces digestion                  | abdominal pain and diarrhea                    |
| Bladder       | normal                                  | frequent urination  | frequent urination due to increased nervous stimulation | frequent urination, prostatic symptom          |
| Sexual Organs | Male: normal.<br>Female: normal periods | Male: impotence (decreased blood supply)<br>Female: irregular periods | decreased bloods supply                                 | Male: impotence<br>Female: menstrual disorders |
| Skin          | Healthy                                 | decreased bloods supply - dry skin                                    | decreased bloods supply                                 | dryness & rashes                               |

Adapted from: "Stress – How it Affects Us." The Stress Management Society, Harrow, United Kingdom, [www.stress.org.uk/4617/9903.html](http://www.stress.org.uk/4617/9903.html).

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## 2. Acting

| Causes of Stress                                       | Things you can do   |
|--|---|
| Not realistic expectation                              | Put more realistic scopes   |
| Negative thinking                                      | Try to use positive thoughts. Remembering positive memories of your life      |
| Losing control   | Try to act and not react. Have an action schedule                             |
| Other people putting limits for you, being controlling | You must know your responsibilities. Evaluate & then try to act. Be assertive |
| Feeling overwhelmed                                    | Ask for someone's help<br>Make a schedule to put the task into smaller parts  |

### Factors for a positive stress management include:

- support
- exercise
- nutrition
- rest
- relaxation techniques
- realistic expectations
- positive talk to self
- time-management
- positive communication
- realistic expectations

Did you know?

- |   |      |       |
|---|------|-------|
| 1. All kind of stress is no good .....                  | True | False |
| 2. Good things can be stressful (e.g., a newborn) ..... | True | False |
| 3. Stress it possible to cause health problems.....     | True | False |

---

|   |      |       |
|---|------|-------|
| 4. Breathing technique can help to calm .....                     | True | False |
| 5. It is not difficult to know methods dealing with anxiety ..... | True | False |

## **B. PRINCIPLES OF BODY MECHANICS**

The most common injuries to medical personnel are severe muscle conditions. When performing manual work, conscious use of appropriate ergonomic techniques can avoid many injuries. Ergonomics is to use the correct muscles to complete the work safely and effectively without exerting excessive pressure on any muscles or joints. Using proper ergonomics is an important part of IHC's work because:

- People with disabilities rely on IHC for manual assistance. If IHC cannot take care of its back through proper physical mechanisms, then IHC will not be able to provide such assistance.
- Improper use of human machines can jeopardize the safety of customers and IHC.
- A kind of injuries may cause permanent disability. Just like lift, push, & pull the load may harm your back, when you work from home, it may bend or reach. As an IHC, you may know the pain caused by a back injury. Very important and good thing is that you can learn simple methods low risk of back injuries.

**The principles of body engineering that are an integral part of this module are:**

- **Center of gravity above the support base.** Working with customers, IHC is very important for understanding the center of gravity above the support base. There is a good supporting base on the shelf, the feet are separated, & the knees are bent.
- **Rules of body leverage.** The use of leg muscles and arms and the application of body levers are important. The mirror posture of the customer. Try to use all of your body and not a part of this.

---

## **Procedure: Lifting Objects with Good Body Engineering**

1. Begin with a good standing posture. Legs are shoulder-width apart.
2. Kept your knees slightly bent.
3. Kept the center of gravity above the support basis (this is the correct posture for insiders).
4. Squat, chest and hips extended. This article will keep you flat.
5. When tripping or crawling backwards, place your elbows or hands on your thighs or bench to reduce the pressure on your back.
6. When moving/laying down objects, please use the muscles of the feet and upper body to keep the body aligned (hold the hips, do not twist). Use your whole body to get the job done.
7. Kept object close to your body.

### **Practical tips**

- Kept up the work - get your center of gravity above the stand.
- Kept objects close to you.
- Bend the knees. Lift with your feet. Swing with your back in neutral position.
- Don't lift too heavy things.
- Use a stool or ladder to retrieve objects over your head.
- Think and then act. Design & complete the work.
- Maintain the natural curves of the spine. Maintain a neutral posture when sit, stand, lift, press or pull.
- Turn, do not twist. Turn your legs instead of twisting your body.

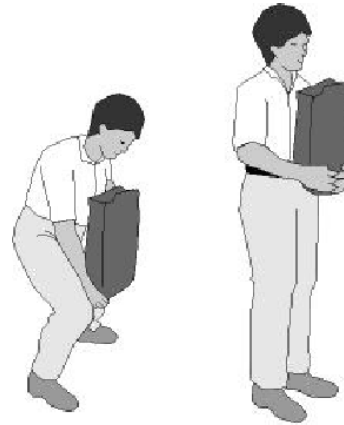
### **Do not forget!**

- Putting your feet together too far can cause bad leverage; and probably lose the balance.
- Rounding of the back will cause pressure on the back.
- Rotating the upper half of the body will cause the back to stretch.

- 
- ~~Move the object closer to the body.~~

### **If hold, lift, or carry items**

- Before picking up a box and case, check to see if the weight is given so you can be ready to lift with the right way.
- Keep object close to the body.
- Turn with the feet, not the torso.
- Keep your back straight.
- Use your legs to do the lifting.
- Get close to where you want to set the item down.



### **C. SAFETY TIPS FOR THE IHC**

1. Before leaving home, let you know how to change tires & carry supplies for emergencies with you. Use large amounts of fuel for reliable fuel delivery.
2. You have to inform the office of the place you want to visit and estimated time of arrival.
3. Remind customers (if possible) that you will come over and monitor them.
4. You have exact instructions for roads, buildings, or apartments. Get a map to determine where you are going.
5. Put the wallet in the trunk. When you approach the destination, please pay close attention to the surrounding environment. Pay attention to people's location and activities. The type and location of the car; building conditions (abandoned or heavy traffic).
6. If you see a group of people, don't walk into them. Walk to the other side of the road. Before leaving the car, please double check the environment again. If you feel uncomfortable, please don't get off the bus & tell the office.
7. Charge the car in a well-lit and crowded area. Shut down your car and lock your personal belongings in the trunk.
8. Do not enter the house if the situation seems questionable (for example, drunken family members, family dispute, militancy, wild pets, etc.). If your instinct tells you to leave, you might want to say, "Now I'm leaving, I forgot I have another appointment." You

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should call the emergency number in the event of an emergency. Never try to take care of such situations yourself!

9. Record your expenses when entering a client's home. Always try to have a safe way out.

10. You must be careful when you are close to animals in the living environment. They may be territorial and try to protect their owner.

- **Be alert**
- **Be observant**
- **Trust your own instincts**

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## CHAPTER 5 – NUTRITION

Nutrition is essential for health and well-being, but a lot of elderly people are at risk of undernutrition. As an adult or adult carer, you can know better about signs & risk of undernutrition and how to make a nutritious diet.

### Undernutrition Problems

Undernutrition in the elderly can cause serious problems, such as:

- Weak immune system increases the risk of infection
- Poor wound healing
- Muscle weakness and reduced bone mass cause falls and fractures
- Big danger for hospitalization
- Increased risk of death

### Factors Relating to Undernutrition

The cause of malnutrition seems simple-very little food or no nutrition in the diet. In fact, undernutrition is usually caused by a combination of physical, social, and psychological problems.

For example:

- **Normal age-related changes.** Changes in taste, smell, and appetite usually decrease with age, making it more difficult for people to eat food & maintain normal eating habits.
- **Illness.** Inflammation and illness associated with the disease can lead to decreased appetite and changes in the way the body processes nutrients.
- **Damage to eating ability.** Difficulties to chew or swallow, teeth problems or limited ability to handle tableware can all cause undernutrition.
- **Alzheimer.** Alzheimer or problems with memory may result in forgetting food without buying groceries or other irregular eating habits.
- **Medicines.** Some medicines may affect the appetite or absorption capacity of nutrients.



- 
- **Limited diet.** Dietary medical conditions that restrict diet (such as salt, fat, or sugar) may also result in a poor diet.
  - **Limited income.** Elders may have difficulty providing food, especially if they are taking expensive medicines.
  - **Reduced social communication.** If someone eats alone may not enjoy the food as in the past and may lose interest in cooking and eating.
  - **Limited access to food.** Adults with reduced mobility may not be able to get food or the right food.
  - **Depression.** Sadness, isolation, lack of health, lack of mobility and other factors can cause loss of appetite, which can lead to depression.
  - **Alcohol problems.** Too much alcohol will affect the digestion and absorption of nutrients. Abuse of alcohol can lead to bad eating habits and bad eating decisions.

### **Controlling nutrition & prevention of undernutrition**

A person who is responsible of the caregiving for the elderly or children, you can take steps to monitor nutritional health, monitor weight loss and manage risk factors for undernutrition. You must have in mind this:

- **Screen weight.** Help the elderly control their weight at home. Keep an every week subscription. Changes in how clothes fit will also indicate weight loss.
- **Observe habits.** Spend meals at home or in hospital or nursing units during lunch time to observe eating habits. Pay attention to what food to eat and how much to eat.
- **Monitor your medication.** Record all medicines, the cause of each medicine, dosage, treatment plan and possible side effects.
- **Help with meal plans.** Try to make healthy meal or prepare meal in advance. Help prepare shopping lists or store them together. Help you save money and shop.

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- **Use local services.** Please contact local service agencies that provide local food delivery services, nurses, or nutritionists visit, use food storage rooms or other nutrition services. Your local aging office can provide details about the service.

- **Lunch at social events.** Spend lunch time or invite seniors to enjoy light meals in your home. Eating out at a discounted restaurant. Encourage social activities where community members can eat together.

- **Encouraging regular physical activity.** Even with light exercise, daily exercise can stimulate appetite, strengthen bones & muscles.

- **Improving nutrition**

Meal time strategies to help the elderly maintain a healthy diet and good eating habits include the following:

- **Foods rich in nutrients.** Design meal with nutritious foods, including fresh fruits, vegetables, whole grains, fish, & lean meat.

- **Herbs and spices.** Use herbs and spices to add flavor to your meal and increase your interest in food. Try to find your favorites.

- **Healthy snacks.** Arrange nutritious snacks of fruits, vegetables, or low-fat dairy products between meals.

- **Food supplements.** Use dietary supplements to help you consume calories. Add egg white or whey powder to the meal to increase protein without adding saturated fat.

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## A. BASIC NUTRITION

### 1. Role and Importance of Nutrition

If youp daily habits its good and nutrition also, then you will have all the nutrients needed for your daily health. Lifelong habits in food can have a major impact on the elderly. A lot of geriatric health issues are related to lifelong eating habits. These diseases include heart disease, diabetes, stroke, high blood pressure, osteoporosis, atherosclerosis and digestive diseases. Good nutrition is very important to take care of the weak.

#### Essential Nutrients

| Nutrients    | Food Sources   | Body Uses Them For:   |
|--------------|--|---|
| Protein      | Meat, poultry, fishes, egg, cheese, milk, pea, nut                     | Growth and strength, cell repair, builds bones and body tissue  |
| Carbohydrate | Bread, cereal, rice, pasta, potato, corn, fruit, sugar, flour          | Give you energy   |
| Fat          | Butter, margarine, oil, ice cream, dressing, meat, nut, mayonnaise     | Energy, protects body organs, nerves, cells   |
| Vitamin      | Fruits and vegetables, milk, liver, cereals, breads                    | Growth, healing, protect to diseases, healthy skin, eyes, teeth, gums, hair, bone                                   |
| Mineral      | Milk, cheese, yogurt, green leafy vegetables, meat, egg, bread, cereal | Bones, teeth, blood, nerves, muscles  |
| Water        | Water, other liquid  | The body uses water to carry nutrients to the cells, flush wastes from the cells, and help control body temperature |

|       |  |                                  |
|-------|--|----------------------------------|
| Fiber | Raw fruit and vegetable,<br>whole grain cereal | Digestion, getting rid of wastes |
|-------|--|----------------------------------|

## 2.Hydration

Water is important for human organism for the prevention of dehydration, reduction of kidney pressure, and helps maintain normal bowel function. So far, intake of enough water every day is the most important nutritional requirement of the human body and is vital to life. A human can live for a few weeks without to eat something, but only for a few days without water. This is because our body has 55% to 75% of water, and sweating loses about ten glasses of water every day, and then go to the bathroom to breathe. The higher the temperature, the more water we lose every day. Who needs to increase fluid intake:

- Feeling a lot of sweating.
- Use sedatives, epilepsy drugs or certain behavioral drugs.
- Experience a lot of saliva.
- Experience with urinary tract infections (kidney and bladder)

### Symptoms of dehydration:

- Dry skin, especially around the mouth/lips and mucous membranes.
- Less skin elasticity.
- Dark, concentrated urine, reduced urination.
- Less sweating/less sweating.
- If not handled in time, it will lead to electrolyte imbalance, disorientation, and even death.

### To motivate an elder to drink water or other liquids:

- Drink as much water as possible and support water intake.
- Use also liquids, such as milkshakes, fruit drink, soup, pudding, and gelatin.
- If possible, try not to be adding caffeine and sugar to the fluid, because caffeine and

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sugar will dehydrate into the body. If you drink a lot of cafe, coke (or slimming coke) and other common liquids, then you need more water than ordinary humans.

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1. Good nutrition is important for good health ..... True False
  2. Fruit and vegetables products are good sources of fiber ..... True False
  3. A portion is the same as a serving ..... True False
  4. The food label shows how much sugar is in the food ..... True False
  5. Water is an important part of nutrition..... True False

## CHAPTER 6 – SAFETY

As a carer, you have to promote a safety and comfortability, but it is easy to forget some of the possible risks which they linked with autonomous living. According to the Council on Ageing, seniors receive treatment in the emergency room every eleven seconds to prevent falls.

**Around HVAC and Plumbing:** Check whether heating, cooling and water pipes work normally in each season. If you need to complete any repairs, please call an expert.

**Electrical Safety:** Bad situation of equipment can cause fire and electric shock. To avoid these dangers, do not place the wires under furniture/carpets and hang them with nails or staples. In addition, be sure that you use right lamps and all cables are without damages. An electrician can evaluate the house and inspect all items.

**Pest Control:** Make sure there are no errors and rodents in the house. Call a pest control expert as needed.

**Correct labeling & storage of objects:** Properly mark and store chemicals, flammable materials. If they are flammable, try keep them away from high temperatures.

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**Lighting:** Proper lighting can avoid waterfalls and accidents. Check regularly that all rooms and corridors have adequate lighting.

**Organize walkaways:** According to the National Library of Medicine, approximately 37,991 adults over sixty-five years old receive treatment each year for falling carpet and carpet-related injuries. To prevent the house from falling, try to fast all non-slip carpets and rugs. This is helpful to eliminate any obstacles to heavy traffic and uses anti-slip wax on the floor.

**Stairway Safety:** Reduce the risk of a well-lit, clean stairwell with a non-slip surface. Stairs should also have fixed handles & install light switches on the top and bottom.

## **Kitchen**

**Sufficient storage:** Store all items in the kitchen to facilitate recovery and reduce fire hazards. Put the heaviest items in the lower cabinet and lighter items in the higher cabinet. The best items that are easily accessible are common items such as oven gloves. Also, place a sharp knife on the grill to avoid cuts.

**Fire Safety:** The kitchen is more likely to catch fire-carry a fire extinguisher with you and try to be sure that all members of the family know how to use it. This is also helpful for the baking cycle to indicate whether the area is open or closed.

**Proper lighting and ventilation:** Install the correct lighting in the kitchen to facilitate navigation and viewing. Windows or ventilation systems should also have adequate ventilation to eliminate any indoor air pollutants during cooking.

**Food Safety:** We found all the expired boxes in our office! Help regularly check for expired food.

**Electrical safety:** Check that extensions and equipment cables are away from sinks and ranges.

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## **Bathroom**

**Water Temperature:** Set the temperature of the water to 120° or lower to reduce the risk of hot water overheating in the shower. It is also important to separate the hot/cold faucet and avoid confusion.

**Bath Items:** On the report of US News & the National Institute of Aging, 80% of the upper falls are in the bathroom. Grip, non-slip shower mat and bathroom seat can lower the chance of falling into the shower or bathtub. Indicator light: Make sure the exterior of the door lock has been released.

**Emergency lock:** Make sure the door lock has been released from the outside

**Personal hygiene items:** From the personal hygiene of the elder is important to have soap, proper disposal of soiled pillows, and electric razor for those with shaking hands.

**Electrical safety:** If small devices are always connected, it may be dangerous. Have a reminder to disconnect small devices when not in use.

## **Living Room**

**Furniture:** Proper placement of appropriate furniture can prevent falls. Furniture should be placed so that every lamp & any other device are close to the point of sale, and there are clear sidewalks in the living room.

**Chimney:** If the chimney is not cleaned and leaves and debris are removed, there is a risk of fire. If you keep it clean and tidy will eliminate the possibility for fire and toxic fume in the home.

## **Bedroom**

**Lighting:** There should be a light switch in bedroom's entrance and another one next to the bed. When going to the bathroom at night, the night lights will improve visibility.

**Bed settings:** The bed must be adjusted to a height suitable for outdoor. Bed railings can be added as needed.

**Bed details:** On the side of the bed, is important to know if they can use the phone, emergency phone number list, camera and emergency alert system. and also, keep ashtrays, smoking equipment and ignition sources away from the bed.

## **Garage**

**General:** Clean the floor from any kind of obstacle to reduce risk of falling. The garage should be well ventilated and well lit, and there should be a light switch near the entrance. Holding a sturdy staircase or railing stool will help you reach your goal from a height.

**Tools and Equipment:** Tools & equipment are best placed around the house for fast repairs, but if improperly maintained or improperly stored, it may be dangerous. Place heavier objects on the lower shelf and lighter objects on the higher shelf.

**Chemical, Liquid & Gas:** If chemicals, liquids and gases are handled irresponsibly, they may be poisoned or catch fire. Identify chemical substances correctly to avoid confusion with other substances. Properly fix the volatile liquid and store the propane tank outdoors.

**Electrical safety:** Be sure to use the proper size fuse for the circuit box. It is also important to open and close the circuit breaker every few months to test the circuit breaker to the garage.

**Exterior Entrance and Exit Security:** Appropriate lighting near the front and rear doors can illuminate the steps and reduce the risk of falling. There should be solid stair railings, good traction floors and lower thresholds. If necessary, ramps can be installed to facilitate access.

**Transparent Route:** Make sure the path from the front door to the mailbox is clean and free of obstacles, snow, or leaves.

**Visibility:** In an emergency, emergency personnel should easily see the house. Light up home number at night and check if it is visible on the street.



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## A. EMERGENCY DESIGN

The proper safe instruction can be valuable for the prevention of falls, fire, and any other emergency. Keep the equipment in proper condition, ensure safety, and make emergency plans. Emergency care personnel (IHC) need to know what have to do to an emergency and is possible to prevent an emergency. The elders & the disabled have bigger danger of injury.

- Longer lifespan may lead to more weaknesses or cognitive impairments.
- Disease or medicine may cause dizziness or instability.
- Reduced mobility slows response time.
- Slower response time increases the risk of accidents.
- Hidden safety hazards (carpets, pets) often exist in the home. When introduced, vulnerable groups may be more likely to fall.

### 1. Main Information

- **Stay Calm.** If you stay calm helps the other person to feel the same thing and trust you
- Tell in someone to support you if you this option.
- **Don't Leave** the elder except if it necessary for an emergency call. Then go back right away
- Try to keep open the airway of the person

If the elder has no response or is not breathing:

- Try to find help. Ask someone to call an ambulance or leave the person briefly for a while and call for help.
- Begin an Initialism (Cardiopulmonary resuscitation) assessment and procedure.
- Don't stop Initialism until help has arrived.
- Have your box with medicines and put in the emergency room.

If the elder has no response but is breathing:

- Make a call for emergency support.
- Place the individual on their side. This helps to keep the individual's

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airway open.

- If you can't find support, take the individual to the nearest hospital.

Using a mobile phone: If you make an emergency call from a mobile device, please be ready to give precise details about your location. The fire department it is not possible any time to find your phone. Use fixed telephone lines whenever possible. After the medical staff is called and the individual is not anymore in life risk, call your manager.

### **Emergency Plan**

Everyone-especially if he lives by one-should have emergency plan. They should be installed in specific locations at home, such as refrigerators. If the person cannot provide information in an emergency, the plan should include the current Description of an emergency plan.

#### EMERGENCY PLAN

Name:

Address:

Phone

Responsible Party/Emergency Contact(s)

Name:

Phone:

Name:

Phone:

emergency number: Fire/Police/Paramedics

Hospital:

Health Problems:

Phone:

Allergy:

Living

Will:  Yes  No

CPR:  Yes  No

My current medication (where):

Other:

Signature:

Date:

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## B. MEDICAL EMERGENCIES

During a health condition or injury, the IHC get the decision how to respond. If you have trained in first aid & CPR, you can help. Require an emergency and properly handle small scratches or insect bites. The table on the next page lists many emergency medical events. You can see also how to react. For several jobs, first aid and CPR are necessary. Even if it is not necessary, this training is a good habit.

| First Aid<br>Chart                  |  |   |
|-------------------------------------|--|---|
| Injury or Emergency                 | Symptoms   | Recommended First Aid Technique   |
| Allergic reaction to food, medicine | Swelling of throat, lips, tongue, wheezing, respiratory and cardiac arrest, hives    | Call emergency number.<br>Begin Cardiopulmonary Resuscitation   |
| Breathing stoppage                  | Looking, listening, and feeling for ten sec and no breathing noted, bluish gray skin | Call emergency number. Try to clear the airway if it is blocked. Give rescue breath & continue with Cardiopulmonary Resuscitation |
| Burns                               |  | Stop the burn by removing the heat source and immerse in or apply cold water. Do not apply grease or oil                          |
| Cardiac arrest (heart attack)       | No pulse or obvious signs of circulation, bluish gray skin                           | Call emergency number.<br>Begin Cardiopulmonary Resuscitation (CPR)   |
| Fractures                           | Painful movement, joint deformity  | Keep affected area from moving.<br>Apply support under and around affected limb<br>with hands and/or clothing. Call               |

|                 |                                     |   |
|-----------------|-------------------------------------|---|
|                 |                                     | emergency number.   |
| Heat exhaustion | Warm, clammy skin, nausea, weakness | If individual does not response, Call emergency number. If the person is conscious give liquids & salt. |

| First Aid Chart       |   |   |
|-----------------------|---|---|
| Injury or Emergency   | Symptoms  | Recommended First Aid Technique   |
| Heat stroke           | Hot, dry skin, elevated body temp, rapid pulse, disorientation                      | Call emergency number. First, cool the victim. Try to spray with a water hose or apply cool towels.   |
| Insect bites, stings  |   | Therapy depends on reaction: Use ice, soap and water, antihistamine to help with itching. Severe reaction, Call emergency number.<br><br>For scorpion, black widow, brown recluse spider bites, call a doctor |
| Poisoning             |   | Call local Poison Control.  |
| Possible heart attack | Heavy pressure mid sternum<br>Pain radiating down left arm, jaw, extreme heart burn | Call emergency number. Have person rest, take nitroglycerin tablets as directed if prescribed.  |
| Seizures              |   | Be careful for injuries. Do not restrain or put anything in mouth. Make sure breathing is restored.   |

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|        |  |  |
|--------|--|--|
| Shock  | Nausea, low pulse, cool clammy skin, restlessness                    | Call emergency number. Position of comfort, elevate extremities 15 cm, cover with blanket.           |
| Stroke | Weakness or drooping on one side of the body or face, slurred speech | Call emergency number. Critical to have individual seen in ER within two hours of onset of symptoms. |

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## RESOURCES

1. First Aid Guide, Mayo Clinic, <http://www.mayoclinic.com/health/FirstAidIndex/FirstAidIndex>
2. First Aid Kit, Kids' Health for Parents, [http://kidshealth.org/parent/firstaid\\_safe/home/firstaid\\_kit.html](http://kidshealth.org/parent/firstaid_safe/home/firstaid_kit.html)
3. [www.emd.wa.gov/preparedness/videos/video\\_using\\_a\\_fire\\_extinguisher.shtml](http://www.emd.wa.gov/preparedness/videos/video_using_a_fire_extinguisher.shtml)
4. "Principles of Caregiving – Arizona Direct Care Curriculum Project"
5. National Center for Biotechnology Information - Slipping and tripping: fall injuries in adults associated with rugs and carpets
6. NewsUSA - Preventing Senior Falls Starts in the Bathroom
7. National Council on Aging - Falls Prevention Facts
8. World Health Organization - Physical Activity and Older Adults
9. Centers for Disease Control and Prevention - How much physical activity do older adults need?
10. ChooseMyPlate.gov
11. [www.familydoctor.org](http://www.familydoctor.org)
12. University of Missouri. Published by University Extension, University of Missouri-Columbia.
13. Vivienne Epstein is a contributor for elizz.com – this article is reprinted with permission.
14. The Wisconsin Caregiver Project <http://www.uwosh.edu/ccdet/caregiver/>
15. National Association for Regulatory Administration  
<http://naralicensing.org/displaycommon.cfm?an=1&subarticlenbr=22>
16. "Focus on: Boundaries" Caregiver News, HSI Caregiver Support Services, January 2008, Missy Ekern,
17. Senior health: How to prevent and detect malnutrition , By Mayo Clinic Staff