

State-approved Curriculum NURSE AIDE I TRAINING PROGRAM July 2019 Module C



North Carolina Department of Health and Human Services
Division of Health Service Regulation
Health Care Personnel Education and Credentialing Section

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Module C – The Resident's Environment – Safety & Emergency Teaching Guide

Objectives

- Explain why residents in long-term care facilities are at risk for injury.
- Identify the role of the nurse aide in maintaining a safe environment for the resident
- Describe the role of the nurse aide in dealing with emergencies in a health care facility

Instructional Resources/Guest Speakers

 Guest Speaker: Member of the local fire department; topic: to demonstrate basic use of a fire extinguisher and to provide a general overview of fire safety (Teaching Tip #3C)

Advance Preparation – In General

- Review curriculum and presentation materials
- Add examples or comments to Notes Section
- Set up computer/projector

Advance Preparation – Activities

 Activity #1C: Environmental Safety: Walk around classroom building/around campus and jot down type and location of safety practices or devices. Examples include fire extinguishers, emergency exit plans, and emergency exit doors.

Module C – The Resident's Environment – Safety & Emergency Definition List

BEFAST – acronym to remember sudden signs that stroke is occurring – **B**alance – loss of balance; **E**yes – blurred vision; **F**ace – one side of face is drooping; **A**rms – arm (or leg) weakness; **S**peech – speech difficulty; **T**ime – time to call 911 (or notify nurse if the resident is in a health care facility)

Cerebrovascular Accident (CVA or Stroke) – occurs when blood supply to a part of the brain is blocked or a blood vessel leaks/breaks in a part of the brain

Elopement – when a resident leaves a health care facility without the staff's knowledge

Fall – unintentionally coming to rest on the ground, floor, or other lower level; any sudden, uncontrollable descent from a higher level to a lower level which may result in injury

Hazard – anything in the resident's environment that may cause illness or injury

Medical Emergency – a dire situation when a person's health or life is at risk

PASS – acronym to remember during the use of a fire extinguisher – **Pull** the pin, **A**im at the base of the fire when spraying, **S**queeze the handle, and **S**weep back and forth at the base of the fire

RACE – acronym to remember in case of a fire – Remove residents from danger, Activate alarm, Contain the fire by closing all doors and windows, and if possible, Extinguish the fire (or fire department will extinguish fire)

Resident's Environment – the area of a long-term care center that a resident calls home, designed to provide comfort, safety, and privacy for the resident

Resident Unit – the personal space, furniture, and equipment provided for the resident by the long-term care center

Safety in the Resident's Environment – when a resident has little risk of illness or injury in the environment to which he/she lives

Seizure – involuntary contractions of muscles involving small area or entire body; caused by abnormal electrical activity in the brain

Wandering – walking aimlessly without direction or purpose

Module C – The Resident's Environment: Safety & Emergency

(S-1) Title Slide

(S-2) Objectives

- 1. Explain why residents in long-term care facilities are at risk for injury.
- 2. Identify the role of the nurse aide in maintaining a safe environment for the resident.
- 3. Describe the role of the nurse aide in dealing with emergencies in a health care facility.

Content	Notes
(S-3) Safety in the Resident's Environment	
Definition – when a resident has little risk of illness or injury in	
the environment to which he/she lives	
(S-4) Resident's Environment	
The area of a long-term care center that a resident calls	
home, designed to provide comfort, safety, and privacy for the resident	
May be a private room or a shared-room with another resident	
(S-5) Resident Unit	
Furnished and equipped to meet basic needs of the resident	
 Personal space, furniture, and equipment provided for the resident by the long-term care center 	
Closet and/or drawer space	
A bed (electric or manual), call system, over-bed table,	
bedside stand, chair, and privacy curtain	
Personal care items (bedpan, wash basin, emesis basin,	
water pitcher, cups, soap, hair care supplies, deodorant) also	
located within the resident unit, typically in the bedside stand	
May also contain resident's choice of items from home (such	
as recliner, pictures, bedspread, throw pillows) (S-6) Hazard	
 Anything in the resident's environment that may cause illness 	
or injury	
 Examples – burns, poisoning, suffocation, equipment, fire, 	
falls	
(S-7) * Safety in the Resident's Environment – Importance	
OBRA (1987) and regulatory agencies require that long-term	
care facilities follow safety policies and procedures	
The facility is home to the resident and resident should be	
encouraged and assisted to make room as home-like and safe as possible	
 Safety is a basic resident need and residents are at great risk 	
for accidents and falls	
Goal is to keep resident safe, without limiting independence	
and mobility	
(S-8) Elderly are at Risk for Injury	

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•	Elderly are at greater risk for injury and rely on health care	<u> </u>	
	team to keep them safe		
	 Knee joint instability 		
	 Decreased strength 		
	 Slower movement 		
	 Medication side effects, such as dizziness, drowsiness, 		
	etc		
	 Low blood pressure 		
•	Remember, your residents are relying on you to keep them		
	safe		
(S	-9) Elderly are at Risk for Injury		
•	Elderly are at greater risk for injury and rely on health care		
	team to keep them safe		
	o Impaired coordination		
	Hearing impairment Reduced consecutively and touch		
	Reduced sense of smell and touch Vigual impairment		
	 Visual impairment Cognitive impairment causing poor judgment and 		
	 Cognitive impairment causing poor judgment and misperceptions 		
•	Remember, your residents are relying on you to keep them		
	safe		
(S	-10) Safety in the Resident's Environment – Nurse Aide's		
-	ole		
•	Maintain comfortable room temperature and lighting		
•	Be aware that residents may prefer warmer room temperature		
	than employees		
•	Be aware that most residents have poor vision and need		
	bright light, if reading		
•	Keep unit clean and dirty items disposed of properly		
(S	-11) Safety in the Resident's Environment – Nurse Aide's		
Ro	ole		
•	Identify and report any unsafe conditions or faulty equipment		
•	Allow resident a choice, if possible, in arrangement of		
	personal items		
•	Check linen for personal items contained in folds prior to		
	sending to the laundry		
(S	-12) Nurse Aide's Role when Oxygen is in Use		
•	Post Oxygen in Use signs		
•	Never have open flames or smoking in area		
•	Do not use electrical equipment in room without facility		
	approval		
	-13) Safety in the Resident's Environment – Points to		
Re	emember		
•	Provide care to right resident		

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•	Keep bed in lowest position except when giving bedside care	
•	Keep call signal within easy reach	
•	Arrange resident's room for convenience to the resident;	
	fosters independence	
•	OBRA requires 71° F to 81° F for room temperature	
(S	-14) Safety in the Resident's Environment – Points to	
•	emember	
•	Lock wheelchair before moving resident into or out of it	
•	Be careful of feet when transporting residents in wheelchairs	
•	Consider over-bed table a clean area; must be kept clean and	
	free of clutter	
•	Respect the resident's right to full visual privacy	
(S	-15) Safety in the Resident's Environment – Points to	
Re	member	
•	Respect that residents can have and use personal items	
•	Always check water temperature prior to bath or shower	
•	Report if water seems too hot	
•	Monitor wandering residents	
TE	ACHING TIP #1C: Family Member Accidents	
As	k students:	
•	Please share some examples of accidents that older adult	
	family members have had	
•	Identify which aging processes probably contributed to the	
-	accidents	
_	-16) Definition of a Fall	
•	Unintentionally coming to rest on the ground, floor, or other	
	lower level	
•	Any sudden, uncontrollable descent from a higher level to a	
/0	lower level which may result in injury	
(5	-17) Prevalence of Falls for the Older Adult	
•	One in four Americans aged 65+ falls each year (National	
	Council on Aging)	
•	Every 11 seconds, an older adult is treated in the emergency	
	room for a fall; every 19 minutes, an older adult dies from a	
	fall (National Council on Aging)	
IE	ACHING TIP #2C: Prevalence of Falls for the Older Adult	
۸.	gign a student in the front of the room to raise his/her hard	
	sign a student in the front of the room to raise his/her hand	
	ring class each time 19 minutes pass. Write the time the aching tip began on the chalk/dry erase board. When you see	
	e student raise his/her hand, place a tick mark on the chalk/dry	
	ase board. Just before break/lunch/dismissal time, count the	
GI	ase board. Just before breakfuller/distrissar time, could the	

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ticl	c marks on the chalk/dry erase board, and point out the	
	mber of older adult deaths that have occurred since [the time	
	ching began] due to falls.	
	18) Prevalence of Falls for the Older Adult	
•	Falls are leading cause of fatal injury; most common cause of	
	nonfatal trauma-related hospital admissions among older	
	adults (National Council on Aging)	
•	In 2015, the total cost of fall injuries was \$50 billion. Medicare	
	and Medicaid paid 75% of these costs (National Council on	
	Aging)	
	Each year, a typical nursing home reports 100 to 200 falls;	
•	numbers possibly higher because many falls not reported	
	, , , , , , , , , , , , , , , , , , , ,	
	(Industrial Safety and Hygiene News)	
•	Of the 1.6 million residents in long-term care facilities,	
	approximately half fall annually (Agency for Healthcare	
	Research and Quality)	
•	About 1 in 3 of those who fall will fall two or more times in a	
	year (Agency for Healthcare Research and Quality)	
•	One in every 10 residents who fall has a serious related injury	
	and about 65,000 patients suffer a hip fracture each year.	
	(Agency for Healthcare Research and Quality)	
(S	19) Fall Prevention Program	
•	Every facility should have a fall prevention program	
•	Components:	
	 Assessing residents for risk of falling 	
	 Identifying/implementing interventions to minimize risk 	
	 Identifying/implementing interventions to minimize risk of 	
	sustaining an injury as a result of a fall	
•	20) Fall Risk Factors	
•	Intrinsic – those risk factors that result from the resident's	
	inner being	
•	Extrinsic – those risk factors that result from those things	
	outside of the resident	
(S	21) Intrinsic Risk Factors	
•	Over 65-years old; effects of aging on balance and gait	
•	Medical conditions and diseases	
•	Decline in function due to inactivity	
•	Effects and side-effects of medication	
(S	22) Extrinsic Risk Factors	
•	Hazards of the environment (poor lighting, clutter, wet floor)	
•	Equipment that is unsafe (wheelchair brakes not working)	
•	Unsafe or inaccessible personal items (shoes do not fit	
	correctly)	

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(S	(S-23) Preventing Falls – Devices		
(0	Assistive devices – gait belts, canes, and walkers		
•	Handrails – located in hallways and stairways		
	Grab bars – located in hallways and stallways Grab bars – located in bathrooms and shower/tub rooms		
•	Wheel locks – located on beds, wheelchairs and stretchers		
18	Beds that lower to the floor 24) Proventing Falls Nurse Aide's Pole		
(3	-24) Preventing Falls – Nurse Aide's Role		
•	Assist with ambulation when necessary		
•	Provide appropriate assistance/supervision		
•	Keep environment free of clutter		
•	Keep all walkways free from rugs, cords, boxes, and		
	equipment		
•	Observe frequently		
(5	25) Preventing Falls – Nurse Aide's Role		
•	Report unsafe conditions immediately		
•	Make sure call signal is always within resident's reach		
•	Answer call signals promptly		
•	Properly position residents in chairs and/or beds		
•	Wipe up spilled liquids immediately		
•	Pick up litter and place it in the proper container		
(S	-26) Elopement		
•	Defined – when a resident leaves a health care facility without		
	the staff's knowledge		
•	At risk for exposure to heat or cold, drowning, getting struck		
	by a car, dehydration		
•	Facility must have a plan in place in case a resident elopes		
(S	27) Preventing Elopement		
•	Identify residents at risk for elopement (example – resident		
	has history of wandering)		
•	Assign a newly admitted resident to a room away from exits		
	and increase staff awareness for risk of elopement; half of		
	elopements occur during the first few days of admission		
•	Technology – locked doors with staff keypads; cameras at		
	exits; combination resident bracelet/door alarm when resident		
	nears the door		
(S	28) Medical Emergency		
•	A dire situation when a person's health or life is at risk		
(S	-29) Cerebrovascular Accident (CVA)		
•	Often referred to as a stroke		
•	Occurs when blood supply to a part of the brain is blocked or		
	blood vessel leaks/breaks in a part of the brain		
•	A true emergency because a quick response is critical to		
	reduce severity of the stroke		
(S	-30) Cerebrovascular Accident (CVA)		

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•	Acronym BEFAST can be used to remember sudden signs		
	that stroke is occurring		
	Balance – loss of balance; dizziness		
	 Eyes – blurred vision 		
	 Face – one side of face is drooping 		
	 Arms – arm (or leg) weakness 		
	 Speech – speech difficulty 		
	 Time – time to call 911 (or notify supervisor if the resident 		
	in a health care facility)		
(S	-31) Seizure		
•	Defined – involuntary contractions of muscles; small area or		
	entire body; caused by abnormal electrical activity in the brain		
•	Main goal – keep resident safe		
`	3-32) Nurse Aide's Role During a Seizure		
•	Note time of start and stop of seizure		
•	Send for supervisor, but do not leave resident alone		
•	Put on gloves		
•	Cradle head to protect it		
• (C	Loosen clothing to assist with breathing		
_	3-33) Nurse Aide's Role During a Seizure		
•	Do not attempt to restrain resident		
•	Do not force anything in resident's mouth between teeth		
•	Do not give resident food or liquids		
•	If no injuries are suspected (head, neck, spine), turn resident on side when seizure is over to prevent aspiration (choking on		
	saliva or vomitus)		
(S	-34) Conscious Choking Resident		
,	A common sign that residents are choking is when they put		
	their hands around their throats		
(S	-35) Conscious Choking Resident		
•	Encourage resident to cough as forcefully as possible		
•	Ask someone to get nurse		
•	Stay with person		
•	Follow facility's procedure for clearing an obstructed airway		
(S	-36) Nurse Aide's Role in Preventing Choking		
•	Sit resident upright to eat		
•	Provide assistance at mealtime to prevent spilling hot liquids		
•	Encourage resident to use dentures when eating		
•	Assist resident by cutting food in small pieces		
•	Report any difficulty in chewing or swallowing		
(S	-37) Fire		
•	A fire needs three things to start		
	o Heat		
	o Fuel		

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o Oxygen	inicigency
 Can be prevented or doused by removing one of these 	
(S-38) Facility Fire Safety Plan	
 All employees must know the plan before needed 	
 In-services about fires and evacuation 	
Evacuation routes posted	
 Fire extinguishers throughout the facility 	
 Important for nurse aide to review fire safety plan often and 	
understand role in the event of a fire	
(S-39) In the Event of a Fire	
Keep calm	
Follow facility's Fire Safety Plan	
Never use elevator	
 Remember two important acronyms – RACE and PASS (S-40) RACE 	
Remove residents from danger	
Activate alarm	
Contain the fire by closing all doors and windows, if possible Fixing wich the fire or fire deportment will extinguish	
 Extinguish the fire, or fire department will extinguish (S-41) PASS 	
, ,	
Use fire extinguisher, only if trained in PASS Bull the pin	
Pull the pin Aim at the base of the fire when aproving	
Aim at the base of the fire when spraying Squazzo the bandle	
 Squeeze the handle Sweep hask and forth at the hand of the fire 	
Sweep back and forth at the base of the fire TEACHING TIP #3C: Creat Speaker.	
TEACHING TIP #3C: Guest Speaker	
Mombar of the local fire department	
Member of the local fire department	
TEACHING TIP #4C: Exit Routes	
TEACHING HE #4C. EXIL ROULES	
Ask students:	
Ask students.	
How many of you notice the exit route to the nearest stairwell	
when you are spending the night at a hotel, motel, or inn?	
 Why it is important to take a few seconds to take note of this 	
when you are staying in a strange place?	
Activity #1C: Environmental Safety	
Additity #10. Environmental datety	
Just before break or lunch, tell students:	
dust soloro stout or iditori, toil students.	
 Jot down the type and location of safety practices or devices 	
in their own environment which they notice. These could be	
in their classroom building or out and about at their college or	
in their classicom ballaring of out and about at their college of	

facility. Some examples include fire extinguishers, emergency exit plans, and emergency exit doors. When students return to class, ask students: What type of safety devices or items did you see out and about and where were they located? Why is it important to know where these devices are located?