

State-approved Curriculum Nurse Aide I Training Program

MODULE C The Resident's Environment – Safety & Emergency

Student Manual 2024 Version 2.0



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Service Regulation



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HUMAN SERVICES**



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

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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 – **P**ull 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 – **R**emove residents from danger, **A**ctivate alarm, **C**ontain the fire by closing all doors and windows, and if possible, **E**xtinguish 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 in which they 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 <ol style="list-style-type: none"> 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 When a resident is at risk of illness or injury in the environment to which he or 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 <ul style="list-style-type: none"> • May be a private room or a shared room with another resident 	
(S-5) Resident Unit <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Examples – burns, poisoning, suffocation, equipment, fire, falls 	
(S-7) Safety in the Resident’s Environment – Importance <ul style="list-style-type: none"> • OBRA (1987) and regulatory agencies require that long-term care facilities follow safety policies and procedures • The facility is home to the resident • The 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 	

Module C – The Resident’s Environment: Safety & Emergency	
(S-8) Elderly Are at Risk for Injury <ul style="list-style-type: none"> Elderly are at greater risk for injury and rely on health care team to keep them safe <ul style="list-style-type: none"> 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 (continued) <ul style="list-style-type: none"> Elderly are at greater risk for injury and rely on health care team to keep them safe <ul style="list-style-type: none"> Impaired coordination Hearing impairment Reduced sense of smell and touch Visual impairment 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 Role <ul style="list-style-type: none"> 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 for reading Keep unit clean and dirty items disposed of properly 	
(S-11) Safety in the Resident’s Environment – Nurse Aide’s Role <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> “Oxygen in Use” signs should be posted Never have open flames or smoking in area Do not use electrical equipment in room without facility approval 	

Module C – The Resident’s Environment: Safety & Emergency	
<ul style="list-style-type: none"> • Inform visitors of oxygen safety 	
(S-13) Safety in the Resident’s Environment – Points to Remember <ul style="list-style-type: none"> • 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; this fosters independence • OBRA requires 71° F to 81° F for room temperature 	
(S-14) Safety in the Resident’s Environment – Points to Remember <ul style="list-style-type: none"> • 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 Remember <ul style="list-style-type: none"> • Respect that residents can have and use personal items • Always check water temperature prior to bath or shower (100 – 109 degrees Fahrenheit) • Report if water seems too hot • Monitor wandering residents. 	
(S-16) Prevalence of Falls for the Older Adult <ul style="list-style-type: none"> • In the U.S. over 14 million (1 in 4) aged 65+ report falling each year • 37% of those required medical treatment or restricted activity for at least one day • Every 11 seconds an older adult is treated in the emergency room • Falls are a leading cause of death among older adults • Every 19 minutes an older adult dies from a fall 	
(S-17) Fall Prevention Program <ul style="list-style-type: none"> • Every facility should have a fall prevention program • Components: <ul style="list-style-type: none"> – Assessing residents for risk of falling – Identifying/implementing interventions to minimize risk of sustaining an injury as a result of a fall 	
(S-18) Fall Risk Factors <ul style="list-style-type: none"> • Intrinsic – those risk factors that result from the resident’s inner being 	

Module C – The Resident’s Environment: Safety & Emergency	
<ul style="list-style-type: none"> Extrinsic – those risk factors that result from those things outside of the resident 	
(S-19) Intrinsic Risk Factors <ul style="list-style-type: none"> 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-20) Extrinsic Risk Factors <ul style="list-style-type: none"> 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) 	
(S-21) Preventing Falls – Nurse Aide’s Role <ul style="list-style-type: none"> Assist with ambulation when necessary Provide appropriate assistance and supervision Keep environment free of clutter Keep all walkways free from rugs, cords, boxes, and equipment Observe frequently 	
(S-22) Preventing Falls – Devices <ul style="list-style-type: none"> Assistive devices – gait belts, canes, and walkers Handrails – located in hallways and stairways Grab bars – located in bathrooms and shower/tub rooms Wheel locks – located on beds, wheelchairs, and stretchers Beds that lower to the floor 	
(S-23) Preventing Falls – Nurse Aide’s Role <ul style="list-style-type: none"> 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-24) Elopement Defined – when a resident leaves a health care facility without the staff’s knowledge <ul style="list-style-type: none"> At risk of 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-25) Preventing Elopement	

Module C – The Resident’s Environment: Safety & Emergency	
<ul style="list-style-type: none"> 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-26) Medical Emergency A dire situation when a person’s health or life is at risk	
(S-27) Cerebrovascular Accident (CVA) <ul style="list-style-type: none"> Often referred to as a stroke Occurs when blood supply to a part of the brain is blocked or a blood vessel leaks/breaks Severity of stroke reduced by quick response 	
(S-28) Cerebrovascular Accident (CVA) <ul style="list-style-type: none"> Acronym BEFAST can be used to remember sudden signs that stroke is occurring: <ul style="list-style-type: none"> 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 is in a health care facility) 	
(S-29) Seizure Defined – involuntary contractions of muscles; small area or entire body; caused by abnormal electrical activity in the brain <ul style="list-style-type: none"> Main goal – keep resident safe 	
(S-30) Nurse Aide’s Role During a Seizure <ul style="list-style-type: none"> 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 Loosen clothing to assist with breathing 	
(S-31) Nurse Aide’s Role During a Seizure (continued) <ul style="list-style-type: none"> Do not attempt to restrain resident Do not force anything in resident’s mouth between teeth Do not give resident food or liquids 	

Module C – The Resident’s Environment: Safety & Emergency	
<ul style="list-style-type: none"> If no injuries are suspected (head, neck, spine), turn resident on side when seizure is over to prevent aspiration (choking on saliva or vomitus) 	
<p>(S-32) Conscious Choking Resident</p> <p>A common sign that residents are choking is when they put their hands around their throats</p>	
<p>(S-33) Conscious Choking Resident</p> <ul style="list-style-type: none"> Encourage resident to cough as forcefully as possible Ask someone to get the nurse Stay with person Follow facility’s procedure for clearing an obstructed airway 	
<p>(S-34) Nurse Aide’s Role in Preventing Choking</p> <ul style="list-style-type: none"> 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 	
<p>(S-35) In the Event of a Fire</p> <ul style="list-style-type: none"> A fire needs three things to start: heat, fuel, oxygen Keep calm Follow facility’s Fire Safety Plan All employees must know the plan before its needed: <ul style="list-style-type: none"> — 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 Never use elevator Remember two important acronyms – RACE and PASS 	
<p>(S-36) RACE</p> <ul style="list-style-type: none"> Remove residents from danger Activate alarm Contain the fire by closing all doors and windows, if possible. Extinguish the fire, or fire department will extinguish 	
<p>(S-37) PASS</p> <ul style="list-style-type: none"> Use fire extinguisher, only if trained in PASS: <ul style="list-style-type: none"> — Pull the pin — Aim at the base of the fire when spraying — Squeeze the handle — Sweep back and forth at the base of the fire 	

