

Welcome To Bridhaven

- Congratulations on becoming a very important part of the Brídhaven team, we are happy that you have chosen to work here.
- We look forward to assisting your development as a Healthcare Professional and hope you will make your career with us.
- If you have any questions about anything in this e-learning, our employee handbook or your employment documentation please ask your supervisor, the Registered Provider, the Person In Charge or the HR Manager.
- This e-learning, your handbook and your induction form part of your training at Brídhaven, further training and induction will take place within your department, and as required.

MISSION STATEMENT

- It is our intention to provide the highest quality care possible to all our residents. We will invest whatever resources are necessary to ensure that our residents are cared for in an appropriate and dignified manner.

CUSTOMER CHARTER

- We are committed to developing and improving the quality of life in our home for all residents.
- We undertake to preserve the autonomy of residents, allowing free expression of opinion and freedom of choice.
- We undertake to protect residents from any kind of elder abuse.
- We undertake to maintain a safe environment, which includes emotional safety, needs of residents.
- We acknowledge the resident's right to risk, regardless of the level of disablement and promote the right of free choice and independence.
- We are committed to maintaining social links for residents, including links with surrounding persons, family, friends and community.
- We undertake to ensure privacy and respect the dignity of all residents.
- We will respect religious beliefs of residents at all times and allow for the availability of pastoral care according to personal choice.

BRÍDHAVEN'S CODE OF CONDUCT

- *We all benefit from a team dedicated to building trust, respect, communication and teamwork.*
- We are proud of the leadership and reputation that Brídhaven has in the community. In order to meet and exceed our mission, as well as create a positive working culture, each of our employees is personally committed to continually enforcing and adopting the following attitudes and behaviours:
- **I will take personal responsibility for my actions and behaviours.** I am committed to providing professional dignified care to all residents and will fully comply with and adhere to all the training given to me in order to fully support Brídhaven's purpose and mission and support my fellow team members.
- **I will work at developing a culture of trust and respect.** I will acknowledge each employee/team member in a positive manner, by listening to each other's ideas and concerns, by recognizing each other's efforts and contributions, by keeping my agreements and promises and by showing support of team members to other team members. If I have a problem with a team member, I will normally, in the first instance, only address the concern to that person, not to anyone else.

BRÍDHAVEN'S CODE OF CONDUCT

extract from Staff Handbook

- **I will be an active participant at team meetings.** I will listen, acknowledge and contribute to the best of my ability so the meetings will be productive and proactive.
- **I will be genuinely concerned about each team member's personal welfare.** I will do what I can to help others succeed, will share in the excitement of their accomplishments and will do my best to avoid placing additional burden on any of my team members by not turning up for a rostered shift.
- **I will communicate in a manner so others will know they can believe, depend and count on what I say.** I will be frank, tactful, open and honest with those with whom I communicate. I will ask the same from my team members.


BRÍDHAVEN'S CODE OF CONDUCT

continued

- **My behaviour will be proactive and not reactive.** I will avoid taking statements too personally. When I have a concern about a statement I will ask for clarification to understand, rather than reacting to what I feel at the time.
- **I will demonstrate pride and a sense of ownership in my role at Brídhaven.** I will work with all my team members to show we are committed to Brídhaven's mission and will be supportive of its core priorities. Should conflict occur, I will utilize my communication skills to listen, understand and resolve the conflict through the appropriate channels with a view to reaching a resolution.
- **I will work as part of a holistic team.** I recognize all departments need to work together in order to achieve Brídhaven's mission. My job focus will be on achieving success throughout Brídhaven Nursing Home and not just on my own department or floor.

In addition to the above and as part of my role at Brídhaven.

- I will respect the dignity and individuality of each resident
- I will respect the cultural needs and values of each resident
- I will work in partnership with residents and their families to promote and protect the well-being of all residents
- I will maintain each residents trust by providing safe, dignified and competent care
- I will respect each residents privacy and confidentiality
- I will work respectfully with colleagues to best meet the needs of our residents
- I will act with integrity to justify residents trust
- I will maintain public trust and confidence in the Nursing and Health Care profession.



Brídhaven's Core Values and Principles referred to as our V.I.C.T.O.R.S.

- **Vision**
- **Integrity**
- **Compassion**
- **Teamwork**
- **Ownership**
- **Resident Focused**
- **Stewardship.**

V.I.C.T.O.R.S

Vision:

- I will look to see the bigger picture in relation to undertaking my daily tasks and focusing on our Resident's needs.

Integrity:

- I will demonstrate sound moral and ethical principles at work each day; I am honest, trustworthy and dependable and can be counted on to behave in an honourable way even when no one is watching.

Compassion:

- I will endeavour to have a deep awareness of the possible suffering of another person, am thoughtful, decent and will show kindness, caring and a willingness to help others

Team Work:

- I will always demonstrate reliability; I am a person who can be counted on as a reliable team member, a person who will do my fair share and who gets the job done well and will work hard to meet my commitments. I will follow through on tasks and support other team members.

V.I.C.T.O.R.S

Ownership:

- I will own every task I undertake from start to finish; I will not sacrifice Brídhaven's values for short-term results. I will act on behalf of Brídhaven as a whole and not just my own team and will never say "*that's not my job.*"

Resident Focused:

- I will put the Residents at the centre of everything I do and will work tirelessly to earn and keep their trust.

Stewardship:

- I recognise my responsibility as a member of Brídhaven's team and will undertake my day to day tasks to promote and safeguard our Residents and the business of Brídhaven

Uniform Policy and Procedures

- The way you look and take care of yourself at work is an important part of the image you portray to your colleagues and residents. If you feel good, you will perform better. Always remember that attention to your own personal hygiene and cleanliness is expected by our residents and colleagues alike.
- Employees are required to provide their own uniform and safety shoes. We would suggest that you have at least two tunics and trousers to allow for laundering. Notwithstanding this, it is the responsibility of each employee to ensure that their uniform is in a clean, hygienic and presentable condition at all times.

Uniform Policy and Procedures

- A clean, fresh uniform must be worn every day i.e. tunic **and** trousers.
- In order to comply with infection control requirements, employees must change out of their uniform before leaving Brídhaven each day.
- Tunics: Do not overfill the pockets as this distorts the shape of the garment
- Name badge must be worn at all times on the left hand side of your tunic/cardigan
- All uniforms to be clean and tidy. In hot weather please ensure that personal hygiene is attended to and uniforms changed daily.
- You are responsible for the launder and upkeep of your uniform, colour run items are not acceptable for wear e.g. white to grey etc.
- Navy Cardigans to be worn if required, but not allowed when dealing with residents in line with infection control guidelines.
- Navy Trousers: Hemmed to sit neatly over shoes.
- Socks or tights must be worn
- Navy or Black work shoes to be worn. Sandals are not suitable for work in Bridhaven. Shoes must be appropriate in both style & colour as follows
- Black or navy shoes for female employees. No open toed, open backed, stiletto, platform, wedge, boots, flip flops, crocs or trainers etc., or fashion shoes to be worn. Shoes should be clean, polished and in good repair at all times.
- Safety shoes must be worn at all times by kitchen and maintenance staff.

Uniform Policy and Procedures

- **Jewellery**

- With the exception of one pair of small stud earrings for females, all other visible studs or rings must be removed and tattoos must never be visible while on duty.
- No Facial Jewellery is permitted including tongue studs
- No Wrist watches or bracelets to be worn, fob watch permitted if required.
- 1 plain band ring to be worn when attending to patients, no rings with stones.
- 1 light chain is permitted around the neck, but must be under clothing
- Clyda Staff – No large or offensive logos are to be worn on shirts.

- **Hair & Make Up**

- Hair should be clean, well groomed and neatly styled.
- Short hairstyles must be well-trimmed, longer style neatly tied back.
- Ensure nails are short, clean and well-manicured, false nails & nail varnish are not permitted.
- Make-up should be well maintained and professional in appearance.
- Male employees must be clean-shaven whilst on duty; moustaches and beards should be neatly trimmed.
- Scissors are available at the nurse's station

Misconduct

Examples of acts viewed as misconduct could include but are not limited to:-

- absenteeism and/or bad time keeping;
- short term absence including persistent but repetitive periods of short term absence or patterns of sickness; without an underlying reason for the absence;
- time wasting/idling;
- not entering or leaving the building by official means;
- breaching Brídhaven's policies and procedures;

Misconduct continued

- failure to notify us of reasons for absence and/or failing to follow the absence procedure;
- failure to supply a medical certificate for absences of 3 days or more unless prior written permission has been given;
- inappropriate dress or appearance;
- undertaking private work without our permission where such work could affect your performance and ability to do your job during your contractual hours of work for Brídhaven or could conflict with your obligations owed to Brídhaven if done outside of working hours;
- failure to carry out lawful, reasonable or safe instructions given by a supervisor;
- misuse of company property and/or vehicles;
- failure to provide reasonable information to line managers;
- unreasonable and/or unauthorised use of Brídhaven's telephones, e-mail and/or computer network for private purposes without obtaining prior consent; and/or
- unprofessional behaviour towards residents, customers, colleague, suppliers (including visitors or clients of Brídhaven);
- unacceptable behaviour at social events organised through work, even if the event takes place outside of your contractual working hours.

Gross misconduct

- There are some circumstances in which your performance/conduct is deemed by Brídhaven to be so serious that Brídhaven may have to dismiss you **without notice** or dismiss you immediately and pay you in lieu of notice.
- In cases of gross misconduct, you should be aware that it is Brídhaven's usual practice to dismiss you without notice.

Examples of Gross Misconduct include but are not limited to:

- Elder Abuse
- Refusal to work agreed contractual hours (including bank holidays);
- Sleeping while on duty;
- Serious punctuality or attendance offences;
- Wilful dishonesty or theft from Brídhaven, its employees, Residents and/or its customers;
- Falsification of documentation and/or fraud;
- Clocking in or out on someone else's behalf and/or requesting someone else to clock in or out on your behalf;
- Acts of dishonesty such as deliberately falsifying Brídhaven records, including clock/time records, phoning in sick for non-genuine illness, theft of money or property or any dishonest conduct in connection with the performance of your duties;
- Deliberate mishandling of Brídhaven's products and equipment;
- **For more information please refer to Employee Handbook which can be got for the HR manager or viewed on Line – www.bridhaven.ie Staff Login: Password: bridhaven2015.**

Employee Handbook

A copy of your Employee Handbook can be got from the HR manager or viewed on Line – www.bridhaven.ie Staff Login: Password : bridhaven2015.

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📍 Spa Glen, Mallow, Co. Cork

✉ info@bridhaven.ie



Staff Login 🔒

Healthcare Assistant Competency Moodle

- The Aim of this moodle is to enable Health Care Assistants and others who come into contact with our Residents to enhance their understanding of their role in Bridhaven. Only Health Care Assistants and other staff who are fully trained and competent can deliver the correct care and minimize the risk of harm to our residents. Good clinical governance standards require that a Healthcare Assistant working without supervision must be assessed as competent to undertake the tasks being completed. Healthcare Assistants work within the limits of their own competencies and responsibility and refer issues beyond their limits to their senior supervisor or a registered nurse

Healthcare Assistants Competency Moodle

continued

This moodle is about helping you to be an effective worker. To be an effective worker means many things: it means you are a safe worker, a worker who is responsible for the quality of your work, a worker that communicates well and works as a team member sharing information and resources, a worker that seeks to resolve conflict and problems, a worker that accepts change, a worker who appropriately utilizes resources for maximum efficiency with regard to the environment, and a worker that plans his/her daily work

A person who is truly an effective worker will endeavour to;

- take time and resource restraints into account in fulfilling work requirements,
- contribute actively to the team and the appropriate work outcomes
- encourage, acknowledge and act upon constructive feedback.
- identify their responsibilities and duties in relation to workgroup members and will undertake activities in a manner that promotes cooperation and good relationships,
- communicate appropriately with others about work issues.
- Provide support to team members to ensure workgroup goals are met and will share information relative to work and with co-workers

Health and Caring

- We aim to provide individualised Resident centred care to support the Residents' requirement's for activities of daily living to be met (e.g. hygiene, oral-care, nutrition, rest and mobilisation).
- We also aim where possible to empower our Residents to make healthy lifestyle choices and motivate them to become better self-managers.

Plan of Care

- Planning your work is essential, as you have to take time and resource restraints into account when fulfilling work requirements.
- As a worker in Bridhaven you are part of a team.
- As a member of a team it is important that you contribute actively to the team and the appropriate work outcomes.
- To reach that goal it has to be realised that the actions of every individual will impact on the team as a whole.

Safety

- As an effective employee, you have responsibility to work in a safe manner and to ensure your actions do not harm others, including any visitors or members of the public. You are required to: be responsible for your own health and safety, act in a manner that will not affect the safety of yourself or others, make constructive contributions towards workplace safety, complete daily tasks and operate equipment following designated safe working procedures, never work under the influence of drugs or alcohol, follow all reasonable instructions and participate appropriately in all training as required.
- Your workplace behaviour must contribute to a safe work environment. Typically this means that you would always: discuss and negotiate problems with other team members, identify and report any risks or hazards, maintain day-to-day observation of health and safety policies and procedures, always use personal protective equipment and clothing and always maintain a clean, tidy and safe work area.

Interdisciplinary Team Care

An important aspect of any work place is the ability to work with others as a team. Working cooperatively with others in a team involves:

- showing respect for different roles and responsibilities,
- demonstrating respect for rights of other workers, showing respect for cultural and physical differences
- and working together for mutually productive outcomes.

Communication Skills

- Communication is important in a workplace setting because people must interact with one another in ways that will get the job done as effectively as possible and in ways that will maintain the morale of everyone. As a healthcare professional you are required to have effective communication skills. These skills are used to interact with residents, co-workers and management.
- Communication skills include skills such as listening, hearing (understanding the message), talking (verbal communication), body language (nonverbal communication), writing and showing professional courtesy with a professional attitude at all times. The way you say something, sometimes has more of an impact than what you actually said.

Responsibility, Accountability and Ethical Behaviour

- Healthcare assistants are neither licensed nor monitored by a regulatory body. They do not have a legally defined scope of practice. It is imperative therefore that they have an understanding of the expectations and parameters of their role.
- Health Care Assistants should conduct themselves in a manner that conveys respect of the individual and ensures safe resident care.

Accountability

- Healthcare Assistants are accountable for their actions in the delivery of resident care and must not undertake any duty related to resident care for which he/she is not trained, in accordance with their educational qualifications.
- It is the duty of the nurse to assess, plan, implement and evaluate the care required by the resident. The primary role of the Healthcare Assistant is to assist the nurse in the implementation of the care, as determined by the Registered Nurse.
- As a healthcare assistant, like other team members, you are accountable for your actions. You have social, ethical, legal and contractual accountabilities and are responsible for the tasks that you undertake. You must not work beyond your level of competence.

Ethical Behaviour

- Ethical behavior is acting in ways that are consistent with what a person and the society consider as being good values.
- Ethical behavior consists of respecting some basic moral principles like: honesty, fairness, equality, respecting the dignity, diversity and rights of other people.
- Basically, acting ethically means doing the right thing in any given situation. Everything we do is a choice, so ethical behavior is always choosing the right thing to do no matter what the context is. So, ethical behavior consists of sticking to these values that are commonly accepted as being good.

Good Employees Checklist for Success

- **Good employees work hard.** They just work hard and accomplish a lot as a result.
- **Good employees tell the truth and have reputations of integrity.**
- **Good employees are committed to continuous improvement.** Not content with the status quo, good employees constantly look for ways to do their jobs more effectively and efficiently. Each project is reviewed and analysed.
- **Good employees** learn from and change their approach and actions based on the success or failure of their initiatives.
- **A flexible employee is one who is willing to do whatever the job entails**

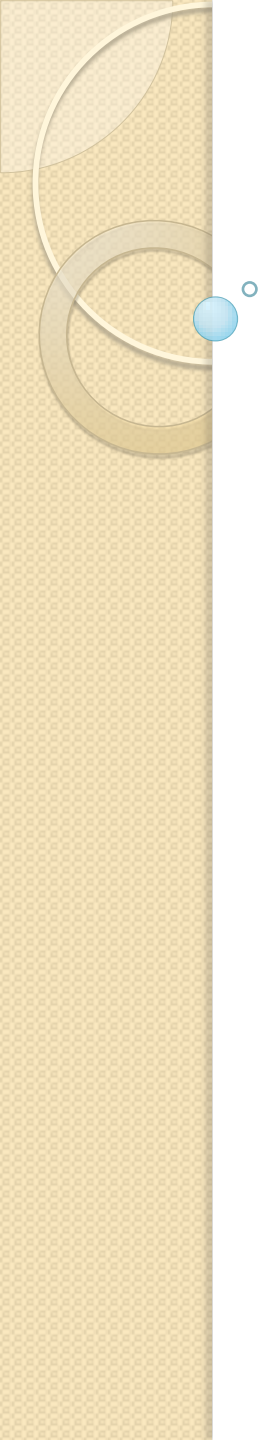
Characteristics of the Ideal Employee

- The top characteristics in demand by employers looking for new workers include the following list.
- The list is derived from employer input gathered during a decade of workforce development, training, and job placement activities in a densely populated 17-county area, among adults and youth job seekers.
 - Dependability
 - Honesty & Integrity
 - Positive, Proactive Attitude
 - Willing to Work
 - Uses Down Time Productively

Dependability

Dependability is defined by the following positive qualities:

- Consistently Stable in Mood at Work - The employer, the co-workers, and the customers know what to expect and trust the employee.
- Always Follows Directions - Also willing to learn new tasks, new methods of working, and new business updates and applies them.



Health And Safety.

Slip's, Trips and Falls

Factors contributing to Slip's, Trips & Falls

- Floor surface - it must be suitable for the work activity and kept in good condition.
- Floor contamination and obstacles - (wet floors, greasy floors, paper wrappings, etc.) These can be eliminated or the risks dramatically reduced by improving housekeeping.
- Floor cleaning - stop pedestrian access to wet floors, spot clean where possible.
- Environmental aspects - ensure adequate lighting for walkways and level changes.
- People - their behaviour and physical attributes can be influencing factors. A positive attitude to health and safety by all in the workplace will create a safer working environment.
- Taking account of physical disabilities such as poor vision, limited mobility etc. in planning and design will help reduce the risk.
- Footwear - wearing suitable footwear for the environment and work activities will help reduce the risk.

Key Preventive Measures include:

Employer

- Have a system in place to manage health and safety
- Risk assess and identify high risk areas
- Consult with and involve staff
- Get the flooring right from the start, it must be suitable for the work activities
- Have a system in place to deal with spills without delay
- Encourage good housekeeping
- Encourage a 'see it sort it' mentality
- Clearly mark slopes and changes in level
- Review your cleaning procedures to ensure they do not contribute to slips and trips
- Provide slip resistant footwear where other controls are not adequate.

Key Preventive Measures include

Employee

- Co-operate with your employer to reduce the risk from slips and trips
- Report any health and safety risks to your Supervisor/Manager
- Deal with spills straight away
- Adopt and encourage good housekeeping practices
- Report any accidents or near misses
- Wear and take proper care of any safety footwear used or provided.

Safe Feeding Technique

Description

- Adequate intake of food and fluids are a necessity of life.
- Doctors will often order changes in diets as well as changes in food and fluid consistencies.
- However, when a person is no longer able to feed themselves, what foods and fluids you feed them will be as important as how you feed them.
- The following is a review of safe feeding techniques that will help to prevent choking and food/fluids from getting into the airway (aspiration).

Safe Feeing Technique

Objectives:

- Discuss with your manager or supervisor the special needs of patients and residents in respect to nutrition and meals.
- Feed and assist residents and patients with their meals, according to their needs and in a safe, dignified manner.

Dietary Changes of the Elderly

Food needs change as a person gets older and older.

- Older people do not need as many calories as they did in the past. But they do need the same amount of vitamins, minerals and protein that they needed when they were younger. Sometimes they need even more.
- When they are sick or have a pressure ulcer they need more vitamins, minerals and protein to get better and to heal.

The older age group is at risk of a poor diet for many reasons. Although some older people may gain weight from eating too much, most older people are at risk for losing weight. They may lose weight without wanting to. This loss of weight can cause them to become weak and ill.

- Some older adults also need large amounts of fibre to prevent constipation. Breads, cereals, fruits and vegetables have fibre.

A good diet must have all four food groups. The four food groups are:

- **Dairy.** Cheese, milk and ice cream are dairy foods.
- **Meat.** Chicken, steak, fish, beans, and pork are members of the meat group.
- **Fruits and vegetables.** Apples, pears, lettuce, tomatoes, orange juice and potatoes are some of the foods that people can eat to get their daily fruits and vegetables food group.
- **Grains.** Bread and cereal belong to the grains food group.

Why some older people have to be fed by another.

- Some older people can feed themselves without any help at all. They are able to cut their meat, use a fork, knife and spoon, open their milk container and place a straw in it. They can eat, chew and swallow safely.
- Other old people need a small amount of help. They may only need help to open their milk or cut their meat. Some patients and residents can eat well with just a little help from the Healthcare /Nursing assistant.
- A large number of older adults only need encouragement and cues from another person. Healthcare/Nursing assistants and others may only have to ask, 'Mrs. Smith, would you like to eat some of those potatoes that are on your plate?' Simple questions like this help a person to eat their meals.
- Still others, however, need a lot of help in order to get a good diet. Some people may not be able use their hands to lift fork or spoon. They may be too confused or weak to eat on their own. They may not be able to keep their food on a fork and they may also not have the ability to bring food from the plate to the mouth with a fork or spoon.

Why some older people have to be fed by another. continued

- When an older person can't eat or drink on their own, they must often leave their home and enter an assisted living or a nursing home so that they can be helped with eating. Eating is a basic activity of daily living (ADL). Healthcare/Nursing assistants most often provide this needed help.
- People that are blind or have poor vision need help with eating too. They may need help to cut their food, open their drinks and some other special help. Healthcare/Nursing assistants should tell these residents and patients where the food is on the plate. The best way to do this is to describe where the food is by using the clock method. They should be told that the peas are at 9 o'clock, the potatoes are at 3 o'clock and the pork chop is on their plate at 6 o'clock.
- Some patients and residents may also have a swallowing problem. They may cough when they eat or drink. They can choke on foods and fluids. These people can't drink liquids like water, juice, tea or coffee or food safely. These people also need help. Healthcare/Nursing assistants are often asked by nurses to give the patient water and fluids that are made as thick as honey. These thick fluids are good for patients who many choke on thin fluids, like water.
- Some older adults can eat without any help or assistance. Others need a special plate, fork or cup in order to eat without any help or assistance. Others may need a little help from another person to cut their food, open their drinks and to remind them to eat. Others are completely dependent on others to feed them. They can't do any feeding of themselves. They need the most help of all.

Feeding the Resident or Patient

- Patients and residents should be allowed and encouraged to be as independent as possible. Independence makes a person feel good. When a person can do the activities of daily living, like eating, it helps a person to feel like a person. It helps them to keep their dignity.
- There are, however, times when older adults need some help with eating. This help should meet the patients needs, not the needs of the nursing staff. Patients and residents must have enough time to feed themselves. They should not be fed to speed up the feeding time.
- Residents have different needs during meals. Many nursing homes and assisted living houses have dining programs. These dining programs aim to meet the needs of all the residents. Residents with the same needs are grouped together for meals in these dining programs.
- These assisted living and nursing homes may have a dining room for only those residents who are completely independent with eating and do not want to eat with others who may be messy, drooling or noisy. This group may like conversation, socialization and even peaceful music or complete silence during their meals. This group may get family style or buffet type food delivery.

Feeding the Resident or Patient

The dining program may also have a restorative feeding program. A restorative dining program helps residents to increase their independence during meals while getting a complete diet. Restorative feeding programs use the skills of Healthcare assistants, nursing, occupational therapy, speech therapy, a dietician and others during dining. Residents in restorative feeding programs may:

- get cues, or reminders, to eat
- have a plate guard to hold the food on the plate. Plate guards are good for people who are only able to use one hand or they have hands that shake or are weak
- use placemats that stop plates and cups from moving across the table
- drink fluids with a cup or glass that has a weight on the bottom to prevent it from tipping and spilling, a special handle so the person can hold it, has a built in straw or a spill proof lid so it will not spill
- eat well with special forks, knives and spoons with special handles they can help them to eat with little or no help
- have plates that have sections or high sides so that the person's food stays on the dish
- use protective clothing items to keep their clothes free of food and fluids in order to maintain their dignity

Feeding the Resident or Patient

- Nurses and/or Healthcare assistants should always be present in a restorative dining room so they can cue residents and help them increase their independence with meals. This is a very important part of nursing care.
- Another group of residents is the group that can't eat or drink anything without being fed. They are totally dependent on others to eat and drink. These residents should also be in a group for meals. Dependent residents should not be left in their bed during meals unless the doctor orders it. They should be in a group with other residents so that the healthcare assistant or nurse can slowly and safely feed them and the other residents.
- This group should also be brought to their dining room. These residents or patients need a lot of time and attention. We must give them the help and time they need to get a healthy and complete diet.

The procedure for feeding residents and patients is below.

- Give the person their meal and check to make sure they are getting the correct meal. Know your patient or resident. Check their meal tray against their patient identification band to make sure that they are getting the correct meal. Know what foods and fluids they should be getting on their tray. Is the patient or resident getting everything they should on their food tray? Is the patient or resident getting the foods that they have chosen? Does the resident or patient have the utensils and napkins they need?
- Check the food temperatures. Cold foods should be cold and hot foods should be warm but not too hot to cause a burn.
- Place the meal so that the person can reach it, if they can safely do so
- Help the person with their meal, as much as needed
- Feed patients and residents that have to be fed. Feed patients slowly. Tell them what they are eating. Talk with them and give them time between bites so they can enjoy their food. If a person cannot use one side of their face or mouth, put the food and drinking straw on the side of the mouth that they can use. Tell them to swallow as needed. Alternate foods. Give residents and patients some meat, then some vegetable, then some milk, and then some bread or potatoes. Feed them as they want to eat. If they cannot tell you what they want, alternate bites of food like you would do if you were eating the meal. Use a different straw for each fluid. Do NOT force a person to eat something that they do not want to eat. Encourage patients and residents to eat but NEVER force anyone to eat if they do not want to.

The procedure for feeding residents and patients is below.

- Prepare the patient or resident for their meal. Wash or ask the person to wash their hands and face. Give them time for mouth care. Give them their dentures if they have them and they are not in the mouth. Make sure that their clothes are clean. Ask them if they would like to use the bathroom, commode, urinal or bed pan before they eat.
- Wash your hands before and after feeding each patient or resident. Some assisted living and nursing homes have sinks in the dining areas. Others may use a waterless hand washing product for frequent hand washing.
- Keep the dining room or patient room bright, cheerful, clean and with no bad odours.
- Place the patient or resident in a comfortable and safe position. Chairs in the dining room should be comfortable. People in wheelchairs should be placed at the table so they can reach their food and drinks. The head of the bed should be up at least 30 degrees if the patient is eating in their bed so that they can swallow food and fluids. This prevents choking. Over the bed tables must be clean and put in place so the person can see and reach their meal.

The procedure for feeding residents and patients is below.

- Check, record and report how much of what the person has eaten. Write down the person's name and how much of meat, peas, potatoes and milk, or other fluid, they have eaten. If the person has not eaten well, you must report this immediately to the nurse in charge.
- Return the person to their room and clean them up if needed. Clean crumbs and food off the bed if the person has eaten their meal in the bed.
- Keep the resident or patient in a sitting position for at least 30 minutes after the meal so they do not choke.
- Call for help and do the Heimlich manoeuvre if a person chokes on food or fluid and is not able to cough.

Steps in Safe Feeding

- Ensure that the person to be fed is awake and alert enough to eat and drink, and avoid the administration of any medications which may cause drowsiness prior to feeding
- Prepare food and fluids according to their Doctors Orders
- Position the person to be feed in as upright a sitting position as possible, using pillows or repositioning the bed/chair if possible
- If the person has denture or partials, make sure that they are in place and fit securely
- Involve the person to be fed psychologically—continue to make mealtime a social time
- As much as possible, honour and include food cravings, likes and dislikes
- Do not stand above the person being fed, as this will require them to tilt their head back and open their airway causing food to enter the airway (aspiration). Instead position yourself so that you are sitting and feeding at eye level

Steps in Safe Feeding

- Allow time for effective swallowing between bites. Assist the person in removing food from their mouth that they are unable to swallow
- When ever possible use a straw for liquids so that the person drinking controls the amount. Sucking through a straw also exercises and strengthens swallowing muscles
- Moist food items that include sauces or gravies aid in chewing and swallowing
- Avoid fluids or foods that are very cold or very hot
- Small meals every few hours will generally increase actual intake and are preferable to three meals a day
- If choking does occur, support coughing and clearing efforts, and attempt to identify the reason. Modify feeding, fluids and food accordingly
- After the meal is completed, assist in rinsing and cleaning the mouth
- Offer fluids (especially water) hourly, if possible keep a fresh supply at bedside

Important Points to Consider

- Protect clothing by placing a large napkin or towel (avoid referring to it as a bib).
- Test food preparation yourself. If you cannot easily chew a particular food item, chances are that they will not be able to either.
- Encourage, rather than force people to eat.
- Show patience and understanding by feeding the meals in an unhurried manner with the emphasis on enjoyment.
- Consider taking CPR courses which will include how to respond to choking. They are available in house or in your community.

Feeding the person with swallowing problems

The person with a swallowing problem should not tilt their head back to eat or drink (unless the speech therapist has recommended it). Drinking from bottles without a straw and spout cups plus drinking the last few mouthfuls from a plain cup can encourage this. (See pictures below).

- Encourage a quiet and non-distracting environment for the person e.g. turn off the television or radio (unless the music is relaxing).
- Only feed people when they are reasonably awake and alert.
- Stop feeding people when they get too tired.
- Face the person when you feed them unless instructed otherwise by your speech therapist.
- Don't stand above the person while feeding them.
- Go slowly and patiently.
- Wait for one mouthful to be swallowed before giving another.
- Keep spoonful's medium sized or as recommended by your speech therapist.

Feeding the person with swallowing problems

- Check that dentures are in place and that they fit.
- Encourage the person to self-feed as much as possible, even if they require some physical assistance.
- Try to place the spoon or fork inside the mouth onto the person's tongue and get the person to take the food off the spoon or fork with their mouth and lips as you withdraw it.
- If the person's voice is gurgly during or after eating, encourage them to do an extra swallow or to cough and swallow to clear it.
- Make sure there isn't any residue inside the mouth and cheeks when finished.
- Some people will need supervision so that they don't eat or drink too quickly.
- Keep the person sitting up for at least twenty minutes after finishing a meal or drink.
- Try to limit conversation. Avoid asking questions while the person is eating. Also avoid making the person laugh.
- It is important that the person is sitting up straight whether eating in a chair or in bed. Ideally hips should be bent at a 90 degree angle and the back forward and straight. If in a chair the feet should be flat on the floor or on a footstool

Do



DO

This person is sitting straight for safe eating or drinking. The legs can also be bent at the knees.

Don't



DON'T

This person is leaning back too far for safe eating or drinking.

Do



This person is sitting straight with his feet flat on the ground. Use a foot stool if necessary

Don't



Standing to feed someone or give medications makes them look up. This is potentially dangerous for people with swallowing problems.

Bridhaven E-Learning Program

DO



Sit opposite and at eye level to the person you are feeding.

Don't



It is not safe to feed someone from the side unless the speech pathologist has suggested it.

Do



This person is careful not to tilt his head back while drinking.

Don't



This person has tilted his head too far

Do's



Keep your head straight or bending down for drinking.

Thick and Easy

DESCRIPTION

- A white powder consisting of modified maize starch and maltodextrin. Thick & Easy is a Food for Special Medical Purpose.

PRESENTATION

- Thick & Easy™ is an instant food thickener designed to be added directly to hot and cold foods and drinks. Thick & Easy™ is available in a 9g sachet, 225g re sealable tin and a 4.54kg catering pack.
- Gluten and lactose free.

CONTRA-INDICATIONS

- NOT FOR PARENTERAL USE
- NOT SUITABLE FOR PATIENTS WITH A MAIZE (CORN) STARCH INTOLERANCE
- NOT SUITABLE FOR INFANTS UNDER 3 YEARS OF AGE

PRECAUTIONS

- SHOULD ONLY BE USED UNDER MEDICAL SUPERVISION
- NOT SUITABLE AS A SOLE SOURCE OF NUTRITION

Thick and Easy

DIRECTIONS FOR USE

- Thick & Easy™ can be added to all hot and cold liquids, nutritional supplements and all types of hot or cold pureed foods to develop a thicker consistency and prevent aspiration.
- **Thickening liquids:** Simply sprinkle in the desired amount (see table) and stir briskly with a whisk or fork until dissolved. The liquid will thicken within 1 minute of mixing. If a thicker consistency is required, stir in a further ½ scoop per 100ml.
- **Thickening larger quantities:** Thick & Easy™ can be mixed into liquids using a food processor. Keep food/liquid refrigerated until ready to use.
- **Thickening pureed food:** Add the desired quantity of Thick & Easy™ and blend until a smooth consistency develops. If the texture becomes thicker than required, simply add a small amount of liquid (water, juice, milk) and re-liquidise.

Thick and Easy

INDICATIONS FOR USE

- Thick & Easy™ is designed to easily thicken foods and fluids for patients who have difficulty swallowing (dysphagia).
- Conditions such as stroke, Parkinson's disease, muscular dystrophy, motor neurone disease, multiple sclerosis, malignancies of the oral cavity and throat, neurological disorders caused by injury or disease.
- Thick & Easy™ is prescribable on FP10/GP10 for the thickening of food in dysphagia.

GUIDELINES FOR USE

Per 100ml

CONSISTENCY

	STAGE 1 Syrup	STAGE 2 Custard	STAGE 3 PUDDING
Liquids	1 scoop	1½ scoops	2 scoops
PUREED FRUIT	1 scoop	1½ scoops	2-3 scoops
PUREED MEAT	1 scoop	1-2 scoops	2-3 scoops
PUREED VEGETABLES	1 scoop	1-2 scoops	2-3 scoops

- 1 scoop = approx. 4.5g
- 1 tin = approx. 51 scoops
- 4.54kg catering pack = approx. 1010 scoops



Oxygen Care

Oxygen Use and Care of Equipment

Description

- Oxygen therapy allows oxygen to be administered at a higher percentage than is found in our room air. It is a treatment, prescribed by your physician or medical care provider, and will include the rate (litres/minute flow) and indicate whether the oxygen will be delivered by a mask (which fits over your mouth and nose, or by a nasal cannula (soft plastic prongs that fit into you nostrils).

Oxygen can be supplied in a variety of ways.

- **Tanks** — Preferred for portability, tanks come in various sizes and will need to be refilled/replaced. Because tanks do not require a grounded electrical outlet, they can be used during a power outage.
- **Concentrator** — Preferred for “in home use” it pulls oxygen from the air and does not require filling or refilling. It does require a grounded electrical outlet, and therefore will not function during a power outage.
- **Liquid oxygen** — Least prescribed due to cylinder size, and must be refilled or replaced. Usually ordered for people needing high litre flow.

Oxygen may be ordered for continual use (all of the time) or intermittently (guided by a feeling of shortness of breath). Often times, people will not feel short of breath, but will exhibit signs or symptoms of a lack of oxygen, which can be remedied by using oxygen.

Common Signs and Symptoms of Lack of Oxygen

- Restlessness (agitation or impatience)
- Anxiety (nervousness or apprehension)
- Change in mental status (example confusion or sleepiness when the person is normally alert and oriented)

Safety Tips for Oxygen

Because oxygen supports combustion must ensure:

- No smoking or candle burning.
- Keep oxygen away from heat source such as radiators or stoves.
- Do not use aerosol spray cans
- Do not apply any petroleum based products about the face, nose or mouth.
- Make sure that all electrical equipment and wires are in good working condition and do not overload electrical outlets as this could possibly spark and cause a fire.
- Do not use Woollen blankets as they create static electricity and could cause a fire.
- Because a tank of oxygen is “compressed,” storage and movement of oxygen tanks is vitally important.
- Tanks should not be exposed to excessive heat nor allowed to be dropped or fall
- Request oxygen supply companies to provide a rack for storage or ambulation oxygen tanks upright (tall sturdy plastic crates may also be used for storage).
- Oxygen tubing can easily become entangled, so caregivers as well as people using oxygen will need to be vigilant regarding working around or moving with oxygen tubing.

Preventable Side effects of Oxygen Therapy

Dryness or skin irritation associated with oxygen use is common. Use the following to prevent or treat dryness or skin irritation.

- Simple add on equipment (referred to as a humidifier bottle) allows oxygen to be made moist. Fill the “bottle” with distilled water only up to the line marked fill, and refill as needed.
- Dry Nostrils: Apply K-Y Jelly* with cotton tipped applicator* to inside of nostrils
- Dry Mouth: Suck on hard candy or ice chips if possible. Use oral swabs* to moisten mouth
- Dry Throat: Gargle with salt water if possible
- Pad tubing with gauze or over the ear cushions*

Important Points to Consider

1. Oxygen tubing can become “kinked.” Make sure that oxygen is flowing freely by quickly kinking and releasing the tubing and listening for the rush of oxygen through the mask or the nasal cannula.
2. Use mild soap and water to wipe the inside of the mask and the tips of the nasal cannula at least daily.
3. Change the tubing, and mask/cannula as directed.
4. If using a concentrator, check and change or clean the filter as directed.

Oral Hygiene

Description

- Mouth care includes cleaning the teeth, gums and tongue as well as removing and cleaning dentures and partials (false teeth).
- While mouth care is important to help prevent tooth decay and infections, it also aids in keeping the airway open and enhances the ability to swallow. Gentle mouth care also provides much comfort.

How often should Mouth Care be Provided?

- Daily oral care should be given, preferably before the first meal of the day is eaten. People who have impaired swallowing ability or who are vomiting will benefit from more frequent mouth care.
- Dentures should be removed and cleaned at least daily using a commercial dental cream or tablet.

Oral Hygiene

What you'll need..

- Disposable gloves
- Soft tooth brush or Oral Swabs (also called Oral Sponges)
- Toothpaste
- 3 Glasses
- Pitcher of Fresh Water
- Towel
- Mouthwash
- **Task time**
5-10 minutes

Oral Hygiene Steps

- Assist the person into a sitting position if possible, if not, position the person on their side
- Explain the task to be performed before and during mouth care
- Wash your hands and put on a pair of disposable gloves
- Place towels around the front of the persons neck and under his/her mouth
- Fill a glass ½ full of fresh water and moisten the tooth brush or several oral swabs
- Apply a small amount of toothpaste to the toothbrush
- Ask the person to open their mouth, or gently open their mouth for them
- Gently move the sponge or toothbrush from top gum down upper teeth, and rinse the tooth brush or use another oral swab and move toothbrush or oral swab from bottom of gum to top of lower teeth until all teeth have been cleansed

Oral Hygiene Steps

- With clean toothbrush or new oral swab, cleanse the tongue from back to front, removing any debris or thick oral secretions
- If the person is able to rinse his/her mouth, mix a small amount of mouthwash in water, and have them rinse and spit into an empty glass
- If the person is unable to rinse his/her mouth, moisten a oral swab in a mixture of 1 part mouthwash to 10 parts water, and swab his/her mouth
- Moisten lips with small amount of petroleum jelly or commercial lip moistening products
- Remove towel
- Cleanse toothbrush and place on paper towel to allow drying.
- Dispose of used oral swabs
- Remove disposable gloves and wash your hands
- Remove glasses, rinse and then wash/clean as usual

Oral Hygiene

Important Points to Consider

- If the person is unable to swallow, frequent mouth care (every 2-3 hours) will keep the mouth moist and assist in keeping the airway clear of mucus. Even with the most gentle mouth care, bleeding may occur. Remember the goal is comfort.



Turning and repositioning a bedbound person

Bed Bound Care

Description

- Turning and repositioning of a bedbound person should occur every 2-3 hours to prevent skin breakdown and to maintain general comfort.

Task Time

- 10-20 minutes

Bed Bound Care

- Discuss the process with the resident or patient before and during the process.
- Remove all pillows. If a hospital bed is in use, return the bed to a flat position and lower the sidebar closest to you.
- While keeping the arms and legs of the bedbound person as close to his/her body as possible, bring the pull sheet towards the bedmaker stopping 4-6 inches from the edge of the bed (the bedmaker must remain on this side of the bed throughout this process).
- Release the pull sheet.

Bed Bound Care

- Place one hand under the nearest knee and other hand under the nearest shoulder.
- After bending the knee initiate the turning process by gently directing the knee to the opposite side of the bed while guiding the shoulder in the same direction.
- Using the pull sheet to maintain their side lying position, tuck pillows under the pull sheet to support the back and shoulders.
- Place pillows between knees, to support upper arm and under head for comfort

Bed Bound Care

- Pillows for repositioning should not be too fat, as it makes tucking difficult, and position will not be sustained.
- If side-rails are not available, line up backs of heavier chairs along the sides of the bed to prevent falls.
- Involve the bedbound person in the process of turning and repositioning-- it will make it more enjoyable for them and easier for you.

Steps for Changing an Occupied Bed

Assemble linen.

- Roll together a pull sheet, bed pad or disposable paper pad.
- Discuss process with resident before and during process.
- Return bed to flat position.
- Keeping bedbound person on their side by pulling up on pull sheet, remove all positioning pillows.
- Loosen bottom soiled bed linen behind bedbound person's back.
- Roll soiled bed linens toward the centre of the bed and tuck under the bedbound person as far as possible under the pull sheet.
- Begin placing clean fitted sheet and tuck under the bedbound person without touching the soiled linen.

Steps for Changing an Occupied Bed

- Place previously rolled together pull sheet and bed pad or disposable paper pad (step 2).
- Roll the soiled pull sheet and tuck under the bedbound person.
- Allow bedbound person to roll onto their back.
- Bedmaker moves to the opposite side of the bed.
- Bedmaker removes all soiled bed linens.
- Bedmaker finds leading edge of clean linen, unrolls and completes bed making.
- Position for comfort.

Bathing and Skin Care

Description

- Our skin is our body's largest defence system. Preventing any skin breakdown is essential for health and comfort. This topic describes giving a basin bath for a bed bound person and skin care.

Considerations Prior to Bathing

- Safety is the primary concern when choosing to bathe in a shower or bath. The following factors will help to determine whether or not it can be safely accomplished.
- Can the person get into and out of the bath or shower? Can the person either stand or sit upright in a shower chair or bath? Can that person be safely left alone for bathing?
- Are there grab bars in the bath or shower?
- Is the person able to distinguish the temperature of the water and either self-adjust or communicate if it is too hot or too cold?

What you'll need For Bathing

- Basin, Bath or Shower
- Mild Soap
- Powder
- Soft wash cloths and drying towels
- Lubricating Skin Lotion
- Clean, Dry Bed Linens
- Pillows for Positioning
- Assistance

Task time

- Full Bed Bath - 30 minutes
- Partial Bed Bath - 10-15 minutes

Bathing and Skin Care

- Assemble all bathing equipment and supplies
- Talk with the Resident about the bathing process before and during and make this an enjoyable process
- Adjust the room temperature for added warmth, and ensure privacy (shut curtains and doors.)
- Pay special attention to folds in skin (under breasts, under abdomen and between legs and private areas) and bony areas (back of head, ears, hips, spine, heels, elbows)—look for redness, opened areas or reports of pain
- Wash and pat dry thoroughly as moisture can cause chaffing
- Apply small amounts of body powder to a clean soft dry wash cloth and then dust skin lightly—avoid breathing in powder

Bathing and Skin Care

- Apply skin lubricants in small amounts with gentle rubbing motion
- Use gentle touch when repositioning during bath, as pulling fragile skin across sheets can cause irritation and breakdown
- After bathing, provide clean dry bedding and gown/pyjamas
- Assist in turning and repositioning for comfort and to avoid one position for more than 2 hours, as this may cause skin breakdown
- If redness or skin breakdown is beginning to occur, consult your health care professional for advice.

Reminder

- Safety at all times must be the first consideration when choosing to bathe in a shower or bath. Additional assistance should be carefully considered.

Incontinence care

Description

- Incontinence is an expected part of being bedbound.
- Proper cleaning techniques will maintain skin integrity and prevent infections as well as provide dignity and comfort for the bedbound person.
- This topic describes the proper method for cleansing skin after an incontinent episode

What you'll need

- Sturdy Plastic Basin/Bowl/Bucket to be filled with warm water
- Roll of Soft Toilet Paper /or Box of Facial Tissues
- Soft Wash Cloths/Disposable Wipes
- Soft Towel for drying
- Mild Soap/Hypoallergenic Body Wash
- Protective Cream
- Powder/ talc or cornstarch
- Incontinent Disposable briefs/pull-ups
- Portable container for ready access to supplies
- Lined Trash Can or Large Plastic Bag (*if using wash cloths you will need 2 cans or 2 plastic bags)
- Plastic Disposable Gloves

Incontinence care

- Assemble supplies in a portable container
- Discuss the process with recipient before and during care
- Fill the Basin/Bowl/Bucket with warm water
- Bring a Lined Trash Can next to bed for easy access for disposal of soiled paper products or open large plastic bag and place on foot of bed
- Put on Gloves
- If incontinent briefs are being used, remove soiled brief
- Initially wipe away as much stool or urine as possible with toilet paper or facial tissue and discard into lined trash can or plastic bag
- Wet and wring wash cloth, and apply minimal amount of body wash to first cloth

Incontinence care

- Wash front genital area first-discard disposable wipe into plastic bag or trash can, (*wash cloths into separate bag or can). This single use method will keep the basin water clean and prevent contamination/infection.
- Wet and wring additional wash cloths or disposable cloths-remembering to wipe from front to back until all visible incontinence has been removed and area is clean.
- Rinse thoroughly
- Dry area with soft towels
- Apply protective cream to buttocks and groin folds
- Apply powder to dry clean cloth and dust area around waist or between skin folds
- Remove gloves
- Apply incontinent brief/pullup

Incontinence care

Reminder

- Repositioning may be necessary to complete this cleaning process

Helpful Tips

- If a hospital bed is in use, raise the bed to the caregiver's waist height to avoid back strain.
- To prevent leakage from incontinent briefs and prevent frequent full linen changes, ensure that a bed pad or disposable paper pad is positioned from under the waist to the mid thigh area
- Be alert to redness, rash or irritation, and notify your Supervisor or Nurse of these changes in skin
- If there is a change in the pattern of normal frequency, colour, odour or pain with incontinence, notify your Supervisor or Nurse in Charge

The Bridhaven Codes of Care

1 Remember the person

- Their likes and dislikes
- Provide photos, pictures and mementos to help remember
- Talk about special occasions

2 Smile!

- The person will notice
- Your emotional state
- Your body language
- Tone of voice

3 Slow down

- Provide care in a relaxed manner
- It's ok for the person to do things for themselves
- Keep it simple

The Bridhaven Codes of Care

4 Help with orientation

- If they forget, remind them who you are
- Remind of daily routine
- Use cues – words, signs, pictures

5 Communicate clearly

- One point at a time
- Make sure glasses and hearing aides are clean and working
- Take time to understand

6 Step back

- When the person is angry
- Keep yourself safe – have a safety plan
- Work out why the behaviour happened
- Try again later

7 Keep it quiet

- Stop and listen
- Reduce conflicting noises – TV, radio, children
- Avoid overstimulation – crowds, shopping centres

The Bridhaven Codes of Care

8 Don't argue

- Go with the flow
- Acknowledge and respect what the person is saying and doing
- Telling them they are wrong may have a negative effect

9 Engage and encourage

- Get the person started with a meaningful activity
- Set activities up to succeed
- Thank them for assisting you and themselves

10 Distract

- Talk/yarn about their life
- Give them something to do
- Provide a relaxed environment

11 Talk with others

- Develop support network
- Talk about what has worked and what hasn't
- Record what you did – journal or diary

12 Be aware of sudden changes

- Look for a reason – pain, dehydration, infection, and constipation
- See GP

The Bridhaven Codes of Care

13 Care of Residents Personal Items

- Care of Dentures
- Clothing
- Personal Grooming items – Combs, Brushes, Tooth brushes, Razor etc.

14 Respect

- Ensure you refer to each resident by their preferred title.
- All residents Family members are to be dealt with the utmost RESPECT
- All inquiries from Family members are to be dealt with professionally and promptly – If unsure Please refer enquiry to the Nurse in Charge.

15 Personal Grooming of All Residents

- All resident grooming to be of a High Standard
- Put yourself or a family member in the position of the resident and ask what would I like???
- Ensure shoes are polished
- Hair Combed
- Nails are keep clean and an acceptable length.
- Teeth Cleaned – Good Oral hygiene overall.
- This list is only meant as a guide and a reminder that we at Bridhaven strive for the highest standards and Best Parctise in all aspects of care given to our resident population and their Families. Most importantly **we have a ZERO Tolerance to Elder Abuse.**

The Bridhaven Codes of Care

16 Home Care and Cleanliness:

- It is all our responsibility to ensure our residents room is clean and tidy
- Remember we are here first and foremost for the **resident's safety** so if you find something out of place and if it's safe to do so **fix it.**
- If not ensure you contact the appropriate person to fix it.
- Most of all **Team work** is imperative to ensure that all the Residents needs are meet.
- You are not permitted to use your personal Mobile Phone while on Duty

Elopement or Absconding procedure

Procedure to follow if a person is suspected of having gone missing.

- Inform Nurse in Charge (NIC) or Clinical Nurse Manager (CNM) of suspected missing person.
- NIC or CNM will coordinate an internal search of the ward/unit, followed by an external search of the grounds.
- Verify Resident is Missing.

Procedure to follow if a person is confirmed as having gone missing from the nursing home:

- N.I.C. or CNM to alert Gardaí immediately: **MALLOW 022-31450** and provide them with persons previous addresses, photo of resident, description of what they were wearing and time of the person going missing.
- Advise Gardaí to refer to the portfolio submitted by Bridhaven that includes residents Details.
- N.I.C. or CNM to alert family / Next Of Kin / Representative.
- N.I.C. or CNM to alert G.P.

Procedure to follow if a person is confirmed as having gone missing from the nursing home:

- N.I.C. or CNM Inform Registered Provider on 086-8349549 if not at work.
- N.I.C. or CNM Inform Person In Charge if not at work.
- N.I.C. or CNM Keep Family / Next Of Kin / Representative informed.
- Registered Provider to examine C.C.T.V. footage to ascertain exact time of the person going missing and report the same to the authorities
- N.I.C. or CNM to record all details exactly as to what happened in the incident book.
- Staff on duty at the time person went missing must give truthful and accurate statement to authorities when asked to do so.
- Person In Charge must give notice in writing to the Chief Inspector of Social Services within 24 hours of the incident taking place.

Procedure to follow when person is found

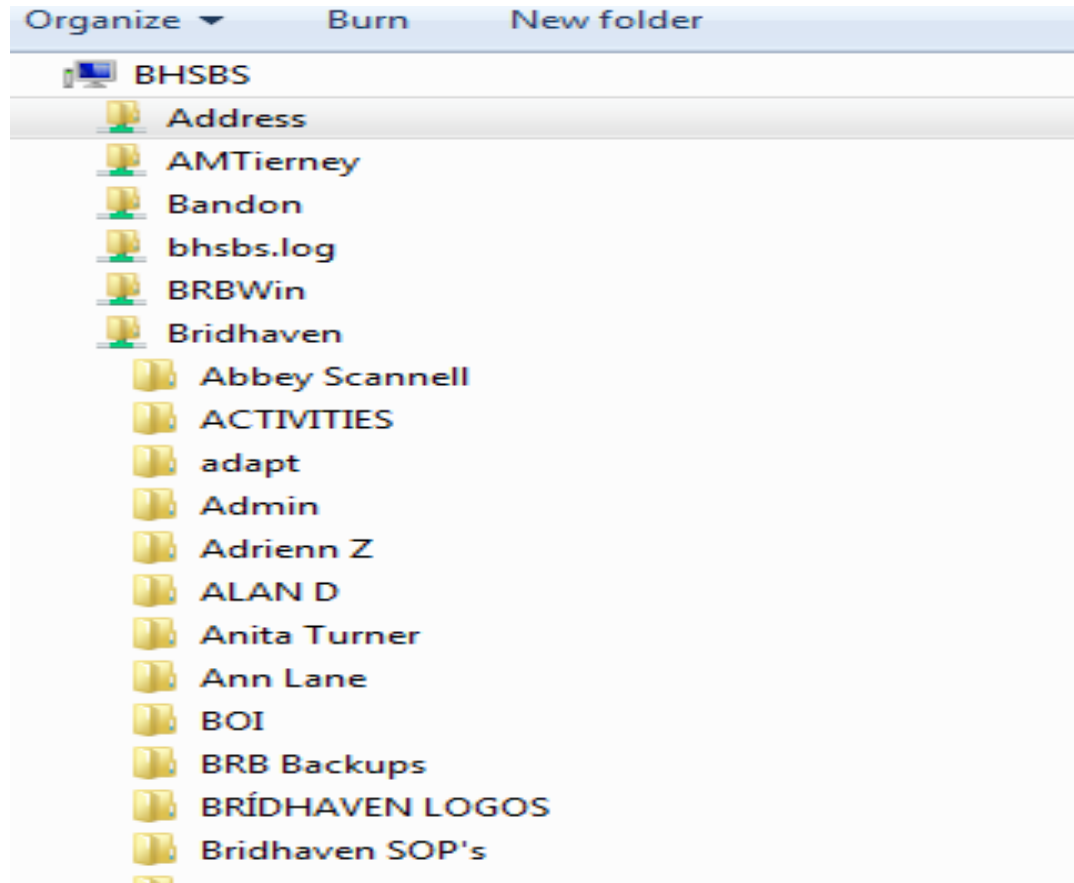
- N.I.C. or CNM should assess the resident for injuries or ill-effects.
- N.I.C. or CNM should ensure that attending doctor assesses the resident.
- N.I.C. or CNM should inform the Family / Next Of Kin / Representative.
- N.I.C. or CNM should complete an Incident / Near Miss report.
- Incident investigated / reviewed at next safety committee meeting or within 48 hours if the resident has been harmed by the incident.
- Person in Charge should ensure that the Chief Inspector is informed via **Form NF05**.

Where to Find Policies/SOP's

on Bridhaven's computer system

- Go to Network Computer
- Go to BHSBS
- Bridhaven Shared Files
- Bridhaven SOP's
- Employment Policies and Procedures can be found on www.bridhaven.ie Staff Login

Where to Find Policies/SOP's



Taking a Phone Call

On receipt of a phone call on the Ericsson- LG phone you;

- **Answer the call**
- **Press the “Orange arrow button “on the Key pad(bottom Right Hand corner)**
- **Dial the extension required and await an answer**
- **When answered just hang up.**
- **If not answered Press the “Orange Arrow button” again to speak to the caller.**
- **Advise that there is no one available at the required extension and take a number from the caller on which they can be contacted.**
- **E-mail the person for whom the call was for and advises of the caller and the contact number.**

Taking a Phone Call

On receipt of a call on the main switchboard phone at reception:

- **Answer call**
- **Press the “Trans” button to the right on the Key pad**
- **Dial the number of the section required**
- **Hang up**
- **If required extension does not answer the call will be returned and you will hear a Beep.**

Taking a Phone Call

Transferring of a call to the Hand free set.

- **Press the “Trans” button**
- **Dial the Number of the Handset required**
- **Wait until the hand set responds – this can take a few seconds**
- **Answer the Hand set and then hang up the phone**

The main switchboard phone at reception also has a “Paging” facility

- **Lift the Handset**
- **Press the “Page” button on the right hand panel**
- **Give you message and Hang Up. (You do not need to raise your voice to be heard.)**

Taking a Phone Call

The IPECS also has some imputed numbers on the Panel on the right hand side of the phone and these are clearly labelled. If you receive a call for any person with a pre-input number

- **Press the “trans” button**
- **Then press the button on the panel next the name of the person the call is for**
- **Hang up.**

Answering Calls

- Try to answer the phone within three rings. Answering a phone too fast can catch the caller off guard and waiting too long can make the caller angry.
- Answer with a friendly greeting. (Example - "Good Afternoon, Bridhaven Nursing Home, Lisa speaking, how may I help you?").
- Smile - it shows, even through the phone lines; speak in a pleasant tone of voice - the caller will appreciate it.
- Ask the caller for their name, even if their name is not necessary for the call. This shows you have taken an interest in them.
- If the caller is looking to speak to someone specific and they are not answering their extension, be courteous and take a message and advise the caller you will pass on the message and advise the person to call back at an appropriate time. If possible, request a suitable time to receive a call back.

Answering Calls

- If the call is in regards to resident please ensure the appropriate person to answer the query is free to take the call.
- If the call is for a resident please ensure every opportunity is taken to locate the resident required and if not ensure you get an appropriate time for a call back.
- Use the hold button when leaving a line so that the caller does not accidentally overhear conversations being held nearby.
- When you are out of the office or away from your desk for more than a few minutes, forward your phone to voicemail.

Handling Rude or Impatient Callers

- Stay calm. Try to remain diplomatic and polite. Getting angry will only make them angrier.
- Always show willingness to resolve the problem or conflict.
- Try to think like the caller. Remember, their problems and concerns are important.
- If you are in a non-supervisory position: Offer to have your supervisor talk to the caller or call him/her back if the caller persists.
- If you are supervisor: Be willing to handle irate callers. Speak slowly and calmly. Be firm with your answers, but understanding. Sometimes the irate caller just wants someone in a supervisory capacity to listen to their story even if you are unable to help them.

How to Respond to Residents

Greeting

- **Make Your Greeting Stand Out**—When you meet people for the first time or greet them for the 10th time, you have an opportunity to make a positive impression on them. The key here is to take 10 seconds and make them feel like the most important person on this earth. Look them in the eyes with warmth and authenticity and offer them a friendly greeting. If appropriate, give them a firm handshake or hug.

Name

- **Use Their Name—** In all of your communication make it a point to use person's preferred name and not:
 - Love!
 - Dear!
 - Pet! Etc.

Listen

- **Listen With Interest**—There is a difference between simply listening to people and listening with deep interest. Listening with interest signifies that you really care about what they are saying in contrast to simply listening because it is the polite thing to do. If you question whether people can tell the difference, DON'T... They can and they will readily make judgments about you if they sense you are pretending to listen.

Questioning and Acknowledging

- **Ask Questions**—A great way to demonstrate interest is to ask questions. Keep them simple and direct and not confrontational or demanding.
- **Acknowledge People**—When you acknowledge people, you recognise their value and importance. Remember this is the residents home and you are the visitor so treat the person like you were an invited guest to their home. Think how you would like your guests to treat you.



Respect and Compliment.

- **Show Respect**—When you show people respect, your actions express your interest in them. Think about it... when people show you respect, how does it make you feel about them? On the other hand when people DON'T show you respect, how do you feel about them?
- **Offer Genuine Compliments**—When people take the time to offer you a sincere compliment, how does that make you feel about them? Are you naturally drawn to people who speak positively of you? When you take an extra 10 seconds to offer people a genuine compliment, your interest in them can have an impact far bigger than you know.

Encourage and Acknowledge

- **Encourage People**—When you encourage others, you lift their spirits, enhance their self-confidence and add fuel to their motivational fire. Perhaps more than anything you give them hope and inspiration. Wow, if simple words of encouragement can do so much to enhance someone's life, why don't we all do more of it? How long could it take? 10 seconds?
- **Acknowledge special events in people's lives**—When you make the effort to remember important dates in people's lives, such as their birthdays, anniversaries, religious holidays or perhaps even the anniversary of a loved one's death, your efforts will be noticed. Does that count?

Conclusion.

- It is imperative that we talk to our residents in a manner that is acceptable to them and not what we feel is appropriate given our beliefs, religion, race, upbringing or gender.
- We should never touch a resident unless invited to do so – “Touch” can be construed as assault in Law.

Scenario

If a resident appears agitated do you:

- Say “I thought we were friends?” Yes or No
- Do you stand in front of them and put your hands on their shoulders.? Yes or No
- Do you argue back with them ? Yes or No
- Do you shout at them? Yes or No
- Do you confront them in anyway? Yes or No

Scenario

If a Resident is not willing to allow you carry out your duties and is resisting your assistance. Do you:

- Forcefully carry out your duties because you are under pressure? Yes or No
- Shout at the resident to “stop”? Yes or No
- Ask someone to hold the resident so you can get them dressed or feed them? Yes or No

To Be printed and returned to HR

- I, _____ have read and understood Bridhaven's E-Learning program on *Healthcare Assistance E-Learning* and am satisfied I am aware of Bridhaven's policies and procedures and the standards required of me to successfully and competently provide the appropriate service to the Resident in my care or whom I may come into contact with.
- Signature: _____
- Date: _____

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