



Working With CAP/C Families and With DMA

For Nurses, Nurse Aides, and Case Managers



Caution

Any time that the instructions in this module contradict your agency's policies and procedures, please check with your supervisor for instruction



Target Audience

This module is intended for nurses, nurse aides, and case managers with less than one year of CAP/C experience.

This module is recommended for other nurses, nurse aides, and case managers.

This is information based on CAP/C policy as well as Satisfaction survey and feedback from CAP/C parents/guardians.

Objectives

- Understand the difference between working in a client's home and working in a hospital, nursing home, or other facility.
- Be professional in appearance, behavior, and communication.
- Understand CAP/C regulations in terms of care provided to in-home clients.

Professional Appearance

- Wear clean clothes that are not revealing and do not have potentially offensive words or pictures on them.
- To present a professional appearance, hair must be neatly groomed and clean at all times. Men must be clean shaven or facial hair be neatly trimmed and clean (moustache, beard, goatee).
- Excessive use of cosmetics, fragrances (these can be irritating to people with asthma, respiratory problems or those experiencing nausea) and other accessories should be avoided.
- Facial jewelry, such as eye, nose, lip or tongue jewelry is discouraged.
- Tattoos should be covered while in the healthcare setting.
- Nails should be short and neat with clear, if any polish. Artificial nails are not allowed as they harbor bacteria and can cause skin damage to those with skin care problems.

Professional Behavior

Staff are required to conduct themselves in a professional manner at all times. The following are some of the unacceptable behaviors that parents have reported to DMA:

- Bringing your children to the work place
- Sending text messages or talking on your personal phone except while on break
- Watching TV
- Sleeping
- Having a family member or friend visit the home
- Using profanity or inappropriate language.

Professional Behavior

- Decline any gifts of money or other items offered to you by the client or family.
- Record accurate work times. Never ask a family to sign a blank timesheet or to sign a timesheet in advance.

Safety

- Report any evidence of abuse in the home.
- **Never** abandon your patient

Facility versus Home Care

- Respect the fact that you are in the client's 'territory'. Behave as though you are a guest in the home
 - Don't go in rooms you don't need to.
 - Don't eat the family's food.
 - Don't take the client's medications.
 - Do not use the client's/family's things
- Recognize that families are given much more control in home-care than they are in the hospital. Follow the family's instructions. If you feel their instructions are unsafe, notify your supervisor.

Following the Plan of Care

- Only do your assigned tasks. If the client asks you to do something else let them know that you will have to ask your supervisor first.
- If you are unable to deliver care as assigned, or your client refuses care, notify your supervisor.
- If the care assigned needs to be changed (for instance you are assigned to do urinary catheterizations but then find out that the client can self-cath), notify your supervisor.

CAP/C Regulations

- In-home staff may not transport (drive) a recipient anywhere. In-home staff may accompany the recipient while someone else drives if there are care needs during the trip.
- In-home staff do not do shopping, pick up prescriptions, or do any other errands for their clients or families
- In-home staff may not work when the client is not at home. For instance, if a nurse aide arrived for her shift and found that the client was at a doctors appointment, the aide may not spend her shift doing housekeeping tasks.
- CAP/C does not allow the use of restraints or restrictive interventions.

CAP/C Regulations

- If a client asks you to stay late, or work an extra day, you must check with your supervisor first. Clients are only approved for a certain amount of time each week.
- Documentation is very important! Your documentation may be reviewed by CAP/C staff to help determine if the client still needs services or the amount of services he/she is receiving, or if the services are being provided according to the plan of care. So it is important that you document all the interventions you do during your shift.
- Never provide care to the client in your own home.
- Parents, grandparents, siblings and spouses of the client and other persons legally responsible for the client may not be the client's paid caregiver.

Professional Communication - General

- Allow children time to feel comfortable
- Avoid sudden or rapid advances, extended eye contact or forwarding gestures that may be seen as threatening
- Talk to the parent if the child is initially shy
- Communicate through objects such as dolls, puppets, stuffed animals before questioning a young child directly
- Assume a position that is at eye level with the child
- Speak in a quiet, unhurried and confident voice
- Speak clearly, be specific, use simple words and short sentences
- Be honest with children when discussing sensitive or disturbing topics/subjects. First find out what they know about the topic/subject, and then respond with being honest and using age appropriate vocabulary.
- Allow the child to express any concerns and fears
- Listen to the child

Professional Communication – School Age Children

- School age children rely on less on what they see and more on what they know.
- They need to know what is going to take place and why is it being done to them specifically. An example would be to allow the child to handle the blood pressure cuff prior to using it and give a brief description to how it works. Allow the child to become a participant.
- School age children also have an increased concern about body image

Professional Communication - Adolescents

- Frequently adolescents are more willing to discuss their concerns with an adult outside of the family and they are accepting of anyone who displays a genuine interest in them.
- Confidentiality is of great importance when talking to the adolescent; explaining this at the beginning usually will remove any barriers to effective communication.
- Explain that confidentiality does not apply if they disclose something that is potentially harmful to themselves or others. Not explaining this in advance will make the adolescent feel betrayed and untrusting of you when you do need to disclose something. That will create a barrier to effective communication and treatment.

Cultural Sensitive Strategies for Effective Communication

Nonverbal Strategies

- Allow children and family members to choose where they would like to sit and allow them to choose a comfortable distance
- Avoid appearing rushed
- Be an active listener
- Observe for clues regarding appropriate eye contact
- Learn appropriate use of pause or interruptions for different cultures
- Ask for clarifications if the nonverbal meaning is unclear

Culturally Sensitive Strategies for Effective Communication

Verbal Strategies

- Learn proper terms of addressing the family members
- Always use a positive and pleasant tone
- Speak slowly and carefully, not loudly, when families have poor language comprehension
- Avoid using professional terms
- Repeat important information
- Use information written in the family's language
- Be sincere open and honest