Paid Dining Assistant Curriculum
Approved for Licensed Nursing Homes
In Accordance with CMS Requirements
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DINING ASSISTANT CURRICULUM TEAM

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The Dining Assistance curriculum was designed for the implementation of the Centers for Medicare and Medicaid Services (CMS) Federal Tag F-811 and 42 CFR 432.160 related to the use of paid dining assistants in nursing homes. The federal regulations give each state the flexibility to allow nursing homes to use dining assistants to supplement the services of nursing staff if their use is consistent with state law, and if the dining assistants successfully complete a state-approved training program. We have decided to use the term dining assistant, rather than feeding assistant, because we believe it is a term that is more aligned with person-centered care and resident dignity.

The regulation defines a paid feeding assistant as *an individual who meets the requirements of the federal regulations and who is paid by the facility to feed residents, or who is used under an arrangement with another agency or organization.* The criteria pertain both to single-task workers hired and cross-trained non-nursing staff within the long term care facility.

Requirements for Training

Instructor Requirements

The primary instructor must be a registered nurse with previous long-term care experience and a current New Jersey license. Ideally, the curriculum would be taught with other team members such as a registered dietitian, licensed physical, speech, and/or occupational therapist, and/or a licensed social worker.

Length of Training

The curriculum is twelve (12) hours in length, including three hours for supervised practice and assessment of the student to certify them to be a paid dining assistant.

Subject Matter

The training curriculum is required to address the following content areas in accordance with CMS regulations and guidelines:

- ☐ Feeding techniques
- ☐ Assistance with feeding and hydration
- ☐ Communication and interpersonal skills
- ☐ Appropriate responses to resident behavior
- ☐ Safety and emergency procedures, including the Heimlich Maneuver
- ☐ Infection control
- ☐ Resident rights
- ☐ Diets, including but not limited to type and amount of food intake; and meal observation and actual feeding assistance to resident
- ☐ Recognizing changes in residents that are not consistent with their normal behavior and the importance of reporting them to the supervisory/charge nurse

Competency Evaluation

Participants must complete a performance evaluation prior to assisting residents. See the last module for the performance evaluation. This competency evaluation must be done annually.

Record Keeping

The long-term care facility must maintain records of all individuals who have successfully completed the dining assistant training course. As part of this record, the facility must retain a copy of the curriculum, instructor's license, attendance records, and completed performance evaluations.

Supervision

Upon completion of the curriculum, dining assistants must be supervised by a licensed nurse. This does not mean that a licensed nurse must directly observe the dining assistant every time he/ she assists a resident. Rather, trained dining assistants must be able to get immediate assistance from nursing staff, whether by a nurse present in a common area (such as the dining room) or via the call light system if assisting in a resident room.

Eligibility

Staff

All non-licensed and non-certified long-term care staff members are required to complete the training before assisting residents to eat or drink. This may include the nursing home administrator, social worker, recreation staff, clerical staff, dietary aides, and housekeeping/laundry personnel. Volunteers and family members are not required to complete the training to assist residents, but they may complete the training if they so desire.

Residents

In accordance with CMS regulations, dining assistants may not assist residents with complicated feeding needs. This includes residents with tube feedings, recurrent aspirations of the lung, or difficulty swallowing. A registered nurse, in collaboration with the interdisciplinary care team, should determine if it is appropriate for the resident to receive assistance from a trained dining assistant. The resident's most recent Minimum Data Set (MDS) and care plan should be reviewed to determine appropriateness. Additionally, it is wise to add to the resident's plan of care that he/ she will receive additional assistance with meals or snacks from a trained dining assistant.

Staff Training & Program Implementation Recommendations

Recruiting: How & Who

Facilities may choose to train staff who already work at the facility. They can make the training mandatory for certain departments, or for all staff if they wish. **CNAs do not need to complete this course to assist with feeding, but their inclusion is encouraged**. The specialized feeding techniques and nutrition concepts covered are a good refresher for them. Their attendance would also boost CNAs' confidence in the trained dining assistants.

Training Structure

The twelve hours of training can be completed in multiple sessions. The timing of sessions should be scheduled in a way to maximize the number of people who can participate. Coordination with department managers is crucial.

Importance of Training Staff

During the recruitment and training process, it helps to emphasize the benefits of trained dining assistants within the long term care facility. In addition to increased nutritional care, residents assisted by trained dining assistants have additional interactions and socialization with staff. The addition of trained dining assistants can also improve overall staff morale by reducing the burden of CNAs/ nurses and creating a feeling of teamwork.

Implementation Strategies

The keys to successful implementation of a trained dining assistant program are supervision and scheduling. The program needs a 'champion' within the facility; most commonly this is the facility dietitian, a nursing supervisor or director of nursing or the staff educator. The champion should work with department managers to identify the best times for trained dining assistants to help with either meals or snacks.

OBJECTIVES	COURSE CONTENT	LEARNING ACTIVITIES
The goal is to provide individualized, safe, eating and drinking assistance for residents not at risk. This can help reduce the incidence of unplanned weight loss and dehydration and enhance the social enjoyment of meals.	The modules are: • Module 1 – Introduction • Module 2 – Regulations & Resident Rights • Module 3 – Communication and Interpersonal Skills and Recognizing and Responding to Changes in Resident Condition and Behavior • Module 4 – Nutrition, Hydration and Therapeutic Diets Module 5 – Assisting with Eating and Drinking & Techniques for Dining Assistance Module 6– Infection Control, Sanitation, Food Safety and Emergency Procedures • Module 7 –Nurse's Assessment of Dining Assistant Skills	
	Methodology This course is designed for presentation in a classroom setting. The methods of delivery include: • lecture; • a review of your facility's approaches for the topics discussed; • a supervised practical application of the feeding skills that are taught; and • a review of the nurse's assessment of your skills. This course will include 12 hours of classroom instruction that includes 3	

	hours for supervised dining assistance practice and an assessment of your skills. **The Meaning of Mealtime** Mealtime is more than the simple intake of food. It is also a time for pleasure. The company of friends and family adds social enjoyment, and often mealtime becomes a pleasurable experience associated with home. Mealtime can be the highlight of the resident's day. Food choices have been influenced over time by many factors, including: • culture; • emotions; • surroundings; • the people around us; • our personal views of ourselves; • foods that were available at a given time in our lives; and • what people know about nutrition. As a person ages, physical challenges may interfere with the ability to open packages and cartons or to use utensils. Biological changes such as hearing and vision loss may also interfere with the enjoyment of food. A pleasant mealtime experience may help residents who have been struggling with a poor appetite.	

	Caregivers' attitudes toward residents directly affect how the residents eat. A respectful and kind approach is encouraging and stimulates the resident's efforts toward independence. During mealtime, the dining assistant should focus on the resident. It is important to be attentive, listen well, and provide for the resident's needs. Anticipate the resident's needs in an unobtrusive manner. The dining assistant's attitude sets the mood at mealtime and is an important factor in meal acceptance. Always treat residents with respect. Everyone has a lifestyle associated with mealtimes. Some residents prefer to maintain their previous mealtime lifestyle. They may prefer a large lunch and small dinner, or a large breakfast and small lunch and dinner. Previous lifestyle may have a large influence on the residents' mealtime preferences and their intake.	

OBJECTIVES	COURSE CONTENT	LEARNING ACTIVITIES
	• Terminology • Background in statute and regulation concerning resident rights • Refusal of treatment • Privacy and confidentiality • Personal choice • Disputes and grievances • Work/participation in activities • Care and security of residents' possessions • Freedom from abuse, mistreatment and neglect • Signs of abuse, mistreatment and neglect • Reporting abuse, mistreatment and neglect under federal and NJ requirements • Freedom from restraints (physical and chemical) • Quality of life	Background in statute and regulation: • Basic human rights • Federal laws and regulations • State Licensing standards • NJ laws (Ombudsman statute, Peggy's Law) • Description and review of the Resident's Bill of Rights • Health Insurance Portability and Privacy Act (HIPPA) • Behavior that infringes on resident's rights • Behavior that supports resident's rights generally and in the dining context Refusal of Treatment as a specific right Privacy and Confidentiality – refer to regulatory guidance and demonstrate ways that privacy is to be honored and maintained during dining. Personal Choice - discuss personal choices concerning dining that could contribute to quality of life.

		Disputes and Grievances – review regulatory requirements and specific facility policy and procedure on how residents voice grievances and the process for addressing and resolving them. Work and Participation in Facility Activities Care and Security of Residents' Belongings – review regulatory requirements and facility-specific procedures and locations for providing security of residents' belongings. Freedom from Abuse, Mistreatment and Neglect • Signs of abuse (physical and emotional) • Assuring that dining assistance is free from abuse, mistreatment, neglect, misappropriation of property, etc. • Examples of abuse • Resident to resident abuse • Duty to report abuse, neglect and mistreatment

		• How to report abuse, neglect and mistreatment Freedom from Restraints • Examples of restraints • Proper use of restraints • Ensuring resident safety in the least restrictive environment Quality of Life • Individual and person-centered • Personal choice • Spirituality • Culturally identified

OBJECTIVES	COURSE CONTENT	LEARNING ACTIVITIES
Learn the federal regulatory standards that pertain to dining in nursing homes.	Curriculum is designed to implement the federal Centers for Medicare and Medicaid Services (CMS) requirements of participation at 42 CFR 483.35(h) Paid feeding assistants F tag 373; 483.160 and 483.60 Food and nutrition services, F tag 800, F tag 811	Review the regulatory language concerning: • State-approved training course • Supervision • Resident selection criteria • Relationship to other requirements at 483.15(a), F241, Dignity; 482.20(b), F636, Comprehensive Assessments; 483.21(b)(1), F656, Comprehensive Care Plans; 483.21(b)(2)(iii), F657, Comprehensive Care Plan Revision; 483.25(g)(1)-(3), F692, Nutrition/Hydration Status; 483.25(b)(4), F676, ADL assistance for dependent residents; 483.35(a), F725, sufficient staff; 483.70(h), F841, medical director • Relationship to 483.60, F800 - food and nutrition services including menus and nutritional adequacy, food prepared designed to meet individual needs including accommodation of allergies, intolerances and preferences; therapeutic diets; assistive devices; cultural preferences

Learn the state regulatory standards that pertain to dining in nursing homes.	Curriculum is designed to implement the state licensing standards at *N.J.A.C. 8:39-17* that pertain to food service and dining.	• Policy and procedures for dining services. • Resident dietary services.

OBJECTIVES	COURSE CONTENT	LEARNING ACTIVITIES
Demonstrate appropriate and effective communication skills.	I. Communication Skills A. Elements that influence relationships with others 1. Prejudices 2. Frustrations 3. Attitudes 4. Life Experiences B. Requirements for successful communications 1. A message 2. A sender 3. A receiver	Have the class identify examples of these elements and discuss ways to handle each of the examples presented. Role-play the process of communication.
Describe the importance of developing good listening skills. Identify five positive listening skills that can be used. Recognize barriers to effective communications.	C. Listening Skills 1. Show interest 2. Hear the message 3. Avoid interrupting 4. Ask appropriate questions for clarification 5. Be patient and help resident express feelings and concerns 6. Avoid distractions 7. Note silence between sounds 8. Become involved with the message and the resident 9. Concentrate and be attentive 10. Interpretation of non-verbal cues D. Barriers to effective communications 1. Labeling 2. Talking too fast	Discuss ways of showing interest. Have the class divide into groups of three. Select a sender to give a message to two receivers (all senders will use the same prepared message). Have the receivers write down what they heard. Follow small group discussions with class discussion. Role-play how the Dining Assistant shows interest, is patient and helps resident express feelings and concerns. Have the class share past experiences when a communication barrier caused them to end a conversation.

	3. Avoiding eye contact 4. Belittling a resident's feelings 5. Physical distance 6. Sensory impairment a. Confusion b. Blindness c. Aphasia d. Hearing impairment 7. Changing the subject 8. False assurances and clichés 9. Giving advice 10. Ineffective communication a. Disguised messages b. Conflicting messages c. Unclear meanings d. Abstractions e. Use of slang f. Perception	Role-play ways in which sensory impairment can lead to breakdowns in communication. List false assurances, for example "Everything will be fine, you'll see." Consider clichés rather than abstracts and discuss how the meanings could differ for residents, e.g., 1. "The grass is always green on the other side of the fence." 2. "A bird in the hand is worth more than two in the bush."
Explain how one will need to modify his or her behavior in response to the resident's behavior. Define the terms sympathy, empathy, and tact.	II. Interpersonal Skills A. Determined by 1. Standards and values 2. Culture and environment 3. Heredity 4. Interests 5. Spiritual/religious beliefs 6. Feelings and stress 7. Expectations others have for us 8. Past experiences B. Dealing with resident behavior 1. Accept every resident 2. Listen to every resident	Ask class to name/list different cultural food practices. Answer question, how does a person's culture change their feelings about food or their food choices? Have the class discuss why resident behavior shouldn't be taken personally.

	3. Comply with reasonable requests, when possible 4. Display patience and tolerance 5. Make an effort to be understanding 6. Develop acceptable ways of coping with your negative feelings a. Leave the room after providing for safety b. Talk with nursing supervisor about your feelings c. Involve yourself in physical activity d. Learn to use relaxation techniques that ease stress 7. Be sensitive to resident's moods 8. Be able to handle disagreements and criticism C. Treat residents as unique individuals 1. Do things their way when possible 2. Anticipate their needs 3. Ask for their opinion D. Be able to see things from the other persons' point of view	Define anger and role-play situations of an angry and worried resident that lashes out at a health care worker. Discuss how these situations could be handled.

	III. Communicating with Residents and Families A. Nonverbal Communications 1. Body language a. Posture b. Gestures c. Level of activity d. Facial expressions e. Appearance f. Touch	Discuss effects of positions and postures when communicating.
	B. Verbal Communications 1. Speak clearly and concisely 2. Give message by tone of voice 3. Face resident, at eye level, when speaking 4. Avoid words having several meanings 5. Present thoughts in logical, orderly manner	Role-play examples of body language that differ from the verbal message being sent.
	6. Learn to paraphrase 7. Allow enough time for the resident to process the information and to respond. 8. Types of communication a. Person to Person b. Oral report	Have the class use paraphrasing for a message and discuss their understanding of the message.
	C. Communicating with the resident's family and visitors 1. Ask how they are doing 2. Indicate that you are glad to see them 3. Be warm and friendly	

	4. Use talking and listening skills you would use with resident 5. Share knowledge about your unit a. Visiting hours b. Restrictions to visitors c. Any restrictions on bringing resident's food 6. Report stressful or tiring visits to supervisory nurse 7. Refer requests for information on the resident's condition to the supervisory nurse 8. Share information from family/visitors that would affect feeding the resident with the supervisory nurse 9. Report visitor concerns or complaints to the supervisory nurse D. Factors to consider when communicating with hearing impaired residents 1. Encourage resident to use hearing aid 2. Speak slowly using simple sentences 3. Face resident at eye level when speaking	Give examples of information from family members that would affect feeding of a resident.

	4. Allow resident to lip read if that helps 5. Lower pitch of your voice 6. Direct speech to stronger ear 7. Use gestures when possible to clarify statements 8. Write when necessary 9. Learn some basic signing if interested E. Factors to consider when communicating with the resident with decreased sight 1. Speak as you enter room 2. Sit where resident can best see you 3. Make sure lighting is sufficient 4. Allow resident to touch objects and yourself 5. Encourage resident to wear glasses if they help 6. Use touch and talk frequently to communicate your location 7. Encourage resident to use magnifying glass if it helps. 8. Use descriptive words and phrases 9. Make large print materials available	Speaker to discuss blindness and adaptations.

	F. Factors to consider when communicating with residents who have difficulty speaking 1. Encourage resident to use hands to point out objects 2. Use communication boards/cards 3. Repeat what you heard to be sure you understood resident 4. Allow resident to express feelings 5. Ask yes and no questions	Charades may be used to point out frustration of not being able to speak. The class can explore ways to turn this game into a helping tool for residents who have difficulty speaking.
	G. Communicating with depressed residents 1. Exercise patience 2. Allow time for resident to express feelings	
	H. Communicating with residents with memory loss 1. Encourage resident to talk 2. Talk about things resident remembers 3. Ask one question at a time containing one thought 4. Keep questions simple 5. Rephrase questions that are not understood 6. Avoid asking resident to make a choice	Have class members share personal experiences with individuals with memory loss.
	I. Communication based on stage of development	Have class members share personal experiences with developmentally disabled.

	1. Treat all residents with dignity and respect 2. Encourage residents to make choices when appropriate 3. Use simple sentences 4. Emphasizes positive qualities 5. Do not attempt to exert power over the resident 6. Encourage residents to do all they can for themselves 7. Be patient 8. Take time to explain what residents are to do or what you are going to do for them 9. Use age appropriate speech 10. Allow residents to express feelings, ideas, and frustrations 11. Gain resident's attention and speak clearly, in a normal voice 12. Never assume that you aren't heard or understood 13. Never address residents as if they are children IV. Observation and Reporting A. Using senses for observation and reporting 1. Sight a. Rash b. Skin color 2. Hearing a. Wheezing	Discuss ways to develop rapport with residents. Have class members talk with two residents described in this section. Ask the students to: - Identify communication problems experienced - Describe body language observed

	b. Moans 3. Touch a. Cold b. Perspiration c. Hot 4. Smell a. Odor of Breath b. Odor of Wounds c. Odor of Body B. Recognizing Changes 1. Observe continuously using senses method 2. Listen and talk to the resident 3. Ask questions 4. Be aware of a situation and any changes 5. Observe for changes in attitude, moods, and emotional condition 6. Pay attention to complaints 7. Be alert to changes in condition or unusual happenings C. Reporting 1. Reports are made to the supervisory nurse a. Promptly b. Thoroughly c. Accurately	Have the class prepare a group list of behaviors and physical changes that would be inconsistent with normal behavior. Practice reporting information in small groups with group members changing roles. Role-play a situation and have the class report objective and subjective data.

	2. Use pad and pencil to jot down information for reporting 3. Report only facts, not opinions a. Objective Data b. Subjective Data	

Communication and Interpersonal Skills

Terminology Defined

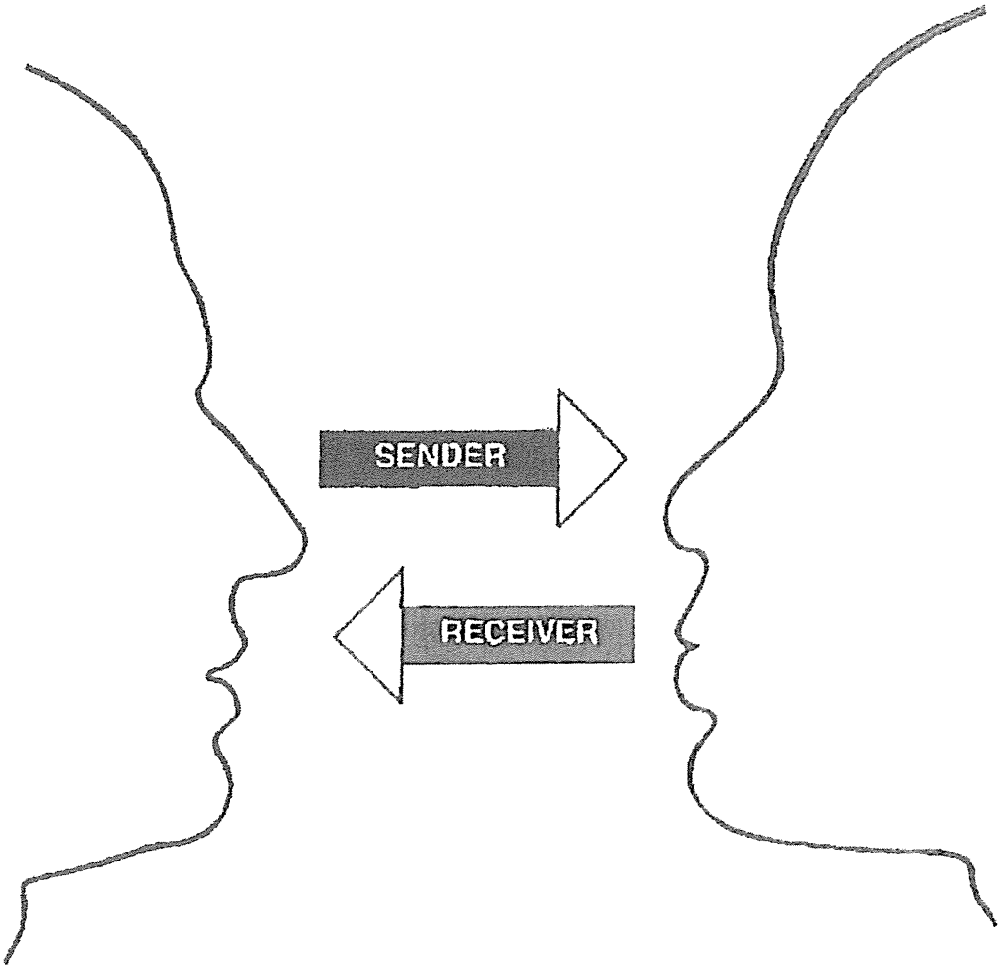
1. **Abbreviation** – a shortened form of a word or phrase.
2. **ADL** – activities of daily living.
3. **Aphasia** – inability to express oneself properly through speech, or loss of verbal comprehension.
4. **Cognitive** – mental process by which an individual gains knowledge.
5. **Communication** – the exchange of information; a message sent is received and interpreted by the intended person.
6. **Feeling** – state of emotion, not able to be measured; subjective data
7. **Legible** – written in a manner that can be easily read.
8. **Paraphrase** – repeat a message using different words.
9. **Resident record** – a written account of the resident's physical and mental condition
10. **Rapport** – a close relationship with another.
11. **Recording** – writing or charting resident care and observations.
12. **Reporting** – a verbal account of resident care and observations.
13. **Sensory** – relating to sensation involving one or more of the five senses (seeing, hearing, touching, smelling, tasting).

Key Terms for Feeding Assistants

Dehydration	Lack of or insufficient water or fluid in the body
Diet	Food and fluids regularly consumed by a person as a part of normal living
Essential Nutrients	Necessary nutrients in food needed by the body to supply heat and energy, build or repair tissue, and regulate body functions; includes proteins, carbohydrates, fats, vitamins, minerals ,and water
Food Guide Pyramid	Recommended daily servings of food for a balanced diet
Intake	All liquids or fluids consumed
Nutrition	Processes by which the body takes in food and uses it for growth, repair, and maintenance of health
Therapeutic Diet	Special diet ordered by physician to help in the treatment of disease

COMMUNICATION

The Exchange of Information



Effective Communication
occurs when
the receiver gets the message
in the way
the sender intended.

NON-VERBAL COMMUNICATION

Signal	Possible Meaning
Folded arms	Defensive – no compromise
Hands covering/over mouth	Insecure – not sure of what is being said
Tug at ear-nose-throat	Impatient – usually wants to interrupt
Fingers of both hands touching (open praying position)	Supreme confidence
Tightly clenched hands; wringing hands; excessive perspiration; tics; rocking; swaying	Nervousness – varying degrees
Feet and/or body pointing toward exit	Ready to leave
Hands supporting head when leaning	Thinking, unsure of ground, sta'ling back
Hand to face	Evaluating, listening
Index finger alongside nose	Very suspicious of what is being said
Crossing fingers while talking/listening	"I'm not sure."
Kicking at ground or imaginary object	Disgust
Shaking hands	Friendly, superior, equal inferior
Crossed legs with foot kicking	Hostile
Drumming on table	Not listening while expressing tension
Rubbing palms of hands together	Expectation
Fidgety in chair	Resentful of questions
Closing nostrils with fingers	Sign of contempt
Clenched hands, thumbs locked	Exercising extreme self-control
Placing hands to chest	Honest, sincere
Arms akimbo	Openness, self-satisfaction

PRINCIPLES FOR GOOD LISTENING

Effective communication takes time, patience, and skill. It also helps to establish rapport (a good relationship) with your resident. The following principles will help you.

- **Stop talking!** You can't listen to what the resident has to say if you are talking.
- **Listen.** Put the resident at ease by showing you want to listen. Look and act interested in what the resident is saying. Use appropriate body language.
- **Remove distractions.** Don't play with pen or pencil. Reduce background noise.
- **Empathize.** Show understanding of resident's situation. Try to put yourself in his/her place
- **Be patient.** Allow time for talking. Do not interrupt the resident.
- **Hold your temper.** An angry or upset person gets the wrong meaning from words.
- **Do Not Argue!** Be careful with arguments and criticism. This makes the resident defensive. Customer service says the "customer is always right."
- **Ask questions.** This demonstrates your interest and you gather more information.

REMEMBER!

- Recognize the feelings the resident expresses. Withhold judgment and remarks.
- Accept the resident as a person whether s/he is likeable, difficult to work with, or just plain objectionable.
- Demonstrate interest in resident's interests. Become aware of dislikes.
- Approach resident's complaints and comments as worthy of consideration.
- Be consistent. The resident will learn and know what to expect from you.
- Avoid increasing the resident's anxiety. Do not call attention to shortcomings, mistakes, or unusual habits. Do not be insincere, indifferent, or threaten the resident.
- Discuss the resident's needs, not yours. Use effective communication techniques.
- The resident who is the most difficult probably needs you the most.

GUIDELINES FOR COMMUNICATING WITH RESIDENTS WITH HEARING IMPAIRMENTS

1. Speak slowly and distinctly.
2. Form words carefully – keep your sentences short.
3. Rephrase words as needed.
4. Face the deaf person.
5. Have the light source behind the deaf person, rather than shining in his/her face to avoid glare and to enable him/her to see you better.
6. Use facial expressions, body language, and gestures to show the person what you mean.
7. Encourage the deaf person to read your lips.
8. Try to reduce other distractions to the deaf person so that s/he can concentrate upon only your communication.

BASIC RULES FOR ASSISTING RESIDENTS WHO ARE VISUALLY IMPAIRED

Caldwell & Hagner, BR (1975) GERIATRICS, Albany

1. Don't be misled. Before you decide your blind resident is "confused," be sure it isn't due only to lack of information
2. Don't be misinformed. Eyes cannot be weakened or damaged by normal use. Tell your residents they don't have to "save" their remaining vision
3. Don't be overprotective. The resident should do as much as s/he can by and for himself/herself
4. Know the extent of visual impairment.
5. When you enter a blind resident's room, identify yourself. When you are ready to leave, tell him/her you are leaving.
6. Always talk directly to a blind resident, not to his/her companion. Residents can talk for themselves.
7. When you are in a blind resident's room, leave the things where the resident has placed them. If you move them, they may not be able to find them.
8. If you must leave a blind resident alone for a while, leave him/her near something s/he is able to touch.
9. When assisting a blind resident to eat, tell the resident what is being served. Explain the position of each food by relating it to its position on a clock.

RULES FOR COMMUNICATING WITH BRAIN-INJURED ADULTS

1. **DON'T TALK ABOUT A RESIDENT WITH APHASIA IN FRONT OF HIM/HER.** Try to include resident in conversation. Even though someone with aphasia may not understand language, the resident may feel s/he is being discussed. This leads to feelings of dehumanization and humiliation

2. **FACE THE RESIDENT DIRECTLY.** Don't turn away from him/her or perform other activities while talking

3. **AVOID TALKING TO THE RESIDENT AS IF S/HE WERE A CHILD.** Try to keep sentences short and uncomplicated. If a resident is having difficulty understanding, try talking slowly and prolong the pauses between your words and phrases.

4. A person with aphasia is not necessarily hard of hearing. Speak in a normal tone of voice

5. Use attention readiness cues, if appropriate, to aid comprehension; i.e., "Listen — are you ready?" Some residents with aphasia do not process the beginning, the middle, or final words of a sentence.

6. Excessive chatter will confuse the resident. **PAUSE BETWEEN SENTENCES** to give him/her time to "digest" or "process" what you have said

7. Expect inconsistent abilities. Behavior frequently fluctuates from day to day.

8. A noisy, confusing background may interfere with his/her communication attempts

9. Competing sounds and sights may distract from the concentration the resident needs in order to process information and/or talk.

10. A person with aphasia may not talk, listen, or write as well while performing another task. Concentration on two different things at once may make talking more difficult for him/her.

11. **DON'T TALK FOR THE RESIDENT WITH APHASIA.** Give him/her time. Encourage him/her to attempt oral speech by being a good listener. **SIT DOWN.** Be willing to **TAKE THE TIME TO LISTEN.** Let resident know you want him/her to understand.

12. Some residents with aphasia readily use swear words. They may not have used profanity prior to their illness. Frequently, residents with aphasia are very embarrassed about this. **HELP THEM** by not over-reacting and by **ACCEPTING** all of their attempts to communicate.

RULES FOR COMMUNICATING WITH BRAIN-INJURED ADULTS

(Continued)

13. After brain damage, people can be "labile" or not in control of their emotions. There may be expected or uncontrolled crying or other excessive emotional outbursts. To handle the situation, listen briefly, provide support, and then change the subject or tasks ("I know you are frustrated, I know this is difficult; I know you are unhappy, but let's _____.")

14. Avoid seeking hidden meaning in the repetitious phrases of a resident with aphasia ("Well, how are you?"). Some residents with aphasia will repeat the same nonsense words over and over again ("si, si, si")

15. DON'T PROD OR PUSH THE RESIDENT to "Say it again" or "Say _____". Remember what comes easily one time may not the next. The most important thing is that the resident **BE SUCCESSFUL AS FREQUENTLY AS POSSIBLE.**

16. Some residents with aphasia say or nod "yes" when they mean "no" or vice-versa. Ask the question again if you really want to check the accuracy of a response

17. Set up a phrase with a key word at the end of a sentence. Encourage the resident to fill in the last word ("I am hungry for some _____"). Give him/her alternative words to choose ("Do you want tea or coffee?").

18. Encourage resident to write if s/he can't speak, gesture, draw or point if s/he can't speak or write. Communication boards can also be used for a person with severe oral deficits.

19 Sometimes brain-injured person cannot shift quickly from one task to another. The resident needs to be warned that a topic change is coming so that s/he can adjust to the upcoming new activity. Use cues ("Now we're going to _____.").

20. Supply the resident with the word if s/he appears to be groping. **DON'T BE TOO QUICK.** Give the resident a chance to respond.

21. In residents with aphasia, areas of intelligence other than language may be unaffected or intact. The resident's feelings, social perception, memory from past events, and logic may be the same as before. Allow the resident as much independence and self-care responsibilities and decision-making as s/he is able to handle

22. **DON'T BE AFRAID TO ADMIT THAT YOU SIMPLY DON'T UNDERSTAND.** Take some of the responsibility for the breakdown in communication and assure the resident that you will try another time ("Maybe I can help you better next time, OK?)

RECOGNIZING CHANGES IN RESIDENT CONDITION

Recognizing signs and abnormal symptoms that should be reported:

SIGNS

Shortness of breath

Rapid respirations

Fever

Cough

Blue color to lips

Vomiting

Drowsiness

Sweating

Breaks/tears in skin, bruising

Sudden increase in confusion

Memory loss, poor judgment

SYMPTOMS

Chills

Pains in the chest

Pain in the abdomen

Nausea

Excessive thirst

Pain on moving

Change in appetite

Any pain

Any change from resident's usual behavior

Difficulty in swallowing/chewing

Signs and Symptoms of a Potential Swallowing Problem
Dysphagia

- Foods that need chewing are avoided.
- Food spills out of the person's mouth while eating
- Food "pockets" or is "squirreled" in the person's cheeks.
- The resident eats slowly, especially solid foods.
- The resident complains that food has trouble going down or is stuck.
- The resident frequently coughs or chokes prior, during, or after swallowing.
- Regurgitation of food occurs after meals.
- The resident spits out food suddenly and almost violently
- There is a decrease in appetite
- The resident is hoarse-especially after eating.
- Food comes up through the person's nose
- There is the presence of excessive drooling of saliva
- The resident complains of heartburn frequently.
- After swallowing, the person makes gurgling sounds while talking or breathing.
- There is unexplained weight loss
- The resident experiences recurrent pneumonia

Recognizing safe swallowing

A slow swallow means the resident has problems getting enough food and fluids for good nutrition and hydration. An unsafe swallow means that food enters the airway (aspiration). Aspiration is breathing fluid or an object into the lungs

You Should

- Know the signs and symptoms of Dysphagia
- Check the resident's position and if needed, have licensed/certified staff position the resident.
- Feed the resident according to the nurse and swallowing guide
- Follow precautions for aspiration.
- Report changes in how the person eats.
- Report choking, coughing, or difficulty breathing or abnormal respiratory sounds.
- Report these observations immediately.

Aspiration Precautions

- Help the resident consume meals and snacks
- Check to see that the resident is in an upright position in a chair for meals and snacks.
- If needed, ask a licensed/certified staff member to properly position the resident.
- Observe for signs and symptoms of aspiration during meals and snacks. Observe for signs of pocketing of food in the resident's mouth. Report your observations to the nurse.
- Check with licensed nurse regarding individual precautions for each resident prior to feeding

OBJECTIVES	COURSE CONTENT	LEARNING ACTIVITIES
Describe the importance of adequate nutrition and hydration	**Nutritional Needs:** Food needs change as a person ages. As people age, most use less energy or calories. They do not need as many calories as they did in their younger years. However, older adults need the same amount of vitamins, minerals, and protein as they did when they were younger. When they are sick, have a healing wound or pressure injury, they need more protein, vitamins, and minerals to heal. Good nutrition also has a positive impact on the physical and mental health of the elderly. For some elderly, protein rich foods may be hard to chew or digest. **Fluid Needs:** Water is the most abundant substance in the human body as well as the most common substance on earth. Like the oxygen you breathe, you can't live without it. People need approximately six to eight cups of water or other fluid daily. Drinking water and other beverages are the main sources of fluid. We do "eat" quite a bit of water in solid foods as well. For example, juicy fruits and vegetables, such as lettuce, watermelon, celery, and tomato contain more than 90% water. Even dry foods, such as bread, supply some water. Thirst is like a warning light that's flashing on the dashboard of a car. This physical sensation signals us that our body needs mpre fluid to perform its many functions. To satisfy thirst, we drink fluids. Thirst signals the need for fluids, but it is not a fool proof mechanism. Body fluids may already be depleted in the older adult if they wait until they feel thirst. Many older adults have a decreased sensation of thirst and do not drink adequate fluids. To prevent inadequate fluid intake requires a team approach. Many older adults cannot drink large amounts of fluids at once, but will drink smaller amounts throughout the day. Some residents may not drink adequate fluids as a result of fear of incontinence, their ability to request adequate fluids, or as a medication side	Ask participants to name some foods that contain protein. Ask participants what fluids can be used in addition to water.

effect. It is important for all staff members to offer a variety of drinks throughout the day, as well as at meals.

Dehydration is a condition of a condition of a loss of body water. A dehydrated resident may experience thirst, followed by fatigue, weakness, delirium, and ultimately death. While these events may take days or weeks to occur, it is important that everyone involved in the residents care be alert for signs of dehydration, particularly among those residents who are at risk.

Conditions that Increase Risk of Dehydration:

- Fever
- High protein diet
- Infection
- Constipation
- Confusion
- Diarrhea
- Medications
- Decreased appetite
- Draining wounds
- Excessive sweating

Suggestions to Ensure Adequate Fluid Intake

- ***Give residents who may be confused special attention to include placing cup/straw in persons mouth or making frequent offerings of sips of liquids***
- ***Offer a variety of liquids***
- ***Offer liquids that resident prefers and enjoys***
- ***Ensure that adaptive devices are available (if ordered)***

Some residents may need to limit their fluid intake. Always check with the nurse to make sure of the amount of fluids to encourage.

Items that interfere with Adequate Nutrition and Fluid Intake:

- **Inability to feed oneself**
- **Poor oral health**
- **Dementia**
- **Medications**
- **Depression**
- **Medical condition**
- **Loss of senses (smell, taste, sight)**

Weight Loss:

Weight loss is a frequent problem among the elderly. Weight loss may be caused by many factors. IT may be due to an infection or a disease, such as cancer. Other contributors to weight loss in the elderly may include the following:

* Increased need for assistance while eating
* Disability
* Ill-fitting dentures
* Poor dentition
* Depression
* Changes in body composition
* Confusion or memory loss
* Increased nutritional needs
* Frequent use of medications or multiple medications
* Immobility
* Lack of socialization

The primary goal of feeding assistants is to help prevent weight loss in residents

Pressure Injuries:

<table>
<tr>
<td></td>
<td>Skin with a reddened area or an open sore that develops as a result of pressure. Pressure injuries usually develop over a bony area.
One risk factor for pressure injuries is poor nutritional intake.
Nutritional needs may be increased due to weight loss, pressure injuries, or both.
You may assist someone who receives a nutritional supplement, such as a milkshake or high calorie/protein snacks. These specialty items usually have added protein to aid with the healing of pressure injuries.
Nutrition for Weight Loss and Pressure Injuries:
You will now review the nutritional approaches for weight loss and pressure injuries that are used by your facility. The instructor should refer to the Diet Manual and ploicies to ensure all facility approaches are reviewed here.
These are the approaches for weight loss and pressure injuries that may be used in this facility:
<table><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr></table>Examples of nutritional approaches:
• Enhanced foods such as supercereal
• Supplement drinks such as ensure
• Between meal snacks and supplements
• Protein supplement</td>
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<tr>
<td>Describe your facilities special or therapeutic diets</td>
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MODULE FOUR – NUTRITION, HYDRATION AND THERAPEUTIC DIETS

Identify your facilities texture modified diets and liquids		
Explain the importance of fluid intake for older adults		

Define the terms Dysphagia and Aspiration		

Name: _____ Date: _____

Station 1:
Green Menu:

	Yes	No
Did resident select all food groups?		
Did resident select enough from the food group?		
If no, What changes should occur?		

Station 2:
List the foods that are ok for each of the diets

Regular Diet	NAS	Cardiac	Heart Healthy

Station 3:

	Number of CHO servings	Can tray be served to 4 srvg CHO/meal?	Changes?
Tray 1			
Tray 2			

Station 4:

	How Much Fluid?	Ok for 360 ml?	What would you change?
Tray 1			
Tray 2			

Set up for stations:

Station 3: Carb counting

1=Breakfast: Include 4 ounce OJ (1 CHO), Cornflakes (1 CHO), 1 Danish (1 CHO) 8 ounce milk (1 CHO), 8 ounce coffee (240 ml)

2=Dinner: Include 6ounce Soup (1 CHO), 1 Hamburger (2 CHO), ½ cup Macaroni Salad (1 CHO), ½ cup Green Beans (0 CHO), 4 ounce ice cream (1 CHO).

Station 4: Fluid Restriction Tray:

Tray:

1=Breakfast: Include 4 ounce OJ (120 ml), 8 ounce milk (240 ml), 8 ounce coffee (240 ml)

2=Dinner: Include 8 ounce Soda (240 ml), 4 ounce ice cream (120 ml), 4 ounces coffee (120 ml)

THE FLUID RESTRICTED DIET

My Daily Total Fluid Budget: _____ml that is _____ounces or ____cups

Fluids for Meals: _____ml. That is: ____ Ounces or____ Cups

Recommended each meal: Breakfast: _____ Lunch: _____ Dinner: _____

That leaves: _____ml. which is _____ Ounces or _____Cups throughout the day.

Fluids are any foods that liquefy at room temperature. All fluids must be measured when you are on this diet.

Common Fluids are: Coffee, Gelatin, Ice, Ice-cream, Italian Ice, Juice, Milk, Pudding, Soups, Tea, Water and Yogurt.

All fluids taken with meals, in between meals and with medications must be counted.

Only take the amount of fluids as directed by your healthcare provider.

If you are unable to drink all fluids provided, keep track of the unused amount so you can include that unused amount later in the same day.

This chart converts milliliters (mls) to our usual fluid measurements.

COMMON FLUID MEASUREMENTS		
HOUSEHOLD MEASURE-Small	**HOUSEHOLD MEASURE-Larger volumes**	**ML (cc) MEASURE** (1cc = 1 ml)
1 teaspoon		5 ml
3 teaspoons	1 tablespoon	15 ml
1 ounce	2 tablespoons	30 ml
2 ounces	¼ cup	60 ml
4 ounces	**½ cup**	**120 ml**
6 ounces	¾ cup	180 ml
8 ounces	**1 cup**	**240 ml**
12 ounces	1 ½ cup	360 ml
16 ounces	2 cups (1 pint)	480 ml
32 ounces	4 cups (1 quart)	960 ml

COMMON FLUIDS OFFERED FROM FOOD SERVICE		
ITEM	**HOUSEHOLD MEASURE**	**ML MEASURE**
Beverages-Coffee, Tea	8 ounces= 1 cup	240 ml
Soups	6 ounces= ¾ cup	180 ml
Milk, large container	8 ounces= 1 cup	240 ml
Milk, small container	4 ounces= ½ cup	120 ml
Juice, 1 container	4 ounces= ½ cup	120 ml
Juice, clear tumbler	4 ounces= ½ cup	120 ml
Water, clear tumbler	6 ounces= ¾ cup	180 ml

The Fluid Restricted Diet

If You Are Thirsty:

Use hard candies (not chocolates or soft candy) .

Rinse your mouth with non alcoholic mouth wash and spit.

Eat a cold piece of fruit (once or twice daily between meals, more often may add on to the fluid total.

Tips to track your fluid intake:

Set up empty cups on your counter to hold your allowed liquids.
Put times for drinks on papers in front of each cup.
As you finish a portion, put your cup in the sink.
When all your cups are in the sink, you have taken your full day's budget.

If you only drink one beverage for the entire day:
Put the total amount in a separate container in your refrigerator.
Only take drinks from that one container.
When the container is empty, you have consumed your full day's budget.

Follow the picture method- make copies of the picture below. Use a pen/pencil to mark off amount taken. When you have reached your total, you have consumed your full day's budget.

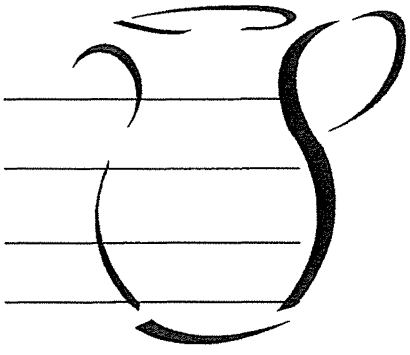
Total amount: _____ ounces

_____ounces

_____ ounces

_____ ounces

____ ounces



Food Allergies

Overview

As many as 15 million Americans have reported a food allergy. A food allergy is a medical condition in which exposure to a food triggers a harmful immune response. The immune response, called an allergic reaction, occurs because the immune system attacks proteins in the food that are normally harmless. The proteins that trigger the reaction are called allergens. The symptoms of an allergic reaction to food can range from mild (itchy mouth, a few hives) to severe (throat tightening, difficulty breathing) to Anaphylaxis, which is a serious allergic reaction that is sudden in onset and can cause death. The only way to avoid an allergic reaction is to avoid the allergy-causing items.

Patients/Residents may be able to verbalize their food allergy; however, they will not know about the ingredients used in the menu or snack items used at the center. Therefore, the patient/resident relies on the food service staff to identify and provide safe foods for them. Studies have shown that reactions often occur from unexpected ingestion of the food allergen.

Identify Allergens

Common foods can contain allergens. For example, mayonnaise and meringue contain eggs; cheese, yogurt, and many brands of "nondairy" labeled products contain milk/lactose/whey; mashed potatoes, a common menu item, is often prepared with milk and butter.

Common foods often have scientific and technical terms. For example, "albumin" is derived from egg, and "whey" is derived from milk. These ingredients must be avoided by egg- and milk-allergic individuals, respectively.

Sometimes ingredients are hidden in prepared foods that may not necessarily be obvious (e.g., ingredients in marinades and salad dressings as well as ingredients that are added for flavor, such as butter to frozen vegetables). Prepared foods are the most concern. If a food does not have a label, or if you are unsure about the ingredients, do not guess – do not serve it to the patient/resident with an allergy. Suggest a menu item for which the ingredient information is available.

The following are examples of why it is important to read all food labels very carefully.

- Worcestershire sauce. This sauce contains anchovies and/or sardines; both are fish.
- Barbecue sauce. At least one brand of barbecue sauce contains pecans, which are listed on the label.
- Imitation butter flavor. This ingredient often contains milk protein. It could be listed on the ingredient statement as either "artificial" or "natural butter flavor."
- Sweet and sour sauce. Some brands of sweet and sour sauce contain wheat and soy.
- Egg substitutes. Most brands of commercial egg substitutes contain egg white/yolk and gluten/wheat.
- Tuna. Some brands contain casein (a milk protein) or soy protein as a natural flavoring.
- Eggs. Eggs may be used on frozen dinner rolls, soft pretzels or other baked goods as an egg wash.
- Peanut butter. Peanut butter has been used to thicken chili, salsa, spaghetti sauce, and brown gravy. It has been used as the "glue" to hold egg rolls together. It has also been used to add crunch and texture to piecrusts and cheesecakes and has even been used in brownies and hot chocolate.

- Resource:

FOOD ALLERGY GUIDE

The first eight allergens below account for **90%** of all allergic reactions. But this is not a complete list. **Read labels carefully** to identify food items that contain reported allergens to prevent exposing patients/residents to foods that could cause an allergic reaction.

Most Common Food Allergens	
ALLERGEN	**POTENTIAL SOURCES**
Peanuts	Peanuts, peanut butter, peanut oil *May also be found in*: cookie dough
Tree nuts (e.g. Almonds, walnuts, pecans, cashews, Brazil nuts, pistachios, pralines)	Almond paste, coconut *May also be found in*: barbecue sauce, cookie dough, biscuit mix, muffin mix, corn muffin mix
Fish	All types of fish (e.g. pangasius), tuna, surimi, shrimp, fish/seafood base, Worcestershire sauce *May also be found in*: Caesar dressing, barbecue sauce
Shellfish (e.g. crab, lobster, shrimp)	Shrimp, crab, surimi, fish/seafood base
Eggs	Eggs, mayonnaise, egg noodles • Dry mixes (e.g. cake mix, biscuit, brownie, muffin, corn muffin) • Doughs (cookie, dinner roll, sandwich roll, cinnamon roll) packaged cookies, danish, waffles, Caesar dressing, surimi *May appear as*: albumin, words starting with "ovo" or "ova" (such as ovalbumin)
ALLERGEN	**POTENTIAL SOURCES**
Milk	Milk, cream, sour cream, ice cream, cheese, yogurt, custard, butter, margarine, pudding, sherbet,

FOOD ALLERGY GUIDE

	• Dry mixes (e.g. pancake, cake, biscuit, brownie, muffin, corn muffin) • Doughs (cookie, dinner roll, sandwich roll, cinnamon roll) packaged cookies, danish, waffles, bologna, Caesar dressing, cocoa mix, fish/seafood soup base *May appear as*: whey, casein, caseinates, curds, lactose *May also be found in*: salad dressings
Soy	Soy, lecithin, vegetable oil, soybeans, soy sauce, • Dry mixes (e.g. pancake, cake, biscuit, brownie, muffin, corn muffin, cocoa) • Doughs (cookie, dinner roll, sandwich roll, cinnamon roll) danish, pie shells, waffles, whip topping (liquid), soup bases, surimi, tuna, mayonnaise, bread, hot dog buns, tortillas, margarine, bologna, tater tots *May appear as*: soy albumin, soy fiber, soy flour, soy grits, soy milk, soy nuts, soy sprouts, miso, natto, shoyu, tamari, tempeh, tofu *May also be found in*: pizza dough, puff pastry dough, dinner roll dough, packaged cookies, crackers, pasta, vinegars, salad dressings
ALLERGEN	**POTENTIAL SOURCES**
Wheat	Refer to Gluten Free Diet in the GHC Diet Manual and Gluten Free Management Guide
Strawberries	Strawberries (fresh or frozen), strawberry topping
Blueberries	Blueberries (fresh or frozen), blueberry sauce
Citrus	Lemons, limes, oranges, grapefruit, juices made from the above, oils and extracts made from above, orange sherbet

FOOD ALLERGY GUIDE

	May also be found in: Caesar dressing, lemonade
Tomatoes	Tomatoes (all forms), tomato sauce/puree, ketchup, vegetable juice, barbecue sauce, chili sauce
Chocolate	Chocolate, cocoa, brownie mix, chocolate syrup

Reference: *Food Allergies: What you need to know. Food and Drug Administration website. http://www.fda.gov/Food/ResourcesForYou/Consumers/ucm079311.htm. Updated May 24, 2016. Accessed October 28, 2016.*

Milk Allergy

FOOD GROUP	INCLUDE	EXCLUDE
MILK	Nut or Soy milk, nut or soy cheese, nut or soy yogurt.	All cow's milk, cheese, yogurt, cream,sour cream, ice cream
MEAT/ALTERNATE	All	Any made with milk based or cream sauces.
FRUIT	All	
VEGETABLE	All	Any made with milk based, cream sauces or cheese sauces.
GRAINS/CEREALS/STARCHES	All	Any made with milk based, cream sauces or cheese sauces. Pancakes, French toast.
FATS	All others	Cream, sour cream, cream/milk based salad dressings.
MISCELLANEOUS		

Egg Allergy

FOOD GROUP	INCLUDE	EXCLUDE
MILK	All but the exclude list	Egg nog
MEAT/ALTERNATE	All but exclude list	Egg, egg salad, chef salad with Hard cooked egg.
FRUIT	All	none
VEGETABLE	All	Any battered or bread coated with egg.
GRAINS/CEREALS/STARCHES	All but exclude list.	Any made with egg such as egg noodles, pancakes, French toast, egg breads.
FATS	All others	Salad dressing made with eggs, hollandaise sauce
MISCELLANEOUS		Pudding, egg custards, desserts made with eggs.

Wheat Allergy

FOOD GROUP	INCLUDE	EXCLUDE
MILK	All	None
MEAT/ALTERNATE	All but exclude list	Breaded meat, fish, poultry, battered (unless made with rice flour or potato starch).
FRUIT	All	none
VEGETABLE	All	Any battered or bread coated with wheat
GRAINS/CEREALS/STARCHES	Cream of Rice, Oatmeal, Rice cakes, rice flour, amaranth flour/breads	All bread, all wheat cereals, rolls, bagels, donuts.
FATS	All	None
MISCELLANEOUS		

Sulfite Allergy

FOOD GROUP	INCLUDE	EXCLUDE
MILK	All	
MEAT/ALTERNATE	All	Note: read labels to avoid processed meats with sulfite preservatives.
FRUIT	Dark grapes, prunes All others	Dried apricots, figs, dates, Green grapes, grape juices
VEGETABLE	All others	Sauerkraut, pickled onions
GRAINS/CEREALS/STARCHES	All others	Dried potatoes
FATS	All	
MISCELLANEOUS	All others	Non frozen bottled lemon or lime juice, maraschino cherries, fruit toppings for ice cream, wine Molasses, wine vinegar

The Lactose Restricted Diet- diet for lactose intolerance

Food Groups	Foods Allowed	Foods Avoided
Beverages 1-2 per meal	All with allowed ingredients	Hot chocolate made with regular milk
Desserts 1 daily	All gelatins, pies, cakes, cookies, donuts water ice, lactaid ice-cream.	Any made with milk such as puddings, regular ice-creams, sherbets over the once a day.
Fats 1-2 per meal	All with allowed ingredients	Cream sauces in excess of 1 oz per meal.
Fruit/Juices 2-4 servings daily	All with allowed ingredients	None
Grains/Starches 6-11 servings daily	All	
Meat/Alternates 6-8 ounces daily	All beef, chicken, fish, lamb, pork, turkey, veal, cold-cuts, sausage, hot dogs, lactaid soft cheeses. NOTE: many can tolerate regular hard cheese.	Soft cheeses that are not lactose reduced.
Milk 3 servings/day	Lact-Aid Milk or active culture yogurt.any amount can be included.	Milk, buttermilk, non-active culture yogurt
Soups 1-2 srvg/ day	Clear broth based soups, any made with lactaid milk	All with milk base
Vegetables 3-5 servings daily	All fresh, frozen or canned.	Any with cream/milk sauces

*Note: Lactose free avoids any product made with cheese, cream.

Gluten Free

Food Groups	Foods Allowed	Foods Avoided
Beverages 1-2 per meal	All-recommended	Any made with thickening agents
Desserts 1 daily	Fruit, Gelatin w/o grain stabilizers, Italian Ice, Ice-cream w/o modified vegetable extenders.	Any made with flour: cake/pie/cookies/brownies/Danish/scones/donuts.
Fats 1-2 per meal	All-recommended	Any made with thickeners unless labeled "gluten free".
Fruit/Juices 2-4 servings daily	All-recommended	Any made with thickened fruits or fruit fillings unless labeled gluten free.
Grains/Starches6-11 servings daily	Rice, Steel cut oatmeal from Europe, corn, potato, Quinoa, Tapioca, Soy, wild rice, rice cakes, puffed rice.	Any Wheat (include flour), Rye, Barley, all other Oats
Meat/Alternates 6-8 ounces daily	All-recommended	Avoid all made with vegetable extenders or fillers unless labeled "gluten-free", meatloaf, imitation crab, breaded meats etc.
Milk 2 servings daily	All-recommended	Malted milk, Ovaltine, cheese spreads and dip mixes, cheese foods w/non allowed ingredients.
Soups 1-2 servings daily	Any made with allowed ingredients, those labeled "gluten free".	Any made with vegetable extenders or thickening agents unless labeled gluten free.
Vegetables 3-5 servings daily	All-recommended	Any made with sauces unless labeled gluten free.
Other		Steak sauces, flavored or herb teas made with barley malt. Seasonings containing flour as a filler, worcestershire or soy sauce unless labeled gluten free.

OBJECTIVES	COURSE CONTENT	LEARNING ACTIVITIES
Nutrition and a Balanced Diet: 1. Define a well balanced diet. 2. Describe the 6 Basic Nutrients. 3. Explain functional age related changes that may be effect appetite.	1. List 5 basic food groups 2. Identify nutrients 3. Signs that an appetite is changed	Lecture Demonstration Check list
Measuring and Reporting Intake: 1. Identify average needed fluid intake. 2. Measure and report PO intake.	1. Normal range of fluid intake for a 24 hour period. 2. Identify volume of fluid containers. 3. Recording input amount on forms. 4. State modes of reporting intake	Lecture Demonstration Show specific modes of reporting intake forms to be used.
Therapeutic Diets: 1. Define and state the purpose of a therapeutic diet. 2. Describe the importance of adhering to diets of various consistencies.	1. Give examples and definitions of therapeutic diets (sodium restricted, carbohydrate restricted, fat and/or cholesterol restricted diets, ADA diets, renal and fluid restricted diets). 2. Identify consistencies of diets provided (puree, ground, soft, regular, clear/full/thickened liquids).	Lecture Demonstration Provide a sample menu and ask participants to identify which foods/beverages should be present on some of the more common therapeutic diet types.
Nutritional Supplements: 1. Define and explain the purpose of nutritional supplements.	1. Identify nutritional supplements used/available. 2. Identify types of residents who would benefit from nutritional supplements.	Lecture Provide samples and ask participants to taste them.

OBJECTIVES	COURSE CONTENT	LEARNING ACTIVITIES
Assistance for Independent Eaters: 1. Provide assistance for independent feeders.	1. Demonstrate tray set up, with necessary adaptive equipment, if applicable. 2. Describe the use of the clock method for preparing the visually paired residents for meals. 3. Describe cutting food per resident needs/requests such as handling ready to eat food (sandwiches), cutting meats etc.	Lecture Demonstration
Partial assistance with feeding: 1. Describe techniques used to assist residents who require partial assistance with eating, such as positioning, tray set up, encouraging, verbal cueing, observing and reporting.	1. Demonstrate how to correctly feed a resident requiring partial assistance.	Lecture Demonstration
Total Assistance with Feeding: 1. Describe techniques used to feed residents such has positioning, tray set up, encouraging, verbal cuing, observing and reporting who requires total assistance with eating.	1. Describe one special feeding technique used when feeding a totally dependent resident. 2. Demonstrate how to feed a resident requiring total assistance.	Lecture Demonstration

OBJECTIVES	COURSE CONTENT	LEARNING ACTIVITIES
The Dining Experience: 1. Describe how to prepare residents for meals. 2. Prepare and serve trays as per resident's preference or eating abilities. 3. Describe an environmental atmosphere conducive to a pleasant, safe and socially stimulating dining experience.	1. Identify three ways to prepare a resident for mealtime. 2. Demonstrate correct tray pass and set up when serving residents meals. 3. Describe three ways that the Dining Assistant can personally enhance the dining experience.	Lecture Demonstration
FEEDING TECHNIQUES		
Introduction to Rehabilitative Nursing Care/Dining Assistant Program: 1. Describe the philosophy and purpose of basic nursing rehabilitative services/dining assistant program. 2. Identify the psychosocial benefits of a Dining Assistant program. 3. Identify the steps in the feeding process. 4. Identify was to encourage resident participation in the dining process.	1. List 3 ways to promote resident participation in the feeding/dining process. 2. List 3 psychosocial benefits of a restorative dining program. 3. List 3 ways the dining assistant can encourage resident to progress towards self-care/feeding goals.	Lecture Role play

Adaptive Devices for feeding; 1. Identify and describe the correct use of adaptive device when feeding residents. 2. Describe the Dining Assistant role in promoting residents highest level of function during feeding.	1. Demonstrate correct use of adaptive equipment when feeding resident. 2. List 3 ways to promote resident participation/independence during feeding.	Lecture Demonstration Page 3

OBJECTIVES	COURSE CONTENT	LEARNING ACTIVITIES
Preparing for meals	*During meals, the comfort of the resident is important. The setting should be pleasant. Prior to the meal: Personal care should be complete including oral care and elimination/incontinence care. Appropriate personal equipment should be in place. Positioning should be comfortable and safe. *The nurse can provide information about what a resident might need. This can include where a resident is to eat, if a resident needs eye glasses, hearing aids, and/or dentures, whether or not a resident needs assistance to move to where they will eat, and if a wheelchair, walker, or cane is used.	Lecture Demonstration Check List
Serving meals	*After the resident is prepared the meals may be served. Food should be at the proper temperature and should be served within 15 minutes in order to maintain temperatures. If the food is not served within 15 minutes the temperature should be checked by the appropriate discipline and the food may be reheated or replaced, depending of the facility policy. Food temperatures must be checked as food that is too hot may burn a resident's mouth. *The nurse can provide information on any adaptive equipment that the resident needs, how much assistance a resident needs to	Lecture Demonstration Check List

	open cartons or cut food, if a resident's intake is measured or calories are recorded.	
Assisting a resident	*Residents with difficulty self-feeding due to physical or cognitive issues are frequently fed by staff. Food and drink should be served according to the preferences of the resident. Offer both food and drinks during the meal, as ordered for the resident. A spoon is sometimes preferred for safety but be sure to use the proper utensil, as special equipment may be needed. Use the appropriate utensil and serve small amounts that may be chewed and swallowed easily. Let the resident do as much as possible. Finger foods and drinks may be more easily taken without assistance than items that require a fork or spoon. Be aware of any food or fluid restrictions. *Provide support and assistance but encourage residents to try even if items spill. If a resident is visually impaired explain what items are being served and describe the arrangement of items on the tray for self-feeding or tell them what you are offering. *Always show care and respect for a resident. If a resident would like to pray before a meal, allow time and privacy for them to do so. Meals are a time for social interaction. Engage the resident in conversation but allow time for chewing and swallowing.	Lecture Demonstration Check List Equipment

	Sit facing the resident, take your time, and take note of any difficulties. If a resident is distracted or has difficulty recalling how to use utensils you should be patient. If you feel impatient or upset you should tell the nurse.	
Hand over hand Cueing Quality of life	Place your hand over the resident's hand and complete the task together. Sit on the side of the hand you are holding. This may be done as a prompt or for physical assistance. This can maintain or improve abilities and promotes independence. This might be used if a resident cannot lift utensils or cut and/or stab food, if a resident forgets, or if a resident gets tired. Cueing is a verbal prompt or reminder (eg. "Take a bite." Or "Would you like more?) Always knock before entering a resident's room. Address the resident by name. Introduce yourself by your name and title.	Lecture Demonstration Equipment

Procedures Checklist

*Pre-procedure

Follow the guidelines when feeding a resident.

Explain the procedure to the resident. (eg. "I am a feeding assistant and I will help you to eat breakfast."

Practice good hand hygiene.

Check the resident's posture and alert the nurse if a change in position is needed.

Check the placement to the food and utensils.

*Procedure

Identify the resident and check the diet card or menu slip.

Address the resident by name.

Speak in a pleasant way.

Place a napkin or clothing protector on the resident if needed.

Explain the foods on the plate.

Prepare and season the foods according to the resident's preference.

Serve foods in the order the resident prefers.

Offer liquids and solids in the order that the resident prefers or requires.

Do not rush. Allow time for the resident to chew and swallow.

Use a straw only if it is recommended.

Encourage the resident to eat.

Encourage the resident to wipe their mouth if needed.

Record what is eaten.

*Post-procedure

Check the comfort and safety of the resident.

Inform the nurse that the resident has finished.

Wash your hands.

Wash/wipe resident's hands if needed.

OBJECTIVES	COURSE CONTENT	LEARNING ACTIVITIES
Statutes and Regulation Concerning Safety and Emergency Procedures	OSHA Right to Know Law Safety Data Sheets	Lecture Quiz
The Process of Infection and Infection Control	Chain of Infection How Infections Spread Infections in LTC Handwashing Standard Precautions	Lecture Handwashing Practical Donning and Doffing PPE Quiz
Sanitation and Food Safety	Food Safety Causes of foodborne illnesses Preventing foodborne illnesses Proper handling of dishes, utensils and food Avoiding burns Safe food service technique Concept and Clean and Dirty Safe food storage in resident rooms Safe handling of food items brought in by visitors	Lecture Demonstrate proper handling of dishes and utensils Quiz
Potential Hazards and Emergency Procedures	Environmental Hazards Resident Risk Factors Mealtime Hazards and Risk Factors Accidents and Incidents Restraints	Lecture Demonstrate Universal Sign for Choking Simulate proper Heimlich Maneuver technique Write an appropriate Incident Statement Quiz

MODULE SIX – INFECTION CONTROL, SANITATION, FOOD SAFETY AND EMERGENCY PROCEDURES

Emergency Procedures	Emergency Codes Medical Emergencies Fire Safety Disaster Plan Active Shooter Emergency	Lecture Simulate correct use of a fire extinguisher Quiz

Module 6 – Infection Control, Sanitation, Food Safety and Emergency Procedures

What you will learn:

- Terminology/Definitions
- Statutes and Regulation Concerning Safety and Emergency Procedures
- Chain of Infection
- How Infections Are Spread
- Infections in Long Term Care
- Handwashing
- Standard Precautions
- Food Safety
- Clean vs. Dirty
- Identifying Environmental Hazards
- Identifying Resident Risk Factors
- Identifying Mealtime Risk Factors and Interventions/Heimlich Maneuver
- Accidents and Incidents
- Restraints
- Emergency Codes
- Medical Emergencies
- Fire Safety
- Disaster Plan
- Active Shooter Emergency

Terminology – see definitions sheet

Statutes and Regulation Concerning Safety and Emergency Procedures:

- The role of the Occupational Safety and Health Administration (OSHA)
- The purpose of the Right to Know Law
- The purpose and locations of the Safety Data Sheets (SDS) in this facility

The Process of Infection and Infection Control

- **Chain of Infection** - pathogen, reservoir, portal of exit, means of transmission, portal of entry, and the new host
- **How infections are spread**: direct vs. indirect contact, droplet and airborne transmission
- **Infections in Long Term Care**
  1. Factors influencing the risk of infection within the long term care community – weakened immune system, serving foods at the wrong temperature, contaminated utensils/equipment, poor personal hygiene

2. The purpose of an Infection Control Program – to identify and reduce the risk of infections to improve clinical outcomes

- **Handwashing**
  1. The importance of hand washing in infection control – the single most important measure you can do to prevent and control infections.
  2. When it is appropriate for the Feeding Assistant to wash hands – after using the bathroom, after touching any area of your body or clothing, after picking something up from the floor, after eating or assisting with eating, making direct or indirect contact with a resident's mouth or body, after removing gloves, etc.
  3. Explain proper hand washing technique – proper temperature, running water and soap, friction, surface area, minimum time required (20 seconds), hand positioning, rinsing, drying hands, shutting off the water faucet, avoid touching any surface.
  4. Identify alternative methods of hand sanitizing – gels, foams, alcohol wipes
  5. ***Activity***: *Feeding Assistant will demonstrate proper handwashing technique*

- **Standard Precautions**
  1. The purpose of Standard Precautions – to treat all body fluids and items contaminated with body fluids as if they are infectious
  2. Identify body fluids that are considered potentially infectious – blood, semen, vaginal secretion, body fluid containing blood and saliva (after dental procedures), etc.
  3. Identify types, purpose and location of PPE supplies – gloves, masks, gowns, etc.
  4. Discuss facility policy regarding enhanced feeding guidelines for residents on Contact, Droplet, Airborne and/or Neutropenic precautions.
  5. ***Activity:*** *Feeding Assistant will demonstrate correct donning and doffing of PPE*

Sanitation and Food Safety

- **Food Safety**
  1. The causes of foodborne illnesses: improper preparation, unsanitary serving procedure, contamination by person who is ill or who has poor personal hygiene
  2. General practices to prevent foodborne illness: Good personal hygiene, General cleanliness, handwashing, safe food service
  3. Proper handling of dishes, utensils and certain food items: do not touch surfaces that come in contact with food, do not touch food, do not use teeth to open packaging
  4. How to test food temperatures before feeding residents to avoid burns: do not use your fingers or hands to touch food, place hand above the food to feel heat rising from the dish, use a utensil to drop a small amount of food on the inside of your wrist to test the temperature. Do not blow on food.
  5. Safe Food Service – Do not chew gum, eat or drink, avoid touching any body parts on yourself or others, only touch the handles of utensils and non-food surfaces of plates and cups, replace dropped or thrown utensils, deliver trays in a sanitary manner away from the body and one at a time, open packets with scissors or tear with your hand.
  6. ***Activity:*** *Feeding Assistant will demonstrate proper handling of dishes and utensils.*

- **Concept of Clean and Dirty**
  1. Explain the concept "clean vs. dirty"
  2. The impact of borrowing supplies, equipment, etc. on resident health in terms of contamination and transmission of infection

Potential Hazards and Emergency Procedures

- **Environmental Hazards**
  1. Discuss potential floor safety hazards, such as spills, tripping and glare and corrective actions to the hazards
  2. Discuss potential equipment hazards, such as broken equipment, sharp edges, electrical hazards, wheelchair safety and heated food products and the procedure for reporting and correcting the hazards.
  3. Discuss structural safety hazards, such as blind spots, ramps, stairs and doorways and ways to minimize risks associated with the hazards.
  4. State the importance of following all safety policies and procedures

- **Resident Risk Factors**
  1. Discuss each of the following as a risk factor for resident accidents and incidents:
     a) Impaired judgment
     b) Impaired vision
     c) Impaired mobility
     d) Medications
  2. Identify and discuss the types of accidents and incidents that may be caused by each of the above risk factors

- **Mealtime Hazards and Risk Factors**
  1. Causes and treatments of swallowing issues
  2. Food errors – wrong trays, wrong diet, wrong consistency
  3. Choking and Foreign Body Airway Obstruction
     a) Identify the common causes of choking
        i. Eating/Drinking too quickly
        ii. Talking with food in the mouth
        iii. Laughing with food in the mouth
        iv. Incomplete chewing of food
        v. Anxiety
        vi. Esophageal abnormalities
     b) Discuss preventative care techniques to avoid choking
     c) Discuss Signs and Symptoms of an obstructed airway – Including:
        i. coughing
        ii. cyanosis (bluish-colored skin or lips)
        iii. confusion or panic
        iv. difficulty breathing, gasping for air, wheezing
        v. unconsciousness

d) Identify the Universal Sign for choking
e) Discuss what to do if a resident shows signs and symptoms of choking
    i. If resident is coughing but **able** to breathe: stop feeding resident and do not intervene. Encourage resident to keep coughing and raise their arms overhead to help dislodge the object. Call the nurse to assess the resident.
    ii. If the resident is **unable** to cough or breathe, or is clutching at their neck: start the procedure for clearing an obstructed airway (Heimlich Maneuver) and immediately call for help. Do not pat the victim on the back.
f) Demonstration of Heimlich Maneuver
    i. Stand behind the resident
    ii. Wrap your arms around the resident's waist
    iii. Place the thumb-side of a fist at the midline of the abdomen, above the navel and well below the breast bone
    iv. Grasp the fist with the other hand and give quick thrusts inward and upward, avoiding pressure on the ribs and breastbone
g) Modification of Heimlich Maneuver for obese or pregnant residents
    i. Stand behind the victim
    ii. Place thumb of left fist against the middle of the breastbone
    iii. Grab fist with right hand
    iv. Squeeze chest four times quickly.

4. ***Activity:*** *Feeding Assistant will demonstrate universal sign for choking*
5. ***Activity:*** *Feeding Assistant will simulate proper Heimlich Maneuver technique*

- **Accidents and Incidents**
    1. Discuss common types of Accidents and Incidents:
        - Falls
            i. Discuss fall risk factors
            ii. Discuss facility measures aimed to reduce the risk of falling.
            iii. Discuss how the Feeding Assistant may reduce the risk of falling
        - Burns
            i. Discuss the common causes of burns in a LTC facility
            ii. Discuss measure to reduce the risk of burns to residents and staff from hot liquids and hot foods
        - Misidentification
            i. Discuss the common causes of the misidentification of residents
            ii. Discuss the proper way to identify a resident
        - Missing Residents
            i. Discuss common causes of missing residents
            ii. Identify methods to reduce the risk of missing residents
            iii. Discuss the facility policy and procedure for missing residents
    2. Discuss and demonstrate safety and accident prevention when feeding residents
    3. Discuss the facility policy and procedure on what to report and how to report Accidents and Incidents

4. Present a sample Incident Report form and discuss how it is to be completed using objective reporting and avoiding subjective opinion.
5. ***Activity:*** *Feeding Assistant will write an appropriate incident statement.*

- **Restraints**
  1. Define and Identify physical restraints and discuss how they may increase the risk of accidents and incidents
  2. Review facility policy and procedure on the use of restraints, including when and how to remove them
  3. Discuss ways to prevent accidents and incidents caused by physical restraints

Emergency Procedures

- **Emergency Codes**
  1. Discuss the facility emergency codes and their purpose
  2. Discuss the role of the Feeding Assistant during each emergency code
  3. Demonstrate the proper use of call system

- **Medical Emergency**
  1. Discuss the procedure for responding to a medical emergency
     a) Stop feeding the patient
     b) Call the nurse immediately for help
     c) Stay with the resident, remain calm and reassure the resident
     d) Do not move the patient unless instructed to do so
  2. Explain common Medical Emergencies including, but not limited to:
     a) Seizure – Sudden involuntary movement of muscles. The resident may be partially conscious or become unconscious.
     b) Chest Pain – Discomfort, pressure or squeezing sensation in the chest, shoulders, arms, neck, jaw, back or epigastric region. Chest pain may even feel like indigestion.
     c) Change of Mental Status – A sudden change in brain function resulting in confusion, amnesia, decreased alertness, disorientation, defects in judgment or thought, unusual or strange behavior, poor regulation of emotions, and disruptions in perception, psychomotor skills, and behavior
     d) Unresponsive Resident – A decrease in level of consciousness to the point that any kind of physical or sensory stimuli will not illicit a reaction in the resident.

- **Fire Safety**
  1. Discuss causes of fire and prevention
     a) Identify the relationship between smoking and fires
     b) Discuss the facility smoking policy
     c) Identify potential causes of fire: oxygen/tanks, electrical equipment, trash cans, grease, etc. and fire prevention techniques for each hazard.
     d) Discuss the role of the Feeding Assistant in fire prevention

2. Responding to a Fire
   a) Discuss the facility procedure for fire emergency – include any "code words" your facility may use instead of the word "fire" and why.
   b) Explain the R.A.C.E. procedure for fire emergencies
   c) Discuss the role of the Feeding Assistant during a simulated fire emergency
3. How to use a Fire Extinguisher
   a) Identify the types of fire extinguishers and their uses
   b) Explain the P.A.S.S. procedure for operating a fire extinguisher
   c) Explain the purpose of pointing the nozzle at the base of a fire
   d) Point out the locations of fire extinguishers, fire pull station(s), and exit(s)
4. Evacuating Residents
   a) Discuss Horizontal vs. Vertical Evacuation
   b) Identify the role of the Feeding Assistant in the evacuation of endangered residents to a safe area
   c) Identify how to lift/move a resident during evacuation
5. ***Activity:*** *Feeding Assistant will simulate the correct use of a fire extinguisher*

- **Disaster Plan**
  1. Define "Disaster" - a sudden event, such as an accident or a natural catastrophe, that causes great damage or loss of life
  2. Discuss the facility Disaster Plan, including where to find the Disaster Plan or Emergency/Disaster Manual.
  3. Explain the Feeding Assistant's role in internal and external disasters

- **Active Shooter/Shots Fired Emergency**
  1. Identify the Active Shooter code for your facility
  2. Identify likely targets of an active shooter in a healthcare facility
  3. Explain the Run-Hide-Fight procedure for responding to an Active Shooter emergency
  4. Discuss the role of the Feeding Assistant during an Active Shooter emergency.
  5. Identify "safe rooms" and explain the procedure for staying safe until the "All Clear" announcement
  6. Demonstrate the evacuation posture that is recommended by First Responders during an Active Shooter emergency

Terminology/Definitions

Abdominal Thrust :	A quick, inward and upward pressure applied to the patient abdomen to dislodge a foreign object from the patient airway. Also call Heimlich Maneuver.
Airborne Precautions:	Safety measures to protect against infectious microorganisms that can remain suspended in air for long periods of time
Aspiration:	When food, liquids, saliva or GI contents are inhaled into the airway.
Choking:	When an object or food becomes lodged in the throat or windpipe, blocking airflow
Clean:	To be free of dirt or mess, usually by washing, wiping, or brushing.
Contamination:	The presence of an unwanted constituent or impurity.
Cyanosis:	A bluish discoloration of the skin or lips resulting from inadequate oxygenation.
Disaster:	A sudden accident or natural catastrophe, that causes great damage or loss of life
Droplet Precautions:	Safety measures to protect against the spread of oral or nasal infectious microorganisms that stay suspended in the air.
Horizontal Evacuation:	Moving occupants from an area affected by fire through a fire-resisting barrier to an adjoining area on the same level, designed to protect the occupants from the immediate dangers of fire and smoke
Heimlich Maneuver:	a first-aid procedure for dislodging an obstruction from a person's windpipe in which a sudden strong pressure is applied on the abdomen, between the navel and the rib cage.
Infection:	Invasion of an organism's body tissues by disease-causing agents, and the reaction of host tissues to the agents and the toxins they produce
Objective reporting:	The portrayal of events in a neutral and unbiased manner based on facts, without the influence of opinion or personal beliefs.
OSHA:	The Occupation Safety and Health Administration is a Federal agency designed to assure safe and healthy working conditions.
P.A.S.S.	An acronym for fire extinguisher use: P = Pull (the pin), A= Aim (the nozzle, S = Squeeze (the handle), S = Sweep (the nozzle back and forth at the base of the fire)

R.A.C.E.:	An acronym for a fire response procedure. Rescue – Alarm – Contain – Extinguish.
Restraint:	A device used to prevent a purposeful movement by a resident that cannot be remove by the resident at will.
Sanitize:	A decontamination process meant to reduce the occurrence and growth of bacteria, viruses and fungi.
Standard Precautions:	Same as Universal Precautions
Sterilize:	A decontamination process to eliminate all bacteria, viruses and fungi
Subjective reporting:	The portrayal of events in a biased manner, influenced by opinion and/or personal belief .
Universal Precautions:	An approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for bloodborne pathogens.
Vertical Evacuation:	Moving occupants from an area affected by fire to another floor elsewhere in the **hospital** typically at least two floors away from the incident floor.

REVIEW QUIZ FOR INFECTION CONTROL, SANITATION, FOOD SAFETY AND EMERGENCY PROCEDURES

1. Name the federal agency designed to assure safe and healthy working conditions:

   _____

2. Name 3 factors that increase the risk of infection in Long Term Care populations:

   _____ _____ _____

3. How long does one need to rub hands together when washing hands?

   _____

4. Name 6 events that would require one to wash their hands afterwards:

   _____ _____ _____

   _____ _____ _____

5. Name 3 type of PPE:

   _____ _____ _____

6. Name 6 elements of safe food service (to prevent foodborne illness, infection, burns)

   _____ _____ _____

   _____ _____ _____

7. Name 3 potential mealtime hazards:

   _____ _____ _____

8. Describe 3 symptoms of choking:

   _____ _____ _____

9. Describe the difference in a choking resident that requires the Heimlich Maneuver vs one that requires only verbal cues and supervision:

   _____

   _____

10. State 6 steps you would take if your resident is experiencing a medical emergency:

    _____ _____ _____

    _____ _____ _____

11. Name 3 potentially hazardous food/beverages stored in a resident room.

12. How long can a potentially hazardous food remain unrefrigerated? _____

Module 7 - Review of Nurses/Instructors Assessment of Feeding

Items to Evaluate

Before the meal is served

The Dining Assistant will:

- Demonstrate proper handwashing technique
- Ensure the resident is comfortable and clean
- Demonstrate 3 means of identifying the resident to be fed
- Describe how to properly prepare the resident for feeding
- Describe the type and consistency of the meal the resident is to consume
- Describe the level of assistance the resident requires
- Describe the techniques used to feed residents, such as positioning, tray set up, verbal cueing, observing and reporting who require total assistance with eating
- Describe one special feeding technique used when feeding a totally dependent resident
- Identify and describe the correct use of adaptive devices when feeding residents
- Describe the Dining Assistant's role in promoting resident's highest level of functioning during feeding
- Describe how to serve and prepare trays for residents of various eating abilities per resident's personal choice
- Describe the environmental atmosphere conducive to a pleasant, safe, and socially stimulating dining experience
- Describe who to go to for help

During tray service

Nurse will observe the following:

How the Dining Assistant:

- Carries the tray
- Identifies the tray by the name on the tray card

- Verifies that the tray contains the right food for the resident
- Correctly identifies the resident and places the tray within easy reach
- Verifies that the assistant sanitizes hands in between each resident's tray delivery

During dining assistance

The nurse will observe the following:

- The resident is in an upright position and appropriate body alignment to safely swallow
- The Dining Assistant is guided by the resident's wishes
- The Dining Assistant sits with the resident
- The Dining Assistant offers a clothing protector if appropriate
- The Dining Assistant knows the level of assistance the resident requires
- The Dining Assistant uncovers the food, prepares the condiments, and cuts the food into bite-size portions
- The Dining Assistant fills the spoon half full and offers from the tip of the spoon; places the spoon in the middle of the resident's tongue
- The Dining Assistant feeds at an unhurried pace
- The Dining Assistant alternates liquids and solids to ease swallowing
- The Dining Assistant allows ample time for the resident to eat
- The Dining Assistant offers a napkin to the resident to wipe their mouth or performs this service for them if they are unable
- The Dining Assistant offers alternatives or substitutes if the resident does not like what is offered
- The Dining Assistant encourages conversation and socialization
- The Dining Assistant monitors the resident's intake during mealtime as per the facility's policy
- The Dining Assistant notifies the charge nurse of residents who are absent or appear to be having eating difficulty

Removing Trays

The nurse will observe the following:

- The Dining Assistant removes the tray after the resident has finished eating
- The Dining Assistant placed the used trays on the cart **AFTER** all the clean trays have been served
- The Dining Assistant washes his/ her hands

Discussion questions after practice assisting with dining:

What things went well?

Did anything go wrong?

Why did the things that did not go well, do so?

What did you find difficult?

Were you able to talk to your resident?

Were you worried about anything?

Did you know who to go to if there was an emergency?

Dining Assistant Demonstrates Competency in Dining Assistance

Yes **No**

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