

**STATE OF OHIO**  
**DINING ASSISTANT**  
**PROGRAM**  
**STANDARDS AND GUIDELINES**

**Revised 10/1/2016**

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# DEFINITIONS

## **DEFINITIONS**

### **Classroom Instruction**

Means the training and information, excluding clinical experience, provided by a facility. Classroom instruction may include laboratory demonstration/return demonstration.

### **Clinical Experience**

Means a program through which the competency of a Dining Assistant provides feeding assistance to residents in an Ohio LTCF as part of the training process and under the supervision of the approved instructor.

### **Director**

Means the Director of Health. The Director may delegate any of the authorities or duties under Rule 3701.18 of the Administrative code to any employee of the Department of Health or any person or governmental entity with whom the Director has executed a contract for that purpose.

### **Facility-Based (Paragraph (G) of Rule 3701-18-01)**

Means a Dining Assistant program that is owned, operated and conducted by a LTCF.

### **Instructor**

Means an individual who is responsible for providing the instruction and performing the skills testing for the dining assistant as defined in Paragraph (F) of rule 3701-17-07.2 of the Administrative Code.

### **Laboratory Demonstration/Return Demonstration**

Means the use of individuals and equipment in a classroom setting for instructional purposes to approximate residents in a long-term care facility.

### **Licensed Health Professional**

Means all of the following:

1. A registered nurse or licensed practical nurse who holds a valid license as defined in Paragraph (5) of rule 3701-17-01 of the Administrative Code.
2. Occupational therapist licensed under Section 4755 of the Revised Code;
3. A speech therapist licensed under Section 4753 of the Ohio Revised Code
4. A registered dietitian licensed under Section 4759 of the Revised Code;

**Long-Term Care Facility (Paragraph (K) of Rule 3701-18-01)**

Means a nursing home as defined in Section 3721.01 of the Revised Code or a facility, or part of a facility, that is certified as a skilled nursing facility or a nursing facility under Title XVIII or XIX of the “Social Security Act.”

**Minimum Hours**

Means the least amount of time required to cover each subject matter component contained in a topic area.

**Non-Facility Based**

Means a program which is other than facility based.

**Dining Assistant (3701-17-07.2) (A) (2)**

“Dining Assistant” means an individual who meets the requirements specified in this rule and who is paid to feed residents by a long-term care facility or another agency or who is used under an arrangement with another agency or organization.

**Nursing and Nursing-Related Services (Paragraph (4) of Rule 3701-17-07.1)**

Means activities including attending to the personal care needs of residents, and providing personal care services and activities delegated by a nurse which may include implementation of portions of the nursing regimen, as defined in section 4723.01 of the Revised Code, for residents whose care does not require nursing assessment or the judgment of a nurse during the performance of the delegated activity. Nursing and nursing-related services does not include activities that are part of the nursing regimen which require the specialized knowledge, judgment, and skill of a registered nurse or the application of the basic knowledge and skill required of a licensed practical nurse licensed under Rule 4723. of the Revised Code or any other activities that are required to be performed by a licensed nurse under Rule 4723. of the Revised Code. Nursing and nursing-related services does not include assisting residents with feeding when performed by a Dining Assistant pursuant to rule 3701-17-07.2 of the Administrative Code.

**Performance Objective**

Means a statement that is specified, in measurable terms, what the Dining Assistant trainees and participants are expected to know and execute as a result of successfully completing a training program.

**Required Hours**

Means the total number of clock hours that are necessary to cover the content of a specific topic area.

**Skills Testing**

Means the program coordinator or instructors observing the Dining Assistant's ability to perform a specified task by determining the presence or absence of those critical elements essential for its successful execution.

**Standard**

Means a statement that specifies the subject matter that is required to be taught for each specific topic area in a training program.

**Training and Evaluation Program**

Means a program of Dining Assistant training and evaluation of competency to provide feeding assistance.

**Trainee**

Means an individual who is enrolled in a Dining Assistant training course approved by the Director pursuant to Rule 3701-17-07.2 of the Administrative Code.

# INTRODUCTION



## **Application**

Anyone may apply to conduct a Dining Assistant program as long as they meet the requirements as specified in Rule 3701-17-07.2 (G) of the Administrative Code. Such training programs may be based either in a long-term care facility or be non-long term care facility based. In the case where a Dining Assistant program is not based in a long-term care facility, the program may make arrangements with the long-term care facility for the provision of the clinical experience.

It is strongly suggested that persons who intend to provide a Dining Assistant Program approved by the Ohio Department of Health consider the trainee mix before they start the Dining Assistant Program. People who will attend the Dining Assistant Program come from a variety of educational backgrounds and levels of experience. Whenever possible, it is preferable to group the individuals who will be attending the program into groups of persons with similar backgrounds. This allows the person providing the program to better target subject matter to the group than if the group has a wide variation of educational levels and experience.

There are no other important definitions, distinctions and requirements which must be met by either or both the facility based and non-facility based Dining Assistant Program. This information can be found in Rule 3701-17-07.2 of the Administrative Code.

Questions concerning the Dining Assistant Program should be addressed to: The Ohio Department of Health, ATTENTION: NATCEP Unit, 246 North High Street, 4th Floor, Columbus, Ohio 43215, or 614-752-8285; [NATCEP@odh.ohio.gov](mailto:NATCEP@odh.ohio.gov) FAX 614-564-2596.

## **Introduction**

Rule 3701-17-07.2 of the Administrative Code for the State of Ohio establishes the requirements for Ohio's Dining Assistant Training and Competency Evaluation Program. These requirements mandate that all Dining Assistants working in Ohio's long-term care facilities must complete a (9) hour training program. The objective of this Dining Assistant training requirement is the provision of quality assistance at meal times to residents in long-term care facilities by Dining Assistants who are able to:

1. Form a relationship, communicate and interact competently on a one-to-one basis with long-term care facility residents;
2. Demonstrate sensitivity to the residents' physical, emotional, social, and mental health needs through trained, directed interactions;
3. Assist residents in attaining and maintaining functional independence; and
4. Exhibit behavior in support and promotion of residents' rights.

The information that follows relates directly to the training of Dining Assistants in Ohio. Every effort has been made in constructing this information to follow the format for Dining Assistant training as found in Rule 3701-17-07.2 of the Ohio Administrative Code. In addition, it is the intent of this document to serve as a:

- guide for persons training Dining Assistants to interpret Ohio's Standards for Dining Assistant training;
- framework for the development and implementation of Dining Assistant training curriculum; and
- basis for the development of the monitoring guidelines to be used by evaluators for on-going program review and approval.

### **TRAINING PROGRAM OF RULE 3701-17-07.2 OF THE OAC**

The training program is designed to ensure that Dining Assistants have a basic understanding of the nutritional needs of the residents, communication and interactions involving the residents and facility staff, behavior challenges and safety procedures of the long-term care facility in which they are employed.

The training program is to be provided by the facility employing the Dining Assistant. The training must include:

- (1) Feeding techniques;
- (2) Assistance with feeding and hydration, including the use of assistive devices;
- (3) Communication and interpersonal skills;
- (4) Appropriate responses to resident behavior;
- (5) Safety and emergency procedures, including the Abdominal Thrust;
- (6) Infection control;
- (7) Resident rights;
- (8) Recognizing changes in residents that are inconsistent with their normal behavior and the importance of reporting those changes to the supervisory nurse;
- (9) Special diets;
- (10) Documentation of type and amount of food intake; and
- (11) Meal observation and actual feeding assistance to a resident.

# **BIBLIOGRAPHY**

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(<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursinghomeQualityInits/MDS30RAIManual.html>).

# **CURRICULUM**

DINING ASSISTANT PROGRAM (RULE 3701-17-07.2 (OAC))

The Dining Assistant Program is composed of a (9) hour curriculum. The curriculum is composed of the following topic areas.

**Topic Areas**

Introduction to the Dining Assistant Program  
 Communication and Interpersonal Skills  
 Infection Control  
 Safety and Emergency Procedures  
 Respecting Residents' Rights  
 Mealtime, Nutrition and Fluid Needs

**Pre-Resident Contact**

8 total hours classroom (including lab simulation)

**Resident Contact**

1 hour clinical experience

The following is a chart on the required hours for a Dining Assistant Program in Ohio. Please use this as a guide for your Dining Assistant program. You may have more than the required number of hours, but you cannot have less.

<b>Topic Area</b>	<b>Required Classroom Hours</b>
I. Overview	0.5
II. Communication & Interpersonal Skills	2.0
III. Infection Control	1.0
IV. Safety and Emergency Procedures	1.0
V. Respecting Residents' Rights	0.5
VI. Nutrition and Fluid Needs	1.0
VII. Mealtime	2.0
Clinical	1.0

## **Organization of the Standards, Objectives and Content**

The Topic Areas are broken up into Standards. Below is an outline of the Topic Areas with each Standard that is contained within. The language at the beginning of each Standard specifically outlines the State of Ohio's requirements which must be contained in or addressed through the Dining Assistant program. The objectives specify in behavioral terms what the trainees in the Dining Assistant program are expected to be able to do as a result of successfully completing the Dining Assistant program. Each Dining Assistant program may enhance the content by using textbooks, handouts, and audiovisual materials.

### **Pre-Resident Contact (8 Hours) Topic Areas I-VII**

#### **Topic Area I Introduction to Dining Assistant Program**

Standard I.1 Program Overview

#### **Topic Area II Communication and Interpersonal Skills**

Standard II.1 Communication and Interpersonal Skills

Standard II.2 Communicating and Interacting with Residents with Impairments

#### **Topic Area III Infection Control**

Standard III.1 Infection Control

Standard III.2 Practices which Prevent the Growth and Spread of Pathogenic Micro-organisms

#### **Topic Area IV Safety and Emergency Procedures**

Standard IV.1 General Safety Practices and Procedures

#### **Topic Area V Respecting Residents' Rights**

Standard V.1 The Residents' Rights

## **Topic Area VI Nutrition and Fluid Needs**

Standard VI.1 Nutrition and Fluid Needs

## **Topic Area VII Mealtime**

Standard VII.1 Mealtime

## **Topic Area I – Introduction to the Dining Assistant Program**

### **Standard I.1**

Ohio's Dining Assistant Program has been designed to meet the requirements of Rule 3701-17-07.2 of the Administrative Code as well as provide a meaningful, practical skill development opportunity for persons wishing to be a Dining Assistant in Ohio's long-term care facilities.

The Dining Assistant program is composed of (9) hours curriculum of instruction which is balanced between classroom and skills training. All hours of instruction must be completed before any clinical experience is undertaken. Additionally, no Dining Assistant will perform direct care on a resident. At the conclusion of a Dining Assistant program the Dining Assistant will be required to pass a test conducted by the instructor before being approved to work as a Dining Assistant in Ohio's long-term care facilities.

A Dining Assistant shall only be assigned to feed those residents who do not have complex feeding problems such as IV or parenteral feedings, swallowing problems, or recurrent aspiration problems.

After successful completion of the Dining Assistant program conducted by the instructor the facility shall be responsible for maintaining all Dining Assistant training and employment records and make available for review to the surveyors during the survey process. This helps to ensure that employers can verify that a Dining Assistant is approved to work as a Dining Assistant in an Ohio long-term care facility.

## **Topic Area II – Communication and Interpersonal Skills**

### **Standards II.1 – II.2**

Communication and interpersonal skills are critical to the well-being of residents, the people who care for, or about them, and to the flow of information within the long-term care facility. Because of their contact with the residents, Dining Assistants play an important role in the flow of information in the long-term care facility. The ability of the Dining Assistant to communicate changing conditions of the resident to proper staff may be critical to the resident's well-being. The Dining Assistant must also interact effectively with other members of the health care team including staff from other departments. Therefore, the Dining Assistant should receive training in basic verbal and nonverbal communication techniques, identification of factors which may impair communication, methods to enhance interpersonal skills and communication with appropriate staff regarding change in resident behavior.



**Topic Area III – Infection Control**  
**Standards III.1 – III.2**

Residents, by the very nature of their living environment and physical/emotional status are prone to a variety of infections. The Dining Assistant is in a unique position to assist residents and to prevent infection. The Dining Assistant needs to recognize and report signs and symptoms of infection quickly should these symptoms appear. The Dining Assistant must also be able to identify behaviors which prevent the spread of infection.

**Topic Area IV – Safety and Emergency Procedures**  
**Standards IV.1**

Knowledge and the ability to act properly regarding safety and emergency procedures are critical to the well-being of residents and care givers in the long-term care facility. Residents are largely dependent on the staff of the long-term care facility to provide a safe environment for them, and to see to their safety in the event of fire or natural disaster. Therefore, the Dining Assistant must not only be aware of proper safety and emergency techniques but must be able to perform the correct procedures when necessary.

**Topic Area V – Respecting Residents’ Rights**  
**Standard V.1**

Residents of long-term care facilities have same rights as any person. However, because resident of long-term care facilities are entrusting their lives to others, they have, through federal statute and the State of Ohio’s Resident Bill of Rights, specific rights that are designed to afford them additional protections. The additional protection helps to ensure that their dignity, human rights and lives will be honored. Because of the relationships they build with residents and the amount of direct contact they have with the individual, Dining Assistants play a key role in implementation of the residents’ rights.

**Topic Area VI – Nutrition and Fluid Needs**  
**Standard VI**

The amount and quality of foods and fluids in the resident’s diet affect physical and mental well-being. The Dining Assistant needs to be aware of the factors affecting the nutritional state of the resident. There are modified diets to meet the special nutritional needs of the resident. The Dining Assistant will be aware of the various therapeutic diets and will ensure that the resident is fed according to the dietary plan.

**Topic Area VII – Mealtime  
Standard VII**

The Dining Assistant interacts with the resident on a daily basis in the long-term care facility. Therefore, the Dining Assistant needs to be competent in the assistance with providing proper feeding and nutritional care. The resident depends on the Dining Assistant to perform these skills, to seek help for the resident when help is needed, and to accurately report a change in the resident’s condition to the proper authority. The instructor shall follow a curriculum which will result in the trainee obtaining the skills necessary to competently perform basic feeding procedures.

**Standard I.1 Program Overview**

Rule 3701-17-07.2 of the Administrative Code requires the training of Dining Assistants. This is done through a Dining Assistant Program (Dining Assistant program). The Dining Assistant program shall contain subject matter designed to ensure that the Dining Assistant will be able to state the:

- Purpose of the Dining Assistant program
- Role and responsibilities of the trainer and Dining Assistant
- Reporting and recording process in Ohio for abuse, mistreatment and neglect of a resident by a Dining Assistant.

Objective	Content Curriculum	Hours Class	Title of Teacher	Method of Evaluation Teaching Method
<p>The Dining Assistant trainee will be able to:</p> <ol style="list-style-type: none"> <li>1. Identify the purpose of the Dining Assistant Training Program</li> <li>2. List the role and responsibilities of the Instructor and Dining Assistant</li> </ol>	<ol style="list-style-type: none"> <li>1. Purpose of Dining Assistant Training Program               <ol style="list-style-type: none"> <li>a. Prepare Dining Assistant in LTCFs to feed the assigned residents in a dignified and caring manner</li> <li>b. Prepare the Dining Assistant to function as part of the health care team</li> <li>c. Make Dining Assistant aware of the principles of nursing as it applies to delegation by a nurse.</li> </ol> </li> <li>2. Role and Responsibility               <ol style="list-style-type: none"> <li>a. Instructor                   <ol style="list-style-type: none"> <li>1) Provide classroom and clinical</li> </ol> </li> </ol> </li> </ol>			<p><b>Teaching Alert</b> Review CFR 483.35 (h). “A facility must ensure that a feeding assistant feeds only residents who have no complicated feeding problems.” “A feeding assistant must work under the supervision of a registered nurse</p>

<p>3. Explain the Ohio Nurse Aide Registry</p> <p>4. Discuss issues related to abuse, mistreatment, neglect and misappropriation of resident property according to State Law</p>	<p>knowledge and experience to trainee</p> <p>2) Follow rules to maintain compliance with State of Ohio rules on dining assistants.</p> <p>3) Provide each student with appropriate handouts and training tools</p> <p>4) Facilitate learning and evaluate Dining Assistant competency in skill performance</p> <p>5) Utilize the impact of cultural, age, gender diversity issues with the Dining Assistant trainees</p> <p>b. Dining Assistant Trainee</p> <p>1) Attend class</p> <p>2) Follow program rules</p> <p>3) Provide feeding for LTC residents under the direction and supervision of the Instructor</p> <p>4) Maintain safe environment</p> <p>5) Review all handouts and review skills checklists for classroom testing</p> <p>6) Promote and respect residents' rights</p> <p>3. NAR Information</p> <p>a. NA registry includes all NAs who have completed STNA Training and successfully completed the state test.</p> <p>b. Dining Assistants cannot be listed on the NA Registry</p> <p>4. Abuse, neglect, and misappropriation</p> <p>a. Definition of terms according to State Law:</p> <p>1) abuse</p> <p>2) neglect</p> <p>3) misappropriation</p> <p>b. Findings of abuse or neglect of a resident or misappropriation of the property of a</p>			<p>(RN) or licensed practical nurse (LPN).”</p> <p><b>Teaching Alert</b>  <b>A finding of abuse is never removed from Nurse Aide Registry (NAR)</b></p> <p><b>Signs &amp; Symptoms of Abuse</b>  <a href="https://ncea.acl.gov/faq/index.aspx">https://ncea.acl.gov/faq/index.aspx</a></p>
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	resident is included in the NA registry c. Results of allegation: 1) investigation 2) reporting 3) consequences d. If a Dining Assistant observes abuse, neglect, or misappropriation of property, it must be reported to the charge nurse			
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### Standard II.1 Communication and Interpersonal Skills

Basic communication techniques and behaviors which can be effective for Dining Assistants when communicating with residents, family members and fellow employees in the long-term care facility shall be presented. Classroom demonstrations and exercises shall be used to ensure acquisition of communication skills by the trainees. Subject matter covered shall include:

- Attitudes and behaviors which promote effective communication;
- Factors which promote as well as block effective communication with residents, the resident’s family, friends and health care members.

Objective	Content Curriculum	Hours Class	Title of Teacher	Method of Evaluation Teaching Method
The Dining Assistant trainee will be able to: 1. Define communication	1. Communication <ul style="list-style-type: none"> <li>a. Two-way process</li> <li>b. Sender, receiver and message are needed for communication</li> <li>c. Communication can be oral, written or by body language</li> <li>d. Dining Assistant’s communicate with healthcare team, residents, families and visitors               <ul style="list-style-type: none"> <li>A. Verbal Communication                   <ul style="list-style-type: none"> <li>1. May be oral or written</li> <li>2. Tips for oral communication                       <ul style="list-style-type: none"> <li>a. Control volume and tone of voice</li> <li>b. Speak slowly, clearly, and distinctly</li> <li>c. Avoid slang, profanity, and vulgar</li> </ul> </li> </ul> </li> </ul> </li> </ul>			<b>Teaching Alert</b> Use a current Dining Assistant text, workbook and/or audio-visual aid as a resource. <a href="http://pioneernetwork.net/culturechange/language">http://pioneernetwork.net/culturechange/language</a>  <b>Integrate Into Future Clinical Experience</b> Identify various communication strategies observed during the feeding experience.  Dining Assistant needs permission to

<p>2. Describe behaviors which promote communication between people</p>	<p>words</p> <ul style="list-style-type: none"> <li>d. Repeat information as needed</li> <li>e. Ask questions one at a time</li> <li>f. Position yourself at resident's eye level</li> <li>g. Use person-centered language</li> </ul> <p>B. Non-Verbal Communication</p> <ul style="list-style-type: none"> <li>1. More accurately reflects a person's feelings</li> <li>2. Gestures, postures, touch, facial expressions, eye contact, body movement and appearance</li> <li>3. Non-verbal communication is involuntary and more difficult to control</li> <li>4. Understand the importance of touch</li> <li>5. Understand all expressions mean something and are communication</li> </ul> <p>2. Behavior which promotes effective communication between the Dining Assistant and residents</p> <ul style="list-style-type: none"> <li>a. Understand and respect the resident as a person <ul style="list-style-type: none"> <li>1. Look at the resident as an individual</li> <li>2. Respect the resident's condition and limitations. Focus on the resident's abilities</li> <li>3. Accept the resident's culture and religion</li> <li>4. Be aware of resident's primary language</li> <li>5. Talk directly to the resident, not over them</li> <li>6. Ask for permission to assist and explain what you are doing</li> </ul> </li> <li>b. Provide an opportunity for the resident to express thoughts and feelings</li> </ul>			<p>answer a resident's phone</p> <p>Show examples or situations of how to handle conflict, anger and stress.</p> <p>Differentiate between empathy and sympathy.</p>
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<p>3. Identify factors which promote good interpersonal relationships with the resident; resident's family and friends</p> <p>4. Identify factors which may block effective communication between the resident and their family and friends</p>	<ol style="list-style-type: none"> <li>1. Listen to the resident's comments</li> <li>2. Allow enough time for communication</li> <li>c. Observe non-verbal behavior during interaction <ol style="list-style-type: none"> <li>1. Body position</li> <li>2. Facial expression</li> </ol> </li> <li>d. Listen carefully to expressed thoughts and feelings and to the tone of voice <ol style="list-style-type: none"> <li>1. Express acceptance of the resident</li> <li>2. Be an attentive, sympathetic listener</li> </ol> </li> <li>e. Encourage focus on the resident's concerns <ol style="list-style-type: none"> <li>1. Don't criticize other staff</li> <li>2. Be responsive to the resident's needs</li> </ol> </li> <li>f. Avoid gossip</li> <li>g. Assist the resident with personal communication by reporting the resident's wishes to the charge nurse</li> <li>h. Control your emotions</li> <li>i. Develop empathy</li> <li>j. Be courteous</li> <li>k. Be gentle</li> </ol> <p>3. Factors which promote good interpersonal relationships</p> <ol style="list-style-type: none"> <li>a. Kindness</li> <li>b. Patience</li> <li>c. Listening to family members</li> <li>d. Non-interference in private family business</li> </ol> <p>4. Factors which block effective communication</p> <ol style="list-style-type: none"> <li>a. The family's feeling of guilt or grief with admitting a resident to a nursing facility.</li> <li>b. The resident's feelings of anger and sadness related to losing their independence and personal residence.</li> </ol>			
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<p>5. Identify factors which promote effective communication between the Dining Assistant and other healthcare members.</p>	<p>c. The resident, resident’s friends, and/or family’s concerns including money, provision of care, the future, separation from loved ones, etc.</p> <p>d. Using unfamiliar language</p> <p>e. Cultural differences</p> <p>f. Changing subject</p> <p>g. Interrupting when the other person is speaking</p> <p>h. Giving your opinion when not asked</p> <p>i. Excessive talking</p> <p>j. Continuing to work or do other tasks while others are talking</p> <p>k. Giving pat answers such as “don’t worry”</p> <p>l. Illness/pain.</p> <p>m. Stressed about something else</p> <p>5. Factors which promote effective communication</p> <p>a. Report the following information promptly to the nurse</p> <ol style="list-style-type: none"> <li>1) Information about a resident that could result in their harm</li> <li>2) Changes in the resident’s behavior or physical condition</li> <li>3) Personal information about the Dining Assistant which could interfere with their performance</li> <li>4) Questions or concerns from residents and/or visitors</li> <li>5) Accurate documentation of level of care for meals</li> </ol>			<p>Level of care for meals:</p> <ul style="list-style-type: none"> <li>• Independent: if resident completed activity with no help or oversight every time.</li> <li>• Supervision: if oversight, encouragement, or cueing was provided. (No touching. Verbal guidance, watching for safety.)</li> <li>• Limited assistance: if resident was highly involved in activity and received physical help in guided maneuvering of limb(s) or other non-weight-bearing. (Light touch. No weight bearing at all.)</li> <li>• Extensive assistance: if resident performed part of the activity weight-bearing support was provided (bearing a little OR a lot.)</li> <li>• Total dependence: if there was full staff performance of an activity with no participation by resident for any aspect of the feeding activity. The resident must be unwilling or unable to perform any part of the activity. (Resident does not move a muscle to help.)</li> <li>• Activity did not occur: if the activity</li> </ul>
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				did not occur or family and/or non-facility staff provided care 100% of the time.
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### Standard II.2 Communicating and Interacting with Residents with Impairments

Dining Assistants must be prepared to communicate and interact effectively with residents who have a variety of impairments. The Dining Assistant program shall contain subject matter and classroom demonstration of techniques which are appropriate for communication and interaction with residents who are:

- Vision, hearing, speech and/or physically impaired;
- Confused, depressed, agitated or restless;
- Withdrawn or combative.

Objective	Current Curriculum	Hours Class	Title of Teacher	Method of Evaluation Teaching Method
<p>The Dining Assistant trainee will be able to:</p> <ol style="list-style-type: none"> <li>1. Define impairment.</li> <li>2. Describe appropriate communication techniques for vision, hearing, speech and/or physically impaired residents</li> </ol>	<ol style="list-style-type: none"> <li>1. Definition of impairment</li> <li>2. Methods to overcome communication barriers with residents               <ol style="list-style-type: none"> <li>a. <b>Vision impaired</b> <ol style="list-style-type: none"> <li>1. Keep eyeglasses clean and in place</li> <li>2. Keep environment clear and free of clutter</li> <li>3. Do not rearrange the environment</li> <li>4. Put everything away where it was found</li> <li>5. Introduce self and offer explanation of what you are about to do when entering the room</li> <li>6. Always tell the resident what you are doing while providing care</li> <li>7. Tell resident when you are going to leave the room</li> <li>8. Talk directly to the resident and not to the visitor or family</li> </ol> </li> </ol> </li> </ol>			<p><b>Teaching Alert</b> Use demonstration, modeling and role play techniques.</p> <p>Describe alternative to oral communications such as communication boards, cards, gestures, modeling</p> <p>Don't change anything in resident's environment, without checking with nurse</p>



- 9. Lighting of a room is important
- 10. Position yourself directly in front of the person –face to face for conversation
- 11. When serving the meal, arrange food and utensils on the tray. Try using the positions of the clock for arrangement and tell resident where food items are located
- 12. Remember a guide dog is not a pet but rather a working dog, do not distract or play with the dog

**b. Hearing Impaired**

- 1. Face the resident who is hearing impaired and on the same level whenever possible
- 2. The light should shine on the speaker's face rather than in the eyes of the hearing impaired
- 3. Speak in a normal voice without shouting or elaborately mouthing words. Words spoken slowly with a lower tone of voice are clearer than those shouted or exaggerated
- 4. Keep hands away from your face while talking
- 5. Do not chew gum, smoke, or eat while speaking
- 6. Remember that everyone, even the hearing impaired, hear less when tired or ill
- 7. Avoid lengthy sentences or sudden topic changes
- 8. The hearing impaired may be very sensitive to loud sounds, even though the individual does not hear faint ones
- 9. Turn the television, radio, or other

	<p>sources of noise volume down if necessary to be heard</p> <ol style="list-style-type: none"> <li>10. If the resident wears hearing aids, check for placement of hearing aids.</li> <li>11. Stand or sit on the side of the better ear</li> <li>12. Say things in a different way if the resident does not appear to understand</li> <li>13. Provide aids such as picture cards, communication boards or notepad</li> </ol> <p><b>c. Speech-impaired</b></p> <ol style="list-style-type: none"> <li>1. Listen and give the resident your full attention</li> <li>2. Ask the resident questions to which you know the answer so you can become familiar with the sound of their speech</li> <li>3. Watch the resident's lip movement</li> <li>4. Watch the resident's facial expressions for clues to the meaning of their communication</li> <li>5. Ask the resident to write down their messages if necessary</li> <li>6. Ask the resident to repeat as needed</li> <li>7. Repeat what you think the message is for clarification</li> <li>8. Provide aids to communication such as picture cards, communication boards or notepad</li> <li>9. Be patient; it is important to encourage resident to speak</li> <li>10. If resident wears dentures, check to see if they are in place</li> </ol> <p><b>d. Physically Impaired</b></p> <ol style="list-style-type: none"> <li>1. Verify the physical impairment with the nurse</li> <li>2. Listen carefully and patiently to resident</li> <li>3. Speak directly to the resident</li> </ol>			
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<p>4. Identify techniques to communicate with non-English speaking residents</p>	<p><b>c. Communicating with the restless, agitated or combative resident</b></p> <ol style="list-style-type: none"> <li>1. Stay calm and use a low-pitch tone of voice</li> <li>2. Avoid agitation with the following approach:             <ol style="list-style-type: none"> <li>a. Show a positive attitude</li> <li>b. Remain calm</li> <li>c. Stay flexible</li> <li>d. Be patient</li> <li>e. Stay neutral</li> </ol> </li> <li>3. Remember emotions are contagious between you and the resident</li> <li>4. Do not use gestures that could startle or frighten the resident</li> <li>5. Stay at a safe distance from the resident and respect need for personal space</li> <li>6. Do not confront or accuse the resident of wrong-doing</li> <li>7. Do not argue or try to reason with the resident</li> <li>8. Ask for assistance to have resident taken away from the triggering event or person to a quiet, controlled space</li> <li>9. Offer reassurance through gentle touch and express support when the resident can hear you</li> </ol> <p><b>4. Communicating with non-English speaking residents</b></p> <ol style="list-style-type: none"> <li>a. Speak slowly and clearly</li> <li>b. Keep messages short and simple</li> <li>c. Be alert for words the resident may understand</li> <li>d. Use gestures, pictures, photos</li> <li>e. Seek the assistance of family members, friends, staff, other residents who speak</li> </ol>			<p><b>Teaching Alert</b></p> <p>Learn or have cards with written</p>
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	the resident's first language f. Be patient and calm g. Avoid using medical terms, abbreviations, slang h. Be alert for signs the resident is pretending to understand			basic words available in the resident's language
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### Standard III.1 Infection Control

The Dining Assistant program subject matter shall contain the basics of infection control, and factors which promote the growth and spread of pathogenic microorganisms.

Objective	Content Curriculum	Hours Class	Title of Teacher	Method of Evaluation Teaching Method
The Dining Assistant trainee will be able to: 1. Identify the basic principle of infection control 2. Define terms related to infection control 3. Identify reasons why infection prevention and control are important	1. Basic principle of infection control a. To reduce the number and hinder the transfer of disease producing micro-organisms from one person to another or from one place to another. 2. Definitions related to infection control: a. Micro-organisms b. Contamination c. Pathogens d. Carrier e. Nosocomial infection f. Infection g. Clean 3. The importance of infection control and prevention a. Micro-organisms are always present in the environment. Some of these micro-organisms can cause disease (pathogens) 1. Names of possible pathogens include: bacteria, streptococcus, staphylococcus, and viruses.			Teaching Alert  Utilize a current text, workbook, and/or handouts for examples of practices.  Teaching Alert  Ask trainees to identify and name micro-organisms.  Teaching Alert

<p>4. Identify ways pathogenic microorganisms are spread</p>	<ul style="list-style-type: none"> <li>b. Elderly people and individuals with chronic diseases are often more susceptible to pathogens</li> <li>c. Reducing the number of micro-organisms and hindering their transfer increases the safety of the environment</li>   <li>d. The actions of the healthcare team are to protect residents, family and staff from infection</li> <li>4. Factors which promote the spread of pathogenic micro-organisms <ul style="list-style-type: none"> <li>a. Lack of hand washing</li> <li>b. Use of artificial nails</li> <li>c. Direct contact with body secretions: <ul style="list-style-type: none"> <li>1) Blood</li> <li>2) Urine</li> <li>3) Feces</li> <li>4) Semen</li> <li>5) Mucous</li> <li>6) Vaginal secretions/excretions</li> <li>7) Wound drainage</li> <li>8) Any other secretion/excretion of the human body except oral secretions and sputum that do not contain blood</li> </ul> </li> <li>d. Indirect contact: Touching objects, dishes, linens, instruments, equipment, tubing, etc., which may contain body secretions</li> <li>e. Through the air by droplets spread from coughing or talking, or by dust particles in the air</li> <li>f. Through a vehicle: Contaminated food, drugs, water, or blood</li> <li>g. Vector borne – Insect bites or stings</li> </ul> </li> </ul>		<p>Refer to current pathogens (flu virus, etc)</p> <p><b>Teaching Alert</b></p> <p>Give examples of specific conditions to illustrate modes of transmission.</p> <p><b>Clinical Alert</b></p> <p>The Dining Assistant trainee should understand the micro-organisms are spread from resident to resident, staff to resident, staff to staff and resident to staff.</p> <p><b>Integrate Into Future Clinical Experience</b></p> <p>Emphasize these practices throughout the course.</p>
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<p>5. Identify diseases which are transmissible through food</p> <p>6. Identify symptoms caused by illness, infection or other source that can be related to food borne illnesses</p>	<p>5. Diseases that are transmissible through food:</p> <ul style="list-style-type: none"> <li>a. Salmonella ssp.</li> <li>b. Shigella</li> <li>c. Escherichia coli</li> <li>d. Hepatitis A virus</li> <li>e. Entamoeba histolytica</li> <li>f. Campylobacter</li> <li>g. Vibrio cholerae</li> <li>h. Cryptosporidium</li> <li>i. Cyclospora</li> <li>j. Giardia</li> <li>k. Yersinia</li> </ul> <p>6. Symptoms of illness, infection or other source include:</p> <ul style="list-style-type: none"> <li>a. Diarrhea</li> <li>b. Fever</li> <li>c. Vomiting</li> <li>d. Jaundice</li> <li>e. Sore throat</li> <li>f. Lesion containing pus or infected wound that is open or draining</li> </ul>			<p>Refer to OAC 3717-01-02.1 (A)(1)(2)  <a href="http://codes.ohio.gov/oac/3717-1-02.1v1">http://codes.ohio.gov/oac/3717-1-02.1v1</a></p>
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### Standard III.2 Practices Which Prevent the Growth and Spread of Pathogenic Micro-organisms

The key to preventing infection is to know and practice techniques which prevent pathogenic micro-organisms from growing and spreading. The Dining Assistant program shall contain subject matter and demonstrations of practices which prevent the growth and spread of pathogenic micro-organisms including:

- Proper hand washing technique;
- Methods to control or eliminate pathogenic micro-organisms on supplies and equipment; and
- The concepts of clean, and contaminated as applied to micro-organisms.

Objective	Content Curriculum	Hours Class	Title of Teacher	Method of Evaluation Teaching Model
<p>The Dining Assistant trainee will be able to:</p> <ol style="list-style-type: none"> <li>1. Identify practices which hinder the spread of infection</li> <li>2. Identify method used to control or eliminate micro-organisms on supplies and equipment</li> <li>3. Discuss reasons for correct hand washing</li> </ol>	<ol style="list-style-type: none"> <li>1. Practices which hinder the spread of infection               <ol style="list-style-type: none"> <li>a. Washing your hands</li> <li>b. Disposing of contaminated articles correctly</li> <li>c. Keeping yourself and the resident clean</li> </ol> </li> <li>2. Methods of controlling microorganisms               <ol style="list-style-type: none"> <li>a. Disinfect</li> <li>b. Sterilize</li> </ol> </li> <li>3. Reasons for correct hand washing               <ol style="list-style-type: none"> <li>a. Everything you touch has micro-organisms on it</li> <li>b. In your work you use your hands constantly</li> <li>c. Your hands carry micro-organisms from resident to resident and from resident to you. Washing your hands will help prevent this transfer of micro-organisms</li> <li>d. Hand washing is the first line of defense against spreading micro-organisms</li> </ol> </li> </ol>			<p><b>Teaching Alert:</b> Hand washing is not specifically mentioned in other parts of the guidelines which describes personal care products. The instructor should re-emphasize the need for hand washing and other infection control practices throughout the course</p> <p>Demonstrate hand washing and practice hand washing technique</p> <p>Emphasize keeping clean and dirty items separate Example: Transport clean trays with cover Don't place used trays with</p>



<p>4. Demonstrate effective hand washing techniques</p>	<p>4. Hand washing routine</p> <ol style="list-style-type: none"> <li>a. Wash your hands before and after contact with each resident</li> <li>b. Use enough soap to produce adequate lather</li> <li>c. Rub soap vigorously over the surface of your hands for 15 seconds (including fingers and wrists) to help remove micro-organisms, per OAC 3701-17-11(D)(1)</li> <li>d. Hold your hands lower than your elbows while washing</li> <li>e. Rinse hands thoroughly under running water with fingertips pointed downward</li> <li>f. Dry your hands with clean paper towels</li> <li>g. Use clean dry paper towels to turn off the faucet</li> <li>h. If hand washing facilities are not readily available use a waterless alcohol based product.</li> </ol>			<p>clean trays</p> <p>Refer to OAC 3701-17-11 Infection Control to teach current licensure rule</p>
<p>5.State the purpose of standard precautions</p>	<p>5.Standard Precautions - Concepts and Terminology of Standard Precautions as identified in the OAC:</p> <p>Each LTCF shall establish and implement appropriate written policies and procedures to assure safe, sanitary and comfortable environment for residents and to control the development and transmission of infections and disease.</p>			<p>Refer to Skill Check List</p> <p>CFR 483.35(i)(2) <a href="http://www.cdc.gov/handhygiene/">www.cdc.gov/handhygiene/</a></p>
<p>6.Demonstrate standard precaution techniques.</p>	<p>6. Each LTCF shall use standard precautions in caring for all residents</p> <ol style="list-style-type: none"> <li>a. At a minimum, individuals working in a LTCF shall wash their hands immediately after patient contact, after removing gloves, after handling potentially contaminated objects and before caring for another patient or resident</li> </ol>			<p>Discuss the proper use of gloves during the feeding process</p>

	<p>b. Place articles contaminated with body substances (including linens) in a container impervious to moisture. Reusable items contaminated with body substances shall be bagged, then sent for decontamination.</p> <p>c. Wear gloves for contact with any resident's body substances, non-intact skin or mucous membranes. The hands shall be washed and gloves shall be changed before contact with another resident or if contaminated.</p>			Refer to skill check list on gloves
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#### Standard IV.1 General Safety Practices and Procedures

The residents of the long-term care facility are largely dependent on the facility staff for the maintenance of a safe environment. Many residents are wheelchair bound, have vision or balance problems and may have problems with confusion. The Dining Assistant Program shall contain subject matter which:

- Presents reasons why safety is important in the long-term care facility;
- Demonstrates techniques and precautions Dining Assistants can take to prevent residents from falling;
- Demonstrates techniques aimed at preventing residents from being burned by hot liquids etc.; and
- Describes or demonstrates techniques to prevent residents from choking or ingesting harmful substances and the procedures to use should a resident choke or ingest a harmful substance.

Objective	Content Curriculum	Hours Class	Title of Teacher	Method of Evaluation Teaching Method
<p>The Dining Assistant trainee will be able to:</p> <p>1. Identify safety concerns in LTCFs</p> <p>2. Identify safety precautions which help to prevent residents from falling</p>	<p>1. Reasons for safety precautions for the elderly</p> <p>a. Mental confusion: Alzheimer's or dementia</p> <p>b. Impaired mobility</p> <p>c. Diminished senses: sight, hearing, touch, taste, smell</p> <p>2. Safety precautions the Dining Assistant should know to help residents prevent falls</p> <p>a. Wipe up all spills immediately</p> <p>b. Notify nurse if resident needs to</p>			<p><b>Teaching Alert</b></p> <p><b>(GIVE DEFINITIONS) of Alzheimer's and Dementia</b></p> <p>Use a current text, or workbook and/or</p>

<p>3. Identify precautions the Dining Assistant should take to prevent residents from being burned</p> <p>4. Identify the safety precautions the Dining Assistant should take to help prevent the resident from choking</p> <p>5. Demonstrate the steps of the Abdominal Thrust procedure</p>	<p>be repositioned in bed, chair or wheelchair</p> <p>c. Keep traffic areas clear of objects and furniture</p> <p>d. Observe the resident frequently</p> <p>e. Make sure the resident's shoe laces are tied</p> <p>3. Safety precautions the Dining Assistant should know to prevent the residents from being burned</p> <p>a. Assist a resident when they are given hot liquids and/or foods to eat or drink (especially if resident is confused or has tremors).</p> <p>b. Monitor carefully any equipment which produces heat when in use (i.e. plate warmers or steam tables). Residents sometimes have decreased sensation and may not feel that the skin is being burned.</p> <p>4. Safety precautions that Dining Assistant should know to help prevent a resident from choking</p> <p>a. Make sure the resident received the accurate and appropriate diet</p> <p>b. Check with the nurse before changing or offering foods that are not on the tray</p> <p>c. Make sure food is cut or chopped in small enough pieces for the resident to swallow</p> <p>d. Notify the nurse if the resident is not positioned properly for feeding</p> <p>e. Alternate solid foods and liquids</p> <p>f. Feed the resident slowly, allowing time for the resident to chew and swallow</p> <p>g. Stop feeding the resident immediately if any problems arise, notify the nurse.</p> <p>5. Abdominal Thrust</p> <p>a. Know universal signs of choking</p> <p>b. Do not leave victim; notify charge nurse immediately;</p> <p><b>Key points to include:</b></p> <p>a. Hand placement</p>			<p>handouts.</p> <p><b>Teaching Alert</b> Use demonstration, modeling and role-playing techniques to describe proper positioning of resident in chair, wheelchair and bed</p> <p>Handout and demonstrate first aid for choking</p>
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<p>6. Identify measures the Dining Assistant should take to prevent ingestion of harmful substances</p> <p>7. Identify measures the Dining Assistant should take should a resident ingest a harmful substance</p>	<p>b. Stance behind person c. Never practice on a LIVE person due to injury to ribs, abdominal organs.</p> <p>6. Precautions the Dining Assistant should take to help prevent ingestion of harmful substances by residents.</p> <p>a. Never leave potentially poisonous or harmful substances in the residents' reach. b. Remove wrappers and packaging from the trays of confused residents c. Monitor the placement of house plants, leaves can be poisonous.</p> <p>7. Measures to take should a resident ingest a harmful substance</p> <p>a. Notify nurse immediately b. Identify the ingested substance, if possible</p>			<p>Refer to skills check list</p>
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### Standard V.1 The Residents' Rights

The Dining Assistant must be familiar with the specific rights enumerated by the Ohio Resident Bill of Rights for residents of long-term care facilities. The Dining Assistant program shall contain a discussion of the resident's rights contained in the Ohio Resident Bill of Rights. A copy of those rights shall be available for the trainee's review.

Objective	Content Curriculum	Hours Class	Title of Teacher	Method of Evaluation Teaching Method
<p>1. Identify legal rights of the resident contained in the Ohio Resident Bill</p>	<p>1. Resident's Rights</p> <p>a. Residents of LTCFs have legal rights. These are enumerated in the ORBR of which must be posted in the LTCF. A</p>			<p><b>Teaching Alert</b></p> <p>The State of Ohio Resident Bill of</p>

<p>of Rights (ORBR)</p>	<p>copy of these rights must be read and signed by each resident and/or legal representative and included in the chart</p> <p>b. Types of rights which are found in the ORBR of which the Dining Assistant should be aware</p> <p>c. Ways to respect residents' rights and dignity</p> <ol style="list-style-type: none"> <li>1) Know the ORBR</li> <li>2) Encourage residents to exercise their rights</li> <li>3) Report infractions to the nurse</li> </ol>			<p>Rights (ORBR) should be used as an example</p> <p><a href="http://codes.ohio.gov/orc/3721.13">http://codes.ohio.gov/orc/3721.13</a></p> <p>Refer back to statement from page 17 – Topic V</p> <p>There is an inherent tension between the need for protection because of impaired function or status and the protection of the resident's autonomy.</p> <p><b>Teaching Alert</b>          Incorporate person centered care training (e.g. resident choice).</p>
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### Standard VI.1 Nutrition and Fluid Needs

Nutrition and fluid needs are essential to maintain and/or restore a resident's sense of well-being. The Dining Assistant program shall contain content which:

- Discusses factors that affect the nutritional state of the resident;
- Explains and provides examples of modified diets;

Objective	Content Curriculum	Hours Class	Hours Clinical	Title of Teacher	Method of Evaluation Teaching Method
<p>The Dining Assistant trainee will be able to:</p> <ol style="list-style-type: none"> <li>1. Discuss factors which affect the nutritional state of the resident</li> <li>2. Name examples of a modified diet</li> </ol>	<ol style="list-style-type: none"> <li>1. Factors which affect the nutritional status of the elderly               <ol style="list-style-type: none"> <li>a. Tooth loss, poorly fitting dentures or a sore mouth</li> <li>b. Loss of muscle control over part of the mouth and throat to include difficulty swallowing</li> <li>c. Diminished hand and arm muscle strength or control from paralysis or tremor</li> <li>d. Diminished sense of smell, taste, and vision</li> <li>e. Decreased activity resulting in a decreased requirement for calories</li> <li>f. Serving foods the resident may not like</li> <li>g. Mood and behavior problems</li> <li>h. Pain and/or discomfort</li> </ol> </li> <li>2. Modified diets               <ol style="list-style-type: none"> <li>a. Low sodium and salt restricted                   <ol style="list-style-type: none"> <li>1) Contains limited amounts of food containing sodium (Na) and salt. No salt used in cooking. No salt at the table or on the tray. Salt substitutions may be</li> </ol> </li> </ol> </li> </ol>				<p>Discuss culture and religious influences</p> <p><b>Teaching Alert</b></p> <p>Some dietary departments prepare all food without added salt.</p> <p>Explain the use of dietary tray cards</p>

<p>3. Identify the Dining Assistant's responsibility for residents who require a therapeutic diet</p> <p>4. Describe the role of the dietary department in providing nutrition for the resident</p>	<p>used by some residents</p> <p>2) Used for residents with fluid retention, heart or kidney disease</p> <p>b. Diabetic diet/carbohydrate controlled</p> <p>1) Contains a balance of carbohydrates, protein, and fat according to individual needs. Designed to be as similar to regular diet as possible</p> <p>2) Used for residents with diabetes/pre-diabetes. Food intake is balanced with the insulin need. Residents should eat only food which is part of the diet and should be encouraged to eat all the food served to them</p> <p>c. Other diets as needed</p> <p>1) Mechanical soft</p> <p>2) Pureed</p> <p>3. A resident may require a therapeutic diet, which is prescribed by the physician or other licensed health professional acting within their scope of practice, and planned by the dietitian</p> <p>a. Do not interchange food from one resident's tray to another</p> <p>b. Report resident's request for diet substitutions to the nurse</p> <p>4. Responsibilities of dietary in providing nutrition for the resident</p> <p>a. It is the responsibility of the dietary or food service dept. to plan the</p>				<p>Review the importance of dietary control.</p> <p>Explain that specific foods are not forbidden to diabetic residents, but that the total intake must be balanced and avoids concentrated sweets.</p> <p><b>Teaching Alert</b></p> <p>Report intake deficits to the charge nurse so appropriate substitutions may be made if necessary</p> <p>Communicate with dietary department for review of diets that may be seen during clinical experience</p> <p>Discuss appearance of pureed and common types of pureed foods</p> <p><b>Teaching Alert</b></p> <p>Incorporate person centered care practices into the dietary department's role of providing</p>
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<p>5. Identify the importance of adequate hydration</p> <p>6. Describe methods to encourage fluid intake</p>	<p>meals for all residents</p> <p>b. The diet should be balanced and have adequate nutrients to meet the resident's needs</p> <p>c. The food should be prepared and presented in a form which the resident can manage.</p> <p>d. The food should be presented in a manner which is visually appealing</p> <p>e. Infection control procedures need to be followed</p> <p>f. Tray cards provided by dietary</p> <p>    1) identifies type of diet (e.g. regular, soft, puree, low sodium, etc...)</p> <p>    2) identifies likes and dislikes</p> <p>    3) identifies food allergies</p> <p>5. Importance of adequate liquid intake:</p> <p>a. Helps prevent constipation and urinary incontinence</p> <p>b. Helps dilute wastes and flush out urinary system</p> <p>c. Helps maintain skin turgor</p> <p>d. May help to prevent confusion</p> <p>6. Methods for adequate fluid intake</p> <p>a. Offer water to the resident each time you feed a resident</p> <p>b. Be aware of resident preferences for various fluids (juices, water, milk)</p> <p>c. Some residents prefer fluids without ice</p> <p>d. Snacks of juice and other fluids may be distributed between meals</p> <p>e. To encourage a resident to drink fluids, one should offer small amounts frequently</p>				<p>nutrition for the resident (e.g. food preferences, meal times and alternate meal choices).</p> <p>Demonstrate the use of assistive devices in the clinical setting</p> <p><b>Teaching Alert</b></p> <p>Reinforce the need for hand-washing to maintain cleanliness.</p> <p>Instructor may choose to invite a dietitian to speak to class on the responsibility of dietary to meet the resident's nutrition needs.</p>
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					<p><b>Teaching Alert</b> Incorporate person centered care techniques (e.g. fluid preferences and fluid temperature).</p> <p><b>Teaching Alert</b> Use current textbook, workbook and/or handouts as a reference. See bibliography.</p>
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### Standard VII.1 Mealtime

Many residents of long-term care facilities will need assistance at mealtime. The Dining Assistant program shall discuss ways to promote a positive atmosphere at mealtime by:

- Identifying devices and techniques to assist a resident to maintain independence while eating;
- Identifying proper techniques for feeding residents;
- Discussing ways to identify and demonstrate ways to intervene with a choking victim;
- Discussing why a resident needs to receive a therapeutic diet;
- Clarifying the role of the dietary department in providing nutrition for the resident; and
- Emphasizing the importance of hydration and how to encourage fluid intake.

Objective	Content Curriculum	Hours Class	Hours Clinical	Title of Teacher	Method of Evaluation Teaching Method
The Dining Assistant trainee will be able to: 1. Discuss how to pro-	1. Promote a positive atmosphere at mealtime. This is probably the most important social function of the				<p><b>Teaching Alert</b></p> <p>Use current textbook, workbooks</p>

<p>mote a positive atmosphere at mealtime</p> <p>2. Identify devices and techniques which may be used to help the resident maintain independence while eating</p>	<p>resident's day. Dignity must be preserved and independence encouraged</p> <ol style="list-style-type: none"> <li>a. The resident should be physically comfortable. (Positioning, empty bladder, dry clothing, etc.) Ask for nursing assistance for positioning</li> <li>b. The surroundings should be pleasant and comfortable</li> <li>c. The social aspect of mealtime should be considered</li> <li>d. Whenever possible, the Dining Assistant should express positive attitudes regarding the mealtime experience</li> <li>e. Have conversation only with the resident during feeding. It is important not to carry on casual conversation with other staff members without including the resident.</li> </ol> <p>2. Devices and techniques to help resident with eating</p> <ol style="list-style-type: none"> <li>a. Provide food in a manageable form (i.e., bread is buttered, meat cut only when necessary)</li> <li>b. Visually impaired residents may require assistance in locating food and utensils. The numbers of a clock are used to help visually impaired residents</li> <li>c. Special eating devices, such as a plate guard or adapted spoon to aid handicapped resident in self-feeding may be used</li> </ol>				<p>and/or handouts as resources. See bibliography.</p> <p><b>Teaching Alert</b>          Incorporate person centered care techniques (e.g. minimize the use of trays, clothing protectors, discourage standing while feeding the resident and discourage the use of terms such as feeder).</p> <p><b>Teaching Alert</b>          Describe how to assist visually impaired residents.</p> <p>Describe safe food handling</p>
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<p>3. Describe and demonstrate how to feed a resident</p>	<p>3. Feeding a resident</p> <ol style="list-style-type: none"> <li>a. Allow time for prayer if requested</li> <li>b. Sit facing the resident</li> <li>c. Check items on resident's tray with the dietary card</li> <li>d. Help prevent choking by maintaining proper body alignment</li> <li>e. Ask resident if they would like a napkin, clothing protector or towel to protect clothing.</li> <li>f. Tell the resident what food and fluids are on the tray</li> <li>g. Offer food &amp; fluids according to resident's choice</li> <li>h. Offer fluids during the meal; fluids help resident chew and swallow</li> <li>i. Offer to wipe the resident's hands and face during the meal as needed</li> <li>j. Spoons should be used if necessary because they are less likely to cause injury and should be no more than 1/3 full. Check to be sure the mouth is clear before offering more food.</li> <li>k. Encourage the resident to help by having them hold finger foods</li> <li>l. Season foods according to the resident's preference but not in opposition to prescribed diets</li> <li>m. Maintain separate flavors of foods. Do not stir all foods together before feeding</li> <li>n. Identify the foods as you feed them to the resident: "This is mashed potatoes. Now, I'll give you some meatloaf."</li> </ol>				<p>An occupational therapist or dietitian may be able to provide examples of adaptive eating devices.</p> <p>Provide adaptive devices.</p> <p><b>Teaching Alert</b> The students may role play this experience</p> <p><b>Skills check list for feeding</b></p> <p><b>Skill check list for passing trays</b></p> <p>Student should adapt facing the resident based upon the resident's physical needs</p>
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<p>4. State how to identify a choking victim</p>	<ul style="list-style-type: none"> <li>o. Feed hot foods and liquids cautiously to prevent injuring the resident</li> <li>p. Allow adequate time for the resident to chew thoroughly</li> <li>q. Alternate liquids and solids as the resident prefers</li> <li>r. Watch carefully to see that the resident swallows</li> <li>s. Cut food into bite size pieces, per resident choice</li> <li>t. Open cartons/condiment packs for the residents if they are unable to do so</li> <li>u. Observe, report and record food and fluid intake as directed by nurse</li> <li>v. Report to the nurse when the resident is having difficulty using a straw or cup.</li> <li>w. Notify nurse if resident refuses to eat or if alternate food is requested</li> </ul> <p>4. How to identify and intervene with a choking victim</p> <ul style="list-style-type: none"> <li>a. Cannot speak</li> <li>b. Cannot breathe, gasps for air</li> <li>c. Turns blue</li> <li>d. Collapses if obstruction is not removed</li> <li>e. Intervention: <ul style="list-style-type: none"> <li>1) Get help immediately – time is of the utmost importance</li> <li>2) Perform the abdominal thrust if indicated</li> </ul> </li> </ul>				<p>Discuss way to identify whether food is too hot or has become too cool</p> <p><b>Teaching Alert</b></p> <p>Residents with dementia may be distracted during meals, difficult to sit long enough to eat meal or may throw or spit food</p> <p><b>Teaching Alert</b></p> <p>Follow facility guidelines for monitoring food and fluid intake</p> <p><b>Teaching Alert</b></p> <p>Show picture of choking victim</p> <p>See Standard IV.1</p>
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