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INTRODUCTION AND WELCOME

It is with great pleasure that we welcome you to In-Home Supportive Services (IHSS).

The IHSS Public Authority was established in 2000, as the employer of record for the IHSS caregivers in Sacramento County. Our many services include: negotiating wages and benefits, caregiver recruitment, conflict resolution, benefits administration, training, provider registration, Department of Justice (DOJ) and registry services.

We are a people-oriented agency, caring about both the IHSS consumers and the IHSS caregivers. We invite your suggestions for improving IHSS and Public Authority services and urge you to be committed to quality in your work.

The goal of the Public Authority is to enrich the lives of IHSS consumers and caregivers by assisting elderly and disabled consumers to remain safe and independent, in their own home, and by promoting the professionalism of caregivers.

Please feel free to call, fax, or e-mail the Public Authority with your questions or comments, as they will be much appreciated.

Sincerely,

The Public Authority Staff

Purpose of the Caregiver Handbook

The purpose of the caregiver handbook is to provide In-Home Supportive Services caregivers with a valuable source of information to be used as a training guide and as a reference tool. This handbook was created as an ongoing resource for caregivers.

In creating this handbook, it was envisioned that caregivers would incorporate additional information and resources acquired through training classes. Feel free to add handouts from other training classes, and use the handy “Notes” section on the back of each divider page.

As you read through a section, you will notice icons in the margins that look like this.



Caregiving Tips

These icons will guide you to specifics about the care of different diseases or conditions that will protect both you and your consumer.

The caregiver handbook contains useful information that you can use to further your education and skills as a professional caregiver.

Acknowledgements

The Sacramento County In-Home Supportive Services Public Authority wishes to thank the Washington State Department of Social and Health Services for their comprehensive and excellent learning guide entitled the Revised Fundamentals of Caregiving. We generated ideas and modeled our handbook based on their tremendous work. The staff at Washington State Department of Social and Health Services generously gave us permission to reprint their ideas and materials for use in the Sacramento Caregiver Handbook.





In-Home Supportive Services (IHSS)

Philosophy

In-Home Supportive Services (IHSS), by design, is a consumer directed program. This means that consumers make decisions about their own lives. Consumer services are assessed and authorized by a county social worker. Consumers, acting on their own behalf as the employer, decide whom they hire or fire, when they receive the services, and provide training to caregivers on how they want the authorized services performed. Consumers play an active role in their own care plans, and are responsible for providing annual updates to their social workers regarding changes in health and service needs. This approach offers consumers decision-making responsibilities, which fosters independence.

The philosophy of consumer direction is based on a social model rather than a medical model. The program is designed to rely on the social workers' assessment of activities of daily functioning, rather than the consumer's medical issues. The social model, unlike the medical model, allows consumers to make decisions about their care, rather than being advised who will provide care to them and when care will be provided.

An ethical, professional caregiver supports consumer direction by:

- Recognizing consumers as individuals
- Promoting consumers' autonomy (independence)
- Providing mindful caregiving, and
- Conducting oneself in a professional manner

Mission

The main goal of the In-Home Supportive Services program is to foster the independence of elderly and disabled persons, so that they are able to remain in their own homes safely.



Eligibility for IHSS Services

Anyone who recognizes that a person is in need of in-home assistance may refer a prospective consumer to IHSS. Once a referral is received, an IHSS social worker assigned to the case conducts an initial assessment to determine the applicant's need for IHSS services. The determination will take into consideration the applicant's medical condition, living arrangement, and resources that may already be available.

Once eligibility has been established, IHSS can assist a consumer with locating a caregiver. A friend or relative may serve as a caregiver, or a referral list may be obtained through the IHSS Public Authority Caregiver Registry.

Once a caregiver is selected, the consumer becomes the supervisor and is responsible for interviewing, training, supervision and signing time sheets. The caregiver will receive payment through IHSS. In some circumstances, the IHSS consumer is responsible to pay a share of cost (pay a portion) for IHSS services.

Working together, IHSS, the IHSS Public Authority, and the caregiver ensure that each consumer is able to remain in familiar surroundings – safely, comfortably, and with as much independence as possible.

Who is eligible for IHSS?

- Disabled
- Blind
- 65 years of age and disabled
- Unable to live safely at home without help
- Qualify based on financial resources



How is eligibility assessed?

- Social workers determine **eligibility** through initial “needs assessments” and re-assessments.
- Social workers determine **types and the amount** of services to authorize (eligibility criteria is based on state law). A Notice of Action (NOA) is sent to the consumer indicating how many total monthly hours have been assessed and how much time is authorized for each task.

Authorized services may include:

- Personal care (dressing, bathing, feeding, toileting)
- Paramedical services (help with injections, colostomy, and catheter care under the direction of licensed medical professional)
- Housecleaning
- Cooking
- Shopping
- Laundry
- Accompany a consumer to doctors appointments

Steps to apply for IHSS Services

- The prospective consumer, family member, or friend calls the In-Home Supportive Services program at (916) 874-9471.
- An IHSS social worker will screen information over the phone that will require approximately 15 to 20 minutes.
- The social worker will ask questions, for example, the nature of the disability and income level.
- The enrollment process may take several weeks before services begin, unless there is a need for hospice (care for someone who is terminally ill) or the consumer is in the hospital.
- After the telephone screening, a social worker will make a home visit to determine what types of authorized services and the amount of hours needed for a prospective consumer.
- The social worker sends the consumer a determination of eligibility and Notice of Action detailing authorized services.



The following section describes the services that can be authorized by the IHSS social worker. The social worker will authorize services based on each consumer's needs and level of functioning to maintain safely at home. During the initial IHSS assessment and reassessment with the consumer, the social worker will evaluate and specify in the Notice of Action (NOA) services that are needed for each consumer. The NOA is an individualized care plan for the consumer that lists the types of services and the number of hours authorized by the social worker.

Domestic Services Include:

- Sweeping, vacuuming, mopping floors
- Washing kitchen counters and sinks
- Cleaning bathroom (sink, tub/shower, toilet, floor)
- Grocery shopping
- Taking out garbage
- Dusting furniture
- Cleaning stove and oven
 - Cleaning refrigerator
 - Changing bed linen and making the bed



Note: The consumer provides all of the cleaning solutions and equipment. If these items are not available, discuss the needs with the consumer.

Personal Care Services That May Be Needed Include:

1. Bowel and bladder care

- Emptying and cleaning of commode
- Assistance with emptying catheter or colostomy bag
- Assistance with bed pan
- Diaper use
- Changing of rubber sheets
- Assisting with getting on and off the toilet or bedside commode



2. Consumption of food

- Feeding or assisting feeding a consumer who is unable to feed himself or herself

3. Routine bed baths

4. Dressing

5. Routine menstrual care

- Limited to application and removal of sanitary napkins and external cleaning

6. Transferring into and out of bed or chair

7. Tub bathing

8. Oral hygiene

- Brushing teeth or dentures

9. Grooming

- Brushing/combing hair
- Shaving – only with electric razor
- Fingernail and toe nail clipping (caregiver should not clip nails of someone with diabetes)



NOTE: If you are uncomfortable doing a personal care function, or need training, please contact the IHSS Education Line at (916) 876-5173 to hear about training opportunities.

Medications/Medical Services:

- Caregivers may administer medication, apply ointments or provide medical services, including paramedical services, only under the direct supervision of the consumer's health care professional, doctor, nurse or health practitioner for the protection of the caregiver and the consumer.
- You may fill Medi-sets (pill organizers).
- You may remind a consumer to take medications.
- You may hand the container to the consumer, and assist in opening it.

Shopping:

- Usually authorized for only one time a week
- Ask consumer to prepare a shopping list (you may assist with this).
- Make sure you understand exactly what the consumer wants (brands, sizes).
- You should not substitute items unless the consumer has given you permission to do so.
- Shop at the nearest supermarket, if possible.
- If consumer gives you a check, fill it in for the amount of the purchase only. Give the receipt to the consumer when you return.
- Always put the groceries away.



Laundry:

- Usually authorized once a week.
- If the consumer does not have laundry facilities, use the nearest Laundromat.
- You should not leave clothes unattended.
- Laundry service includes washing, drying, folding clothes and putting them away. Mending and ironing up to 15 minutes per week may be allowed. You should not wash cleaning cloths with the consumer's clothes.



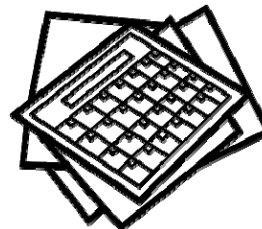


IHSS Caregiver Employment Information

Caregiver Employment Information

Wages and Timesheets

- Wage is **\$10.40** an hour (as of 1-1-07)
- Two pay periods per month
- **1st** through the **15th** of the month
- **16th** through the **end** of the month.
- Timesheets are due on or after the last working day of the pay period
- **Do not** turn in your timesheet **early**, early timesheets will be returned to you causing a delay in receiving your paycheck
- **Do** turn in your timesheet within 3 days after the end of the pay period

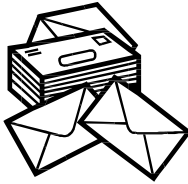


Your regular time sheet is printed by a computer and should have the following information already printed on it:

1. The pre-printed recipient (consumer) number and the provider (caregiver) number
2. The name and address of both you and the consumer
3. The dates of the pay period (including month and year), and the number of hours you are authorized to work in that pay period
4. The number of service hours authorized for the consumer
5. Any reduction in your check resulting from a prior overpayment
6. The mailing address for Sacramento County Department of Health and Human Services
7. Signature line for both the consumer and the caregiver



Timesheets



Timesheets may only be mailed to the address listed below. There are **NO** timesheet drop off locations available.

Sacramento County DHSS
P.O. Box 269131
Sacramento, CA 95826

- Timesheets received **after 3:00 pm** will be processed the **next** working day.
- Your paycheck will **arrive about 10 days** after the timesheet is **received**.
- Information regarding the issuance of your **paycheck** will be available after the **10-day** processing period. Do not call payroll during this time period, they are busy processing 20,000 timesheets.
- If your paycheck is **stolen** or more than **10** calendar days **late**, call the payroll office to get instructions for receiving a replacement check.
- Direct deposit is available. Contact payroll or the IHSS Public Authority to request forms.

Timesheet Tips

If you fill out your timesheet correctly and submit it on time, you will receive your pay within 10 working days. An incorrectly completed, torn, or unreadable timesheet, or a timesheet turned in too early or too late, will be rejected by data processing, and delay your check.

Here are some tips to help you avoid timesheet problems

Use black or blue ink **only** to write the hours worked. Numbers must be readable.

Sign and date the timesheet in ink (both you and the consumer).

Tear off the "Statement of Earnings and Deductions" before mailing.

Write the number of hours worked in the boxes under the dates.

Check to make sure the hours you report for the days worked during the pay period are equal to, or less than, the hours authorized for that pay period.

Fill in the number of hours you worked each day of the pay period on the day you work.

Avoid crossing out or changing identification boxes (the place where your name and the name of the consumer you work for is written) at the top of the timesheet. A new time sheet must be obtained from the Sacramento County In-Home Supportive Service payroll office.

Send questions or inquiries to your Social Worker in a separate envelope.

Date and send the timesheet only after hours are worked.

Claim only 50% of hours in the first half of the month.

Cross out mistakes and write in the correct information. Ask the consumer to initial the correction. Do not fix mistakes with correction fluid or correction tape.

Mail timesheets as soon as possible after the 15th and end of each month.

IHSS Timesheet															
Recipient Number <p style="text-align: center;">Roger Recipient</p> Address Change Yes ... Write new address on reverse side								Provider number <p style="text-align: center;">Paul Provider</p> Address Change Yes ... Write new address on reverse side							
August 2003 employer service hours are <u>50</u>															
Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Hours Worked		3.1		4.3		3		3.5		4.1		3.8		3.2	
Fill in hours for each day worked and place total here ...25.0.....															
Share of Cost Liability \$0.00				Other Liability				Provider Overpayment							
"Do not sign unless you have read and understood instructions above."															
Sacramento County DHHS P.O. Box 269131 Sacramento, CA. 95826								Recipient Signature				Date			
								Provider Signature				Date			
								After work has been completed, sign, date and mail to this address.							

TOTAL AVAILABLE HOURS TO BE WORKED

WRITE YOUR DAILY HOURS WORKED HERE

THE RECIPIENT IS RESPONSIBLE FOR PAYING YOU THIS AMOUNT

IHSS PAYROLL MAILING ADDRESS

DON'T FORGET TO SIGN AND DATE YOUR TIMESHEET

Record hours in tenths

- | | |
|----------------------|-----------------------|
| 1 - 6 minutes = .1 | 31 - 36 minutes = .6 |
| 7 - 12 minutes = .2 | 37 - 42 minutes = .7 |
| 13 - 18 minutes = .3 | 43 - 48 minutes = .8 |
| 19 - 24 minutes = .4 | 49 - 54 minutes = .9 |
| 25 - 30 minutes = .5 | 55 - 60 minutes = 1.0 |

Example: If you work 1 hour and 42 minutes you should write "1.7".

Share of Cost

Some consumers are eligible to receive IHSS, but if their income exceeds SSI levels, they must pay for a portion of their care, or a “share of cost.”

- The share of cost amount is **paid directly by the consumer to the caregiver**. The consumer and caregiver will receive a letter stating what the share of cost will be for that month.
- IHSS is not responsible to reimburse any unpaid share of cost. The consumer can be terminated from IHSS if they refuse to pay their share of cost. Notify the IHSS social worker if the consumer refuses to pay their monthly share of cost.



Provider Enrollment Form

Every person who becomes an IHSS provider must sign a provider enrollment agreement attesting that they will provide care in the manner described by program regulations and verifying that they have not been convicted of any crimes that would disqualify them from being a caregiver or have to be disclosed to the recipient prior to their being hired. There are additional criminal restrictions for caregivers who wish their names to be included on the IHSS Public Authority Caregiver Registry. A complete list of disqualifying offenses is available at the IHSS Public Authority office or can be found on the IHSS Public Authority website at www.sacihsspa.net.



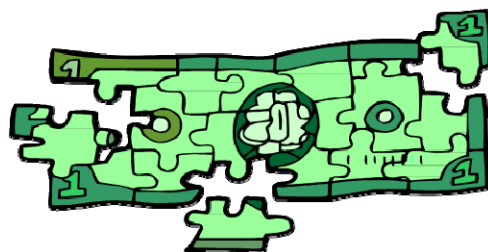
Paycheck Deductions

FICA

There is deduction from your paycheck for Social Security, which is referred to as FICA. Social Security benefits are available to individuals who are 18 years or older. As an IHSS employee (with the exception of a parent provider of a minor dependent child), if you become totally disabled or retire and meet certain requirements, these benefits are available to you. They include a monthly retirement or disability payment to you or your dependents. You should contact your local Social Security Administration Office for information and/or to apply for social security.

Medicare Tax

Medicare is the health and medical benefits received as part of the total social security benefits package. In the past, the Medicare tax deduction was part of the FICA tax deduction. Federal law now requires that the tax and the amount deducted be reported separately. Questions about this tax should be directed to the Social Security Administration. (Note: this deduction does not mean you are receiving Medicare benefits.)



State Disability Insurance (SDI)

State Disability Insurance benefits are available to you if you become disabled and are prevented from doing your regular work and you meet certain eligibility requirements. There is a deduction from your paycheck for SDI. SDI benefits are available for a maximum of 52 weeks. You should contact your local Employment Development Department office for information and/or to apply for SDI.

If you are the parent, spouse, or child of the person you are providing services to you may choose to participate in the SDI program by applying for Elective State Disability Insurance. The forms for Elective SDI coverage are available from the county social service worker. If you elect this optional coverage, the cost will be deducted from your paycheck. All other IHSS caregivers are automatically covered for SDI if they have IHSS quarterly wages in excess of \$750.00.

Unemployment Insurance (UI)

Unemployment Insurance (UI) benefits may be available to you if you are not the parent or spouse of your IHSS employer/recipient and become unemployed, able and available to work and you meet certain eligibility requirements. There is no deduction from your paycheck for UI. You should contact your local California Department for Employment Development Department (EDD) office for information and/or to apply for UI.

Income Tax

W-4

You may have state and federal income tax withheld from your paycheck, if you apply and meet certain eligibility requirements. Income tax withholding for individual caretakers is strictly voluntary. If you wish to have state and federal income tax withheld from your paycheck, please complete the Income Tax Withholding Form (W-4) and mail it to:

P.O Box 269131
Sacramento, CA, 95826-9131

If you do not have state or federal income tax withheld from your paycheck, you are still required to file a tax return at the end of the year and possibly pay taxes on your earnings. You should contact payroll if you require additional W-4s, need to change your withholding, or need to determine the status of your withholding.

You may contact your local California Franchise Tax Board (FTB) office for additional information about state income tax withholding. You may contact your local Internal Revenue Service Office (IRS) office for additional information about federal income tax withholding.

Form W-4 (2011)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>		
B	Enter "1" if: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 2em; vertical-align: middle;">{</td> <td> <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. </td> </tr> </table>	{	<ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u> </u>
{	<ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 				
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>		
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>		
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>		
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit	F	<u> </u>		
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children 	G	<u> </u>		
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>		

For accuracy, complete all worksheets that apply.

{	<ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.
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Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2011</div>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 <u> </u>	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ <u> </u>	
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7 <u> </u>		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form W-4 (2011)

Workers Compensation

What is Workers Compensation?

Workers' Compensation is an "insurance that your employer is required by law to carry to help you in case you are injured on the job or become ill due to your job." Workers' Compensation covers work related injuries and illnesses only.

What do I do if I am hurt on the job?

- Seek medical attention from an authorized Workers' compensation doctor.
- Then, notify your consumer's IHSS social worker describing the injury and when and how it happened.
- Obtain a Workers' Compensation claim form from the consumer's IHSS social worker. Complete and Submit.



Options for locating a Workers' Compensation Doctor

1. Worker's Compensation Claims are reported to the Customer Service Center:
Phone (888) 222-3211
Fax (800) 371-5905
2. Mailed Forms are sent to the Processing Center:
CPC Fresno
P.O. Box 65005
Pinedale, CA 93650-5005
3. Pre-designate your personal physician prior to making a Worker Compensation claim. Contact payroll if form is not on file.

*** In an emergency, go to the nearest hospital.

What is the Earned Income Credit (EIC)?

The Earned Income Credit (EIC), also known as the Earned Income Tax Credit (EITC), is a federal program that provides a credit or a cash supplement to low and moderate-income workers who qualify. For those who are eligible, the EIC will do one of two things. Either it will lower the amount of tax owed to the federal government for the prior year or it will result in receiving a check ("refund") from the government. If you qualify, you will either owe less in taxes or you may get additional cash from the government.

To qualify for the EIC (qualifications for 2008 tax year):

- You (or your spouse) must have a job and file a federal tax return to the IRS. There are additional rules and restrictions as well.
- Workers with no children must have earned income below \$13,440 (\$16,560 if filing jointly); workers with one child must have an earned income below \$35,463 (\$38,583 if filing jointly); and workers with two or more children must be below \$40,295 (\$43,415 if filing jointly).

Claiming the EIC will not affect your eligibility for other programs such as:

- TANF
- Medicaid (MediCal)
- SSI
- Food stamps
- Housing assistance

However, if you receive an Earned Income Credit payment and fail to spend it in a certain period of time, it might be counted as an asset and affect your eligibility for these other programs. Immigrants who are legally authorized to work may also claim the EIC.

Union Representation / Dues

What is SEIU/UHW?

SEIU UHW - West represents IHSS caregivers.

The union works to improve caregivers' wages and benefits.

Advocates for caregivers in issues that affect their employment and negotiates health and dental care benefits.

Union Dues

Union dues or fair share service fee is 2% of the caregiver's gross pay. The minimum basic dues or fee is \$32.00 with a maximum of \$35.98 depending on the number of hours worked per month.

If the caregiver chooses to donate \$5.00 per month to the Committee on Political Education fund (COPE) that amount will be deducted in addition to the union dues. The deduction amount will increase if the monthly premium for health benefits is added to the basic amount.

What is "Fair Share Service Fee"?

"Fair share service fee" is the fee that is paid by caregivers who do not want to be a union member. Union dues will still be withdrawn, but caregiver will not be allowed to vote, hold union office or attend union meetings. Paying the fair share service fee entitles the caregiver to union representation in his/her employment relationship with the IHSS Public Authority.

What is a conscientious objector?

A caregiver may qualify as a conscientious religious objector if he/she can present a written declaration to the Union and Public Authority showing he/she is a member of a bona fide religion, body, or sect, which has historically held a conscientious objection

to joining or financially supporting any employee organization as a condition of employment. Instead of paying union dues, the sum equal to the agency shop is deducted and contributed to one of three non-religious, non-labor, tax-exempt charities agreed to by the parties. These charities are: American Cancer Society, Sacramento's Children's Home, WEAVE, Inc. If you have any questions about union dues, fair share, conscientious objectors or COPE contributions, please contact United Healthcare Workers-West at:

SEIU-UHW
1911 F Street
Sacramento, Ca 95814

(916) 326-5850
www.seiu-uhw.org

Caregiver Health Benefits

Caregivers who work and are paid for at least 85 hours for three (3) consecutive months are eligible to apply for health benefits coverage. A medical benefits plan is provided through Kaiser Permanente, and dental benefits are provided through



United Health Care. *Applications are automatically sent* from the Health Care Trust when a caregiver first becomes eligible. For more information, contact the Health Care Trust at 1-800-824-3316.

There are a limited number of caregivers that can be enrolled in the health benefits program in any month, and that limit has been reached. New applicants are put on a waiting list based on the date their application is received. As space becomes available, eligible caregivers will be notified of their effective date for coverage. Caregivers must continue to meet the eligibility requirements through the time of enrollment.

Can spouses or dependents enroll?

No. Benefits are available only to Sacramento County IHSS caregivers who meet eligibility criteria. Spouse and/or dependent coverage is not available. Healthy Families offers low-cost coverage for dependent children of low-income families. You can contact Healthy Families staff at (800) 880-5305 or at www.healthyfamilies.ca.gov.

What if I already have health coverage?

If you have coverage now, please compare the plans, co-payments and costs, and decide the best plan for you. You may apply for the Kaiser Plan even if you already have coverage from another carrier.

Medi-Cal is comprehensive health coverage that is provided to eligible individuals, generally without having to make any monthly contribution. Generally, Medi-Cal does not require a co-payment when using a service. If you have Medi-Cal, you should compare costs, co-payments and service delivery systems to decide whether or not you want to switch plans.

What if I don't want to apply?

If you do not want to apply, you do not need to do anything.

What must I do to maintain eligibility?

At the time you are notified that space is available and you have been enrolled, you must continue to work and be paid a minimum of 85 hours per month. If worked and paid hours fall below 85 hours for three months in a row, coverage will be terminated. In this case, you may be eligible for caregiver-paid coverage under COBRA.

Caregiver Responsibilities



Ethics of the Professional Caregiver

As a professional caregiver, you are responsible for:

Recognizing a consumer as an individual

- Find out and follow a consumer's likes and dislikes.
- Ask how the consumer wants things done.
- Get to know and follow a consumer's routines.
- Become aware of a consumer's cultural Preferences.



Promoting a consumer's autonomy (independence)

- Be knowledgeable and respectful of consumer's rights.
- Promote and work with consumer to ensure highest level of functioning.
- Encourage consumer's choice.
- Ensure consumer participation in all care decisions.
- Maintain a consumer's privacy and dignity.

Providing mindful caregiving

- Balance the skill and art of caregiving by following the consumer's authorized service plan (Notice of Action).
- Observe the consumer closely, watching for changes in mental, emotional and physical behavior.
- Report changes with care and accuracy to team members (social worker, family members, and doctors) as necessary.

Professional Caregiver Conduct

- Be reliable and considerate of the consumer.
- Cooperate with team members.
- Be effective and efficient with time and supplies.
- Follow procedures.
- Wear clothing that is appropriate, neat and clean.
- Leave personal problems at home.
- Do not borrow or ask for a financial loan.
- Do not ask for consumers medication or offer your own medication to consumer.



What is Confidentiality?

Confidentiality simply means a promise not to disclose any personal information about your consumer's health, finances, family members, etc. to a third party.

Confidentiality Agreement

As part of your employment, it is good to put together a confidentiality agreement. The following wording is an example of the wording in a confidentiality agreement:



"I understand that it is my responsibility to keep confidential any medical, financial, family, or personal information concerning the IHSS consumer. I will not divulge any information which may identify the consumer or his/her family or which may cause embarrassment to his/her family. I will not give out the consumer's name, address or phone number."

The consumer is also responsible to respect the IHSS caregiver's right to privacy and confidentiality.

Confidentiality Tips

- Information given to you about the consumer should never be casually shared with another person, except for reporting abuse or dangerous situations to the police or adult protective services. Confidentiality is protected under the California Welfare & Institutions Code Section 10850. Violation of a consumer's confidentiality is punishable by a fine and/or imprisonment.
- If the consumer shares family problems or concerns, it is good to stay neutral and not take sides.

Trust and Respect

Trust is important in any healthy relationship, because with it comes openness, sharing, and growth. For a frail, elderly or disabled person, who has sustained many losses, trust is especially important. Losses can cause a person to turn inward and replace what was once confidence with fear. You can help to reverse this trend by building trust.

Here are some tips to follow as you encourage a trusting relationship:

- Decide on a mutually good time for your work schedule prior to starting work.
- Follow the consumer's instructions.
- Be dependable; call as soon as possible if you cannot come to work.
- Respect the privacy and individuality of the person.
- Do not start anything you are not prepared to carry through.
- Be honest about your limits.
- Respect consumers, calling them by their last name unless asked to call them by their first name.
- Advise the consumer of the name you would like to be called to help the consumer get to know you.



Communicating with an IHSS Consumer



Always use your best communication skills when talking with a consumer.

- Take time to learn more about your consumer.
- Discover their favorite foods, clothes, games, music, animals, recipes, or memories. Include these favorites in conversations when you are doing approved activities.
- Learn what your consumer likes to be called and use that name.
- Listen and show respect for your consumers concerns.

Take time to understand ways a consumer interprets communication:

- His/her preferred ways of greeting
- How (or if) they express emotions
- His/her use of humor
- His/her perception of time and punctuality
- How he/she uses and interprets body language

Getting Started

There are many reasons you or your consumer might need help in getting good communication started.

- You and your consumer may need to get to know each other.
- You will be helping with personal care and that requires talking about private matters.
- Your consumer may not want to be reminded about all the things he/she can no longer do.

Setting the Pace

Pace your words when speaking to a consumer. The consumer may need time to process the information you are giving. Find a pace that is comfortable for the consumer. Watch for his/her facial expressions and feedback that show you he/she fully understands what you are saying. When in doubt, ask.

“Please let me know if I am going too fast. I will be happy to slow down.”

If a consumer has trouble hearing

- Get a consumer’s attention verbally or by touch.
- Position yourself so the consumer can see you.
- Speak slowly and form words carefully.
- Raise the volume of your voice if necessary.
- Use simple sentences.
- Reduce background noise and distraction as much as possible.
- Use gestures and facial expressions to help explain.
- Check to make sure the consumer has understood what you said.



If the consumer has trouble talking

- Ask questions that can be answered with one word or hand gestures.
- Be patient, even if you must ask the same question many times.
- Reduce background noise and distraction as much as possible.
- Keep paper and pencil handy if they can be of use.
- If you do not understand, ask again for clarification.
- Limit conversations that may tire the consumer.

Reporting Abuse

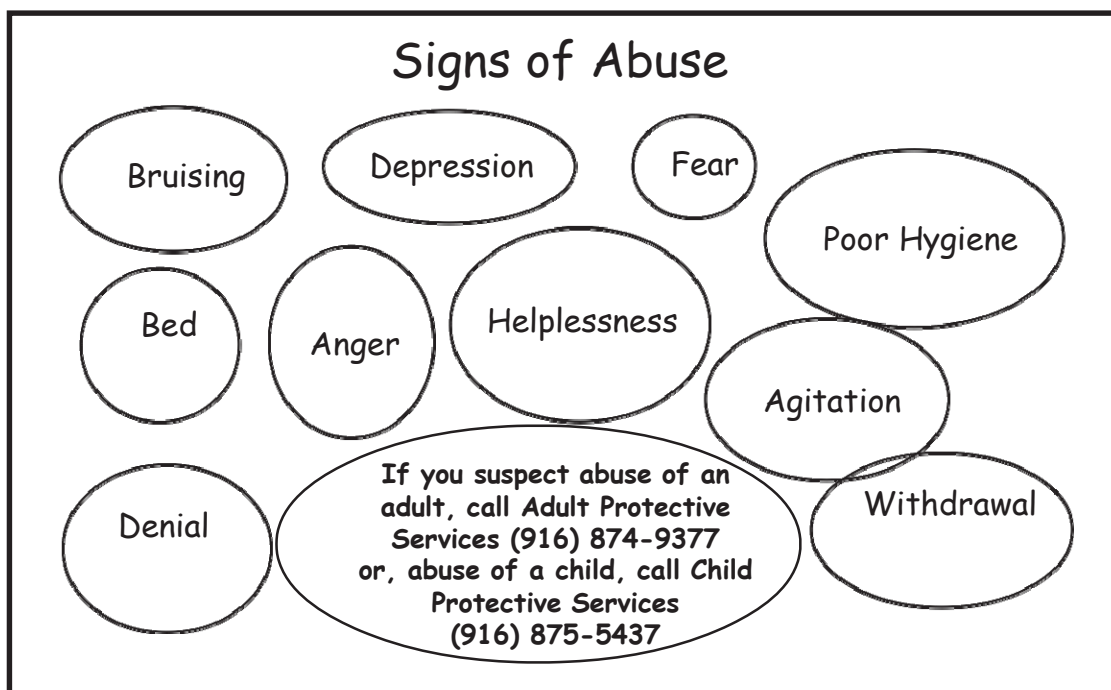
As an In-Home Support Services caregiver you are a mandated reporter. This means that you are required by law to report:

- Suspected abuse
- Neglect
- Exploitation of any dependent adult or child

Failure to make a report could result in a \$5000 fine and/or up to 6 months jail time.

Elder and Child Abuse

Report elder and child abuse if you observe it, suspect it, or it is reported to you. Elder and child abuse and neglect are serious and growing problems. The growing number of elderly people requiring in-home care has exposed more families to stresses that can result in abuse and neglect when support is not available. It is important to remember that abuse can exist in any situation where a person is dependent on someone else for care. People of any age who are ill or disabled may be at risk of abuse by a caregiver, family member, friend or neighbor.



Types of Abuse

Neglect

Failure of the responsible person to provide basic needs such as food, water, personal care, shelter, and medical care.

Psychological Abuse

Verbal assaults, threats, or harassment; subjecting a person to fear or serious emotional distress; withholding emotional support; isolation and loss of companionship.

Material/Financial Abuse

Theft or misuse of money, credit cards, or property; extortion or fraud; telephone, mail, home repair, and other scams; forced signature of documents.

Physical Abuse

Infliction of physical pain or injury; physical coercion; confinement; slapping, bruising, cutting, lacerating, burning, restraining, pushing, shoving, etc.

Sexual Abuse

Unwanted sexual advances, including assaultive behavior accomplished through coercion, intimidation, force, or fear.

Abandonment

Desertion by a person who has assumed responsibility for providing care for an individual.

Misuse of Restraints

A consumer **may not** be locked in rooms, tied down, or over- medicated. Only a physician can write a prescription for restraints.

How do I report suspected abuse?



Call Adult Protective Services at (916) 874-9377 if you suspect abuse of an adult. If you suspect child abuse call the Child Protective Services 24-hour number at (916) 875-5437. Or call the local police or sheriff's department to report suspected abuse.

What is fraud? Fraud is when a person makes a deliberate attempt to deceive, or to obtain something in an unlawful or unfair manner. It may also be fraud if you are asked to do something by a consumer or caregiver that is not allowed by IHSS. If you are asked to do something and are unsure if the IHSS program allows you to do it, contact IHSS. Here are some examples of deliberate and unintentional fraud.

1. Working for an IHSS consumer while the consumer is in the hospital or out of the home for any reason:

IHSS assistance is provided to allow people to remain safely in their homes. An IHSS *consumer* is not eligible to use the in-home care hours while placed in a nursing facility, hospital, or out of the home. If a caregiver claims hours on a timesheet while the *consumer* is in a nursing facility, hospitalized, or out of the home, it is fraud.

When a *consumer* returns home, if no additional care is needed, the IHSS social worker must adjust the number of hours for that month. A caregiver cannot work additional hours to make up for hours not worked while the *consumer* was out of the home.

2. An IHSS caregiver claims all the hours they are authorized to work, even if they did not work all authorized hours:

Only the actual hours worked may be claimed on the timesheet. If a timesheet is signed claiming more than the actual time worked, it is fraud.

3. My IHSS consumer is not available to sign my timesheet, can I just sign it and let them know later?

No. The IHSS *consumer* is the employer. Only the *consumer* or their authorized representative may sign the timesheet. Having someone other than the authorized caregiver or *consumer* sign the timesheet is fraud. If circumstances (death or incapacitation) make it impossible for the IHSS *consumer* to sign the timesheet, the caregiver should contact the IHSS social worker assigned to the *consumer*.

4. Claim all the hours authorized and then split the wages between the IHSS caregiver and consumer:

Claiming hours not worked on a time sheet is fraud. If a caregiver works all the authorized hours and the *consumer* wants the caregiver to split the wages earned, the caregiver should contact the *consumer's* social worker.

5. Can an IHSS consumer still approve hours if they are put in jail or prison?

No. Care is provided to *consumers* in their home. A *consumer* must notify IHSS immediately if they are jailed or imprisoned. If a *consumer* signs a timesheet approving hours worked by the caregiver while the IHSS *consumer* is incarcerated, this is fraud.

6. As a caregiver, I cannot work all the hours the consumer needs. Can I hire someone else to do the work for me and claim the hours on my timesheet?

No. This would be fraud. Only the consumer may hire a caregiver, and you may not claim hours worked by others.

7. Can a caregiver submit a timesheet early showing all the hours they intend to work prior to actually performing the duties?

No. The *consumer* can only sign a timesheet AFTER the time has been worked.

8. If a caregiver reports a check missing, completes an affidavit, and then receives the missing check: can the check be cashed?

No. Once an affidavit is signed, the check is void. Cashing two checks for the same pay period is fraud. A person is entitled to one paycheck for services provided. The voided check should be returned.

9. What will happen to me if I am reported for IHSS fraud?

You will be investigated. If the allegations are found to be true, you can be prosecuted.

10. What do I do if I suspect someone of IHSS fraud?

You should call the IHSS social worker.

If you do not understand the information on this sheet, call the IHSS Worker of the Day for assistance.

IHSS Public Authority





Public Authority

The Sacramento County IHSS Public Authority is a corporate public entity within the State of California that was established by the County Board of Supervisors. The Public Authority is the “employer of record” for over 17,000 in-home caregivers in Sacramento. “Employer of record” simply means that the Public Authority is an administrative branch that provides specific functions to the IHSS caregivers and consumers.

What are the Public Authority functions?

- Manage all state mandated Provider Enrollment activities
- Provide Department of Justice background checks
- Bargain for wages and benefits
- Provide access to education and training for both consumers and caregivers
- Provide outreach training to consumers in congregate housing
- Maintain a registry that matches caregivers and consumers
- Investigate Registry qualifications and maintain ongoing background status of caregivers
- Collaborate with community partners to offer training opportunities for caregivers and consumers
- Mediate conflicts between caregivers and consumers
- Provide extended support to Registry caregivers and consumers

Board of Directors

The IHSS Public Authority's governing board is comprised of the five members of the County of Sacramento Board of Supervisors. As the Governing Board of the Public Authority, it is their responsibility to make legal and budgetary decisions. They look to the IHSS Advisory Committee to provide information and recommendations to them regarding In-Home Supportive Services.

In-Home Supportive Services Advisory Committee

The mission of the IHSS Advisory Committee is to serve as a bridge to improve the IHSS system for consumers and providers by being an on-going conduit of information and advocacy to the Board of Supervisors for the entire community.

The IHSS Advisory Committee is a citizen body comprised of eleven members who are appointed by the County of Sacramento Board of Supervisors. The committee has a minimum of six consumers of In-Home Supportive Services or personal care services. The other five members may be caregivers, advocates for senior and disabled adults, or interested community members. The Committee's responsibility is to advise the Board of Supervisors, the Public Authority, Department of Health and Human Services, and other involved agencies about IHSS and make recommendations to improve services.

Anyone may attend the IHSS Advisory Committee meetings. Please call (916) 874-2888 or visit www.sacihssa.net for additional information.

Consumer and Caregiver Training Classes

The IHSS Public Authority staff provides a six (6) class series of "Core Classes." The education staff also collaborates with community partners to offer a variety of training classes to both consumers and caregivers. The training classes are voluntary and are offered at no cost to current IHSS consumers and caregivers and, if space is available, to interested community members.

The topics may include, but are not limited to:

**Nutrition
Personal Care
Mobility and Fall Prevention
Home Safety and Universal Precautions
Medication Management
Community Resources
The Importance of Foot Care
Grief and Bereavement
Fraud Prevention
Chronic Pain Management
Senior Legal Services
Abuse Investigation and Financial Crimes
and much more!**

**Call (916) 876-5173
to enroll!**



Caregiver Registry

What is the Caregiver Registry?

The IHSS Caregiver Registry was created to match potential caregivers with IHSS consumers. The IHSS Caregiver Registry is a referral agency only. The IHSS consumer is the employer.

Responsibilities of the IHSS Caregiver Registry

The IHSS Caregiver Registry recruits, screens, and interviews applicants. The Registry creates lists to match the needs of consumers with the skills and preferences of caregivers, and sends the lists to consumers. The consumer is the employer and is responsible for hiring, supervising and terminating the caregiver.

Enrolling with the Caregiver Registry

1. Take the Registry pre-screening test on the IHSS Public Authority website at www.sacihsspa.net.
2. Attend a mandatory Registry orientation.
3. Bring to the orientation:
 - Social Security card, or other proof of right to work in the U.S.
 - Government issued photo identification
 - Three (3) references. The references should include two (2) non-relative personal reference and at least one (1) employment references.
 - Fingerprinting needed to complete your background check.
4. Fingerprinting is submitted and the Registry verifies references.
5. The applicant will participate in an interview with a Registry Specialist.
6. Once references are verified, background check and interviews are successfully completed, the caregiver information is listed in the Registry and available to be matched with consumers.

HOW TO APPLY FOR THE CAREGIVER REGISTRY

WHAT IS THE CAREGIVER REGISTRY?

The Caregiver Registry matches In-Home Supportive Services (IHSS) consumers with specially screened caregivers. **Not all IHSS caregivers are part of the Caregiver Registry.** If you already know an IHSS consumer who would like to hire you as their caregiver, you do **not** need to apply to the Caregiver Registry.

Please note: The Caregiver Registry is a referral service and does not guarantee employment. The IHSS consumer is the employer and is responsible for all hiring, interviewing, setting job schedules, training, signing timesheets, and firing.

HOW DO I APPLY?

- ❖ Complete the Registry pre-screening test online by visiting our website at www.sacihsspa.net. (This applies regardless of whether or not you are a current IHSS provider.)
- ❖ Click on the “Registry” tab at the top of the page and follow the instructions to open the Caregiver Registry Pre-screening Test. Only two applicants may take the test each day, and then the test closes until the following day. The test resets every day (seven days a week) at 1pm.
- ❖ You will be informed immediately whether or not you passed the test. If you pass, you will be contacted within 3-4 weeks to schedule an interview and orientation. If you do not pass, you will need to wait six months to reapply.

IHSS PUBLIC AUTHORITY CAREGIVER REGISTRY - (916) 874-4411

Enrolling with the Caregiver Registry (continued)

7. The matching list of available caregivers is sent to consumers. The consumer will conduct a phone interview and may schedule a face-to-face interview with potential caregivers. As the employer, the consumer is responsible for hiring, supervising, and terminating employment.
8. The Caregiver Registry will conduct a criminal background check through the Department of Justice (DOJ) as part of Provider Enrollment.
9. A caregiver who has been convicted of a crime related to adult or child abuse, or Welfare fraud, is not eligible to be an IHSS caregiver.
10. Certain misdemeanor convictions may preclude a caregiver from being listed on the Registry. A caregiver with any felony conviction within the last ten (10) years will not be eligible to be on the Registry. If you need further clarification as to what criminal convictions may preclude you from being on the Registry, please contact your Registry Specialist.



Remaining Active on the Caregiver Registry

1. Update **immediately** if you are hired or if you have any changes to your contact information or availability.
2. Call Registry staff at (916) 874-4411 **every 30 days** to update your file and state if you are still interested in being active on the Registry. A message can be left at any time. Speak slowly and clearly, leaving your name and telephone number, and any changes in your availability.
3. If you are fully employed, you are still required to call the registry every **6 months** for updates, or you will have to re-enroll with the Registry.

4. Having a telephone number with answering machine, a cell phone, or a pager will make it easier for the Registry staff and/or the consumer to make contact in a timely manner.

Removing Your Name from the Caregiver Registry

Contact the Caregiver Registry by phone, and request to be made inactive on the Registry. Your name and personal information will not be sent out to any consumers after your name is removed.

Reactivating to the Caregiver Registry

Call the Caregiver Registry to update your personal information and preferences. If your file has been inactive for over one (1) year, you must complete the application process again. Once the process is completed, your personal information and preferences will be made active again.

Grievance Process

The caregiver has the right to file an informal or formal grievance to the In-Home Supportive Services (IHSS) Public Authority regarding a dispute involving difficulties with consumers or the Caregiver Registry.

- Before filing an informal grievance, the caregiver should contact your Registry Specialist to discuss the grievance.
- If the issue cannot be resolved, the Registry Supervisor should be notified. The supervisor will answer questions about the grievance process.

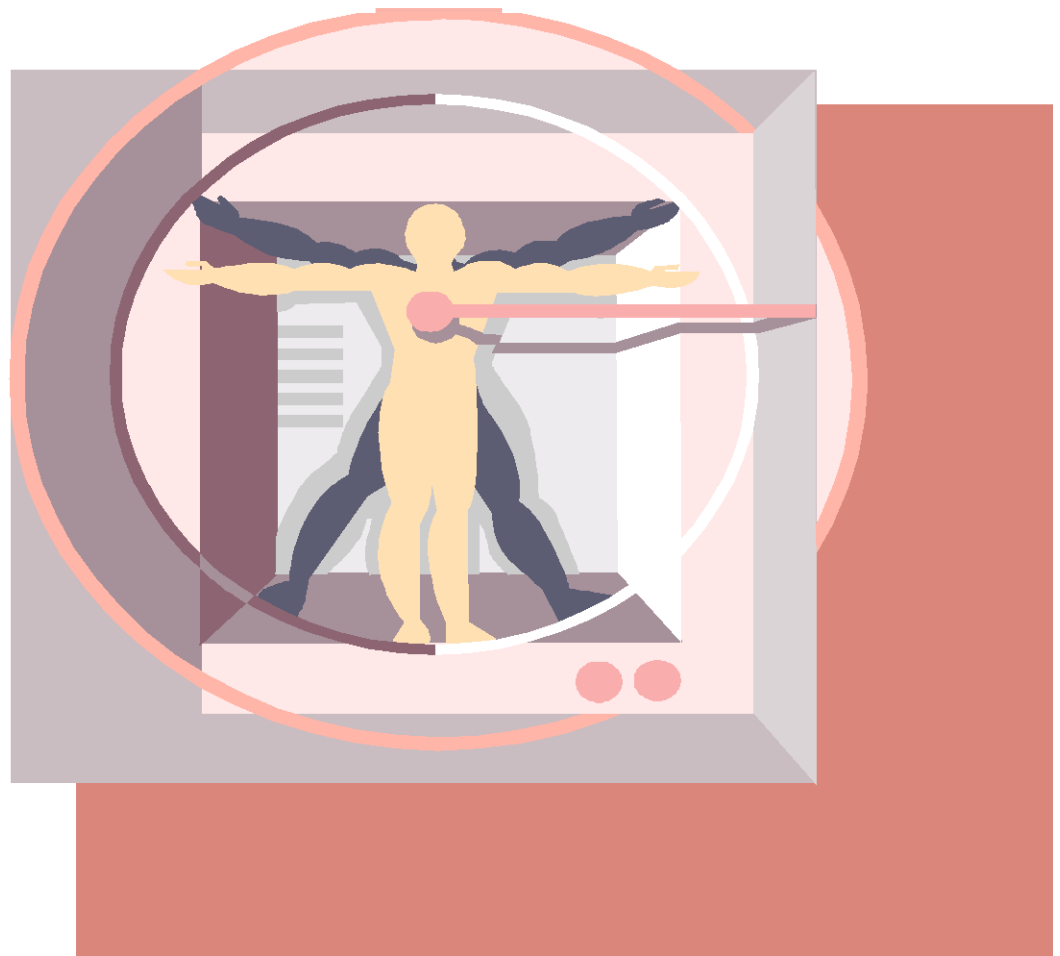
Interviewing Tips

The following tips on interviewing can be applied to either the Registry interview or the consumer interview. These tips may help increase your chances for getting and keeping a job.

- 1. Be easily reachable** by phone, pager, cell phone or answering machine. Your answering machine should sound professional, listing your phone number with no loud music playing in the background. Calls should be returned as soon as possible, preferably within 24 hours. The caregiver should advise anyone who is taking messages for them to be polite and professional.
- 2. Look Professional.** Make sure you have a clean appearance. Caregivers will have a better chance of being hired if they look professional.
- 3. Bring any copies** of training certificates, letters of recommendations, and references' information with you to give to the Registry Specialist and/or consumer at the interview. Notify your references that someone may be calling them to talk about you.
- 4. Speak Professionally.** People like to talk with someone who is polite and who expresses a positive attitude. Address interviewers with, "please," "thank you," "sir/ma'am." Avoid using profanity at any time.



Health



What is a Communicable Disease?

A communicable disease is one that is spread from one person to another through a variety of ways that include: contact with blood and bodily fluids; breathing in an airborne virus, or, by having contact with a little bug called lice. For the most part, communicable diseases are spread through viruses and bacteria that live in blood and body fluids. For instance, hepatitis and human immunodeficiency virus (HIV) are examples of infections that can be carried in blood and bodily fluids. On the other hand, tuberculosis is an airborne disease. A person with tuberculosis (TB) can spread tiny germs that float in the air if they cough or sneeze without covering their nose or mouth. And, there are some communicable diseases like head lice that are caused by a live lice bug that is spread by using an infected comb or wearing a hat that is infested with lice. For more information about how to reduce potential exposure to communicable diseases, see section 7. Let's take a closer look at some communicable diseases.



Head Lice

How is Head Lice Spread?

Head lice can infest people of all ages and economic standing. Head to head contact or simple exchange of hats, clothing, combs and other personal items can lead to the transmission of lice from one person to another. Head lice are contagious. If someone you know has head lice, do not panic.



Caregiver Tips:

1. Inspect for Lice and Nits

Using a magnifying glass and natural light, carefully examine hair, scalp, sideburns, eyebrows, beards and mustaches of all household members for lice and their eggs, called "nits."

Nits, which are yellowish-white in color and oval shaped, can be easier to locate than lice. Nits are glued to the side of the hair shaft and can be found throughout the hair, especially at the back of the neck, behind the ears, and at the top of the head.

Do not confuse nits with dandruff or hair casts (material from the hair follicles). Unlike a nit, dandruff can be flicked or blown out of the hair and hair casts can slide easily along the hair shaft.

- It is important to remember that no one is immune to head lice.
- Only infested household members should be treated and all on the same day.

- If you see lice walking around after treatment, do not panic. It is not unusual to see lice moving around the head after treatments. Lice control products may take a while to kill the adult lice.

2. How to Treat Head Lice

- Wash hair with a cleansing shampoo, i.e., Prell or Johnson's Baby Shampoo, something without any type of conditioners.
- Towel dry hair thoroughly (use a fresh towel at each stage).
- Saturate hair with a lice/nit treatment product, for example, common over-the-counter products are NIX and RID. People with long, thick, or curly hair may have to use several bottles to saturate hair completely.
- Leave product on the hair only for time stated in the directions.
- Rinse product out over sink, never in the shower. This limits exposure of pesticide to the head area.
- Do not apply any so-called nit (egg) removers, or vinegar after rinsing out the lice/nit treatment product.
- Comb out all nits with a metal fine-tooth nit comb.
- Separate the hair into 1-inch sections (as if you were setting pin curls), comb each section with metal nit comb, and pin back with a metal hair clip. This will help you keep track of what you have already combed.

3. Clean the Environment

Vacuuming is the most effective tool against lice in the home.

Remember to vacuum:

- Bed & mattress
- Pillows
- Base board around bed
- Couches
- Chairs
- Stuffed animals (tightly close in plastic bag for 2 days)
- Back packs
- Car seats
- Helmets/hats
- Launder washable clothing, bed linens, blankets, pillow cases.
- Soak all hair brushes and combs in hot water for 10 minutes.
- Insect sprays often sold with lice/nit products are not recommended. They are ineffective and expose household members to pesticides unnecessarily.



Facts about Head Lice

- Adult lice are 2 to 3 mm long (about the size of a sesame seed) and brownish to grayish white in color.
- Lice crawl; they do not jump or fly.
- Head lice do not live on pets.
- Most infestations occur in children 1-12 years old.
- Primary means of transmission occurs when sharing hats, combs, clothing, etc.
- Head lice require a blood meal every 4 to 5 hours and die in 1 or 2 days when off of a person.

Hepatitis is a liver disease that makes your liver swell up and stop working well. Hepatitis can be mild and last for a short time, or be very serious and cause liver failure and death.

What causes Hepatitis?

Hepatitis is caused by viruses, bacteria, alcohol or drug abuse, some medicines, or serious harm to the liver. Millions of people in the U. S. have Hepatitis.

What are the different kinds of hepatitis and how is it transmitted?

Hepatitis A:

- By eating food and drinking water infected with Hepatitis A. This can occur when food or drinks are contaminated with feces or blood of a person infected with Hepatitis A.

Hepatitis B:

- By having unprotected sex (sex without a condom) with someone who has Hepatitis B
- By sharing needles with someone infected with Hepatitis B
- Being stuck by an infected needle
- A mother passing the virus to her child during the birthing process or breastfeeding
- Contact with bodily fluids, blood, or open wounds

Hepatitis C:

- Getting blood that is infected with Hepatitis C
- Sharing needles with someone infected with Hepatitis C
- Accidentally stuck by an infected needle
- Using tools for tattoos and body piercing that are infected

- Having unprotected sex (sex without a condom)
- A mother passing the virus to her child during the birthing process
- Contact with bodily fluids, blood, or open wounds

Hepatitis D: (Individuals must already have Hepatitis B)

- By sharing needles with someone infected with Hepatitis D
- Being stuck by an infected needle
- Having unprotected sex (sex without a condom)
- Contact with bodily fluids, blood, or open wounds

What are the signs of Hepatitis? The most common early signs are:

- A mild fever
- Headache
- Muscle aches
- Tiredness
- Loss of appetite
- Nausea
- Vomiting

Some individuals with Hepatitis have no signs of the disease.

Later signs of Hepatitis are:

- Dark-colored urine and pale bowel movements
- Pain in the stomach
- Skin and whites of eyes turn yellow (jaundice)

Other serious signs of Hepatitis can include short-term, arthritis- like problems, and personality changes.

DID YOU KNOW:

- Today, Hepatitis B, Hepatitis C, and HIV are blood infections that pose the greatest infectious disease risks to healthcare workers.
- Job-related Hepatitis infection occurs much more often than job-related HIV infection among healthcare workers.

Caregiver Tips:

Always use Universal Precautions when exposed to blood or bodily fluids.



HIV and AIDS

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) are viruses that affect the body's immune system. A person who is infected with HIV/AIDS is at increased risk of developing infections.

HIV

Human Immunodeficiency Virus is a virus that attacks the body's immune system.

After a person is exposed to HIV, the virus attaches itself to the body's infection fighting cells in the immune system. The virus turns the immune system cells into "virus factories," making more and more viruses. Over time, the virus weakens a person's defenses against disease, leaving them vulnerable to many infections and cancers.

Being infected with HIV does not always mean you have AIDS. Being infected means the virus is in your body for the rest of your life. You can infect others if you engage in behaviors that can transmit HIV. You can infect others even if you feel fine, have no symptoms of illness, or don't even know you are infected.

AIDS

Acquired Immune Deficiency Syndrome is a late stage of HIV infection. It is a group of symptoms and signs of the disease that are specific to this viral infection. Most AIDS defining conditions are opportunistic cancers or infections.

How is HIV spread?

HIV is transmitted when infected blood, semen, vaginal fluids, or breast milk enter the body through the mucous membranes of the anus, vagina, penis (urethra), or mouth, or through cuts, sores, or abrasions on the skin. The highest concentrations of the virus are in the blood, vaginal fluid, and semen. Anyone who is infected can transmit the virus, whether or not they have symptoms of AIDS.

Caregiving Tips:

Caregivers should always wear gloves to avoid contact with bodily fluids. This includes wearing gloves when putting linen or clothing soaked in bodily fluids in the hamper or washing machine. Be very cautious when handling a needle or syringe.



Meningitis

Meningitis is an inflammation of the membranes that surround the brain and spinal cord. Bacteria, viruses, or fungi may cause this condition. It sometimes develops as a complication of another infectious disease. Bacterial meningitis may occur following an ear infection, a sinus infection, or in connection with a skull fracture.

The symptoms might include:

- Headache
- Fever
- Sore throat
- Stiffness of the neck
- Rash



In all forms of bacterial meningitis, the most important consideration is early detection and the use of appropriate antibiotics. Not only the patient, but also all of those exposed to the patient should be treated with antibiotics in an attempt to get rid of the germs before they spread.

During the winter months, these germs may be present in the nose and throat of perfectly healthy persons without them being aware they are carrying the germ. These healthy carriers do not get sick, but they can spread the germ to others through saliva.



Caregiver Tips:

Avoid sharing drinking cups, water and soda bottles, lipstick, eating utensils, cigarettes, etc.

Tuberculosis is an airborne disease caused by *Mycobacterium tuberculosis*. Although the bacteria primarily affect the lungs, TB can attack any part of the body, including the brain and internal organs.

Symptoms of active TB may include:

- Fever
- Fatigue
- Weight loss
- Persistent cough

Coughing is usually associated with TB, but may not be present at the beginning. If your consumer has symptoms of chronic or productive cough, fatigue, and/or weight loss, it should be reported to the person's doctor or relative.

How is TB Spread?

Tuberculosis is spread person-to-person through the air. When an infected person not taking tuberculosis medication coughs or sneezes, bacteria is released into the air. These droplets of respiratory secretions are then inhaled into the lungs of another individual. Prolonged exposure is normally necessary for infection to occur.

A person with active TB may remain contagious until he/she has been on appropriate treatment for several weeks. A person with TB infection, who does not have symptoms of the disease, cannot spread the infection to others.

Tuberculosis can affect anyone. People infected with HIV/AIDS or other people with weakened immune systems, active alcoholics, and the elderly are at increased risk.

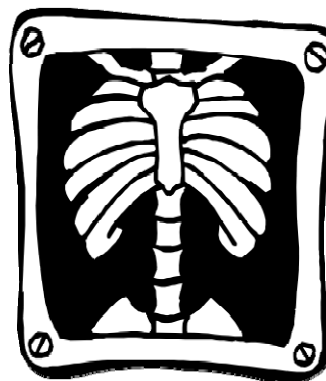
The best prevention of transmission to others is early detection. A person with active TB should also prevent the spread of droplets by covering his/her nose and mouth when coughing or sneezing and properly disposing of tissues contaminated by mucous materials.



Caregiver Tips:

- Remember to wear a mask when working with a consumer suffering from TB since it is spread through the air.
- Caregivers should remind their consumer to cover their mouth and nose when coughing or sneezing.
- Wash your hands frequently with hot water and soap.
- **Have a Tuberculosis Screening Test***

*Recommended once a year for caregivers and people who work with the public.



Many changes you may see in elderly consumers are a normal part of the aging process.

Normal Changes to the Heart:

- Decreased cardiac output (decreased cardiac reserve)
- Decreased blood vessel elasticity

Normal Changes to the Lungs:

- Tissue between ribs becomes less elastic, breathing capacity decreases
- Increased residual air in lungs (less effective expiration)
- Decreased number of cilia; drying of tissue of bronchi
- Decreased effectiveness of cough



Normal Changes to Digestion/Taste/Smell:

- Decreased number of taste buds (leaving sensation of bitter and sour intact longest)
- Decline in sense of smell
- Decrease in production of saliva, enzymes, and digestive acids
- Decrease in absorption of nutrients
- Decrease in ability of liver to filter toxins

Normal Changes to Urinary Tract:

- Marked decrease in kidney function
- Kidneys less able to regulate salt and filter out waste products
- Often a decrease in bladder capacity
- Prostate gland in men enlarges

Normal Changes of Aging (continued)

Normal Changes to Muscle, Bones, Tendons, and Ligaments:

- Cartilage shrinks between vertebrae of spine. Discs compress with time. Loss of average of 2" in height is common.
- For those who don't exercise:
 - o Bones become brittle and porous
 - o Muscles lose tone and strength
 - o Joints become stiff and less flexible

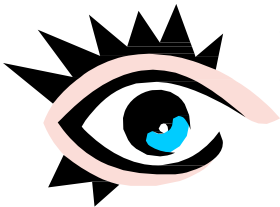


Normal Changes to Skin, Hair, and Nails:

- Circulation to skin is decreased
- Skin loses oil glands
- Sweat glands are lost
- Epithelial layer of skin thins
- Less fatty tissue below skin in periphery
- Hair loses color and becomes coarser
- Hair thins, often disappears on body
- Nails become thicker and more brittle

Normal Changes to Vision:

- Decreased ability to see small details
- Loss of accommodation (depth perception, light to dark)
- Visual field is smaller
- Changes in color perception (trouble distinguishing one color from another, colors less clear because of lens)
- Eye problems such as cataracts, glaucoma, and macular degeneration



Normal Changes to Hearing:

Hearing loss is potentially the most damaging of all sensory impairments. Approximately 30-50% of all older people suffer a significant hearing loss that impacts their life. Hearing loss can cause problems in communication and relationships leading to isolation, anxiety, and depression.

- Loss of hearing of high frequency sounds
- Consonants (S, Z, T, K) are difficult to understand
- Build up of earwax



Caregiver Tips:

- Do not shout; lower the pitch of your voice.
- Speak clearly and distinctly.
- Face the person. Place yourself at the same height as the person's eyes.
- Remove things from your mouth: gum, food, cigarettes, and hands.
- Use facial expressions, gestures, touch, and objects to clarify what you need to say.
- Reduce background noise.
- Speak toward persons' good ear (if there is one).
- Encourage effective hearing device use.

Normal Changes to the Nervous System:

- Nerves respond more slowly to stimulation, especially when exposed to multiple stimulations.
- Nerve impulses travel more slowly to and from the brain.
- Sleep patterns change (less deep sleep, less dream sleep).
- Reduced sensitivity to pain or other discomforts (delayed response to being touched)
- Decreased production of antibodies
- Decrease of all hormones (estrogen, thyroid, insulin)
- Decreased effectiveness of ankle jerk reflex

Normal Changes to the Brain, Intelligence, Learning, and Memory:

- Speed of recall and perfect recall decrease slowly after the age of 22.
- It takes longer for the brain to search for and retrieve information.
- Intellectual capacity, judgment, comprehension, retention of learned material does not change with age.

A CVA occurs when there is a stoppage of blood to brain tissue by a clot, clogging of an artery, or bleeding into the brain. Because a part of the brain is damaged, the body part or function controlled by that part of the brain is effected. Weakness, language problems, behavior problems, swallowing problems, or other things may be involved.



Caregiving tips:

Much of how the caregiver can assist and support the consumer will depend on what functions the stroke has affected.

With one sided weakness-

- Refer to "right" or "left", not "good" or "bad."
- Assist with ambulation and transfer by supporting the weaker side.
- Assist with dressing by dressing the weaker side first and undressing the stronger side first.
- Use adaptive equipment and clothing as appropriate.
- Allow plenty of time for any activity.
- Make sure that the home is free of tripping hazards.

With speech or language difficulty-

- Keep your questions and directions simple and one at a time.
- Try to use "yes" or "no" questions.
- Use a picture board.

- Use more nonverbal language, gestures, facial expressions, pointing to objects.
- Give the consumer a pencil and paper if he/she is able to write.



With swallowing difficulty-

- Use soft foods or thickened liquids, thin liquids like water are very hard to swallow without choking.
- Allow plenty of time for meals.

A stroke can be devastating to the consumer and cause frustration, anger and depression. Learning to do things again that they have always been able to do is a difficult and slow process. Be supportive and positive whenever the person makes progress.

Support the consumer in keeping their therapy appointments and doing their exercises.

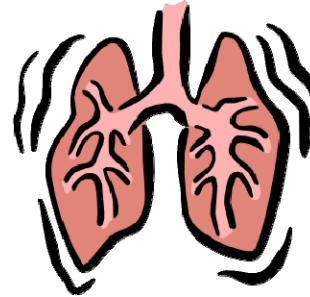
Chronic Obstructive Pulmonary Disease (COPD)

This is a progressive and irreversible condition where the person has difficulty breathing due to a problem in the lungs or bronchi. Asthma, Chronic Bronchitis and Pulmonary Emphysema are examples of COPD. The most common cause is smoking.



Caregiving Tips:

- Avoid perfume
- Ask about cleaning product odors, like bleach
- Encourage nutrition and small frequent meals
- Allow plenty of time for activities
- Plan for frequent rest periods
- Understand that the consumer will have good days and bad days



Cardiovascular Disease (heart disease)

This is any disease that affects the heart or blood vessels in the body. This is the leading cause of death in our country and many people may need care because of this condition.

Heart Attack (Myocardial Infarct or MI) occurs when there is a stoppage of blood to the heart muscle itself; either by a clot or a clogging of an artery feeding the heart muscle itself. This causes heart tissue to die and gives the consumer chest pain (ANGINA). Depending on what part of the heart is affected, heart attack can cause the heart to stop beating.

Congestive Heart Failure (CHF) occurs when the heart muscle does not pump efficiently and fluid backs up in the lungs and/or lower legs. This can cause shortness of breath and/or swollen ankles and legs. A person with CHF needs to follow his medical regime and reduce the salt in their diet.

Caregiving Tips:

- Track consumer's weight and document.
- Support the consumer in choosing a lower salt diet, if MD has ordered.
- Assist the consumer in conserving their energy as they do their daily activities.
- Be aware if the consumer has or uses nitroglycerin tablets (NTG) and/or aspirin.
- Encourage the consumer to keep all medical appointments.



Coronary Artery Disease (CAD)

CAD is hardening of the arteries (arteriosclerosis) or forming plaques in the blood vessels (atherosclerosis) that narrows the space for blood to go through. This is a condition that occurs over time and requires medical assessment and treatment.

Hypertension (High Blood Pressure) is called the “silent killer” because the signs are not readily visible. High blood pressure damages body systems over time and can cause very serious disease.

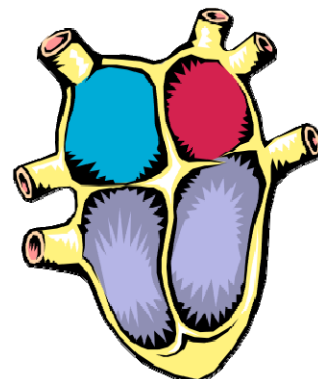


Caregiving Tips:

- Support the consumer in reducing their dietary salt intake per MD, eliminating caffeine and nicotine, exercising moderately, reducing fatty foods, reducing stress, getting their blood pressure checked regularly and taking prescribed medications.
- Support the consumer in maintaining their ideal body weight.

Here are some signs and symptoms of a heart attack. In an emergency, call 911

- Sudden, severe pain in the chest, maybe going down the left arm or up to the jaw. Often described as crushing, pressure, tightness
- Sweating
- Nausea
- Difficulty breathing
- Dizziness
- Agitation or anxiety
- Skin may be pale or grayish, cool and clammy
- Weak and irregular pulse



**NOTE: Not all signs are present all of the time.
Women and men may present differently.**

Cancer is a general term used to describe many types of malignant tumors or cells. Malignant cells are ones that grow and invade healthy tissue. Malignant cells can also spread throughout the body.

Cancer is often treated in one of three ways:

- Surgery: the tumor and/or abnormal cells are removed from the body.
- Chemotherapy: medications are given that kill the cancer cells. These medications have many side effects and can harm the healthy cells as well.
- Radiation: is a beam that is aimed at the tumor. The radiation kills the tumor cells but also can harm healthy cells.

Caregiving tips:

How the caregiver supports and assists the consumer with cancer will depend on how the cancer or the treatment is affecting the consumer's ability to function.

- Generally, good nutrition is very important, making sure that the consumer gets enough calories, fluids and protein.
- Comfort measures to decrease pain are also important.
- Be sensitive to the consumer's physical and emotional state.



The American Cancer Society's 7 Warning Signs of Cancer

1. Change in bowel or bladder habits
2. A sore that does not heal
3. Unusual bleeding or discharge from a body opening
4. A thickening or lump in the breast or elsewhere
5. Persistent indigestion or difficulty swallowing
6. An obvious change in a wart or mole
7. Persistent hoarseness or a nagging cough

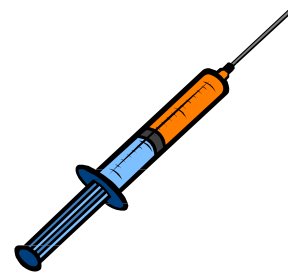
Diabetes

Diabetes is a chronic disease of the pancreas. In diabetes, the pancreas does not produce any or enough of a hormone called insulin. Without insulin, the body cannot properly use sugar to fuel the body's cells. As a result sugar (glucose) builds up in the bloodstream.

Diabetes is a very serious health problem and can cause damage to vital organs if it is not treated properly.

Type One or Insulin Dependent Diabetes

means the person must use insulin every day and follow a special diet. This type of diabetes usually starts in childhood. The causes of Type I are largely unknown but may include heredity, stress, injury, or illness.



Type Two or Non-Insulin Dependent Diabetes usually occurs in people over the age of 40 who are overweight and have poor eating habits. Other causes are heredity and stress. Type II is generally less severe than Type I. About 90 percent of people who have diabetes have Type II.

People with Type II diabetes often can manage their disease for a while with a modified diet, regular blood tests, exercise, and oral prescription medication. As the disease progresses, they may need to use insulin or a combination of oral and injectable treatments.

The goals of treatment for either type of diabetes are the same:

- Consistent blood sugar levels
- Good control of blood sugar in order to avoid long and short-range problems
- Weight control/overall awareness of nutritional intake
- Avoid complications of diabetes like eye disease or kidney disease
- Avoid saturated fats and cholesterol that can contribute to cardiovascular problems that are a frequent complication of diabetes

Caregiving tips:

The consumer with diabetes can do many things to keep their disease under control and decrease the other complications that might occur. You as the caregiver can support the consumer by knowing and understanding some of these things.

- Meals should be eaten regularly, and in a moderate amount. Meals should not be skipped after taking insulin.
- A dietitian can often help design an appropriate diet based on what a person likes and dislikes. A dietitian can also advise a consumer on how to modify their diet when they are sick.
- Pay very close attention to skin condition, especially the legs and feet. It is best to avoid clothing that restricts circulation, like socks with tight elastic or garters or poorly fitting shoes.



- Be aware that physical activity influences blood sugar. When doing new or unusual physical activity, have the consumer carry a form of fast-acting sugar.
- Medic Alert Diabetes bracelet or necklace could get help quicker for the consumer in an emergency if they were not able to speak for themselves.
- Low blood sugar can be a very dangerous emergency situation. The consumer should have a plan in place for what to do when their blood sugar gets too low.
- Monitor blood regularly.
- Help the consumer inspect their feet daily.

Dementia refers to a general loss of intellectual functions (i.e., memory, reasoning, concentration, attention, abstract ability, and reduced language function), plus personality changes (though not always disorientation).

Whether related to Alzheimer's, Parkinson's Disease, or another medical condition, dementia comes on gradually and has no known cure. The condition progresses through several stages:

- The person may experience loss of memory, insight and judgment, personality changes, mental confusion, language disturbances, and severe disorientation.
- The person may eventually become incontinent, wander, and have behavioral changes.
- The person will eventually become totally dependent on others.

The beginning of Alzheimer's disease is subtle. It can begin at any age but there is a higher frequency of getting the disease as persons age into their 80's and 90's. Persons who get the disease at a younger age (in their 50's and 60's) experience a more rapid decline. Average time that someone lives with the disease is 7 to 8 years, although 3 to 15 years can be considered normal course.



Caregiver Tips:

- Install alarms on doors and windows.
- Be aware that some individuals with dementia have super physical strength. Their physical strength is apparent when they grab onto a railing or the caregivers arm.
- Speak in short and simple sentences.
- Caregivers need to give constant gentle reminders to those suffering with dementia to help them stay focused.
- Caregivers need to be patient when working with someone with dementia.

Mental illness is a disease that affects the mind just like physical diseases affect the body. Mental illnesses have signs and symptoms, affect the body's ability to function, and are treatable. There are over 100 types of mental illness.

Mental illness may be caused by physical problems such as a chemical imbalance, a physical problem in the brain, or the cause may be unknown. Medications are often very helpful. Remember that the behaviors of a person with mental illness may be caused by the illness.

Be sure to look at specific behaviors, not the diagnosis. Some types of mental illness are phobias, depression, paranoia, abnormal thinking (schizophrenia), or bipolar disease (formerly called manic-depressive disorder).

Basic classes of mental illness

1. Schizophrenic disorders
2. Mood (affective) disorders
3. Personality disorders

Schizophrenia

Schizophrenia is a serious, usually chronic mental disorder that affects the person's ability to think and communicate clearly, make decisions, and understand reality. A person with schizophrenia may have several combinations of symptoms and have different symptoms at different times.

Thought disorder:

The diminished ability to think clearly and logically. Often language is disconnected and nonsensical and makes it difficult for the person to participate in conversations.

Common signs include:

- Delusions - when the person may believe that he/she is being conspired against or that others hear his/her thoughts. Delusions may cause bizarre behavior.
- Hallucinations are when something is heard, seen, or felt only by that person. Voices may warn him/her of danger or tell him/her what to do. He/she may hear several voices carrying on a conversation.
- Withdrawal from interaction with others
- Flat affect- lack of emotional expression
- Apathy



Although schizophrenia cannot be cured it can usually be controlled. Some people with schizophrenia will consume large amounts of caffeine and cigarettes (sometimes up to 7-8 packs a day). The IHSS Social Worker can help you work with the person if this is a problem. The risk of suicide is high for this group.

Mood Disorders

Mood Disorders are disturbances in mood. The two basic mood disorders are depression and bipolar illness.

Depression is a “low mood.” A depressed person may show a loss of interest in usual activities or have changes in appetite, and sleep patterns. The person may show feelings of despair, worthlessness, and suicidal thinking. The symptoms of

depression may be very similar to those of dementia at times. Depression is considered chronic or clinical after three months of symptoms.

Behavioral Changes:

- Crying, tearfulness, or inability to cry
- Social withdrawal
- Psychomotor retardation
- Agitation
- Suicide attempt

Cognitive (mental process of knowing, thinking, learning, and judging) changes:

- Negative self-concept/feeling inadequate
- Negative expectations for the future
- Self-blame
- Indecisiveness
- Helplessness
- Hopelessness
- Decline in attention/concentration
- Memory loss
- Constricted or “tunneled” thinking

Emotional Changes:

- Sadness
- Guilt
- Anxiety
- Anger

Physical Changes:

- Sleep disturbances
- Eating disturbance
- Constipation
- Weight loss or weight gain
- Low energy or chronic fatigue

- Pain, unexplained origin
- Vague physical complaints

Treatment:

Depression is one of the most treatable of mental disorders. Some people can be completely cured. The treatments used include medication and psychotherapy.

Bipolar (manic-depressive illness)

This disorder causes periods of mania (greatly elated moods or excited states) as well as periods of depression. This condition requires long-term medication management.

Personality Disorders

A personality disorder exists when a person's usual patterns of thinking, behaving, perceiving, and feeling are inflexible and maladaptive.

Personality disorders are characterized by a rigid, inflexible behavior, and difficulty adapting that impairs a person's ability to get along with others and function in society.

Some types of personality disorders are: obsessive-compulsive, anti-social, narcissistic, histrionic, avoidant, dependent, and borderline. Some disorders benefit from medications.



Caregiver Tips for helping consumers with mental illness:

- Be compassionate and empathetic.
- Caregivers should avoid taking behaviors or attitudes personally when working with someone suffering from a mental illness.
- Caregivers should acknowledge their consumer's frustration with empathy.

19 million people are affected with a Depressive Disorder yearly. A Depressive Disorder sufferer's thoughts, mood, body, sleeping and eating habits may all be affected. The manner in which individuals think and feel about themselves, may also be impacted by a Depressive Disorder. Depressive illness, many times, interferes with a person's ability to function normally, which in turn not only can cause the individual to suffer, but also has a great impact on the person's loved ones.

It is important to remember that an individual who suffers from a Depressive Disorder needs treatment. A person cannot be expected to snap their fingers, and the depression will instantly disappear.

Older adults have a 50 percent higher suicide rate than young adults, or the nation in general. Of the older adult population, white males, 85 years and above have the highest rate of suicide.

An individual who has suicidal thoughts, or a family member who suspects a loved one is contemplating suicide, could contact the primary doctor, mental health professional, the emergency room, or the local suicide prevention hotline.



The Sacramento County Suicide Prevention (Crisis Services Program) can be reached 24 hours a day, 7 days a week at (916) 368-3111.

Recognizing Signs of Depression & Possible Suicide

- **Talking About Dying** — any mention of dying, disappearing, jumping, shooting oneself, or other types of self-harm.
- **Recent Loss** — through death, divorce, separation, broken relationship, loss of job, money, status, self-confidence, self-esteem, loss of religious faith, loss of interest in friends, sex, hobbies, and/or activities previously enjoyed.
- **Change in Personality** — sad, withdrawn, irritable, anxious, tired, indecisive, apathetic.
- **Change in Behavior** — can't concentrate on school, work, and/or routine tasks.
- **Change in Sleep Patterns** — insomnia, often with early waking or oversleeping, nightmares.
- **Change in Eating Habits** — loss of appetite and weight, or overeating.
- **Diminished Sexual Interest** — impotence, menstrual abnormalities (often missed periods).
- **Fear of losing control** — going crazy, harming self or others.
- **Low self esteem** — feeling worthless, shame, overwhelming guilt, self-hatred, "everyone would be better off without me."
- **No hope for the future** — believing things will never get better; that nothing will ever change.

Courtesy of San Francisco Suicide Prevention- www.sfsuicide.org

Suicide Prevention: Myth or Fact

People who talk about suicide don't do it — suicide happens without warning...

MYTH: Although suicide can be an impulsive act, it is often thought out and communicated to others, but people ignore the clues.

Talking about suicide may give someone the idea... **MYTH:** Raising the question of suicide without shock or disapproval shows that you are taking the person seriously and responding to their pain.

Suicide rates are higher for people of low income...

MYTH: Suicide shows little prejudice to economic status. It is representative proportionally among all levels of society.

More men commit suicide than women...

FACT: Although women attempt suicide twice as often as men, men commit suicide twice as often as women.

Most suicidal people are undecided about living or dying, and they gamble with death, leaving it to others to save them...

FACT: Suicidal people are often undecided about living or dying right up to the last minute; many gamble that others will save them.

Once a person is suicidal, he/she is suicidal forever...

MYTH: People who want to kill themselves will not always feel suicidal or constantly be at a high risk for suicide. They feel that way until the crisis period passes.

Most suicides are caused by a single dramatic and traumatic event...

MYTH: Precipitating factors may trigger a suicidal decision; but more typically the deeply troubled person has suffered long periods of unhappiness, depression, lack of self respect, has lost the ability to cope with their life and has no hope for the future.

There is no genetic predisposition to suicide...

FACT: There is no genetic predisposition to suicide - it does not "run in the family."

Improvement following a serious personal crisis or serious depression means that the risk of suicide is over...

MYTH: The risk of suicide may be the greatest as the depression lifts. The suicidal person may have new energy to carry out their suicide plan.

It's unhelpful to talk about suicide to a person who is depressed...

MYTH: Depressed persons need emotional support and empathy; encouraging them to talk about their suicidal feelings can be therapeutic as a first step.

Courtesy of San Francisco Suicide Prevention- www.sfsuicide.org

Epilepsy is a disease characterized by seizures. A seizure is a sudden increase in the electrical activity in one portion of the brain. The seizure can occur in one area with specific and localized symptoms or it may spread to the entire brain, resulting in loss of consciousness and the body shaking. This sudden discharge of electrical activity can have several causes, ranging from epilepsy to head injury. There are many types of seizures. They can be mild or severe. Medication use is helpful.

Caregiving Tips:

- Do not put anything in the consumer's mouth during a seizure.
- If possible, roll consumer on his/her side to minimize danger in the event of vomiting.
- Do not give anything to eat or drink.
- Support the consumer in consistent medical care, including taking their medications as prescribed.
- Keep a record of seizures- time, date, how long they last and how the consumer is after the seizure.
- Dial 911 (unless the consumer's doctor has provided other instructions).



Dysphagia

Dysphagia is a condition where a consumer has difficulty chewing and swallowing foods. Dysphagia is usually the result of a stroke or another neurological condition like Lou Gehrig's disease, multiple sclerosis or Parkinson's disease. Sometimes consumers with developmental disabilities have trouble swallowing as well. A consumer with dysphagia needs their food prepared in a way that they do not choke or aspirate and are able to keep the food in their mouth.

When feeding a consumer with dysphagia, remember these points:



Caregiver Tips:

- Have the consumer sitting as straight as possible. Take special care when feeding individuals who are not alert and responsive.
- Make sure the consumer's head is forward and his/her chin is down.
- Never feed a consumer who is lying down.
- Sit level with the consumer, eye to eye. This will keep consumer from having to look up or down to receive their food, possibly causing them to lose the food from their mouth or to choke on a bite.
- Watch for pocketing of food (storing in the cheek). If this happens, remove the pocketed food and have consumer slow down.
- Feed the consumer slowly. Don't rush. Be certain to make eating a pleasant experience. Don't talk to others, speak to the consumer you are helping to eat.
- You may need to prompt the swallowing process with statements like "chew thoroughly," "swallow twice," "hold your breath while you swallow," and "clear your throat."

Solid foods are most appropriate; these are foods that stick together. Some examples are:

- Egg dishes like soufflés or quiches
- Casseroles
- Meat, egg or tuna salad
- Canned fruits
- Soft cheeses like cottage or cream cheese
- Moist soft meats (may need grinding or pureeing)
- Custards and puddings
- Cheesecake, pies, cakes (may need to soak with milk)
- Hot cereals
- Most vegetables in sauces or casseroles
- Gelatin

Solid foods that are problematic for some consumers include those, which fall apart such as:

- Dry bread; crackers
- Chips and nuts
- Thin, pureed applesauce
- Plain rice
- Thin, hot cereal
- Plain ground meats that break into chunks when chewed
- Cooked peas or corn

Other solid foods which can be a problem include very bulky or sticky foods difficult to swallow, for example:

- Fresh white bread
- Peanut butter
- Plain mashed potatoes
- Banana
- Refried Beans

- Bran cereals
- Chunks of plain meats
- Raw vegetables and some fruits

Liquids are most difficult if they are thin, like water or apple juice. Some individuals need liquids thickened to be able to use them. Use a starch-based rather than a gum or fiber based thickener so the consumer is able to break the thickener down during the digestive process. Some liquids are naturally a little thicker and may be easier to swallow:

- Vegetable juice, frozen juices, pureed fruits
- Nectars, puddings
- Ensure Plus; Sustacal HC; Nutren 2.0, or other supplements
- Cream soups
- Milkshakes, eggnog, yogurt
- Some liquids are spoon-thick
- Ice cream or sherbet

Each consumer will need to be evaluated by an occupational therapist or a speech therapist to determine what they can and cannot handle. Commercial thickeners are very helpful because they can be added until the food holds its shape. Other thickeners include:

- Instant mashed potato powder, infant rice cereal
- Cornstarch (must be cooked), non-fat dry milk powder
- Fruit and vegetable flakes

Safety

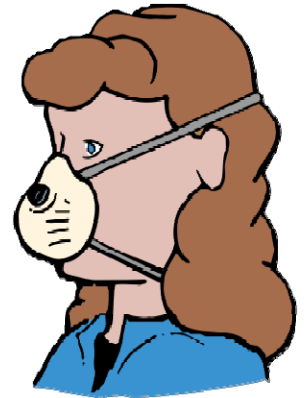


Universal Precautions

These are methods that every individual should use as a means of protecting oneself from getting ill. They should be followed by anyone providing a service, which may include contact with blood or body fluids. Body fluids include semen or vaginal secretions, blood tinged body fluids, sputum, or other internal body fluids such as urine or feces.

Basics of Universal Precautions:

- Use protective barriers such as gloves, or facemask depending on the type and amount of exposure expected.
- Be careful about always washing your hands before and after tasks.
- Avoid accidental cuts or needle sticks. Keep cuts covered.
- Use soap and water or bleach solution to clean and disinfect any surfaces contaminated with blood or body fluids.
- Follow special laundry procedures.

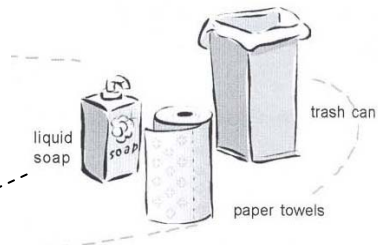


You should wash your hands

- Before and after contact with consumer
- Before eating
- Before and after preparing food
- Before putting on and after removing gloves
- Before and after using the restroom
- After removing protective clothing
- After contact with body fluid or other contaminated items
- After blowing nose, sneezing, coughing, etc
- After cleaning
- After smoking
- After handling pets

Hand Washing

1) Make sure you have everything you need at the sink.



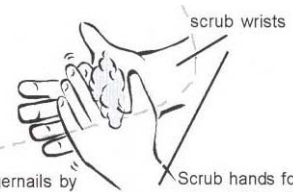
2) Turn on warm water.

Keep warm water running While washing your hands

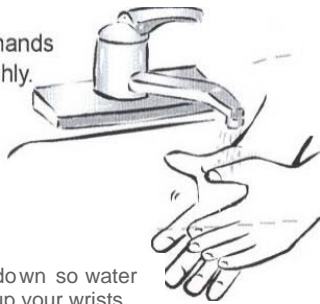


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3) Rub palms together to make lather. Scrub between fingers and entire surface of hands and wrists.



4) Rinse hands thoroughly.



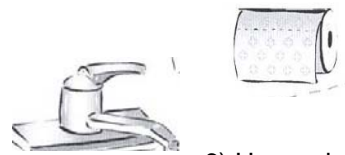
Point fingers down so water does not run up your wrists

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Clean fingernails by rubbing the tips of your fingers against your palms.

Scrub hands for at least 10 to 15 seconds.

5) Dry hands with clean



6) Use a clean paper towel to turn off the faucet. Use hand lotion if available, to prevent chapping.

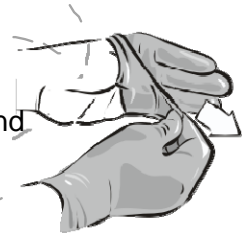
HANDWASHING IS THE SINGLE MOST IMPORTANT MEANS OF PREVENTING THE SPREAD OF INFECTION.

Removing Gloves Safely

Assume that all used gloves are contaminated. When you remove them, follow these steps so that the outside of the gloves does not touch your bare skin.

1) With one gloved hand, grasp the other glove just below the cuff.

2) Pull the glove down over your hand so it is inside out.



3) Keep holding the glove with your gloved hand and crumple it into a ball.



Danger: do NOT touch bare hand to dirty glove.

4) With two fingers of the bare hand, reach under the cuff of the second glove.



5) Pull the glove down inside out so it covers the first glove.



6) Both gloves are now inside out. You can throw them away safely.



7) Wash your hands.

One of your responsibilities as a caregiver is to discuss with the consumer the best way to make sure the consumer is safe.

Providing for a consumers' safety means:

- Knowing about possible safety hazards in the home
- Finding ways to make things safer
- Knowing how to handle emergencies if they happen

Safety Hazards in the Home

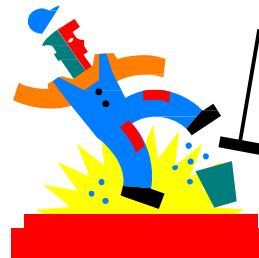
Hazardous chemicals/cleaners

Electrical cords

Throw rugs/floor coverings

Water

Walkways



Making Things Safer

Hazardous chemicals/cleaners

- Label all containers.
- Know what steps need to be taken if the chemical is swallowed, splashed in the eyes, or comes in contact with the skin.

Electrical cords

- Do not use a cord if it is frayed or has exposed wires.
- Keep cords out of walkways.
- Do not place cords under rugs.
- Avoid overloading electrical outlets.

Throw rugs/floor coverings

- Secure all floor coverings to prevent tripping and falls.
- Repair loose threads or holes in carpets.

Water

- Clean spills immediately to prevent slips or falls.
- Keep electrical appliances away from water.
- Use handrails and bathmat in tub/shower to prevent slips or falls.
- Set maximum water temperature on water heater to 120 degrees to prevent burns.

Walkways

- Keep walkways clear of clutter.
- Allow space for using walker, cane, or wheelchair.
- Keep walking paths well lit to prevent tripping.

Handling Emergencies

- Discuss with your consumer a plan for handling emergencies.
- Know the location of first aid kit/emergency supplies.
- Have a list of numbers to call in an emergency: family, physician, social worker.
- Have consumers' medical information available for emergency response personnel.
- Know what exit routes to take in case an emergency evacuation is needed.
- Post the full address near all telephones, so it is available if calling 911.
- Know if consumer has a living will, an advanced directive or a "Do Not Resuscitate" (DNR) order, and where it is located. This information is needed for any emergency personnel that may respond to a 911 call.

When calling 911:

- Briefly describe the problem.
- Give address and the nearest major street or intersection.
- Stay on the phone and follow the directions of the emergency operator

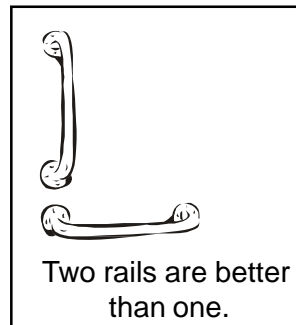
Preventing Falls



Wet, slippery surfaces make bathrooms high-risk areas for falls.

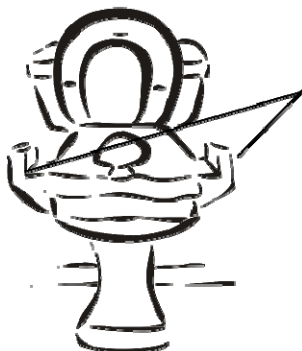


- Use mats in showers and tubs.



- Use hand rails in tubs and next to toilets.

Raised seat rests on normal toilet.



Hand grips

- Safety toilet seats make standing and sitting easier. Hand grips help prevent falls. Special seats for the bath are also available.



Watch for fall hazards.



- Throw rugs are a serious trip hazard - even if they have a non-slip mat.

- All rooms should have good lighting, especially hallways and stairs.

- Stairs should have a strong hand rail and be free of clutter.

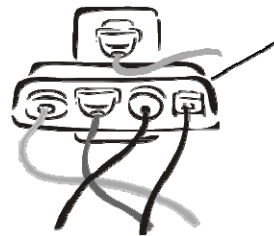


Fire Prevention

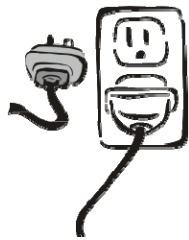
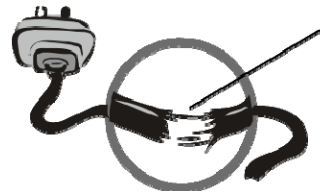
Watch for Fire Hazards

Using damaged electrical cords or plugging too many cords into an outlet can start a fire.

- Lamp, appliance and extension cords that are frayed, discolored, or cracked.
- Cords under rugs - stepping on them can break the cord and start a fire.
- More cords in the outlet than it is made to take.



Outlet splitters can cause fires.



This outlet is made for 2 cords.

Smoke Alarms



- Batteries need to be replaced twice a year.



If your client/resident smokes, encourage smoking safety rules.



- No smoking in bed or when sleepy.
- Smoking near oxygen is like smoking near a bomb.

- Move ashtrays away from things that burn easily, including papers, drapes, bedding, and cloth furniture.

- Empty ashtrays when ashes are cool. Hot ash can cause fires.

