

***Training Curriculum for Certification
of Personal Care Aides***

Medicaid In The Schools (MITS)

**Arkansas Department of Education,
Special Education Unit**

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I. Introduction

The role of the school nurse has changed significantly over the past several decades. School nurses are now responsible for the specialized health care of students with many different needs. Nursing staff is also responsible for the training and supervision of other health care paraprofessionals working with these students.

When classroom paraprofessionals need additional training to be certified as personal care aides, they will receive that training from the school nursing staff. The curriculum included in this manual is broad and general in nature, and will need to be individualized for each student.

Student specific training is always necessary, even if school staff have provided similar care to other students. Staff who provide healthcare services to students need a comprehensive training based on three components:

1. Overview of the curriculum
 - a. Student specific description of the health issues and required procedures,
 - b. Communication between school, home, and health care providers.
Communication within the school, between appropriate school staff, is also very important,
 - c. Information in the student's healthcare plan,
 - d. Privacy, confidentiality, dignity, maximum involvement of the student in self-care, preferences of the student,
 - e. Universal precautions (safety of student and staff)
2. Health care procedures
 - a. General material
 - b. Student specific
3. Emergency plan and procedures
 - a. General material
 - b. Student specific

II. Arkansas School Nurses Association Definition of School Nursing

School Nursing is a systematic, comprehensive practice of professional nursing providing health care in the educational setting. School nursing combines two separate and unique disciplines, education and nursing, to support individual and collective student success. School nursing activities are inherently related to public health nursing and provide care for students within the continuum of public health practices. School nursing promotes student adaptation to health care challenges, advocates for students, and encourages autonomy. School nursing utilizes specialized judgment, knowledge, skills, and abilities (e.g. nursing assessment, program/case management including chronically ill, medically fragile, and technology dependent students, health education). School nursing supports the premise that every student is entitled to a Free Appropriate Public Education (FAPE) allowing the student to develop capacity for life long achievement and optimum health.

March 2005 (Tullos, Bushmiaer, Barney, et.al.)

III. Personal Care Aide Certification Requirements

1. The student in need of services Personal Care Services from a certified personal care aide who is NOT a member of the student's family. The Medicaid agency defines "family" as:
 - a. A spouse.
 - b. A minor's parent, stepparent, foster parent or anyone acting as a minor's parent.
 - c. A minor's "guardian of the person," or anyone acting as a minor's "guardian of the person."
 - d. An adult's "guardian of the person," or anyone acting as an adult's "guardian of the person."
2. The district is responsible for ensuring that personal care aides it employs are:
 - a. Certified as personal care aides,
 - b. Participate in all required in-service training and
 - c. Maintain at least "satisfactory" competency evaluations from their supervisors in all personal care tasks performed.
3. A qualified training program may waive the training component of personal care aide certification requirements for individuals who can document previous experience as personal care aides, nurse's aides, or similar occupations requiring the same skills needed by personal care aides.
 - a. The qualified training program must verify the individual's previous experience.
 - b. The individual must pass the personal care aide examinations and skills test.
4. Certified Nursing Assistants with current valid credentials are deemed qualified personal care aides.
5. Certified Home Health Aides with current valid credentials are deemed qualified personal care aides.
6. Certification by Arkansas Department of Education, Special Education Unit (Medicaid in the Schools).

7. In order for the ADE to certify the personal care aide, the following information must be documented and submitted:
- a. _____ Number of hours of classroom instruction and supervised practical training. Your LEA will provide the classroom hours and you will provide the supervised practical hours.
 - i. _____ Hours of classroom training
 - ii. _____ Hours of supervised practical training
 - b. _____ Names and qualifications of instructor(s) and copies of R.N. licensure.
 - c. _____ Addresses and physical locations of training site(s).
 - d. _____ Submit sample forms, course outline, lesson plans used to document practical training. If our curriculum was used, document below:
 - i. _____ ADE, Special Ed Curriculum
 - ii. _____ Other curriculum
 - e. _____ Methods and standards for determining whether a trainee can read and write well enough to perform satisfactorily the duties of a personal care aide.
 - f. _____ Method of evaluating written tests, oral exams (if any), skills tests.
 - g. _____ Program's minimum standard for successful completion.
 - h. _____ Evidence and documentation of successful completions (certification supports by internal records).

Send to:

**Medicaid in the Schools (MITS)
2402 Wildwood Avenue
Wildwood Centre, Suite 170
Sherwood, AR 72120**

IV. Minimum Training Requirements

1. A personal care aide training program may be offered by any organization meeting the standards in Section 222.110 (Conduct of Training) for:
 - a. Instructor qualifications,
 - b. Content and duration of personal care aide training and
 - c. Documentation of personal care aide training and certification.

2. **Classroom and supervised practical training must total at least 40 hours.**
 - a. Minimum **classroom training time is 24 hours** (most paraprofessionals, who are currently working for a district, have received this training from the ADE, Paraprofessional Training Modules. This will need to be verified and documented.)
 - b. Minimum time for **supervised practical training is 16 hours.**
 - i. The trainee is under the supervision of an R.N.,
 - ii. The trainee demonstrates knowledge by performing tasks on an individual while under supervision of the R.N.

3. Personal care aide **training subject areas:**
 - a. Correct conduct toward students,
 - b. Understanding and following spoken and written instruction,
 - c. Record keeping/documentation responsibilities,
 - d. Communication skills
 - i. Interaction with students
 - ii. Reporting relevant and required information to supervisors (R.N.),
 - e. Recognizing and reporting to the supervising R.N. when changes in the client's condition or status require aide to perform tasks differently than instructed,
 - f. State law regarding delegation of nursing tasks to unlicensed personnel,
 - g. Basic elements of body functioning and the types of changes in body function, easily recognizable by a layperson, that an aide must report to a supervisor,
 - h. Safe transfer techniques, ambulation, normal range of motion and positioning,
 - i. Recognizing emergencies and knowledge of emergency procedures
 - i. Basic First Aid,
 - ii. CPR,
 - iii. Familiarity with student emergency plans,
 - j. Basic fire prevention and household safety,
 - k. Maintaining a clean, safe, and healthy environment,
 - l. Instruction in appropriate and safe techniques in personal hygiene and grooming that include how to assist the client with:
 - i. Sponge, tub, or shower bath
 - ii. Shampoo: sink, tub or bed
 - iii. Nail and skin care

- iv. Oral hygiene
- v. Toileting and elimination
- vi. Assistance with eating
- vii. Assistance with dressing
- viii. Efficient, safe and sanitary meal preparation
- ix. Basic housekeeping procedures, if appropriate and
- m. Understanding the developmental stages and the mental status of clients.

V. Training Curriculum

i. Correct Conduct Toward Students

1. **Confidentiality** should always be observed:
 - a. Confidentiality is a **legal and ethical** issue.
 - b. Privacy of protected information located in student records is protected by *The Family Educational Rights and Privacy Act of 1973 (FERPA)*.
 - i. *FERPA governs the privacy of all student educational records. Other than direct exchange of educational records between educational entities involved in the education of a student, FERPA generally prohibits educational agencies or institutions from disclosing personally identifiable information in a student's educational records without a prior written consent signed and dated by a parent/guardian. This includes the information listed in a student's IEP, which may be required for audit purposes.*
 - c. Confidentiality of protected health information located in medical records is protected by *The Health Insurance Portability and Accountability Act of 1996 (HIPAA)*
 - i. *HIPAA is a set of rules to be followed by doctors, hospitals and other health care providers. HIPAA took effect on April 14, 2006. HIPAA helps ensure that all medical records, medical billing, and patient accounts meet certain consistent standards with regard to documentation, handling and privacy.*
 - d. While coordinating with private medical facilities/professionals, HIPAA compliance may be requested/required, but FERPA continues to be the primary privacy guidelines observed in public schools.
 - e. Do not discuss information about ANY Student with ANYONE, unless they are directly involved with the student.
 - f. Information about a student is shared on a “need to know” basis only.
2. Promote **privacy awareness**:
 - a. How to provide services while respecting boundaries
 - b. Privacy is a learned skill and must be taught
 - c. It is important for students to understand that their bodies are their own
 - d. Staff must practice and think about their own privacy
3. Promote an **understanding of personal rights**:
 - a. Students must understand that they have “personal rights”
 - b. The personal rights of students with disabilities/special health care needs are no different than for other students

4. Promote the **ability to non-comply**:
 - a. When compliance with an activity is forced, it teaches that “NO equals force”
 - b. Staff should only offer choice to students when they actually have the choice of saying “NO”
 - c. When they do say “NO”, respect it

5. Be someone who **listens**:
 - a. Be sure that students are heard when they attempt to communicate
 - b. Allow time for receptive and/or expressive processing delays!

ii. Understanding and Following Spoken/Written Instructions

* These skills are demonstrated by the personal care aides’ ability to complete this training curriculum successfully through oral and written participation and exams.

iii. Record Keeping/Documentation Requirements

1. The role and importance of record keeping and documentation
 - a. Document utilization of services by student
 - b. These records/documents are part of the student’s file and should be complete and accurate.
2. Service documentation requirements:
 - a. Maintain a service log (see Appendix D)
 - i. Must be completed at the time services are delivered
 - ii. See sections 220.110-220-112 for service log requirements. A sample service log is available on our website (<http://arksped.k12.ar.us>)
 - iii. The service log is tallied at the end of each day. You must always round down to the nearest 15-minute (1 unit = 15 minute) increment. You may not exceed (for billing) the number of hours prior authorized in the service plan.
 - iv. You may document multiple days per log as long as each individual day is clearly identified and units of service per day are clearly identifiable.
 - b. Provide necessary documentation showing the date, time, nature and scope of authorized services delivered,
 - c. Provide necessary documentation showing the date, time, nature and scope of emergency services delivered,
 - d. If a PCA does NOT perform a particular task scheduled on the service plan, the PCA must document why the task was not performed.
3. Reporting/documenting non-medical observations
4. Reporting/documenting, when pertinent, student’s observations regarding their own status

5. Plan of care (see Appendix E for examples) should be in a safe, confidential and accessible location for healthcare providers.

iv. Communication Skills

1. Interaction with students
 - a. Allow sufficient time for a student to communicate.
 - b. Recognize that behavior IS A FORM OF COMMUNICATION. Stop and observe what's happening prior to the behavior.
2. Report relevant/required information to supervisor (R.N.)
 - a. Recognize and report when the student's condition/needs require Personal Care Aide to perform tasks differently than instructed.
 - b. Be aware of "mandatory reporter" laws/procedures.
3. Report events accurately to other emergency/medical personnel.

v. Child Maltreatment Law in Arkansas

** This section has been made available to use as a resource for the R.N. It is important for the personal care aid to understand their obligation, as a school district employee working with children, but details of the law may not be appropriate to focus on in this training.*

12-12-507. Reports of suspected abuse or neglect.

(b) When any physician, surgeon, coroner, dentist, osteopath, resident intern, licensed nurse, medical personnel who may be engaged in admission, examination, care, or treatment of persons, teacher, school official, school counselor, social worker, family service worker, day care center worker, or any other child or foster care worker, mental health professional, peace officer, law enforcement official, prosecuting attorney, or judge has reasonable cause to suspect that a child has been subjected to child maltreatment, or that a child has died as a result of child maltreatment, or who observes a child being subjected to conditions or circumstances which would reasonably result in child maltreatment, he shall immediately notify the child abuse hotline.

Definitions:

1. "Child maltreatment" means abuse, sexual abuse, neglect, sexual exploitation, or abandonment.
2. "Abuse" means any of the following acts or omissions by a parent, guardian, custodian, foster parent, or any person who is entrusted with the juvenile's care by a parent, guardian, custodian, or foster parent, including, but not limited to, an agent or employee of a public or private residential home, child care facility,

- public or private school, or any person legally responsible for the juvenile's welfare:
- a. Extreme and repeated cruelty to a juvenile; or
 - b. Physical, psychological, or sexual abuse of any juvenile which includes, but is not limited to, intentionally, knowingly, or negligently and without justifiable cause:
 - i. Engaging in conduct creating a substantial possibility of death, permanent or temporary disfigurement, illness, impairment of any bodily organ, or an observable and substantial impairment in the intellectual or psychological capacity of the juvenile to function within his normal range of performance and behavior with due regard to his culture;
 - ii. Any non-accidental physical injury or mental injury; or
 - iii. Any injury that is at variance with the history given.
3. **“Sexual abuse”** means:
- a. By a person ten (10) years of age or older to a person younger than eighteen (18) years of age:
 - i. Sexual intercourse, deviate sexual activity, or sexual contact by forcible compulsion; or
 - ii. Attempted sexual intercourse, deviate sexual activity or sexual contact;
 - b. That occurs between a person eighteen (18) years of age or older and a person not his spouse who is younger than sixteen (16) years of age:
 - i. Sexual intercourse, deviate sexual activity, or sexual contact or solicitation; or
 - ii. Attempted sexual intercourse, deviate sexual activity, or sexual contact; or
 - c. Between a person younger than eighteen (18) years of age and a sibling or caretaker:
 - i. Sexual intercourse, deviate sexual activity, or sexual contact or solicitation; or
 - ii. Attempted sexual intercourse, deviate sexual activity, or sexual contact.
4. **“Neglect”** means those acts or omissions of a parent, guardian, custodian, foster parent, or any person who is entrusted with the juvenile's care by a parent, custodian, guardian, or foster parent, including, but not limited to, an agent or employee of a public or private residential home, child care facility, public or private school, or any person legally responsible under state law for the juvenile's welfare, which constitute:
- a. Failure or refusal to prevent the abuse of the juvenile when such person knows or has reasonable cause to know the juvenile is or has been abused;

- b. Failure or refusal to provide the necessary food, clothing, shelter, and education required by law, or medical treatment necessary for the juvenile's well-being, except when the failure is caused primarily by the financial inability of the person legally responsible and no services for relief have been offered or rejected.
 - c. Failure to take reasonable action to protect the juvenile from abandonment, abuse, sexual abuse, sexual exploitation, neglect, or parental unfitness where the existence of such condition was known or should have been known.
 - d. Failure or irremediable inability to provide for the essential and necessary physical, mental, or emotional needs of the juvenile;
 - e. Failure to provide for the juvenile's care and maintenance, proper or necessary support, or medical, surgical, or other necessary care; or
 - f. Failure, although able, to assume responsibility for the care and custody of the juvenile or participate in a plan to assume such responsibility;
 - g. Failure to appropriately supervise the juvenile, which results in the juvenile's being left alone at an inappropriate age or in inappropriate circumstances, which put the juvenile in danger.
5. **“Sexual exploitation”** means allowing, permitting, or encouraging participation or depiction of the juvenile in prostitution, obscene photographing, filming, or obscenely depicting a juvenile for any use or purpose.
6. **“Abandonment”** means:
- a. Failure of the parent to provide reasonable support and to maintain regular contact with the juvenile through statement or contact when the failure is accompanied by an intention on the part of the parent to permit the condition to continue for an indefinite period in the future;
 - b. Failure to support or maintain regular contact with the juvenile without just cause; or
 - c. An articulated intent to forego parental responsibility.

Penalties:

- 1. Any person, official, or institution negligently or willfully failing to make notification when required by this subchapter shall be guilty of a Class C misdemeanor.
- 2. Any person, official, or institution willfully making false notification pursuant to this subchapter, knowing such allegations to be false, shall be guilty of a Class A misdemeanor.
- 3. Any person, official, or institution willfully making false notification pursuant to this subchapter, knowing such allegations to be false, and who has been previously convicted of making willful false allegations shall be guilty of a Class D felony.(b) Any person, official, or institution required by this subchapter to make notification of suspected child maltreatment who will fully fails to do so shall be civilly liable for damages proximately caused by that failure.

vi. Delegation of Nursing Tasks to Unlicensed Personnel

Review the Arkansas State Board of Nursing, Guidelines for School Nursing, Delegation Chart. Certified Personal Care Aides qualify as ***Healthcare Paraprofessionals***. You can access this document electronically by going to:

- (2) <http://www.arsbn.org>
- (3) Go to “Position Statements.”
- (4) Go to “Board of Nursing Guidelines, School Nurse Practice Guidelines.”

vii. Basic Elements of Body Functioning

Certified Personal Care Aides should be instructed to watch for AND report (to their supervising RN) anything out of the ordinary for a student. This includes, but is not limited to, the systems covered in this training. Of particular importance are things like:

1. Color (cyanosis or redness) or temperature (hot or cold) of the skin
2. Slow capillary refill (nail beds)
3. Integrity of the skin
4. Level of consciousness (drowsiness, agitation, etc)
5. Respirations (fast or slow)
6. Heart palpitations

The following information should reviewed with the personal care aides to give a general explanation of body/system functioning

Gastrointestinal System

Terms to review:

1. Upper gastrointestinal tract
2. Lower gastrointestinal tract
3. Mouth
4. Esophagus
5. Stomach
6. Small intestine
7. Large intestine
8. Rectum
9. Anus

The gastrointestinal system breaks down food into basic nutrients that feed the body. It is made up of organs that break down food into protein, vitamins, minerals, carbohydrates, and fats, which the body needs for energy, growth, and repair. After food is chewed and swallowed, it goes down the esophagus and enters the stomach. Once in

the stomach, it is further broken down by powerful stomach acids. From the stomach the food travels into the small intestine. This is where your food is broken down into nutrients that can enter the bloodstream through tiny hair-like projections. The excess food that the body doesn't need or can't digest is turned into waste and is eliminated from the body.

Digestion takes place in two ways:

1. Mechanical (chewing and stomach contractions break down food)
2. Chemical (Food is broken down by digestive acids and enzymes)

The **upper gastrointestinal tract** is where digestion and absorption of most of the nutrients occur. The mouth, throat, esophagus, stomach, and small intestine are components of this part of the digestive tract.

The **mouth** is where processing of food starts. Chewing is important because digestion is more effective with smaller particles. The food is swallowed and passes through the throat, then through the esophagus.

The **esophagus** is a straight tube approximately 10 inches in length in an adult. It extends from the base of the throat behind the trachea to the stomach.

The **stomach** is a curved, pouch-like organ that is located under the diaphragm in the upper left portion of the abdomen. The stomach partially digests food and regulates passage of food into the intestine.

The **small intestine** is about 12 feet long in an adult. Food passes from the stomach through the small intestine, where most digestion and absorption of nutrients take place.

The **lower gastrointestinal tract** consists of the large intestine, where water is reabsorbed and undigested food is consolidated into fecal waste.

The **large intestine** extends from the end of the small intestine to the **rectum**. The **anus** is the opening to the outside of the body.

Digested food is absorbed through the lining of the intestine and then enters the bloodstream, where it is carried to the cells and tissues throughout the body.

Gastrointestinal checklists are available on the Medicaid in the Schools section of the Special Education Website, under Personal Care Checklists.

Respiratory System

Terms for review:

1. Upper airway
2. Pharynx
3. Larynx
4. Trachea
5. Lower airway
6. Bronchi
7. Bronchioles
8. Alveoli
9. Cilia
10. Diaphragm

The respiratory system brings air into the body and removes carbon dioxide through the blood. When you breathe in (inhale), air enters the lungs through the nose and mouth to reach the **pharynx** (back of the throat) and passes through the **larynx** (voice box) and into the **trachea** (windpipe). When air enters the nose, it cleans, moisturizes and warms the air entering the body. Air passing through the larynx during inhalation and exhalation is necessary for speech production. **Mucus** comes from the tissues that line both the upper and lower airways. If mucus is not warmed and humidified, it can dry and thicken or harden, causing a blockage in the airway.

The **lower airways** begin with the trachea. The **trachea** branches into two bronchial tubes, or primary **bronchi**, which go to the lungs. Each bronchus subdivides into smaller bronchi, which then divide. Smaller and smaller airways occur, until the **bronchioles** (the smallest of the bronchi) end in the **alveoli**. The alveoli are little air sacs where the exchange of oxygen and carbon dioxide takes place. Oxygen follows this path and passes through the walls of the air sacs and blood vessels and enters the blood stream. The bronchi are lined with mucus and are covered with **cilia** (tiny hairs) that help remove particles of dust. All but the smallest airways also are surrounded by smooth muscle and can tighten and narrow if irritated, as in asthma. At the same time, carbon dioxide passes into the lungs and is exhaled.

The **diaphragm** and **intercostals muscles** are the main muscles for normal breathing. The diaphragm is located below the lungs and is attached to the lower ribs and the spine. When it contracts, it pulls down, and air enters the respiratory system. The intercostals muscles connect nearby ribs and help to expand the lungs so air can enter the respiratory system.

Diseases may affect any of the parts of the respiratory system and lead to ineffective gas exchange. Disorders that affect **the stimulus to breathe** can be a result of brain damage from trauma, drowning, suffocation, difficulties at birth or certain progressive neurological diseases. Disorders that affect the **strength of the respiratory muscles** can be a result of progressive degenerative muscle diseases such as muscular dystrophy or spinal cord injuries. Disorders that affect the **upper airway** can be a result of structural

abnormalities of the oral or nasal cavity (cleft palate, blocked nasal septum, etc), abnormal development of the facial bones or muscles, disorders affecting the normal coordination of the swallowing mechanism and the mechanisms that protect the airway from food or liquid, conditions such as muscular dystrophy, brain damage, or progressive neurological diseases, which interfere with normal function of the esophagus, or abnormalities of the larynx, trachea, or bronchi, such as narrowing (stenosis), blockage, or abnormally floppy airways.

Disorders affecting the **lower airways** like swelling, scarring, and other structural blockages in the trachea, cystic fibrosis, which causes increased amounts of thick mucus in the lungs and airway, and asthma, which may also necessitate chronic oxygen use. Disorders that affect the **alveoli** are pneumonia, bronchopulmonary dysplasia, and pulmonary toxicity from cancer chemotherapy.

The personal care aide needs to recognize signs of irritation or infection around the tracheostomy site. Symptoms like redness, dryness, swelling or bleeding need to be documented and reported. The personal care aide needs to be able to recognize signs of respiratory distress, such as:

1. Blueness (cyanosis) of the lips, nail beds or earlobes.
2. Agitation.
3. Shortness of breath or rapid breathing rate.
4. Confusion or dizziness.
5. Rapid pulse.
6. Pulling in of the neck and/or chest muscles.

If any of these are noted, the R.N. must be notified. They should check the student to make sure the airway is open, check tracheostomy tube placement, and make sure nothing is occluding the tracheostomy. They should check equipment, as per training. Make sure they are trained in emergency procedures.

Respiratory checklists are available on the Medicaid in the Schools section of the Special Education Website, under Personal Care Checklists.

Urinary System

Terms for review:

1. Kidney
2. Blood vessels
3. Ureters
4. Bladder
5. Urethra
6. Meatus

The urinary system eliminates waste from the body, in the form of urine. The **kidneys** remove waste from the blood. They are two fist-sized organs, one on each side of the

spine at the back of the upper abdomen, that regulate the amount of water in the body. Most of the water filtered from the blood, through the kidneys, is recycled back to the body. The kidneys also regulate blood pressure, growth, calcium absorption, and red blood cell production.

The **blood vessels** include **renal arteries** that carry blood from the main artery to the kidneys, where waste is filtered out, and the **renal veins** that take cleansed blood away from the kidneys. The waste combines with water to form urine. From the kidneys, urine travels down two thin tubes called **ureters** to the bladder. The **bladder** is a reservoir for storing the urine until it is ready to be discharged from the body. When the bladder is full, urine is discharged through the urethra. The urethra is a tube leading from the bladder to the outside opening of the body through which urine is discharged. That opening is called the **meatus**. In girls, it is between the labia, just above the vagina. In boys, it is at the tip of the penis.

Urinary checklists are available on the Medicaid in the Schools section of the Special Education Website, under Personal Care Checklists.

Nervous System

Terms for review:

1. Central Nervous System
2. Peripheral Nervous System
3. Autonomic Nervous System
4. Nerves
5. Spinal cord
6. Brain

The nervous system is made up of your brain, spinal cord and an enormous network of nerves that thread throughout your body. It's the control center for entire body! Your brain uses information it receives from your nerves to coordinate all of your actions and reactions. Without it, you couldn't exist!

The **central nervous system** consists of the brain and spinal cord. It sends out nerve impulses and analyzes information from the sense organs, which tell your brain about things you see, hear, smell, taste and feel.

The **peripheral nervous system** includes the craniospinal nerves that branch off from the brain and the spinal cord. It carries the nerve impulses from the central nervous system to the muscles and glands

The **autonomic nervous system** regulates involuntary action such as heartbeat and digestion. **Nerves** are thin threads of nerve cells called neurons that run throughout your body. Bundled together, they carry messages back and forth just the way that telephone wires do. Sensory nerves send messages to the brain and generally connect to the brain

through the **spinal cord** inside your backbone. Motor nerves carry messages back from the brain to all the muscles and glands in your body.

When a neuron is stimulated (by heat, cold, touch, sound vibrations or some other message) it begins to actually generate a tiny electrical pulse. This electricity and chemical changes travels the full length of the neuron. But when it gets to the end of the finger-like points at the end of the neuron, it needs help getting across to the next extended finger. That's where chemicals come in. The electrical pulse in the cells triggers the release of chemicals that carry the pulse to the next cell.

Your brain is made of more than 10 billion nerve cells and over 50 billion other cells and weighs less than 3 pounds. It monitors and regulates unconscious bodily processes like breathing and heart rate, and coordinates most voluntary movement. It's the site of consciousness, thought, and creativity.

Different parts of your brain do different things. Some areas receive messages from sense organs, others control balance and muscle coordination, and others handle speech or emotion, memories, or basic motor skills, or complex calculations.

Circulatory System

Terms for review:

1. Heart
 - a. Atrium
 - b. Ventricle
 - c. Blood pressure
2. Pulmonary circulation
3. Blood vessels
 - a. Capillaries
 - b. Arteries
 - c. Veins
4. Blood
 - a. Plasma
 - b. Platelets
 - c. Red blood cells
 - d. Hemoglobin
 - e. White blood cells

The circulatory system is the body's transport system. It is made up of a group of organs that transport blood throughout the body. The heart pumps the blood and the arteries and veins transport it. Oxygen-rich blood leaves the left side of the heart and enters the biggest artery, called the **aorta**. The aorta branches into smaller arteries, which then

branch into even smaller vessels that travel all over the body. When blood enters the smallest blood vessels, which are called **capillaries**, and are found in the body tissue, it gives nutrients and oxygen to the cells and takes in carbon dioxide, water, and waste. The blood, which no longer contains oxygen and nutrients, then goes back to the heart through veins. **Veins** carry waste products away from cells and bring blood back to the heart, which pumps it to the lungs to pick up oxygen and eliminate waste carbon dioxide.

The normal, healthy heart is fist sized and pumps blood throughout the body. Blood enters the right side of the heart after the rest of the body has used all the oxygen. It travels in a loop! It enters the heart through the **right atrium** (a holding chamber), moves through a valve to the **right ventricle**. The right ventricle pumps the blood to the lungs to take on more oxygen. From the lungs, the re-oxygenated blood enters the heart through the **left atrium** (a holding chamber), is pumped to the **left ventricle**, then out the aorta to the body again – to pass on oxygen. **Capillaries** are tiny channels, on-blood cell wide, that connect arteries to veins. These vessels are where the exchange of oxygen and nutrients with carbon dioxide and waste products occurs in every organ. **Veins** are thin blood vessels that take blood away from the organs toward the heart. When depleted of oxygen and the exchange is complete and blood returns through the veins to the heart ... and has come full circle!

Blood pressure measures the force it takes to pump blood out of the heart and to the rest of the body. Electrical waves cause the heart to contract, pushing the blood to the lungs and rest of the body. Each heartbeat has two main phases:

1. Systole – the period of contraction when blood is pumped into the right and left ventricles.
2. Diastole – the period of contraction when blood is pumped from the ventricles and to the body.

Systolic / Diastolic = Blood Pressure

When working with a student with a compromised circulatory system, watch for things like color of the skin (are they pale or blue looking?), level of consciousness (are they groggy? Difficult to arouse?), respiratory rate (how fast or slow they're breathing? Are they working hard to breath?). If you notice anything out of the ordinary for that student, report it to the supervising RN immediately.

Muscular/Skeletal Systems

Terms:

1. Bones
2. Joints
3. Bone Marrow
4. Muscle
5. Tendon
6. Ligament

Bones have two purposes. Some, like your backbone, provide the structure, which enables you to stand erect instead of lying like a puddle on the floor. Other bones protect the delicate, and sometimes soft, insides of your body. Your skull, a series of fused bones, acts like a hard protective helmet for your brain. The bones, or vertebrae, of your spinal column surround your spinal cord. An adult body has 206 bones.

Bones are made of a mix of hard material that them strength, and many living cells which help them grow and repair themselves. Like other cells in your body, the bone cells rely on blood to keep them alive. Blood brings them food and oxygen and takes away waste. Our bones are able to mend themselves, when broken, because they are mad of living cells.

Bone marrow makes new red and white blood cells. It is located in the hollow portion, the center, of many bones. Bones actually make blood cells!

You need muscles to pull on bones so that you can move. Along with muscles and joints, bones are responsible for you being able to move. Your muscles are attached to bones. When muscles contract, the bones to which they are attached act as levers and cause various body parts to move. You also need **joints**, which provide flexible connections between these bones.

Without muscles, there would be no smiling, blinking, breathing, or walking. On average, probably 40% of a typical body weight is in muscles. You have over 630 muscles that move you. Muscles can't push – they pull. Muscles often work in pairs so that they can pull in different or opposite directions.

Cells that make up muscles contract and then relax back to original size. Tiny microscopic fibers in these cells compress by sliding in past each other like a sliding glass door being opened and then shut again. The cells of your muscles use chemical energy from the food you eat to do this. Without food, and particular kinds of nutrients, your muscles wouldn't be able to make the energy to contract!

Some muscles are known as “voluntary”, they only work when you specifically tell them to. These are voluntary movements. Others, like the muscular contracting of your heart, the movement of your diaphragm so that you can breathe, or blinking your eyes are automatic. They're called involuntary movements. Muscles can tear, just like ligaments, tendons and bones.

viii. Safe Transfer Techniques, Ambulation, Normal Range of Motion and Positioning

Movement of the body is dependent on the proper functioning of the musculoskeletal and nervous systems. If any of one of these parts of the body is altered or injured, the result can be loss or change in the body's ability to move.

Muscle movement and functioning may be altered by a number of causes. Damage to a portion of a student's brain may result in a break in the transmission of impulses to the muscles and loss of the muscles' ability to function. In addition, muscles may lose their ability to contract because of disease or deterioration due to a decrease in the number of nerves acting upon them. They may also lose function due to lack of use. Chemical and/or electrical imbalances may also affect movement in a body.

Normal daily activities keep the muscles loose and pliable by maintaining **range of motion** in the joints and related muscles. If movement is less frequent and limited, the muscles become less pliable and shortened. The shortened muscles pull the joint into an abnormal position, creating a contracture. The contracture causes greater effort for movement, increased wear on the joints, and decreased range of motion. Loss of normal muscle movement can make bones porous and soft.

Adaptive equipment (desk, chairs, feeding equipment, etc) and frequent movement should be available as needed to assist the student to maintain optimal function. Activities in the classroom, cafeteria, and physical education program may need to be modified to meet the student's needs.

Support for the student who requires assistive devices for ambulation can be administered by the school nurse, physical therapist, occupational therapist, teacher, aide, or other staff person who has general training in the assistive device of the student. General training should cover the student's specific health care needs, potential problems, and how to obtain assistance should problems occur, and appropriate lifting procedures. ***This section includes instruction on the use and maintenance of assistive technology/adaptive equipment specific to each student and their needs. The student's, doctor, physical therapist, occupational therapist, or R.N. are always good resources.***

Principles of Good Body Mechanics

1. Obtain help to lift a student. Do not lift anything that is too heavy for you. ***Good body mechanics allow movement and lifting of heavy objects or students without injury to the staff member or student.*** Seek assistance when planning to lift a student.
2. Explain the procedure to the student at his/her level of understanding. Encourage the student to participate as much as possible.
3. When moving a student (or heavy load):
 - a. Use proper posture at all times. Maintain lower back in good alignment while standing or sitting. ***Proper posture decreases the chance of back injuries.***
 - b. Secure as much additional assistance as is needed for safe moves.
 - c. If lifting a heavy load, ***work with the force of gravity by pulling, pushing, rolling or lowering, rather than working against the force of gravity by lifting the load.***

- d. Stand close to the object or student to be moved. *This provides a good center of gravity and good balance for moving the load and an even distribution of weight.*
 - e. Provide a broad base of support. *Have feet at least 12 inches apart with one foot slightly in front of the other.*
 - f. **Keep back straight, knees and hips flexed, weight distributed on both feet, and shoulders in line with pelvis.**
 - g. Use as many muscle groups as possible for moving the object or student. *Leg and arm muscles reduce the workload on the back and support the load.*
 - h. When working at lower levels, do not stoop by bending over. Instead, flex body at knees, and keeping back straight, use thigh and gluteal muscles to accomplish task.
 - i. Breathe during the moving effort. *Breathing provides for good oxygenation of the muscles and prevents dizziness and injury.*
 - j. To change the direction of the movement, pivot feet, turn with short steps, and turn the whole body without twisting the upper torso. *To lower an object or student, always bend straight down toward the resting place, never twist to lower an object or student. Lowering straight down prevents twisting sprains and injuries to the back.*
 - k. Use a verbal count of 1-2-3 to coordinate movements with the student or the staff member assisting with moving the student or object. *Coordination of movements will prevent jerky movements, which could lead to back strain and injury.*
 - l. Take rest periods to avoid straining.
4. When lifting a heavy object or student
- a. Squat
 - b. Stand to lift
 - c. Carry object close to body
 - d. Carry using muscles that pull shoulder blades together. *Lifting in this manner lessens back strain.*

Range of Motion (ROM)

Range of motion is the extent of a movement that a joint is normally capable of. It keeps students in the best physical shape and increases joint mobility and circulation to the affected joint. Swelling, tenderness and pain are some factors that limit ROM. Every joint in the body has a “normal” range of motion. Joints maintain their normal ROM by being moved. It is therefore very important to move all your joints every day.

There are different kinds of ROM. **Passive ROM** occurs when the student is unable to move independently and someone else manipulates body parts. **Active-Assist ROM** occurs when someone provides minimal support as the student moves through ROM. **Active ROM** occurs when the student moves independently through ROM. Only active

ROM increases muscle tone, mass, strength and improves cardiac and pulmonary functioning. In any form of ROM activity, the joint should only be moved to the point of resistance, NOT pain.

Training regarding ROM should be specific to each student. Staff will be aware of prescribed ROM exercises and will follow those orders/instructions. The student's doctor, physical therapist, or R.N. are good resources.

Movement involves voluntary and involuntary movement. If a student has decreased ROM in a joint(s), then their ability to successfully complete activities of daily living may also be affected. They may have difficulties in the areas of:

1. Movement
2. Personal hygiene
3. Dressing
4. Ambulation
5. Transfers
6. Eating

Prior to beginning any ROM activities, the personal care aide should be instructed to notice the size, shape, color and symmetry of opposing joints. They should document and report any deviation for what is typical for a student. Any masses, deformities or muscle atrophy should also be documented and reported.

Range of motion should never be performed when any of the following exist:

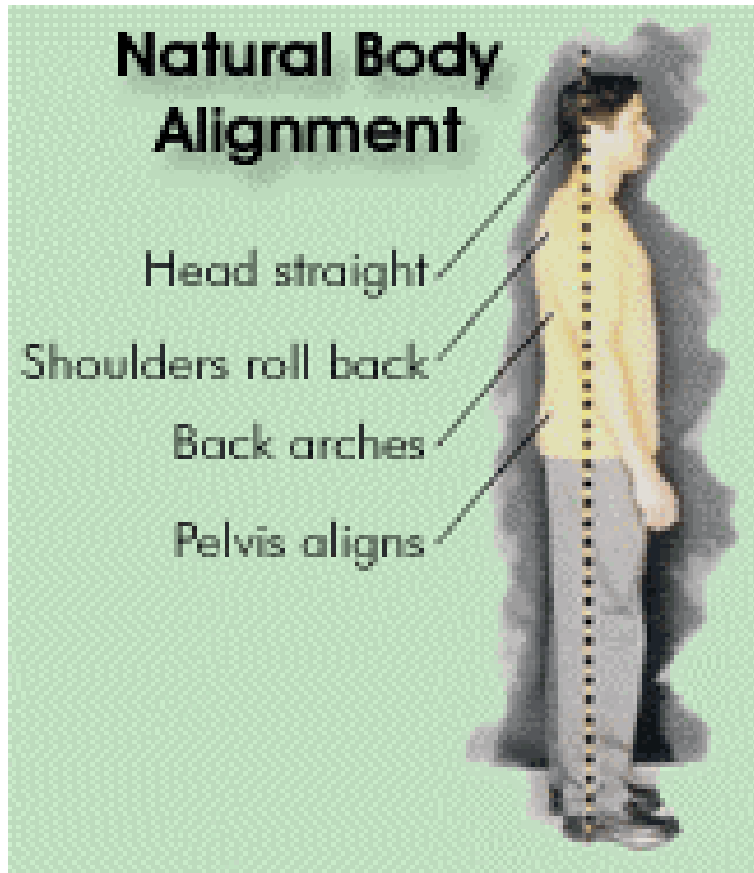
1. Dislocation of joint
2. Unhealed fracture
3. Immediately after surgery on ligaments, tendons, muscles, joint capsules or skin

**** The personal care aide will demonstrate competency prior to working with the student.***

Positioning

Positioning of the body is very important. Proper body alignment includes:

- Head straight
- Shoulders roll back
- Back arches, slightly
- Pelvis aligns



When positioning a student it is important to proceed in the following manner:

1. Review the health care provider's orders and/or student's health care plan.
2. Explain the procedure to the student. Be aware of the student's ability to participate (encourage the student to participate as much as possible).
3. Wash hands.
4. Have any necessary assistive equipment ready.
5. Have assistance, if necessary.
6. Use good body mechanics when lifting or positioning a student.
7. Change the student's position as needed or specified. Repositioning every 2 hours is common practice. ***This is individual to each student and should be specified.***
8. Check the skin, on a regular basis, for signs of redness or irritation.
9. Make sure the student is safe and comfortable.
10. Document change of position and any changes in skin integrity.
11. Report any changes to the supervising R.N.

**** The personal care aide will demonstrate competency prior to certification.***

Ambulation

When a student requires assistance with mobility, the following information needs to be available:

1. Baseline status
2. Assistance required (what type)
3. When assistive device is to be used
4. Care of assistive device
5. Related standard precautions

Proper body mechanics must be observed to ensure the safety of the student AND the personal care aide.

Transfer

When a student requires assistance with transfers, the following information needs to be available prior to coordinating a safe transfer:

1. Baseline status
2. Assistance required (what type)
3. When assistive device is to be used
4. Care of assistive device
5. Related standard precautions

Proper body mechanics must be observed to ensure the safety of the student AND the personal care aide.

ix. Recognizing Emergencies / Knowledge of Emergency Procedures

1. CPR Certification
2. Basic First Aid Certification
3. Each student should have “Emergency Procedures” documented based on their needs. Staff should be familiar with these procedures.

x. Basic Household Safety / Fire Prevention (if applicable)

While basic household safety and/or fire prevention might not be something the personal care aide in the school is responsible for, there are some things related to fire safety that need to be communicated with ANY STAFF working with students:

1. Be aware of each student’s ability to exit the school in the event of a fire/emergency.
2. All staff working with students should be aware of emergency exit routes/procedures.

3. The emergency exit plan needs to be documented and easily accessible for any staff working with the student who might have difficulty exiting the building safely, in the event of a fire or other emergency.

xi. Maintaining a Clean, Safe, and Healthy Environment

Infection control is the method of limiting the potential spread of infection among children, faculty, and staff and should be an important concern within the school environment.

The Occupational Safety and Health Administration (OSHA) developed a standard for prevention of exposure to blood-borne pathogens (Occupational Exposure to Blood-Borne Pathogens, 1991).

Although the OSHA standard does not apply to schools, it is recommended that schools incorporate and/or adopt applicable sections of the OSHA standard into school policy. The standard mandates that employers provide the following:

1. A written exposure control plan that identifies all job classifications that have risk of exposure to blood-borne illness.
2. Classes on how to prevent occupational exposure to blood-borne illness.
3. The procedure for evaluating exposure incidents
4. A schedule for implementing all the provisions of the standard

It is important that you know the policies/procedures for your own district.

Universal Blood and Body Precautions

Universal precautions pertain to blood and the following human body fluids: Cerebrospinal fluid, synovial fluid, vaginal secretions, semen, pericardial fluid (around the heart), pleural fluid (around the lungs), peritoneal fluid, amniotic fluid, any body fluid that is visibly contaminated with blood, and all body fluids in situations in which it is difficult or impossible to differentiate between

Appendix A

Service Log

Daily Service Log for Personal Care

Student's Name _____

Date _____

School District _____

Time	<i>I. Location</i>	Activity/Task	Signature	<i>II. Notes</i>
0800				
0815				
0830				
0845				
0900				
0915				
0930				
0945				
1000				
1015				
1030				
1045				
1100				
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1600				
1615				
1630				
1645				
1700				

Name (Printed)

Name (Signature)

- 1.
- 2.

Appendix B

Service Plan Examples

Routines and Activities of Daily Living (ADL's):

1. Bathing
2. Bladder and bowel requirements
3. Dressing
4. Eating
5. Incidental housekeeping
6. Laundry
7. Personal hygiene
8. Shopping for personal maintenance items
9. Taking medications *
10. Mobility and Ambulation

**** Assistance with medications is a personal care service only to the extent that the Arkansas Nurse Practice Act and implementing regulations permit a personal care aide to perform the service.***

Tasks Associated with Routines/ADL's:

Eating: Student must have a physical dependency need preventing or substantially impairing their ability to prepare and serve a meal, clean articles and utensils used in the preparation of the meal, and/or execute tasks such as cutting food into bite-size pieces or negotiating food from plate to mouth.

Example: “puree food for student”,
“hand over hand assistance with student”,
“cut food for student”

Mobility and Ambulation: Student must have a physical dependency need preventing or substantially impairing their ability to:

1. Turn themselves,
2. Move from bed to chair (including wheelchair or motorized chair),
3. Walk (alone or with a device), or
4. Operate a push wheelchair or motorized chair.

Example: “assist student from sitting to standing position”,
“assist student walking”,
“reposition in chair/bed”,
“assist with range of motion exercises”.

Personal hygiene: Student must have a physical dependency need preventing or substantially impairing their ability to perform hair and skin care and grooming, oral hygiene, shaving and nail care.

Example: “brush teeth”,
“assist student with hand over hand teeth brushing”,
“assist student with hand and face washing”.

Bladder and Bowel Requirements: Student must have a physical dependency need preventing or substantially impairing their ability:

1. To safely enter and exit the bathroom, or
2. To properly complete elimination routines without assistance.

Example: “assist student to restroom”,
“assist student with clothing”,
“assist student with hand washing”.

Bathing: Students must have a physical dependency need preventing or substantially impairing their ability:

1. To safely entering or exiting the tub or shower and washing, rinsing and towel-drying, or
2. To sponge bath, if the student cannot safely enter or exit a tub or shower under any circumstances and cannot sponge-bathe him/herself.

Example: “assist student with holding wash cloth”,
“assist student with drying body”.

Dressing: Students must have a physical dependency need preventing or substantially impairing their ability to clothe themselves.

Example: “assist student with putting clothes on”,
“assist student with buttons”,
“assist student remove clothing”.

Incidental Housekeeping: “Incidental housekeeping” means cleaning of the floor and furniture only in the area of the service delivery location occupied by the client.

Laundry: “Laundry” means laundering only items incidental to the care of the client. Laundry may be a covered service to the extent that it is a service designed to address the client’s immediate needs, for example, cleaning soiled clothing.

Shopping: “Shopping” means services to address the student’s physical dependency need by assisting the student with shopping or by shopping for the student. The assessment must describe the impairment(s) that prevent or impede the student’s ability to move freely and safely in stores and perform some or all of the shopping tasks necessary to maintain his or her health and comfort.

Appendix C

Cast Care

Cast Care

Many students attend school with casts. It is important to know what kind of cast a student has and if they are able to bear weight on the body part that has been casted. There are several different kinds of casts:

7. Synthetic (Polyurethane resin or Fiberglass) – most common casting material for children’s casts. They are available in colors and prints. Lightweight, allows for greater range of activity. Rough surface can snag clothing or be abrasive to skin.
8. Plaster of Paris – usually reserved for situations that require close conformity or small irregularly shaped areas such as the hand. Relatively heavy and must be kept dry.

If a student attends school with a cast, it is important for the personal care aide to be aware of some common practices related to casts and cast care:

1. Know the health care providers orders.
2. Explain to the student why they are checking the cast.
3. Check the cast for fit:
 - a. **Color, swelling, and warmth of extremity.** *Extremity should be the same color as a comparable extremity and warm, with no swelling. There may be swelling with the initial injury.*
 - b. **Capillary refill of toes or fingers.** *Capillary refill can be checked by pressing on the nail beds of the toes or fingers. After releasing the nail bed, the color should return rapidly to the nail bed in 3 seconds or less.*
 - c. **Sensation and movement of toes or fingers.** *The student’s ability to move and feel in the extremity can be evaluated by viewing his/her response to touch. Report any changes.*
4. Observe the condition of the cast.
 - a. Cracks, dents, soft spots should be noted
 - b. Edges should not be soft or crumbly.
 - c. Student should be reminded not to put anything inside the cast.
 - d. Student should be reminded to keep the cast clean.
5. Observe for any complaints or problems noted by the student especially the 5 “P’s”:
 - a. Pain, Pallor, parasthesia, paralysis, pulselessness.
 - b. Observe for any skin rashes or reddened areas around the cast.
 - c. Report any pain, pressure, numbness, redness, rash or decreased sensation in affected body part.
6. Protect cast from soiling. Cover cast with plastic wrap as needed at mealtimes and with elimination.
7. If student is immobile, change position as needed to prevent breakdown. Avoid allowing the limb to hang down for more than 30 minutes.
8. Do not put padding in the cast.
9. Caution student not to scratch under the cast. Itching can sometimes be relieved by an ice pack or by tapping on the cast.
10. If student has a spica cast, do not use the bar to lift student. Reclining wheelchairs can be used to accommodate the child in a spica cast.

11. Arrange transportation as needed for fire drills and emergency evacuations.
Prearrange evacuation plans and make sure both student and staff are aware of them.
12. Document care and findings.

Appendix D

Oxygen Safety Precautions

Oxygen Safety Precautions

Oxygen provides for body functions, relieves shortness of breath, and reduces the workload of the heart. Oxygen use is indicated for physical conditions in which a student is unable to get enough oxygen into the body or needs more oxygen.

When working (or in contact) with a student using oxygen, the following warning is in effect:

WARNING:

*** THERE SHOULD BE NO SMOKING, OPEN FLAME, OR HEAT SOURCE CLOSE TO THE OXYGEN; THESE MAY INCREASE THE RISK OF FIRE.**

*** EQUIPMENT AND OXYGEN SUPPLY MUST BE CHECKED AT LEAST DAILY, OR MORE OFTEN, DEPENDING ON THE EQUIPMENT.**

There are some things to keep in mind when working around oxygen. Some of the most important are:

1. Do not smoke or allow open flames near oxygen. Store oxygen away from heaters, radiators, and hot sun.
2. Never permit oil, grease, or highly flammable material to come in contact with oxygen cylinders, liquid oxygen, bulbs, regulators, or fittings. Do not lubricate with oil or other flammable substances, and do not handle equipment with greasy hands or rags.
3. Never put anything over an oxygen gas tank.
4. Know the name of the home oxygen supply company contact person. Have the telephone number posted in an obvious place and on the emergency plan.
5. Return any defective equipment to the authorized company for replacement.
6. Have spare oxygen readily accessible based on the student's needs.
7. Keep extra tubing and tank equipment in an easily accessible place.
8. Protect dry regulator from becoming dislodged. A hissing noise may indicate a leak in system.
9. Be sure that the tank (when using oxygen gas) is securely placed in its stand and cannot fall or be knocked over.
10. Be careful that the oxygen tubing does not become kinked, blocked, punctured, or disconnected.
11. Use only the flowmeter setting prescribed by the student's physician.
12. Notify the fire department that oxygen is in use in the school.
13. Secure the oxygen tank or liquid system for transport in an upright position. Make sure the gauge and valve stem are protected.

The Skills Checklists in Appendix B should be used as a foundation for competency-based training in appropriate techniques required when working with a student with these types of needs.

Appendix E

Using a Nasal Cannula

Using a Nasal Cannula

A nasal cannula is used to deliver a low-to-moderate concentration of oxygen. It can be used as long as nasal passages are open. It is easy to use and does not alter the ability of the student to eat, talk, and cough.

When working with a student using a nasal cannula:

1. You must begin by washing your hands.
2. Assemble the equipment needed.
3. Explain the procedure to the student and find out what they are able to do to participate.
4. Attach the cannula to the oxygen source securely.
5. Set the liter flow on the flowmeter as prescribed by the physician.
6. Turn on the oxygen source.
7. Check the cannula prongs to make sure that the oxygen is coming out.
8. Never change the liter flow without contacting the physician.
9. Insert prongs into the student's nose. Make sure both prongs are in the nostrils.
10. Wash hands.
11. Document procedure.

Appendix F

Using an Oxygen Mask

Using an Oxygen Mask

An oxygen mask can deliver higher or lower concentration of oxygen than the nasal cannula and is useful when nasal passages are blocked.

When working with a student using an oxygen mask:

1. Wash hands
2. Assemble equipment
3. Explain the procedure to the student and find out what they are able to do to participate.
4. Set oxygen flow on flowmeter to the rate prescribed by the physician.
5. Turn on the oxygen source
- 6. Do not change setting without contacting the physician.**
- 7.** Check that oxygen flow is coming out of the mask.
8. Place the mask over the student's nose and mouth.
9. Wash hands.
10. Document procedure.

Appendix G

Using a Tracheostomy Collar

Using a Tracheostomy Collar

The tracheostomy collar is one means of delivering oxygen or humidified air to the tracheostomy. The tracheostomy collar may be used with a humidifying device and tubing to prevent dry and/or thick secretions from plugging the tracheostomy and to administer oxygen to the student.

When working with a student who has a tracheostomy collar:

1. Wash hands
2. Assemble equipment
3. Explain the procedure to the student and find out what they are able to do to participate.
4. Set up humidification device – if used.
5. Set percent of oxygen, as ordered
6. Connect to compressed air/oxygen source.
7. Turn on oxygen source.
8. Do not change setting without contacting the physician.
9. Connect to heater and/or humidifier, if required.
10. Place one end of wide bore tubing on the collar and the other on the humidifier or heater.
11. With compressed air/oxygen source on, look at mist at the end of tubing. You should see a fine mist when held up to the light.
12. Place collar on student neck over tracheostomy tube in the midline
13. Wash hands.
14. Document procedure.

Appendix H

Post Test

Post Test

True or False

1. _____ Following this training, the school district you work for will be able to bill for Medicaid Personal Care Services because you will be a certified personal care aide.
2. _____ With regards to the medical personal care services you provide in the classroom, your supervisor is an R.N.
3. _____ Discussing a student's medical needs with the parent of another student is acceptable.
4. _____ You must document personal care services you provide only if they are included in the service plan.
5. _____ Behavior is a form of communication.
6. _____ You are not considered a "mandatory reporter"
7. _____ It is important for personal care aides to be familiar with the Delegation Chart from the "School Nurse Role and Responsibilities Practice Guidelines".
8. _____ Correct body mechanics are important to be aware of.
9. _____ An exit plan, in the event of a fire, is not something that is a priority.
10. _____ Universal Blood and Body Precautions pertain to blood and the following human body fluids: Cerebrospinal fluid, synovial fluid, vaginal secretions, semen, pericardial fluid, pleural fluid, peritoneal fluid, amniotic fluid, any body fluid that is visibly contaminated with blood, and all body fluids in situations in which it is difficult or impossible to differentiate between body fluids.