



Development of a VET curricula for Personal Assistant professional profile
based on the European Framework of Qualifications

**EU-Assistant:
Development of a VET
curricula for Personal
Assistant professional
profile based on the
European Framework of
Qualifications**

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MODULE 8 – PROVISION OF PRIMARY CARE AND FEEDING



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1. MODULE DESCRIPTION

MODULE TITLE	Provision of primary care and feeding
KEYWORDS	Primary care, primary health, feeding, care, personal hygiene, health, first aid, person with special needs, persons with disabilities
TARGET GROUP	The target group of the module are people who want to obtain some knowledge to become a personal assistant for a person with disability
LEVEL	intermediate
CAREER OPPORTUNITIES	Independent persons who want to become personal assistant for persons with disabilities/ persons with special needs
AIMS OF MODULE	This module provides participants practical, comprehensive knowledge, resources and networking opportunities on how to successfully start and operate as a personal assistant.
LEARNING OUTCOMES	Up on successful completion of the module the participant will learn the knowledge and skills necessary to: <ul style="list-style-type: none"> - ensure the care and personal hygiene of the beneficiary; - supervise and maintain the beneficiary's health; - meet the water and food needs of the beneficiary, according to his/her age, health condition, medical recommendations and his/her ability to feed itself.
PREREQUISITE(S) SKILLS:	use of basic ICT
PREREQUISITE(S) COURSE:	none

GUIDED LEARNING HOURS:	5 hours
COMPENTENCY	Support the beneficiary in his/her daily activities
ASSESSMENT	Assessment will consist of a multiple-choice test. Each test will consist of multiple-choice questions which will test candidates' knowledge and understanding across the learning outcomes.
CATEGORY	cost (cost optimization) time (efficient time management) s-quality (service quality) m-quality (management quality)
SUPLEMANTARY MATERIAL(S)	none

2. INTRODUCTION

Dear Participant,

Welcome to this Module! This module is created for people who want to become a personal assistant for disabled persons. In this module you will learn how to offer primary care, feeding and support in personal hygiene.

The module refers to the personal assistant's knowledge and skills regarding the care and personal hygiene of the beneficiary in order to satisfy his/her fundamental needs and ensures the quality of life; the knowledge and skills necessary to supervise and maintain the beneficiary's health; the knowledge and skills necessary to meet the water and food needs of the beneficiary, according to his/her age, health condition, medical recommendations and his/her ability to feed itself.

In the other modules you will learn about:

- the philosophy of Independent Living;
- what is a Personal Assistant;
- functional diversity (the new term about disability);
- what is autonomy promotion and how to support the person with disability to develop his/her personal autonomy and build a self-positive image;
- to manage your working plan;
- communication with the person with disability/person with special needs;
- assistive technologies that can help;
- the rights of person with disability.

After these modules, you will be ready start working as a professional personal assistant!

Warm regards,

EU-Assistant Project Team

3. PRIMARY CARE

3.1. Introduction

Primary health care (usually named primary care or primary health) is the first level of contact that individuals have with the health system or with a health care provider. Primary health care is community based, delivered by doctors (general practitioners) or nurses. Primary care includes a lot of health related services as health education, counseling, disease prevention, screening, etc. There are three distinct area of health expertise: medical/technical, medical/biographical and system (knowledge and skills about accessing, using and managing provider/service system).

The World Health Organization (WHO) attributes the provision of essential primary care as an integral component of an inclusive primary healthcare strategy. Primary care involves the widest scope of healthcare, that include: ages of patients, socioeconomic and geographic origins of patients, seeking to maintain optimal health, patients with all manner of acute and chronic physical, mental and social health issues, including multiple chronic diseases. WHO mentioned that a key characteristic of primary care is continuity – patients usually consult the same practitioner/ doctor when they need an initial consultation for health problem.

WHO has identified five key elements in order to achieve a better health for all:

- reducing exclusion and social disparities in health (universal coverage reforms);
- organizing health services around people's needs and expectations (service delivery reforms);
- integrating health into all sectors (public policy reforms);
- pursuing collaborative models of policy dialogue (leadership reforms); and
- increase the stakeholder participation.

The International Classification of Primary Care (ICPC) published by Wonca, is a standardized tool for understanding and analyzing information on intervention in primary care by the reason for the patient visit. ICPC reflects the distribution and content of aspects of primary care. It was designed as an epidemiological tool to classify data about three important elements of the health care encounter: reasons for encounter, diagnosis or problem, process of care. ICPC is a collection and analysis of patient data and clinical activity in the domains of General / Family Practice and primary care.

3.2. Access to primary care for persons with special needs

All the researches demonstrate that disabled adults have, in general, a physical disability. During the life, disabled adults experience a higher prevalence of chronic diseases like: cardiovascular diseases, high blood pressure, diabetes, asthma, arthritis, high cholesterol, etc. But, in order to access the health services the persons with disabilities/ special needs face different barriers: the physical environment is the big barrier for primary care for them; then another barrier is the lack of knowledge of health care services.

Persons who are blind or vision impaired faced another problem – the health information is rarely presented in an accessible format.

Deaf and hard of hearing persons met the problem of missing the sign language interpreters in health institutions/centers.

As a conclusion, access to primary care it is often difficult for disabled people due to the environmental barriers; health information available in inaccessible formats and inexperienced health professionals.

3.3. Primary care and physically disabled persons

Physical disabled persons usually perceived being healthy as equal to not being ill. They don't see disability as equating to being un-healthy and interpret in a positive way their body image, as being healthy (Nazli, 2012).

Despite this positive image, physically disabled people have greater health needs than those who are not physically disabled. Park et al. (2009) and Reichard, Stolze and Fox (2011) argued that people with physical disability are less likely to participate in mass screening programmes than those without physical impairment and suggested that chronic diseases (arthritis, cardiovascular diseases, diabetes, high blood pressure, etc.) were more prevalent for those with physical impairment. It was noticed that the most persons with physical disability cannot access and receive three types of on-time screening and care: no pap tests, no mammogram and no dental visits. It was shown that women with physical disability have a risk of breast cancer similar with women without disability, but for the women with physical disability there is the possibility to not obtain a mammography in recommended time. White and colleagues (2011) noted that persons with physical disability are at risk of serious outcomes from secondary conditions ranging from blood pressure as a result of immobility, to social isolation as a result of depressive illness. These

situations can be reduced if the health policies will make the preventive treatments more accessible for persons with physical disability.

In conclusion, research in the area of physical disability and health highlighted that persons with physical disability do not see their disability as synonymous with ill and interpret themselves as healthy. It was reported a high rate for chronic diseases and reduced access to health screening and dental care for these persons. Women with physical disability are disadvantaged in the area of breast screening and they have higher breast cancer mortality rates and reduced access to standard therapy. It was noticed that persons with physical disability have a greater risk to have depressive illness and high blood pressure sores.



3.4. Primary care and sensory impaired persons

The persons who are blind and visual impaired have problems access related to the costs of care, transportation issues, availability of insurance coverage, physical and attitudinal barriers that practice at the practice level. Older adults who are blind or visual impaired are likely to be poorer and less educated than the persons without vision loss, and experience health inequalities that impact their quality of life. In order to decrease these problems, it is necessary to increase the rehabilitation for these persons, to achieve more inclusive services and the medical training should be more focused on visual impairment.



The persons who are Deaf and use the sign language confront with communication difficulties when they want to access health services; inaccessibility of mass-media to access information about health promotion and education; lack of knowledge on the health care professionals regarding the communication needs and protocols of Deaf persons and those who are hard of hearing. This conducts them to have feelings of fear, mistrust and frustration. When the Deaf people are going to health centers, they are depended on available certified interpreters and if the health professionals are familiar with sign languages. The researchers said that it is necessary that health professionals to receive education regarding the socio-cultural aspects of Deafness, in order to avoid misdiagnosis.



4. BASIC FIRST AID



First aid is the assistance given to any person suffering a sudden illness or injury, with care provided to preserve life, prevent the condition from worsening, and/or promote recovery. It consists in primary intervention till the professional medical intervention is available.

The first aid skills can contribute to increase confidence and independence among persons with or without disability. The first aid skills offer them the opportunity to gain the information to make decisions and manage risk with particular regard to issues of health and safety.

For all first aid skills, the person with disability can learn how to instruct someone else and how to carry treatments they are unable to do themselves (they can describe to other person what the steps to perform for first aid).

For example, a person with physical disability, can perform chest compression (CPR – apply pressure in the middle of the chest to keep the heart pumping blood) with their hands, or if this it is not possible with their elbow or the heel of their foot. They can call emergency service with the help of android phones, or if this it is not possible they can request to someone else to do that. Anyway, their presence, reassurance and observation may be invaluable.

First aid kit

In each home there are available scissors, adhesive tape, bandages, thermometer, ethyl alcohol, plastic gloves, antiseptic solution, ibuprofen, extra medication etc. It is better to keep these in one place in a special bag or plastic box to be used when it is necessary. If there it is not possible to create your own First Aid Kit, you can buy it from pharmacy or specialized shops.



5. SUPPORT IN BASIC DAILY ACTIVITIES

5.1. Feeding / Assisted feeding

Feeding/eating/consuming is the ingestion of food, done by each person.

Assisted feeding, also called hand feeding or oral feeding, is the action of a person feeding another person could not otherwise feed themselves. Assisted feeding happens when a personal assistant/parent/carer puts food into the mouth of the person who has difficulty eating.

There can be many reasons why a person can have problems on eating. Possible causes are:

- Structural abnormalities,
- Psychological or behavioural conditions,
- Motor or sensory impairments,
- Something unrelated to a condition

Most persons will learn to feed themselves to some degree. Taking the time and effort to help a person to develop these skills can also help them in other ways, such as language development and hand-eye co-ordination.

Many people would prefer to be able to sit at the table and feed themselves, even if it takes longer or is messier. Being able to choose what and when to eat is one of life's pleasures. And for some people with disability it is a pleasure to cook with/without your help. It is better to listen and help the person to create his/her desired meal.

When you prepare the meal for a person with physical disability you should take into consideration the followings:

- Choose his/her own food recipe and listen what he/she want to add or avoid (he/she knows better what can or cannot eat),
- Smell the aroma of the food,
- Prepare the food how he/she like and is recommended (with/without salt, with/without eggs, etc.)
- Take into consideration that eating is a social event
- In the final, look at food if is nicely placed on the plate.

5.2. Shopping with a person with special needs

When you go at shopping with a person with special needs who use a wheelchair, you should check if the places are accessible for them. In general, the new buildings are fully accessible, but in the old ones especially the old protected buildings cannot make necessary adjustments to accommodate the wheelchairs like in the modern buildings.

Supermarkets are usually accessible. They will generally have ground level entrances, lifts if there is an upper floor, and spacious aisles. Most will also provide you with assistance if you need it. The bigger shops will also have disabled access bathrooms.

Of course, you should take into consideration the transportation to the shopping place. Sometimes, the person with disability give you a list with what it is necessary and you can go to the nearest shop, but other times the person with disability want to make the shopping by himself/herself. So, you as a personal assistant should accompany him/her.

You should know that there are some difficulties for a wheelchair user on the streets. The streets can also be highly dependent on the age of the town or the area you are in. Newer areas usually have tarmac or paving stones which are smooth and easy to use your wheelchair. Older areas, particularly in more pedestrian town centres, are usually dominated by cobble stones which can be very uncomfortable to go over in a wheelchair. Usually there are some smoother areas to go across nearby but cobblestones are unlikely to be completely unavoidable.

Outside of the town centres, pavements and crossings usually have features to make them more wheelchairs friendly. For the most part, dropped curbs are in place to allow wheelchair users and pushchairs to cross the road safely when away from pedestrian areas but it is not always perfect. As in many other locations around the world, sometimes the dropped part of the pavement may not be lowered as much as is actually necessary so it can be a bit of a bump up or down. It is also not uncommon to find that a dropped kerb on one side of the road does not mean that there is one on the opposite side.



Of course, now there is the possibility to make the shopping online. If the person with special needs wants to use this facility you can assist him/her on the online market sites.

Tips when you go at shopping with a person with special needs

- ✚ Together with the person with special needs prepare the shopping list from home
- ✚ Go to the shopping when the shops are mostly empty (for example in UK there are supermarkets who have "quiet hour" for shoppers with autism, or "2 hours for slow shopping" for shoppers with special needs)
- ✚ Find an accessible store
- ✚ Be confident, relax and ask the person with special needs how you can help
- ✚ Some disabled people need more time for everyday tasks, such finding items or paying. Be patient and offer extra help, if it is necessary
- ✚ Do not forget that shopping is a way of socialization



5.3. Assist in dressing and undressing

Dressing well is important to many of us, no matter the event or venue of the occasion.

It is known that clothes are closely associated with the personality of a person and if the person is well dressed this helps to increase an individual's confidence which in turn enhances their emotional well-being.

People with disabilities sometimes have difficulty finding clothes that are both accessible and fashionable. The ability to put on and take off their clothes easily is a major concern. Most would end up choosing a much larger piece of clothing so that it is easier to remove them. Comfort is also important for those who have to be seated all day such as wheelchair-users.

When a person is very sick or disabled, he/she may have difficulties with dressing and undressing. In these circumstances, you, as a personal assistant, will undertake these activities for the person or, at least, assist him/her to perform them. Always, you should encourage the person to regain the maximum amount of independence as soon as possible and the act of dressing is one step towards independence.

A person who is unwell usually feels cold more than anyone due the decrease of activities. It is your duty to ensure that he/she is dressed appropriately to keep warm. This is especially for person who cannot express his needs. Those who are alert could be quite embarrassed in the process of been dressed or undressed.

Tips for dressing and undressing a person with disability

- ✚ When undress a person close the door and draw the curtains
- ✚ Keep the room warm because will make take some time to do this task
- ✚ Encourage the person to do as much as possible himself/herself to boost his/her independence and morale
- ✚ Do not rush the person with disability
- ✚ Dressing / stripping is done on time with skill and care
- ✚ Be gentle in your movements when you pull the clothes
- ✚ Do not undressing him/her unnecessarily
- ✚ Talk to the person to alley anxieties and embarrassment during the process.
- ✚ The most disabled limb should be dressed first and undressed last. For example:
 - when taking out clothing, remove sleeve from the unaffected arm first as the person can bend his hand.

- put on clean clothing by slipping in the sleeve from the weak side first.

Tips: Place the sleeve of the shirt as high as possible on the person's shoulder of the affected arm to facilitate dressing or undressing.

Tips on choosing and modifying clothes

- ✚ Clothes should be comfortable and loose-fitting
- ✚ Avoid tight-fitting garments if the person has limited movement of his/her arms
- ✚ Clothes with front pocket are more accessible if the person is sitting down most of the time
- ✚ Velcro tape can be sewn on trousers if there is difficult to close /open the zip
- ✚ Front-fastening bras is useful with arthritic hand or recuperating after stroke
- ✚ Cotton is the ideal material because absorbs perspiration well.

In shops there are some products that can help a person to dress/undress alone. For example, there are available the following products:



Sock aids



Bra dressing aid



Equipment to assist with putting on tights



Compression stocking aids



Button hooks



Dressing stick



Zip pullers



Zip grip



Slip lift pants aid

5.4. Personal hygiene

Personal hygiene may be described as the principle of maintaining cleanliness and grooming of the external body. Maintaining a high level of personal hygiene will help to increase self-esteem and confidence. Poor hygiene can cause skin complaints and infections, and be a source of discomfort and low self-esteem.

To maintain daily personal hygiene, you should make sure that the person with special needs has:

- hands washed after he/she used the toilet
- wash his/her genitals and anal area every day
- washed daily his/her face
- he/she make a fully bathed or showered at least once a week
- his/her teeth are brushed twice a day

Support with washing and bathing

For most people, washing is a very private activity. If you are helping someone else wash or bathe, be sensitive and try to maintain their dignity. You may feel awkward and embarrassed, especially at first.

To make bathing and washing as pleasant and comfortable as possible, you might consider:

- using pleasant-smelling shampoo, bubble bath or soap
- playing music the person you care for likes and is familiar with
- if the person you're washing is confused, explaining what's happening as you go along

- being sensitive to their mood

Be aware of the emotional state of the person you care for when helping them wash. For example, some people can be anxious about deep bath water. Adaptations, such as seats or recliners, can help with anxiety. Reassure the person that you won't let them be hurt.

Overhead showers can be frightening to some people. If you have no bath or there is a good reason for using a shower rather than a bath, use a handheld shower.

Ask the person how they would prefer to be helped and allow them as much independence as you think is safe. If they had a routine before you began caring for them, find out what it was and stick to it as much as you can. Find out which shampoo, shower gel or soap they prefer to make the experience more familiar to them.

Many people become self-conscious when undressed in front of others. Be sensitive to the situation and approach it in the way you think is most appropriate. The person you care for may feel isolated if you leave them alone. How you handle this depends on your relationship with them. Have clothes and towels with you so you don't have to leave them alone in the bathroom if they don't want you to.

Safety when washing or bathing

If the person who hired you has limited mobility or problems balancing, make sure:

- the floor is not slippery (dry it if necessary)
- the room is a comfortable temperature
- the water is comfortably warm – older people particularly feel the cold, so bear this in mind when adjusting the temperature
- the locks are removed from the door – you or the person you care for may want privacy, but other people may need access in an emergency

If you are caring for someone, protect your own safety – for example, by getting advice on helping someone get in and out of the bath.

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