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| SUBJECT: **RESIDENT ATTENDANT POLICY** | | | | NO. | |
| **Policy**:  It is the policy of this facility to have an approved Resident Attendant Training program. Staff, who has completed this, or another approved program, will be able to provide nutrition, hydration and limited personal hygiene support to the residents in this facility to which they have been assigned under the resident’s plan of care. They may be hired strictly to provide this service or may be a worker in this facility from another department that will be called upon to help during mealtimes as needed. They will not be counted in the minimum nursing staffing ratio in this facility.  Personal hygiene is limited to washing a resident’s hands and face, brushing and combing a resident’s hair, oral hygiene, shaving resident with an electric razor and applying makeup.  **Procedure:**  The term ‘Resident Attendant’ does not include an individual who:   * is a licensed health professional or a registered dietitian; * volunteers without monetary compensation; * is a nursing assistant; or * performs any nursing or nursing-related services for resident of this facility.   Resident Attendants must complete a State of Illinois-approved training and competency evaluation program. The facility will maintain documentation of completion of the training program and determination of competency for each person employed as a resident attendant.  Resident Attendants will be supervised by and shall report to a licensed nurse. Each Resident Attendant shall be given instruction by a nurse or dietician concerning the specific feeding, hydration, and/or personal hygiene care needs of the resident whom he or she will be assigned to assist.  The Resident Attendants will only assist those residents who have, as part of their comprehensive assessment, been evaluated to determine whether the resident may be fed, hydrated or provided personal hygiene by a resident attendant. Such evaluation shall include, but not be limited to:   * the resident’s level of care; * the resident’s functional status in regard to feeding, hydration, and personal hygiene; * and the resident’s ability to cooperate and communicate with staff. | | | | | |
| Approved: | Effective Date: | Revision Date: | Change No.: | | Page: |