

## Avera Dining Assistant On-Line Training Solutions© Training Documentation for On-Line Activities

Complete and accurate documentation must be recorded and maintained by facility. Student may not assist any residents with aspects of dining until he/she successfully completes the facility's 10-hour South Dakota Department of Health approved dining assistant training program (online training and clinical training/supervision by an RN).

**Facility Name:** \_\_\_\_\_

**RN Instructor Name** (Please Print Here & Sign at Bottom):  
\_\_\_\_\_

**Student Name:** \_\_\_\_\_

	Score	Date		Score	Date
Module 1	_____	_____	Module 6	_____	_____
Module 2	_____	_____	Module 7	_____	_____
Module 3	_____	_____	Module 8	_____	_____
Module 4	_____	_____	Module 9	_____	_____
Module 5	_____	_____	Module 10	_____	_____
			Final Quiz	_____	_____

**Facility Instructor:** Utilize clinical documentation below for the **minimum 2-HOUR CLINICAL** or attach your SD DOH approved clinical documentation to this form.

CRITERIA	SATISFACTORY	UNSATISFACTORY	COMMENTS
<b>HANDWASHING</b> (can be demonstrated to RN) 1. Turns on water. Wets hands. Applies liquid soap to hands. 2. Rubs hands together for at least 15 seconds, interlacing fingers pointing downward. 3. Rinses hands thoroughly under running water with fingers pointed downward. 4. Dries hands on clean paper towel. Turns off faucet with a <b>SECOND</b> clean dry paper towel or with dry section of previously used paper towel. Discards wet towels in trash. 5. Does not re-contaminate hands during procedure.			
<b>ASSISTING THE RESIDENT</b> 1. Properly washes hands before procedure. 2. Explains procedure to the resident. 3. Assembles appropriate equipment before procedure: clothing protector, washcloth or towel. 4. Insures residents safety. Begins with resident in an upright position. At least 45 degrees. 5. Protects clothing from soiling using napkin, clothing protector or towel. 6. Sits down to feed resident. Does not feed resident while standing upright. 7. Describes the foods being offered to the resident. 8. Offers water or other fluid frequently. 9. Offers food in small amounts at a reasonable rate, allowing resident to chew and swallow. 10. Wipes resident's hands and face during meal as needed. 11. Leaves resident clean and in position of comfort and safety. 12. Washes hands.			
<b>ABDOMINAL THRUST</b> (can be demonstrated to RN) 1. Is able to identify symptoms of choking. Evaluates choking by asking resident, "Are you choking?" 2. Stands behind resident and wraps arms around resident's waist. 3. Makes a fist with one hand. 4. Places the thumb side of the fist against the resident's abdomen. 5. Positions fist slightly above navel and below the xiphoid process. 6. Grasps fist with other hand, presses fist and hand into the resident's abdomen with an inward, upward thrust until object is expelled or victim loses consciousness.			

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Facility RN Instructor signature:** \_\_\_\_\_ **LIC #:** \_\_\_\_\_ **Date:** \_\_\_\_\_