

A GENERIC ORIENTATION TO DOING ATTENDANT WORK

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INTRODUCTION

This guidebook is only an overview of attendant work; it will not give many specifics, because each situation is different and each disabled person is an individual. No matter how much information is given here, individual instructions will still be needed from the disabled employer. (Some disabled people even prefer to hire inexperienced attendants because someone else has not already trained them in a different way.)

This guidebook is based on the assumption that most of the disabled people who hire attendants want to lead independent lives and are capable individuals. An independent person will want to be a good attendant manager. This means that they will be aware of their options and will make decisions on such things as who to hire, what duties the attendant will do and how things will be done. The independent disabled person is responsible, owning their decisions and actions; they take charge of their life and are responsible for their body and health. They realistically recognize their physical limitations and make decisions about using attendants accordingly. In other words, they are in control of their own lives. They are also human and as such will occasionally make mistakes, however, overall they are good attendant managers.

Each employer's routine will be unique, and they will be the expert on their needs. Training and managing attendants is a part of life for them, just as car mechanics are a part of life for most automobile owners. Although many disabled employers have hired and instructed attendants for years, others have not had much experience at managing attendants. Also, people's styles vary: some disabled employers are very organized and systematic, others do not have defined routines and systems. Because of these things, this publication is aimed at providing a general idea of what attendant work is all about before a new attendant goes out to their first job. However, this guidebook will not teach everything about doing attendant work, because specific details will be learned on the job, usually through verbal direction from the disabled employer. In some cases, though, it is possible for a new attendant to learn the routine by watching the current experienced attendant perform the tasks. This guide will provide some universal concepts and general information to ease a new attendant's "question overload" regarding the work.

WHAT IS AN ATTENDANT?

An attendant is a person who is paid for providing services to disabled persons. An attendant assists with every day physical activities that enable disabled individuals to live independently and to fully participate in society.

The duties of an attendant can be non-personal and/or personal:

Non-personal duties

- house-cleaning
- cooking
- laundry
- paperwork
- shopping

Personal Care duties

- feeding
- bathing
- dressing
- toilet assistance
- bowel and bladder care
- grooming
- skin care
- lifting; transfers
- range of motion exercises

One rule of thumb is that personal care duties are usually those that involve physical contact with the disabled person.

Attendant work schedules (i.e. time of day and the amount of time per job) can vary considerably from job to job. One job might be for only one hour on weekend mornings; another might be for eight hours a day on weekdays; and another might be for all weekend, around-the-clock.. There are also some jobs that are live-in jobs rather than hourly jobs.

An attendant is an employee of the disabled person (regardless of the source of payment) and as such might be considered a physical extension of the disabled person (their “arms” or “legs”). With adjustments disabled persons can live exactly as non-disabled persons--an attendant is one of those adjustments.

(An attendant IS NOT a nurse, a parent, a therapist, a savior, a counselor, a teacher or a healer. An attendant is not someone who is to take charge of the disabled person’s life.)

Qualifications for being an attendant are:

- ABILITY TO FOLLOW DIRECTIONS; good listening skills
- RELIABILITY AND DEPENDABILITY
- RESPECT for the disabled individual’s right to do things their own way
- HONESTY AND OPEN COMMUNICATIONS
- ADAPTABILITY
- GOOD COMMUNICATION SKILLS

Many disabled people consider attitude more important than experience in selection of attendants; that is, a willingness to listen and learn.

THE PHILOSOPHY OF INDEPENDENCE

The Independent Living Movement, parented by the Center for Independent Living (CIL) in Berkeley, California, recognizes disabled persons' right to lead active, independent lives. Disabled people have the same needs as nondisabled people in the areas of work, school and recreation. Living independently includes having the right to fulfill these needs. It also includes the right to choose how to live and where to live.

For disabled people, right of choice is not always automatic, especially for those living in restrictive settings. In some institutions disabled persons are not even allowed to choose what to wear, what to eat, or when to go to bed. Intellectual and personal development is stifled when one's focus is only on maintenance of physical needs.

Many disabled people who previously lived in institutions or with family are now living on their own. For many who have severe disabilities, it is the availability of good attendants that make living in their own dwelling possible.

The role of the attendant is mainly that of being the hands for a disabled person, but not making choices of how or when to use the hands. The disabled individual defines their own purposes and styles in life, pursuing their own options; the attendant assists them with the physical activities that are necessary for this.

DISABILITY AWARENESS

There is as much diversity among the disabled population as there is in any group of persons; each disabled person is an individual and should be treated as such. In other words, all people who have the same disability are NOT alike!

Being disabled means that a person has a particular set of limitations to deal with in life. Type and degree of disability affect which life areas are limited, and to what extent. In some of these areas a disabled individual may need and/or may choose to use the assistance of an attendant. The individual's attendant needs will not only vary according to the type and degree of the disabling condition, but also according to the situation they are currently in (i.e. architecturally) and their personal preferences.

For example, even though two people might have the same disability, their needs may be different because of their own differences. One might work, drive and be quite active outside their home; another person with the same disability might be inclined to spend the majority of their time at home. Their needs will differ because their life activities differ.

Some people prefer to do as much as they can for themselves and will ask attendants to do only those things that they can't do; others will feel that even though they can do some things for themselves, the amount of time and energy that they would expend could be put to better use--therefore, they will hire attendants to do some of those things. Personal philosophies of disabled individuals will affect which they feel is more important: doing things for themselves or more effectively using their time.

DISABLING CONDITIONS

Disabilities may result from conditions present at birth, injury, illness or disease occurring at any time before birth or during life, or aging. Disabilities vary in degree from mild to moderate to severe; some people may have multiple disabilities, that is, be disabled in more than one way. Some disabilities are temporary, some are permanent, and the degree of some conditions can fluctuate from time to time. Following is an overview of types of disabilities:

Physical Disabilities:

Description: A disability affecting one or more physical functions. It might be, but is not limited to conditions impairing a person's mobility. Assistive aids might be used, such as canes, braces, crutches, wheelchairs, etc. Some people with physical disabilities might be easily recognized as disabled, but others have "invisible" disabilities such as heart conditions that limit their physical activities.

Examples: amputation, arthritis, heart disease, Cerebral Palsy (permanent impairment of motor functions resulting from brain damage before or after birth), epilepsy, Multiple Sclerosis (progressive disease), Muscular Dystrophy (degenerative, affects the nervous system or the muscles or both), Spinal Cord Injury (resulting from a break in the spinal cord: paraplegic, having two limbs partially or totally impaired; quadriplegic, having four limbs impaired), post-polio, strokes, head injuries, and many more (NOTE: Many of these might also be in another disability group such as those below.)

Environmental Disabilities

Description: Disabilities resulting from reactions to the environment

Examples: allergic reactions from mild to severe due to contact with chemicals toxic to an individual, such as smoke, perfume, ink, gasoline fumes

Mental /Emotional Disabilities

Description: Disabilities of a mental or emotional nature which may impair a person's functioning at home, at work, in communications with others, etc.

Examples: extreme anxiety, depression, phobias

Developmental /Learning Disabilities

Description: Disabilities that affect a person's learning

Examples: dyslexia, mental retardation, brain damage

Sensory Disabilities

Description: Disabilities that affect one of the senses mainly used in communicating with others and with the environment

Examples: hearing impairments (range from persons who are hard of hearing to persons who are totally deaf), visual impairments (range from persons with low vision or impaired vision to persons who are totally blind)

-continued-

-continuation of “Disabling Conditions”-

Speech Disabilities

Description: A disability which affects a person’s speech so as to make it more difficult to understand them; varies in degree from slight to profound

Examples: often with Cerebral Palsy, Aphasia

Most people who use attendants on a daily basis have a physical disability. However, people with any of the above mentioned disabilities might hire attendants. The type of disability will affect the specific tasks that the attendant will be hired to do. For example, a person who has a Spinal Cord Injury will usually need assistance with bowel and bladder care; a person with a visual disability might need more assistance with things such as grocery shopping and reading mail.

Disabilities have varying levels of importance to different disabled people, and at different points in a disabled person’s life. For example, a person who has just become disabled might consider the disability as affecting more of their activities than a person who has had the same disability much of their life. The meaning that a person gives to their disability is more a reflection of how s/he perceives the disability in general rather than on the severity of the disability.

People with disabilities become “handicapped” when barriers interfere with their daily functioning or with things they want to do. Accessibility (curb-cuts, sales person’s enlightened attitudes and behavior, uncluttered homes, etc.) enables disabled persons to function with greater independence.

Regardless of the type of disability, the disability will be only one aspect of a person’s life. Disabled people, like all people, have different views and behaviors when it comes to diet, grooming, religion, sex, drugs, and everything else. Since the role of the attendant is to assist disabled people, not to impose their values on them or try to change them, it is important that employers and attendants not have any major value conflicts. For example, an attendant who is a vegetarian may not be willing to cook and feed meat to his employer; if a situation is not resolvable to both parties’ satisfaction, then terminating the relationship might be in order. If job duties are discussed during the interview, however, persons with conflicting values can find this out before entering a working relationship.

BOWEL AND BLADDER CARE: GENERAL INFORMATION

Some disabled persons may no longer have control of their urinary and elimination functions. This loss of control might be partial or complete, temporary or permanent, occasional or all the time. One of the most common conditions affecting bowel and bladder control is spinal cord injury. Regardless of the cause, the loss of control is related to the brain's inability to receive messages related to bowel and bladder elimination (i.e. messages telling a person that they need to urinate or defecate) and/or the brain's inability to exercise control over the bowel and bladder. Some of the possibilities are: involuntary elimination, retention of urine, frequent bladder emptying, incomplete elimination, diarrhea, constipation, and stool retention.

The type of assistance an attendant will provide for an individual will vary according to the condition and the situation. An attendant's involvement might be as simple as assisting a person to transfer to the toilet and helping them with wiping, or it may be more involved to include working with catheters and giving enemas or suppositories.

Most disabled people will have their own bowel and bladder care plan or program; the responsibility for following that plan belongs with the disabled person. The attendant will provide physical assistance necessary for the plan. Specific diets and high fluid intakes might be part of an individual's plan; some people will stick to their program rigidly, while others will be lax. The responsibility is the disabled person's. However, if something is disturbing the attendant, then there needs to be discussion. If the situation does not improve and the attendant feels that their job description is not accurate (i.e. if the disabled person eats pizza every night and has frequent diarrhea as a result), then the attendant might consider giving two weeks notice and looking for another position.

CATHETERS

Catheters are urine-collecting devices that attach to an individual; a tube connects the catheter to a plastic bag (leg bag) that holds the urine. Leg bags are often strapped to the inside of the leg. Plugs connect the catheter, tube and leg bag. All of the equipment used in bladder care must be kept clean. **IT IS EXTREMELY IMPORTANT TO USE STERILE METHODS WHEN PROVIDING ASSISTANCE WITH ANY BOWEL AND BLADDER CARE.** Serious infection can result with improper care.

Catheters come in a variety of kinds for both males and females. There are external catheters and internal catheters. An individual will use the type of catheter most suited to their personal situation and their health needs.

Techniques will vary: some attendants will not provide any catheter care assistance, even though the employer might use one; some disabled employers will have the attendant assist with emptying the leg bag and cleaning the equipment; some attendants will assist with irrigating or flushing the catheter and attaching it. The employer will teach their specific needs and discuss any concerns with the new attendant.

CATHETERS --continued

Providing Assistance: Important things to remember

- The disabled person may or may not have sensation.
- Most disabled persons instruct their own attendants.
- It is extremely important to always use sterile equipment: the urethra and bladder have perfect conditions for bacteria growth.
- Hands should be thoroughly washed before and after procedures, and fingernails should be clean, short and smooth.

Cleaning Drainage Equipment--Important things to remember:

- Cleaning prevents odors and infection and the deterioration of rubber parts.
- The usual household soaps or detergents may be used as cleaning agents, but overuse should be avoided because they are caustic
- All articles must be carefully rinsed with plenty of clear water to avoid skin irritation or burn
- Repeated use of acids (i.e. vinegar) increases the rate of deterioration of rubber
- Things that might need washed: catheters, rubber urinals, plastic tubing, connector plugs, drainage bottle, cork

General Equipment Washing Instructions (Steps):

- Rinse well with clear water.
- Place to soak for one hour--if sediment is not loosened, soak until it can be removed.
- Wash thoroughly with detergent or soap and water.
- Stretch catheter several times, fold and roll between both hands.
- Rinse well in clear water.

ALERT! Things to watch for:

- Clogging of tubes (backups could be serious, especially for women using catheters)
- Calcium deposits and germ collection in leg bags (Cleaning thoroughly is important!)
- Signs of urinary infections: cloudiness or change in urine color, chills or fever, harder or more frequent muscle spasms, blood or bloody mucous in urine, and strong urine odor.

BOWEL PROGRAMS

Bowel programs vary, but the main objective is to establish regularity so that a person can defecate at a planned time and place. It is also an objective for the plan to be as simple as possible, but consistent (usually daily or every other day).

An example of-a bowel program: One individual uses a suppository every other day in the evenings after supper. The attendant inserts the suppository and then waits for 1/2 to 1 hour for the bowels to move. The disabled individual sits in a shower chair with a pan under her while waiting. Others might be lying in bed on their left side while they wait. Those individuals who can sense when their bowels are about to move can have the attendant bring a bedpan at the appropriate time.

SKIN CARE

An attendant may be asked to spot check for skin irritation that the employer may not be able to see for him/herself. This is a preventative measure against pressure sores. The attendant should report to the employer any notice-able change in skin condition. For example:

- red area on skin
- blister(s)
- a hole or ulcer

A pressure sore is sometimes called a “bed sore” or decubitus. They occur due to infrequent changes in the position of a body’s weight. Here is how pressure sores develop:

1. The skin is pinched between the bone and whatever is pushing against it.
2. When skin is pinched, blood that feeds it and the tissue underneath cannot get to it.
3. When blood doesn’t get to the skin, the skin and the tissue underneath break down.

Progression of a Pressure Sore:

1. A red area may form on the skin; the reddened area may feel hard. At this stage, the spread of the pressure sore is reversible if all pressure is removed from the area until the skin returns to its normal color.
2. A blister, a pimple or a scab may quickly form over the red, hard area of the skin. (The red, hard area of the skin means that tissue underneath is dying.)
3. A hole or ulcer may form in the dead tissue. The ulcer is only part of the problem; most of the damaged tissue lies underneath, sometimes going all the way to the bone.
4. Infection and decay of underlying bone can result if the sore progresses.

Areas where pressure sores are most likely to develop:

- shoulder blades
- elbows
- pelvic bones
- bony places on the hips
- knees
- shins
- ankles (inside & outside)

BACK CARE INFORMATION

Body mechanics includes the use of and movement of one's body in bending, lifting, carrying, reaching, pulling and pushing. Good body mechanics help prevent back injury. Since many attendant jobs involve some lifting or transfer assistance, it is important that attendants know how to take care of their backs. Back injuries usually take a long time to heal and are very painful.

Ways to prevent back injury:

- learn and use proper body mechanics;
- eliminate excess weight (The farther a belly juts out, the more force it exerts on the back.);
- strengthen neglected back muscles (Condition muscles to act as a team; include stretching);
- adapt good posture habits and good health practices (i.e. reduced stress, sensible diet).

Bending, Lifting, Carrying:

During lifting, the back should remain straight and you should bend with your knees. Hold the object close and firmly with a wide base of support (feet apart, one foot in front of the other, toes pointed out). This lowers the center of gravity, broadens the support base and keeps the balance centered over the feet. Use large groups of muscles when moving or lifting: lift by straightening knees, tightening abdominals (offsets the force of the load; supports your spine so it can support the load) and maintaining a steady lift. Don't jerk. Avoid twisting. Don't lift by rounding your back with your knees straight. Don't fight gravity: carry objects close to your body. Once the activity is completed, restore the hollow in the back by standing and bending backwards 5 times.

Reaching:

Do not reach for heavy objects above shoulder level. This causes your back to curve and the added weight will cause a strain. Use a stool if necessary to adjust your shoulders to the height of the object; get as close to the load as possible, so it can slide down your body close to the spine. Test the weight by pushing up on the load; if the load is too heavy, get help. Plan where you will put down the load before you pick it up.

Pulling, Pushing:

Place one foot forward and the other back. Keep the back straight; bend your knees. Push or pull by shifting the body weight from one foot to the other and, using the leg muscles for the job. Get close to whatever has to be moved; avoid stretching. Whenever possible, push or pull a weight instead of lifting it; if you have a choice, bicep muscles are stronger for pulling than pushing.

Pointers:

- Lift with your mind before you lift with your back: Plan every step before you do it physically, even repetitive jobs.
- Check the pathway before lifting to look for any potential problems (obstacles, spills, poor lighting, changes in elevation) and take care of any hazards before you lift.
- Wear the right shoes: sensible and non-slip.
- Use mechanical help whenever you can to carry heavy objects a distance.
- Avoid twisting and excessive bending when setting down a load.
- When walking with a load, watch your footing, keep toes out for extra stability and go slow.
- Don't strain to lift a heavy load when it can be split into smaller loads.
- Get your whole body into the action: set your trunk muscles to immobilize your spine and then let your strong arms and legs do the moving.

REVIEW: Get a firm footing. Bend your knees. Tighten your stomach. Lift with your legs. Keep the load close. (Hug it!) Keep your back upright. Stoop, don't bend.

TRANSFERS/LIFTS

General Pointers:

- No one transfer method can fit all abilities, sizes or weights, so different people will use different methods.
- Use the transfer method preferred by the disabled employer.
- Give only the assistance necessary to aid.
- Note and protect any catheter tubes, etc.
- Transfer across shortest distance.
- Lock all wheels to prevent slipping.
- Tell the person what you are going to do and when and how you are going to do it.
- For transfer teamwork, work together--counting is helpful (1,2,3,Lift!)
- Avoid false, jerky motions.

Before Transferring: It helps to know about the disabled person's body:

- How reliable are basic body-functions (i.e. circulation, posture)?
- Are joint motions restricted?
- Could fatigue prevent completion of a transfer?
- Is there a tendency to fall or lean to one side, or have muscle spasms?
- Will the attendant be taking directions, or providing total assist?
- Is pain a factor?

Review BACK CARE INFORMATION!

RANGE OF MOTION

Range of Motion (ROM) is the act of moving and stretching a person's joints. Not all employers will use ROM exercises as part of the attendant's duties. Those who do will usually instruct the attendant as to how to assist.

The purpose of a ROM program is to reduce stiffness and discomfort and to increase circulation.

People will vary as to how they do their ROM exercises (i.e. on their bed, in their chair), as to how much assistance they need from their attendant, and as to how much exercise they do (i.e. simple stretching of arms and legs, or full-body stretching).

There are precautions to keep in mind in assisting with ROM:

- Damage can easily occur with excessive force.
- A safe end point for stretching should be based on how much resistance the assistant feels, especially if the disabled person does not have full sensation.
- For persons with spasticity, moving joints too quickly will increase spasms.

EMERGENCY FIRST

A. Autonomic Dysreflexia (also called hyperreflexia)

1. Definition: Autonomic dysreflexia can range from a mild problem to a life-threatening emergency. If not treated promptly it can lead to seizures or a stroke. It occurs among spinal cord injured persons, more frequently among persons whose injuries are more recent.
2. Signs and Symptoms:
 - high blood pressure which may be accompanied by one or some or all of the following symptoms:
 - severe pounding headache
 - slow pulse
 - sweating, especially on the forehead
 - flushing or red blotching of the skin, especially the head, neck and chest areas
 - nasal stuffiness
 - goose pimples
 - chills without fever
 - feelings of anxiousness
3. First aid:
 1. Sit person up, preferably with legs in a supported position.
 2. If person is wearing an abdominal binder/corset, remove.
 3. If the person is wearing elastic stockings/ace wraps, remove.
 4. Check catheters and tubes for clogging (i.e. twisted tube).
 5. Check rectum for fecal impaction.

B. Shock

1. Definition: Shock is a condition resulting in a depressed state of many vital body functions; it is possibly life threatening.
2. Signs and Symptoms:
 - the skin is pale (bluish) and cold to the touch
 - the skin may be moist and clammy
 - the person is weak
 - the pulse is quite rapid (over 100)
 - the rate of breathing is increased
3. First Aid:
 1. Keep person lying down
 2. Cover person only enough to keep from losing body heat
 3. Get medical help as soon as possible.

NOTE: Many phone books (white pages) have a "Survival Guide" at the front, where they list helpful information on choking and first aid.

JOB INTERVIEWS

Disabled people find attendants in a variety of ways: newspaper ads, bulletin notices, word-of-mouth, referral agencies, etc. Sometimes the attendant makes the initial contact (i.e. calls to answer an ad in the newspaper); sometimes the disabled person makes the initial contact (i.e. calls on attendant listed with referral agency). In either case, an initial phone interview should be conducted to see if it's worth both persons time to get together for a more detailed in-person interview.

In the phone interview it is important that both people ask questions that will help them to determine whether or not their needs and expectations are similar enough that it is worthwhile to set up an in-person interview. For example, if the job days and/or times don't match both person's schedules, then there is no need to continue the interview. When a disabled individual needs to hire a new attendant, they usually interview more than one person, so it is important to do an initial screening on the phone. This is also the time for the attendant to ask about any of their concerns or criteria; if the attendant has any absolutes (i.e. doesn't want to lift, doesn't want to work for a smoker), this is the time to discuss them. Here are some questions to cover in the phone interview:

- What days/times are you looking for someone?
- What is the rate of pay?
- What area do you live in? (Many people hesitate to give their address until-after a full interview, but they may give a general idea of proximity.)
- Briefly, what will the job duties involve?
- Other vital information that will make a difference in job acceptance, such as:
 - Do you need lifted or transferred? If so, how much do you weigh?
 - Do you need someone who drives?
 - Do you mind a smoker? OR Do you smoke?
 - Does the job involve bowel and bladder care?

If the phone interview goes satisfactory for both, an in-person interview will likely be scheduled. This will often be at a place other than the disabled person's home. Phone numbers should be exchanged in case something delays either person. Attendants get bad reputations quickly if they fail to show for a scheduled interview.

The in-person interview will be a more detailed version of the phone interview. It will be a time for both the employer and the attendant to ask questions and discuss working conditions. The employer may ask for references, personal or work-related, and also might have the attendant fill out an application. During the interview both persons should be deciding if they would work together well. Although the job performance is important, personality factors are relevant too, especially due to the nature of most attendant jobs. For example, it would not be very workable for a disabled person who likes quiet while she's waking up to hire a talkative attendant for mornings. An attendant who works best independently might not want to work for an employer who gives step-by-step instructions. The disabled person will probably not make their decision on the spot, but will make determination within a few days.

CONTRACTS

After an attendant and a new employer come to an agreement, it is good to formalize it in some way. Although some people balk at the idea of a signed agreement, it can save arguments later about salary, time off and other considerations. The agreement or contract need not be complicated; the type of format used is not important. The main thing is that it be written and signed by both attendant and employer, with each getting a copy. Below is a sample agreement:

AGREEMENT BETWEEN EMPLOYER & ATTENDANT

1. Following are the hours the attendant will work:

Monday _____ Friday _____
Tuesday _____ Saturday _____
Wednesday _____ Sunday _____
Thursday _____

2. The attendant will be paid _____ per hour.

3. Pay days will be: _____

4. Pay will be ____ check ____ cash

5. Both parties will respect each other's individualities; attempt to be flexible and work to solve problems as they arise.

6. At least two weeks notice will be given by either party regarding termination of this agreement.

7. Other agreements:

Employer _____ Date _____

Attendant _____ Date _____

Attached to an agreement or as part of it might be a list of Job duties. This could be just a basic list or it could be a detail of the person's routine. Some disabled people have their attendants follow a specific outline of duties and have a checklist prepared (i.e. a checklist of all the things the attendant does as part of the night routine, including things like undressing the person, positioning them in bed, plugging the power wheelchair into the battery charger, turning out the lights, putting out the cat and locking the door behind them).

ATTENDANT RIGHTS AND RESPONSIBILITIES

It is important that attendants know their rights and responsibilities. Those listed below are not hard and fast rules, are not “law,” are not sealed in cement. However, they are generally accepted by many disabled employers who want to be treated fairly and who want to treat their attendants fairly. The same goes for the items listed under “Code of Ethics For Attendants.” When an attendant begins a new job, an understanding of how both parties feel about these concepts can help avoid conflicts down the road.

Rights of an attendant:

- You have a right to a two (2) week notice if the employer wants to replace you beyond the probation period (usually 1-3 weeks)
- You have a right to be notified in advance if job duties or times are permanently and significantly changed. In effect, the job will have changed to a different job and you can either decide that you are willing to continue it or to give a two week notice of termination.
- You have a right to be paid on time or to be notified as soon as possible if attendant care funds are delayed.
- You have a right to be paid at least a minimum wage.
- You have a right to be paid for a minimum of one full hour of work, even if the job took less than an hour.
- You have a right to a consistent and specific schedule and to be notified in advance of any changes. (NOTE: Some jobs may involve flexible scheduling; you have the right then to have this explained prior to your decision to accept the job; and you have the right to know to what extent the employer expects you to be flexible--i.e. on-call with 24 hr notice?; right to say “no” if you don't want additional hours to your regular schedule?)
- You have the right to know what to expect in the way of duties, schedule and pay. (For duties it helps to have a written list of duties and the time the employer expects each task to take.)
- You have the right to not be abused verbally or otherwise.

Responsibilities of an attendant:

- Only take a job for which you are comfortable with and feel capable of doing or capable of learning to do.
- Avoid overloading and burn-out; take on only what you can handle.
- Before starting work, discuss with your employer your duties, work schedule, rate of pay, pay days, and method of payments.
- Perform all your expected duties within specified time.
- At any time during your employment, if you do not understand the terms of the job, your employer's expectations, or any procedures, ask for further explanations. Language and communication problems should not be ignored.
- Arrange reliable and timely transportation to work.
- If unable to show-up for work, or if you will be late, call your employer as soon as possible.
- Give at least two weeks notice before terminating a job. This allows the employer to obtain and train a new attendant.
- If personality conflicts occur on the job, be frank and discuss the situation with your employer.
- If you are asked to perform a procedure or give a treatment you are not comfortable doing or that you do not feel qualified to perform, discuss the matter with the employer.

CODE OF ETHICS FOR ATTENDANTS

Recognize and respect the rights of each individual for a continued life of usefulness and happiness.

View and respect each individual as a whole person with basic needs and interests, including social, physical, emotional, spiritual and mental.

Practice good health habits in order to keep your own good health. Report to your employer if you recognize a sign of illness prior to going to work.

Give personal care on the same level to all individuals regardless of race and/or religious beliefs and/or sexual preference. Show equal courtesy and respect to all.

Keep all information about individuals and families confidential when outside the work site.

Carry out your duties responsibly and to the best of your ability. Be cooperative and communicative when working with others, and show respect for the work done by others.

Don't let your work environment become a dumping ground for personal problems.

Carry out work responsibilities agreed upon, but be willing to learn new procedures and skills.

Before using goods for personal use, consumable/non-consumable, consult your employer first.

CLIENT/ ATTENDANT ABUSE

Abuse in the client/attendant relationship is all too common. This abuse can take many forms, from mild to severe, and may not even be recognized as such. Some examples of abuse between clients and attendants are listed below.

Clients can abuse attendants by:

- asking attendants to do more than is on the job description without pay
- habitually asking attendants to work ten extra minutes
- changing the attendant's schedule frequently
- habitually paying late
- physical harm and/or sexual harassment

Attendants can abuse clients by:

- not performing the whole job as agreed upon
- using client's food and/or equipment without permission
- habitually coming to work ten minutes late
- physical harm and/or sexual harassment

Since abuse is not always intentional, communicating that one feels taken advantage of may be the simplest way of stopping such 'treatment. This should be communicated in a direct, but non-threatening way. If abuse persists or is severe, terminating the relationship may be the only acceptable option.

CONCLUSION

People new to attendant work will have a clearer idea of what the work entails after reading this guidebook. But, all questions will not have been answered and, in fact many new ones may have come up. So, the next step is to learn through experience. Many employers feel that an attendant who is a good listener and able to follow directions is more valuable than an experienced attendant who tries to do things his or her own way all the time.

Not everyone is cutout for attendant work, but for many people it is ideal. Having a flexible schedule and working one-to-one are two of the most often given reasons why people become and stay attendants. Others see it as an opportunity for personal growth and for learning about persons with disabilities. For some it is the idea of doing work that is socially meaningful that is attractive. Attendant work provides a steady income and job references that look good on a resume, especially if one decides to look further into health careers.

Disabled employers have jobs to offer and attendants have services to offer.

Attendants are vital to the Independent Living movement and, therefore, it's important that people new to attendant work get off to a good start.

It is hoped that this guidebook has provided information that will help employers and attendants develop successful work relationships.

Respectfully,
Pamela K Walker

P.S. FINDING ATTENDANT WORK

Independent Living Centers--call them and ask for their Attendant Referral Department.
(Note: some may charge a processing fee.)

Newspapers--in the classified section

Home Health Care Agencies--Most of these are for people who have gone through a home health aid certificate program. However, there are sometimes it "chore positions" available which do not require medical certification (i.e. house cleaning, bathing, etc.) To qualify for this a person usually must have at least one year of recent experience.