THE PHARMACY CAPSULE
NEW DIRECTIONS IN PHARMACY CARE

Volume 1: Issue 7
December 2010

## Meeting Needs of the Morbidly Obese Resident in a Dignified and Professional Manner

**Part 4 of a 4 part series:**

**Part 4: Interdisciplinary Care**

Morbidly obese individuals are not the average facility resident. Therefore, nursing staff members often find themselves inexperienced and lacking the appropriate equipment to provide safe patient assistance.

This places both the resident and the staff at risk for injury. Although most non-specialty facilities would not consider admitting a 600 pound resident, they often find themselves faced with providing care to residents in the 300-450 pound range, either by admitting them or through gradual weight gain and declining mobility of a current resident.

There are many special equipment options available for the bariatric population. Some of these include:

- Wider beds, special beds.
- Extra wide wheel chairs with deep seats.
- Wider doorways to accommodate the width of the wheelchair.
- Specially designed toilets and commodes. A standard toilet may be too low. Additionally, a standard toilet may have only a weight capacity of 350 pounds, making bariatric bedside commodes or steel toilets a necessity.
- An over-the-bed trapeze to allow the resident to assist staff in moving into and out of bed. The bed must have the appropriate weight capacity.
- Oversized bedside and dining room chairs with expanded weight capacity are needed to facilitate alternative positioning.
- Ceiling mounted or portable lifts and high capacity lift pads are necessary to laterally transfer dependent residents from bed to chair.

**SUBURBAN PHARMACY**
**Long-Term Care**

www.SuburbanLTC.com

## Updated FMLA Interpretation for Child Care Leave

Many children today are being cared for by someone who is not their biological or legal parent. Because of this, confusion has arisen over whether an employee who does not have a biological or legal relationship with a child is eligible to take leave from work to care for the child. **On June 22, 2010, the U.S. Department of Labor (DOL) issued an interpretation letter on who qualifies to take child care leave under the Family and Medical Leave Act (FMLA).**

The FMLA affects most employers with more **than 50 employees**, providing up to **12 weeks of unpaid, job-protected, benefits-protected leave** for pregnancy, new children, or a serious health condition of the employee or a family member. The FMLA allows an employee to take leave because of the birth, adoption, or foster placement, or serious illness of a "son or daughter." The FMLA defines a "son or daughter" as "biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis, who is either under 18 years of age or older than 18 but incapable of self-care because of a mental or physical disability."

In its interpretive letter, the **DOL expanded the definition of "son or daughter" to include a person without a legal or biological relationship to the child**. The DOL noted that Congress wanted the term "son or daughter" to be interpreted so that an employee who has assumed a parenting relationship can take leave from work to care for the child. Accordingly, a person who provides **day-to-day care or who financially supports the child** but does not have a biological or legal relationship with the child may quality for FMLA leave by **standing "in loco parentis."** For example, grandparents who raise a child after the parents cannot provide care or the same-sex partner who equally helps in raising a child would stand in loco parentis to the child. Continued on Page 2

THE PHARMACY CAPSULE
NEW DIRECTIONS IN PHARMACY CARE

## Updated FMLA Interpretation for Child Care Leave

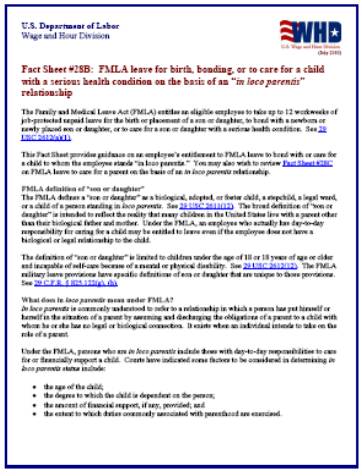
Continued from page 1

In addition, the DOL clarified that the number of parents a child may have is not restricted. Whether a child has a biological parent in the home or has both a mother and father does not affect the conclusion that a child is a "son or daughter" of an employee without a legal or biological relationship to the child. If an employer has a question whether the employee has the required relationship with the child under the FMLA, the employee should provide a statement asserting that such a relationship exists.

In summary, this interpretation clarifies who is eligible to take FMLA leave to care for a "son or daughter." It is especially significant because the domestic partner of a same-sex couple or other family members who assume a child-caring role may be eligible for FMLA leave. Employers should be aware of the expanded coverage to qualify for FMLA leave when caring for a child.

**Additional information can be found at http://www.dol.gov/whd/regs/compliance/whdfs28B.pdf**

**#28B FMLA leave for birth, bonding, or to care for a child with a serious health condition on the basis of an "*in loco parentis*" relationship**



U.S. Department of Labor
Wage and Hour Division

WHD

Fact Sheet #28B: FMLA leave for birth, bonding, or to care for a child with a serious health condition on the basis of an "*in loco parentis*" relationship

The Family and Medical Leave Act (FMLA) entitles an eligible employee to take up to 12 workweeks of job-protected unpaid leave for the birth or placement of a son or daughter, to bond with a newborn or newly placed son or daughter, or to care for a son or daughter with a serious health condition. See 29 USC 2612(a)(1).

This Fact Sheet provides guidance on an employee's entitlement to FMLA leave to bond with or care for a child to whom the employee stands "in loco parentis." You may also wish to review Fact Sheet #28C on FMLA leave to care for a parent on the basis of an *in loco parentis* relationship.

FMLA definition of "son or daughter"
The FMLA defines a "son or daughter" as a biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing *in loco parentis*. See 29 USC 2611(12). The broad definition of "son or daughter" is intended to reflect the reality that many children in the United States live with a parent other than their biological father and mother. Under the FMLA, an employee who actually has day-to-day responsibility for caring for a child may be entitled to leave even if the employee does not have a biological or legal relationship to the child.

The definition of "son or daughter" is limited to children under the age of 18 or 18 years of age or older and incapable of self-care because of a mental or physical disability. See 29 USC 2612(12). The FMLA military leave provisions have specific definitions of son or daughter that are unique to those provisions. See 29 C.F.R. § 825.122(g), (h).

What does *in loco parentis* mean under FMLA?
*In loco parentis* is commonly understood to refer to a relationship in which a person has put himself or herself in the situation of a parent by assuming and discharging the obligations of a parent to a child with whom he or she has no legal or biological connection. It exists when an individual intends to take on the role of a parent.

Under the FMLA, persons who are *in loco parentis* include those with day-to-day responsibilities to care for or financially support a child. Courts have indicated some factors to be considered in determining *in loco parentis* status include:

- the age of the child;
- the degree to which the child is dependent on the person;
- the amount of financial support, if any, provided; and
- the extent to which duties commonly associated with parenthood are exercised.

Reference " Healthcare Council of Illinois" and "Department of Labor"

## CNA YEARLY TESTING

Each year most states require Certified Nursing Assistants (CNA's) to complete in-servicing directly related to their daily patient care duties. General education areas usually include:

- Urinary elimination
- Care of an older person
- Safety
- Preventing Falls
- Preventing Infection
- Body Mechanics
- Safe Handling
- Fluids and Nutrition

Whether state required or not, reviewing these areas is an excellent way of refreshing your CNA's skills to enhance customer satisfaction and decrease your risk of regulatory non compliance. Beginning in September we provided in-servicing on the first area of patient care for the CNA. This month we are providing the in-service for Preventing Falls.

**Contact Pam McDonald, pmcdonald@ihpnetwork.com for access to the CNA in-service:**

**Healthcare Investigators, Inc.**
**www.healthcareinvestigators.com**

## Cardiopulmonary Resuscitation CHANGES

The American Heart Association has been busy revising its guidelines for administering CPR and, in a separate effort, rewriting some of its basic first-aid advice.

The first-aid guidelines (which were last revised in 2005 and will appear in the AHA's journal Circulation) reaffirm that applying vinegar is the best way to treat jellyfish stings; they also call for "applying a pressure immobilization bandage to any venomous snake bite, with pressure being applied around the entire length of the bitten extremity." Those changes, while vitally important in the specific instances to which they apply, may not have the widespread impact that the new approach CPR likely will.

Just when everyone had become familiar with the A-B-C -- for "airway, breathing, compressions" way of doing CPR, the AHA now wants to mix things up. The new mnemonic is C-A-B; we're now supposed to start chest compressions right after calling 911; adjusting the airway comes next, leaving the rescue breaths for last.

Why the change? Recent research has shown that chest compressions are the key to saving lives when heart attacks strike, so moving them to the top of the list makes sense. The AHA also wants to encourage more people to be willing to administer CPR; making the mouth-to-mouth breathing a less prominent part of the package may make the procedure more palatable.

For more information visit the American Heart Association website at www.AHA.org

Reference "American Heart Association"