Chapter 1

Direct Support Professional (DSP)

Roles, Self-Care & Boundaries

As a result of participating in this segment of training, you will be able to:

1. Illustrate at least 2 ways to build relationships that involve respect, value or equity
2. Point out attributes of cultural competencies (being aware and respectful of the many differences between people)
3. Explain the value of cultural competency in working with individuals you are supporting
4. Identify attributes of professional behavior in the work setting as a direct support professional
5. Differentiate behaviors as acceptable in either this work role or at a friend's home
6. Classify behaviors of appropriate professional boundaries
7. Define the expectations of a direct support professional role
    a. Cell phones
    b. Internet use
    c. Photos
    d. Eating food from the household
    e. Borrowing clothes
    f. Buying yourself a coffee when supported individual is getting a coffee
    g. Recognizing and respecting the culture of the individual being supported
    h. Staying after work to continue watching a show or game
8. Identify requirements that must be completed prior to performing specific nurse-delegated tasks
9. Recognize at least 3 boundaries to use in specific, challenging scenarios
10. Define grief and loss;
    i. Describe common losses an individual and long-term care worker may experience;
    ii. Identify common symptoms associated with grief and loss;
    iii. Describe why self-care is important during the grieving process; and
    iv. Identify beneficial ways and resources to work through feelings of grief and loss
11. Examine options for debriefing regarding work
12. Give examples of self-care
13. Construct an action plan for self-care when working in this role

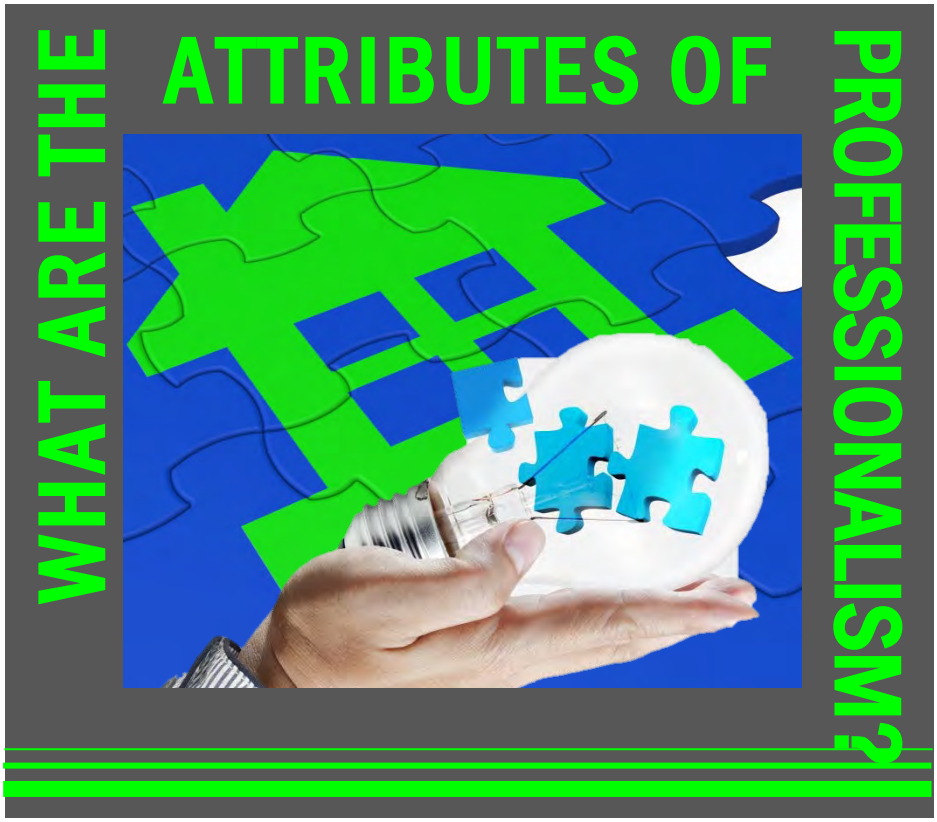
CULTURAL COMPETENCY

What is it?

Why is it important?

How do I practice it?

My Notes

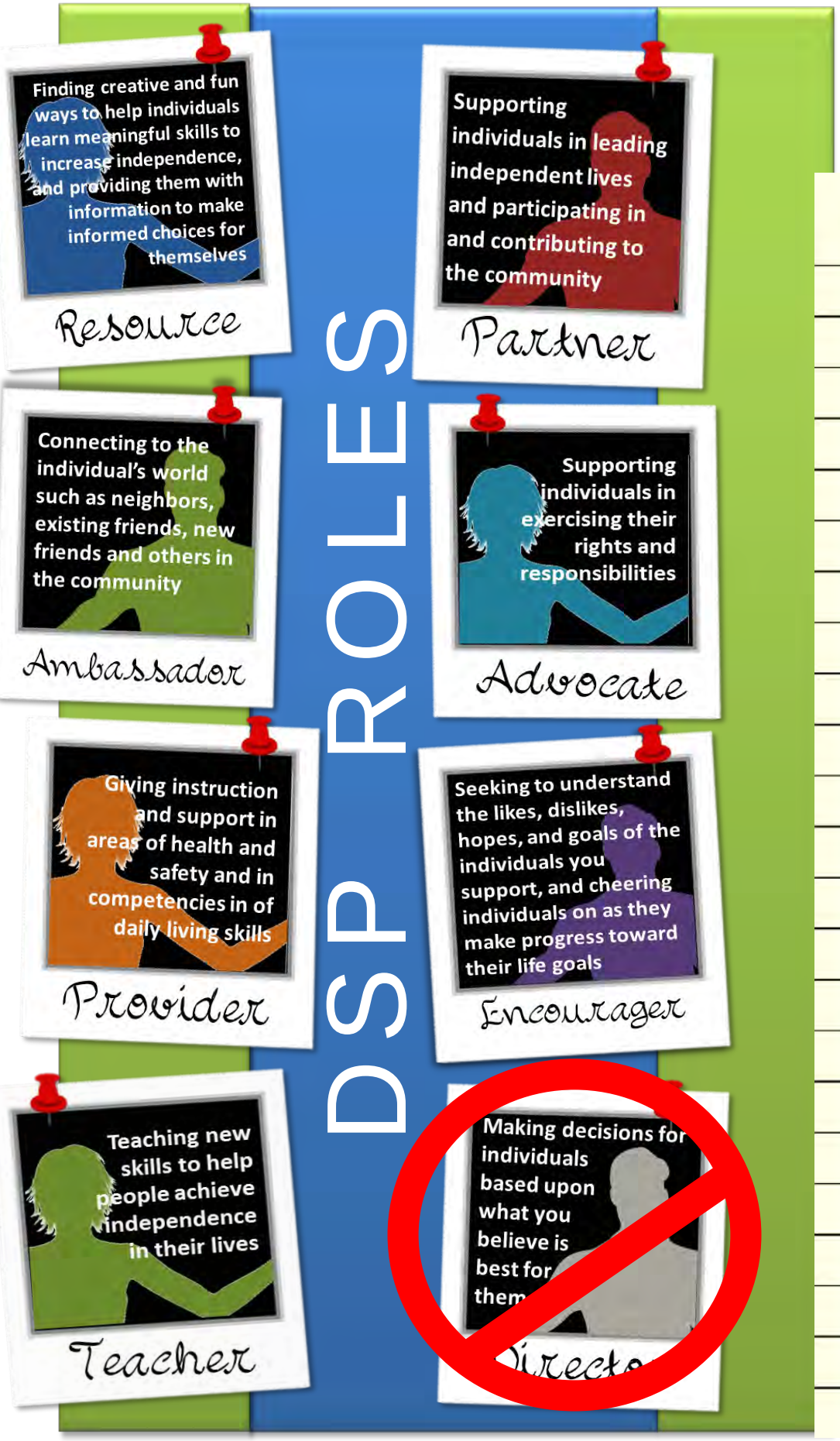


How might some behaviors be acceptable in your friend's home but not in the home of someone you support?

Chapter 1

Orientation Game

Read each scenario and decide if it is an acceptable professional boundary or not	NO	YES
You should give your phone number to people you support so they can contact you when you're not on shift.		
Posting pictures of the people you work with on your Facebook page is a great way to help them meet new friends.		
Your lunch was forgotten at home today and you're hungry. You know the person you support has a personal stash of cashews. If you just take a handful no one will notice.		
You're out hiking with someone you support when the weather shifts and it begins to rain. You have an extra jacket but the company has a "no loaning or borrowing" policy. Should you lend her the jacket?		
While out running errands, the person you support decides to stop for coffee. Since you are a little short on cash you borrow some of their spending cash to pay for your coffee, too. This allows you both to sit down for a nice break.		
Growing up in England you have never celebrated the Thanksgiving holiday. There are only two people living in the home where you work so it seems foolish to buy them a whole turkey to celebrate a single day. You decide to buy lunchmeat and make turkey and cranberry sandwiches.		
The game is tied and there are only 10 minutes left on the clock. Your scheduled shift is over and you're off the clock so you sit down with the guys you support to watch the end of the game.		
You've taken the core curriculum class and have been delegated to assist the two people you support. An eardrops prescription was just delivered to address one person's ear infection. The prescription states to begin as soon as possible. You've left a message with the nurse and are waiting for him to call you. Two hours have passed. Should you go ahead and put the drops in her ear?		


DSP ROLES
Finding creative and fun ways to help individuals learn meaningful skills to increase independence, and providing them with information to make informed choices for themselves
Resource
Supporting individuals in leading independent lives and participating in and contributing to the community
Partner
Connecting to the individual's world such as neighbors, existing friends, new friends and others in the community
Ambassador
Supporting individuals in exercising their rights and responsibilities
Advocate
Giving instruction and support in areas of health and safety and in competencies in of daily living skills
Provider
Seeking to understand the likes, dislikes, hopes, and goals of the individuals you support, and cheering individuals on as they make progress toward their life goals
Encourager
Teaching new skills to help people achieve independence in their lives
Teacher
Making decisions for individuals based upon what you believe is best for them
Director

My Notes

WHAT TO WEAR WHAT NOT TO WEAR

Chapter 1

My Notes

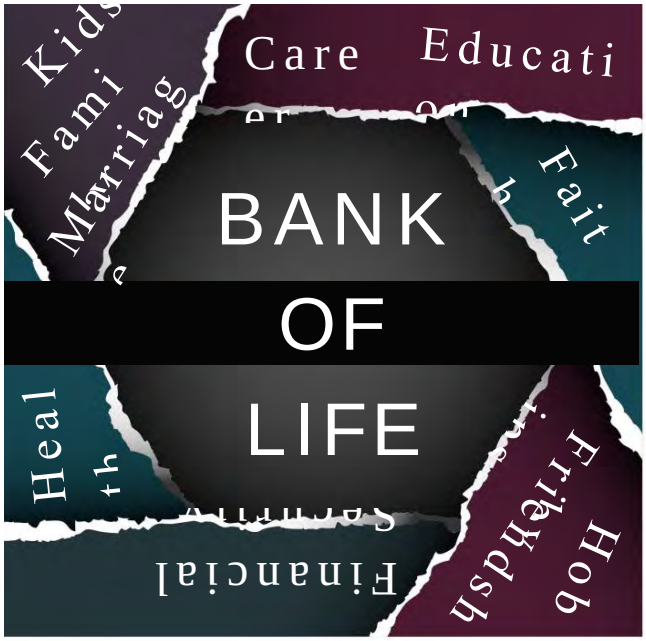
Professional Boundaries

Read the definitions, then place the words on the right into the corresponding descriptive sentence.

Begin and end shifts as they are scheduled to help maintain a good balance between work life and home life.	Be _____.	Appearances
A friendly staff is different than a friend. Following individual plans and company policies provides clear expectations for everyone involved	Avoid Special _____.	Opinions
Sharing any work related information on personal social media sites is problematic and potentially illegal.	_____ _____ Consideration.	Favors
A handshake, high-five or a pat on the shoulder models socially appropriate greetings.	Do keep _____ Contact Professional.	Borrowing
Do not give or lend money, clothing or any personal items to or from those who live where you work.	_____ is never acceptable.	Where
Be respectful of other people's religious, political and social beliefs. Keep your personal beliefs private.	Personal _____ and _____belong in your personal life.	Social media
Complaining about job duties and co-workers or the use of profanity creates a hostile working and living environment.	Engage in polite, _____ _____.	Present
Closed toe shoes, clean, casual clothing covering the torso and thighs, provide a measure of protection and reflect your professional attitude.	_____ matter.	Conversations
Consider who to speak with for a crucial conversation regarding co-workers, practices, or personal issues that may impede your ability to provide support.	Know _____ to go.	Physical
		Professional
		Beliefs

Step

In the spaces provided, make a list of 5-6 areas in your life that are currently most important to you. Elaborate by briefly noting why it's important.



1._____

2._____

3._____

4._____

5._____

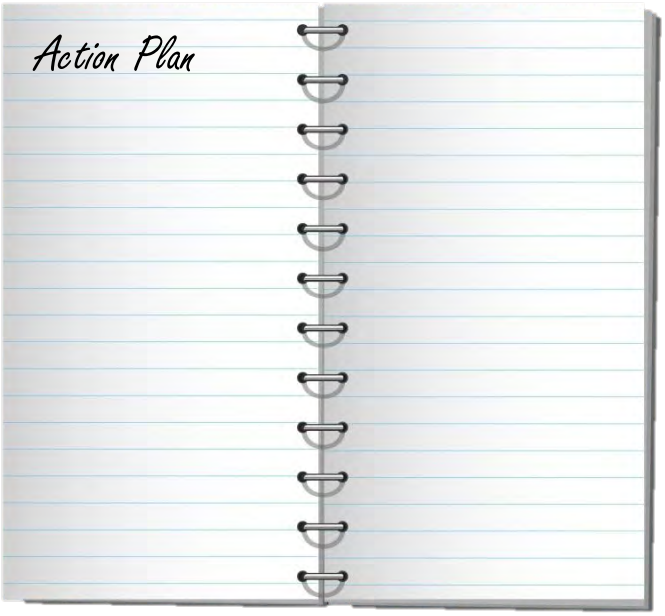
6._____

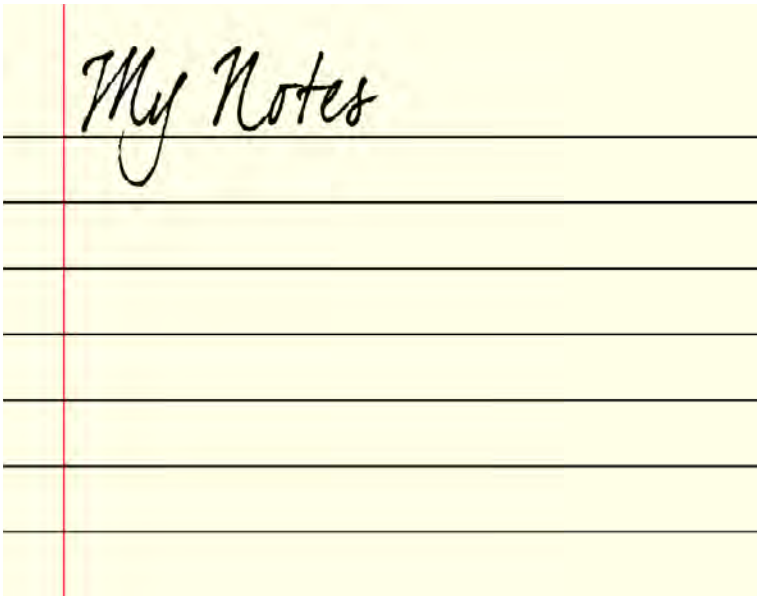
Step

Identify those priorities that you are attending to the most, and those you are attending to the least.

Step

Create an Action Plan for one of the areas that you would like to make improvements in.





GRIEF RESOURCES

- **Local Support Groups** Support Groups bring people together to share success and sadness, hope, and encouragement recognizing a person is not the only one suffering or recovering from a loss.
- **Health Care** Doctors may find it clinically necessary to help jump start serotonin or to help maintain a healthy level of serotonin to manage depression.
- **Counseling** There are a number of different styles of counseling to help a person resolve ongoing issues with grief or loss.
- **Spiritual Guidance** A spiritual leader can lead prayers and listen, provide comfort and guidance during a personal crisis.
- **Yoga** Yoga is a form of exercise that can help people with physical and mental balance, strength, and personal centering.
- **Exercise** Doing strength building, playing on a team, blowing off steam with physical exertion are all healthy acts that help to recover and rebuild after setbacks
- **Friends** The best friends are those who listen without judgment, love without expectations, and will sit quietly when that is what is needed most.
- **Red Cross** The Red Cross and other local help groups respond to house fires and natural disasters with supports to keep people safe during crises and recovery.
- **Creativity** Painting, drawing, coloring, cooking, playing drums or musical instruments, singing etc. all use the creative parts of the brain which help recovery
- **Hotlines** Mental Health Hotlines are there in the moment to listen and provide immediate support during emergency and suicidal ideation.
- **Volunteer Opportunities** The opportunity to Volunteer takes the mind off of personal loss and allows us to give to others which in turn is uplifting.

My Notes

My notes

Chapter 1

Roles, Self-Care & Boundaries

Cultural Competency

Each of us has a "cultural perspective" that is made up of our beliefs, values, ethnicity, geography, religious beliefs, social experiences, education level, traditions and customs, communication, and behaviors. Cultural Competency describes our knowledge, value, appreciation, and respect for the different cultural perspectives of those we interact with, such as the individuals we support, their family and friends, other stakeholders, our supervisors, and our peers.

In order to communicate more effectively and best meet the needs of others, we must identify, understand and respect how someone else's cultural perspective might differ from our own. Because differences can be reflected in both verbal and non-verbal communication, it's extremely important to set aside our preconceptions and become knowledgeable about the cultural perspective of the people we work with and support. Most importantly, it's crucial that we extend acceptance, appreciation, and respect to all we encounter.

Ethics and Professionalism

Although you will be working in a residential environment, what is acceptable in your own home or the home of a friend is not always acceptable in the homes of the individuals you'll be supporting. It will be important for you to always act as professionally as you would if you were working in an office environment. At the same time, you must be keenly aware that you are in another person's home and respect their prerogative while being mindful of your own limitations. The list below includes examples of what professional behavior requires.

- Arriving on time for your shift
- Being calm and level-headed rather than reactive and emotional
- Being objective and not taking things personally
- Being a contributing, supportive team member
- Avoiding power struggles
- Communicating respectfully and listening carefully
- Not using profanity or unprofessional language
- Being empathetic and non-judgmental
- Caring about your job and giving your very best each day
- Being mindful of how your choices and behaviors impact others

- Abstaining from all gossip
- Owning up to and correcting your mistakes
- Not using your cell phone and personal electronics while on shift
- Dressing appropriately and professionally
- Choosing a positive attitude throughout your day
- Separating your personal life from your professional life

Professional Boundaries

Professional boundaries are essential to providing excellent support, maintaining healthy relationships, and protecting your own well-being. Here are some of the dangers of not maintaining professional boundaries:

1. Appearance of Favoritism: If an individual receiving services believes that he/she is favored by a particular staff member, it can easily lead to hurt feelings and resentment between the the individual and others that live in the home. It can also introduce resentment towards other staff members, making it difficult for them to provide them with excellent support. To avoid the appearance of favoritism, be certain to follow these rules:
    - ✓ Share successful communication and support practices with others on your team, and be observant and open to learning successful practices from them. Doing so will allow them to receive the highest level of support 24 hours a day, and not only during certain days or shifts.
    - ✓ In homes where there are multiple individuals receiving services, do not give more positive attention to some persons than others.
2. Confused Roles and Relationships: Significant emotional attachments, whether realized or perceived, can lead to a great deal of pain for both DSPs and the individuals they support. Sometimes, when a DSP allows a more significant emotional attachment than is healthy, both the DSP and the individual they support can experience significant loss and go through a full grieving process when the DSP leaves or is transferred to work with someone else. Likewise, an individual were to misinterpret "signals" from a DSP that caused them to believe that their relationship with a DSP was more personal than professional, there could be serious long-term pain and anger when the DSP leaves, or when they realize that their feelings are not returned. To avoid the appearance of a personal, rather than a professional relationship, be certain to follow these rules:
    - ✓ Do not pursue a personal relationship outside of work. This includes both extending or accepting an invitation.
    - ✓ Do not lend or give money, clothing, or other items to the individuals you support.
    - ✓ Do not give gifts unless they come from your entire team or company
    - ✓ Be aware of appropriate physical contact with individuals you support based on the individual's personal preferences and support needs. Physical contact that is appropriate for most individuals includes handshakes, high-fives, and brief pats on the shoulder.
    - ✓ Do not give your cell phone number, email address, or home address to the individual you support. As well, do not "friend" them on Facebook or other social networking sites.
    - ✓ Do not share details about your personal life.
    - ✓ Do not stay longer than your shift requires or is required when transferring information from one shift to another.
    - ✓ Do not do favors for individuals during your personal time or that are not a part of your job.
    - ✓ Do not wear provocative or revealing clothing.
3. Transferring Negative Emotions: Moods and attitudes can be very contagious. This is great for positive moods and attitudes, but can have painful consequences for everyone when negativity and turmoil are absorbed. To avoid this, be certain to follow these rules:
    - ✓ Do not discuss problems with peers or supervisors in front of or within earshot of anyone.

- ✓ Do not engage in power struggles with individuals receiving services or fellow employees.
- ✓ Avoid all sarcasm, caustic remarks, negative body language, and tone of voice.
- ✓ Do not share your personal problems with the individuals you support.
- ✓ Be "present" when on shift, and leave your personal life at home.

SKILLS ACQUISITION: COMMON CARE PRACTICES

1. Encourage the person to be as independent as they can be:

Ask what assistance they need
Ask what they can do for themselves
Ask for their preferences
Offer choices
Ask how they want something done.
Wait for them to ask for help
Be patient
Remember you are new. You will be anxious to be helpful and to "fix" things. You will think, "I can do this faster, I'll just help out and get it done so we can move on to something else." The problem is that with independence it also means having the right to fail, to struggle, to take longer than you do, to complete it so that pride and value are also part of the task.

2. Respect person's right to:

Say no or refuse
To make a mistake
To struggle with the task
To take longer
Choose when, how and where they receive support/care
Feel and be safe during support/care
Know what is observed about them and how it is reported; and
Have clean linens, clothing, implements, assistive devices, etc.
Voice complaints (swearing and cursing)
Have and express personal beliefs

The hard part about respecting someone else's right to make a mistake or to struggle is that it's just plain hard to watch. We are tempted to "rescue".

3. Keep the person safe at all times:

Position a safe distance from the edge of the bed or chair
Keep them warm
Encourage them to keep their area clear so they can move easily
Roll them towards you instead of away from you
Provide privacy
Use a gentle touch so you don't hurt or scrape their skin
Do NOT use verbal or physical abuse.

Tailor interaction
Provide appropriate support (water temp, sunscreen)
Monitor

Preventing bad things from happening is different from just keeping people safe. In your life time, have you done anything that wasn't safe when you first started it? Riding a bicycle, skateboard, motorcycle…. But if you hadn't continued to pursue the activity you would never have built the skills needed to achieve the task. When we talk about a person feeling safe, what does that mean? (respect, trust…)

4. Use infection control processes to keep the person healthy and minimize germs:
Wash your hands when you enter and exit their room and as you gather supplies for a task before touching the person
Disinfect non-disposable items after use
Wear gloves whenever you might come in contact with bodily fluids
Use other personal Protective Equipment (PPE) as needed (more on this in chapter 12)
Keep the environment as clean as possible
Define expectations of clean for person and agency
Ask – Do you see/smell what I see/smell?

Bathing did not become popular until Marco Polo visited China to find that bathing was part of their daily habit. They thought he smelled bad and taught him this skill. Not bathing has a huge impact on infection control and we expect people will smell good and be clean as part of our cultural values. Doctors learned to wash their hands in the mid 1800's which stopped the spread of infectious diseases and contaminating surgical sites. Wiping off door knobs and other controls on a regular basis can stop the spread of cold and flu germs and keep people healthier. IF you don't do these things at home, you may be learning some new prevention skills that you can apply there as well. In Japan and other parts of the world, when a person has a cold, they wear a mask to help prevent the spread of germs. Be purposeful and intentional. Make it part of your daily routine to prevent the spread of germs.

5. Talk to the person and use active listening skills:
Tell them what actions you are going to do before you do it
Listen to their words and tone
Observe body language and facial expressions
Ask for feedback
Give them your undivided attention
Use age appropriate language
Reflective Listening
Talk to them as adults @ eye level

Communication in your work will be difficult until you learn the language. People with Developmental Disabilities, learning disabilities, mental health issues – may have difficulty communicating with you initially and you will have difficulty understanding what they need or want. Do not give up! Ask for help! "What did that mean?" "I don't understand what you need me to do." Making sure the person you support knows that you are trying will go a long way to build trust and a positive relationship.

6. Support the whole person:

Problem solve with them not for them
Give them choices
Ask their preferences
Know what triggers certain behaviors or responses and what you can do to promote their emotional or physical success
Be proactive and anticipate their needs
Talk to them as an equal to yourself
Do not embarrass or demean them by:

- Gawking, staring at them or something on them
- Using inappropriate words
- Wrinkling your nose because they smell
- Grunting when you move them
- Adjusting clothing, underwear, bras in public places

We may think it's funny or we may do display things that we are not aware of. Do you wrinkle your nose when you smell something bad or make loud comments "That smells so bad you could knock a buzzard off a manure wagon!" Funny right? Not in this setting. It's embarrassing and disrespectful. It will not help you to build a trusting relationship with the person you support. Always ask yourself – Will my actions help or hurt my relationship with this person? Take a pause if you are about to do something that Jiminy Cricket wouldn't approve of! (the cricket from Walt Disney that tells you to listen to your conscience.)

Common Care practices self-assessment				
Place a 1,2, 3, or 4 in the box 1 = I never heard of this 2 = I think I could improve on this 3 = of course I do this but I want to do it more 4 = I do this with intention. I can still improve but I'm pretty good now.	Today – how well you think you might do	First time after working with people	One month from today	One year from today
1. Encourage the person to be as independent as they can be:				
Ask what assistance they need				
Ask what they can do for themselves				
Ask for their preferences				
Offer choices				
Ask how they want something done				
Wait for them to ask for help				
Be patient				
2. Respect person's right to:				
Say no or refuse				
To make a mistake				
To struggle with the task				
To take longer				
Choose when, how and where they receive support/ care				

Feel and be safe during support/care				
Know what is observed about them and how it is reported				
Have clean linens, clothing, implements, assistive devices, etc.				
3. Keep the person safe at all times				
Position a safe distance from the edge of the bed or chair				
Keep them warm				
Encourage them to keep their walking area clear so they can move easily				
Roll them towards you instead of away from you				
Provide privacy				
Use a gentle touch to you don't hurt or scrape their skin				
Do NOT use verbal or physical abuse				
4. Use infection control processes to keep the person healthy and minimize germs				
Wash your hands when you enter and exit their room and as you gather supplies for a task before touching the person				
Disinfect non-disposable items after use				
Wear gloves whenever you might come in contact with bodily fluids				
Use other personal Protective Equipment (PPE) as needed				
Keep the environment as clean as possible				
5. Talk to the person and use active and reflective listening skills				
Tell them what actions you are going to do before you do it				
Listen to their words and tone				
Observe body language and facial expressions				
Ask for feedback				
Give them your undivided attention				
Use age appropriate language				
6. Support the whole person				
Problem solve with them not for them				
Give them choices				
Ask their preferences				
Know what triggers certain behaviors or responses and what you can do to promote their emotional or physical success				
Be proactive and anticipate their needs				
Talk to them as an equal to yourself				

Do not embarrass or demean them by:				
Gawking, staring at them or something on them				
Using inappropriate words				
Wrinkling your nose because they smell				
Grunting when you move them				
Adjusting pants, underwear, bras in public places				
Totals:				

DSP Self-Care

Because of the emotional and physical investment that is sometimes required, be certain to take the following advice:

1. Just as you should leave your personal life at home when working, leave your work-cares at work when home.
2. Take care of your body - get plenty of sleep, eat well, exercise and limit your alcohol intake.
3. When facing challenges at work, practice "rational detachment." To remain objective, remember that taking comments, events or situations personally will only create pain for yourself and prevent you from properly addressing or solving problems.
4. Do not "own" the problems or negativity of others. Assist as needed, but don't absorb their negative emotions.
5. Start well; end well. Make it a habit to begin and end each day with uplifting conversations with others. The pattern of doing so will eventually become second nature and extend to other parts of your day.
6. Every once in a while, take a few days to get away. Being away from your normal environments is refreshing and provides greater perspective.
7. Be learning and growing. Learn something new, expand your knowledge and develop your existing talents. People who are active learners tend to experience happiness at higher levels than those who don't.

Direct Support Professional Roles

All of the roles that you play have a common focus on supporting individuals to live the life they desire. You are a teacher, partner, resource, ambassador, advocate, encourager and provider. You are not a boss, or one who orders people around and makes them do things they may or may not want to do. Likewise, you are not a parent to the people you support. Your job carries a great deal of responsibility, and it is easy to get these roles confused. Unlike a parent, legal guardian, or conservator, you do not have the responsibility to make important life decisions for the individuals you work for and with (such as medical or financial decisions). Instead, the individuals themselves, with the assistance of parents, legal guardians, or conservators, as appropriate, make decisions about their own lives. This is called Person Centered Thinking. Person Centered Thinking guides your every decision as you support people to live the life they choose. Think of yourself every time you want to make a decision for this person. Do you have your own daily routines? Do you own collections? Do you have certain foods that you like to eat? Are there places that you like to go? If you can answer yes to any of these questions, then you must ask the person you are supporting for their choices. Your job is to support this person in their choices. Bending them to you choices because it makes it easier on you is not the point of this job. Be person centered and you will do a great job!

Direct Support Professional Attire

What you wear and how you take care of yourself have an impact on the individuals you support as well as the agency you represent. Some individuals will look to you as a model of how to dress. The community you engage with will see your attire and personal hygiene as a direct reflection of the care you and the agency you work for provide to the individuals you support. Here are a few things to remember:

- You should dress in a manner that can safely and comfortably support a variety of home living activities.

- Your attire should not call attention to you or set you apart from the person you are supporting.
- Dress modestly - do not dress provocatively.
- Refer to your agency's dress policy for specific guidelines.

Nurse Delegation

Washington has a statewide process where Registered Nurses can delegate certain procedures to a DSP who has fulfilled specific requirements including: Completing and passing the Nurse Delegation Core Training Curriculum, attaining a Nursing Assistant Registered (NAR) license through the Department of Health and keeping it current annually, and being trained specifically on tasks for an individual by a delegating Registered Nurse. The DSP with the NAR will receive non-transferable delegated training for each individual he or she is tasked with providing specific services to such as applying a cream, instilling an eye drop, giving insulin injections, inserting a suppository. The RN is responsible for providing 90 day follow up and review for the DSP to ensure he or she is only doing tasks delegated, and to ensure the DSP is aware of the medications being delegated.

Grief and Loss

Because of the nature of the work, DSPs and other long term care workers will experience grief and loss. While it can be experienced as a result of the passing of a person, it can also be experienced from other circumstances such as the transfer of a person or a DSP, an individual moving to another city, a job loss or even compassion fatigue. As is true with all forms of grief, how it is experienced and how it is processed will look quite different from person to person. Some of the symptoms of grief and loss that a DSP may experience could include:

- Sadness with or without crying
- Inability to concentrate
- Guilt feelings
- Sleeplessness
- Fatigue
- Lethargy
- Mood swings
- Withdrawing from social activities
- Appetite changes
- Anxiety

If you believe you are experiencing grief, in addition to the resources mentioned earlier in the chapter here are a few ideas to consider when attempting to cope with a loss:

1. Give your grief attention; don't try to avoid it. Blocking the pain of grief emotionally, or trying to dull it with distractions and/or alcohol will only prolong your ability to heal and move forward.
2. Don't hold back tears, but don't be concerned if there are no tears. Some people cry more easily and often than others. There is no right or wrong way and it is not a measure for the pain of loss.
3. Don't obsess over the individual, but neither should you block them out of your mind. Remember good times and share stories about the person with others who knew the individual or who would understand.
4. Don't give your grief a time limit. It is entirely different with every individual and cannot be predicted.
5. Grief is not a steady process that starts off strong and gradually diminishes. It is much more of a roller coaster than a steady process or series of stages.
6. Most importantly, talk about your grief and draw close to others. Do not suffer through it alone; it won't work. Take advantage of family and friends, join a grief support group or talk to a therapist. No matter what, healing will require processing with the help of others; whether help is professional or personal.

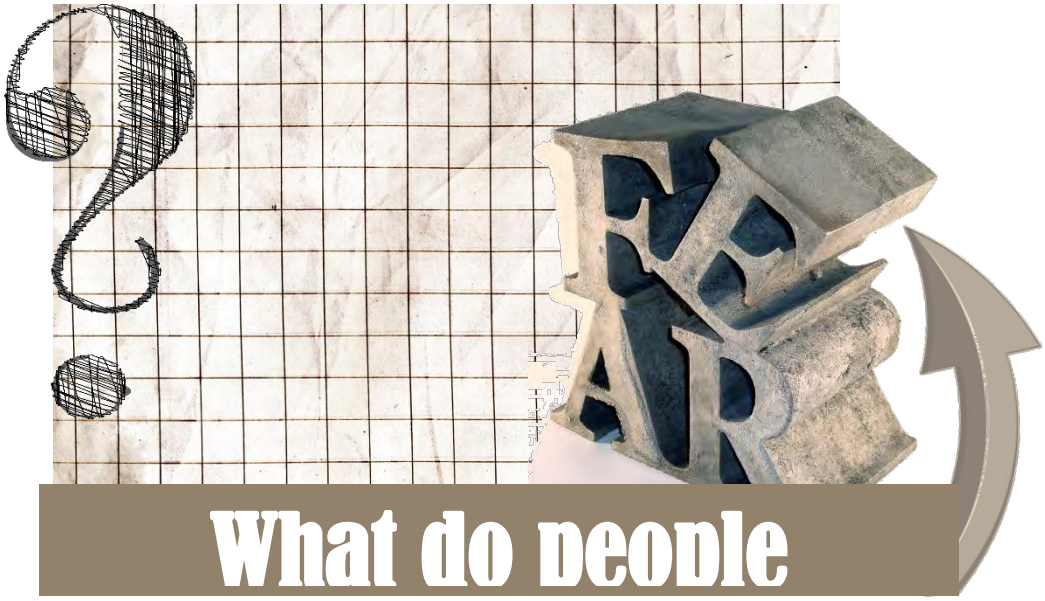
Chapter 2

Overview of Developmental Disabilities

As a result of participating in this segment of training, you will be able to:

1. Recall the historical treatment of people who have disabilities
2. Recognize criteria of the definition of developmental disabilities
3. Differentiate characteristics of specific developmental disabilities
4. Justify the "Principal of Normalization"
5. Defend the right to self-advocacy and self-determination
6. Discriminate between harmful labeling of people and People First language
7. Share one strategy for demonstrating respect or ideas for community participation of individuals we support

History of Developmental Disabilities



What do people

How does Washington State Define Developmental Disabilities?

A disability attributable to:

- Intellectual Disability
- Cerebral Palsy
- Epilepsy
- Autism, or another neurological or other condition closely related to intellectual disability or that requires treatment similar to that required for individuals with intellectual disabilities, which:
- Originated before the individual attained age eighteen;
- Continued or can be expected to continue indefinitely, and
- Results in substantial limitations to an individual's intellectual and/or adaptive functioning."

My Notes

Intellectual Disabilities

- ✓ Down Syndrome
- ✓ Fetal Alcohol
- ✓ Fragile X Syndrome
- ✓ Phenylketonuria (PKU)

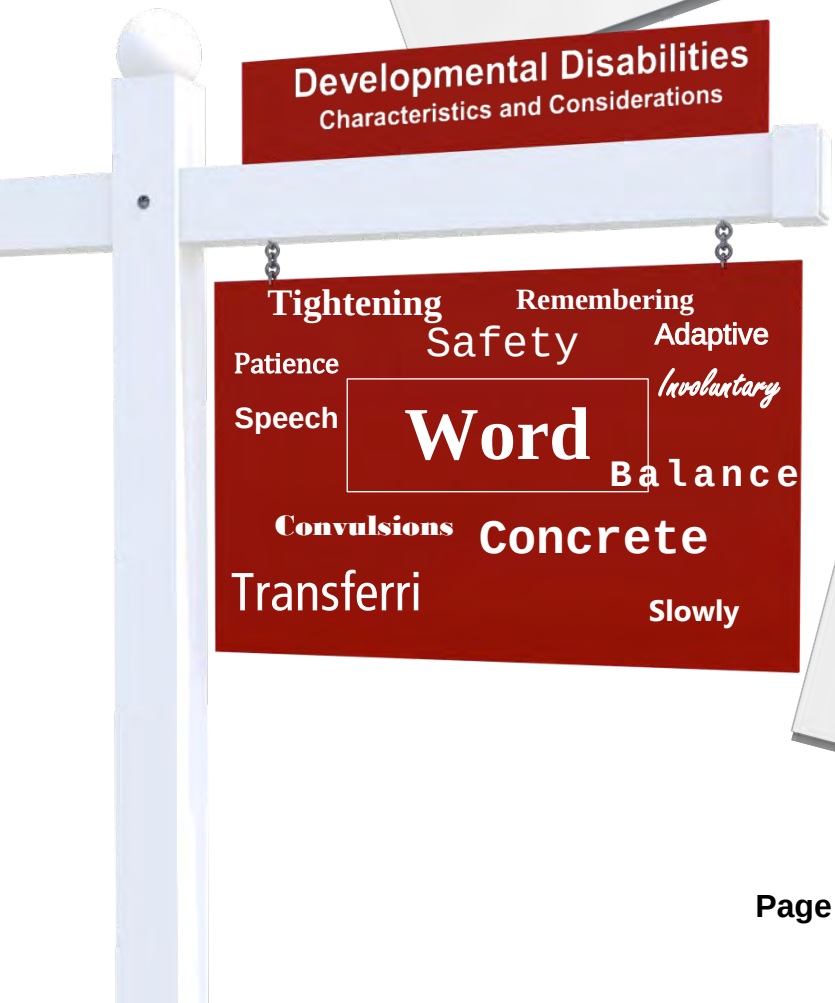
Characteristics & Considerations

1. Learns more _____ but with time and _____ can often learn new skills and acquire knowledge to the same level as those without disabilities
2. Has a more difficult time _____ things that are learned
3. Has a more difficult time _____ what is learned from one situation to a new situation
4. Thinks about things in more _____ ways
5. Keeps learning and developing throughout life just like anyone else

Cerebral Palsy

Characteristics & Considerations

1. May have limited control over their movements in one or more of the following ways:
   - ✓ Excessive muscle _____
   - ✓ Awkward or _____ movements
   - ✓ Poor _____ and poor motor coordination
   - ✓ _____ difficulties
   - ✓ Tremors or shaking when attempting coordinated



Epilepsy

Characteristics & Considerations

1. Has seizures related to other health issues
2. Can involve full body _____, brief partial movements, drop attacks, or lack of responsiveness
3. Anything that the brain can do in its normal function, it can do abnormally in the form of a seizure
4. Frequently controlled by medication or VNS (Vagal Nerve Stimulus)
5. Supports should be focused on _____ and reassurance

Autism Spectrum Disorder

Characteristics & Considerations

1. Autism is a spectrum of closely-related disorders with a shared core of symptoms. The level of disability and the combination **of** symptoms varies tremendously from person to person, in fact, two people with the same diagnosis may look very different when it comes to their behaviors and abilities Some of the most common symptoms include:
   - ✓ Problems with_____ skills
   - ✓ Difficulties with _____
   - ✓ Difficulties _____ or _____ typical emotional responses
   - ✓ _____ and/or inflexible behaviors
2. Problems with _____ integration
3. Some helpful ways to help an individual with autism include: provide alternative forms of communication like sign language, PECS (Picture Exchange Communication System) communication software or electronic devices
4. Look for sensitivity to sounds, taste, touch and environment and adapt as appropriate.
5. Follow _____ based on person's preferences

Other Developmental Disabilities

Includes people who need the same kinds of support as those who have intellectual disability

It does not include people who have only physical, learning, or mental health challenges.

People with developmental disabilities may have both a diagnosis of the disability, and a mental health diagnosis, referred to as a "dual diagnosis" or "co-occurring diagnosis."

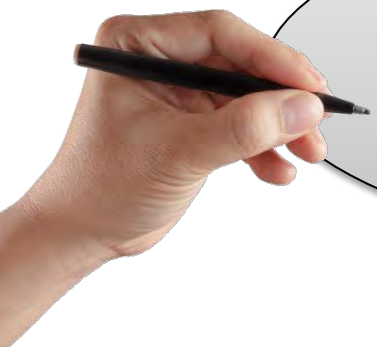
WORD BANK

Sensory Reading Exhibiting

Communication Social

Repetitive Routines

What is… NORMAL?



_____

_____

_____

_____

_____

_____

Where do you stand?

On a scale of 1-10, with 1 being least important and 10 being the most important, rank the Values below in the order of importance for the "family" you grew up in	Values	On a scale of 1-10, with 1 being least important and 10 being the most important, rank the Values below in the order of importance for the "family" you have now
	Ritual, Tradition	
	Hierarchy	
	Equity, Social Justice	
	Religion	
	Independence	
	Work	
	Education	
	Money	
	Love	
	Food	
	Other (list)	

People First

- People with disabilities are people first.
- People First language promotes respect, understanding, dignity and a positive outlook for people with disabilities
- People First emphasizes abilities; not limitations
- People First language eliminates generalizations, assumptions and generalizations by focusing on the person rather than the disability
- People First recognizes that a disability is not a challenge to be overcome. It is a part of who a person is with their unique characteristics

My notes

Chapter 2
Overview of Developmental Disabilities

History of Developmental Disabilities

Throughout the history of mankind, cultural perspectives regarding individuals with developmental disabilities have caused them to be abandoned, cast out, abused, victimized and even killed. Whether this mistreatment was due to fear, hate or beliefs about spiritual, evolutionary or physical inferiority, society has always fought embracing them as equals and including them in the daily norms of life.

Recent history demonstrates the cultural reluctance that occurs even when in good faith, attempts are made to improve the acceptance and future of individuals with developmental disabilities. In the 1800's, a movement began where training schools were created to house the developmentally disabled and train them to be able to participate and function well within their communities. As their popularity grew, families were encouraged by doctors and other trusted advisors to place their children in these training schools. They believed that this was the best way for families to protect their developmentally disabled child from the mistreatment that they would otherwise receive at the hands of society. In the early 1900's however, the reasoning transitioned from protecting individuals from society, to protecting society from individuals. It became accepted and encouraged that placing a developmentally disabled child in a training school would protect marriages, siblings and even communities from potential harm. Between 1900 and 1925, the number of these "schools" grew in the United States from 10 to over 80. Small training schools became large institutions where the developmentally disabled were housed "out of sight" from daily life. With no oversight and the prevalence of ignorant perspectives regarding the developmentally disabled, horrific abuse became rampant and unchecked as the original intention of training was abandoned almost entirely.

A shift began again when, starting in the 1950's, parents began to take notice of worsening conditions. Working together, they demanded improved conditions and encouraged others to stop institutionalizing their disabled children. Appealing to the government for reform, their message took hold to change attitudes and inspire action. In the 1970's, significant legislative changes began to take shape providing for equal protection and opportunity under the law. The federal government began to require states to provide education and community services to families and individuals with developmental disabilities. In 2000, with the Developmental Disabilities Assistance and Bill of Rights Act, the federal government provided financial assistance to states and public and nonprofit agencies to support community-based delivery of services to persons with developmental disabilities.

Washington State definition of Developmental Disability

A disability attributable to:

- Intellectual Disability
- Cerebral Palsy
- Epilepsy
- Autism, or another neurological or other condition closely related to intellectual disability or that requires treatment similar to that required for individuals with intellectual disabilities, which:
    - Originated before the individual attained age eighteen;

- Continued or can be expected to continue indefinitely, and
- Results in substantial limitations to an individual's intellectual and/or adaptive functioning."

Understanding Developmental Disabilities

Intellectual Disabilities

People with intellectual disability are individuals who have difficulty learning general knowledge as well as adaptive behavior. Adaptive behavior is the way an individual adjusts to the environment. When an individual has difficulty with adaptive behavior, he/she will also have difficulty meeting expectations for personal independence at his/her age level.

Characteristics and Considerations

- Learns more slowly, but with time and patience can often learn new skills and acquire knowledge to the same level as those without disabilities.
- Has a more difficult time remembering things that are learned
- Has a more difficult time transferring what is learned from one situation to a new situation
- Thinks about things in more concrete ways
- Keeps learning and developing throughout life just like anyone else
- There are different levels of intellectual disability from mild to moderate to severe; therefore individuals need different types of assistance in daily living.

Cerebral Palsy

While most with Cerebral Palsy have average or above average intelligence, they have difficulty with body movement due to damage to the brain.

Characteristics and Considerations

- May have limited control over their movements in one or more of the following ways:
    - ✓ Excessive muscle tightening
    - ✓ Awkward or involuntary movements
    - ✓ Poor balance and poor motor coordination
    - ✓ Speech difficulties
    - ✓ Tremors or shaking that occur while trying to perform coordinated movements
- Cerebral refers to the brain and Palsy to a condition that affects physical movement
- Ranges from mild to severe
- People can lead more independent lives through physical therapy and the use of adaptive devices (for example, computers and wheelchairs).

Epilepsy

People with a diagnosis of epilepsy or seizure disorder tend to have recurring seizures, usually resulting from a disorder of the central nervous system. A seizure is often described as an abrupt electrical storm, or eruption, that occurs in the brain.

Characteristics and Considerations

- Has seizures related to other health issues
- Can involve full body convulsions, brief partial movements, drop attacks, or lack of responsiveness (absence).
- Anything that the brain can do in its normal function, it can do abnormally in the form of a seizure.
- Frequently controlled by medications or VNS (Vagal Nerve Stimulus).
- Supports should be focused on safety and reassurance

Autism Spectrum Disorder

Autism is a spectrum of closely-related disorders with a shared core of symptoms. The level of disability and the combination of symptoms varies tremendously from person to person.

Characteristics and Considerations

- Some of the most common symptoms include:
  - ✓ Problems with social skills
  - ✓ Difficulties with communication
  - ✓ Difficulties reading or exhibiting typical emotional responses
  - ✓ Repetitive and/or inflexible behaviors
  - ✓ Problems with sensory integration.

- The level of disability and the combination of symptoms varies tremendously from person to person. In fact, two people with the same diagnosis may look very different when it comes to their behaviors and abilities.
- Some helpful ways to help an individual with autism include:
  - ✓ Provide alternative forms of communication like sign language, PECS (Picture Exchange Communication System), communication software or electronic devices
  - ✓ Look for sensitivity to sounds, taste, touch and environment and adapt as appropriate
  - ✓ Follow routines based on person's preferences

Other Developmental Disabilities

People may have other neurological conditions closely related to intellectual disability that could also qualify as a developmental disability.

Characteristics and Considerations

- Includes people who need the same kinds of support as those who have intellectual disability.
- It does not include people who have only physical, learning, or mental health challenges.
- People with developmental disabilities may have both a diagnosis of the disability, and a mental health diagnosis, referred to as a "dual diagnosis" or "co-occurring diagnosis."

Principles of Normalization

- While everyone is unique, we are in many ways just as alike as we are different. We all have similar needs and wants. We all have the same rights. We all have feelings and can experience emotions such as love, loss, joy and embarrassment. We are all capable of learning and personal development. We all desire to make our own decisions for our life. We all desire to contribute. We all desire to be valued. This is no less true for the individuals we support.
- The Principles of Normalization seeks to pursue a life for the individuals we support that is respectful of the similarities we share. Normalization does not emphasize how people with disabilities are different from others. Our different backgrounds, values and perspectives sometimes conflict with another person's experiences. Often times, people mistakenly use their own standards as a yardstick for what is appropriate. This type of thinking reflects values that may not apply to others.
- Principles of Normalization stresses what people can do, rather than what they can't. It assumes that everyone can learn and has a need to grow. It places an emphasis on an individual's environment and the experiences they encounter. It understands that experiences can be planned which foster growth and learning. It is important to get to know the individuals you support to understand what is important to them and to assist them in living the life that they most desire.

Guiding Values

As a result of participating in this segment of training, you will be able to:

1. Identify the DDA Guiding Values
2. Defend the value of each of the Guiding Values
3. Relate the importance of the Guiding Values to their lives (as staff) and to the lives of those we support
4. Create a dramatization of the qualities of a meaningful life, using a variety of mediums
5. Balance health and safety versus power and choice in problem solving scenarios

Guiding Values

C

C

Providing support in order that they may confidently and successfully accomplish the things they would like to do, and the things that they need to do

H

H & S

Providing guidance to encourage healthy choices, develop personal health skills and advocating for their health and safety in order that they may enjoy the fullness of life

I

I

Assisting and positioning to provide opportunities to become a part of their community, become exposed to a wide variety of people, utilize resources, participate in activities and develop interests that they may experience a vibrant life

R

R

Elevating quality of life by supporting existing family relationships and friendships, encouraging the development of new personal relationships, while modeling a supportive, healthy, professional relationship

P

P & C

Empowering through allowing and advocating for the right to have power, control and choice regarding personal affairs, and promoting personal fulfillment through respecting the need to be in charge of their daily and lifetime destiny

S

S

Providing interactions that promote a positive sense of self and promoting opportunities where they will be valued, appreciated, and respected by others

My Notes

Qualities of a Meaningful Life

8:00 to Noon	Noon to 4:00	4:00 to 8:00	8:00 to Midnight

My notes

Chapter 3
Residential Service Guidelines

Competence

Competence is the capacity to do what you need and want to do. Competence inspires confidence, which is an essential component to personal development, well-being and contentment. Sometimes competence is developed through becoming more increasingly self-reliant and proficient. There are other areas where it is developed through the ability to seek and obtain assistance from others. For many of the individuals you will support, competence comes through a combination of both.

The more competencies and skills an individual possesses, the more choices an individual will have in improving his/her image and status. Learning skills should occur in the context of real situations. Adults with a disability have often spent their whole lives *getting ready* for a job or *getting ready* for living in the community. The best way to learn functional skills is through the experience of real jobs, homes, or communities and not in readiness programs. Each person and situation is unique: Some people with developmental disabilities need assistance to do what they need and want to do. Sometimes people will be able to learn, on their own, the things they need to know to be self-reliant. Sometimes they will need assistance to get what they need to get things done. Sometimes people will be able to direct their learning or direct the support they need. Sometimes people will need assistance to decide what to learn and how to direct their support system. People who receive services should have opportunities to be as self-reliant as possible and to determine the level, type, and provider of support they need. Effective programs ensure that an individual's lack of skills, or lack of ability to direct needed supports, are not barriers to choice, positive status, integration and relationships. To decide whether you support the building of competence, ask:

- Am I offering people opportunities to learn relevant skills they have indicated an interest in or a need to know?
- Am I supporting people in defining skills they would like to learn, and assessing the feasibility of mastering the skills in a reasonable period of time?
- Am I assisting people with activities in environments that are important to the person and relevant to the activities?
- Am I providing people with the opportunity to be self-reliant?
- Am I providing direct assistance when an individual needs it, including back-up support when an individual tries to be self- reliant and is unsuccessful?
- Am I providing opportunities for people to use the skills they have, including skills of defining, negotiating, and directing the assistance they need?

Health and Safety

Whether it's understanding the social and health impact of good hygiene, identifying when there is a need to call the doctor, taking daily medication properly, or making healthy food and exercise choices, most people are capable of successfully making the required decisions or navigating through the processes of doing so on their own. Likewise, recognizing our vulnerabilities

and taking the necessary preventative steps to be safe is something that most adults are able to manage on their own. For many individuals with developmental disabilities, they require assistance with one or more of these areas to keep healthy and safe and be able to enjoy the fullness of life.

As a Direct Support Professional, this is one of your most crucial roles. It will be extremely important for you to monitor, guide, assist, encourage, teach and advocate for the individuals you support, all while respecting their personal right to chose and make decisions for themselves.

Integration

Integration and inclusion are important for everyone. Feeling as though we are positively contributing to the community and to the individuals around us, fuels our passion and allows us to lead a vibrant life. Our ability to work, play, worship and volunteer our time is something that most of us have the ability to pursue without significant limits, outside of what our time and money affords. The importance of participating similarly is just as crucial to those with developmental disabilities.

The individuals we support require our assistance, encouragement and coaching to lead a vibrant life of integration and inclusion. Not only is it important that we help them navigate through the resources available to them, it is equally important that we purposefully seek to engage them in activities that will introduce them to a wide variety of individuals and activities that exist in their community. Here are a few questions to consider as you provide integration and inclusion opportunities in the life of the individuals you support:

- What are his/her current interests? What activities are available to pursue and enhance these interests? How can I assist in involving them in these activities?
- What new interests might the individual I support enjoy? How can I introduce them to him/her to see if this is something they would like to pursue?
- When we are out, am I focused primarily on his/her interests, choices and enjoyment level, and not on my own?
- Am I encouraging and assisting the individual I support to get out daily to and participate in the normal activities of shopping, eating out, going to parks, farmers markets, community events, worship and clubs?
- Am I assisting them to use available transportation to get where they need and want to go?
- Are there volunteer opportunities that they might be interested in helping with? How can I involve them?
- Are there classes and learning opportunities that the individual would be interested in taking?

Relationships

More often than not, our quality of life rests heavily on the quality of our relationships with others. Our relationships provide meaning, the opportunity to give and to receive, personal value, support, continuity, adventure, love, laughter, memories, a sense of belonging, and personal growth. Unfortunately, for many of the individuals we support, their opportunities to pursue new and existing relationships has been significantly limited. For some, their relationships are primarily only with those who provide services for them.

As a DSP, one of your fundamental roles will be to assist in supporting existing family relationships and friendships, and to provide opportunities for the individual you support to establish new friendships through new opportunities to meet a wide variety of people. Here are a few questions to ask yourself as you follow through on this very important role:

- What are the existing relationships that are important to the individual I support?
- How do I provide opportunities for them to spend time with these family and/or friends? What more can I do?
- What opportunities within their neighborhood can I create or take advantage of to further existing relationships or inspire new ones?
- What opportunities for new relationship development might exist in clubs, associations, churches and volunteering? How can I assist to make those opportunities happen?
- How can I successfully model a healthy, respectful professional relationship with others and with the individual I support?

Power and Choice

One of the most profound benefits of our society is that it gives us the right and the ability to have power and choice over our own destiny. We strive to experience power, control, and choice in our personal affairs. These expressions of personal power are essential elements that help us gain autonomy, be self-governing, and pursue our own interests and goals. For many with developmental disabilities, their right and/or ability to make complex lifetime choices, and even simple daily choices has been hampered by circumstances, physical limitations and/or misjudgments about their abilities based on cognitive limitations.

As a Direct Support Professional, your role is to empower. Empowering the individual you support involves listening carefully to what each person is expressing in terms of desires, plans, and preferences and discern how each person is expressing those choices. Listening means paying attention and responding to the different ways people express themselves. It is important to constantly review how you are ensuring each person's right to have power over his or her life and whether the choices being made are theirs or yours. You can do this by looking at the following areas and asking yourself the following questions:

- Do I listen to the person and the person's friends and allies to discover individual goals and preferences?
- Do I demonstrate respect for individual choices, cultural and historical background and encourage the expression of each participant's individuality and personal power?
- Do I protect each person's personal and environmental privacy and legal rights?
- Do I assist participants learn about all their rights and responsibilities and to act on what they learn?
- Do I actively support each person's pursuit of opportunities which are important to them, i.e. employment, volunteering, recreation, relationships and personal goals?
- Am I able to separate the difference between what I believe the individual I support "should" choose and what I want them to choose?
- Do I <u>not</u> let things like being busy, the complexity of communicating, my judgments about poor decisions or behavior, or my own discomfort interfere with my willingness to listen and their right to make choices?

Status

Our status comes from how we are valued by ourselves and by others. Positive recognition and self-esteem are extremely important to all of us. Unfortunately, the self-esteem and positive recognition of many of the individuals we support have been obstructed by things such as cultural misperceptions and an absence of opportunities.

A DSP's interaction with the individual they support has a powerful influence on how the person feels about him/herself and how they are seen or perceived by others. Ask yourself the following questions to see if you are promoting their status:

- Am I encouraging opportunities for their personal and professional growth and development?
- Am I respecting them as an adult with the same equal rights and decision making power that I am privileged with?
- Am I helping to increase their ability to become more competent and independent in daily living tasks?
- Am I helping others to recognize the individual's abilities rather than their limitations?
- Am I promoting activities to develop current and new interests?
- Am I promoting activities to develop current and new relationships?
- Am I offering ways of enhancing personal appearance?
- Am I assisting in making their home a warm and inviting environment?

Qualities of a Meaningful Life

A meaningful day comes from participating in activities and functions in the home and community that are desired and chosen by each individual. This can include:

- Purposeful and meaningful work
- Support for optimal health
- Self-empowerment and personal relationships
- Skill development and maintenance
- Social, educational and community activities that are linked to the vision, goals and desired personal outcomes

Each individual's daily activities should result in self-empowerment, new relationships, work/volunteer experiences, memberships, valued roles, and skill-development, in addition to social, educational, and community inclusion that is consistent with the individual's desired outcomes. Most of these activities would be planned, purposeful, and reflected in daily schedules, however, meaningful activities also happen spontaneously. In order for an activity to be meaningful, it must be important to the individual and not an event to fill time. Activities that are meaningful to each individual might include opportunities for the following:

- Experiencing the routines of daily life that are important and non-negotiable (e.g., drinking coffee in the morning, reading the newspaper, walking to store)
- Exploring, securing, maintaining and/or changing supported or competitive jobs
- Exploring, securing, maintaining and/or changing post-secondary educational activities
- Exploring, securing, maintaining and/or changing volunteer activities
- Experiencing and participating in community exploration, companionship with friends and peers
- Developing, maintaining and regularly experiencing chosen hobbies
- Maintaining family contacts
- Engaging in community events, education experiences, and those activities and services where people without disabilities are involved
- Exploring, learning and developing new skills to support participation and independence in the community and at home
- Exploring healthy lifestyles to include physical, spiritual and emotional well-being

Your role is to offer opportunities and encourage activities that are meaningful to each individual. You can assist each individual in identifying what is meaningful to them, and you can offer and encourage meaningful activities throughout the day. Downtime is important, but if there is excessive downtime or time-fillers, the individual's quality of life is negatively affected.

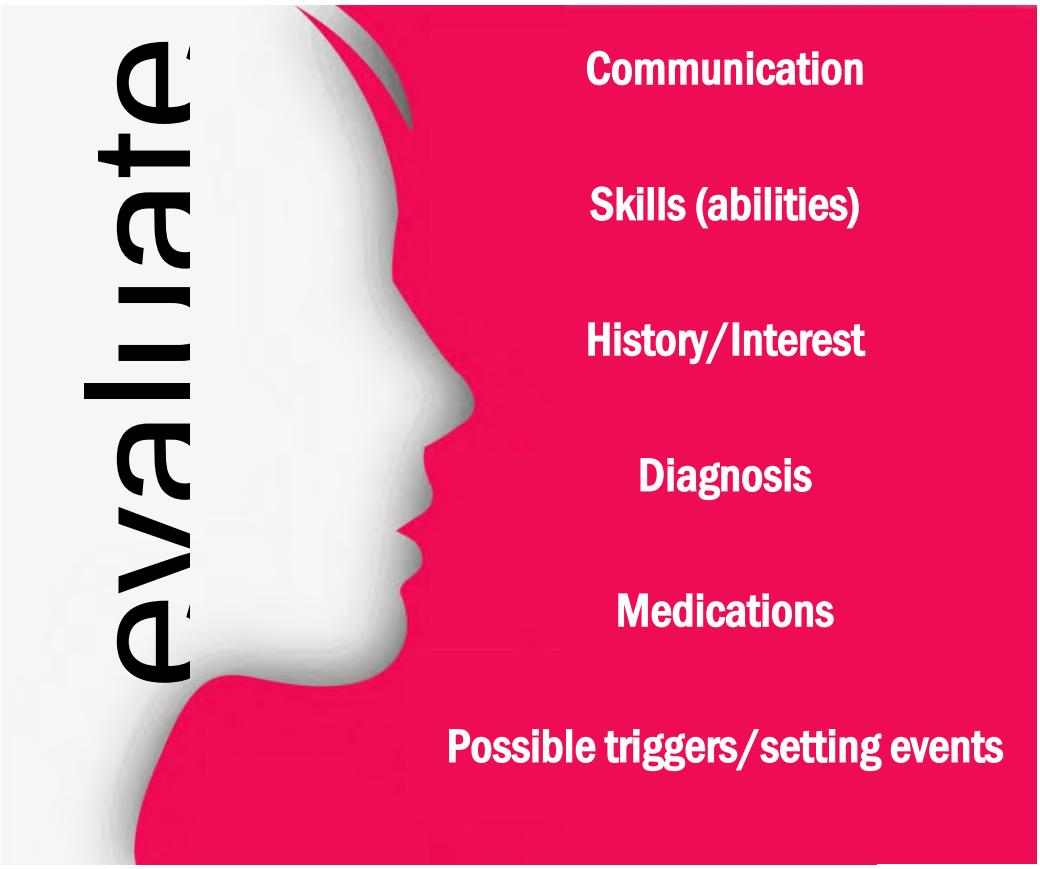
Chapter 4

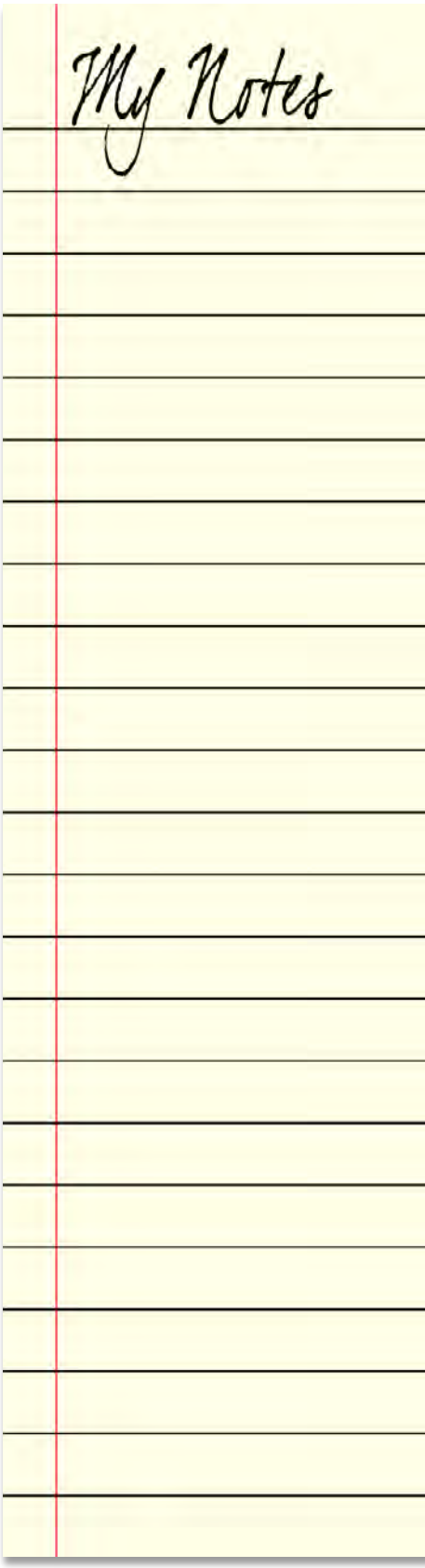
Introduction to Positive Behavior Support

As a result of participating in this segment of training, you will be able to:

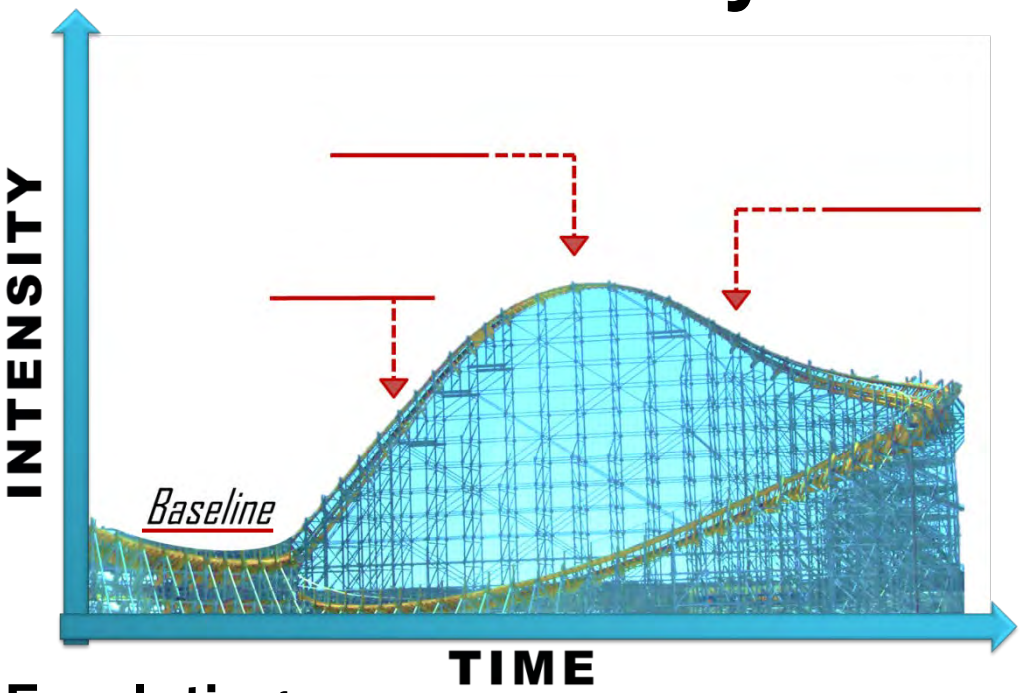
1. Name 3 functions of behavior
2. List at least two examples of triggers (antecedents)
3. Examine the categories of setting events (physical/medical, environmental, social/psychological)
4. Summarize the purpose of a functional assessment
5. Identify environmental elements that support positive behavior
6. Distinguish between natural consequences and punishment
7. Identify conditions that create potential power struggles
8. Role play active listening skills
9. Provide examples of how dignity and respect are reflected in daily interactions
10. Recognize the stages of the escalation cycle and what types of interventions might be appropriate at each stage

Functions of Behavior



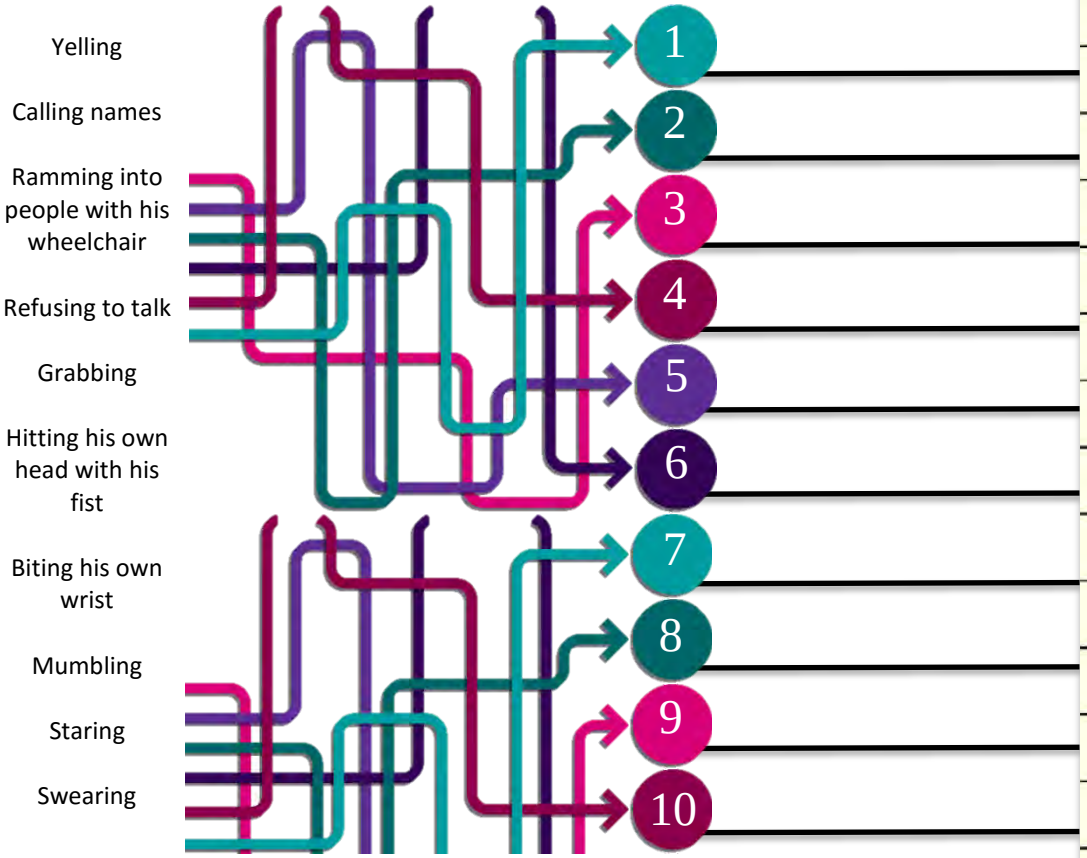


Escalation Cycle



Escalating Behaviors

Rate Travis's escalating behaviors on the left from 1-10 by writing them in the space provided on the right. One is the mildest and ten is the most intense.



My Notes

Time & Space-
"I'll be over here when you feel like talking."

Teaching
"Let's practice."

Ensure Safety
Don't turn your back

Connect
"(Name), are you okay?."

Choices
"Would you like to talk, or would you rather listen to music?"

1.
2.
3.
4.
5.

Redirection
"Let's go see what we can make for dinner."

Unconditional Support
"I can see that you're angry, and that's okay.

Active Listening
Repeat back what you've heard.

Problem Solving
"So what do we need to do to fix this?"

Get Help
If safety is a concern, find assistance

My Positive Behavior Support Plan

Name:

Implementation Date: 6 Month Review Date:

Definition of Challenging Behavior:

Function of Behavior:

Setting Events:

Triggers:

Strategies for Dealing with Challenging Behavior:

-
-
-
-
-

Chapter 4
Introduction to Positive Behavior Support

Functions of Behavior

The function of behavior is the reason people behave in a certain way. The reason for a behavior can be described in terms of the *reinforcement* that is maintaining it and the favorable outcome that it creates. People engage in millions of different behaviors each day, but the reasons for doing these different behaviors fall into one or more of the following three main categories.

- Category one includes motivations related to getting something. These could be things like pleasure, attention, respect, power, privilege, and objects. This category also includes "Automatic reinforcement" which occurs when a person's behavior creates a favorable outcome for them while no other person was involved in any way. This includes things like finger "flapping", knee jiggling or other behaviors where the person receives a positive outcome. It feels good, it's calming or just makes them happy.
- The second category includes motivations related to avoiding something. These could include avoiding work, avoiding social situations, avoiding embarrassment, and avoiding stress. This category includes motivations related to stopping something from continuing. These could include things like pain, discomfort, and negative sensory stimuli.

Setting Events and Triggers

Setting Events are contributing factors that could increase the likelihood of the behavior occurring. They are a variety of things that potentially "set the table" for behavior to take place. These could include things such as health related problems, lack of knowledge or ability, poor self-regulation skills, ongoing social and emotional issues, and environmental factors. Below is a list of sample setting events by category.

PHYSICAL/MEDICAL		SOCIAL/PSYCHOLOGICAL		ENVIRONMENTAL	
• Illness • Constipation • Allergies • Sexual anxiety • Medication side effects • Pain	• Discomfort • Sensory issues • Missed Meal • Hunger/thirst • Chronic health issues • Sleep pattern disruption	• Disappointment • Loss • Depression • Anger issues • Anxiety over upcoming event • Major life change • Lack of experience	• Fear • Call from friend • Recent argument • Trauma history • Planning a vacation • Low impulse control • Low tolerance for frustration	• Moving • Noise level • Boredom • Lack of routine • Lack of stimulation • Disrupted routine • Change of support staff	• Weather • Being late • Being rushed • Miscommunication • Overcrowding • Temperature • Unfamiliar surroundings • Confusion regarding directions

	• Lack of situational comprehension	• Heightened need of attention	• Poor planning	• Absence of organization

Triggers

Triggers are the immediate prompts that provoke the behavior. They can be a wide variety of prompts. Some examples include a request or demand, a comment, refusal or presentation of food, an object or an activity, losing a game, or a message.

Functional Assessments

Functional assessments attempt to determine the function (purpose) of an individual's behaviors. They seek to identify the logic behind someone's behaviors and serve as the foundation for developing a prevention-focused Positive Behavior Support plan as well as intervention and proactive action plans to provide instructional and environmental supports, effective communication strategies, reinforcement methods and reactive approaches.

Functional Assessments are created through a combination of direct observation of the individual, consulting with relevant professionals, interviewing family and staff members, and reviews of prior assessments, incident reports and other related documentation. The information is then used to define specific negative behaviors, identify times and situations where they will occur and describe the functions that the negative behavior produces for the individual. Some of the areas that are assessed include an individual's current and past relationships, their environment, communication abilities and practices, skills and abilities, personal history, interests, diagnosis, medications and possible setting events and triggers.

Environmental Elements that Support Positive Behavior

Environment contributes more significantly to how we "feel" than we are consciously aware. To provide the best assistance to individuals and proactively support their positive choices, we need to be keenly aware of environmental factors that may impede their choices. Here are just a few things to keep in mind:

- Noisy environments can create anxiety for some individuals.
- Some people have significant issues with uncomfortable clothing and other tactile sensitivities.
- Temperature can impact people differently. Remember that it is *their* comfort level that is the priority, not yours.
- An overly busy or chaotic environment can produce negative behaviors for some individuals.
- Are there changes that could be made that would help with comfort? What kind of accessibility improvements could be made for those with mobility issues?
- Are there environment changes or potential changes that can cause problems?
- Is their home decorated and furnished according to what makes them happy? Do they feel a sense of pride and ownership?
- Is the home clean and free of clutter?
- Are there safe and comfortable places to relax outside?
- Is there a wide variety of activities of interest to the individual in the home? Are they easily accessible?
- Are clocks and calendars easy to locate and read?

Dignity and Respect in Daily Interactions

"In my early professional years I was asking the question: How can I treat, or cure, or change this person? Now I would phrase the question in this way: How can I provide a relationship which this person may use for his own personal growth?"

- Carl Rogers

Building positive relationships is rooted in respect. Positive relationships promote trust, cooperation and growth. Whether we intend to or not, we serve as models for the individuals we support. Here are a few things to keep in mind as you grow and model a relationship with the individual you support.

- Your behaviors and words should always match. Do what you say; say what you do.
- Practice and demonstrate empathy.
- Extend unconditional, positive respect. Respect is not earned; it is to be freely given.
- Abolish judgment. It is usually rooted in self-righteousness.
- Be collaborative and helpful whenever possible.
- Treat all adults as adults. Value and respect them accordingly. Use age appropriate communication.
- Seek understanding. Seeking to understand rather than to be understood demonstrates the highest respect.
- Acknowledge them in all circumstances. Seek their participation and presence.
- Listen intently. Give them your undivided attention.
- Always be truthful.
- Use respectful body language and tone of voice in all conversations.
- Accept their individuality and idiosyncrasies.

Power Struggles

Power struggles are an attempt to create power over another individual, retain a position of power or establish a sense of personal empowerment through taking it from someone else. They can occur when we are unbendable, when someone has a need to "win," or when someone feels personally powerless. Unfortunately, they are always a lose-lose proposition for everyone involved, build resentment and distrust, set the state for aggression and negative behaviors, and increase the likelihood of future power struggles. Here are tips for avoiding and dealing with power struggles.

- The more power and choice an individual has in their life, the less frequently they initiate power struggles. Be certain to provide power and choice frequently. Even small, seemingly insignificant choices can go a long way to helping an individual to feel empowered.
- When an individual makes a decision that turns out poorly, don't 'rub it in.' Be empathetic and encouraging.
- Don't start power struggles!! Our lack of flexibility, our need to keep things "under control," our incorrect viewpoint of ourselves as an "authority figure," our tendency to take things personally, and even our desire to ensure the "best" for someone can overwhelm our ability to see clearly.
- Don't take the bait. Sometimes, things are said or done just to provoke a response from you. Don't react.
- Create a win-win whenever possible. You don't need to come out on top. This isn't parenting!
- Don't be afraid to "lose." As a matter of fact, be sure to apologize and ask for their forgiveness if you're wrong.
- Don't involve others. A larger audience creates a more powerful desire to "win" in order to avoid looking bad in front of others.

The Escalation Cycle

People get upset. Upset people often engage in challenging behaviors. Challenging behaviors can escalate into a behavioral crisis. As an individual escalates, simple agitation behaviors such as arguing, pacing, rocking, and raised voices can become intimidation behaviors that involve swearing, name calling and verbal threats. The highest form of an escalation cycle is violence. The violence can occur against property, another person, or even themselves. It's important that we learn how to recognize the escalation cycle and how to respond to help an individual de-escalate. Here are some things to remember when dealing with the escalation cycle.

- Provide them with your undivided attention.

- Allow them to vent. Listen for feelings and acknowledge them. Their feelings are what is causing them problems, not the situation. If we focus on the situation, we're not focusing on the true problem.
- During the agitation phase, ask "Can we sit down? I'd really like to hear more about this." Sitting down can help de-escalate. But even if they refuse, your genuine desire to listen to them can help.
- Let them have their feelings without judging them or correcting them, no matter how strong the feelings are.
- As agitation increases in the individual you support, you must not allow your own anxiety to increase as well. If you become anxious, angry or upset it will only serve to exacerbate their emotions.
- Use reflective listening skills.
- Do not take their escalation personally - even if they begin accusing you or calling you names.
- Use a calming, steady voice. Don't try to match their pace or volume. Speak more quietly and slowly.
- If what you are doing or saying is increasing their anxiety instead of calming them, more than likely, what you're doing isn't working. Try something else.

De-escalation Don'ts!!

Don't say "calm down."
Don't tell them how they "should" feel.
Don't tell them how they "should" see things.
Don't rush them.
Don't rush to resolution or problem solving.
Don't minimize their feelings or perceptions.
Don't tell them that "it will be okay."
Don't lecture, use logic or persuasion.
Don't try to solve the problem.
Don't get defensive.
Don't interrogate by asking a lot of questions.
Don't focus on the situation. Focus on feelings.
Don't criticize them or their feelings.
Don't get pulled into triangulation.

Chapter 5

Effective Communication

As a result of participating in this segment of training, learners will be able to:

1. Demonstrate 5 different types of communication.
2. Apply active listening
3. Demonstrate ethical and respectful interactions with people who have developmental disabilities

Basic Communication Test

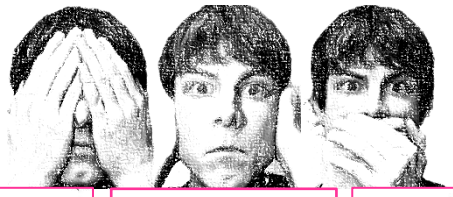
1. _____
2. _____
3. (no pens - listening only)

How can miscommunication occur in each of the following communication situations?

What impact could miscommunication have on...

- My personal life
- The individual I support
- The relationship with the individual I support
- Relationships within a support team
- Relationships with DDA caseworkers
- The relaying of necessary information from doctors
- Relationships with family of individuals I support

My Notes



NON-VERBALS

Eye contact

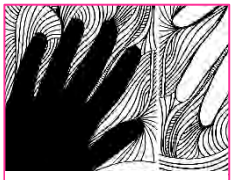
Facial

Gestures/Body

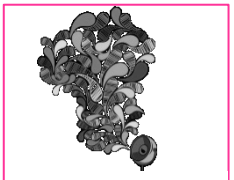
Volume

Pace

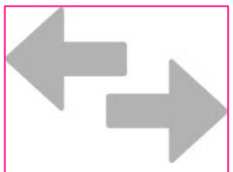
Tone of



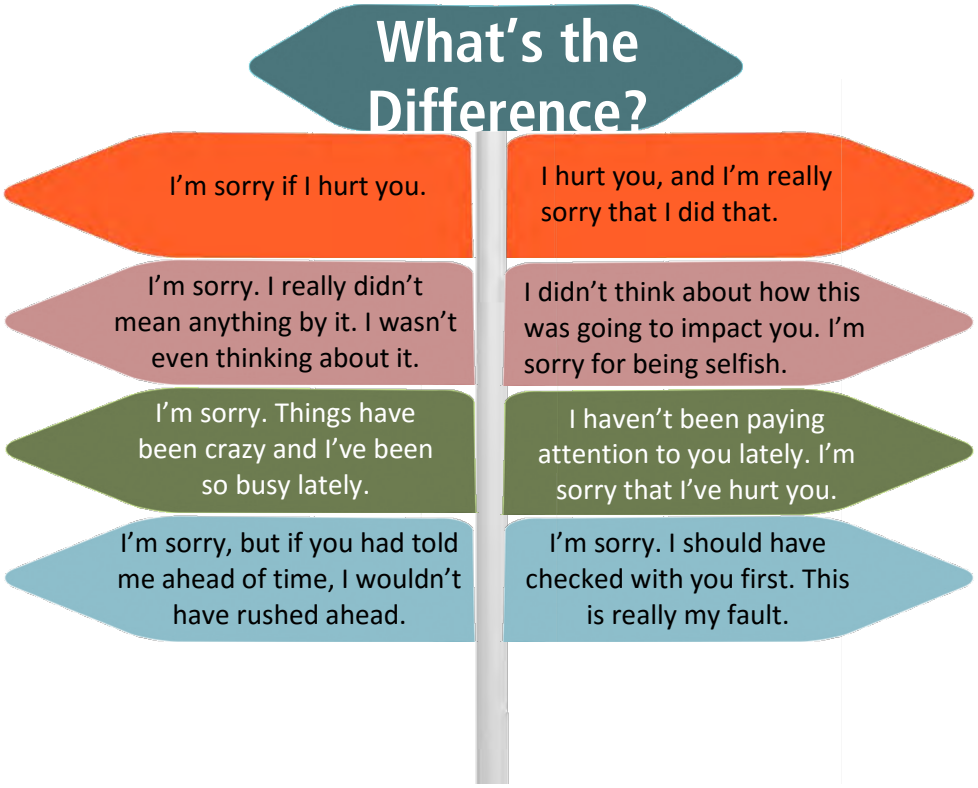
Touch

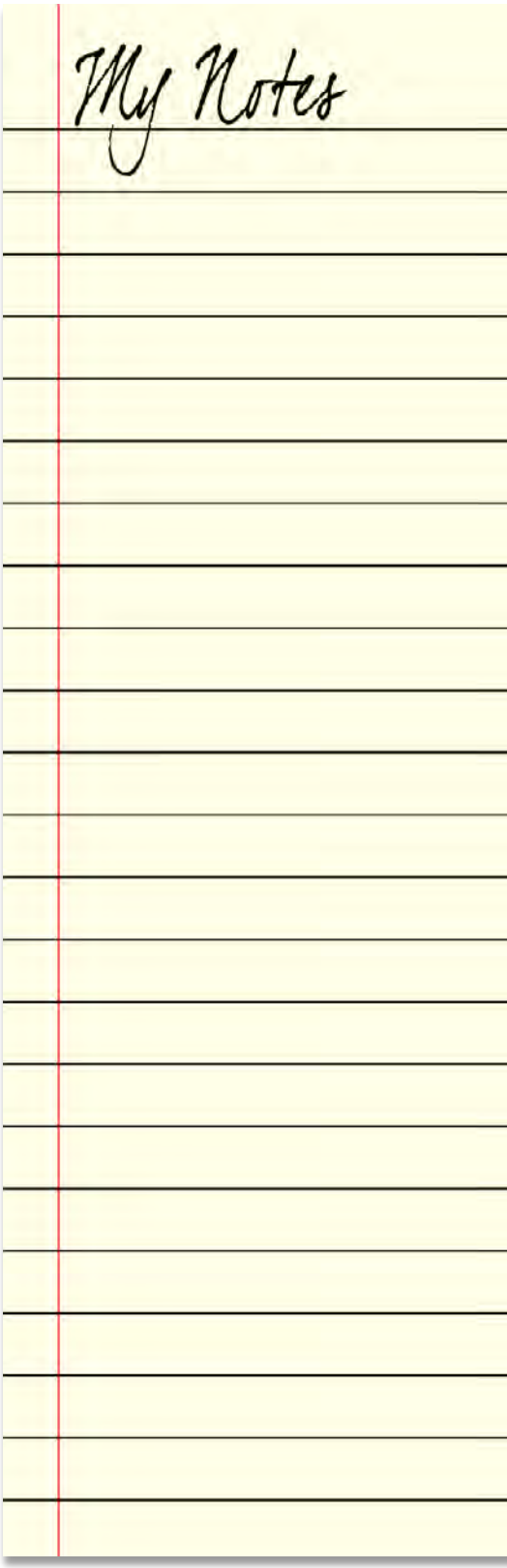


Sounds

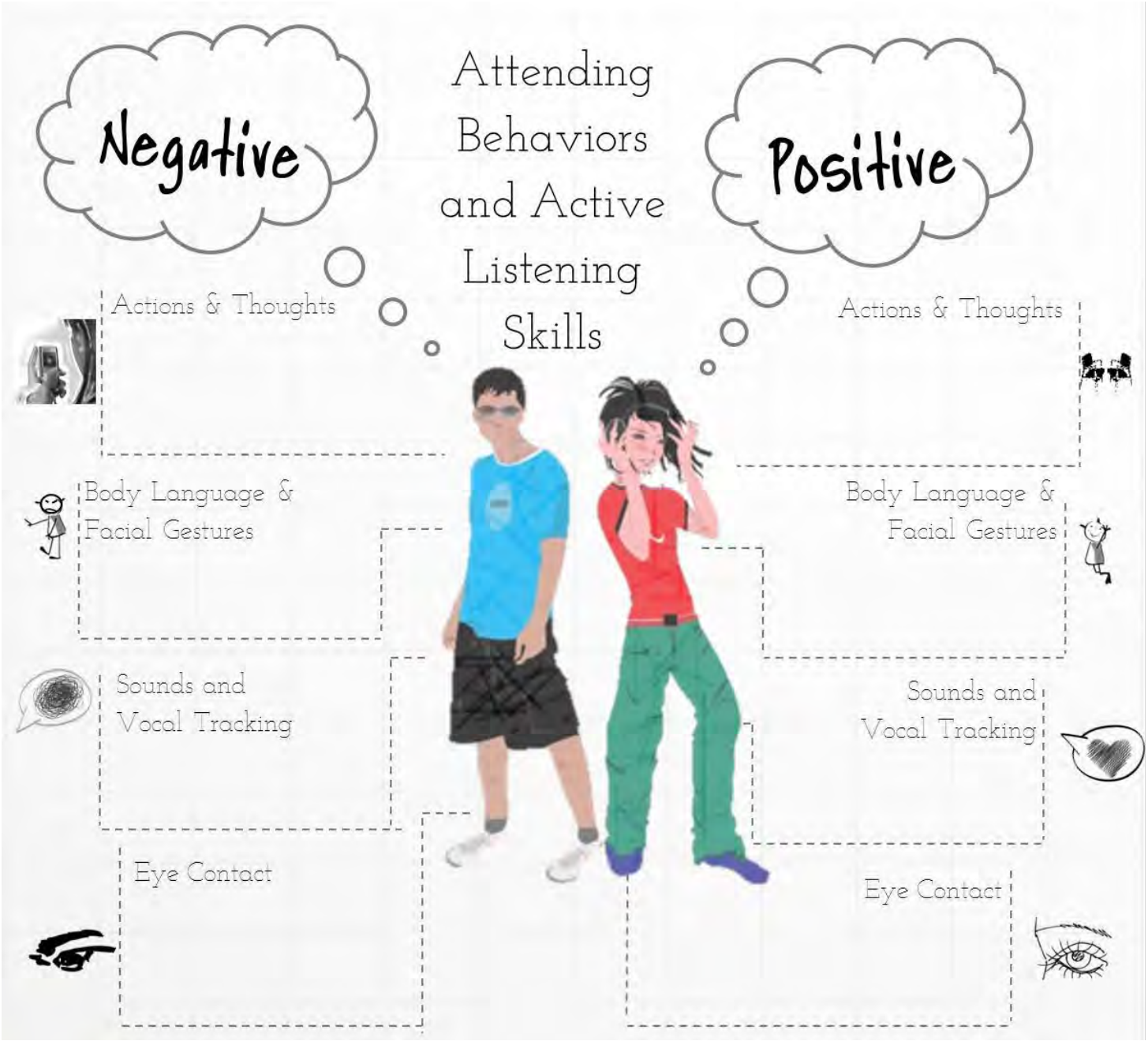


Proximity





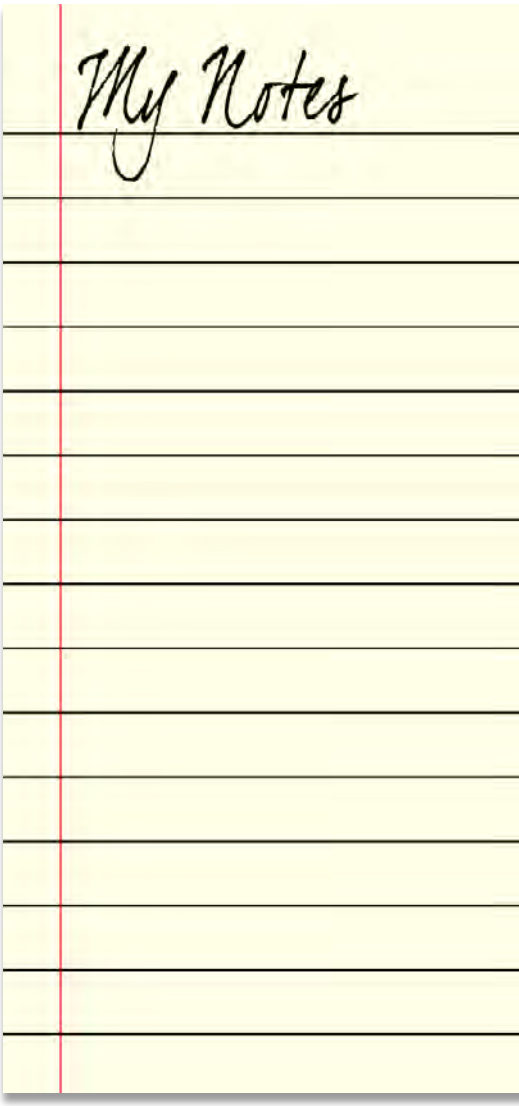
Write the skills and behaviors in the boxes below.



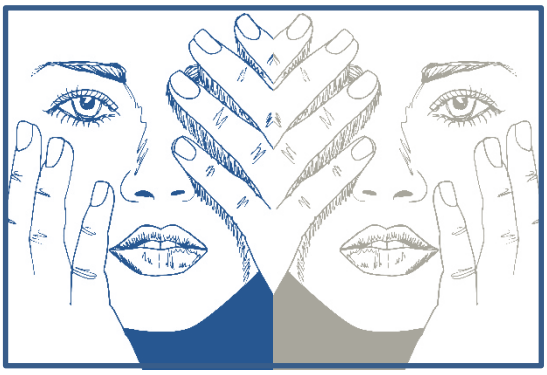
Turn these closed questions into open ended questions:

1. Did you eat dinner?
2. Have you seen their new menu?
3. Did you finish doing the laundry?
4. Are you too tired to go out?
5. Do you like broccoli?

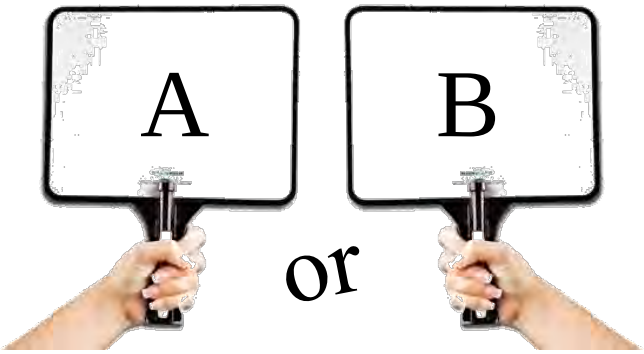
- ✓ Allows others to contribute more to finding solutions
- ✓ Allows others to open up and talk about themselves more
- ✓ Increases the level of true listening
- ✓ Builds relationships by increasing understanding
- ✓ Can be used to guide someone towards positive choices
- ✓ Allows the listener to gather more information and understand better
- ✓ _____
- ✓ _____



Reflective Listening

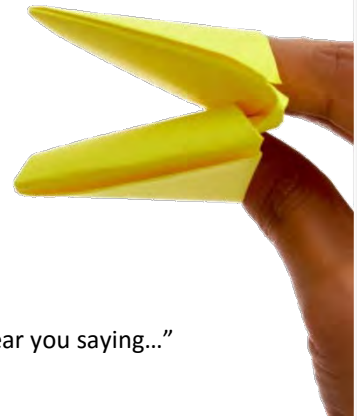


Reflective listening is an _____ listening skill used in highly stressful or emotional conversations. By **CLARIFYING** and **RESTATING** what the other person is saying, the listener is able to stay "**PRESENT**" as they seek to genuinely understand what is being said and empathize with the emotions the individual is experiencing. It provides the speaker with the opportunity to safely **DE-ESCALATE** as they feel **CARED FOR** and "**HEARD**."

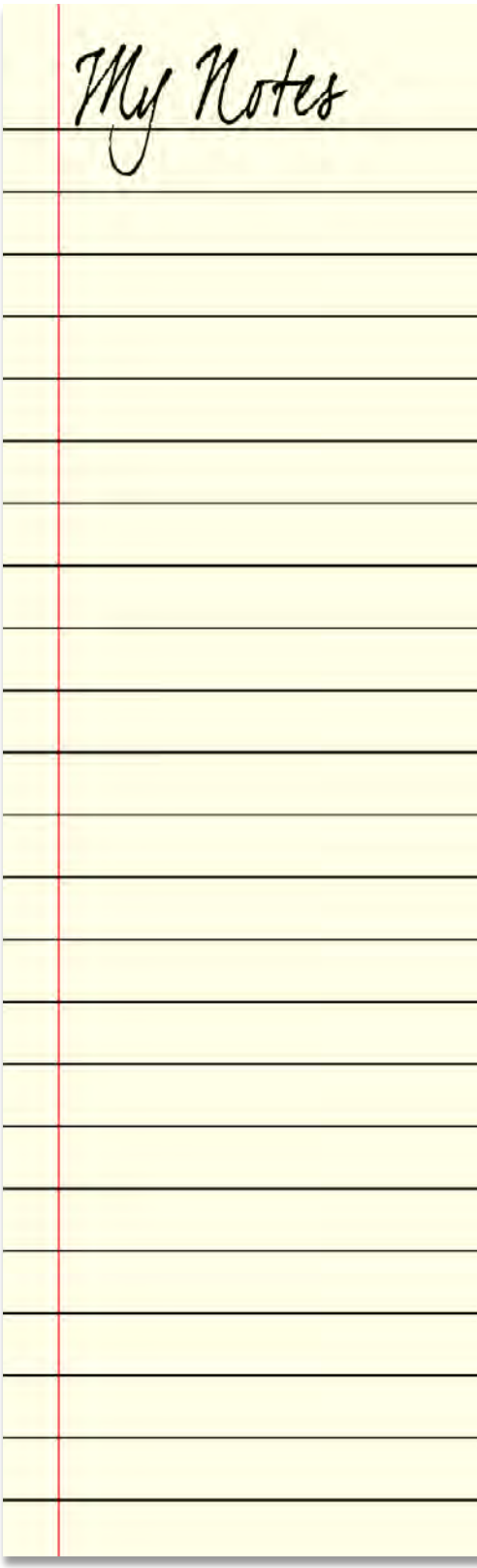


Reflective listening validates a person's perspective and/or actions.	or	Reflective listening communicates acceptance of a person's feelings.
Trying to solve someone's problem while they are upset can make things worse.	or	The primary goal of reflective listening is to help them solve their problems.
It's more important that someone feels understood, than it is that they be told that things will be okay.	or	It's more important that someone be told that things will be okay than it is for them to feel understood.
Reflective listening elevates emotions.	or	Reflective listening builds trust.
Reflective listening can communicate "tell me more."	or	Reflective listening communicates logic and reason.
People solve problems better when their emotions are heightened.	or	People solve problems better when their emotions are not heightened.

Improv it.



- "It Sounds like…."
- "You seem…."
- "I can imagine how that would…"
- "Tell me more about that."
- "So I understand, what I think I hear you saying…"
- "So you're feeling…"
- "So you're saying…"



Individuals who communicate primarily nonverbally, understand what is being said and what is going on around them better than most people realize. Responses that cue understanding are sometimes atypical, so it's important to learn the unique responses of each individual you support.

Individuals who communicate nonverbally often use multiple communication methods that comprise their own personal expression. These can involve symbolic gestures, eye pointing and gestures, signing, vocal sounds, touch, object references and environmental cues.

With time and patience, Assistive Communication methods can be especially helpful. These include visual picture supports, drawing, alphabet boards, word and/or symbol cards, calendars, clocks, and technology aids. Some of these can be easily created using flash cards, hand-held white boards, bulletin boards, note pads and tablets.

A high level of engagement and interaction is required for successful communication to take place. Additionally, a commitment and desire to understand is crucial. Do not give up, as doing so leads to significant frustration as the individual is unable to get their needs and wants met.

A long term history of not getting one's needs and wants met can lead to rapid frustration for anyone. Historically for some individuals, it was not until escalated emotions and behaviors appeared that their needs were finally met. The more engaged you become and the more effective you become at understanding the unique communication methods of the individual you support, the less likely they will feel the need to escalate to be "heard."

My notes

Chapter 5

Effective Staff Communication

Reflective Listening Reflective listening is an empathetic listening skill used in stressful or emotional conversations. By clarifying and restating what the other person is saying, the listener is able to stay "present" as they seek to genuinely understand what is being said and empathize with the emotions the individual is experiencing. It provides the speaker with the opportunity to safely de-escalate as they feel cared for and "heard."

Active Listing Skills and Attending Behaviors

Examples of Positive Active Listening and Attending Behaviors

Thoughts

- Is "present" and listens to what the other person is saying rather than trying to think about what to say next
- Looks beyond words and listens for feelings
- Does not make assumptions about the other person's intentions
- Listens to understand another's perspective
- Waits until the other person is finished speaking
- Provides undivided attention

Body Language and Gestures

- Leans forward when listening
- Faces the person when listening
- Has "open" body language
- Head movements respond with sincere interest (nodding, cocking head to listen better)
- Facial expressions respond empathetically to what is being said
- Mirrors physical posture of the person they're listening to

Vocal Qualities and Verbal Tracking

- Vocal tone is respectful, safe and genuine
- Voice sounds neither attacking nor defensive
- Doesn't change the subject inappropriately
- Makes empathetic sounds and comments
- Asks questions to find out more

Eye Contact

- Maintains eye contact throughout
- Eye contact is empathetic and caring

Examples of Negative Active Listening and Attending Behaviors

Thoughts

- Thinks about what they're going to say next rather than listening to what is being said
- Listens only for surface issues
- Makes assumptions about what the other person is going to say or what their intentions are
- Listens to confirm one's own perspective
- Interrupts
- Multitasks while supposedly listening

Body Language and Gestures

- Keeps a distance when listening
- Is continually distracted by other things; obviously not paying attention
- Has "closed" body language, folded arms, etc.
- Does not have body movements that suggest empathy or a sincere desire to listen
- Facial expressions are either critical, defensive or aloof
- Physical posture contrasts what the other person feels

Vocal Qualities and Verbal Tracking

- Vocal tone is defensive, suspicious or distant
- Voice sounds doubtful, defensive or attacking
- Changes the subject when bored or uncomfortable
- Absence of vocal affirmation sounds-doesn't respond
- Asks questions to change the subject, prove their own point, or doesn't ask questions at all; shows disinterest

Eye Contact

- Avoids eye contact
- Eye contact is disinterested, displays distrust or is continually distracted

SIGN LANGUAGE

help

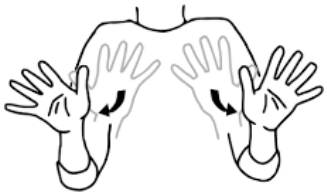
eat / food

water

want

more

finished



bathroom

father/dad

mother/mom

please

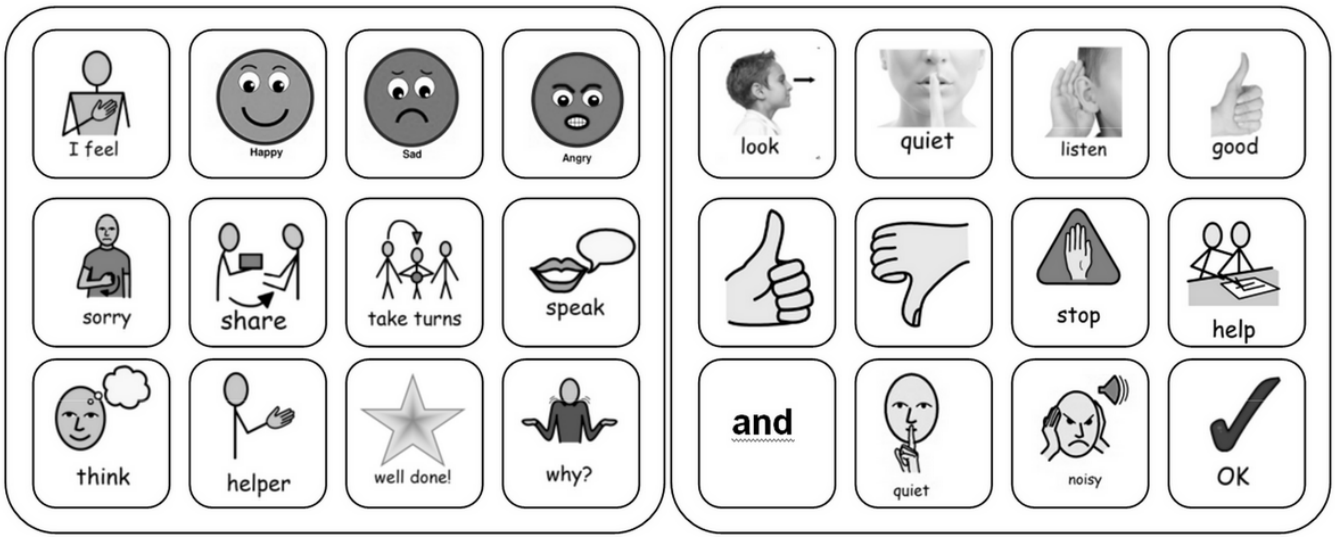
yes

no

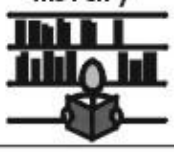
stop

thank you

PECS and Social Stories



1	2	3	4	5	6
Hello	computer	shopping	music	Work time	home

1	2	3	4	5	6
library 	shopping	speech therapy	Work time	swimming	home

Shoes

Shoes

10 Tips on Nonverbal Communication

1. Pay Attention to Nonverbal Signals

Pay attention to things like eye contact, gestures, posture, body movements, and tone of voice. All of these signals can convey important information that isn't put into words.

2. Look for Incongruent Behaviors

Research has shown that when words fail to match up with nonverbal signals, people tend to ignore what has been said and focus instead on nonverbal expressions of moods, thoughts, and emotions.

3. Concentrate on Your Tone of Voice When Speaking

Your tone of voice can convey a wealth of information, ranging from enthusiasm to disinterest to anger. Start noticing how your tone of voice affects how others respond to you and try using tone of voice to emphasize ideas that you want to communicate.

4. Use Good Eye Contact

While eye contact is an important part of communication, it's important to remember that good eye contact does not mean staring fixedly into someone's eyes. How can you tell how much eye contact is correct?

Some communication experts recommend intervals of eye contact lasting four to five seconds.

5. Ask Questions about Nonverbal Signals

If you are confused about another person's nonverbal signals, don't be afraid to ask questions. A good idea is to repeat back your interpretation of what has been said and ask for clarification.

6. Use Signals to Make Communication More Effective and Meaningful

You can improve your spoken communication by using nonverbal signals and gestures that reinforce and support what you are saying. This can be especially useful when making presentations or when speaking to a large group of people.

7. Look at Signals as a Group

A single gesture can mean any number of things, or maybe even nothing at all. The key to accurately reading nonverbal behavior is to look for groups of signals that reinforce a common point.

8. Consider Context

When you are communicating with others, always consider the situation and the context in which the communication occurs. If you are trying to improve your own nonverbal communication, concentrate on ways to make your signals match the level of formality necessitated by the situation.

9. Be Aware That Signals Can be Misread

Always remember to look for groups of behavior. A person's overall demeanor is far more telling than a single gesture viewed in isolation.

10. Practice, Practice, Practice

Build your ability to “read people” by paying careful attention to nonverbal behavior and practicing different types of nonverbal communication with others. By noticing nonverbal behavior and practicing your own skills, you can dramatically improve your communication abilities.

http://psychology.about.com/od/nonverbalcommunication/tp/nonverbaltips.htm

Chapter 6

Habilitation Skills

As a result of participating in this segment of training, learners will be able to:

1. Apply the Visual, Auditory, Kinesthetic (VAK) learning styles to themselves
2. Describe the importance of relationship-building skills when creating a successful learning environment
3. Identify conditions to develop a trusting rapport
4. Apply 3 specific teaching techniques in a given instructional situation
5. Apply teaching strategies for people with developmental disabilities
6. Name two teaching strategies
7. Demonstrate three methods of teaching for people with developmental disabilities

> *My body makes me disabled; society makes me handicapped.*
> *- Anonymous*

Adults learn best When:

…They understand why

…They are respected

…They are able to contribute

…They understand what's in it for them

Learning Styles Test

Read each situation and choose how you would most likely respond. Choose only one response per situation. Afterwards, tally the number of responses from each column.

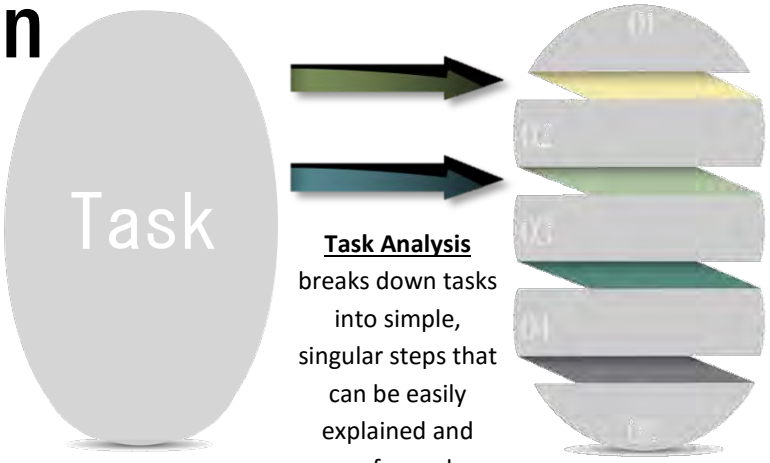
If I've purchased something that requires assembly….	I rely heavily on the diagram and pictures to help me.	I read the directions or have someone read them to me.	I try to figure it out myself. If that doesn't work, I'll use the directions.
If I'm trying to figure out how to spell a word…	I try to picture it in my mind.	I try to sound it out or recall spelling rules.	I try to either write it down it down or physically recall typing it.
If I were to trying to concentrate on something, I would be most distracted by	A messy workspace or cluttered area.	A noisy work area.	An area with too much commotion.
If I run into someone familiar, what helps me most to remember them is…	Their face. That helps trigger my memory for their name.	Their name. That helps trigger where I met them.	Memories of where we first met or what we did together. That helps me remember who they are.
When in conversation with others…	I find it difficult to listen for a long time.	I feel an urgency to talk.	I used a lot of gestures and communicate with my hands.
Which is most true for you?	If I'm reading, I'll skip the words if there's a picture, chart or diagram.	I'm a pretty good reader. Unless I'm tired, I grasp the concepts the first time I read something through.	If I'm reading something, I prefer to read it out of a book rather than online. If I have to read it online, I prefer to print it out so I can hold it.
If someone is reading a quote, joke or short email to me…	I would rather let me look over their shoulder while they read it.	I understand what they're reading just fine.	I would prefer to read it for myself.
If I'm in a store that has items that are of great interest to me…	I most enjoy the visual stimulation.	I most enjoy talking with someone about what I find.	I most enjoy the experience and I feel compelled to touch everything.
If I'm listening to a sermon or lecture, I would prefer to…	Look at projected visuals	Listen. Period.	Doodle while I listen.
In an all-day workshop, the most difficult part for me is…	Trying to pay attention when my friends want to talk.	Suffering through all the interruptions.	Sitting still for too long. Can we take a break soon?
TALLY			
	VISUAL	AUDITORY	KINESTHETIC

The individual you support is taking his first trip to the ocean. Although he is excited, he also has high levels of anxiety when it comes to going places he's never been to before. What kinds of things can you do to teach him about what his beach experience will be like and what he can look forward to, using his primary learning style if his learning style were:

- ✓ Visual,
- ✓ Auditory, or
- ✓ Kinesthetic

Systematic Instruction & Task Analysis

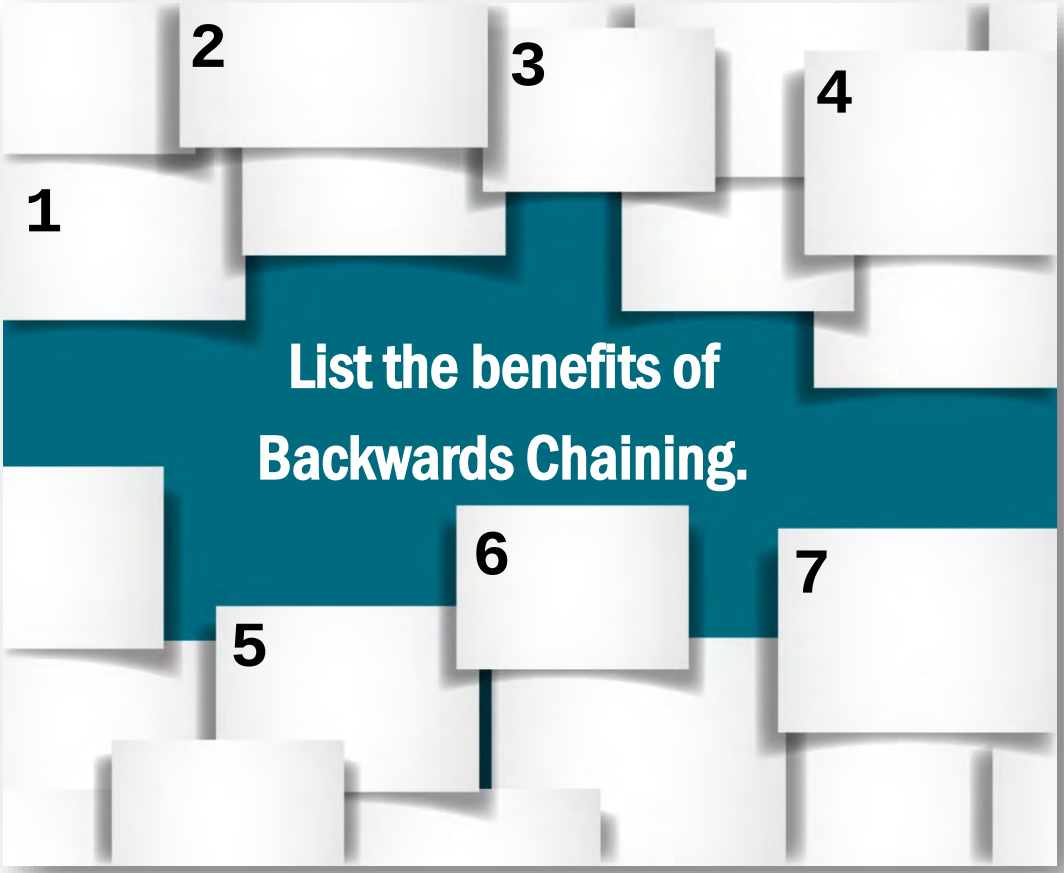
Systematic instruction is a systemized plan for teaching a task or skill. It usually involves repetition and consistency in order to be most effective.

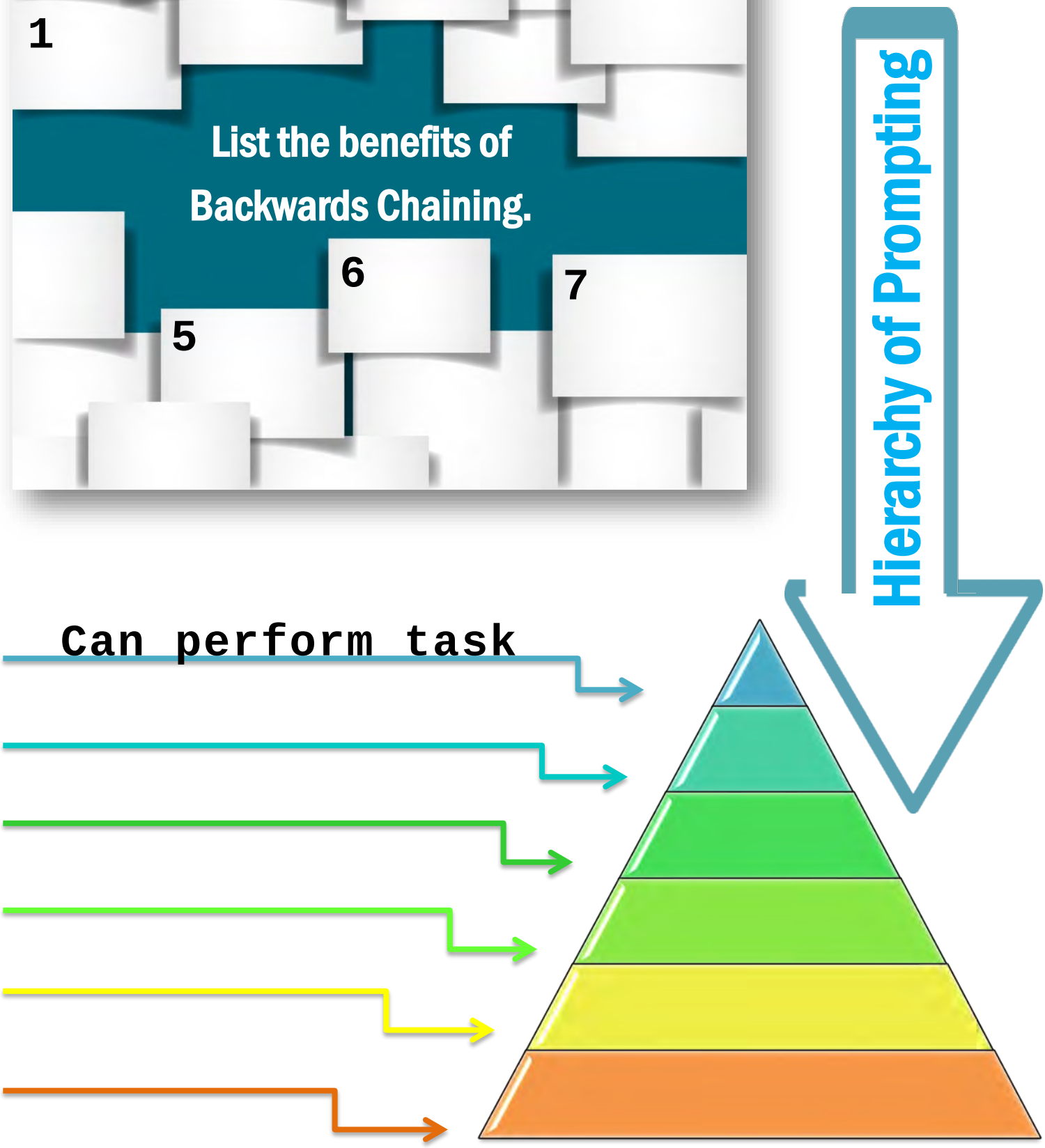


Task Analysis breaks down tasks into simple, singular steps that can be easily explained and performed.

Backwards

Backwards Chaining is an instruction method where all of the behaviors in a single task are completed by the trainer except the last step. The learner is then prompted to complete the last step in the task. Once the learner has demonstrated independence in completion of the last step, the trainer then completes all steps except the last two, prompting the learner to complete the last two steps independently. This sequence proceeds backward through the chain until all the steps in the task have been learned and can be performed independently. The amount of time and repetition required to learn each step varies with each individual.


1
2
3
4
List the benefits of
Backwards Chaining.
5
6
7


Hierarchy of Prompting
Can perform task

Chapter 6

Habilitation Skills

As we assist individuals, it's crucial that we focus on our role as "Instructional Support." Remembering the first Service Guideline - Competence - it's important for us to develop our training skills.

Learning Styles - VAK

There are three primary sensory learning styles: Visual, Auditory and Kinesthetic. We use all three to learn, but it is very common that each person has a primary style. This style is not only the primary method we learn from, but it is also the primary method we use to instruct others. It's important to know what our own tendencies are and be mindful that others may have a different style that ours, and be able to accommodate their preferences to best meet their learning needs. Below are descriptions of each learning style.

Visual - Visual learners prefer to learn by seeing, watching or imagining. They do well with the use of pictures, color coding, maps and videos.

Auditory - Auditory learners prefer to learn through sounds and hearing. They do well with listening activities, reading, and activities involving discussion.

Kinesthetic - Kinesthetic learners prefer to learn by touching, feeling and movement. They do well with hands on activities, experiences, stories and movies that can be emotionally experienced, and activities that require movement. Doodling or performing a "mindless" activity while listening can help with learning.

Systematic Instruction and Task Analysis

Structured teaching, also known as task analysis or systematic teaching is a process of breaking the skill down into smaller steps. Structured teaching is used when:

1. Safety is an issue. It might be due to use of machinery or other safety concerns.
2. When the individual needs to learn in small steps. Many people with Autism need to have the skills they are learning broken into smaller steps, start from left to right, have the prompt for the next step built in to the process, use of a jig and other structured methods before they can learn. Do you think it might have been helpful if you could have used a jig as part of your training for the last activity?
3. When quality is an issue. These are considered when a person is completing tasks for work.

In supported living, the tasks we teach are also measured so there will be documentation for teaching methods that will be taught as you learn about each person's programs. Please pay close attention to this documentation. The purpose of documentation is to:

- ensure growth in the individual's progress
- ensure that the teaching is consistent between trainers
- ensure that feedback is given to the program writer so that the program can be adjusted as needed

- know when to set new learning tasks for growth in a meaningful life

Your role is to be consistent in teaching. That's consistent with yourself and with other people who are also training the task. Imagine learning something from 5 different people and trying to make sense of their instructions. Each one is teaching in the way they like to learn and now how you like to learn. What do you imagine is going on in their heads? Take some answers (confusion, they give up trying) the good news is that in the next chapter, we will learn more about IISPs where you can find the training programs for each individual along with the instructions you are to follow.

Hierarchy of Prompting

"Prompts" are instructions, gestures, demonstrations, touches, or other things that are done to assist individuals in learning a new task or skill. Using a hierarchy of prompting is a systematic progression of decreasing the level from most assistance needed to least assistance needed. Not every person or every task begins at the lowest level (full physical assistance prompts), but the ultimate goal for every task is independence; no assistance needed.

6. Highest level:	Independence; no assistance needed
5. Indirect verbal/nonverbal prompts:	Does not tell - says things like "What's next?" and may gesture with head nods or eye cues
4. Direct verbal/nonverbal prompts:	Will point or say what needs to be done or said next
3. Modeling prompts:	Demonstrates what needs to said or done next
2. Partial physical assistance prompts:	Limited physical assistance required, such as prompting by touching elbow or hand
1. Full physical assistance prompts:	For those who first require full "hand over hand" assistance

1. Full physical assistance is used when the person doesn't seem to understand other directions. You stand or sit right next to the person or directly across from them so they can make eye contact. By placing your hand over theirs and doing the movements required you begin to build that muscle memory that we already discussed. It's habit or just something you do without thinking. When teaching people with developmental disabilities it is used when people have had no training or you just can't seem to get them started.
2. Partial physical assist could be a nudge on the elbow to get the arm moving or a tap on the shoulder to get attention.
3. Modeling is showing the person what they are going to do and doing it right next to them. Modeling starts at a very young age when a child first learns to eat. What do you do when feeding a child their first spoonful of whatever? You open your mouth until they open theirs! It's a great teaching tool and no words are necessary!
4. Direct verbal means that you are telling the person what to do at each step. This is the most difficult step to fade away from. You may have a voice in your head telling you to check for people on the sidewalks but in reality no one is telling you how to drive your car when you are alone behind the wheel.
5. Indirect verbal prompts are a combination of gestures and speaking. More gestures and fewer words here! You begin to reposition yourself from right next to to next to but slightly behind. You are still close enough to assist and gesture without being in the line of sight. As a person, you are part of the prompt. Your physical appearance in the peripheral vision of the individual doing the task may mean that they won't reach independence if you are still in the picture.
6. Independence is what we all are in our daily lives. We get up, eat breakfast, shower, shave, drive to work, do our jobs and go home. We go out, make plans for the weekend, see our friends. It's what we all want for the people we support. They should have no less of a life than you do.

Benefits of Backwards Chaining

1. When an individual experiences immediate success, the reward reinforces learning
2. Because the learner only needs to initially remember the last step, this is less taxing on short term memory
3. Eliminates the frustration of starting and not being able to finish, or getting lost in the middle
4. Learner is significantly more likely to stay involved in both the immediate and long term learning process
5. Is an easier method of teaching for the instructor, is more rewarding and prevents them from being tempted to finish the task themselves (which inhibits learning)
6. Because the experience is highly rewarding for both the learner and the instructor, it can also have a positive impact on the relationship
7. Over time with repetition, skill is more successfully transferred to long term memory

Error Free Learning

A type of learning that is frequently not discussed is error free learning. This is used when a new skill is being taught and you don't want any errors. Have you ever heard, "Let's practice the RIGHT way!"? Well it means that you don't want to practice mistakes. You want to do it correctly every time.

Error free training interrupts the stops and starts in a process, the requirement to ask for permission, and any number of other things. As a staff, you would watch as the task is performed and interrupt the part that isn't a step in the learning process. You would actually body block, move a hand to the next step or do other interrupting types of things. You might use your voice and make a sound. Moms use this when they clear their throats, give a look – you know the one, or say one word that signals for you to do the right thing. Take the next correct step.

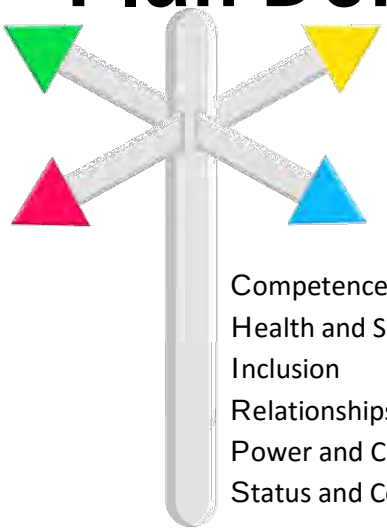
IISP
Support Plans

As a result of participating in this segment of training, you will be able to:

1. Recognize the difference and use of an Individual Service Plan ISP (state's assessment) and an Individual Instruction and Support Plan IISP (agency's plan to support person)
2. Recall attributes of the IISP
3. Debate the merits of at least 3 key elements of interactive planning by explaining the value of each element, or the loss that would occur if the element were not included in the planning
4. Recognize sections or domains of an Individual Instruction and Support Plan (IISP)
5. Generalize the broad range of activities that may be considered when developing individual plans
6. Distinguish between what is "important to" the individual and what is "important for" the individual
7. Recount the process from which interactive plans are developed

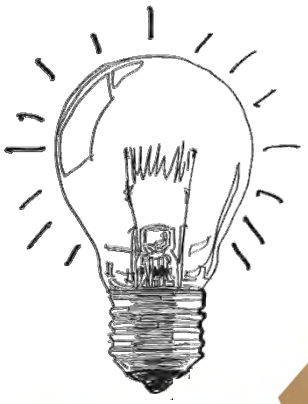
Chapter 7

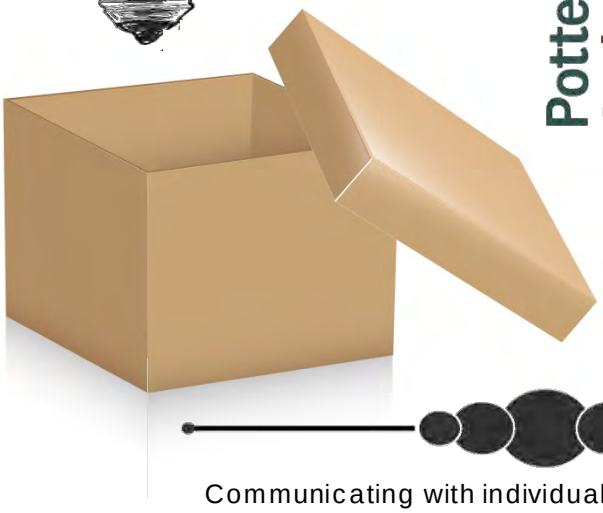
Support Plan Domains



Guiding Values

- Competence
- Health and Safety
- Inclusion
- Relationships
- Power and Choice
- Status and Contribution





Think outside the box!

Instead of thinking of obstacles to overcome, think outside the box. How would it impact a person's life if we could help them discover new hobbies, pursuits and solutions?

Communicating with individuals from <u>their</u> perspective:

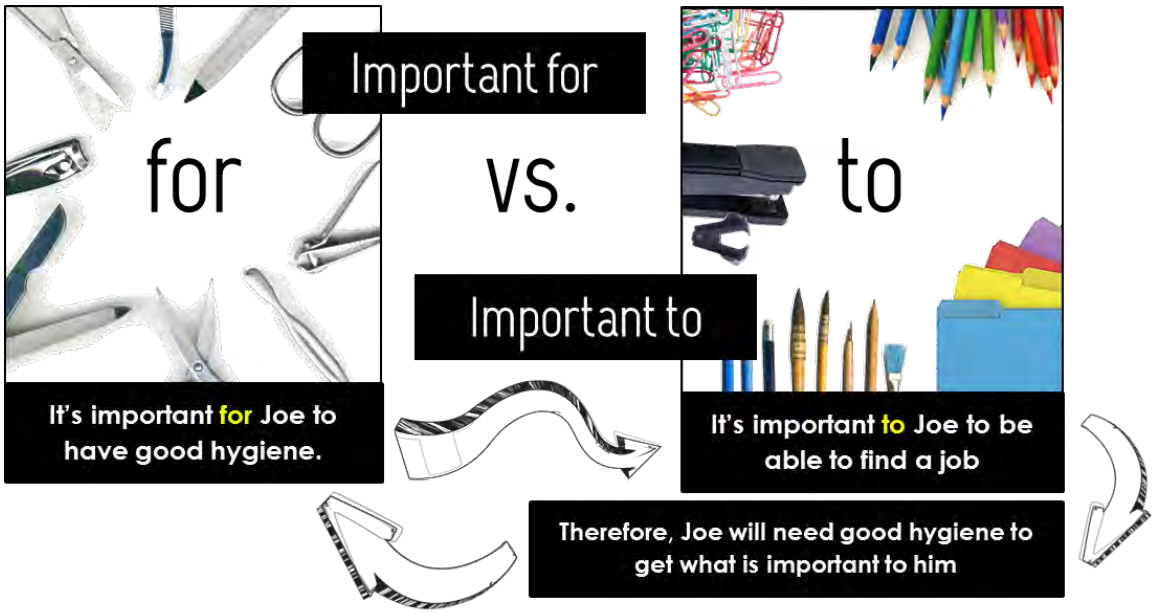
⇨ what is **important to** them, (Satisfaction, contentment, comfort, happiness)

rather than from <u>our</u> perspective:

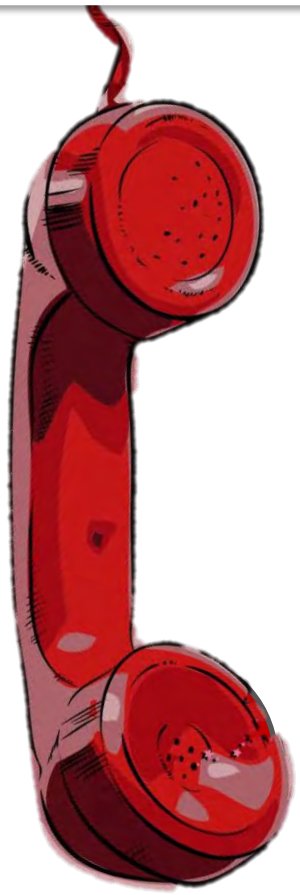
⇨ what we believe is **important for** them (Health and Safety and important to others that this person is a valued member of their community)

is not only more person-centered,

it is more effective and **MOTIVATING**. There must be a balance between the two.

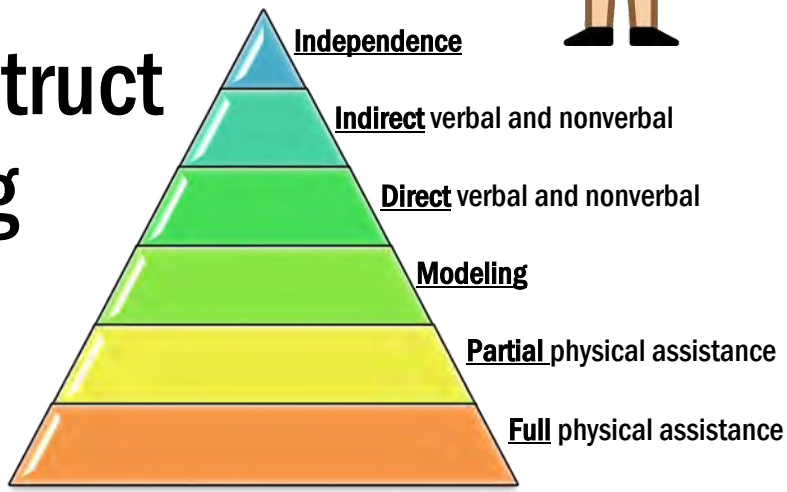


Example of Teachable Steps for Using a Phone



1. Grasp phone receiver.
2. Place listening part of receiver to ear.
3. Lift receiver to above the shoulder.
4. Using the other hand, touch the first number to be entered on the cue card and say it aloud.
5. Move your finger to the matching number printed on the phone and push buttons.
6. Push the button on the telephone.
7. Repeat steps 4-6 for each number.
8. Pause and listen for phone to ring.

How would you instruct an individual using prompts?



Chapter 7
Individual and Instruction Support Plan (IISP)

Creating the Plan

Each individual will have a support plan that will guide you to help them to achieve their vision and goals for their lives. You will read each person's plan to gain a better understanding of his or her needs, historical information, for example where he came from, health care needs, medications he takes, guardian status, and more.

There are multiple plans to be considered that make up the IISP. To develop the IISP the support team comes together to discuss with the individual, their goals and the plan to achieve those goals. The meeting that is held is referred to as the Person Centered Planning meeting and is made up of the individual, their family members of their choosing, a Guardian if they have one, friends of their choosing, the case manager, familiar staff and the person writing the plan. The individual may also select a Necessary Supplemental Accommodation Representative (NSA) of their choosing to help advocate for their wants and needs. An Individual Support Plan (ISP) is developed with the case manager, the individual and others of their choice. The purpose of the ISP is to determine supports needed to assist the individual to meet their goals. This assessment determines a support level of numbers 1-6 which also determines the amount of funding needed. Additional plans will be developed for financial, communication, therapies, and other items determined by the assessment or by the team based on knowledge of the individuals wants and needs. All of these additional plans are part of the IISP and will contain information related to support of the individual. For our purposes in this training we focused on determining the activities of a meaningful life and how they fit into the residential guidelines.

Each year, the team gets together to create a new plan by evaluating progress and making adjustments accordingly.

Working the Plan

As you meet the people you work with, you will also read their support plans, and look at their goals. DSPs with a history of supporting the person will show you how to best support the person and follow the IISP based on the relationship they have established with the person.

Keep in mind that while you all have different personalities, strengths, and weaknesses, it is also imperative that you get to know each individual's personality, strengths, and weaknesses and understand what drives or inspires them. Come to know what their motivation is, what attention span limits might exist, as well as their rate of learning. Adjust your own processes so your support methods match their personality and what works best for them.

- **Motivations** can be internal or external. You go to bed earlier than your usual time because you are tired (internal) and you have to be at work very early tomorrow (external). Or you take a shower because a skin condition feels better in warm water (internal) but you know your chances for employment are better if you smell okay (external).

- **Attention span** and **frequency** varies for each of person. Some people could work for hours on following a specific recipe to make a soufflé while others are going to be happy with a cooked egg! So how much time will a person be willing to spend to learn a new task? And in the context of learning to make a soufflé how frequently do people make soufflés? If it is a required task at a job, then probably quite frequently, but if it is just a holiday occasion, then frequency is rare.

- **Rate of Learning** refers to how fast of a learner a person is and also how much practice a person needs to master a skill. This also can be affected by motivation, attention span, learning and teaching styles, difficulty of the task, and the effectiveness of the reinforcement. A fast learner can have more robust goals while a person who learns more slowly will need fewer more basic tasks drawn out over a longer period of time with more opportunities to practice to become efficient.

- **Pace of teaching** and teaching styles are also determined by the interest level and **learning preference** of the person and the teaching skills of the coach. A good coach will use many tactics including visual, auditory, and kinesthetic opportunities to help teach a desired skill. The pace will be set by the person who really must go at his or her own pace.

Always remember: it is really crucial to have a **relationship** with the learner, to engage with him or her within the learning activity but also outside of it. Being able to maintain interest in the task and performing the task during the actual time of day when the task is typically done will help to guide the normal rate or pace of the activity.

Chapter 8

Nutrition and Dietary Guidelines

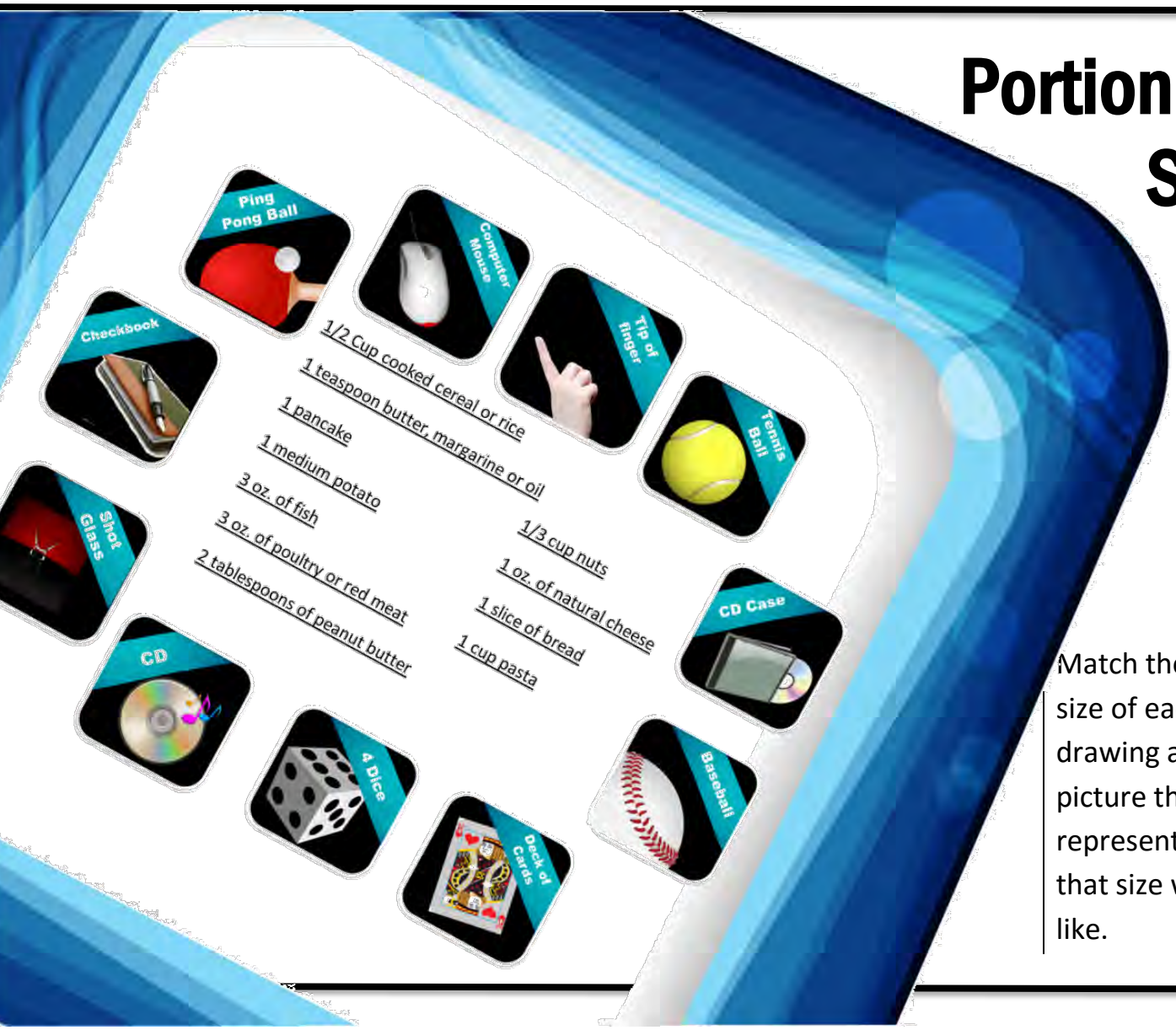
As a result of participating in this segment of training, learners will be able to:

1. List the basic food groups
2. Find at least 1 benefit of each food group based on the guidelines of the USDA (ChooseMyPlate.gov)
3. Construct what counts for serving sizes of common foods using visuals and/or manipulatives
4. Take part in creating balanced & complete menu plans on the Weekly Menu Plan form
5. Distinguish at least 3 important aspects of menu planning for someone with Diabetes
6. Defend how menu planning for someone with Diabetes would be integrated into a sample Weekly Menu Plan
7. Demonstrate how to read labels for nutrition value per portion size
8. Identify 3 ways to involve supported individuals in the menu planning process
9. Recommend at least 3 benefits of hydration
10. List 2 symptoms each of poor nutrition and dehydration, when and whom to report symptoms of concern
11. Distinguish different categories of fats
12. Recognize ideal sodium intake levels
13. Contrast empty and nutrient-rich calories
14. Associate careless food handling with the potential for foodborne illness
15. Illustrate 4 safe food handling practices
16. Generalize the purpose of a grocery store layout
17. Prepare a shopping list based on a created Menu Plan

One Day Meal Plan

Breakfast	Lunch	Dinner	Snacks	Beverages

Portion Size Savvy



Match the serving size of each food by drawing a line to the picture that best represents what that size would look like.

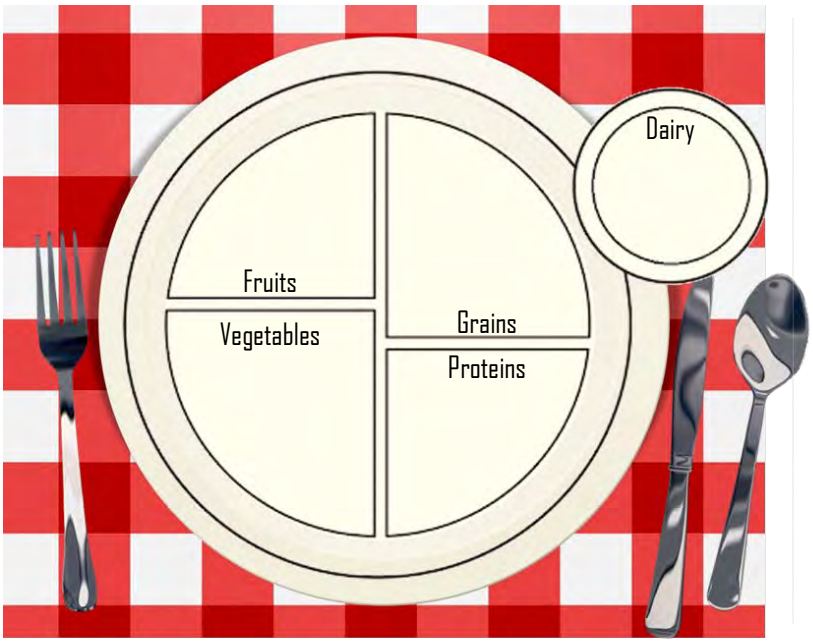
Servings per Food Group

	FOOD TYPE	1600 CALORIES PER DAY	2000 CALORIES PER DAY	EXAMPLES OF 1 SERVING
	Grains At least half of your servings should be whole-grain.	6 servings	6-8 servings	• 1 slice bread • 1 oz dry cereal (check nutrition label for cup measurements of different products) • 1/2 cup cooked rice, pasta, or cereal (about the size of a baseball)
	Vegetables Eat a variety of colors and types	3-4 servings	4-5 servings	• 1 cup raw leafy vegetables (about the size of a small fist) • 1/2 cup cut-up raw or cooked vegetables • 1/2 cup vegetable juice
	Fruits Eat a variety of colors and types	4 servings	4-5 servings	• 1 medium fruit (about the size of a baseball) • 1/4 cup dried fruit • 1/2 cup fresh, frozen, or canned fruit • 1/2 cup fruit juice
	Fat-free or low-fat dairy Products	2-3 servings	2-3 servings	• 1 cup fat-free or low-fat milk • 1 cup fat-free or low-fat yogurt • 1 and 1/2 oz fat-free or low-fat cheese (about the size of 6 stacked dice)
	Lean meats, poultry, and seafood	3-6 oz (cooked)	Less than 6 oz	• 3 oz cooked meat (about the size of a computer mouse) • 3 oz grilled fish (about the size of a checkbook)
	Fats and oils **Use liquid vegetable oils and soft margarine most often**	**2 servings**	**2-3 servings**	• **1 tsp soft margarine** • **1 Tbsp mayonnaise** • **1 tsp vegetable oil** • **1 Tbsp regular or 2 Tbsp low-fat salad dressing (fat-free dressing does not count as a serving)**
	Nuts, seeds, and legumes	3-4 servings	4-5 servings	• 1/3 cup or 1 and 1/2 oz nuts • 2 Tbsp peanut butter • 2 Tbsp or 1/2 oz seeds • 1/2 cup dry beans or peas
	Sweets and added sugars	0 servings per week	5 or fewer servings per week	• 1 Tbsp sugar • 1 Tbsp jelly or jam • 1/2 cup sorbet and ices • 1 cup lemonade

Chapter 8

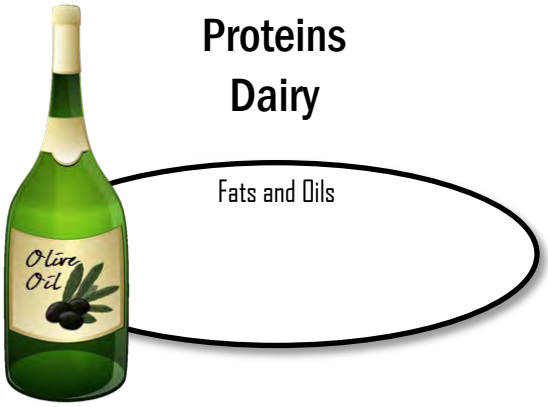
Food Group Benefits

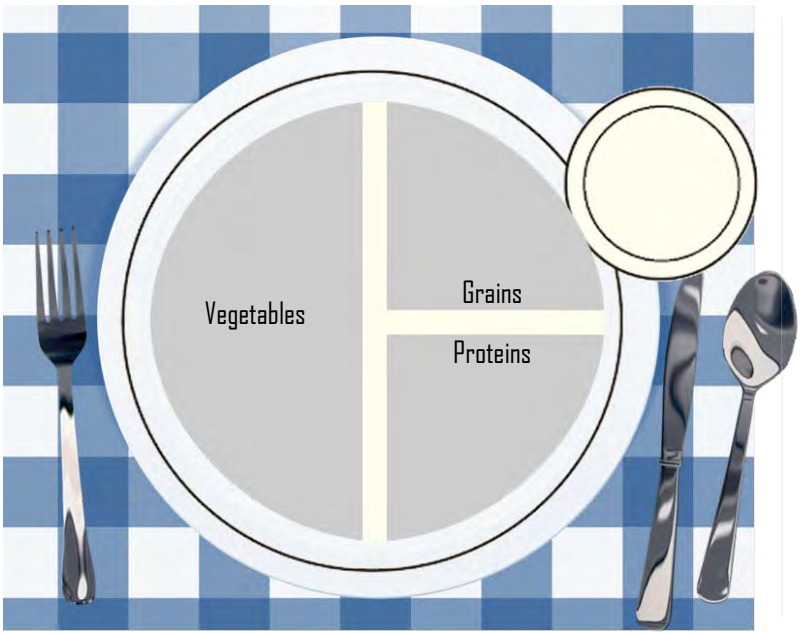
Turn to the Food Group Benefits in the "Fundamentals" section to find the nutrients and health of benefits of each of the Five Food Groups.



The Five Food Groups

Grains
Vegetables
Fruits
Proteins
Dairy





Healthy Eating & Diabetes

Define Your Plate

Use a rule of three. This can help you lose weight and manage your diabetes by eating more non-starchy foods. Divide your plate in half. Fill one side with vegetables like spinach, broccoli, carrots, or green beans. Next, divide the empty side into two halves. Use one for starchy foods such as potatoes, whole grains like brown rice or quinoa or whole -grain bread or pasta. In the last section, add meat or another protein. On top of that you can also have an 8 ounce glass of low-fat milk and a half-cup of fruit.

Vegetables have little effect on blood sugar.

Meats and other proteins can slightly raise blood sugar.

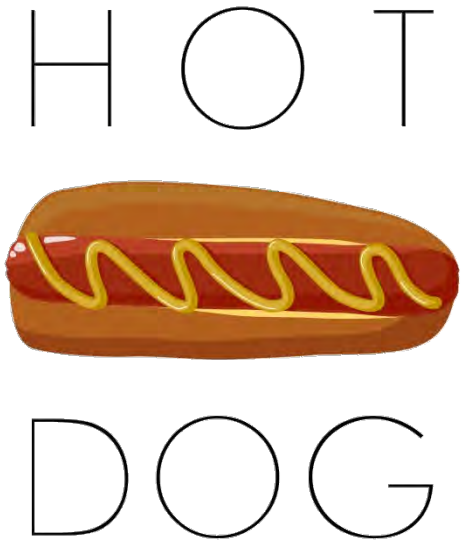
Grains and other starchy vegetables raise blood sugar.

What are empty calories?

Currently, many of the foods and beverages Americans eat and drink contain **empty calories -** calories from solid fats and/or added sugars. Solid fats and added sugars add calories to the food but few or no nutrients. For this reason, the calories from solid fats and added sugars in a food are often called "empty calories."

Solid fats are fats that are solid at room temperature, like butter, beef fat, and shortening. Some solid fats are found naturally in foods. They can also be added when foods are processed by food companies or when they are prepared.

Added sugars are sugars and syrups that are prepared.



Solid fats and added sugars can make a food or beverage more appealing, but they also can add a lot of calories. The foods and beverages that provide the most empty calories for Americans are:

- Cake, cookies, pastries, and donuts (contain both solid fat and added sugars)
- Sodas, energy drinks, sports drinks, and fruit drinks (contain added sugars)
- Ice cream (contain both solid fat and added sugars)
- Sausages, hot dogs, bacon, and ribs (contain solid fat)

These foods and beverages are the major sources of empty calories, but many can be found in forms with less or no solid fat or added sugars. For example, low-fat cheese and low-fat hot dogs can be purchased. You can choose water, milk or sugar-free soda instead of drinks with sugar. Check that the calories in these products are less than in the regular product.

In some foods, like most candies and sodas, all the calories are empty calories. These are called "empty calorie foods." However, empty calories from solid fats and added sugars can also be found in some other foods that contain important nutrients. Look at the diagram below to see which foods have *some* empty calories, and which foods have *no* empty calories.

Foods with few or no empty calories	Foods with some empty calories
• Unsweetened applesauce • Fat-free milk • Baked chicken breast without skin • Unsweetened cereal • Extra lean ground beef (95% lean or more)	• Sweetened applesause • Whole milk • Fried chicken • Sweetened cereal • Regular lean ground beef

1. 1200 mg
2. 2300 mg
3. 1500 mg

Nutrition Facts

Serving Size 1 cup (228g)
Servings Per Container about 2

Amount Per Serving

Calories 250 — Calories from Fat 110

	% Daily Value*
Total Fat 12g	18%
Saturated Fat 3g	15%
Trans Fat 3g	
Cholesterol 30mg	10%
Sodium 470mg	20%
Total Carbohydrate 31g	10%
Dietary Fiber 0g	0%
Sugars 5g	
Proteins 5g	
Vitamin A	4%
Vitamin C	2%
Calcium	20%
Iron	4%

* Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs:

	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Saturated Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

1 Serving Size

Check the serving size and number of servings.

- The Nutrition Facts Label information is based on ONE serving, but many packages contain more. Look at the serving size and how many servings you are actually consuming. If you double the servings you eat, you double the calories and nutrients, including the % DVs.
- When you compare calories and nutrients between brands, check to see if the serving size is the same.

2 Amount of Calories

Calories count, so pay attention to the amount.

This is where you'll find the number of calories per serving and the calories from fat in each serving.

- Fat free doesn't mean calorie-free. Lower fat items may have as many calories as full-fat versions.
- If the label lists that 1 serving equals 3 cookies and 100 calories, and you eat 6 cookies, you've eaten 2 servings or twice the calories and fat.

3 Limit these Nutrients

Know your fats and reduce sodium.

- To help reduce your risk of heart disease, use the label to select foods that are lowest in saturated fat, trans fat and cholesterol.
- Trans fat doesn't have a % DV, but consume as little as possible because it increases your risk of heart disease.
- The % DV for total fat includes all different kinds of fats.
- To help lower cholesterol, replace saturated and trans fats with monounsaturated and polyunsaturated fats found in fish, nuts and liquid vegetable oil.
- Limit sodium to help reduce your risk of high blood pressure.

4 Look for foods that are rich in these nutrients.

- Use the label not only to limit fat and sodium, but also to increase nutrients that promote good health and may protect you from disease.
- Some Americans don't get enough vitamins A and C, potassium, calcium, and iron, so choose the brand with the higher % DV for these nutrients.
- Get the most nutrition for your calories - compare the calories to the nutrients you would be getting to make a healthier food choice.

5 The % Daily Value is key to a balanced diet.

- This section tells whether the nutrients (total fat, sodium, dietary fiber, etc.) in one serving contribute a little or a lot to your total daily diet.
- The %DVs are based on a 2000 calorie diet. Each listed nutrient is based on 100% of the recommended amounts for that nutrient. For example, 18% for total fat means that one serving furnishes 18% of the total amount of fat that you could eat in a day and stay within public health recommendations. Use the Quick Guide to Percent DV (%DV): 5%DV or less is low and 20%DV or more is high.

6 Footnote with Daily Values (DVs)

- The footnote provides information about the DVs for important nutrients, including fats, sodium and fiber. The DVs are listed for people who eat 2000 or 2500 calories each day.

- The amounts for total fat, saturated fat, cholesterol and sodium are maximum amounts. That means you should try to stay below the amounts listed.

chooseMyPlate

10 tips to a great plate

Making food choices for a healthy lifestyle can be as easy as using these 10 tips. Use the ideas in this list to balance your calories, to choose foods to eat more often, and to cut back on foods to eat less often.

1 Balance Calories.

Find out how many calories you need for a day as a first step in managing your weight. Go to choosemyplate.gov to find your calorie level. Being physically active also helps you balance calories.

2 Enjoy your food, but eat less.

Take the time to fully enjoy your food as you eat it. Eating too fast or when your attention is elsewhere may lead to eating too many calories. Pay attention to fullness cues before, during and after meals. Use them to recognize when to eat and when you've had enough.

3 Avoid oversized portions.

Use a smaller plate, bowl and glass. Portion out foods before you eat. When eating out, choose a smaller size option, share a dish, or take home part of a meal.

4 Foods to eat more often:

Eat more vegetables, fruits, whole grains and fat-free or 1% milk and dairy products. These foods have the nutrients you need for health - including potassium, calcium, vitamin D, and fiber. Make them the basis for meals and snacks.

5 Switch to fat free or low fat milk

They have the same amount of calcium and other essential nutrients as whole milk, but fewer calories and less saturated fat.

6 Make half your plate fruits and vegetables.

Choose red, orange, and dark green vegetables like tomatoes, sweet potatoes, and broccoli, along with other vegetables for your meals. Add fruit to meals as part of main or side dishes or as a dessert.

7 Foods to eat less often:

Cut back on foods high in solid fats, added sugars and salt. They include cakes, cookies, ice cream, candies, sweetened drinks, pizza, and fatty meats like ribs, sausages, bacon, and hot dogs. Use these foods as occasional treats, not everyday foods.

8 Make half your grains whole grains

To eat more whole grains, substitute a whole grain product for a refined product, such as whole wheat bread instead of white bread, or brown rice instead of white rice.

9 Compare sodium in foods.

Use the Nutrition Facts label to be able to choose lower lower sodium versions of foods like soup, bread, and frozen meals. Select canned foods labeled "low sodium," "reduced sodium," or "no salt added."

10 Drink water instead of sugary drinks.

Cut calories by drinking unsweetened beverages. Soda, energy drinks, and sports drinks are a major source of added sugars and calories.

Chapter 8
Nutrition and Dietary Guidelines

Vegetables

Why is it important to eat vegetables? Eating vegetables provides health benefits – people who eat more vegetables and fruits as part of an overall healthy diet are likely to have a reduced risk of some chronic diseases. Vegetables provide nutrients vital for health and maintenance of your body.

Nutrients

- Most vegetables are naturally low in fat and calories. None have cholesterol. (Sauces or seasonings may add fat, calories, or cholesterol.)
- Vegetables are important sources of many nutrients, including potassium, dietary fiber, folate (folic acid), vitamin A, and vitamin C.
- Diets rich in potassium may help to maintain healthy blood pressure. Vegetable sources of potassium include sweet potatoes, white potatoes, white beans, tomato products (paste, sauce, and juice), beet greens, soybeans, lima beans, spinach, lentils, and kidney beans.
- Dietary fiber from vegetables, as part of an overall healthy diet, helps reduce blood cholesterol levels and may lower risk of heart disease. Fiber is important for proper bowel function. It helps reduce constipation and diverticulosis. Fiber-containing foods such as vegetables help provide a feeling of fullness with fewer calories.
- Folate (folic acid) helps the body form red blood cells. Women of childbearing age who may become pregnant should consume adequate folate from foods, and in addition 400 mcg of synthetic folic acid from fortified foods or supplements. This reduces the risk of neural tube defects, spina bifida, and anencephaly during fetal development.
- Vitamin A keeps eyes and skin healthy and helps to protect against infections.
- Vitamin C helps heal cuts and wounds and keeps teeth and gums healthy. Vitamin C aids in iron absorption.

Health benefits

- Eating a diet rich in vegetables and fruits as part of an overall healthy diet may reduce risk for heart disease, including heart attack and stroke.
- Eating a diet rich in some vegetables and fruits as part of an overall healthy diet may protect against certain types of cancers.
- Diets rich in foods containing fiber, such as some vegetables and fruits, may reduce the risk of heart disease, obesity, and type 2 diabetes.
- Eating vegetables and fruits rich in potassium as part of an overall healthy diet may lower blood pressure, and may also reduce the risk of developing kidney stones and help to decrease bone loss.
- Eating foods such as vegetables that are lower in calories per cup instead of some other higher-calorie food may be useful in helping to lower calorie intake.

Fruits

Why is it important to eat fruit? Eating fruit provides health benefits — people who eat more fruits and vegetables as part of an overall healthy diet are likely to have a reduced risk of some chronic diseases. Fruits provide nutrients vital for health and maintenance of your body.

Nutrients

- Most fruits are naturally low in fat, sodium, and calories. None have cholesterol.
- Fruits are sources of many essential nutrients that are under-consumed, including potassium, dietary fiber, vitamin C, and folate (folic acid).
- Diets rich in potassium may help to maintain healthy blood pressure. Fruit sources of potassium include bananas, prunes and prune juice, dried peaches and apricots, cantaloupe, honeydew melon, and orange juice.
- Dietary fiber from fruits, as part of an overall healthy diet, helps reduce blood cholesterol levels and may lower risk of heart disease. Fiber is important for proper bowel function. It helps reduce constipation and diverticulosis. Fiber-containing foods such as fruits help provide a feeling of fullness with fewer calories. Whole or cut-up fruits are sources of dietary fiber; fruit juices contain little or no fiber.
- Vitamin C is important for growth and repair of all body tissues, helps heal cuts and wounds, and keeps teeth and gums healthy. Folate (folic acid) helps the body form red blood cells. Women of childbearing age who may become pregnant should consume adequate folate from foods, and in addition 400 mcg of synthetic folic acid from fortified foods or supplements. This reduces the risk of neural tube defects, spina bifida, and anencephaly during fetal development.

Health benefits

- Eating a diet rich in vegetables and fruits as part of an overall healthy diet may reduce risk for heart disease, including heart attack and stroke.
- Eating a diet rich in some vegetables and fruits as part of an overall healthy diet may protect against certain types of cancers.
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- Eating vegetables and fruits rich in potassium as part of an overall healthy diet may lower blood pressure, and may also reduce the risk of developing kidney stones and help to decrease bone loss.
- Eating foods such as fruits that are lower in calories per cup instead of some other higher-calorie food may be useful in helping to lower calorie intake.

Grains

Why is it important to eat grains, especially whole grains? Eating grains, especially whole grains, provides health benefits. People who eat whole grains as part of a healthy diet have a reduced risk of some chronic diseases. Grains provide many nutrients that are vital for the health and maintenance of our bodies.

Nutrients

- Grains are important sources of many nutrients, including dietary fiber, several B vitamins (thiamin, riboflavin, niacin, and folate), and minerals (iron, magnesium, and selenium).
- Dietary fiber from whole grains or other foods, may help reduce blood cholesterol levels and may lower risk of heart disease, obesity, and type 2 diabetes. Fiber is important for proper bowel function. It helps reduce constipation and diverticulosis. Fiber-containing foods such as whole grains help provide a feeling of fullness with fewer calories.
- The B vitamins thiamin, riboflavin, and niacin play a key role in metabolism – they help the body release energy from protein, fat, and carbohydrates. B vitamins are also essential for a healthy nervous system. Many refined grains are enriched with these B vitamins.

- Folate (folic acid), another B vitamin, helps the body form red blood cells. Women of childbearing age who may become pregnant should consume adequate folate from foods, and in addition 400 mcg of synthetic folic acid from fortified foods or supplements. This reduces the risk of neural tube defects, spina bifida, and anencephaly during fetal development.
- Iron is used to carry oxygen in the blood. Many teenage girls and women in their childbearing years have iron-deficiency anemia. They should eat foods high in heme-iron (meats) or eat other iron containing foods along with foods rich in vitamin C, which can improve absorption of non-heme iron. Whole and enriched refined grain products are major sources of non-heme iron in American diets.
- Whole grains are sources of magnesium and selenium. Magnesium is a mineral used in building bones and releasing energy from muscles. Selenium protects cells from oxidation. It is also important for a healthy immune system.

Health benefits

- Consuming whole grains as part of a healthy diet may reduce the risk of heart disease.
- Consuming foods containing fiber, such as whole grains, as part of a healthy diet, may reduce constipation.
- Eating whole grains may help with weight management.
- Eating grain products fortified with folate before and during pregnancy helps prevent neural tube defects during fetal development.

Proteins

Why is it important to make lean or low-fat choices from the Protein Foods Group? Foods in the meat, poultry, fish, eggs, nuts, and seed group provide nutrients that are vital for health and maintenance of your body. However, choosing foods from this group that are high in saturated fat and cholesterol may have health implications.

Nutrients

- Diets that are high in saturated fats raise “bad” cholesterol levels in the blood. The “bad” cholesterol is called LDL (low-density lipoprotein) cholesterol. High LDL cholesterol, in turn, increases the risk for coronary heart disease. Some food choices in this group are high in saturated fat. These include fatty cuts of beef, pork, and lamb; regular (75% to 85% lean) ground beef; regular sausages, hot dogs, and bacon; some luncheon meats such as regular bologna and salami; and some poultry such as duck. To help keep blood cholesterol levels healthy, limit the amount of these foods you eat.
- Diets that are high in cholesterol can raise LDL cholesterol levels in the blood. Cholesterol is only found in foods from animal sources. Some foods from this group are high in cholesterol. These include egg yolks (egg whites are cholesterol-free) and organ meats such as liver and giblets. To help keep blood cholesterol levels healthy, limit the amount of these foods you eat.

Why is it important to eat 8 ounces of seafood per week?

- Seafood contains a range of nutrients, notably the omega-3 fatty acids, EPA and DHA. Eating about 8 ounces per week of a variety of seafood contributes to the prevention of heart disease. Smaller amounts of seafood are recommended for young children.
- Seafood varieties that are commonly consumed in the United States that are higher in EPA and DHA and lower in mercury include salmon, anchovies, herring, sardines, Pacific oysters, trout, and Atlantic and Pacific. The health benefits from consuming seafood outweigh the health risk associated with mercury, a heavy metal found in seafood in varying levels.

Health benefits

- Meat, poultry, fish, dry beans and peas, eggs, nuts, and seeds supply many nutrients. These include protein, B vitamins (niacin, thiamin, riboflavin, and B6), vitamin E, iron, zinc, and magnesium.

- Proteins function as building blocks for bones, muscles, cartilage, skin, and blood. They are also building blocks for enzymes, hormones, and vitamins. Proteins are one of three nutrients that provide calories (the others are fat and carbohydrates).
- B vitamins serve a variety of functions in the body. They help the body release energy, play a vital role in the function of the nervous system, aid in the formation of red blood cells, and help build tissues.
- Iron is used to carry oxygen in the blood. Many teenage girls and women in their child-bearing years have iron-deficiency anemia. They should eat foods high in heme-iron (meats) or eat other non-heme iron containing foods along with a food rich in vitamin C, which can improve absorption of non-heme iron.
- Magnesium is used in building bones and in releasing energy from muscles.
- Zinc is necessary for biochemical reactions and helps the immune system function properly.
- EPA and DHA are omega-3 fatty acids found in varying amounts in seafood. Eating 8 ounces per week of seafood may help reduce the risk for heart disease.

What are the benefits of eating nuts and seeds?
Eating peanuts and certain tree nuts (i.e., walnuts, almonds, and pistachios) may reduce the risk of heart disease when consumed as part of a diet that is nutritionally adequate and within calorie needs. Because nuts and seeds are high in calories, eat them in small portions and use them to replace other protein foods, like some meat or poultry, rather than adding them to what you already eat. In addition, choose unsalted nuts and seeds to help reduce sodium intakes.

Dairy

Why is Dairy important? Consuming dairy products provides health benefits — especially improved bone health. Foods in the Dairy Group provide nutrients that are vital for health and maintenance of your body. These nutrients include calcium, potassium, vitamin D, and protein.

Why is it important to make fat-free or low-fat choices from the Dairy Group?
Choosing foods from the Dairy Group that are high in saturated fats and cholesterol can have health implications. Diets high in saturated fats raise "bad" cholesterol levels in the blood. The "bad" cholesterol is called LDL (low-density lipoprotein) cholesterol. High LDL cholesterol, in turn, increases the risk for coronary heart disease. Many cheeses, whole milk, and products made from them are high in saturated fat. To help keep blood cholesterol levels healthy, limit the amount of these foods you eat. In addition, a high intake of fats makes it difficult to avoid consuming more calories than are needed.
Nutrients

- Calcium is used for building bones and teeth and in maintaining bone mass. Dairy products are the primary source of calcium in American diets. Diets that provide 3 cups or the equivalent of dairy products per day can improve bone mass.
- Diets rich in potassium may help to maintain healthy blood pressure. Dairy products, especially yogurt, fluid milk, and soymilk (soy beverage), provide potassium.
- Vitamin D functions in the body to maintain proper levels of calcium and phosphorous, thereby helping to build and maintain bones. Milk and soymilk (soy beverage) that are fortified with vitamin D are good sources of this nutrient. Other sources include vitamin D-fortified yogurt and vitamin D-fortified ready-to-eat breakfast cereals.
- Milk products that are consumed in their low-fat or fat-free forms provide little or no solid fat.

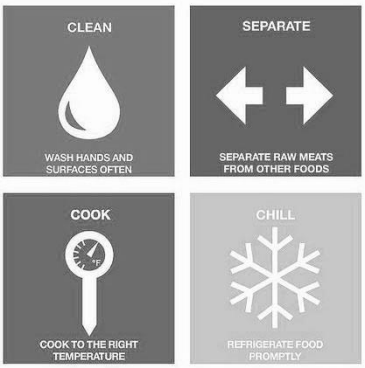
Health Benefits

- Intake of dairy products is linked to improved bone health, and may reduce the risk of osteoporosis.
- The intake of dairy products is especially important to bone health during childhood and adolescence, when bone mass is being built.
- Intake of dairy products is also associated with a reduced risk of cardiovascular disease and type 2 diabetes, and with lower blood pressure in adults.

Why is it important to consume fats and oils?

- Oils are not a food group, but they do provide essential nutrients and are therefore included in USDA recommendations for what to eat. Note that only small amounts of oils are recommended.
- Most of the fats you eat should be polyunsaturated (PUFA) or monounsaturated (MUFA) fats. Oils are the major source of MUFAs and PUFAs in the diet. PUFAs contain some fatty acids that are necessary for health – called "essential fatty acids." Because oils contain these essential fatty acids, there is an allowance for oils in the food guide.
- The MUFAs and PUFAs found in fish, nuts, and vegetable oils do not raise LDL ("bad") cholesterol levels in the blood. In addition to the essential fatty acids they contain, oils are the major source of vitamin E in typical American diets.
- While consuming some oil is needed for health, oils still contain calories. In fact, oils and solid fats both contain about 120 calories per tablespoon. Therefore, the amount of oil consumed needs to be limited to balance total calorie intake. The Nutrition Facts label provides information to help you make smart choices.

Cooking Safety



Why it matters

Did you know that the bacteria that cause food poisoning multiply quickest in the "Danger Zone" between 40˚ and 140˚ Fahrenheit? And while many people think they can tell when food is "done" simply by checking its color and texture, there's no way to be sure it's safe without following a few important but simple steps

Use a food thermometer.

Cooked food is safe only after it's been heated to a high enough temperature to kill harmful bacteria. Color and texture alone won't tell you whether your food is done. Instead, use a food thermometer to be sure.

- If you don't already have one, consider buying a food thermometer. Learn more about the different types of food thermometers available.
- When you think your food is done, place the food thermometer in the thickest part of the food, making sure not to touch bone, fat, or gristle. (Get tips on correct thermometer placement.)
- Wait the amount of time recommended for your type of thermometer.
- Compare your thermometer reading to our Minimum Cooking Temperatures Chart to be sure it's reached a safe temperature.
- Some foods need 3 minutes of rest time after cooking to make sure that harmful germs are killed. Check our Minimum Cooking Temperatures Chart for details.
- Clean your food thermometer with hot, soapy water after each use.

Keep food hot after cooking (at 140 ˚F or above). The possibility of bacterial growth actually increases as food cools after cooking because the drop in temperature allows bacteria to thrive. But you can keep your food above the safe temperature of 140˚F by using a heat source like a chafing dish, warming tray, or slow cooker.

Microwave food thoroughly (to 165 ˚F).

To ensure harmful bacteria have been killed in your foods, it's important to microwave them to 165˚ or higher. Here's how:

- When you microwave, stir your food in the middle of heating.
- If the food label says, "Let stand for x minutes after cooking," don't skimp on the standing time. Letting your microwaved food sit for a few minutes actually helps your food cook more completely by allowing colder areas of food time to absorb heat from hotter areas of food. That extra minute or two could mean the difference between a delicious meal and food poisoning.
- After waiting a few minutes, check the food with a food thermometer to make sure it is 165˚F or above.

Safe Minimum Cooking Temperatures
Use this chart and a food thermometer to ensure that meat, poultry, seafood, and other cooked foods reach a safe minimum internal temperature. Remember, you can't tell whether meat is safely cooked by looking at it. Any cooked, uncured red meats – including pork – can be pink, even when the meat has reached a safe internal temperature.

Why the Rest Time is Important
After you remove meat from a grill, oven, or other heat source, allow it to rest for the specified amount of time. During the rest time, its temperature remains constant or continues to rise, which destroys harmful germs.

Safe Cooking Temperatures

Category	Food	Temperature (°F)	Rest Time
Ground Meat & Meat Mixtures	Beef, Pork, Veal, Lamb	160	None
	Turkey, Chicken	165	None
Fresh Beef, Veal, Lamb	Steaks, roasts, chops	145	3 minutes
Poultry	Chicken & Turkey, whole	165	None
	Poultry breasts, roasts	165	None
	Poultry thighs, legs, wings	165	None
	Duck & Goose	165	None
	Stuffing (cooked alone or in bird)	165	None
Pork and Ham	Fresh pork	145	3 minutes
	Fresh ham (raw)	145	3 minutes
	Precooked ham (to reheat)	140	None
Eggs & Egg Dishes	Eggs	Cook until yolk and white are firm	None
	Egg dishes	160	None
Leftovers & Casseroles	Leftovers	165	None
	Casseroles	165	None
Seafood	Fin Fish	145 or cook until flesh is opaque and separates easily with a fork.	None
	Shrimp, lobster, and crabs	Cook until flesh is pearly and opaque.	None
	Clams, oysters, and mussels	Cook until shells open during cooking.	None
	Scallops	Cook until flesh is milky white or opaque and firm.	None

Refrigeration Safety

Refrigerate promptly
Did you know that illness-causing bacteria can grow in perishable foods within two hours unless you refrigerate them? (And if the temperature is 90 ˚F or higher during the summer, cut that time down to one hour!) But by refrigerating foods promptly and properly, you can help keep your family safe from food poisoning at home.

Refrigerate perishable foods within two hours.

Cold temperatures slow the growth of illness causing bacteria. So it's important to chill food promptly and properly. Here's how:

- Make sure your fridge and freezer are cooled to the right temperature. Your fridge should be between 40 ˚F and 32 ˚F, and your freezer should be 0 ˚F or below.
- Pack your refrigerator with care. To properly chill food (and slow bacteria growth), cold air must be allowed to circulate in your fridge. For this reason, it's important not to over-stuff your fridge.
- Get perishable foods into the fridge or freezer within two hours. In the summer months, cut this time down to one hour.
- Remember to store leftovers within two hours as well. By dividing leftovers into several clean, shallow containers, you'll allow them to chill faster.

Never thaw or marinate foods on the counter.
Many people are surprised at this tip. But since bacteria can multiply rapidly at room temperature, thawing or marinating foods on the counter is one of the riskiest things you can do when preparing food for your family.
To thaw food safely, choose one of these options:

- **Thaw in the refrigerator.** This is the safest way to thaw meat, poultry, and seafood. Simply take the food out of the freezer and place it on a plate or pan that can catch any juices that may leak. Normally, it should be ready to use the next day.
- **Thaw in cold water.** For faster thawing, you can put the frozen package in a watertight plastic bag and submerge it in cold water. Be sure to change the water every 30 minutes. Note: If you thaw this way, be sure to cook the food immediately.
- **Thaw in the microwave.** Faster thawing can also be accomplished in the microwave. Simply follow instructions in your owner's manual for thawing. As with thawing in cold water, food thawed in the microwave should be cooked immediately.
- **Cook without thawing.** If you don't have enough time to thaw food, just remember, it is safe to cook foods from a frozen state—but your cooking time will be approximately 50% longer than fully thawed meat or poultry**.**
- To marinate food safely, always **marinate it in the refrigerator**.

Know when to throw food out.
You can't tell just by looking or smelling whether harmful bacteria has started growing in your leftovers or refrigerated foods. Be sure you throw food out before harmful bacteria grow.

Storage Times for the Refrigerator and Freezer
These short but safe time limits for home-refrigerated foods will keep them from spoiling or becoming dangerous to eat. The guidelines for freezer storage are for quality only. Frozen foods remain safe indefinitely.

Storage Times

Category	Food	Refrigerator (40 °F or below)	Freezer (0 °F or below)
Salads	**Egg, chicken, ham, tuna & macaroni salads**	3 to 5 days	Does not freeze well
Hot dogs	**opened package**	1 week	1 to 2 months

	unopened package	2 weeks	1 to 2 months
Luncheon meat	**opened package or deli sliced**	3 to 5 days	1 to 2 months
	unopened package	2 weeks	1 to 2 months
Bacon & Sausage	**Bacon**	7 days	1 month
	Sausage, raw — from chicken, turkey, pork, beef	1 to 2 days	1 to 2 months
Hamburger & Other Ground Meats	**Hamburger, ground beef, turkey, veal, pork, lamb, & mixtures of them**	1 to 2 days	3 to 4 months
Fresh Beef, Veal, Lamb & Pork	**Steaks**	3 to 5 days	6 to 12 months
	Chops	3 to 5 days	4 to 6 months
	Roasts	3 to 5 days	4 to 12 months
Fresh Poultry	**Chicken or turkey, whole**	1 to 2 days	1 year
	Chicken or turkey, pieces	1 to 2 days	9 months
Soups & Stews	**Vegetable or meat added**	3 to 4 days	2 to 3 months
Leftovers	**Cooked meat or poultry**	3 to 4 days	2 to 6 months
	Chicken nuggets or patties	3 to 4 days	1 to 3 months
	Pizza	3 to 4 days	1 to 2 months

Separation Safety

Don’t cross-contaminate.

Why it matters
Even after you’ve cleaned your hands and surfaces thoroughly, raw meat, poultry, seafood, and eggs can still spread illness-causing bacteria to ready-to-eat foods—unless you keep them separate. But which foods need to be kept separate, and how?

Follow these top tips to keep your family safe

Use separate cutting boards and plates for produce and for meat, poultry, seafood, and eggs.

Placing ready-to-eat food on a surface that held raw meat, poultry, seafood, or eggs can spread bacteria and make you sick. But stopping cross-contamination is simple.

- Use one cutting board for fresh produce, and one for raw meat, poultry, or seafood.
- Use separate plates and utensils for cooked and raw foods.
- Before using them again, thoroughly wash plates, utensils, and cutting boards that held raw meat, poultry, seafood, or eggs.
- Once a cutting board gets excessively worn or develops hard-to-clean grooves, consider replacing it.

Keep meat, poultry, seafood, and eggs separate from all other foods at the grocery.

Make sure you aren't contaminating foods in your grocery bag by:

- Separating raw meat, poultry, seafood, and eggs from other foods in your shopping cart.
- At the checkout, place raw meat, poultry, and seafood in plastic bags to keep their juices from dripping on other foods.

Keep meat, poultry, seafood, and eggs separate from all other foods in the fridge.

Bacteria can spread inside your fridge if the juices of raw meat, poultry, seafood, and eggs drip onto ready-to-eat foods. But stopping this contamination is simple…

- Place raw meat, poultry, and seafood in containers or sealed plastic bags to prevent their juices from dripping or leaking onto other foods. If you're not planning to use these foods within a few days, freeze them instead.
- Keep eggs in their original carton and store them in the main compartment of the refrigerator—not in the door.

Cleaning Safety

Wash hands and surfaces often. Why it matters

Illness-causing bacteria can survive in many places around your kitchen, including your hands, utensils, and cutting boards. Unless you wash your hands, utensils, and surfaces the *right* way, you could spread bacteria to your food, and your family.

Wash hands the right way—for 20 seconds with soap and running water.

Washing your hands the right way can stop the spread of illness-causing bacteria. Here's how to do it:

- Wet your hands with warm or cold running water and apply soap.
- Rub your hands together to make a lather and scrub them well. Be sure to scrub the backs of your hands, between your fingers, and under your nails. Bacteria can hide out here too!
- Continue rubbing hands for at least 20 seconds. Need a timer? Hum "Happy Birthday" from beginning to end twice.
- Rinse your hands well under running water.
- Dry your hands using a clean towel or air dry.

And when to do it:

- Before eating food.
- Before, during, and after preparing food.
- Before and after treating a cut or wound.
- Before and after caring for someone who is sick.
- After handling uncooked eggs, or raw meat, poultry, seafood, or their juices.
- After blowing your nose, coughing, or sneezing.
- After touching an animal or animal waste.
- After touching garbage.
- After using the toilet.

Wash surfaces and utensils after each use.

Bacteria can be spread throughout the kitchen and get onto cutting boards, utensils, and counter tops. To prevent:

- Use paper towels or clean cloths to wipe up kitchen surfaces or spills. Wash cloths often in the hot cycle of your washing machine.
- Wash cutting boards, dishes, utensils, and counter tops with hot, soapy water after preparing each food item and before you go on to the next item.
- As an extra precaution, you can use a solution of 1 tablespoon of unscented, liquid chlorine bleach in 1 gallon of water to sanitize washed surfaces and utensils.

Wash fruits and veggies—but not meat, poultry, or eggs!

Did you know that even if you plan to peel fruits and veggies, it's important to wash them first because bacteria can spread from the outside to the inside as you cut or peel them? Here's how to wash your produce:

1. Cut away any damaged or bruised areas.
2. Rinse produce under running water. Don't use soap, detergent, bleach, or commercial produce washes.
3. Scrub firm produce—like melons or cucumbers—with a clean produce brush.
4. Dry produce with a paper towel or clean cloth towel… and you're done.
5. The good news? Bagged produce marked "pre-washed" is safe to use without further washing.

Why not wash meat, poultry, and eggs?

Washing raw meat and poultry can actually help bacteria spread, because their juices may splash onto (and contaminate!) your sink and countertops.

All commercial eggs are washed before sale. Any extra handling of the eggs, such as washing, may actually increase the risk of cross-contamination, especially if the shell becomes cracked.

Chapter 9

Healthcare and Health Management

As a result of participating in this segment of training, you will be able to:

1. Explain the correlation between clean environments and the decrease of communicable diseases
2. Defend the state's requirement for annual physical and dental exams
3. Predict outcomes of maintaining healthy habits versus unhealthy habits
4. Recognize signs and symptoms of illness or injury
5. Differentiate between acute and chronic illnesses
6. Identify and document changes in health conditions
7. Determine suitable response for an individual's symptoms as they relate to their health history
8. Practice health care advocacy in designated scenarios
9. Prepare and organize to make the most of the professional health care visit
10. Identify steps to preventing high risk health problems
11. Classify common age related health conditions for early detection and treatment
12. Explain the DSPs legal and ethical response to a DNR or a POLST
13. Give examples of 3 key practices to manage the chronic healthcare condition of seizures; (for example: complete seizure log, provide first aid support during seizure, assure medications are taken, provide appropriate supervision when swimming, bathing, or eating)
14. Describe 3 key strategies to manage the chronic healthcare condition of diabetes (for example: following doctor's orders for blood sugar levels, adapting menu plans, provide preventative professional healthcare measures, encourage exercise and activity)
15. Explain 3 ways to manage the chronic healthcare condition of mental illness (for example: manage medications effectively, respond with empathy, seek professional services as appropriate)
16. Name 3 key strategies to manage the chronic healthcare condition of substance abuse (for example: encourage financial responsibility, offer alternative activities, access community resources like AA or NA, educate about long-term consequences of substance abuse)
17. Examine feeding skills for management of speed (how soon should another bite be offered), size (is the person able to take the bite size), consistency (as blended, pureed, or small bites may be necessary for successful eating), posture (is the person sitting at eye level with individual being fed), and ideas on how to teach someone to feed him or herself with potential adaptive equipment

Be Observant!!

The individuals you support rely on you to be a good detective; to identify changes that may be signs & symptoms of an illness, injury, or age-related conditions; and to ensure they receive appropriate treatment.

Ask questions to determine changes in:

- daily routine
- behavior
- ways of communicating
- appearance
- general manner or mood
- physical health

Documentation Guidelines and Examples

Guidelines and examples when reporting and documenting changes that may be signs or symptoms of illness or injury:

- Write down what the individual said or did to communicate the change. For example: "Bill said, 'My stomach hurts.'" "Fred walked up to me and pointed to his stomach, frowning and moaning."
- Do not try to make a diagnosis. You are not a health care professional. Describe identified changes only.

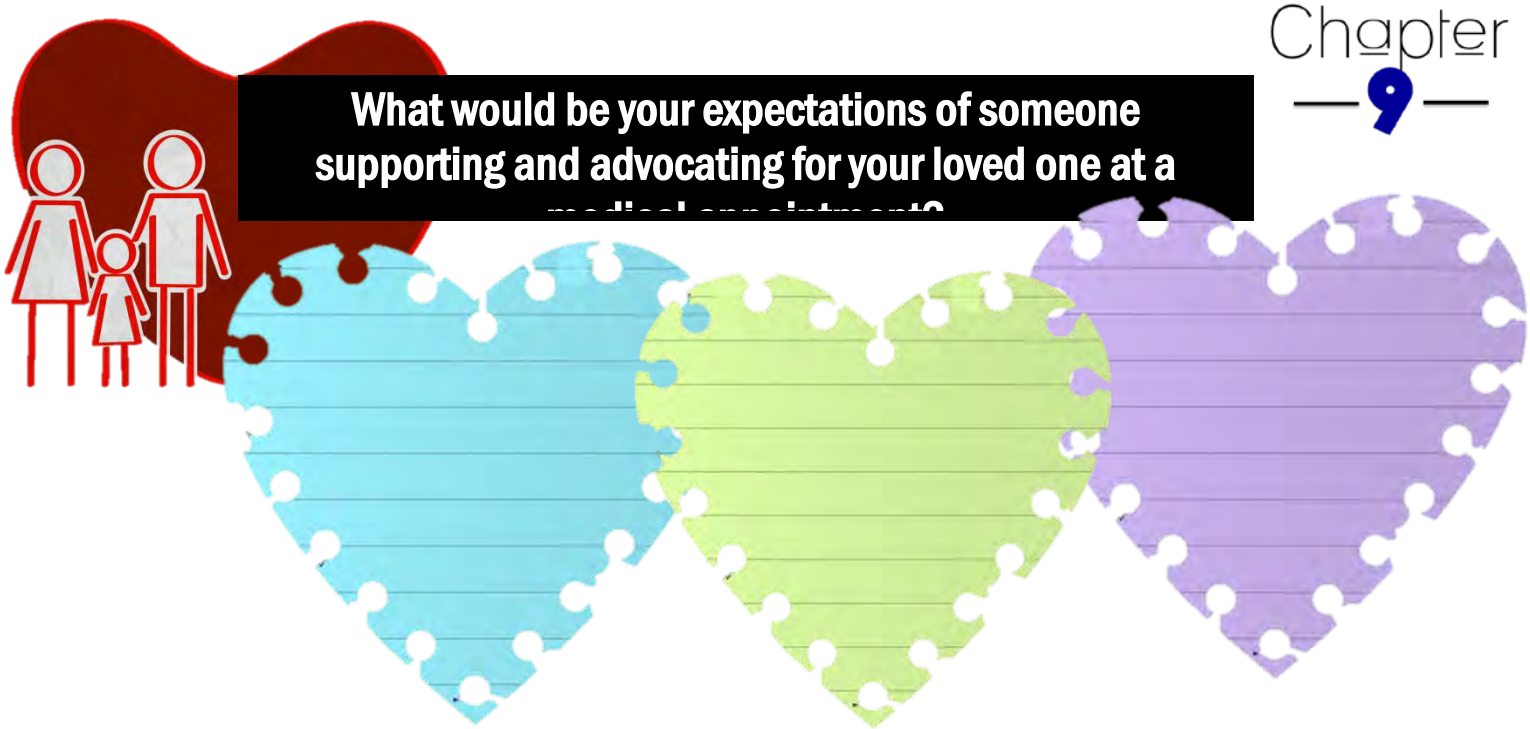
- Do not document your opinion. For example, do not write: "Bill said his arm hurt, but I don't think there is anything really wrong."
- Be specific when reporting and documenting observed changes. For example: "I heard Jane screaming. She was sitting on the couch in the living room. The screaming lasted for about two minutes."
- Report and document both the question and the response. For example: "Bill said, 'My stomach hurts.' I asked him, 'How long has it hurt?' Bill said, 'Since breakfast, and it really hurts bad.'" In the case where an individual does not verbally respond, you should report and document the individual's response. For example: "I heard Jane screaming. When I asked Jane, 'What's wrong?' she put her hands on her head and began rocking."

Medical Activity Log

Date of Entry	Time of Entry	Topic	Entry Record issue, action taken, results seen, or follow-up needed.	Signature

Making the Most of Your Healthcare Professional Visit

- It is important the individual be accompanied by a staff they are familiar with if at all possible.
- Staff accompanying needs to be familiar with the individual and their overall health needs.
- Ensure transportation is arranged.
- Check with health care professional to be sure they are willing and able to provide any special accommodations needed in the office, including in the waiting room. If the person has trouble waiting, ask if there is anything they can do to expedite the visit. If helpful, bring items to occupy the individual.
- Bring good complete records with you to the appointment. Be sure to include:
  - *the person's insurance card*
  - *list of current medication and medication history*
  - *forms for the doctor to complete*
  - *family/guardian information*
  - *name location and phone of pharmacy*
  - *directions to the appointment*
- Talk with the individual and others involved in his or her health care to identify and health concerns. Do this prior to the visit.
- Bring a written list of any concerns and questions you and/or the individual may have. Try to limit the list to the top three concerns.
- Assist with the individual practice asking questions before the visit.
- Make sure the questions get asked, either by you or the individual.
- Play an active role in the visit maintaining a positive, supportive environment.
- Make sure you understand what the health care professional is saying, and don't be afraid to ask for clarification.
- Ask any questions you have about diet, exercise, or smoking.
- Ask about treatment options.
- Bring a written list of all the medications the individual is taking.
- When the health care professional writes a prescription, ask questions about the medication, side effects and contraindications.
- Ask about next steps in treatment, and be sure you understand the expected results of the treatment and what the health care professional wants done.
- Support the individual to participate as fully as possible in the appointment.
- Always arrive early or on time for each appointment. If you cannot get there, call well in advance and reschedule.
- Document the outcome of the appointment in the individual's record in accordance with your agency's policies. It is important all staff working with the individual know the results of the appointment so their support is designed around the information.



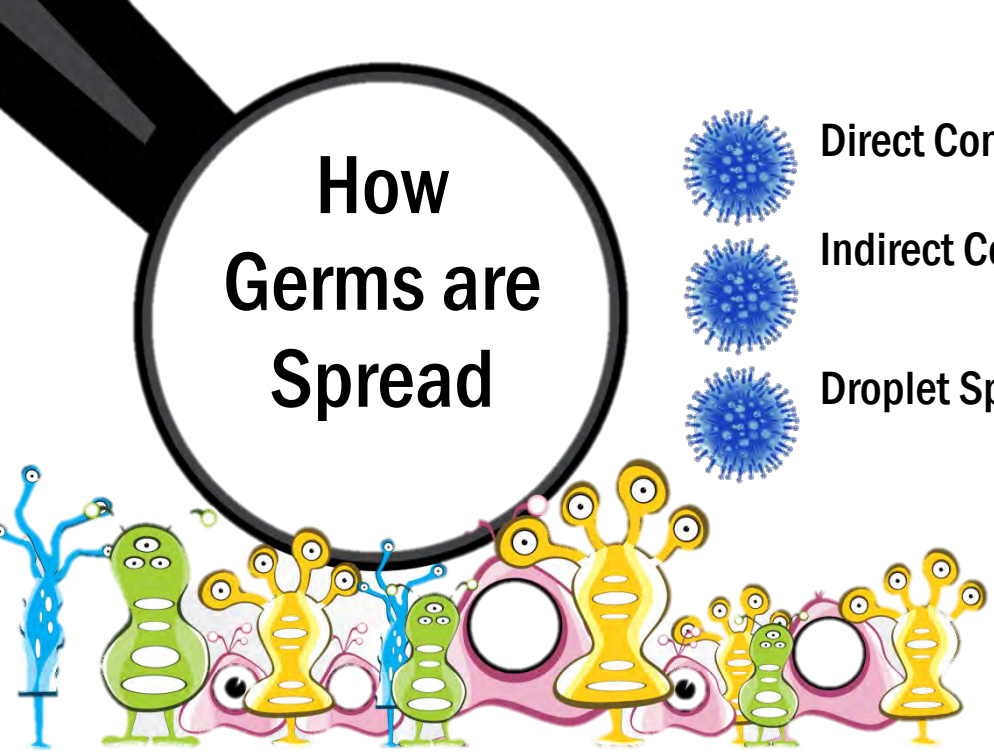
What would be your expectations of someone supporting and advocating for your loved one at a medical appointment?

Healthy vs. Unhealthy Habits

Circle healthy habits and place an X over the unhealthy habits.

- Eating the right amount of a variety of nutritious foods every day, including plenty of fruits and vegetables
- Only going to the doctor when it's necessary
- Brushing teeth when I remember
- Not changing or sanitizing kitchen sponges frequently enough
- Drinking soda instead of water
- Washing hands frequently
- Following health care professional's recommendations regarding alcoholic beverages
- Excessive TV watching and/or video gaming
- Using relaxation techniques, such as practicing yoga to relax
- Practicing accident prevention
- Being free from physical, verbal, mental, and sexual abuse
- Bathing only once per week
- Not getting enough sleep
- Eating junk food
- Getting regular medical and dental care according to each individual's health care professionals' recommendations
- Smoking
- Routinely participating recreational and leisure activities
- Getting plenty of daily physical exercise at least 30 minutes (e.g., participating in sports and going to the gym, swimming, yoga, etc.)

How Germs are Spread



- Direct Contact
- Indirect Contact
- Droplet Spread

My Notes

High Risk Health Problems

My top five points about _____

5. _____
4. _____
3. _____
2. _____
1. _____

MEDICAL ACTIVITY LOG				
Date of Entry	Time of Entry	Topic	Entry Record issue, action taken, results seen, or follow-up needed.	Signature

Fill in the blanks with either "please" or "never" in accordance with what to do to assist someone during a seizure.

_____ roll onto side as soon as safely possible
_____ clear the area
_____ restrain
_____ put something in the mouth
_____ leave alone when eating or near water
_____ stay with and reassure

Major Kinds of Mental Illnesses at a Glance

Mental Illness	Characteristics	Notes for support staff
Mood disorders Depression Mania Bi-polar Disorder	Unusually sad, lack of energy, loss of interest or enjoyment, feelings of guilt, worthlessness, suicidal ideation, difficulty with concentration, excessive or insufficient sleeping and/or eating. Lack of inhibitions, grandiose delusions, lack of insight, need less sleep, elevated mood, lack of tolerance. Bi-polar may display cycles of both mania and depression	Depression is the most underdiagnosed illness in the U.S. Clinical depression requires professional treatment. Mood disorders affect nearly 1 of 10 adults in a given year. Median age of onset is 32. Follow prescribed medication and/ or treatment plans.
Anxiety Disorders Panic attack Agoraphobia (fear of open or public places) Obsessive Compulsive Disorder Post-Traumatic Stress Disorder	This is the most common type of mental disorder and is indicated by the presence of excessive fears or unrealistic worries, and excessive nervousness that can interfere with functioning. Symptoms can include rapid heart rate, shortness of breath, dizziness, dry mouth, trembling, sweating. Occurs in all age groups and may be in response to a major loss or life change	Symptoms can last minutes, to over periods of years. More common in women than men, and median age of onset is 11 years, approx.19% of U.S. adults have an anxiety disorder in a given year. Follow prescribed medication and/ or treatment plans.
Psychotic Disorders Schizophrenia Schizoaffective disorder Drug-induced psychosis	Characterized by any of the following signs and symptoms: delusions, visual and/or auditory hallucinations, disorganized behavior and impairment in reality testing, blunted emotions, social withdrawal	You may see: speaking in monotone, lack of facial expression or gestures, lack of motivation for self-care, difficulty in concentrating, communicating, and completing daily tasks. One third of people with Schizophrenia have one episode and fully recover. Another 3rd have multiple episodes but feel well in between, another 3rd have a life long illness. Follow prescribed medication and/ or treatment plans.
Personality Disorders paranoia anti-social behavior borderline personality disorder	Refers to enduring patterns of dysfunctional behavior. Symptoms typically appear as personality traits that are inflexible, maladaptive and cause significant impairment or distress	People with personality disorders are often undiagnosed until they are seen for another psychiatric disorder or personal crisis such as hurting themselves or committing a crime. Neel Burton, Md. from "Hide & Seek", published in Psychology Today 5/29/12 Follow prescribed medication and/ or treatment plans.
Adjustment Disorders adjustment disorder with depressed mood adjustment disorder with anxiety adjustment disorder with disturbance of conduct	Develops significant emotional or behavioral symptoms similar to those seen in depression, anxiety disorders, or personality disorders in response to an identifiable stress. Reaction to the stress is either distress beyond that which is expected or by impairment in social or occupational functioning.	Most people find treatment of adjustment disorder helpful, and they often need only brief treatment. Others may benefit from longer treatment. There are two main types of treatment for adjustment disorder - psychotherapy and medications. Maintaining a healthy lifestyle also contributes to recovery. www.mayoclinic.org 4/2/2014 Follow prescribed medication and/ or treatment plans.

Now that I know, I plan to...

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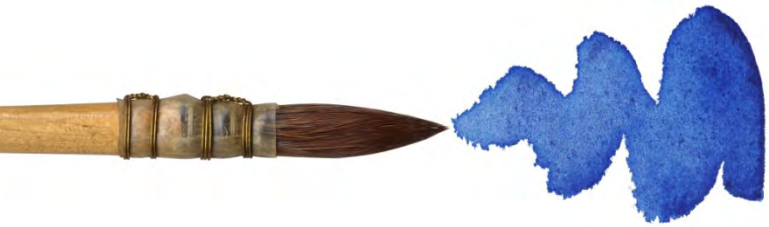

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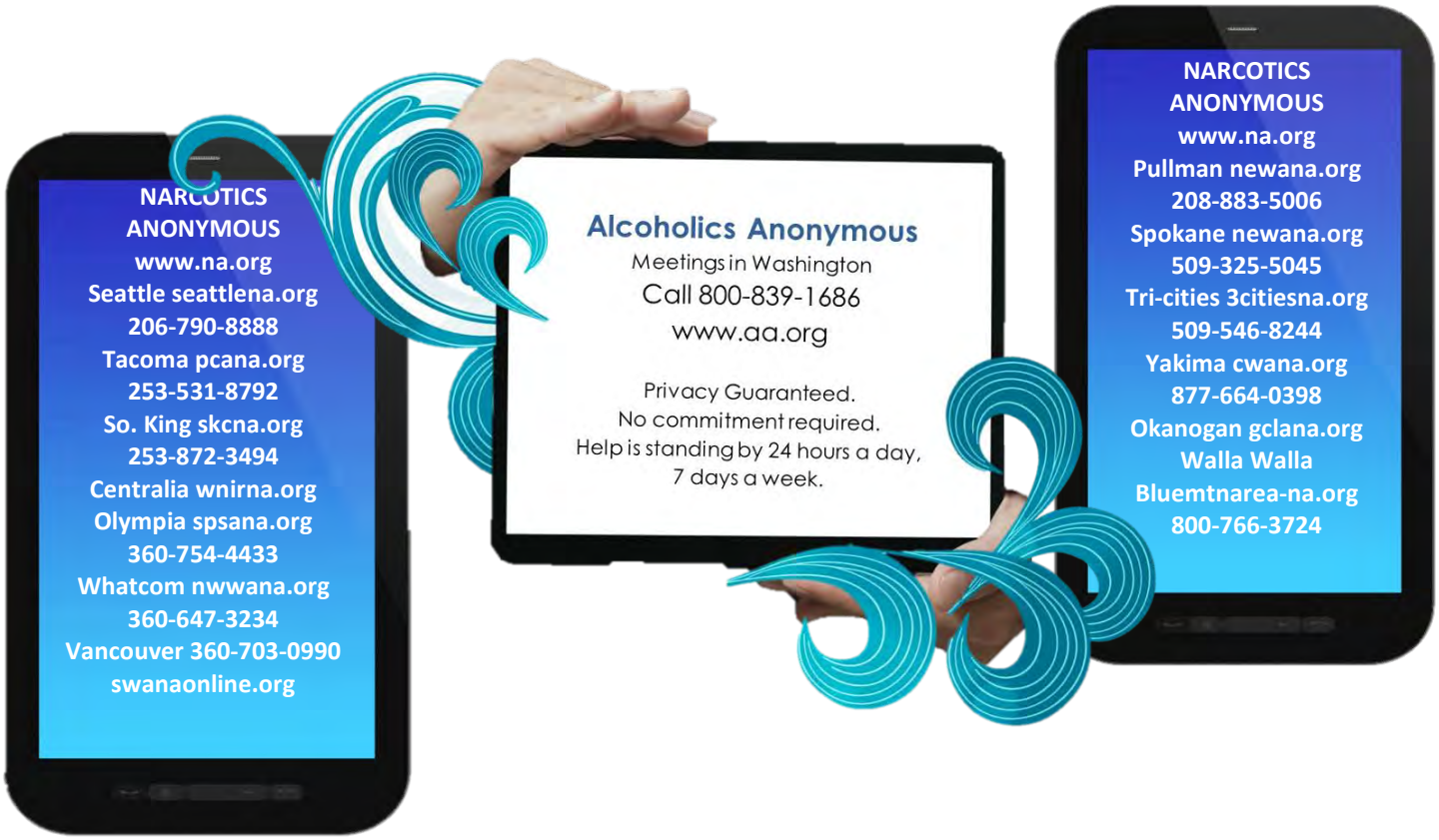


My notes

Chapter 9
Healthcare and Healthcare Management

Reporting and Documenting Changes

Regardless of what action you take when you notice a change, you must report (tell it) and document (write about it) in some way.

- Medical emergencies that involve emergency medical personnel must be: 1) documented in the individual's record; and, 2) submitted in an incident worksheet report per your agency's policies.
- Any call to the health care professional must be documented in the individual's record.
- Any treatment provided in accordance with a written health care professional's order or simple First Aid must also be documented in the individual's record.

Sometimes the correct response is simply to document the change that you have identified. This is important as you and other DSP staff may identify a pattern or trend over time, and provide valuable information in the diagnosing of a health problem. For example: through continuous documentation of your observations, you may discover that an individual is losing interest in activities, which may be a sign or symptom of illness or injury.

Many changes occur slowly over time and will only be identified if you and other DSP staff consistently document and share observations. You may be reporting changes (or signs and symptoms) to a number of different people, including a health care professional, dentist, behavior specialist, and your supervisor. All of these contacts must be documented.

If you believe that signs and symptoms may be an indication of possible abuse or neglect, you are mandated to report to the appropriate protective service agency.

Always report and document changes as soon as possible. Follow your agency's procedure for notifying your supervisor.

Making the Most of Health Care Professional Visits

Here are some tips to assist you and the individual you support to prepare for a visit to the health care professional or other professionals, and to make the most of your time together:

- It is important the individual be accompanied by a staff they are familiar with if at all possible.
- Staff accompanying needs to be familiar with the individual and their overall health needs.
- Ensure transportation is arranged.

- Check with health care professional to be sure they are willing and able to provide any special accommodations needed in the office, including in the waiting room. If the person has trouble waiting, ask if there is anything they can do to expedite the visit. If helpful, bring items to occupy the individual.
- Bring good complete records with you to the appointment. Be sure to include:
  - ✓ the person's insurance card,
  - ✓ list of current medication and medication history,
  - ✓ forms for the doctor to complete,
  - ✓ family/guardian information,
  - ✓ name location and phone of pharmacy,
  - ✓ directions to the appointment
- Talk with the individual and others involved in his or her health care to identify and health concerns. Do this prior to the visit.
- Bring a written list of any concerns and questions you and/or the individual may have. Try to limit the list to the top three concerns.
- Assist with the individual practice asking questions before the visit.
- Make sure the questions get asked, either by you or the individual.
- Play an active role in the visit maintaining a positive, supportive environment.
- Make sure you understand what the health care professional is saying, and don't be afraid to ask for clarification.
- Ask any questions you have about diet, exercise, or smoking.
- Ask about treatment options.
- Bring a written list of all the medications the individual is taking.
- When the health care professional writes a prescription, ask questions about the medication, side effects and contraindications.
- Ask about next steps in treatment, and be sure you understand the expected results of the treatment and what the health care professional wants done.
- Support the individual to participate as fully as possible in the appointment.
- Always arrive early or on time for each appointment. If you cannot get there, call well in advance and reschedule.
- Document the outcome of the appointment in the individual's record in accordance with your agency's policies. It is important all staff working with the individual know the results of the appointment so their support is designed around the information.

Personal Health Advocacy

With busy health care professionals who have limited time to spend with patients, personal health advocacy is often needed if those in your care are to receive the best possible health services. An additional reason for health advocacy is that, historically, the general population has often devalued people with disabilities.

Here are some things you can do to be a health care advocate:

- Believe every person is entitled to quality care.
- Be persistent in getting the care the person needs.
- It's never too early or too late to provide the best possible care.
- Be an active partner or get the assistance of someone who can help.
- Don't be afraid to ask for help (information, advice, assistance.)
- Be prepared for the appointment, and tell the health care professional the reason for the appointment early in the appointment.

- Choose a health care professional with a good reputation, ideally one who has hospital privileges at the community hospital.

Advocating for the best possible health care often means working in partnership with health care professionals and other professionals. Most health care professionals want their patients (and those who assist their patients) to be active partners, providing information, asking questions, discussing and weighing options, and checking for understanding.

Working in partnership with health care professionals calls for the following:

- A common goal (good quality care)
- A shared effort (each one doing the right thing)
- Good communication

Such an approach makes better use of the health care professional's time and can improve the quality of care.

Germs

Everyone comes in contact with millions of germs (microorganisms) each day. Germs need warmth, moisture, darkness and oxygen to live and grow. Many germs are harmless and are needed for our bodies to function in a healthy way. For example, certain kinds of germs or bacteria are needed for the digestion of food and for the elimination of waste products (feces and urine) from our bodies. Some germs are very harmful and cause infections, diseases, and illnesses by rapidly multiplying and overwhelming the body's natural defenses. An infection can be local in one spot, such as an infected cut, or it can be systemic (throughout the whole body), such as food poisoning or pneumonia.

Three Ways Germs Are Spread

Germs are spread in the environment three ways: direct contact, indirect contact, and droplet spread.

1. Direct Contact. This refers to germs spread from one infected person to another.
An example of direct contact is when the person infected with a cold puts his hands to his mouth while coughing or sneezing and then touches or contacts another person before he has washed his hands.
2. Indirect Contact. This refers to germs spread from one infected person to an object to another person. The germ from the infected person contaminates the object, and the next person who touches the object is then contaminated. Indirect contact is a common way for germs to spread between people who live, work, and play together. The spread of germs through indirect contact can happen when eating contaminated food (E. coli, Salmonella); handling soiled linens and soiled equipment; using soiled utensils and cups; and drinking or using contaminated water.
3. Droplet Spread. This refers to germs spread through the air from one infected person to another person. The germs are airborne and are carried over short distances. When people talk, cough, or sneeze, they are spreading germs through the air. The germs of the common cold, flu, and tuberculosis travel from one person to another by droplet spread.

Knowing how germs are spread is the first step in practicing infection control and preventing illness. Knowing how to control the spread of germs is the second step**.** You can protect yourself and the individuals you support from germs or contamination by observing the following:

- Know and practice universal precautions, especially hand washing and gloving.
- Keep you, the individual, and the environment clean.
- Be aware of the signs and symptoms of illness and infection and accurately record and report them to the health care professional.

IDENTIFYING AND PREVENTING HIGH-RISK HEALTH PROBLEMS

Skin Breakdown and Other Skin Conditions
Skin breakdown is a serious and constant concern for individuals who use wheelchairs and/or who do not change positions. Pressure sores are skin breakdown over bony spots such as tailbone and hips.

Individuals who use wheelchairs and/or people with mobility challenges are at high risk for skin breakdown. Reference your agency policies or protocols for individuals who are at risk.

Ways to prevent skin breakdown:
- Frequently moving and/or changing positions
- Keeping the skin dry and clean

What to do if skin breakdown occurs:
- Make sure the individual is examined by a health care professional immediately.

Athlete's foot (*tinea pedia*) and jock itch (*tinea cruris*) are very common fungal infections that can cause skin breakdown. Like bacteria, fungi grow best in warm, moist areas of the skin, such as between the toes or in the groin. Fungus problems can be prevented by thorough drying of skin; wearing sandals or shoes that breathe; wearing cotton underclothes and socks; and using talcum powder. You should assist individuals with cleaning and drying both areas of the toes and groin.

Some skin problems are very serious. Others are uncomfortable and passing. Some skin problems can be prevented or at least minimized through diet, proper clothing, and other actions. Some skin problems may be spread by contact, so remember to use hand washing and other infection control techniques. Always seek advice and treatment from the individual's health care professional when new problems arise or the existing problem continues.

Constipation
Each individual has a pattern of bowel movements that are "normal" for him. Once the normal pattern of bowel movements is established, you should look for any indication of a change. When an individual is not able to tell you that he had a bowel movement, or the health care professional has determined that the individual is at risk for problems in this area, the plan for that individual may include keeping a record of bowel movements.

Changes that are often signs and symptoms of constipation:
- A change in the normal pattern of bowel movements (smaller amounts of stool, watery stool or diarrhea, unusual accidents)
- Loss of appetite
- Increase in sleepiness and fussiness
- Abdominal bloating
- Persistent abdominal pain
- Change in behavior

Individuals who are at a higher risk for constipation include persons who:
- Have mobility challenges
- Get very little regular exercise
- Do not drink enough fluids
- Do not eat enough fiber
- Take medications whose side effects include constipation

Ways to prevent constipation:
- Eating a healthy diet with lots of fiber (fruits, vegetables, and whole grains)

- Exercising regularly
- Drinking plenty of fluids, especially water

Untreated constipation can lead to serious consequences, including: the need for surgical removal of the impacted fecal matter; rupture of the bowel; and even death. If you identify any of these signs, call the individual's health care professional to seek medical assistance.

Sun and Heat-Related Illnesses

Overexposure to sun and heat can cause many problems—from mild sunburn to fatal sunstroke. Individuals are at risk of heat-related illness starting at temperatures as low as 80 degrees, depending upon length of exposure and level of physically activity.

It is your responsibility to protect each individual from sunburn, heat cramps, heat exhaustion, and heat stroke.

Risk factors for sun and heat-related illnesses

In general, children, the elderly, and individuals with developmental disabilities are at the greatest risk for sunburn and heat-related illness. Increased risk is also associated with taking certain medications and having certain characteristics, including but not limited to:

- Antihistamines used in cold and allergy medications
- Antibiotics (sulfa drugs, tetracycline)
- Antidepressants
- Antipsychotics
- Cardiovascular drugs
- Oral medications for diabetes
- Non-steroidal, anti-inflammatory drugs used to control pain and inflammation
- Anti-dandruff shampoos
- Fair hair or skin
- Low fluid intake
- Low fiber diet
- Medications that interfere with the body's ability to regulate its temperature

Ways to prevent sunburn and heat-related illness

To prevent sunburn, use sunscreen with an SPF of 15 or more. Individuals with fair hair or skin who burn easily should use a sunscreen with SPF 30. Apply sunscreen to all exposed skin surfaces 20 minutes prior to going out in the sun. Reapply throughout the day and after the skin comes in contact with water. Use of sunscreen should be documented in the individual's record.

When temperatures rise, make sure the individuals you are supporting observe the following precautions:

- Wear a hat with a wide brim and lightweight and light colored clothing or use an umbrella.
- Wear long-sleeved, light cotton clothing.
- Drink plenty of water each day. Drink even more if the individual is working or exercising in hot weather. Avoid caffeinated or alcoholic beverages.
- Take it easy! Limit physical activity during the hottest parts of the day.
- Stay inside if possible during extreme heat times.
- Assess the person's home for adequate ventilation. If the home cannot be cooled to the point that it will be safe for the individuals, contact your supervisor.
- If you must be outdoors for long periods of time, stay in a shady spot or bring a sunshade with you.
- For individuals with impaired movement, avoid temperatures above 95 degrees if at all possible.

- In the event of a power outage, consider going to a cool building or air-conditioned car.

Never leave a child, an individual with a disability, or someone who cannot exit on his own, in a car on a hot day. In as little as 10 minutes, the car can become a fatal furnace.
Sunburn is caused by exposure to the sun's ultraviolet rays.

An individual can burn within 15 minutes any day of the year. Sunburns can occur even on an overcast day. People of color can also burn very easily. The degree to which someone burns or tans depends on the intensity of the sun's rays and the individual's unique response to the exposure. Typical symptoms of sunburn are redness and pain in the skin. In severe cases there is also swelling, blisters, fever, and headaches. In addition to sunburn, individuals with frequent exposure to the sun's ultraviolet rays have a high risk of developing skin cancer. Skin cancer is the most common form of cancer in the United States.

Sleep Apnea
Obstructive sleep apnea is a potentially serious sleep disorder in which breathing repeatedly stops and starts during sleep. Several types of sleep apnea exist, but the most common type is obstructive sleep apnea, which occurs when your throat muscles intermittently relax and block your airway during sleep. The most noticeable sign of obstructive sleep apnea is snoring, although not everyone who has obstructive sleep apnea snores.

Anyone can develop obstructive sleep apnea, although it most commonly affects older adults. It's also especially common in people who are overweight. Obstructive sleep apnea treatment may involve using a device to keep your airway open or undergoing a procedure to remove tissue from your nose, mouth or throat.

Signs and symptoms of obstructive sleep apnea include:
- Excessive daytime sleepiness (hypersomnia)
- Loud snoring
- Observed episodes of breathing cessation during sleep
- Abrupt awakenings accompanied by shortness of breath
- Awakening with a dry mouth or sore throat
- Morning headache
- Frequent urination at night
- Difficulty staying asleep (insomnia)

When to see a doctor: consult a medical professional if you experience, or if someone observes the following:
- Snoring loud enough to disturb your sleep or that of others
- Shortness of Breath that awakens you from sleep
- Intermittent pauses in your breathing during sleep
- Excessive daytime drowsiness, which may cause you to fall asleep while you're working, watching television or even driving a vehicle

Choking
Choking is a blockage of the airway that prevents an individual from breathing. Choking will result in death unless the airway is cleared immediately.
Many individuals with developmental disabilities or a chronic health condition may experience choking episodes. Common risk factors include the following conditions and situations:
- Cerebral palsy, which is often associated with difficulty chewing and/or swallowing.

- Individuals who have difficulty chewing and or swallowing. They need close observation when eating and drinking to help avoid choking incidents.
- Individuals with other conditions who have trouble with foods of different textures. Individuals taking certain medications. They may have dry mouth, which makes it harder to swallow.

Choking is common for individuals who eat or drink too fast. Individuals should be reminded not to talk or laugh with food in their mouths or eat lying down. Individuals who frequently put too much food in their mouths may need to be cued to eat smaller bites or be provided with smaller amounts of food. It is especially important to closely monitor an individual who takes food from others, as the individual may put too much food in their mouth to avoid being caught.

Common Causes of Choking:

- Trying to swallow large portions of poorly chewed food
- Eating while talking excitedly or laughing
- Eating too fast
- Eating and walking, playing, or running with food or objects in the mouth
- Eating certain foods like hot dogs, whole grapes, and hard candies
- Taking medications that decrease alertness and muscle tone or cause dry mouth
- Poor oral motor skills
- Difficulty swallowing
- Eating foreign objects
- Vomiting
- Aspiration (inhaling vomit, saliva, food, or a foreign object)

Signs of Choking:

- Clutching the throat with one or both hands
- Inability to speak, cough forcefully, or breathe
- Turning blue in the face
- High-pitched wheeze

Aspiration occurs when food (liquids, saliva or other items) enters into the person's airway (either going into the lungs instead of the stomach, or by moving back up through the esophagus from the stomach).

Most people cough up food or drink, but some people cannot, due to the following conditions and habits:

- Missing teeth
- Seizures
- Lack of awareness
- Fatigue
- Medication side effects
- Poor muscle function
- Poor eating habits such as stuffing or rapid eating
- Some medical conditions
- Poor posture when eating
- The aging process

Aspiration can be life threatening and may result in:

- Damaged lungs that can become infected (the more frequent the aspiration, the more damage that may occur)
- Life-threatening pneumonia

- Infection spreading to the blood stream and other areas of the body
- Shock

If you observe the following activities or signs in the person you are supporting, s/he may be at risk aspiration or have aspirated:

- Coughing before swallowing
- Excessive drooling, especially during meals
- Pocketing food inside the cheek
- Choking on soft foods such as white bread or harder foods not cut into small enough pieces, or taking big bites
- Talking while eating, not paying attention
- Runny nose or sneezing during eating time
- Trouble swallowing certain types of fluids or foods
- A gurgling voice during or after eating or drinking
- Repeated episodes of choking, frequent colds, a history of pneumonia or
- allergies

If an individual appears to be at risk for aspiration:

- Document what you see.
- Tell other staff about your concerns.
- Tell your supervisor what you see.
- Offer foods that the person seems to swallow easily.
- Have the person eat at a slower pace.
- Stop the meal if the person is having difficulty.
- Tell the health care professional what you see.

If an individual has aspirated, an infection may develop in the lungs. Look for signs of infection, document and report to the individual's health care professional and your supervisor. *Call 9-1-1 if the person is blue, having difficulty breathing or looks very ill.*

Eating

The following are general tips when assisting an individual to eat:

- Never feed an individual who is lying down, reclining, or very sleepy.
- Make sure the individual's head is forward and his/her chin is down. Put a small amount of food on the spoon or fork.
- Give the individual plenty of time for chewing and swallowing. Never rush.
- Tell the individual what food is on the fork or spoon before putting it in his/her mouth.
- Treat the individual as an adult not a child.
- Encourage the individual to remain upright for at least 20 - 30 minutes after finishing a meal.

Individuals who have difficulty with eating

Difficulty chewing

Chewing problems can be due to dentures or other mouth pain. Encourage an individual to visit his/her dentist since many problems are treatable. Encourage an individual to try cooking all foods until soft and tender; cutting food into small bites and eating slowly.

Serve:

- fruit and vegetable juices;

- soft canned fruit;
- creamed and mashed vegetables;
- substituting ground or finely cut meats in place of whole meats;
- eggs, yogurt, puddings and soup (never use raw eggs);
- cooked cereals, rice, bread pudding and soft cookies;
- foods with sauces to make them moist and easy to chew.

No appetite

An individual may not feel like eating due to a reduced ability to taste and smell, medications, depression, denture pain, or constipation. Encourage the individual to try:

- talking with his/her doctor;
- eating 4-6 smaller meals during the day;
- increasing his/her activity level (if able);
- choosing healthy, high calorie, high protein foods or adding nutritionally balanced drinks;
- eating the biggest meal when his/her appetite is best;
- adding more spices and/or herbs to food to increase the flavor.

Dysphagia

Food Preparation:
Foods that are difficult for individuals with dysphagia to eat include:

Foods that fall apart	Bulky or sticky foods
Dry bread; crackers	Fresh white bread
Chips and nuts	Peanut butter
Thin, pureed applesauce	Plain mashed potatoes
Plain rice	Bananas
Thin, hot cereal	Refried beans
Plain ground meats	Bran cereals
Cooked peas or corn	Chunks of plain meat
Raw vegetables and some fruits	

Foods can be thickened or thinned to individual requirements. Many foods can be used to change a liquid to a different consistency. The amount of thickening agent needed to reach a certain food consistency varies depending on the food being thickened and on the thickening agent used.

To Thicken Foods Add:	***To Thin Foods Add*:**
Baby cereal	Broth
Bread crumbs	Bouillon
Cornstarch	Gravy
Cooked cereals (cream of wheat or rice)	Juice
Custard mix	Liquid flavored gelatin
Graham cracker crumbs	Melted hot butter/margarine
Gravy	Milk (hot or cold)
Mashed potatoes/instant potato flakes	Plain yogurt
Plain unflavored gelatin powder	Strained pureed soups
Baby foods: fruits, meats, vegetables	
Saltine cracker crumbs	

Plain sauces (white, cheese, tomato)

Tips to make foods easier to chew and swallow:

- To avoid forming a hard crust on the top of a food or around the edges, cook the food in a covered casserole dish. To make soft scrambled eggs, cook the eggs in the top of a double boiler.
- To keep meat or fish moist, cook in tomato juice or tomato soup.
- To make pureed meat, first drain soft, cooked meat. Place meat in a food processor or blender to make a paste. Add hot liquid (broth) to the paste and thin to desired consistency.

General tips when assisting an individual with dysphagia to eat:

- Let the person see, smell, and taste the food to encourage saliva to flow and to improve his/her appetite before he/she starts eating.
- Avoid having the individual talk while eating.
- Place food in the middle of the front third of the tongue, and push the tongue down (this stops the tongue falling back into the mouth and getting in the way of the swallow).
- Watch for pocketing of food. If this happens, remove the pocketed food and have individual slow down or ask the individual to do a “tongue sweep” if he/she is able.
- You may need to prompt the swallowing process with statements like “chew thoroughly”, “swallow again”, “hold your breath while you swallow”, and “clear your throat”.

How blood borne pathogens are spread in the workplace	
Can be spread by:	**CAN NOT** be spread by
• A needle stick or other puncture wound • Helping a person who is bleeding • Changing lines that are contaminated by blood or other body fluids • Helping to clean up blood, vomit, urine or feces • Changing a dressing or bandage with blood that has oozed from the wound • Contact with broken skin (chapped, weeping, or dermatitis) • Contact with mucous membranes (mouth, nose and eyes)	• Providing care for a person with a blood borne pathogens disease when standard precautions are used • Sharing eating utensils, plates or glasses • Sharing bathrooms • Through the air • Hugging shaking or holding hands

Exposure to blood borne diseases	
Kind of exposure	What to do
Your **eyes** are splattered with blood or body fluids	Flush immediately with water for at least 5 minutes. Rise under clean running water.
Blood or any body fluids get into your **mouth**.	Rinse your mouth with a 50/50 mix of hydrogen peroxide and water. Then rinse with plain water. Get medical attention for further action.
Bothe **eyes and mouth** are exposed.	Immediately rinse both as recommended above and get medical attention for further action.
A **needle stick** or **puncture wound**.	Wash thoroughly with soap and water or pour a small amount of hydrogen peroxide on the wound. Get medical attention for further action.
Any **bite, scratch or lesion** that may have had blood or body fluid exposure.	Wash the area thoroughly with soap and water or pour a small amount of hydrogen peroxide on the wound. Cover the wound with a sterile dressing. Get medical attention for further action.

Activity:

Choose the PPEs (Personal Protective Equipment) necessary for each situation.					
Be careful! Be safe!	goggles	gloves	gown	mask	Wash hands
1. You are in the bathroom ready to assist with toileting.					
2. Everyone in the house has a stomach flu. Vomit everywhere. You are on the clean-up crew.					
3. On an outing, someone falls on a stick and it goes through the leg.					
4. You have a small scrape on your hand. The person you are assisting has Hep C. They need assistance with bathing.					
5. It's a horror show! The person you are assisting has blood spurting from their neck after a fight with a housemate.					

Chapter 10

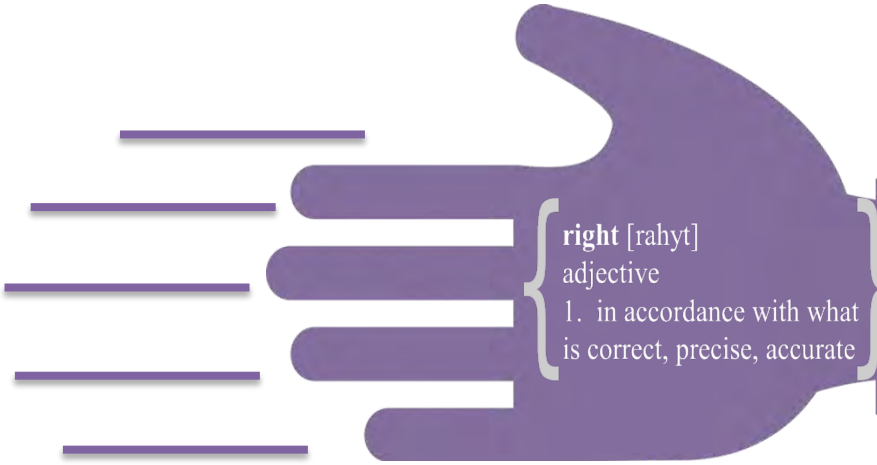
Medication Management

As a result of participating in this segment of training, learners will be able to:

1. Recall 5 Rights of Medication (Person, Medication, Dose, Time, Route)
2. Summarize the **PLUS** Individual Rights: (Right to privacy, Right documentation, Right to refuse, Right to know what they are taking and why, Right date)
3. Explain Washington nurse delegation requirements that ***may be*** required before medication administration
4. Use the 5 Rights to compare the Medication Administration Record (MAR) with medication container prescription label (blister pack, bubble packs, bottles, etc.)
5. Demonstrate assistance with medications checking 5 rights three times
6. Role-play medication assistance to ensure dignity and respect for privacy and the right to refuse
7. Role-play calling the pharmacy or doctor for a medication error or question
8. Identify potential consequences of medication errors including to whom it must be reported:
    a. Giving meds that are discontinued
    b. Giving meds that should have been held per pharmacy or doctor directive
    c. Giving meds that were already given but not signed off
    d. Not following one or more of the 5 Rights
9. Translate components of and documentation on a Washington state standardized MAR
10. Practice documentation on a Washington state standardized MAR
11. Explain protocol of documentation on the MAR for a medication error of any of the 5 Rights
12. Contrast differences between a PRN ("pro re nata," or as needed) and a routine medication
13. Recognize appropriate medication storage containers and disposal methods
14. Recite at least 3 resources for gaining information on the purpose and side effects of medications
15. Report health concerns regarding medication side effects to the proper people
16. Select the appropriate definitions for specific medication terminology

Chapter 10

THE 5 RIGHTS



right [rahyt]
adjective
1. in accordance with what is correct, precise, accurate

When assisting the individual you support with medications, it is vital to remember the "Five Rights" of medication safety. Verifying that all five are correct will keep them safe and free from harm.

right [rahyt]
noun
1. that which is a person's prerogative, liberty, power, privilege, or natural expectation

THE + RIGHTS

Medication Label Abbreviations

These abbreviations and symbols are commonly used on medication labels. In order to read and understand them, you'll want to become familiar with them. Match the abbreviations and symbols on the right with the correct description from the group below.

A. Hour of sleep (bedtime)
B. Twice a day
C. Ounce
D. Grams (1000 mg)
E. Afternoon/Evening
F. Quantity
G. Every
H. Tablet
I. Morning
J. Four times a day
K. Grains
L. Over-the-counter
M. Tablespoon (3tsp or 15 ml)
N. Discontinue
O. Teaspoon (or 5 ml)
P. Capsule
Q. Daily
R. Milligrams
S. Three times a day
T. Hour
U. Prescription
V. When necessary or as needed

_____ = Rx
_____ = OTC
_____ = PRN
_____ = Qty
_____ = Q (Q)
_____ = b.i.d. (BID)
_____ = t.i.d. (TID)
_____ = q.i.d. (QID)
_____ = h.
_____ = h.s.(HS)
_____ = tsp.
_____ = Tbsp
_____ = oz.
_____ = gr
_____ = mg
_____ = GM, gm
_____ = Cap
_____ = Tab
_____ = A.M.
_____ = P.M.
_____ = D/C or d/c

Medication Disposal Options

Some Police and Fire Stations accept unused medications.

Some Pharmacies accept unused medications.

Some Clinics, Hospitals and Doctors offices accept unused medications.

If none of those options are available, fill containers with used coffee grounds or cat litter and place in the garbage.

Do not throw medications down the toilet.

Do not throw medications down the sink.

Common Side-Effects To Report to the Doctor:

- Skin rash
- Increased heart rate or feeling like it's racing
- Changes in sleep
- Decreased energy
- Sedation
- Changes in weight or eating patterns
- Tremors, shakiness
- Balance problems
- Shuffling when walking
- Confusion
- Changes in ability concentrate
- Hyperactivity
- Muscle pain
- Constipation
- Abnormal movement (face, tongue, body)
- Stooped posture
- Blank facial expression
- Feeling dizzy or lightheaded
- Dry mouth
- Blurred vision
- Diarrhea
- Nausea
- Vomiting
- Increased risk of sunburn

ROUTINE MEDICATIONS

Dialonin Tab 5mg
Glucophase
Take 1 tablet by mouth at bedtime
(Diabetes)
Origin: 05/20/06 Rx #321

8PM

Localized edema;Nause;Drowsiness;Seizure;Coma

Procizet Tab 40mg
Prozick
Take 1 tablet by mouth at bedtime
(Antidepressent)
Origin: 05/20/06 Rx #789

8PM

Suicidal ideation;Dizziness;Weakness;Headache;Diarrhea

Dellster Tab 250mg
Take 2 tablets by mouth once daily
(Stool Softner)
Origin: 05/20/06 Rx #8675319

8AM

Skin rash;Abdominal pain;Dizziness;Anaphylaxis;Vomiting

Estronop Tab 0.5mg
Take 1 tablet by mouth once daily
(Regulate Menses)
Origin: 07/13/06 Rx #667

8AM

Flushing;Palpatation;Sedation;Skin photosensitivity;Acne

Procizet Liquid 10ml. (60 mg.)
Take 2 teaspoons by mouth once daily
(Antidepressant)
Origin 1/22/15 Rx # 241

8pm — Start 8 pm on 1/22/15 KDC

Senosish Tab 5mg.
orcanmin
Take 1 tablet by mouth twice daily
(antiseizure)
Origin 1/21/15 Rx #121

8am — Start 8am on 1/22/15 KDC

8pm — Start at 8pm on 1/21/15 KDC

Diagnosis: Autism Spectrum Disorder;Epilepsy;Cerebral Palsy

Allergies: Penicillins;Acetaminophen;Liver;Egg;Dawn Dishwashing Liquid;Orcanmin
Diet: Low Carbohydrate; Pureed Alt. Physician(s):

Patient Name	Wing	Room	Bed	Sex	DOB	Physician Name	Period	Page #
JETSON,GEORGIA				F	11/14/1980	Dr. SEUSS,SUSAN		1

Section I: Instructions for PRNs or notes from front of MAR

a. Put initials in appropriate box on the front of MAR when medication or treatment is taken.
b. Circle appropriate box when medication or treatment is not taken or done as per order.
c. State reason medication was not taken as ordered in the "Reason" field below and the Medical Activity Log. If healthcare professional requests "observation", or "follow-up," document information in Section II.
d. PRN medications or treatment: "Reason" is documented in Section I and the "results" are documented in Section II in the "Results or Follow-up" section and the Medical Activity Log.

Section II: Instructions for Results or Follow-Up

a. This section is used to document the results of taking a PRN or other follow-up as may be required.
b. Complete the "Results or Follow-up" section each time a PRN is taken or if requested by healthcare professional.
c. Write time and signature including credentials as appropriate.
d. Also document results in the Medical Activity Log.

Date	Time (am/pm)	Medication Name or Treatment, Dose (strength/amount) Please Print	Reason (PRN or description of situation) Please Print	Staff Initials	Results or Follow-up Please Print	Time (am/pm)	Staff Initials
1/4/15	9:15pm	All 8pm meds	Georgia home late due to		Called Pharmacy, Pat at Phar-		
		Dialonin 5mg. 1 Tab	blizzard, has not had		macy said okay to take 8pm		
		Procizet 40mg. 1 Tab	8pm medications —	KDC	medications now. Georgia		
					took meds late at 9:30 —	9:30pm	KDC

Signatures and Initials (All staff must sign below and use credentials if appropriate, e.g., NAR, NAC, CNA, LPN, RN)

Initials	Print Name	Signature (w/credential)	Initials	Print Name	Signature (w/credential)
KDC	Karen Donovan Cortez	Karen Donovan Cortez NAR			
SK	Selena Kennedy	Selena Kennedy NAR			
JB	Julia Buttons	Julia Buttons NAR			
LM	LANCE MORGAN	Lance Morgan			
TR	Troy Robert	Troy Robert nar			

Medication Assistance Role Play

With a partner, role play assisting with medication. Be certain to check the 5 rights at least three times.

PRN MEDICATIONS

S - Self Medication L - LOA N - NPO
R - Refused* O - Other* H - Held*
(*Refer to Facility Policy.)
PRN EFFECTIVENESS
E - Effective
N - Nurse Notes

1. Thigh Left (Quadriceps)
2. Thigh Right (Quadriceps)
3. Arm Left (Deltoid)
4. Arm Right (Deltoid)
5. Abdomen RUQ
6. Abdomen RLQ
7. Abdomen LUQ
8. Abdomen LLQ
9. Buttocks (Gluteus) Left
10. Buttocks (Gluteus) Right
11. Chest Left
12. Chest Right
13. Back Left
14. Back Right
15. Arm Left
* - Arm Right
Ear, behind Left
Ear, behind Right

ACETAMINOPHEN 325MG TABS*
TYLENOL 325MG TAB
TAKE 1 TABLET EVERY 4 HOURS
AS NEEDED FOR PAIN OR FEVER

ORIG:02/02/09 Rx #1016499

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
P																															
R																															
N																															

Hepatitis; Azotemia; Pancytopenia; Agranulocytosis; Renal Failure; Renal Colic; Pyur

CLOTRIMAZOLE CRE 1%
LOTRIMIN AF
APPLY TO AFFECTED AREA 3
TIMES DAILY WHEN RASH
APPEARS ON BODY

ORIG:04/06/10 Rx #1216401

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
P																															
R																															
N																															

Urticaria; Localized Edema; Burning Sensation of Skin; Exfoliation of Skin; Skin Irr

DOCUSATE SODIUM 100MG CAPS*
TAKE 1 CAPSULE DAILY AS
NEEDED FOR CONSTIPATION

ORIG:03/12/08 Rx #881630

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
P																															
R																															
N																															

Skin Rash; Abdominal Pain; Hypersensitivity Reaction

LORAZEPAM TAB 2MG
ATIVAN
TAKE 1 TABLET EVERY 8 HOURS
AS NEEDED FOR AGITATION

ORIG:01/14/10 Rx #1183438

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
P																															
R																															
N																															

Sedation; Weakness; Dizziness; Unsteadiness; Suicidal Ideation; Apnea; Death; Pancyt

SELENIUM SUL LOT 2.5%
SELSUN SHAMPOO
SHAMPOO 1 X WEEK AS NEEDED
FOR DANDRUFF

ORIG:12/04/06 Rx #546747

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
P																															
R																															
N																															

Skin Irritation; Loss of Scalp Hair; Dry Hair; Hair Discoloration; Oily Scalp; Oily

TEMAZEPAM CAP 30MG
RESTORIL
TAKE 1 CAPSULE AT BEDTIME
AS NEEDED FOR INSOMNIA

ORIG:02/01/10 Rx #1183445

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
P																															
R																															
N																															

Drowsiness; Insomnia; Dizziness; Lethargy; Irritability; Abdominal Cramps; Euphoria;

Diagnosis:HYPOTHYROIDISM, PSYCHOSIS, INSOMNIA, OCD

Allergies:No Known Drug Allergy

Alt. Physician(s):

Patient Name	Wing	Room	Bed	Sex	DOB	Physician Name	Period	Page #
PATIENT,GENE	SLBO			F		Dr. NWHS,Pharmacy	June 1-30, 2010	1

Chapter 10
Medication Management

Definitions

***Allergic Reaction*:** a reaction caused by an unusual hypersensitivity to a medication (allergic reactions can also occur with foods, animals and other environmental substances).
***Counter Indicative*:** a condition or factor that increases the risks involved in using a particular drug or engaging in a particular activity (e.g., smoking).
***Drug*:** a word often used interchangeably with the word *medication*.
***Generic Name*: t**he name given by the federal government to a drug.
***Medication*:** substance taken into (or applied to) the body for the purpose of prevention, treatment, relief of symptoms, or cure.
***Medication administration*:** the direct application of a prescribed medication—whether by injection, inhalation, ingestion, or other means—to the body of the individual by an individual legally authorized to do so.
***Medication assistance*:** assistance with self-administration of medication rendered by a non-practitioner to an individual receiving supported living residential services and supports.
***Medication (Drug) Interactions*:** the result, either desirable or undesirable, of drugs interacting with themselves, other drugs, foods, alcohol, or other substances (e.g., herbs or nutrients).
***Medication Error*:** any time the right medication is not taken as prescribed.
***Nurse Delegation*:** the procedure following a specific set of guidelines and standards that allow staff with a prescribed training and certification to perform medical tasks.
***Ophthalmic*:** referring to the eyes.
***Otic*:** referring to the ears.
***Over-the-Counter (OTC) Medications*:** all nonprescription medications including aspirin, antihistamines, vitamin supplements, and herbal remedies.
***Pharmacist*:** licensed individual who prepares and dispenses drugs and is knowledgeable about their contents.
***Physician/Doctor*:** an individual licensed to practice medicine; for the purpose of prescribing medications only, the term is interpreted to mean any health care professional authorized by law to prescribe drugs: physician, dentist, optometrist, podiatrist, and nurse practitioner or physician's assistant (who write prescriptions is acting under the supervision of the individual's physician).
***Prescription Medications*:** medications that must be ordered by a physician or other licensed health care professional with authority to write prescriptions, such as a dentist or nurse practitioner.
***PRN (pro re nata) Medications*:** means that the medication is taken *as needed* to treat a specific symptom; PRN medications include both prescription and over-the-counter (OTC) medications. [Note: all PRN's must be documented on the Medication Administration Record (MAR).]
***Psychoactive*:** possessing the ability to alter mood, anxiety level, behavior, cognitive processes, or mental tension; usually applied to pharmacological agents.
***Psychoactive Medications*:** refers to medications prescribed to treat a mental illness, improve functioning, or reduce challenging behaviors.; psychoactive medications include antipsychotics/neuroleptics, atypical antipsychotics, antidepressants, anticonvulsants, stimulants, sedatives/hypnotics, and anti-mania and anti-anxiety drugs; anticonvulsants and other classes of drugs are included in this category when they are prescribed for behavioral purposes. [Note: If a

psychoactive medication is used solely to treat a physical condition (e.g., sleep aid, seizures) or dementia, and is not also used to treat a mental illness or for challenging behavior, it is not considered a psychoactive medication.]
***Side Effects*:** unintended effects produced by medication other than those for which it was prescribed; sometimes side effects, such as a severe allergic reaction, can be deadly.
***Topical*:** applied to a certain area of the skin.
***Trade Name/Brand Name*:** the name given by the manufacturer to a medication.

MEDICATION ASSISTANCE AND MEDICATION ADMINISTRATION

Medication Assistance

Many of the individuals you support take one or more medications on an ongoing basis. Some of you have been assisting with medication for a long time; for others, this may be a new responsibility. Whatever your level of experience, assisting with medication is a very important activity. The critical skills you will learn are designed to increase safety and reduce the risk of error, thereby providing maximum protection for the individuals you assist as well as yourself. No one wants to be responsible for causing injury or harm to someone else. The information being shared in this training will help prevent that. The health of many individuals you support depends on your skills in assisting them in taking medications. Your role in assisting individuals to take the right medication, in the right dose, by the right route, and at the right time is a very important function. Medications are substances taken into (or applied to) the body for the purpose of prevention, treatment, relief of symptoms, or cure. Knowing about medications, their use and abuse, and how to assist individuals in using them is vital to the health and wellbeing of those you serve. Some people you support may be independent in all aspects of taking their medications. This means that they maintain their medications independently and are responsible for
ensuring they take the medications as prescribed. When this is the case, it will be documented in the person's individual support plan.

Requirements for Assisting with Medications

DDA Policies and Board of Pharmacy regulations are very specific regarding requirements for assisting with medications. You may only assist individuals with self-administration of medications that have been ordered and prescribed by a doctor, dentist, or nurse practitioner. This includes both prescription and over the-counter medications. The doctor's signed and dated order or prescription provides instructions for preparation and administration of the medication.

Self-Administration of Medications

Unless you are a licensed health professional, or have been authorized and trained to perform a specifically delegated nursing task, you may only *assist* the individual to take medications. Assisting with medications includes:

- Communicating the prescriber's order to the individual in such a manner that s/he self-administers his/her medication properly.
- Reminding or coaching the individual when it is time to take a medication.
- Opening the individual's medication container.
- Handing the individual the medication container.
- Placing the medication in the individual's hand.
- Transferring medication from one container to another for the purpose of an individual dose (e.g., pouring a liquid medication from the container to a calibrated spoon or medication cup or using adaptive devices).
- Altering a medication by crushing, mixing, etc., as long as the individual is aware that the medication is being altered or added to food or beverage. A pharmacist or other qualified practitioner must determine that it is safe to alter a medication and this must be documented on the prescription container or in the individual's record.
- Guiding or assist the individual to apply or instill skin, nose, eye, and ear preparations.

Medication Administration and Nurse Delegation

If an individual requires assistance with the use of medication beyond that which is described above, the assistance must be provided either by a licensed healthcare professional or a Registered Nurse who delegates the administration of the medication accordingly. You are considered to be "Nurse Delegated" when:

- ✓ You have completed Nurse Delegation Core Training.
- ✓ You have a current Nursing Assistant Registered (NAR) license Issued by Department of Health (DOH).
- ✓ A Registered Nurse has trained you to the specific tasks for specific individuals.

NOTE: The delegated authority to perform the nursing care task is not transferable to another Nursing Assistant.

The following are examples of things that you are NOT allowed to do without being specifically delegated for the task:

1. Putting medications into an individual's mouth
2. Hand-over-hand administration
3. Applying a cream, instilling an eye drop or ear drop
4. Glucometer testing (you can, however, read and document blood sugars)
5. Injections--Insulin Only

THE INDIVIDUAL'S RIGHT TO REFUSE MEDICATION

Although the medication prescribed for individuals is typically important for them to take as prescribed, the individual does have the right to refuse to take the medication. Your role as an ISS Staff is to encourage them to take the medication, ensure that they have the information and support in order to do so. Ultimately, if the individual continues to refuse, you must honor the individual's right and document the choice. You should follow your agency's procedures for reporting and documenting refusals. If an individual refuses to take the medication, ask, "Why?" Do not try to crush or hide the medication in the individual's food to get him or her to take the medicine.

Reasons for Medication Refusal and Possible Helpful Suggestions

The following is a list of some common reasons an individual might refuse to take his or her medication, and suggestions on how to provide assistance.

Unpleasant Taste

Tips: Give the individual ice chips to suck on just before taking the medication. This will often help mask the bad taste. Ask the doctor or pharmacist if the medication can be diluted to cover a bad taste. Ask the physician or pharmacist if there is a juice compatible with the medication that can be used (for example, apple juice). A note to this effect should be on the prescription label. Provide crackers, apple, or juices afterwards to help cover up the bad taste.

Drowsiness

Tips: Report the unpleasant side effect and ask the prescribing doctor if the individual can take the medication at a different time (such as before bedtime). Ask about changing the medication or treating the side effect.

Pills Difficult to Swallow The individual may be afraid they will choke or it will hurt their throat when they try to swallow a pill. Ask the physician or pharmacist if the pill comes in a coated or capsule form, or if it can be taken with food such as yogurt, applesauce or ice cream, or if it can be crushed and added to food or a liquid. It is important that medication never be altered or mixed with food unless ordered by the physician or pharmacist. Always inform the individual if you have mixed medication with food.

Lack of Understanding Tips: Provide simple reminders on what the name of the medication is and what the medication does. For example: "This is Depekene, a medication that stops your seizures."

Denial of Need for Medication

Discuss the need for the medication, but do not argue. It may help to show the individual a statement written by the physician. For example: "Alma, you take your heart medication every day."

Documenting and Reporting Refusals
Medication refusal needs to be documented on the medication record and brought to the attention of your supervisor. Any unused dose should be set aside and destroyed in an acceptable way.

ASSISTING WITH SELF-ADMINISTRATION OF MEDICATIONS

The following is a step-by-step process for assisting an individual with self-administration of medications.

1. Assist the individual to wash his or her hands.
2. Wash your hands. Hand washing reduces the risk of contamination.
3. Get the *Medication Administration Record* (MAR) for the individual you are assisting. Double check that you have the MAR for the right individual. It is important for you to work with only one individual at a time and to complete the task with that individual before assisting another.
4. Gather supplies:
   - Take the medications out of the storage container or area. It is a good idea to keep all medications for one individual in one storage unit labeled with the individual's name.
   - Get a calibrated measuring cup or medication spoon for liquid. If person cannot or does not want to take the medication by hand; get paper cup or other container for tablets capsules.
   - Get a glass of water or other food/liquid the individual uses to take the medication. NOTE: you may only add medication to food or liquid if the person is aware that you are adding it.
   - Get a pen for documentation.
5. As you take each medication container from the individual's storage unit, read the medication label and compare to the MAR for the Five Rights:
   - ✓ Right Person
   - ✓ Right medication
   - ✓ Right dose
   - ✓ Right time
   - ✓ Right route

6. For tablets or capsules, pour the correct dose into the lid of the container, person's hand, or into a small cup.
7. For bubble packs, push all the tablets/capsules from the bubble pack into a small container, your gloved hand, or the person's hand.
8. For liquid medication, pour the correct dose into the measuring cup held at eye level.
   - View the medication in the cup on a flat surface.
   - Pour away from the medication label to avoid staining it with spills.
   - If any medication spills on the bottle, wipe it away.

   —OR—

   - When using a measuring spoon:
   - Locate the marking for the dose.
   - Hold the device at eye level and fill to the correct dosage marking.
   - Pour away from the medication label to avoid spills.
   - If any spills on the bottle, wipe away.

   Additional tips for liquid medication:
   - ✓ Check the label to see if the bottle needs to be shaken.
   - ✓ Use only a measuring device designed for medications. Regular eating spoons are not accurate enough and should never be used.

- ✓ If too much liquid is poured, do not pour it back into the bottle—discard it.
- ✓ Wash the measuring device and air dry on a paper towel.

9. Talk with the individual you are assisting about what you are doing and about why he or she is taking each medication.
10. Place the medication within the individual's reach.
11. Offer a glass of water. It is a good idea to suggest to the individual that he tilt his head forward slightly and take a small sip of water before the individual places the pill in their mouth. Wetting the mouth may make swallowing easier and tilting the head slightly forward (as opposed to throwing it back) may decrease the risk of choking.

    If pills are not taken with liquids they can irritate the throat and intestinal tract and they may not be correctly absorbed.

    Some medications are designed to dissolve instantly and are labeled as "fast dissolve"; for these medications it is not necessary to take with water.

    Some medications must be taken with food, and there may be other special instructions. Make sure that you have read any warning labels and are familiar with any special instructions for taking the medication.
12. Make sure that the individual takes the medication and drinks water.
    - ➢ Stay with the individual until you are sure that he or she has swallowed the medication.
    - ➢ If the individual has difficulty drinking an adequate amount of water or swallowing liquids, you should discuss this with your supervisor.
    - ➢ Medications should never be disguised by putting them in food or liquid. The person must put the medication into his own mouth.
    - ➢ Tablets should never be crushed and capsules should not be opened unless the prescribing physician gives the specific direction to do so. If the individual has trouble taking a medication, talk to the individual about his needs and preferences and then talk to the doctor about optional ways to take the medication.
13. Record that the individual took his or her medication by initialing the date and time in the proper box on the MAR.
14. Return the medication containers to the proper area and ensure they are secure.
15. If the person has refused to take some or all of their medication, document this and follow your agency's policies for reporting.

    Never leave the medication container unattended or give to someone else to return to the locked storage container or area.

IF YOU HAVE ANY DOUBT AS TO WHETHER THE MEDICATION IS CORRECT— WHEN IN DOUBT, CHECK IT OUT

Medication Errors

Every medication error is serious and could be life threatening. Your job is to safely assist individuals to receive the benefits of medications. Preventing medication errors is a priority. In this training you have learned the best way to assist individuals take medication safely and to reduce the risk of errors; however, even in the best of situations, errors may occur. When they do, you need to know what to do. A medication error occurs in the following situations:

- ✓ The **wrong** person takes the **wrong** medication.
- ✓ The **wrong** dosage is taken.
- ✓ Medication is taken at the **wrong** time.
- ✓ Medication is taken by the **wrong** route.
- ✓ Medication is **not** taken (other than when the individual refuses).
- ✓ Medication is not documented.

Every medication must be documented in accordance with your agency's policies. *Remember: prevention of medication errors is the #1 Priority.* You can prevent errors by observing the following practices:

- ✓ Knowing the individual and his or her medications
- ✓ Asking your supervisor for help if you are unsure about any step in preparing,
- ✓ Staying alert
- ✓ Following the Five Rights

- ✓ Avoiding distractions
- ✓ Assisting, or documenting medications

The Five Rights

Observing the Five Rights is the key to preventing medication errors. Be sure you verify the following Rights:

1. Right Individual

First, read the name of the individual on the pharmacy label for whom the medication is prescribed. If you are uncertain of an individual's name or identity, consult another staff member who knows the individual.

2. Right Medication

After you have verified that you have the right individual, read the name of the medication on the label. To make sure that you have the right medication for the right individual, read the label three times and compare it to the information on the individual's MAR.

3. Right Dose

Read the medication label for the correct dosage. Be alert to any changes in the dosage. Pay attention to the use of multiple tablets providing a single dose of medication. Pay attention to any change in the color, size, or form of medication. Be suspicious of sudden large increases in medication dosages.

4. Right Time

Read the medication label for directions as to when and how often the medication should be taken. Medication must be taken at a specific time(s) of the day. Stay with the individual until you are certain that he or she has taken the medication. You should supervise the medication within one hour of prescribed time as written on MAR. This means: as early as one hour before and as late as one hour after time written on MAR. Pay attention to the following details:

- ✓ Are foods or liquids to be taken with the medication?
- ✓ Are there certain foods or liquids to avoid when taking the medication?
- ✓ Is there a certain period of time to take the medication in relation to foods or liquids?
- ✓ Is it the right time of day, such as morning or evening?

5. Right Route

Read the medication label for the appropriate route (or way) to take the medication. The route for tablets, capsules, and liquids is *oral*. This means that the medication enters the body through the mouth. Other routes include: nasal sprays; topical (which includes dermal patches or ointments to be applied to the skin); eye drops (ophthalmic); and ear (otic) drops. *Other more intrusive routes, such as intravenous administrations, intramuscular, or subcutaneous injections; rectal and vaginal suppositories; or enemas are only to be self- administered, nurse delegated, or administered by a licensed health care professional*.

Skill: Medication Assistance

1. S.W.I.P.E.S.
2. Remind the individual it is correct, scheduled time to take his/her prescribed medication.
3. Take the medication container from where it is stored, look at the label, and verify the 5 Rights—medication, individual, amount, route, and time.
4. Open the container, look at the label and verify the 5 Rights again.
5. Hand the correct dosage to the individual, hand the open container to the individual, or transfer the medication to an enabler.
6. Offer the individual a full glass of fluid (for oral medications).

7. Observe and make sure the medication is taken.
8. Close the medication container and put it back in the appropriate place. Read the label and verify the 5 Rights once again.
9. Document that the individual has taken the medication. If he/she has not, document that as well.
10. Common care practices were followed.
11. Wash hands.(skill taught in Safety training)

When assisting an individual, you must read and compare the information on the medication label to the information on the MAR before the individual takes the medication. By doing so, you are helping to ensure that you are assisting the right individual with the right medication and dose at the right time, and in the right route (way). *Never assist an individual with medication from a container that has no label!* If, at any time, you discover that the information does not match, stop and resolve the issue before supervising the medication. If you are unsure, you may need to get help. Ask another staff, your supervisor, or in some situations, you may need to call the doctor or pharmacist.

Pharmacy Abbreviations and Symbols

The following abbreviations and symbols are commonly used on medication labels. In order to read and understand medication labels, you should be familiar with these abbreviations and symbols:

- Rx = Prescription
- OTC = Over-the-Counter
- PRN = when necessary, or as needed
- Qty = quantity
- q (Q) = every
- qd = daily
- b.i.d. (BID) = twice a day
- t.i.d. (TID) = three times a day
- q.i.d. (QID) = four times a day
- h. = hour
- h.s. (HS) = hour of sleep (bedtime)
- tsp. = teaspoon (or 5 ml)
- Tbsp. = tablespoon (3 tsps or 15 ml)
- oz = ounce
- gr = grains
- mg = milligrams
- GM, gm = grams (1,000 mg)
- Cap = capsule
- Tab = tablet
- A.M. = morning
- P.M. = afternoon/evening
- D/C or d/c = discontinue

- Oral medications (capsules or tablets) are usually prescribed in mg (milligrams) or gm(grams).
- Liquid medications are usually prescribed in ml (milliliters), cc (centimeters), or oz(ounces).
- Liquid medications may also be prescribed in tsp (teaspoon), or Tbsp (tablespoon).

USAGE, PURPOSE, AND SIDE EFFECTS OF MEDICATIONS

Medication safety includes learning about the medications that you are assisting another to take. Know the answers to all of the following questions:

- ✓ What is the medication, and why is it prescribed?
- ✓ What are the proper dosage, frequency, and route for taking the medication (for example by mouth, topical)?
- ✓ How many refills are authorized?
- ✓ What are the start and end dates for the medication? Should it be taken for 7 days, 10 days, or ongoing?
- ✓ Are there possible side effects? If so, to whom should these side effects be reported?
- ✓ What should be done if a dose is missed?
- ✓ Are there any special storage requirements?

- ✓ Are there any special instructions for use of this medication? For example, should certain foods, beverages, other medicines, or activities be avoided?
- ✓ What improvements should be expected, and when will they start showing?

Most of this information can be obtained by reading the individual's record. Other sources of information include medication reference books from your local library or bookstore. Websites such as *safemedication.com* or *rxlist.com* also provide medication information. If you do not find this information in the record, follow your agency's policies to obtain the information. You should know why medications are prescribed (their purpose) and what they are intended to do, so that you can monitor how effective they are. If a medication is not effective, this should be reported to your supervisor and to the individual's prescriber so that it can be addressed. Some medications take longer than others in order to be effective. Your role is to monitor, document and report the effectiveness.

Side Effects of Medication

The unintended effects of medication, called *side effects*, can occur at any time. Some mild side effects may disappear after a short time. Others will persist the entire time the medication is taken and sometimes beyond. Some side effects are mild, while others are life threatening. In the home where you work, it is important to learn about the medications each individual is taking. It is also important to know what possible side effects may occur. Be sure to ask the doctor what kind of reactions should be brought immediately to his or her attention. The pharmacy is a good source for information on the effects of medication. Medication information sheets should come with every new medication. Physical and behavioral changes that are due to the effect of a medication are often difficult to identify. There may be many different reasons for the same sign or symptom. A change in behavior may be due to a medication change or a change in the person's environment. A sore throat may be one of the first symptoms of a cold or may be a side effect of a medication. Your responsibility is to consistently and accurately observe, report, and record any change in the normal daily routine, behavior, communication, appearance, physical health, and general manner or mood of the individual you support. Interpretation (deciding the meaning) of an observed side effect is the responsibility of the individual's doctor. For each individual you support:

- ✓ Know the intended and unintended effects of each medication he or she takes.
- ✓ Observe for intended and unintended effects of the medication.
- ✓ Document what you observe.
- ✓ Report observations to the doctor.
- ✓ Follow the doctor's directions to continue, change, or discontinue the medication.
- ✓ Monitor the individual closely for side effects when a new medication has been prescribed or the dosage increased.

It is not uncommon for two or more medications to interact with one another, causing unwanted side effects. An example of this would be when iron or Penicillin is given with an antacid. The antacid prevents the iron or Penicillin from being absorbed in the stomach.

Some people have allergic reactions to medications. When this is known, it should be documented in the individual's record. When a new medication is prescribed, you should verify that it is not one that the person is allergic to. If you notice signs of a potential allergic reaction (e.g., rash, swelling, difficulty breathing), immediately report this to a health professional.

Common Side Effects of Medication You Should Report to the Doctor Include:

Skin Rash	Abnormal movements (face, tongue, or body)
Increased heart rate or feeling like the heart is racing	Muscle pain
Changes in sleep	Stooped posture
Decreased energy	Blank facial expression
Sedation	Feeling dizzy or light-headed
Changes in weight or eating patterns	Dry mouth
Tremors, shakiness	Constipation
Balance problems	Blurred vision
Shuffling when walking	Diarrhea

Confusion	Nausea
Changes in ability to concentrate	Vomiting
Hyperactivity	Increased risk of sunburn

Tardive Dyskinesia (TD) is a potential long-term neurological side effect of antipsychotic medications such as Mellaril, Thorazine, Risperdal, and Zyprexa. Symptoms may include rapid eye blinking, puckering, or chewing motions of the lips and mouth, or facial grimacing. Symptoms may worsen if the medication is not reduced or discontinued. TD can become permanent. Discuss this risk with the psychiatrist or doctor before starting antipsychotic medications. You should monitor individuals for these serious side effects on a regular basis. If any possible side effects are observed, contact the health care provider immediately.

Following Doctor's Orders for Tests

Some medications (e.g., Tylenol, Lithium, Depakene) can be toxic and cause damage, especially if taken for a long period of time. Some individuals respond differently to medications; that is, some use and break down medications in their body slower (or faster) than others. For this reason, physicians sometimes start a new medication at low doses and increase it in response to signs of a positive effect, such as a reduction in seizures or the development of better sleep patterns. Checking blood serum levels by analyzing the concentrations of medications in an individual's blood can be important. Physicians' orders for lab tests and follow up appointments must be followed. Blood serum level tests help the physician determine the effectiveness of the medication and the future course of action.

Severe, Life-Threatening Allergies (Anaphylaxis)

Some individuals have severe allergies to medications, especially penicillin. The *allergic reaction* is sudden and severe and may cause difficulty breathing and a drop in blood pressure (anaphylactic shock). If an individual has had a severe allergic reaction to a medication (or insect stings or food), s/he should wear an identification bracelet that will tell health professionals about the allergy.

Call 9-1-1 immediately to get emergency medical care if signs of a severe allergic reaction develop, especially soon after taking a medication. Signs of an allergic reaction:

- ✓ Wheezing or difficulty breathing
- ✓ Swelling around the lips, tongue, or face
- ✓ Skin rash, itching, feeling of warmth, or hives

Some individuals have a severe allergy to insect stings or certain foods. If an individual shows any of these same signs of a severe allergic reaction soon after eating a food or being stung by an insect, call 9-1-1 immediately to get emergency medical care.

Common Categories of Medication Based on Effects

Drugs are classified into categories or classes with other medications that have similar effects. There are thousands of medications. Many drugs, because of their multiple uses, can be found in more than one category. Some of the common categories of medications used include: anticonvulsants (to prevent seizures); antibiotics; pain medications; laxatives; topical ointments or creams; and psychotropic medications that include antidepressants and anti-psychotics.

STORAGE AND DISPOSAL OF MEDICATIONS

Storage of Medications

Medications must be stored so they are not readily available to others. Medications stored in an individual's room must be kept so that housemates do not have access to them. In most cases, the medications are kept locked and only accessed with staff supervision. The must be stored under proper conditions for sanitation, temperature, moisture and ventilation, and separate from food or toxic chemicals; and The must also be stored in the original medication containers with pharmacist-prepared or manufacturer's label, or in medication organizers which are clearly labeled with the following information:

- ✓ Name of the person for whom the medication is prescribed
- ✓ Medications included
- ✓ Dosage frequency

You are not allowed to fill medication organizers. Medication organizers can *only* be used when they are filled by one of the following persons:

- ✓ The individual
- ✓ A pharmacist
- ✓ A Registered Nurse
- ✓ The individual's family member

Disposal of Medications

Medications that have been discontinued, have been dropped, or are expired need to be disposed of properly and documented appropriately. Be sure you know your agency's disposal policy and follow it when medications need to be disposed. Be aware of Confidentiality issues and take appropriate measures to protect information.

Chapter 11

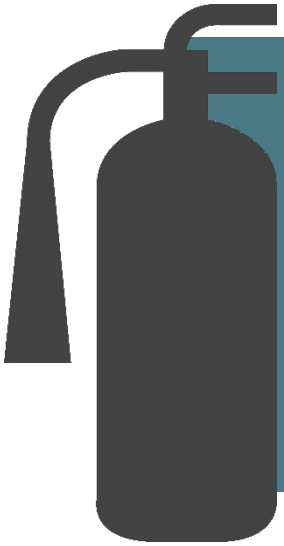
Emergency Preparedness

As a result of participating in this segment of training, you will be able to:

1. Distinguish proper response to emergent medical issues
2. Illustrate 5 fire prevention steps
3. Indicate up to 10 ways to prevent falls
4. Mime the proper use of a fire extinguisher using the P.A.S.S. acronym
5. Predict appropriate fire response i.e., when to "put out the fire or get out?"
6. Indicate 4 appropriate questions to ask following a disaster to discern next steps
7. Describe at least 3 strategies when responding to an earthquake
8. Explain what constitutes a missing person when that person has a developmental disability
9. Express typical, key steps for reporting a missing person with a developmental disability (regardless of agency protocol)
10. Generalize how to locate emergency disaster supplies
11. Memorize "The Four Ps:" Prepare, Plan, Practice, Perform to minimize the impact of an environmental emergency and maximize the response
12. Recall at least two elements of each of "The Four Ps:" Prepare, Plan, Practice, Perform
13. Give 2 examples for how to prevent and/or respond to drowning in both bathing and recreational activities
14. Judge up to 2 effective methods of handling poisons and cleaning supplies
15. Describe 2 of the 6 principles basic to risk management
16. Identify personal responsibilities related to risk management in the role of a direct support professional
17. Give examples of at least 5 practices that can reduce the risk of injury to both staff and supported individuals
18. Restate when to involve law enforcement in the case of an emergency

Prepare
Plan
Practice
Perform

Chapter 11

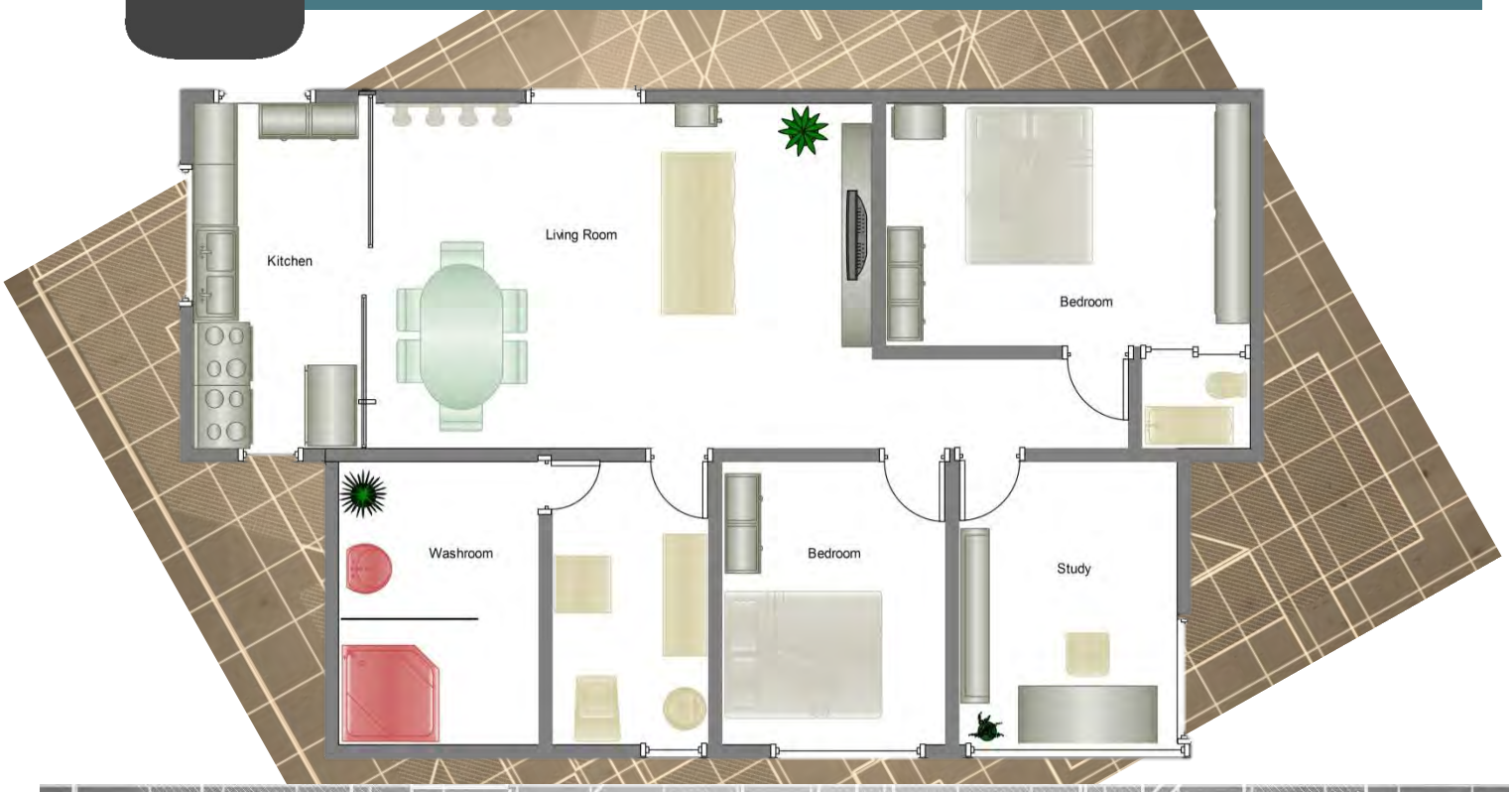


P. Pull out the pin

A. Aim at the base of the fire

S. Squeeze the lever slowly

S. Sweep from side to side



Write the number of each item in the area it should be located in the floor plan above

1. Fire extinguisher
2. Smoke detector
3. First Aid kit and First Aid book
4. Flash light and extra batteries
5. Battery powered radio
6. A current posted Disaster Plan, with information about relocation, Poison Control, and physician names and telephone numbers
7. Emergency supply of food and water
8. Disaster Kits
9. List of current medications and prescribing physician
10. Currently prescribed medication on hand
11. Emergency information
12. State medical or other insurance card
13. Other personal and health-related information in a readily accessible form
14. A change of rain gear and sturdy shoes
15. Any needed adaptive equipment or assistive device (for example, wheelchair, extra pair of glasses)
16. Wind up or battery powered clock
17. Whistle
18. Can opener
19. Cash
20.

My notes

Chapter 11
Emergency Preparedness

EMERGENCY PREPAREDNESS: QUICK TEST

Remember to follow directions in the event of an emergency. You will have 2 minutes to first read this list of emergency preparedness items (2 pages) and then prioritize what you will need from 1 to 36 for your home to be prepared for emergencies:

____Knife or razor blades and sharpener

____Drinking water (one gallon per person per day)

____Dry or canned food for each person and can opener

____Toilet paper

____Large plastic trash bags for trash and water protection and large trash cans

____Barbecue and camp stove, charcoal and cooking fuel (never use these indoors!)

____Waterproof matches and/or lighter

____Extra house keys and car keys

____Feminine and infant supplies

____Screwdriver, pliers, and hammer

____List of contact names and phone numbers

____Specific items for family members such eyeglasses, medications, contact solution

____Tent and air mattresses or foam pads

____First aid supplies and first aid book

____Food, water and supplies for pets

____Heavy-duty aluminum foil, sealable food containers, and cooking utensils

____Whistle

____Copies of documents such as birth certificates, licenses, and insurance policies

____Gloves for clearing debris and latex gloves for first aid

____Chopped wood and kindling

____Shampoo and towel

____Toothpaste and toothbrushes

____Paper towels

____Paper plates and cups, plastic knives, forks, and spoons

____Crescent wrench for turning off gas

____Ax, shovel, and broom

____Garden hose for siphoning and fire fighting

____Coil of one-half inch rope and plastic tape and sheeting

____Sleeping bags or blankets

____Battery powered radio or television

____Flashlight and extra batteries

____Newspaper—to wrap garbage and waste

____Bar soap and liquid detergent

____Sturdy shoes, a change of clothing, and warm jacket with hat and gloves

____Household bleach with no additives, and eyedropper (for purifying drinking water)

____Following the directions to read the list first is being proactive, no need to prioritize

What Would You Do?

For each sign or symptom listed in the left column, decide if you should respond by calling 9-1-1, placing an urgent call to the doctor, calling your supervisor or emergency cell responder, or providing routine treatment at home. If there is more than one choice you would make then prioritize them: First Action is 1, next is 2, third is 3, and last is 4.

Sign or Symptom	Routine Treatment at Home	Call supervisor or emergency cell	Call Doctor	Call 911
Onset of fever of 101 degrees or higher				
New or sudden onset of incontinence				
Rash lasting several days or getting worse				
Bleeding that can't be controlled				
Severe sore throat / difficulty swallowing				
Infection at injury sight				
Sleeping most of the day, unusual difficulty in arousing; unusual fatigue				
Scratching / holding one or both ears				
Holding abdomen				
Diarrhea or vomiting lasting more than four hours				
A seizure lasting five minutes; continuous seizures				
Paralysis; numbness; confusion				
Onset of limping; difficulty in movement after a fall				
Mosquito bite				
Trouble breathing or breathing in a strange way				
Visible swelling with doctor's order to elevate the leg				
Minor cut				
Is or becomes unconscious not related to a seizure				

No pulse				
Any evidence of pain or discomfort				
Chest pain or pressure				
Severe injuries, such as broken bones				
Choking (not breathing and not coughing)				
Injuries to the head, neck, or back				
Bee sting				
Has gone into shock				

Medical Emergencies

Levels of Emergency Response:

1. Calling 9-1-1: medical emergencies that require immediate medical attention; the individual is in imminent danger; and/or a crime has taken place.
2. Urgent Call to Doctor: potentially serious signs or symptoms that require an urgent report to the individual's doctor.
3. Routine Treatment: signs or symptoms that are addressed by simple First Aid or written doctor's orders.

Calling 9-1-1

A 9-1-1 call involves medical emergencies that require immediate medical attention. If you think you need to call 911, *do it*! Don't call someone to ask if you should. If you have any question in your mind, make the call. Timeliness in recognizing signs and symptoms that require emergency medical treatment can be the difference between life and death. Always call 9-1-1 if the following occurs:

- Bleeding that can't be controlled
- Unconsciousness (not related to a seizure)
- No pulse
- Trouble breathing or breathing in a strange way
- Chest pain or pressure
- Severe injuries, such as broken bones as a result of an accident
- Choking (not breathing and not coughing)
- Injuries to the head, neck, or back
- Shock
- A seizure lasting five minutes, continuous seizures, or based on doctor's instruction
- Electrical shock
- Drowning or near drowning
- Paralysis, numbness, confusion
- Severe burns (burns that cove more than one part of the body or on head, neck, hands, feet, or genitals)
- Imminent danger
- A crime has been committed
- Mental health emergency

When you call 9-1-1, tell them:

- Who you are
- Where you are
- What has happened
- When it happened

Stay on the phone until the dispatcher tells you to hang up. While waiting for emergency medical personnel, stay calm and reassure the individual, stay with him or her, and do necessary first-aid and/or CPR. If possible, send another person to watch for the ambulance to quickly guide the emergency personnel to the scene.

When the emergency personnel arrive, provide them with additional information including current medications, allergies, insurance information, and the name and phone number of the individual's primary doctor. It is a good idea to also call the primary doctor as soon as you can.

Urgent Call to Doctor

An *urgent call to a doctor* is prompted by potentially serious signs or symptoms that require a timely report to the individual's doctor. Some signs and symptoms indicate a need for urgent medical care. In these situations, you should call the individual's doctor and report the signs and symptoms so that the doctor can assess the person's condition and determine the appropriate course of action.

While the person's life may not be immediately threatened, the signs and symptoms listed below are serious, and you must report them to the individual's doctor as soon as they are identified.

Examples of changes that may be signs and symptoms of illness or injury and that require an urgent call to the doctor:

- Rapid change in behavior or an increase in challenging behavior (such as aggression or self-injurious behavior)
- Sleeping most of the day; unusual difficulty in arousing; unusual fatigue
- Scratching or holding one or both ears
- Holding abdomen
- Dramatic change in facial expression or demeanor
- Evidence of pain or discomfort that is not easily explained
- New or sudden onset of incontinence
- Onset of fever of 101 degrees or higher
- Diarrhea or vomiting lasting more than four hour
- Rash lasting several days or getting worse
- Increase in seizure activity
- Onset of limping, inability to walk, or difficulty in movement
- Severe sore throat/difficulty swallowing
- Infection at injury site
- Swelling

Always report these changes to the doctor as soon as possible. *When in doubt, call the doctor.* When you call the doctor, stay on the phone until you get assistance. If you think the doctor did not understand how serious the situation is, or if it gets worse, call 9-1-1. Your actions can save a life.

HOW TO CREATE AND MAINTAIN A SAFE HOME ENVIRONMENT

Falls commonly occur on flights of stairs, ladders, chairs and stools, roofs, and when getting in and out of bathtubs. Some falls are caused by individuals who step on an unseen object, such as marbles or a skateboard. Individuals of all ages fall out

of bed or fall while getting out of bed. One of every four falls takes place on a level surface. Falls are caused frequently by carelessness. Some people just trip. Others are in too much of a hurry, playing roughly, or don't see an object before they fall over it. Some falls are caused by health problems such as fainting, poor eyesight, hypertension, osteoporosis of the hip, or overmedication.

Sometimes people fall when they are assisting others. The individuals you support are at an increased risk of falling and of suffering injury due to their disabilities, medication, and/or health problems. Individuals with a seizure disorder sometimes experience hard falls that result in injuries during their seizures. Similarly, poor coordination and muscle control associated with cerebral palsy can cause someone to fall, especially when the individual has a wobbly or unsteady gait.

Ways to Prevent Falls:

- Identify individuals at risk for falling and document fall precautions in the IISP.
- Be sure individuals needing assistive devices (canes, walkers) use them and store them properly.
- Keep cords, wires, and hoses out of walkways.
- Make sure adequate staff are available when an individual is physically lifted from one place to another, and make sure there is enough space.
- Provide handrails and guard rails at all elevated walkways or stairs.
- Use safety adaptations in the shower, such as a rubber mat in the bathtub or shower stall, a shower bench when the individual is unsteady or not well coordinated, or grab bars in the bathtub or shower stall.
- Keep the floors dry and clutter free.
- Install nightlights in bedrooms, halls, and bathrooms.
- Be sure nothing (clothes, toys, books) is left on stairways or on the floor.
- Use non-skid matting under floor rugs.
- Carpet stairs and put a rubber runner on stairs to basement.
- Replace worn out carpet and make sure it doesn't come loose.
- Use a ladder rather than stretching to reach something.
- Use well-maintained ladders and always have another individual close by.
- Provide good outdoor lighting on walks and driveways.
- When it is icy, put sand or salt on porches and other walkways. Remove snow.

Emergency Response to a Fall Incident

Even with the best precautions, falls may occur. The degree and care with which you provide immediate assistance, prevent additional injury, and obtain medical assistance
(if necessary) is what makes the difference in the result of a fall. Once you become aware of the situation, carefully and quickly assess the situation by listening, observing, and questioning:

- Listen to what the individual is telling you.
- Observe the position of his body and look for signs of bleeding, broken limbs, or breathing problems.
- Ask the individual what he or she is feeling.

Your response to an individual's fall depends on the circumstances of the fall, the individual's ongoing health status, and what injury the individual appears to have sustained. If an individual appears to be seriously hurt, is bleeding badly, complains of sharp pain, appears to have a broken bone or appears to have a change of consciousness, CALL 9-1-1 FOR ASSISTANCE. DO NOT MOVE THE INDIVIDUAL. Document all falling incidents in the individual's record and complete an Incident Report, if required.

Disasters and Other Emergencies

Responding to a Power Outage
When the power goes out, it can be quite unnerving, especially if it happens during the dark hours of the night. During a disaster situation, electric power can be out for days or weeks. It is important to plan ahead for the possibility of losing electric power. Know where the flashlight and other emergency supplies are kept. Keep at least two or three flashlights in your home and make sure there are spare batteries.
If the power goes out check your neighborhood/apartment complex to see if others are without power.

If you are the only home/unit without power, contact the landlord and request they determine what has caused the outage, e.g. the circuit breaker has been tripped, etc. Turn off all large appliances until power has been restored.

If the power outage is external to your home follow these guidelines:

- Sometimes when power is restored power levels can vary considerable and damage electrical appliances. Therefore you will want to turn off the lights and all electric appliances except for the refrigerator and freezer.
- After you have turned off the lights, go back and turn on one single light so that you will know when the power is working again. Wait at least 15 minutes before turning on the remaining appliances after the power has been restored.
- People who depend on electrical equipment for health issues should have a plan in advance of a power outage. This may mean purchasing a backup power supply such as a generator. They should register with the local utility so their home will be noted with top priority for power supply restoration.
- If a generator is used always follow the manufacturer's instruction and run them outdoors to prevent fumes from causing carbon monoxide poisoning. Plug the generator directly into the appliance you want to operate, not into your home's main electrical panel which could result in serious injury or death.
- It is important to keep freezer and refrigerator doors closed to prevent the loss of cold air. A fully loaded refrigerator may keep food fresh for about six hours. A fully loaded freezer may keep food frozen for up to two days. If your power may be out for more than a few hours try to eat refrigerated foods first, then frozen foods, then non-perishable items.
- Never use charcoal, gas, or propane heaters indoors. Doing so can lead to carbon monoxide poisoning (see Carbon Monoxide Poisoning section in this chapter).

Poisoning
Accidental poisoning is one of the most tragic and preventable causes of injury. A poison is a substance that causes injury or illness if it gets into the body.

There are four ways a poison can enter the body:
1. Swallowing
2. Breathing
3. Touching
4. Injecting

Combinations of certain substances can be poisonous; however, they might not cause harm if taken alone. Not everyone reacts to poisons in the same way. A substance that harmful to one individual may not always be harmful to another.

Preventing Poisonings
Many common household chemical products are poisonous and deserve special handling and labeling. All potentially poisonous products found in the home must be: stored in their original containers; kept separate from food items; and inaccessible to individuals who may not understand their level of dangerousness, in order to prevent individuals from eating, drinking them or getting the substance on their skin or in their eyes.

Common Household Poisons

Alcohol
Mothballs
Nail polish and nail polish remover
Oven cleaner
Glass cleaner
Scouring pads
Toilet cleaner
Air freshener
Bleach
Cosmetics
Grease remover
Paint and paint thinner
Some household plants
Laundry detergent
Dishwasher detergent
Drain cleaner
Drugs of any kind
Furniture polish
Scouring powder/pads
Weed killer
Insecticide
Cigarettes and tobacco
Glass cleaner
Any cleaning product
Any medication

Be Prepared

Even when preventive steps are taken, an accidental poisoning may occur. If this happens, you must get emergency medical assistance as quickly as possible. In emergency situations, the DSP staff who is prepared and who maintains control is the most helpful. You might believe that you know what you would do in an emergency, but it is at this critical time that you just might find you are not prepared. The first step in being prepared to handle an accidental poisoning is to post the **Poison Control phone number: 1-800-222-1222** next to the phone in a way to avoid its being moved.

Emergency Response to a Poisoning Incident

- Immediately call the Poison Control Center and remain calm.
- Have someone stay with the individual.
- Report the source of the poisoning (brand name and label, if possible).
- Report the amount ingested (if you don't know, say so).
- Report age and weight of the individual.
- Report elapsed time since the incident occurred.

If an individual appears to have been poisoned, first call the Poison Control Center for advice: 1-800-222-1222, then call 911

Carbon Monoxide Poisoning

Carbon monoxide is an odorless, colorless gas that can cause sudden illness and death. It is found in combustion fumes, such as those produced by automobiles, small engines, stoves, lanterns, burning charcoal and wood, gas ranges and heating systems. CO from these sources can build up in enclosed or semi-enclosed spaces.
People in these spaces can be poisoned by breathing it.

Common symptoms of CO poisoning are headache, dizziness, weakness, nausea, vomiting, chest pain and confusion. High levels of CO inhalation can cause loss of consciousness and death. People who are sleeping or intoxicated can die from CO poisoning before ever experiencing symptoms.

If you or someone you are with develops signs or symptoms of CO poisoning get into fresh air immediately and call 911 for emergency medical help.

Risk of carbon monoxide poisoning is reduced by:

- Not using a gas range or oven for heating

- Not using a charcoal grill or barbecue grill indoors
- Not using a portable gas grill or camp stove indoors
- Not using a generator inside your home, basement, garage or near a window, door or vent
- Not using portable flameless chemical heaters (catalytic) indoors
- Ensuring fireplace and stove is well vented
- Ensuring all gas appliances are vented so that CO will not build up in your home
- Having your chimney checked and cleaned every year
- Never running an automobile in the garage with the garage door shut
- Ensuring that, If you drive a vehicle with a rear cargo door open (such as in a mini-van or SUV), you open vents or windows to make sure air is moving through your car
- Installing a battery operated CO detector in your home and checking or replacing the battery when you change the time on your clocks each spring and fall

For placement of CO detectors, manufacturer's recommendations differ to a degree, based on research conducted with each one's specific detector; therefore, make sure to read the provided installation manual for each detector before installing. (Information on HOMESAFE.com website.)

Drowning

Drowning prevention is a concern both in bathing and recreational water activities. It is important to be familiar with the needs of the individual you are supporting as it pertains to activities involving water. During bathing activities, it may be take necessary to take precautions to protect the individual from harm, while at the same time maintaining their privacy and dignity.

Bathing

Drowning while bathing is a serious problem which has resulted in the recent deaths of several individuals with developmental disabilities. Several of these accidents resulted from individuals being left alone. However, a person can drown in a cupful of water in a short period of time. Individuals with developmental disabilities rely on on ISS staff to make correct judgments to ensure their safety and welfare.

Individuals with seizure disorders and physical disabilities are at an increased risk of harm while in water. Drowning from a seizure in a bathtub represents a small, but potentially *preventable accident.* Some individuals you work with may have a specific bathing or showering plan that must be followed. If you have questions or concerns about the plan or it is not clear what you are required to do, ask your supervisor for clarification.

Water Activities

Precautions that prevent drowning during recreational water activities:

- Don't allow rough play or running near a swimming pool.
- Don't allow diving into water that is less than four feet deep.
- Keep electrical cords and devices away from water.
- Encourage all individuals who do not swim well to use an approved personal flotation device when swimming or life jacket when riding in a boat.
- When swimming, it is always a good idea to make sure a certified life guard is present.

Emergency Response to Drowning

- Remove the person from the water.
- If another person is present, call 9-1-1 while the other person administers First Aid/CPR.
- If alone, call 9-1-1 first and then administer First Aid/CPR.
- When safe to do so, follow your agencies policy when reporting an emergency.

MENTAL HEALTH EMERGENCIES

It is your responsibility to be familiar with the individual's Individual Instruction Support Plan, especially if the individual has a Positive Behavior Support Plan and/or Cross Systems Crisis Plan. Incorporated in these documents is information regarding when to access law enforcement and/or mental health agencies.

MISSING INDIVIDUAL

An individual is considered *missing* under the following conditions:

- An individual who does not require 24-hour scheduled support misses a scheduled appointment and cannot be contacted for two (2) hours (unless the individual's plan indicates a different time period).
- An individual who receives 24-hour scheduled support is out of contact with staff for more than two (2) hours without prior arrangement (unless the individual's plan indicates a different time period).
- An individual without good survival skills may be considered in "immediate jeopardy" when missing for any period of time based on his/her personal history, regardless of the hours of support received.

Follow your agency's policy and procedures with regard to missing individuals.

HOW TO PREPARE FOR AND RESPOND TO NATURAL OR OTHER DISASTERS:
ENVIRONMENTAL EMERGENCIES (FIRE, EARTHQUAKE, AND FLOOD)

We can rarely predict environmental emergencies, but we can do our best to prepare for them. The manner in which you react in an emergency depends upon your recognition of potential risks, your skill in following the emergency plan, and your ability to remain calm in the face of uncertainty.

Some environmental emergencies are internal, such as when a fire occurs within the home. Others are external, such as when an earthquake, flood, tornado, toxic spill, or other event outside the home interferes with power, water, food supplies, or other essential services. Some external disasters trigger internal ones as well, such as when a flood damages a home, or an earthquake triggers a fire.

External disasters—which include floods, earthquakes, high winds, toxic spills and the like—typically disrupt travel, communications, and basic utilities (e.g., gas, water, and electricity) and put an intense strain on emergency services, including medical care.

Once a disaster occurs, there are four questions that must be asked:

1. Are there injuries that require First Aid and medical attention?
2. Does the home have to be evacuated, or is it safe to occupy?
3. Are there sources of food and water?
4. Has the disaster interfered with public utilities, such as gas, electricity, and communications?

The Four P's: Prepare, Plan, Practice, Perform

To minimize the likelihood of an environmental emergency and to respond well, follow the "4 Ps":

PREPARE: Have the right things available.
PLAN: Decide who will do what.
PRACTICE: Schedule fire and disaster drills.
PERFORM: Use your knowledge and skills to take the right action in an emergency.

Following the “4 Ps” helps one minimize the likelihood of an environmental emergency and respond to such an emergency well.

PREPARE

Every home needs to have critical supplies on hand because of the disruption environmental disasters create. In addition to fire extinguishers and smoke detectors that every home should have, each household needs a number of other items, including:

- First Aid kit and First Aid book
- Disaster Kits
- A current posted Disaster Plan, with information about relocation, Poison Control, and physician names and telephone numbers

It is also suggested that each home has an emergency supply of food and water.

In addition, have a number of items for each individual living in the home including:

- List of current medications and prescribing physician
- Currently prescribed medications on hand
- Emergency information (e.g., name, date of birth, home address, and phone number of individual; name, address, and phone number of administrator; medical insurance numbers; known allergies and food sensitivities; and name, address, and phone number of relatives or closest friends)
- State medical or other insurance card
- Other personal and health-related information in a readily accessible form
- A change of clothing, rain gear, and sturdy shoes
- Blankets or sleeping bag
- Any needed adaptive equipment or assistive device (for example, wheelchair, extra pair of glasses)

PLAN

Learn your agency’s home disaster preparedness plan. Understanding the reason for actions you should take may also result in identifying strategies for a more successful plan.

PRACTICE

Know how to respond appropriately to an external disaster through practice. Knowing you need to turn off the gas is only useful if you know how to do this and have the tools to complete the task. Practice the following responses to a disaster:

- Turning off gas, water, and electricity
- Providing first aid
- Getting individuals to the assistance they need
- Communicating with other staff

PERFORM

The nature of an external disaster will dictate how best to respond at the time. It is always advisable to stay calm. For example: in an earthquake, the best way to respond depends on where you are at the time. If you are inside a building, stay away from windows, stand in a doorway, or crouch under a sturdy desk or table. If you are outside, stand away from buildings, trees, and telephone and electrical lines. If you are in a car, drive away from underpasses or overpasses, stop in a safe area, and stay in the car**.**

Responding to Disasters:

Earthquakes

If indoors

- DROP to the ground; take COVER by getting under a sturdy table or other piece of furniture; and HOLD ON until the shaking stops. If there isn't a table or desk near you, cover your face and head with your arms and crouch in an inside corner of the building.
- Stay away from glass, windows, outside doors and walls, and anything that could fall, such as lighting fixtures or furniture.
- Stay in bed if you are there when the earthquake strikes. Hold on and protect your head with a pillow, unless you are under a heavy light fixture that could fall. In that case, move to the nearest safe place.
- Use a doorway for shelter only if it is in close proximity to you and if you know it is a strongly supported, loadbearing doorway.
- Stay inside until the shaking stops and it is safe to go outside. Research has shown that most injuries occur when people inside buildings attempt to move to a different location inside the building or try to leave.
- Be aware that the electricity may go out or the sprinkler systems or fire alarms may turn on.
- DO NOT use the elevators.

If outdoors

- Stay there.
- Move away from buildings, streetlights, and utility wires.
- Once in the open, stay there until the shaking stops. The greatest danger exists directly outside buildings, at exits and alongside exterior walls. Most earthquake related casualties result from collapsing walls, flying glass, and falling objects.

If in a moving vehicle

- Stop as quickly as safety permits and stay in the vehicle. Avoid stopping near or under buildings, trees, overpasses, and utility wires.
- Proceed cautiously once the earthquake has stopped. Avoid roads, bridges, or ramps that might have been damaged by the earthquake.

If trapped under debris

- Do not light a match
- Do not move about or kick up dust.
- Cover your mouth with a handkerchief or clothing.
- Tap on a pipe or wall so rescuers can locate you. Use a whistle if one is available. Shout only as a last resort. Shouting can cause you to inhale dangerous amounts of dust.

After an earthquake:

- Check for injuries and provide any needed first aid.
- Check for gas, water, electrical, or other breaks. Turn off utilities where danger exists (for example, if you smell gas, turn off gas near meter).
- Check for building damage (for example, around chimneys and foundations).
- Clean up dangerous spills (for example, glass or water).
- Turn on your radio and listen for instructions.
- Use the telephone only for emergencies.

Floods

Floods are the most common and widespread of all natural disasters. If you live in an area where floods occur, you should know the following:

What to do before a flood

- Plan for evacuation including where you are going to go and the route you will follow.
- Prepare your home for a flood. Call your local building department or office of emergency management for information.
- Purchase flood insurance.
- Keep all insurance policies and a list of valuable items in a safe place.
- Take photos or a videotape of the valuables you keep in your home.
- Listen to your radio or television for reports of flood danger.
- Keep your car filled with gas.

What to do during a flood

- Do not try to walk or drive through flooded areas. Water can be deeper than it appears and water levels rise quickly. Follow official emergency evacuation routes. If your car stalls in floodwater, get out quickly and move to higher ground.
- Stay away from moving water; moving water six inches deep can sweep you off your feet. Cars are easily swept away in just two feet of water.
- Stay away from disaster areas unless authorities ask for volunteers.
- Stay away from downed power lines.
- If your home is flooded, turn the utilities off until emergency officials tell you it is safe to turn them on. Do not pump the basement out until floodwater recedes. Avoid weakened floors, walls and rooftops.
- Wash your hands frequently with soap and clean water if you come in contact with floodwaters.

What to do after a flood

- Wear gloves and boots when cleaning up.
- Open all doors and windows. Use fans if possible to air out the building.
- Wash all clothes and linens in hot water.
- Discard mattresses and stuffed furniture. They can't be adequately cleaned.
- Wash dirt and mud from walls, counters and hard surfaced floors with soap and water. Disinfect by wiping surfaces with a solution of one cup bleach per gallon of water.
- Discard all food that has come into contact with floodwater. Canned food is alright, but thoroughly wash the can before opening.
- If your well is flooded, your tap water is probably unsafe. If you have public water, the health department will let you know—through radio and television—if your water is not safe to drink. Until your water is safe, use clean bottled water.
- Learn how to purify water. If you have a well, learn how to decontaminate it.
- Do not use your septic system when water is standing on the ground around it. The ground below will not absorb water from sinks or toilets. When the soil has dried, it is probably safe to again use your septic system. To be sure, contact your local health department.
- When floodwaters have receded, watch out for weakened road surfaces.

Tsunamis

A tsunami is a series of destructive waves affecting shorelines. Tsunamis are usually generated by earthquakes. Tsunamis may also be caused by underwater landslides or underwater volcanic eruptions.

Tsunami dangers

- Tsunami waves can be created by events thousands of miles from our beaches.
- Tsunami waves can be as tall as 30 feet when they come ashore; 100 feet in extreme cases. They can move inland from several hundred feet to several miles.
- A tsunami can cause a series of waves that arrive over several hours. Later waves can be larger than the first wave.
- Tsunamis move faster than a person can run.
- Tsunamis have enormous power—enough to move rocks weighing several tons, boats and other debris. Homes and other buildings can be destroyed. People can be killed or injured by the force of the water.

Tsunami definitions

The National Oceanic and Atmospheric Administration (NOAA) can issue a tsunami watch or warning within 15 minutes after an earthquake.

Tsunami Advisory

- An advisory reports a threat of a potential tsunami that may produce strong currents or waves dangerous to those in or near the water.
- Listen to your radio, NOAA Weather Radio, or TV for updates on the watch.
- Know well in advance what your safest evacuation route will be.
- Local officials will determine appropriate actions such as closing beaches, evacuating people, repositioning ships, etc.

Tsunami Watch

- A watch reports conditions that may cause a tsunami.
- Listen to your radio, NOAA Weather Radio, or TV for updates on the watch.
- Know well in advance what your safest evacuation route will be.

Tsunami Warning

- A warning reports that a tsunami may have been generated.
- Move to higher ground or inland.
- If no higher ground is near, go to upper levels of reinforced buildings.
- Continue to monitor your local radio or NOAA Weather Radio for further information and instructions.
- Wait for the “All Clear” before you return to the beach or to your home.

What to do at the beach

Immediately head for high ground; do not wait for a warning if:

- The ground shakes.
- You hear a siren.
- The ocean recedes dramatically from the shoreline.

Coastal evacuation signs

Tsunami evacuation route signs have been placed along coastal roadways to indicate the direction inland or to higher ground. In some places, there may be more than one route to safer areas. These routes may be marked with several signs showing additional options for evacuation. You should know the evacuation routes for your area.

Cold Weather

Winter storms can range from moderate snow over a few hours to blizzard conditions with blinding, wind-driven snow or freezing rain that lasts several days. The time to prepare is before the snow falls or ice forms.

Preparing for winter storms

- Listen to your radio or television for winter storm forecasts and other information.
- Prepare your home for cold weather. Install storm windows. Insulate outside walls, attics and crawl spaces. Wrap pipes, especially those near cold outer walls or in attics or crawl spaces. Repair leaks in the roof, around the doors and in the windows.
- Have appropriate cold weather clothing available.

- If you have a kerosene heater, refuel your heater outside and remember to keep it at least three feet from flammable objects.
- Make sure your fireplace functions properly.
- Have rock salt and sand on hand for traction on ice.
- Fill your gas tank before the snow starts falling.

During a winter storm

- Wear several layers of loose-fitting, lightweight, warm clothing rather than one layer of heavy clothing. Wear mittens rather than gloves. Wear a warm, woolen cap.
- Do not drive unnecessarily.
- Reduce the temperature in your home to conserve fuel.
- Heat only the areas of your home you are using. Close doors and curtains or cover windows and doors with blankets.
- Use alternative heat methods safely. Never use a gas or charcoal grill, hibachi or portable propane heater to cook indoors or heat your home.
- Never use a generator indoors or in a garage or carport.
- Be careful when shoveling snow. Do not overexert yourself.
- Be sure to eat regularly. Food provides calories that maintain body heat.
- Watch for signs of frostbite and hypothermia — slurred speech, disorientation, uncontrollable shivering, stumbling, drowsiness and body temperature of 95 degrees Fahrenheit or less.
- If you become trapped outside, get out of the wind and stay dry. Build a lean-to or snow cave if nothing else is available. Do not eat snow; it will make you too cold.
- Bring dogs and cats inside during cold weather.

If in your vehicle

- Make sure someone knows where you are going. Stay on the main roads.
- If you must stop, remain inside the vehicle. Use a bright distress flag or your hazard lights to draw attention to your vehicle.
- If trapped in a blizzard, clear your tail pipe and run your engine and heater for 10 minutes every hour. Open your window slightly.
- During night hours, keep the dome light on in the car so rescue crews can see your vehicle.
- Keep an emergency kit in your vehicle. Include a three-day supply of water and non-perishable food that can be eaten without being cooked. Include a blanket or sleeping bag for each passenger, a flashlight, cell phone, shovel, sack of sand or kitty litter, booster cables, flare, coffee can with lid, and toilet paper.

Radiation Exposure

One possible source of radiation exposure is a “dirty bomb.” A dirty bomb is a small explosive device packaged with radioactive materials. During any event that releases radiation, your best protection is to follow the recommendations of authorities.

Stay inside

Stay inside your home or office unless instructed by civil authorities to leave. Close the windows, turn off the heating or air conditioning, and stay near the center of the building. Once the initial blast is over, radioactive materials may be spread in the smoke and debris in the air. By staying inside you will reduce any potential exposure to airborne radioactive material. If there is a basement, go there.

Listen to the radio

When you learn that radioactive materials have been released in an area near you—either accidentally or intentionally—tune your radio to the emergency broadcasting network for instructions. Government agencies will let you know how to protect yourself. Keep a battery-powered radio handy in case electrical power goes out in your area.

Follow instructions
The best way to avoid exposure to radiation is to do what experts advise. If told to evacuate, do so promptly. Take items you will need for an extended absence, such as prescription medicines and clothing. Listen for news about the location of the radioactive cloud. Even if it has already passed, radioactive contamination may have fallen on the ground and experts will recommend the best ways to safely leave the area.

If you suspect you are contaminated
If you believe you have been exposed to radioactive materials, you should carefully remove your outer layer of clothing and put it in a plastic bag; then take a warm shower to rinse off any radioactive materials. Place the sealed plastic bag in a room away from people.

Seek help if needed
Special assistance centers will be set up as soon as possible. Center locations will be made available through the media and on health department and other emergency service Web sites. If this information is not yet available, go to a police or fire station located outside of the affected area. If you were near the explosion or believe you were in the path of the cloud, tell the staff at the station or assistance center.

Watch what you eat
Avoid drinking fresh milk or eating fruits and vegetables grown in the affected area. Wait until the Department of Health announces that produce and dairy products are safe to eat and drink. Milk, fruit and vegetables are okay to eat if they were bought or picked before the radiation was released and were stored indoors. Food stored in cans or bags is also safe to eat. Be sure to thoroughly rinse off containers before opening.

Responding to Disasters: Fires
Fires are the third leading cause of accidental deaths in the home. They often result in serious injury and cause extensive property damage. One third of deaths from fire (burning or smoke inhalation) occur between midnight and 4:00 a.m., when most people are sleeping.

Preventing the fire is the number one priority. Many fires are the result of neglect, indifference, carelessness (the most common cause of fire is careless smoking), or laziness. We can do something about these things.

<u>Preventing Fires</u>
Consider “rate of rise” smoke detectors in kitchens and garages, places more likely to have a fire where there is a sudden change of temperature with little smoke. Bedrooms and living rooms should have hardwired smoke detectors with battery backup.

Smoke detectors wired into an alarm system provide additional security. If the detectors are battery operated, they should be checked monthly, and batteries should be replaced at least yearly.

Fire prevention is a team activity. A number of things can be done to minimize fire hazards in the home:

- Check smoke detectors monthly and replace batteries annually or as needed.
- Use canned smoke, not an open flame, to test smoke detectors.
- Place fire extinguishers in appropriate places, such as the kitchen.
- Train staff to use fire extinguishers.

- Have fire extinguishers serviced periodically.
- Teach everyone in the home what to do if a fire occurs (e.g., safely exiting the home).
- Check to see that windows in bedrooms are not more than 44 inches above the floor to allow for egress.
- Do not allow smoking in bed. Even better, do not allow smoking in the house.
- Do not leave matches or lighters around.
- Set all cigarettes—smoked inside or outside the home—in an ashtray.
- Dispose of cigarette butts in a tin can with sand. Be careful not to empty this can just after burying a cigarette butt in the sand.
- Clean ovens and fireplaces on a regular basis.
- Do not overload electrical circuits.
- Do not use extension cords running under rugs.
- Repair frayed or shredded electrical cords immediately.
- Use extreme care with space heaters. Be sure the circuit is sized to handle the heater.
- Do not let rubbish (especially paper, rags, and old clothes) accumulate under stairs, in the attic, or in the basement.
- Keep flammable liquids in tightly closed metal containers, away from heat sources.
- Store any rags used to wipe up oil or paint in a tightly closed metal containers, or submerge them in water and dispose of them quickly.

Responding to a Fire

Become acquainted with and use the prevention services of local fire departments. The fire department is available to review evacuation plans.

Using a Fire Extinguisher

Before using your fire extinguisher, be sure to read the instructions carefully. Although there are many different types of fire extinguishers, all of them operate in a similar manner. Use this acronym as a quick reference:

P.A.S.S.

Pull the Pin at the top of the extinguisher. The pin releases a locking mechanism and will allow you to discharge the extinguisher.

Aim at the base of the fire, not the flames. This is important. In order to put out the fire, you must extinguish the fuel.

Squeeze the lever slowly. This will release the extinguishing agent in the extinguisher.
If the handle is released, the discharge will stop.

Sweep from side to side. Using a sweeping motion, move the fire extinguisher back and forth until the fire is completely out. Operate the extinguisher from a safe distance, several feet away, and then move towards the fire once it starts to diminish. Be sure to read the instructions on your fire extinguisher. Different fire extinguishers recommend operating them from different distances. Remember: aim at the base of the fire, not at the flames!!!!

What to Do If You Smell Smoke or Discover a Fire

Having a plan and practicing the plan is critical. A Disaster Plan should be simple. In an emergency, stay calm and take specific actions.

In case of fire:

- Ensure that the individuals in the home are safe by immediately assisting them leave the home as fast as possible, and go to the designated meeting place.
- Do not stop to get any belongings.
- Once out, STAY OUT. Never go back into a burning building for any reason.
- If someone is missing, tell the firefighters.
- Call 9-1-1 from a neighbor's house or cell phone.
- If there is smoke in the room, stay low or crawl to your exit.
- If you can't escape, put wet cloth, bath towels or fabric around doors to block off smoke. Crawl to a window and open it. Yell out the window for help and wave a sheet or cloth for attention. If there is a phone in the room, call for help.

Fire Drills, Preparation and Planning

Fire drills are required regularly and results documented. In preparation for drills, or in addition to drills, a lot of valuable teaching and learning is possible.

Here are some things to teach individuals living in your home:

- Reacting to an alarm by exiting along a path that avoids the fire
- Remaining calm and walking, crawling, or wheeling out of the house
- Going to an agreed-upon meeting point, such as the edge of the street in front of the neighbor's house in order to be accounted for

Homes Must Have Fire Escape Plans

Here are some things that belong in the plan:

- Floor plans, showing escape routes.
- A rendezvous point that is outside the home and away from danger.
- Specific roles and responsibilities of ISS staffs and residents.
- Location of multi-purpose, labeled "A-B-C" fire extinguishers. An "A-B-C" fire extinguisher can be used on all types of fires: wood; cloth and paper; oil; gas; kerosene; and electrical fires. Other types of fire extinguishers work only on certain types of fires.
- Awareness of gas leaks. Call the gas company and get out of the house if you smell gas.
- Taking care with all electrical appliances and make sure they are in good working condition (hair curling iron, toaster, irons, or space heaters).
- Proper wattage bulbs in lamps.

Fire extinguishers have a role if a fire is small and can be readily contained, but it is important for staff to follow fire escape plans. Practicing these plans should be a regular and frequent exercise for both staff and residents. Drills should be scheduled to cover various shifts, and some should occur when individuals and staff are inconvenienced (in bed, taking a shower). The more practice individuals have, the more likely they will act responsibly and safely in the event of a real emergency.

RISK MANAGEMENT

Your role in risk management is to actively promote practices that will keep individuals safe. Whenever possible, anticipate risks that may exist for individuals and prevent them from happening.

Risk management is something that, even now, you do every day. For example, when you get in a car, you put on your safety belt because you know that this will reasonably reduce your risk of injury or death in case of an accident. The whole purpose of risk management is to anticipate potential risks and to develop individualized strategies to reduce the risk.

The following principles are basic to your practice of risk management:

1. Prevention of serious incidents is the number one priority. The best possible risk management strategy is to anticipate risks and prevent them from happening. As ISS staff, your first priority is to prevent injury or harm to individuals you support and to protect them from abuse, neglect, and exploitation.

2. Creation and maintenance of safe environments is everyone's responsibility. We are all responsible for looking out for risks and making environments safer. If you see a rake left where someone could trip over it, put it away. If there is water on the floor that might cause someone to slip, wipe it up. Again, you need to anticipate risks and prevent accidents from happening.

3. Open communication is key to prevention. Open communication and sharing of information is key to identifying risks and ensuring safety. *Everyone* may have important information about potential risks and how to address them.

4. All who are required to report incidents, including ISS staff, are competent to respond to, report, and document incidents in a timely and accurate manner. ISS staff must report it accurately and in a timely manner.

5. Ongoing identification, assessment, and planning for both potential risks and actual occurrences are essential to the development of sound, person-centered strategies to prevent or *mitigate* serious incidents. Risk management is a never-ending process of identification, assessment planning, and evaluation of results.

6. Safety starts with those who work most closely with individuals receiving support and services. In your role as an ISS staff, you work day-today, hour-to-hour, and minute-to minute with individuals with developmental disabilities. You see things first and are in a position to anticipate risks early, before an accident or injury occurs. You have a unique responsibility in supporting quality of life for individuals and ensuring their health and safety.

Remember: Prevention is the number one priority!

Identifying Risk

Risk is a normal part of our lives. Many situations involve a certain amount of risk. For example: deciding whether or not to bring an umbrella in the morning because you might get wet if it rains. You can't do anything about the weather, but you can anticipate it and protect yourself. In deciding, you could watch the TV weather report, read the paper, or go on the Internet to find out weather predictions for the day. Based on this information, you could decide whether or not you need to carry an umbrella. The fact is we already practice risk management in our own lives.

The following section covers the types of risks—including health risks—related to functional abilities, challenging behavior, environmental risks, and lifestyle choices that you may identify in the lives of individuals you support.

<u>Health Risks</u>

If you were told that you had diabetes, you would most likely do everything you could to learn about the disease and its treatment and take whatever steps necessary to minimize the effects or risks associated with it. You would probably check your blood sugar regularly, watch your diet, and follow doctor's orders. In this example, you identified a health risk and then took actions to mitigate that risk. To *mitigate* risk means to lessen its effects. You may not be able to totally prevent a risk, but you can lessen its effects and improve an individual's quality of life. The individual's planning team is always a good resource in planning health related risk prevention and mitigation strategies to protect the individual.

<u>Daily Living</u>

An individual may be at increased risk related to daily living skills. For example, an individual may be at increased risk because of difficulty swallowing, lack of mobility, inability to transfer, or other functional challenges. Once again, the individual's planning team is a good resource in planning risk prevention and mitigation strategies to protect the individual.

Behavior Challenges

An individual might be at an increased risk because of aggressive behavior where he or she might cause injury to himself or others.

Environmental Risks

If you find that your home has faulty electrical wiring, and the circuit breakers are blowing daily, you should get it repaired immediately. If the smoke detector has been disconnected because it sounds every time you cook, you need to reconnect it or relocate it immediately. Icy walks, broken seat belts, lack of handrails, and many other environmental conditions are all opportunities to practice risk management, either by preventing or mitigating the risk.

Risks Resulting from Lifestyle Choices

Risk can be greatly increased or decreased by certain lifestyle choices. High-risk behaviors such as driving in heavy traffic, riding a bicycle without a helmet, or walking alone in unfamiliar neighborhoods after dark are lifestyle choices. Practicing unsafe sex carries a high risk. Alcohol and drug abuse are other examples of lifestyle choices that increase an individual's risk. Once again, risks associated with these activities may be either prevented or mitigated through the application of risk management practices.

Risk Assessment and Planning

Once you have identified a risk, the next step is to gather more information about that risk and develop a plan to mitigate the risk. This is called *risk assessment and planning*.
Risk identification, assessment, and planning are all components of risk management that you do every day.

When something happens, you are doing risk assessment when you ask yourself:
"What happened?" "Why did it happen?" "Has it happened before?" "How often?" "Who was involved?" "What did others observe or do?"

When you start to think about the future and how to prevent an incident from happening again, you are doing risk management planning. You might ask, "What can I do to prevent it from happening again?" Or, if it has happened before, "What did I do last time, and did it work?" "Who else do I need to get help from?" "Is this something that the planning team needs to assist with?" This last question is important, especially for those individuals who are at increased risk because of multiple health problems or who have challenging behaviors that put themselves or others at risk. And lastly, "What is my next step?" In your role as DSP staff, you have continuous opportunities to do risk assessment and to develop and implement risk prevention and mitigation strategies to ensure safety.

The purpose of any risk assessment process is to:

- anticipate and identify potential risks;
- decide who else needs to be involved in helping to assess the potential risk
- (often the planning team);
- learn more about the type and degree of risk(s); and
- develop appropriate interventions to minimize potential harm and injury.

Safety Is About Awareness and Prevention

Safety means creating and then maintaining a hazard free environment by always doing things in a correct and careful manner; however, accidents happen. Is there some way to prevent them? It is important to assess situations so we can anticipate problems before they occur and brainstorm strategies to mitigate possible hazards. Preventing serious incidents is a high priority for all ISS staff. You can prevent accidents and, if they do occur, manage them in a way that minimizes injury to both you and the individual(s) you support.

Practices that reduce the risk of injury:

- Being aware of what makes for a safe environment and creating and maintaining one
- Knowing and practicing the principles of risk management
- Securing medications and toxic substances
- Having good lighting
- Ensuring adequate room to move and eliminating tight spaces or pinch points
- Eliminating any tripping hazards
- Always practicing proper body mechanics when lifting
- Using proper wheelchair mobility techniques
- Sharing information about hazards
- Knowing and practicing emergency contingency plans
- Knowing First Aid & CPR

Falls

Falls commonly occur on flights of stairs, ladders, chairs and stools, roofs, and when getting in and out of bathtubs. Some falls are caused by individuals who step on an unseen object, such as marbles or a skateboard. Individuals of all ages fall out of bed or fall while getting out of bed. One of every four falls takes place on a level surface. Falls are caused frequently by carelessness. Some people just trip. Others are in too much of a hurry, playing roughly, or don't see an object before they fall over it. Some falls are caused by health problems such as fainting, poor eyesight, hypertension, osteoporosis of the hip, or overmedication.

Sometimes people fall when they are assisting others. The individuals you support are at an increased risk of falling and of suffering injury due to their disabilities, medication, and/or health problems. Individuals with a seizure disorder sometimes experience hard falls that result in injuries during their seizures. Similarly, poor coordination and muscle control associated with cerebral palsy can cause someone to fall, especially when the individual has a wobbly or unsteady gait.

Ways to Prevent Falls:

- Identify individuals at risk for falling and document fall precautions in the IISP.
- Be sure individuals needing assistive devices (canes, walkers) use them and store them properly.
- Keep cords, wires, and hoses out of walkways.
- Make sure adequate staff are available when an individual is physically lifted from one place to another, and make sure there is enough space.
- Provide handrails and guard rails at all elevated walkways or stairs.
- Use safety adaptations in the shower, such as a rubber mat in the bathtub or shower stall, a shower bench when the individual is unsteady or not well coordinated, or grab bars in the bathtub or shower stall.
- Keep the floors dry and clutter free.
- Install nightlights in bedrooms, halls, and bathrooms.
- Be sure nothing (clothes, toys, books) is left on stairways or on the floor.
- Use non-skid matting under floor rugs.
- Carpet stairs and put a rubber runner on stairs to basement.
- Replace worn out carpet and make sure it doesn't come loose.

- Use a ladder rather than stretching to reach something.
- Use well-maintained ladders and always have another individual close by.
- Provide good outdoor lighting on walks and driveways.
- When it is icy, put sand or salt on porches and other walkways. Remove snow.

Personal Care

As a result of participating in this segment of training, learners will be able to:

1. Demonstrate ethical behavior in providing personal care in regards to respect, physical and emotional well-being, confidentiality, responsibility, self-determination, and right of refusal
2. Prioritize at least 3 key facts related to supporting individuals with personal care tasks in the areas of, hand-washing, daily care- grooming, dressing, hair care, shaving, foot and toe nail care, fingernail care, toileting hygiene and incontinence care, bathing guidelines, oral hygiene, skin care and integrity- pressure sores, and use of sunscreen
3. Demonstrate best practice for teaching teeth brushing, flossing, and rinsing or denture care
4. Rationalize the purpose for establishing protocols for removal of body hair with disposable razors, electric razors, tweezers, depilatories, waxing, scissors, and professional services
5. Identify best tools and practices for fingernail and toenail hygiene
6. Explain the importance of having a process for checking bathing water temperature
7. Defend the rights of people to use professional salon services for haircuts, permanents, coloring, etc.
8. Infer 5 or more conditions that contribute to pressure ulcers IE: skin tears, dehydration, lack of movement, poor circulation, certain medications, diabetes, paralysis and lack of feeling
9. List at least 4 proactive steps to prevent skin ulcers and maintain skin integrity
10. Explain where pressure points are, what to watch for when monitoring for pressure sores, and to whom concerns are reported
11. Discuss bathing protocols to encourage individuals to wash themselves as much as is possible, including learning to use assistive devices that promote independence
12. Offer methods to provide safety for people who could have a seizure while bathing or collapse into bath water
13. Dramatize respectful and understandable language when providing assistance with bowel and bladder routines and assisting in the changing of soiled briefs
14. Correlate how food and liquid intake results in bowel and bladder functioning
15. Explain the need for toileting routines including documenting if appropriate, and following protocols if routines are not met
16. Discuss proper wiping techniques and the hand washing that follows
17. Acknowledge some women will need assistance with menses care but likely it will be female DSPs supporting women while male DSPs will more likely be supporting men when possible
18. Dramatize 4 important steps in effective lifting and/or transferring

Chapter 12

Ideas for Assisting With Limitations

Mobility, Lifting and Transferring

Make a list of 4 things that would be most important to you if you had to rely on someone else to move you around.

1. _____
2. _____
3. _____
4. _____

My Notes

Transfer Assistance Activity

- ✓ Lock the wheels of the wheelchair
- ✓ Tell the person what you are doing
- ✓ Bend with your knees
- ✓ Use a gait belt
- ✓ Have the person assist as much as they are able
- ✓ Put your knee between their knees
- ✓ Turn your feet and body toward the person
- ✓ Adjust your stance as they stand to provide support
- ✓ Take small steps & pivot to avoid twisting

HAND WASHING

Frequent, thorough hand washing is crucial. It is a fact that more germs are spread through hands and fingers than anything else.

Procedure:

Make sure you have everything you need at the sink (liquid soap, paper towels, trash can).

Using warm water and soap, wash hands and wrists by rubbing palms together and lathering to produce friction.

Scrub between fingers & entire surface of hands & wrists.

Rinse hands and wrists, while pointing fingers down.

Dry hands with a clean towel. Do not shake hands or touch the sink with your clean hands.

Use a clean, dry paper towel or your elbow to turn off the faucet.

Wash hands before: putting gloves on using cooking utensils, assisting with medication, blowing your nose, and touching someone with open sores.
Wash hands after: taking gloves off, sneezing, coughing or blowing your nose, using the bathroom, assisting with soiled linens or bodily fluid.

DAILY CARE

Providing support for daily hygiene tasks, as well as helping to create and/or sustain healthy daily habits is extremely important to supporting an individual's quality of life. Success in this important role provides support for all six of the service guidelines.

Daily Tasks:

- Daily bath or shower
- Teeth are brushed and flossed daily
- Ears cleaned daily
- Deodorant is applied
- Clothing is seasonal, neat, clean and stylish (according to individual preference)
- Hair is brushed, clean, neat, and styled according to the individual's preference (professional styling would also occur on a regular basis)
- Men's faces are shaved or well-trimmed
- Women's menses needs are attended to properly
- Ensure people are wearing sunscreen (re-apply every 2 hours)
- Following routines & providing concise documentation to illustrate potential problems

BATHING

Assisting with bathing can be a very sensitive personal care activity for both the individual receiving services as well as the DSP assisting. It is especially important that you go to great lengths to be respectful, help the individual you support to feel safe and at ease, and to provide the greatest amount of privacy possible.

Bathing Tips:

- Always wear gloves
- Wash and dry gently, even more so under skin folds and in other sensitive areas
- Start from top to bottom, work from front to back
- Rinse well and pat dry rather than rubbing
- Take the opportunity to observe the condition of skin & check for skin tears, pressure sores, etc.
- Follow agency policy to ensure bath or shower temp is safe
- Be familiar with seizure protocols- drowning can occur in 2 inches of water
- Speak to the individual as you assist, informing them of what you're doing during each step *before* each step

ORAL HYGIENE

You may oversee or provide the mouth care (oral hygiene) for individuals who have different kinds of special needs. *Prevention is the #1 priority.* Maintaining dental health means the person can avoid cavities, gum infections, pain, and tooth loss. Dental health also helps us to be able to chew with ease and enjoy a wide variety of foods and feel good about the way he or she looks.

Oral Care Tips:

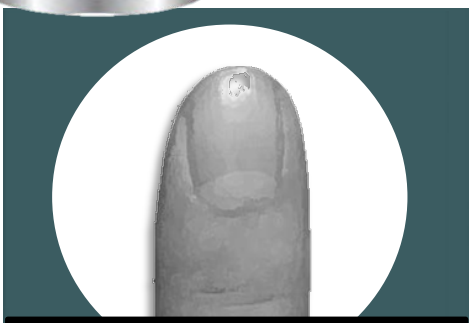
- Avoid too much paste when brushing or too much fluid when using mouthwash
- Encourage/ assist with brushing after meals and before bed
- Encourage/ assist with flossing daily
- Oral care is important even if the person doesn't eat or drink
- Always wear gloves
- If assisting with dentures, be certain to gently remove them and brush on all surfaces. After brushing, rinse them well in cool water and place in a clean denture cup with solution and water

FOOT CARE

Foot care is especially important to prevent germs and fungus from growing. Athlete's foot, a fungus that causes inflammation, cracking, and peeling of the skin between the toes, can also infect the toenails, and is of particular concern. If it appears, it must be dealt with immediately with the help of a professional. Individuals with diabetes may have to have their foot care done by a professional.

Foot Care Tips:

- Ensure shoes fit correctly and provide good support
- To avoid odor wear clean socks and if needed, use foot spray
- Don't walk barefoot in public showers
- Watch for plantar warts, ingrown toenails, corns, or athlete's foot
- Immediately report to a supervisor if fungus is noticed.
- People with diabetes must see a podiatrist.
- Always wear gloves



NAIL CARE

Clean and trimmed fingernails are important for health and well-being. As is true with all personal care tasks, encourage and instruct in self-care when appropriate and assist as needed.

Nail Care Tips:

- Ensure finger nails are cleaned daily and trimmed weekly
- Never share nail care items
- When requested, assist with scheduling professional care services such as haircuts, manicures and pedicures.
- Ensure proper nail care tools are purchased and kept clean (clippers, file, nail brush, etc.)
- Work with your team to provide alternatives to nail biting
- Allow fingers to soak in water prior to clipping or buffing
- Use a file and/or nail buffer instead of clippers when needed

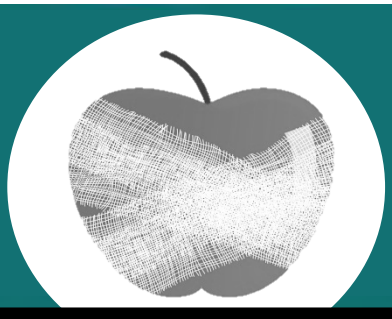
ASSISTING WITH ELIMINATIONS

Toileting is a very private matter. A reassuring attitude from you can help lessen feelings of embarrassment for the individual. Some of the tasks you may be assisting with include:

- Cueing and reminding
- Assisting the individual to and from the bathroom
- Assisting the individual transfer on and off and use the toilet or assistive equipment
- Undoing an individual's clothing, pulling down clothing, and refastening clothing
- Pericare
- Emptying the bedpan, urinal, or commode into the toilet
- Assisting with pads, briefs, or moisture barrier cream

Here are some important tips when assisting with toileting needs:

- Always wear gloves
- Encourage/assist with hand washing when completed
- Enclose used brief in a plastic bag and discard in outside trash to help keep bathrooms pleasant
- Quietly, politely, and with a verbal acknowledgment, check briefs hourly
- Change wet or soiled clothing and bedding immediately
- Wipe from front to back and clean thoroughly to avoid rashes or infections
- Check on those using the commode every 5 min. After 10 min. suggest trying again later
- Ensuring adequate fiber and liquid intake promotes healthy eliminations
- Following routines & concise documentation illustrate potential problems



PRESSURE SORES

Skin breakdown is a serious and constant concern for individuals who use wheelchairs and/or who do not change positions. Pressure sores are skin breakdown over bony spots such as tailbone and hips. Individuals who use wheelchairs and/or people with mobility challenges are at high risk for skin breakdown. Reference your agency policies or protocols for individuals who are at risk.

Understanding Skin breakdowns:

- Some skin problems are very serious. Others are uncomfortable but can grow more serious over time.
- Athlete's foot (*tinea pedia*) and jock itch (*tinea cruris*) are very common fungal infections that can cause skin breakdown. Like bacteria, fungi grow best in warm, moist areas of the skin, such as between the toes or in the groin.

Ways to prevent skin breakdown:

- Frequently moving and/or changing positions
- Keeping the skin dry and clean
- Fungus problems can be prevented by thorough drying of skin; wearing sandals or shoes that breathe; wearing cotton underclothes and socks; and using talcum powder.
- Some skin problems can be prevented or at least minimized through diet, proper clothing, and other actions.
- Assisting with drying sensitive areas such as groin, toes and under skin flaps
- Some skin problems may be spread by contact, so remember to use hand washing and other infection control techniques.

What to do if skin breakdown occurs:

- Make sure the individual is examined by a health care professional immediately.
- Always seek advice and treatment from the individual's health care professional when new problems arise or the existing problem continues

Chapter 12

Personal Care

Formal Skills to pass the Certification Exam

As a Direct support Professional staff in Supported Living you are most likely not required to take the Prometrics certification exam for Home Care Aids. If you work in a Group Home for other settings and you are not certain if you need to take the exam, please ask your supervisor. If you have to take the exam you have 200 days to complete the certification requirements.

You may visit the Prometrics website for additional information and check lists to assist you with the process. Your agency cannot pay for your certification. IT is recommended that you google the Prometrics site for Washington State to ensure that the information you receive is current.

There is a study guide at the end of your toolkit to help you prepare for the exam. Ask your agency if they offer a refresher course or if they can help you locate an agency that does. It is recommended that you take a refresher course on the skills prior to taking the exam.

Personal Care Ethics

Observe the following professional ethics every time you assist and support an individual with personal care skills:

Respect
Respect the individuals you support and help others recognize their value. Personal care should be provided with dignity and respect for the individual.

Physical and Emotional Well-Being
Support individuals while being attentive to reducing their risk of harm. Personal care should be provided safely and in a way that promotes the physical and emotional well-being of the individual.

Confidentiality
Protect and respect the confidentiality and privacy of the individuals you support. An individual has the legal right to have his or her support needs kept confidential and to have privacy during personal care activities. It is imperative that you provide maximum privacy for these very personal hygiene tasks.

Responsibility

Be a partner to the individuals you support in order to facilitate good personal care and promote health.

Self-Determination

Assist individuals in living the kind of life they choose. Individuals have the right to direct how personal care is provided. Assist the person you support in directing their personal care. Part of your job as a DSP is to support individuals so they can be as independent as possible. Some individuals may be able to bathe, shave, dress, and otherwise take care of themselves with no support. Others may need assistance or support to complete all or portions of their personal care activities. Depending on the abilities of each individual, you will need to provide more or less support. Having opportunities to make choices is a key to leading a healthy, happy life. Just as individuals have the opportunity to make choices about what clothes to wear and what to eat, the individual needs to have the choice as to how and when they complete their personal care activities. For example: one individual might like to bathe at night, while another likes to shower in the morning. Be aware of these individual preferences and support them.

Right of Refusal

The individuals you support have the right to refuse. Typically, if this is a periodic event, you would just document the refusal in the person's file. If it is an ongoing issue, or a matter of health and safety, support strategies will be documented in the person's plan. Be certain to provide a great deal of power and choice in all areas of an individual's daily life. Doing so will lessen the likelihood that they will make unhealthy and unhelpful hygiene choices to assert their power and choice.

Mobility, Lifting and Transferring

Sometimes, we have to support individuals in walking, going upstairs, or transferring from a bed to a wheelchair. Keep these things in mind when assisting in any of these tasks.

Walking

- Clarify where the individual would like to walk to
- Encourage the individual to wear non-skid footwear
- Avoid clothing that can get in the way
- Be certain the area is free from clutter
- Be patient and slow

Assisting from sitting to standing

- Encourage the individual to lean forward;
- Help them to use a rocking motion as momentum (if able); if on a bed, help them move his/her legs off the bed;
- Have them push forward with his/her arms from the bed (if able).
- Keep the individual's body as straight as possible while attempting to stand
- If an individual has a weak leg, brace your knee against it as the individual stands.
- A gait belt can be used for stability
- Stand a few moments and stabilize his/her balance before walking

Assisting on stairs

- The individual should step up with his/her stronger leg first
- Stand behind the individual when he/she is going up stairs
- The individual should step down with the weaker leg
- Stand in front or at the side of the individual when he/she is going down stairs
- For safety, the individual should always use a handrail

Safe Lifting Practices

Safe lifting and transferring techniques are important to preventing injury to the individual and yourself. Assisting another person to move can put a great deal of strain on your body unless you practice the proper strategies and body mechanics.

No matter how light an item is, observing following guidelines for lifting or moving objects can help protect your back when you have to lift, push, or reach for something:

- Use wheeled devices to move an object whenever possible.
- Push (don't pull) items such as a garbage container or a cart.
- Move to the item, rather than reaching for it.
- Squat, rather than bend over, to reach down for something.
- Turn, rather than twist, to go in a different direction. Twisting motions, especially with a heavy load, place considerable stress on the spine. Keep the natural curve of the spine intact.
- Lift items at about waist height
- Keep items close to your body and not away from your body
- Use a gait belt whenever possible

Shaving

Shaving one's legs, underarms, or face is a very personal matter. Cultural differences may be a key to whether an individual chooses to shave. In some cultures, women do not shave their legs or underarms; in some cultures, men do not shave their facial hair. It is important to assist and support the individual to shave safely and to avoid nicks and cuts that can lead to infection. Some individuals may learn to use an electric razor. Other individuals may be assisted and supported in using a blade razor. It is important to ensure that each person have his/her own razor that is not shared.

Face Shaving Tips:

1. Always wear gloves.
2. Ask individual if he wears dentures. If so, make sure they are in his mouth.
3. Wash face with warm, wet washcloth to open pores and soften skin.
4. Hold skin taut with free hand and shave with smooth even movements in the direction of hair.
5. Rinse safety razor in warm water between strokes to keep the razor clean and wet.
6. Shave sides first, then nose and mouth.

Chapter 13

Confidentiality (HIPAA)

As a result of participating in this segment of training, you will be able to:

1. Give a definition for HIPAA
2. List at least 5 pieces of protected information that can be used to identify a person
3. Summarize what to do in 3 out of 4 situations to safeguard communication and information (verbal, written, or electronic – including social media)
4. Explain "need to know" concept related to HIPAA
5. Describe how to use release of information and consent forms
6. ~~Describe the role of a Necessary Supplemental Accommodation (NSA) representativ~~
7. ~~Compare different types of guardianship~~
8. ~~Identify a guardian's duties regarding protected health information~~

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Chapter 13

Chapter 12

What does HIPAA stand for?

H I P A A

What kind of information is considered to be protected, identifiable health information?

What is the minimum necessary information that someone would "need to know?"

Potential consequences for Violating HIPAA

My Notes

NSA Representative (Necessary Supplemental Accommodation)

A Necessary Supplemental Accommodation representative is a person identified by an individual to DDA when the individual does not have a legal guardian and the individual is requesting or receiving DDA services. The only representatives that have any legal responsibility for the individual are natural, step, or adoptive parents who have custody of the individual who is under the age of eighteen; or court appointed legal guardians for individuals of any age.

Chapter 13

Matching Game

Match ea… …n by writing the type in t…

Guardian of Estate

CO-GUARDIAN

RELEASE OF INFORMATION

I hereby authorize all medical service sources and health care providers to use and/or disclose the protected health information ("PHI") described below to following individual:

NAME _____ RELATIONSHIP _____

Release of PHI covering health care for the period of (choose one)

☐ From (date) _____ to (date) _____, or

☐ All past, present and future periods

I hereby authorize the release of PHI as follows (check one):

☐ my complete health record (including records relating to mental health care, communicable diseases, HIV or AIDS, and treatment of alcohol/drug abuse), or

☐ my complete health record with the exception of the following information (check as appropriate):

☐ Mental health records

☐ Communicable diseases (including HIV/AIDS)

☐ Drug and alcohol treatment

☐ Other (specify) _____

Signature _____

Printed Name _____

Date _____

Full …uardianship of …f both person and estate

No d… making … auth… gua… (usually in a… …ilable

…nsible … decisions … matters, … consent to …

Who can I share information with?

What information can I share with them?

What information can I *not* share with them?

So… what is an NSA?

As a DSP, what is my role to safeguard the information of the individuals I support?

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Chapter 13

Confidentiality (HIPAA)

HIPAA

HIPAA stands for Health Insurance Portability and Accountability Act. It was passed in 1996 to protect a patient's health information and ensure confidentiality. You will maintain confidentiality of individual records and will not disclose individual information other than for treatment, payment, and agency operations without the specific, informed consent of the individual, his/her legal representative, his/her parent if a minor child, or pursuant to court order, except as authorized by law or permitted by the individual.

Each agency has developed a plan for the systematic retention and disposition of all records, including the disposal of obsolete, inactive, semi-active, and archival records as required under Chapter 40.14 RCW. Each agency will review its own policy on Confidentiality and HIPAA policy that includes the use of external resources (e.g. telephone, email, fax, texting, etc.) and the ability to properly execute the policies and procedures surrounding confidential information.

Protected Information

Confidential information is information identifiable to any person, including, but not limited to: an individual's name; health; finances; education; business; use or receipt of governmental services or other activities; addresses; telephone numbers; social security numbers; driver's license numbers; and other identifying numbers or information. Individuals receiving services have the right to expect all of their personal information to be kept confidential. Programs should only collect and maintain information/data that is genuinely needed.

Personal information, which is protected by confidentiality, includes far more than the pieces of paper in a file. It includes any verbal information that might be shared regarding an individual. Discussions and conversations about the individual must occur only in the context of your support for them and only with persons for whom you have permission to share such information or have a need to know in order to perform their job duties...

Guardianships

Guardianship is a legal proceeding in which a court determines that someone is unable to manage his or her personal or financial affairs. Upon making this determination the court delegates a person called a guardian to attend to the needs of the incapacitated person. Two written documents provide the necessary written proof of guardianship: a Guardianship Order and a Letter. The Order indicates the scope of the guardian's authority and the Letters indicate the timeframe of the guardianship. Letters are current if they have a renewal date that has not passed or if they are perpetual. A Guardian of an Estate is responsible for financial and estate matters only. A Guardian of Person is responsible for all non-financial decisions such as medical matters, living arrangements, consent to habilitation plans and comparable matters. A Guardian of Estate and Person is responsible for both person and estate. Co-guardians share decision making responsibilities equally. It can be of either Person, Estate or both. A Standby Guardian has no decision making authority unless the primary guardian is

unavailable (usually when emergency health care decisions must be made). A Limited Guardianship is when the court chooses to let an incapacitated person retain specific rights they are capable of exercising on their own. These rights must be specifically stated in the court order.

NSA Representative (Necessary Supplemental Accommodation)

State law and Developmental Disabilities Administration rules require that written notice of all correspondence including decisions affecting DDA eligibility, services and choice of provider be sent to the individual and at least one other person. This person is referred to as the NSA representative. The NSA person receives copies of DDA planned action notices and other department correspondence to help an individual understand the documents and exercise their rights. The representative is identified by an individual to DDA when the individual does not have a legal guardian and the individual is requesting or receiving DDA services. The only representatives that have any legal responsibility for the individual are natural, step, or adoptive parents who have custody of the individual who is under the age of eighteen; or court appointed legal guardians for individuals of any age.

Your Responsibilities

It is essential that you hold all of this information in strict confidence. This means that you cannot share any of this information with anyone outside of other employees working with the individual unless you have explicit written consent to do so. There are some entities, such as federal or state agencies, which may be an exception to this. To ensure that you are always in compliance, it is best for you to refer any requests to your supervisor.

This also applies to sharing information with your friends or family. Personal information regarding the people you support should never be shared. Picture taking or videotaping for personal use is also prohibited (e.g., cell phones, social networking platforms, etc.). Use of pictures or videotaping for agency purposes requires signed consent.

When discussing issues regarding an individual, please ensure that you do so in a private area and that you are aware of others who may be listening. Never discuss one person's information in front of another individual, even if you believe they are not listening or do not understand.

Maintaining confidentiality requires you to keep communication and information physically secure and in a secure area. Physically secure means that access is restricted through physical means to authorized individuals only. Secured area means an area to which only authorized representatives of the agency possessing the confidential information have access. Secured areas may include buildings, rooms, or locked storage containers—such as a filing cabinet within a room—as long as access to the confidential information is not available to unauthorized personnel.

It is your responsibility to know your company's policies for protecting and disposing of protecting information - both information that is on paper as well as digital information. If you are not sure, it is your job to find out. Like many laws, "not knowing" is never a defense for not adhering to the law.

Chapter 14

Mandatory Reporting

As a result of participating in this segment of training, you will be able to:

1. Define abandonment, abuse, neglect, injury of unknown origin, exploitation, and financial exploitation
2. Recognize signs of abuse, neglect, self-neglect, and financial exploitation
3. Explain the legal requirement as a mandatory reporter to report abandonment, abuse, neglect, exploitation, and financial exploitation of a child or vulnerable adult
4. Defend agencies' policies and procedures regarding staffs' responsibility of abuse reporting requirements
5. Differentiate between Residential Care Services (RCS), Complaint Resolution Unit (CRU), Child Protective Services (CPS), and Adult Protective Services (APS) within DSHS
6. Demonstrate how to report abuse, and to whom
7. Distinguish when additional authorities must be notified and further documentation is required
8. Identify consequences for staff, agency, and supported individuals of failure to report abuse or neglect

Where can I find more information?

www.dshs.wa.gov/fsa/forms

www.dshs.wa.gov/dda/policies-and-rules/policy-manual

Notes: Physical and Mental Abuse

Chapter 14

Notes

Mandatory Reporter

Name:

Notes: Sexual Abuse & Exploitation

Notes: Neglect, Abandonment and Self-Neglect

Notes: Financial Exploitation

Notes:
Injury of unknown origin

My notes

Chapter 14
Mandatory Reporting

See DDA Policy 6.12 Mandatory Incident Reporting Requirements for Residential Services Providers

Questions to answer when calling CRU:

- ✓ SAY and SPELL your name and give your position
- ✓ What agency do you work for?
- ✓ In what city?
- ✓ SAY and SPELL the person's name who you are concerned about?
- ✓ What is the person's address and phone number at their home?
- ✓ What is the nature of the abuse or neglect incident?
  - ❑ Client to Client physical assault
  - ❑ Staff to Client physical assault
  - ❑ Injury of unknown source
  - ❑ Suspected assault/abuse (non sexual)
  - ❑ Alleged Sexual Assault/Exploitation
  - ❑ Exploitation/misappropriation of client property/funds
  - ❑ Possible neglect (Note: It is not possible to have client to client neglect).
  - ❑ Other Types of Client incident (ie: fear of imminent harm to clients)
  - ❑ Medication error
- ✓ Briefly describe the incident
- ✓ What was the date and time of incident (if known) or when discovered?
- ✓ If there is a known/alleged perpetrator – SAY and SPELL their name
- ✓ Supervisor contact name?
- ✓ Phone number at office?
- ✓ Address of office?

Study Guide

for personal care skills

See chapter 12 for information about where to register for exams and more study information. Ask your agency if they offer a refresher course before Home Care Aid Certification exams.

Section 1:

1. **Skill: Hand Washing**

1. S.W.I.P.E.S.
2. Make sure supplies are within easy reach so that no contaminated surface is touched throughout the task.
3. Standing away from sink, turn on the faucet and adjust the water temperature. Keep your clothes dry, as moisture breeds bacteria.
4. Wet hands and wrists, keeping your hands lower than your elbows so water runs off your fingertips, not up your arm.
5. Use a generous amount of soap, rubbing hands together and fingers between each other to create lather. Friction helps clean your skin.
6. Continue to rub your hands together, pushing soap under your fingernails and cuticles with a brush or by working them in the palm of your hand. Soap about two inches above your wrist.
7. Wash for one minute.
8. Rinse thoroughly under running water, careful not to touch the sink.
9. Rinse from just above the wrists down to fingertips. Do not run water over unwashed arm down to clean hands.
10. Using a clean paper towel, dry from tips of fingers up to clean wrists. Do not wipe towel on unwashed forearm and then wipe clean hands.
11. Dispose of the towel without touching waste container.
12. If your hands touch the sink or waste container, start over.
13. Using a clean paper towel, turn off faucet, which is considered contaminated. Properly discard towel.

2. Skill: Putting On & Taking Off Gloves

Putting On Gloves

1. S.W.I.P.E.S.
2. Wash hands before contact with gloves.
3. Check each glove for holes or other deterioration before using.
4. Grasp glove at cuff and pull onto other hand.
5. Grasp other glove at cuff and pull onto other hand.
6. Check to make sure glove is snugly fit over each finger.

Taking Off Gloves

1. With one gloved hand, grasp the other glove just below the cuff.
2. Pull glove down over hand so it is inside out.
3. Keep holding removed glove with gloved hand and crumple it into a ball.
4. With two fingers of bare hand, reach under the cuff of the second glove.
5. Pull the glove down inside out so it covers the first glove.
6. Throw gloves away.
7. Wash hands as final step.

3. Skill: Bed Bath

1. S.W.I.P.E.S.
2. Put on gloves.
3. Remove or fold back top bedding. Keep individual covered with bath blanket or top sheet.
4. Remove individual's gown/sleep wear.
5. Test water temperature and ensure it is safe. Adjust if necessary. Replace the water at any time it gets soapy, cool, or dirty.
6. Wet washcloth (no soap) and begin with the eyes. Use a different area of the washcloth for each eye, washing inner to outer corner.
7. Wash the rest of the face, ears, and neck, using soap (if the individual prefers).
8. Rinse. Dry areas with a towel – pat, don't rub.
9. Expose one arm and place a towel underneath it. Support the individual's arm with the palm of your hand underneath the individual's elbow. Wash the individual's arm, shoulder, and armpit. Rinse and pat dry.
10. Place the individual's hand in the water basin. Wash the individual's hand, rinse, and pat dry. Repeat with the other arm and hand.
11. Wash, rinse, and pat dry the individual's chest and abdomen.

12. Uncover one of the individual's legs and place a towel lengthwise under the foot and leg. Bend the knee and support the leg with your arm. Wash the leg, rinse, and pat dry.
13. Slide the individual's foot in to the water basin. Wash the individual's foot, rinse and pat dry. Repeat with the other leg and foot.
14. Assist the individual to turn on his/her side, away from you. Place a bath blanket or towel alongside his/her back.
15. Wash the individual's back and buttocks, rinse and pat dry.
16. Assist the individual to his/her back. Provide privacy and let the individual perform his/her own perineal care.
17. Assist individual to get dressed.
18. Assist the individual to get up, or assist in a comfortable position if remaining in bed.
19. Remove bedding that may have gotten wet.
20. Empty, rinse, wipe bath basin and return to proper storage.
21. Place soiled clothing and linen in proper container.
22. Remove gloves and wash hands.

4. Skill: Assist Individual with a Weak Arm to Dress

1. S.W.I.P.E.S.
2. Ask individual what he/she would like to wear.
3. Assist individual to remove their gown/sleep wear while protecting privacy.
4. Assist individual to put the weak arm through the correct sleeve of the shirt, sweater, or slip.
5. Assist individual to put strong arm through the correct sleeve.
6. Assist individual to put on skirt, pants, shirt, or dress, and non-skid footwear.
7. Puts on all items, moving individual's body gently and naturally, avoiding force and over-extension of limbs and joints.
8. Finish with individual dressed appropriately (clothing right side out, zippers/buttons fastened, etc.) and seated.
9. Place gown in dirty laundry basket.
10. Wash hands.

5. Skill: Put Knee-High Elastic Stocking on an Individual

1. S.W.I.P.E.S.
2. Have individual elevate leg(s) 15 minutes.
3. Turn stocking inside out, at least to heel area.

4. Place foot of stocking over toes, foot, and heel moving individual's foot and leg naturally, avoiding force and over-extension of limb and joints.
5. Pull top of stocking, over foot, heel, and leg.
6. Make sure stocking is smooth, with no twists or wrinkles, and is not too tight over the individual's toes.
7. Wash hands.

Section 2:

6. Skill: Turn and Reposition an Individual in Bed

1. S.W.I.P.E.S.
2. Bend individual's knees.
3. Before turning individual, move their body towards self.
4. Place your hands on the individual's hip and shoulder and gently roll the individual over on his/her side away from you.
5. Position individual in proper body alignment:
   - head supported by pillow;
   - shoulder adjusted so individual is not lying on arm and top arm is supported;
   - back supported by supportive device if applicable;
   - top knee flexed, top leg supported by supportive device if applicable with hip in proper alignment.
6. Cover individual with top sheet.
7. Remove gloves (if used) and wash hands as final step

7. Skill: Transfer Individual from Bed to Chair/Wheelchair

1. S.W.I.P.E.S.
2. Position chair/wheelchair close to bed with arm of the wheelchair almost touching the bed.
3. Fold up or remove footrests.
4. Lock wheels on wheelchair.
5. Assist client to roll toward side of bed.
6. Supporting the client's back and hips, assist client to a sitting position with feet flat on the floor.
7. Assist client to put on non-skid footwear.
8. Put on transfer belt, if necessary.
9. Assist client to scoot toward edge of bed.
10. With transfer (gait) belt:
    - Stand in front of client.
    - Grasp belt.
11. Without transfer belt:
    - Stand in front of client.
    - Place arms around client's torso under client's arms.
12. Brace client's lower extremities with your knees to prevent slipping.

13. Alert client you will begin transfer on the count of 3.
14. On signal, assist client to stand.
15. Assist client to pivot to front of wheelchair with back of client's legs against wheelchair.
16. Flex your knees and hips and lower the client into the wheelchair.
17. Have client hold onto armrests for support.
18. Reposition client with hips touching the back of the wheelchair and good body alignment. Remove transfer belt, if used.
19. Position client's feet on footrests.
20. Wash hands as final step.

8. Skill: Assisting an Individual to Walk

1. S.W.I.P.E.S.
2. Encourage individual to wear properly fasten non-skid footwear.
3. Stand in front of and face the individual.
4. Brace the individual's lower extremities.
5. With transfer (gait) belt:

o Place belt around the individual's waist and grasp the belt while assisting him / her to stand.

o Walk slightly behind and to one side (weaker side, if any) of individual for the full distance, while holding onto the belt.

6. Without transfer belt:

o Place arm around individual's torso while assisting him / her to stand.

o Walk slightly behind and to one side (weaker side, if any) of individual for the full distance with arm supporting his / her back.

7. Assist individual to where he/she is going and remove transfer belt, if used.

9. Skill: Passive Range of Motion for One Shoulder

1. S.W.I.P.E.S.
2. While supporting the limb through the following exercises, move joint gently, slowly, and smoothly through the range of motion to the point of resistance. Stop if pain occurs.
3. Support individual's arm at elbow and wrist, while performing range of motion for shoulder.
4. Raise individual's straightened arm toward ceiling, back towards the head of bed and return to a flat position. Repeat at least three times.
5. Move individual's straightened arm away from their side of body toward head of bed, And return individual's straightened arm to midline of their body. Repeat at least three times.
6. Place individual's flexed elbow at individual's shoulder level, rotate forearm toward head of the bed and rotate forearm down toward hip. Repeat at least three times.

7. Wash hands.

10. Skill: Passive Range of Motion for One Knee and Ankle

1. S.W.I.P.E.S.
2. While supporting the limb through the following exercises, move joint gently, slowly, and smoothly through the range of motion to the point of resistance. Stop if pain occurs.
3. Knee. Support individual's leg at knee and ankle while performing range of motion for knee.
4. Bend the knee to the point of resistance and then return leg flat to bed. Repeat at least three times.
5. Ankle. Support foot and ankle while performing range of motion for ankle.
6. Keeping the individual's foot on bed, push/pull foot toward head and push/pull foot down, toes point down (as if pushing down or letting up on a gas pedal in a car).
7. Repeat at least three times.
8. Wash hands.

Section 3:

11. Skill: Medication Assistance

1. S.W.I.P.E.S.
2. Remind the individual it is correct, scheduled time to take his/her prescribed medication.
3. Take the medication container from where it is stored, look at the label, and verify the 5 Rights—medication, individual, amount, route, and time.
4. Open the container, look at the label and verify the 5 Rights again.
5. Hand the correct dosage to the individual, hand the open container to the individual, or transfer the medication to an enabler.
6. Offer the individual a full glass of fluid (for oral medications).
7. Observe and make sure the medication is taken.
8. Close the medication container and put it back in the appropriate place. Read the label and verify the 5 Rights once again.
9. Document that the individual has taken the medication. If he/she has not, document that as well.
10. Common care practices were followed.
11. Wash hands.(skill taught in Safety training)

12. Skill: Assisting an Individual to Eat

1. S.W.I.P.E.S.
2. Assist individual to put on clothing protector or cover, if needed.
3. Ensure individual is in an upright, sitting position.
4. Sit at individual's eye level.
5. Offer the food in bite-size pieces - alternating types of food offered.
6. Make sure the individual's mouth is empty before offering the next bite of food or sip of beverage.
7. Offer a beverage to the individual during the meal.
8. Talk with the individual throughout meal.
9. Wipe food from individual's mouth and hands as necessary and at the end of the meal.
10. Remove clothing protector if worn and dispose of in proper container.
11. Remove leftover food.
12. Wash hands as final step

3. Skill: Mouth Care

1. S.W.I.P.E.S.
2. Ensure individual is in an up-right sitting position.
3. Put on gloves.
4. Place towel across individual's chest before providing mouth care.
5. Moisten toothbrush or toothette and apply toothpaste.
6. Clean entire mouth (including tongue and all surfaces of teeth), with brush or toothette, using gentle motions.
7. Assist individual to rinse his/her mouth.
8. Assist individual to spit into sink.
9. Wipe individual's lips and face, and remove towel.
10. Dispose of soiled linen in soiled linen container.
11. Clean and return toothbrush, toothpaste, etc. to proper storage.
12. Remove gloves and wash hands.

14. Skill: Clean and Store Dentures

1. S.W.I.P.E.S.
2. Put on gloves.
3. Line sink/basin with a towel/washcloth or by filling it with water.
4. Obtain dentures from individual or gently remove them from individual's mouth if he/she is unable to do so. Take the lower denture out first, then the upper denture.

5. Rinse dentures in cool running water before brushing them.
6. Apply toothpaste or denture cleanser to toothbrush.
7. Brush dentures on all surfaces.
8. Rinse all surfaces of denture under cool, running water.
9. Rinse denture cup before putting dentures in it.
10. Place dentures in clean denture cup with solution or cool water.
11. Return denture cup to proper storage.
12. Clean and return supplies and equipment to proper storage.
13. Dispose of sink liner.
14. Remove gloves and wash hands.

15. Skill: The Shave (With Safety Razor)

1. S.W.I.P.E.S.
2. Put on gloves.
3. Ask individual if he wears dentures. If so, make sure they are in his mouth.
4. Wash face with warm, wet washcloth.
5. Apply shaving lather to the area you are going to shave.
6. Hold razor securely.
7. Hold skin taut with free hand and shave with smooth even movements in the direction of hair.
8. Rinse safety razor in warm water between strokes to keep the razor clean and wet.
9. Shave sides first, then nose and mouth.
10. Wash, rinse, and dry face.
11. Clean equipment and put away.
12. Remove gloves and put in appropriate container.
13. Wash hands as final step.

16. Skill: Foot Care

1. S.W.I.P.E.S.
2. Put on gloves.
3. Put water in basin. Test water temperature. Ensure it is safe and comfortable before placing individual's feet in water. Adjust if necessary.
4. Put the individual's foot completely in the water.
5. Supporting foot and ankle properly throughout procedure, remove foot from water, wash entire foot, including between toes, with soapy washcloth.

6. Rinse and then dry entire foot, including between toes. Pat, don't rub dry.
7. Gently clean dirt out from under nails using nail file.
8. File or cut nails, straight across, as needed with clippers or emery board.
9. Put lotion in your hand and massage lotion on individual's entire foot. Remove excess (if any) with towel.
10. Assist individual to replace socks and shoes.
11. Empty, rinse, wipe bath basin, and return to proper storage.
12. Remove gloves and wash hands.

17. Skill: Fingernail Care

1. S.W.I.P.E.S.
2. Put on gloves.
3. Put water in bowl. Test water temperature to make sure it is safe and comfortable before placing individual's fingers in water. Adjust if necessary.
4. Place water at a comfortable level for individual.
5. Put individual's fingers in water and allow to soak.
6. Dry individual's hand including between fingers. Pat, don't rub dry.
7. Clean under nails with a nail file. Wipe nail file on towel after each nail.
8. Groom nails with file or emery board.
9. Finish with nails smooth and free of rough edges.
10. Empty, rinse, wipe water bowl, and return to proper storage.
11. Dispose of soiled linen properly.
12. Remove gloves and wash hands.

Section 4:

18. Toileting

Toileting assistance to the individual may include:

1. cueing and reminding;
2. assisting the individual to and from the bathroom;
3. assisting the individual transfer on and off and use the toilet or assistive equipment;
4. undoing an individual's clothing, pulling down clothing, and refastening clothing;
5. correctly when he/she is done;
6. pericare;
7. emptying the bedpan, urinal, or commode into the toilet;
8. assisting with pads, briefs, or moisture barrier cream;

9. performing routine colostomy or catheter care.
10. Privacy, dignity, and independence. Toileting is a very private matter. A reassuring attitude from you can help lessen feelings of embarrassment for the individual. The following guidelines are recommended when assisting an individual with toileting:
11. Assist the individual as much as possible into a normal, sitting position.
12. If assisting with a transfer to a toilet or assistive device, make sure the item is stable or locked down before beginning the transfer.
13. Put anything the individual requires within easy reach (e.g. toilet paper or soap to wash up afterwards).
14. If assisting with wiping, move from front to back and wear gloves.
15. When overseeing an individual's bowel and bladder function, your job as a ISS Staff is to:
16. have an understanding of what is and is not normal bowel and bladder function for an individual;
17. encourage the individual to make choices to maintain good urinary and bowel function;
18. know what to document and report to the appropriate person in your care setting if there are problems in this area; and
19. respond to the individual's toileting needs as quickly as possible.

19. Skill: Assist Individual with Use of Bedpan

1. S.W.I.P.E.S.
2. Place bedpan correctly under individual's buttocks (standard bedpan: position bedpan so wider end of pan is aligned with the individual's buttocks. Fracture pan: position bedpan with handle toward foot of bed). Have individual bend knees and raise hips (if able).
3. Put toilet tissue within individual's reach.
4. Ask individual to let you know when he/she is finished.
5. Put on gloves before removing bedpan.
6. Remove bedpan and empty contents into toilet.
7. Provide pericare, if needed.
8. Rinse bedpan, pouring rinse water into toilet. Return to proper storage.
9. Assist individual to wash hands and dispose of soiled washcloth or wipe in proper container.
10. Remove gloves and wash hands.

20. Skill: Assist Individual with Pericare

1. S.W.I.P.E.S.
2. Test water temperature and ensure that it is safe and comfortable before washing, and adjust if necessary.
3. Put on gloves.
4. Expose perineal area, making sure that the individual's privacy is maintained.

5. Gently wash entire perineal area with soapy washcloth, moving from front to back, while using a clean area of the washcloth or clean washcloth for each stroke.
6. Rinse entire perineal area moving from front to back, while using a clean area of the washcloth or clean washcloth for each stroke.
7. Gently dry perineal area, moving from front to back and using a blotting motion with towel.
8. Wash, rinse, and dry buttocks and peri-anal area without contaminating perineal area.
9. Dispose of linen in proper containers.
10. Empty, rinse, wipe basin, and return to proper storage.
11. Remove and dispose of gloves without contaminating self after returning basin to storage.
12. Wash hands.

21. Skill: Catheter Care

1. S.W.I.P.E.S.
2. Test water in basin. Determine if water temperature is safe and comfortable before washing, and adjust if necessary.
3. Put on gloves before contact with linen and/or individual.
4. Expose area surrounding catheter only.
5. Place towel or pad under catheter tubing before washing.
6. Avoid tugging the catheter.
7. Apply soap to wet washcloth.
8. Hold catheter near opening where it enters the body to avoid tugging it.
9. Clean at least four inches of the catheter nearest the opening, moving from the opening downwards away from the body, using a clean area of the cloth for each stroke.
10. Rinse at least four inches of the outside of the catheter nearest the opening, moving from the opening downwards away from the body, using a clean area of the cloth for each stroke.
11. Make sure there are no kinks in catheter tubing.
12. Dispose of linen in proper containers.
13. Empty, rinse, wipe basin and return to proper storage.
14. Remove and dispose of gloves without contaminating self after returning basin to storage.
15. Wash hands.