

Training Objectives

As a result of participating in this segment of training, learners 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

Estimated Time

3 hours, depending on the number of participants

Supplies

Laptop or computer connected to a projector/monitor

External speakers for laptop or computer

Internet access

Paper and pens for participants

Residential Services Curriculum Toolkit (per participant)









Chart Paper







Colored Markers








Emergency Preparedness Handout #1; one copy per participant found at end of Facilitator Guide










What Would You Do? Handout #2; one copy per participant found at end of Facilitator Guide







Some sort of adhesive or tack to place chart paper around room following poster activity




<p>Preparation before training</p>		<p>Review the Facilitator Guide for this chapter and ensure each participant has their Curriculum Toolkit available.</p>
<p>Opening: Engaging Activity (5 minutes)</p>		
<p>Say</p> 		<p>For this chapter, we are going to look at Emergency Preparedness for all sorts of emergencies including medical emergencies, natural disasters, manmade emergencies, and accidents.</p>
<p>Activity</p> 		<p>Handout #1 For the first activity I am going to give each of you a piece of paper face down. Please don't turn it over yet. You will need a pen or a pencil. This will be a timed activity so when I tell you to turn over the paper and begin, you will have 2 minutes to complete the task. If you finish faster just put your pen down and wait quietly for the time to end. If you don't finish, you will have time later to complete it.</p>
<p>Note</p> 		<p>Note to Facilitator: If you press the Play button on the video on screen, a 2-minute timer will begin for all to see. Or you can use a 2-minute timer of your own, your watch, or phone for keeping track of time. If you don't have a buzzer or a bell, just say "pencils down" when the 2 minutes are over.</p>
<p>Ask</p> 		<p>How many of you completed the task? (If they all finished because they read the directions, GREAT!)</p> <p>Did you read the instructions? (Read the list FIRST)</p> <p>What happens when we don't prepare and don't follow instructions?</p> <p>Is there anyone in the room who was prepared when an emergency occurred who wouldn't mind sharing your story?</p> <p>Does anyone have a story of being unprepared when an emergency happened who wouldn't mind telling your story?</p>





Immerse (15 minutes)		
Say		<p>We are going to base this chapter on the 4 Ps. (Draw the 4 Ps on the dry erase board.)</p> <p>The first P is Prepare. (Write prepare with the first P.) When you prepare you are being proactive about being prepared for what could happen, in this case, when an emergency occurs.</p>
Ask		<p>What is important enough for you to spend time preparing? (Answers may include: wedding, education and career, dates, health, first aid training, etc.)</p> <p>When something goes awry, if you are prepared, how does it affect the outcome? Do any of you have a first aid kit at home or in your car?</p>
Say		<p>The next P is for Plan. (Write plan with the second P.)</p>
Ask		<p>When you plan an event or make plans for your life, what questions do you consider? Answers might be: What could go wrong? How many people, chairs, meals, or obstacles, etc. will there be? How long will it take? What if it rains? Where will we meet? Do we have a back-up plan? Etc.</p> <p>Has anyone ever heard the quote, “Plan for the worst, Hope for the best?”</p>
Say		<p>The third P is for Practice. (Write Practice with the third P.)</p>
Ask		<p>What have you practiced during your life? Answers might be: Driving, playing an instrument, speeches, basketball shooting hoops, golf, bowling, balancing or juggling, etc.</p> <p>Does anyone remember fire drills or earthquake drills from school days? Why do you practice? Why is first aid certification every 2 years?</p>










<p>Say</p>		<p>The 4th P is for Perform (Write Perform with the 4th P.) When you prepare, plan ahead, and practice, when you need to perform you already know what to do.</p>
<p>Ask</p> 		<p>In what ways does prepare, plan, and practice get you ready to perform?</p> <p>Have you ever been in a position to provide first aid?</p> <p>Have you ever hit a slippery spot on the road when you were driving too fast?</p> <p>Did you remember not to slam on the brakes? Or, did you hit the brakes and skid? Did you see it coming and slow down before you got there?</p> <p>Have you ever had to perform for an audience by yourself or in a group? And did you practice? Did you plan? Did you prepare?</p>
<p>Activity</p>		<p>This will be a quick activity. Pair up and make a small poster, poem, rap, song or picture depicting a way to remember the 4 Ps:</p> <p style="text-align: center;">Prepare -- Plan -- Practice -- Perform</p> <p>You will then present your method of remembering the 4 Ps and we will apply them to the remainder of this chapter on Emergency procedures.</p> <p>Have paper, markers, and tape available to the pairs and give them 10 minutes to be creative before asking them to present.</p>
<p>Reflection & Celebration (10 minutes)</p>		
<p>Note</p>		<p>Note to Facilitator: Encourage groups to have some fun as they present their prepared method of how to remember the 4 P's. Ensure that each group is applauded for their effort and involvement.</p>
<p>Teach and Train (15 minutes)</p>		
<p>Say</p> 		<p>There are emergency incidents happening every day. I have no doubt some of you have been witnesses to a number of situations that were emergencies either in real life or on TV.</p> <p>The dictionary defines emergency as an unexpected and usually dangerous situation that calls for immediate action.</p>






<p>Ask</p>		<p>Prior to working here or in this type of service, if there was an emergency incident at your job, who was responsible for managing it?</p>
<p>Ask</p>		<p>If there is an emergency situation in your home, who is responsible for managing it?</p>
<p>Say</p> 		<p>Raise your hand if you have ever had to call 911 and be prepared to answer why.</p> <p>Listen to answers: Fire for fireman, Heart pain for paramedics, Police for assault, robbery, gun shot, wild dogs, etc.</p>
<p>Ask</p>		<p>Has anyone called 911 and then you didn't need them when they responded? Maybe you overreacted....</p> <p>Did the police, fire department, or paramedics scold you when they arrived? What if you really did need them and didn't call? Wouldn't it be better to have them there when you didn't need them than to not have them when you do?</p>
<p>Say</p>		<p>Other than making prank calls, you will never get in trouble for calling 911. If you assess the situation and believe there is a grave situation that has or could result in potential harm or death, you should call 911.</p> <p>You do not need to waste time calling your supervisor for permission to call 911. I am not saying you shouldn't tell your supervisor you called 911, in fact you should tell them, but not until you and the person or persons you support are safe or the situation is under control.</p>
<p>Activity</p> 	 	<p>Direct participants to their Toolkit fundamentals for chapter 11 for the <i>What Would You Do?</i> activity. (You can find a copy of this at the end of this chapter's Facilitator Guide)</p> <p>Please work with at least one other person to decide what you would do. There is a list of signs or symptoms on one side of the page, and four choices of how to respond to them on the other side of the page. Imagine you are deciding what to do for people you will support who may or may not be able to explain their symptom. (10 minutes)</p>
<p>Teach and Train (25 minutes)</p>		


<p>Say</p> 		<p>There are a least 10 signs or symptoms that warranted a 911 call. Let's go through the list and see if your groups made the choice to call 911:</p> <ul style="list-style-type: none"> Bleeding that can't be controlled A seizure lasting five minutes, continuous seizure Paralysis; numbness, confusion Trouble breathing or breathing in a strange way Is or becomes unconscious not related to a seizure No pulse (DNR & POLST discussed in the chapter on Healthcare Management) Chest pain or pressure Severe injuries, such as broken bones Choking (not breathing and not coughing) Injuries to the head, neck, or back Has gone into shock <p>If there are people who disagree with calling 911, remind them they are working with people who cannot always tell us how they are feeling, so based on the severity of their symptoms we will seek professional help fast. Remind the learners First Aid and CPR certification is not just a requirement, it is also what you provide while you wait for 911 to arrive.</p>
<p>Say</p> 		<p>As for calling the supervisor or emergency cell phone, that will depend on your agency. Most supervisors need to know what is happening so a call to the supervisor is valuable in communicating any urgent or mild symptoms even if treated routinely at home.</p> <p>Be sure to express your company's policy on letting supervisors know.</p> <p>When 911 is called, supervisors must know so they can follow state incident reporting guidelines, ensure any ongoing treatments, notify guardians, and ensure that everything that should be done is being done to maintain the best health and safety for the individual.</p>
<p>Say</p> 		<p>There are many symptoms that could be treated at home to start, especially for you and me, but for people we support, if the symptoms worsened or did not improve, we would want to involve the doctor. Let's go through the list and see if your groups made the choice to routinely treat at home:</p> <p>Discuss ideas for routine treatment from the groups and ideas are provided.</p> <p><u>Onset of fever 101 degrees or higher</u>: take a prn, rest, drink fluids, and if</p>





		<p>fever continues or rises, call the doctor</p> <p><u>Severe sore throat/difficulty swallowing</u> could be the onset of a cold/flu but also could be Strep throat, could gargle with salt water, sip on broth, drink lots of fluids, take a prn, and still call the doctor</p> <p><u>Holding abdomen</u> depending on the person, could mean constipation or diarrhea, cramps, gas, appendicitis, tubal pregnancy, etc., so your ability to check in the medical activity log and BM charts or Menses charts, as well as your knowledge of the person would be very helpful. What other symptoms are there? Make the person comfortable, prn medication, and if symptoms don't improve, let the doctor know what's happening</p> <p><u>Mosquito bite</u>, itches and can treat with prn anti-itch cream, cool with ice or baking soda paste to relieve itching, if allergic follow protocol established, depending on severity of allergy, call 911.</p> <p><u>Minor cut</u> treat with first aid, clean and cover with band aid. If there is swelling and redness, a call to the doctor is in order.</p> <p><u>Any evidence of pain or discomfort</u>...If someone complains of back pain, did they do something that could have resulted in back pain. Back pain could be muscular, spinal, kidney infection, etc., treat with measures of comfort and kindness, a prn may be in order, and a call to the doctor to make an appointment or get direction.</p>
<p>Say</p>		<p>When it is your own health complaints or your child's complaints you likely have a better idea of what has been going on before the symptoms started, and sometimes you can link those symptoms to activities. When a person you support is experiencing these symptoms, you don't always know all the details, especially if the person is nonverbal and you are interpreting their symptoms visually and based on the way they are acting.</p> <p>You can call the doctor, but seeing a doctor in person is a much better way to resolve issues.</p>
<p>Say</p> 		<p>Calling the doctor will be a common occurrence when people who have a disability are ill. The following signs and symptoms will warrant a call to the doctor, even if you are able to provide routine treatment at home:</p> <p>(Discuss and identify potential problems from DSP point of view.)</p> <p>New or sudden onset of incontinence bladder infection</p>





		<p>Rash lasting several days or getting worse Impetigo, dermatitis Infection at injury site Sleeping most of the day, unusual difficulty in arousing, unusual fatigue Scratching/holding one or both ears ear infection or fungus Diarrhea or vomiting lasting more than four hours dehydration Onset of limping, difficulty in movement stroke, injury, virus, blood clot Visible swelling with doctor’s order to elevate the leg injury, high blood pressure</p>
Say		<p>Again, an urgent call to the doctor is a good choice, but actually seeing a doctor whether it is the person’s physician or an urgent care doctor, is a much better response.</p> <p>We can tell a doctor on the phone what the symptoms look like but the doctor actually examining a person results in a more accurate diagnosis. If the individual has signs or symptoms that are not checked out, there could be an investigation of neglect.</p> <p>Your commitment to an individual’s healthcare by seeing a doctor for those concerns could be the difference between being charged with neglect and being thanked for being attentive.</p>
Teach and Train (25 minutes)		
Note		Note to Facilitator: Write Risk Management on the dry erase board.
Ask	 	<p>What activities do you do daily to maintain safety for yourself and decrease your risk of being injured? (Write answers under Risk Management on the board.)</p> <ul style="list-style-type: none"> Wear a seatbelt Follow traffic laws Look both ways when crossing the street Lock your doors Cook your food to certain temperature Wear a life jacket Read the label on your medications Shovel snow from the sidewalk Melt ice on the stairs Put poisons in locked cupboards Don’t mix bleach and ammonia








<p>Say</p>  		<p>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.</p> <p>It is worth saying if you haven't heard this before: Bleach mixed with ammonia forms a very toxic gas. Do not mix those substances. Even putting bleach into a toilet that has urine in it can be a problem as urine contains ammonia.</p> <p>So: DO NOT MIX BLEACH AND AMMONIA Ever!</p>
<p>Activity</p>		<p>Divide the class into small groups. Give them 1 minute to generate a list of household poisons on a piece of scratch paper. Have the groups take turns reading their lists. Encourage participants to listen for items they did not include, and add them to their own list.</p>
<p>Say</p> 		<p>Let's think about how you can prevent poisoning.</p>
<p>Activity</p>		<p>Look at each item on your list, and make a judgment in your groups about the best way to safely store it.</p>
<p>Curriculum Toolkit</p>		<p>Refer participants to the Curriculum Toolkit page where they will find instructions for handling and labeling poisons.</p>
<p>Ask</p>		<p>Did your list match the instructions in the Curriculum Toolkit?</p>
<p>Say</p>		<p>Even when we label and handle poisons properly, sometimes accidents occur. Write in your Curriculum Toolkit on the phone line the Poison Control phone number: 1-800-222-1222.</p>







<p>Ask</p>		<p>Who should you call first? 911 or Poison Control?</p> <p>Answer: It will depend on the poison and when it was inhaled or ingested. Poison Control may tell you to hang up and call 911. Sometimes a person doesn't have an immediate response to what we think is poison, or we don't know if it is hazardous. It is a judgment call I hope you never have to make. Use your common sense and proactively put poisonous products in safe places if you must have them in your home.</p>
<p>Say</p>		<p>Look in your Curriculum Toolkit for 6 Risk Management Principles.</p>
<p>Curriculum Toolkit</p>  		<p>Risk Management principles.</p> <ol style="list-style-type: none"> 1. Anticipate risks and prevent them from happening. 2. Create and maintain safe environments 3. Communication is a key to prevention 4. Report and document incidents in a timely and accurate manner 5. Identify, assess, and plan for potential risks and occurrences 6. Be responsible for safety
<p>Activity</p>		<p>If you have 6 people in your group, assign each person a different risk management principle. For a larger group divide the class into at least 2 groups and assign the 6 risk management principles evenly between them. If you have a really large group, you can make 3 to 5 smaller groups. Be sure to give at least 2 principles to each group ensuring that all principles are being addressed.</p> <p>Using the list of safety tasks created on the board, each group should identify which principle is covered. For example, read, “wear a seatbelt.” That is principle 1, Anticipate risks and prevent them from happening, and principle 6, be responsible for safety. A person who has or is from the group that has principle 1 would walk up to the board and write a 1, and a person who has or is from the group that has Principle 6 would add 6.</p> <p>Go through the whole list identifying the Risk Management Principles attached to each task identified as a safety task.</p> <p>When you have completed checking the Risk Management Principles against the list on the board of safety tasks, ask each group to come up with at least 5 more tasks they have learned about during the Curriculum</p>










		<p>training that will pertain to safety for the people they will be supporting.</p>
<p>Teach and Train (5 minutes)</p>		
<p>Ask</p> 	<p>?</p>	<p>When do you involve law enforcement for people you are supporting?</p> <p>Listen to the answers. They shouldn't be that different from when anybody else in the community involves law enforcement.</p>








<p>Say</p>		<p>As you will see in the chapter on Mandatory Reporting, we will also involve law enforcement for the following abuse situations:</p> <ol style="list-style-type: none"> 1. criminal activity perpetrated against an individual 2. any alleged physical assault (staff or non-staff towards a supported individual) or the imminent threat of that kind of assault 3. sexual assault 4. supported individual to another supported individual assault that causes bodily injury that requires more than just first aid, or in the event of : <ul style="list-style-type: none"> • Injuries (e.g., bruising, scratches, etc.) that appear on the back, face, head, neck, chest, breasts, groin, inner thigh, buttock, genital, or anal areas • fractures • choking attempts • patterns of physical assault between the same vulnerable adults or involving the same vulnerable adults • if there is reasonable cause to believe that an act has caused fear of imminent harm • any supported person to supported person assault, regardless of injury if requested by the supported person, their legal representative, or a family member
<p>Ask</p>		<p>Will you call the police if a person you support is missing?</p> <p>There a number of considerations to take when answering this question.</p>
<p>Say</p> 		<p>Each agency has its own missing person policies. It is important that you know the persons you are supporting, and know the protocols for those people if they go missing. Some folks are quite capable of independently accessing their community while others would be considered in immediate jeopardy based on their personal history.</p> <p>A person who receives 24-hour supervision/support is considered missing when they are out of contact with staff for more than 2 hours without prior arrangements, unless the person’s support plan indicates an alternative time plan.</p> <p>People who are receiving Community Protection Program services are</p>







		<p>considered missing when they cannot be located for any length of time.</p> <p>Likely, it will be your supervisor who makes the phone call to DDA and law enforcement if an individual is missing. DSPs may be able to identify the clothing a person was wearing, what time he was last seen, and what the itinerary was that he or she had planned.</p> <p>Policy 6.12 on reporting abuse states that agencies must report to DDA when law enforcement <u>is</u> called due to a missing person report which would be based on the person’s vulnerability, or community protection status. If law enforcement independently found and returned a missing person, that too must be reported to DDA.</p>
<p>Teach and Train (25 minutes)</p>		
<p>Say</p> 		<p>Raise your hand if you saw someone fall or you were someone who fell in the past few years. Stand up if you laughed when you or someone else fell.</p>
<p>Ask</p>		<p>Why do we laugh when we see someone fall? Is it okay?</p>
<p>Activity</p>		<p>Have people pair up and take a piece of paper, draw a line down the center of the paper and three lines across to create 8 separate squares. Then identify each square as a room in a house with the following titles:</p> <ul style="list-style-type: none"> Living room Bathroom Dining area Bedroom Kitchen Laundry room Porch/entryway/sidewalk <p>Last room is a Bonus room, for whatever you want e.g., Recreation room, Sewing room, Model room, Art, Collections, Video Gaming, etc.</p> <p>Inside each room, list potential hazards for fall risks associated with that room. Then list what you will do or have done to decrease those risks.</p>








		<p>Allow about 15 minutes for groups to create their lists.</p> <p>Have groups take turns sharing their ideas one room at a time, allowing other groups to add ideas to their room as they hear them presented. Be sure to allow each group to present at least one room first.</p>
<p>Say</p>		<p>If, in spite of your great ideas to prevent falls, someone does fall, remember to respond appropriately: Do not laugh.</p> <ol style="list-style-type: none"> 1. Listen: Let them tell you how they feel OR show you what hurts 2. Observe: How did they land? Is there blood? Is she in an awkward position that could indicate a broken bone? Are there breathing concerns? 3. Ask: Are you okay? Can I help you get up? <p>If you think you should call 911, don't second-guess yourself. Make that call. If the emergency medical services feel the person is okay, then you have covered yourself from being accused of neglect. If EMS thinks the person should be transported to the hospital, get her to the hospital. Do not forget to document the fall in the appropriate medical log or incident log or both.</p>
Teach and train (25 minutes)		
<p>Say</p> 		<p>Probably most of you had fire drills when you were in school. Maybe you even had a fire drill at a business. Let's talk about fire safety.</p>
<p>Show</p> 		<p>Show <i>Death in the Kitchen</i> video (00:34)</p>
<p>Ask</p> 		<p>What type of fire was that? Answer: Grease</p> <p>What are other types of fires?"</p> <p>Give class time to share different types of fires and ways they start i.e., electrical fire, a toaster lights on fire, wood fire, playing with matches or</p>



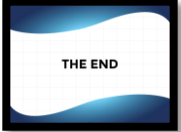

		lighters, cigarettes, etc.
<p>Say</p> 		<p>These are all examples of fires that are classified into different categories. Different fires can be put out by the fire extinguishers in people's homes. Although there are A, B, and C fire extinguishers, you are likely to find the combination ABC extinguisher in the home you work in, maybe even in your own home.</p>
<p>Show</p> 		<p>Show <i>How to Operate a Portable Fire Extinguisher</i> video (00:47)</p>
<p>Activity</p>		<p>Please follow me in reviewing the PASS acronym for how to use a fire extinguisher. Please stand up and hold a water bottle or rolled up piece of paper in your hand to emulate a fire extinguisher.</p> <ul style="list-style-type: none"> • P, Pull the pin, • A, Aim at the base of the fire, • S, Squeeze the trigger, use a • S, Sweeping motion 8-10 feet from the fire. <p>Now that you have done this with me, practice with a partner.</p>
<p>Say</p>		<p>Remember what happened when water was thrown on the grease fire? (Explodes and spreads quickly).</p> <p>Just about anybody who cooks has baking soda in the kitchen, if not to make their baked goods rise, then to freshen their refrigerator, or to restore their tummy after they eat their own cooking! Baking soda is also an excellent fire retardant for grease fires on the stove.</p> <p>Rather than storing baking soda on the back of the stove or in the cupboard above the stove or in the fridge, a great place to keep it is <u>beside the stove</u> for quick and easy access in the event of a grease fire. If you don't want to keep it in its original box, be sure to label it clearly and store it beside the stove where you can get to it if something is on fire on top of the stove.</p>



<p>Ask</p> 		<p>How do you decide if it's time to put out the fire or get out?</p>
<p>Activity</p>		<p>Allow the group to brainstorm and discuss ideas. Have them write the ideas on the board. Be certain that the following four points are discussed:</p> <ul style="list-style-type: none"> • The fire has left its point of origin-Get out • The fire cannot be extinguished within 30 seconds-Get out • It has begun to block exits-Get out • The fire extinguisher runs out or is not helping-Get out
<p>Ask</p>		<p>How long do you think it would take for a fire to get out of control?</p>
<p>Show</p> 		<p>Show <i>Christmas Tree Burning</i> video (1:10)</p>
<p>Say</p>		<p>Not only did the tree burn quickly, so did everything else in the room. (Curtains caught on fire, lamp burned, the smoke became thick and filled the room, and it got dark)</p>
<p>Ask</p>		<p>Where was the last breathable oxygen? Answer: Near the floor and it was HOT!</p>
<p>Say</p>		<p>Correct, it is near the floor so you'd need to crawl...fast!</p> <p>The leading cause of death in a fire is smoke. One breath of super-heated air can fry your lungs. The smoke is also thick and would be nearly impossible to see through to find your exit. People think of fire as something that lights an area, but the smoke actually makes it dark and more difficult to find your way out.</p> <p>Often people sleep through smoke alarms. Sometimes the smoke alarm doesn't work correctly or the person is overcome with smoke before the alarm sounds. Pets have been heroes by waking their people in time to</p>

		exit fires.
<p>Ask</p>		<p>Speaking of smoke alarms, how often should you replace the batteries in your smoke detectors?</p> <p>Answer: every time you spring forward or fall back for daylight savings. And you should check them with canned smoke every month. In newer homes, smoke alarms are hardwired and still have batteries in case the power goes out.</p>
<p>Say</p> 		<p>Fire Drills occur routinely at various times with documentation taken such as:</p> <ul style="list-style-type: none"> • how long it takes to exit the house, • whether or not every one goes to the agreed-upon meeting point, • and what kind of prompting (if any) is required. <p>Statistics show that more than half of home fires occur as a result of cooking, and the second leading cause is heating equipment like chimneys that are not cleaned of creosote, furnace problems, portable heaters, etc.</p>
<p>Say</p> 		<p>Reminders when evacuating and practicing fire drills:</p> <ul style="list-style-type: none"> • Alert others who may be in danger • Exit quickly, staying low to the ground • Check doors for heat before you enter and don't open doors that are hot.
<p>Note</p>		<p>Note to Facilitator: If there are people receiving services from your agency who either live in buildings that may make it difficult to exit, or who refuse to leave for a fire drill, the nearest fire department should be notified.</p>
<p>Activity</p>		<p>We have discussed a few fire prevention ideas. Now it is your turn to come up with a poster of at least 5 more ideas we haven't talked about to help prevent fires. Get into a group of 2 to 4 people, get a piece of poster paper and you can either write a list or draw pictures. You will have about 10 minutes to work on this and then we will share them with the whole group.</p> <p>Move around the room to make sure the groups have ideas. Suggestions for groups that need help to complete their poster:</p>

		<p>No smoking in bed Move furniture and curtains away from baseboard heaters Cigarette butts go in an ashtray of sand outside Keep flammable liquids away from heat sources Don't overload circuits Microwaves should never have metal in them Ovens and burners should be kept clean</p>
Note		<p>Note to Facilitator: Provide help as needed to assist groups in placing their posters around the room.</p> <p>You may want to take a few minutes and encourage groups to share what they believe to be the most important (best) part about their Fire Prevention Poster.</p>
Teach and Train (10 minutes)		
<p>Ask</p> 		<p>Washington has a reputation for rain (because of Seattle), but what are other natural or manmade disasters that could affect areas of the state?</p> <p>Answers should include: Floods, snowstorms, landslides, windstorms, power outages, volcano and volcanic ash, earthquakes, forest fires and fire storms, ice storms, tsunamis or tidal waves, nuclear power plant problems, bridge collapse, train derailments, and toxic spills.</p>
Ask		<p>What are some internal (in house) disasters that could occur inside your home or the home you work where you work if you aren't proactively keeping the home safe?</p> <p>Answers should include: carbon monoxide poisoning, drowning in the bathtub, fires (which we already have discussed), ingesting or inhaling common household poisons, flu epidemic, mental health emergencies</p>
<p>Say</p> 		<p>One of the 4 "P"s is Prepare. Let's take some time to think about what supplies we should have available, and where to find them.</p>

<p>Activity</p> <p>Curriculum Toolkit</p>	 	<p>Using the floor plan graphic in your Curriculum Toolkit for this chapter, write the number of each item listed in the area where it should be located.</p> <p>Allow participants 3-4 min. to assign locations of all the items. Have them compare their numbered floor plans with the person next to them.</p>
<p>Ask</p>		<p>Would this task be easier if you consolidated any of these items? What should be in a disaster kit?</p>
<p>Activity</p>		<p>On the Curriculum Toolkit list, circle each item you feel could be included in a disaster kit.</p> <p>After 1-2 minutes, have staff share what items they chose. Ask for a volunteer to write the list ideas on the whiteboard or chart paper.</p>
<p>Say</p>		<p>It is a state requirement that households of people we support must have disaster kits. Refer to your agency’s policies for more information.</p> <p>Some agencies have large storage totes for each person’s emergency or disaster prepared kits. They rotate canned food in and out of them and routinely make sure the water is replaced, and the clothes still fit.</p>
<p>Apply- Demonstrate Learning Application to Real Work (25-30 minutes)</p>		
<p>Ask</p> 		<p>Back to the 4 Ps, Review again. Who can close their eyes and recall the 4 P’s?</p> <ul style="list-style-type: none"> Prepare ahead of time Plan what to do Practice for emergencies Perform when the time comes

Activity		<p>Based on where you are located and the likelihood of having a particular disaster, divide the class into 3 or 4 small groups.</p> <ol style="list-style-type: none"> 1. Have them choose a disaster (flood or tsunami, earthquake, snowstorm, nuclear disaster) 2. Then research the Fundamentals section of the Curriculum Toolkit for this chapter on that particular disaster preparedness and 3. Teach the other group 3 strategies for responding to that disaster. <p>Allow 10 minutes to research and 10 minutes to present.</p>
Curriculum Toolkit		<p>Allow 10 minutes to research and 10 minutes to present.</p>
Reflection & Celebration (3 minutes)		
<div style="display: flex; align-items: center;">  </div> <p>Say</p>		<p>Once a disaster has occurred there are four questions that must be asked and answered:</p> <ol style="list-style-type: none"> 1. Are there injuries that require First Aid and medical attention? <p>Answer: If you have followed your 4Ps, you have provided first aid and called 911. Prepared, planned, practiced, now Perform.</p> <ol style="list-style-type: none"> 2. Does the home have to be evacuated, or is it safe to occupy? <p>Answer: If the home cannot be occupied, your agency will work to move people into a shelter or hotel. Again, it depends on the kind of disaster, a home fire vs. a city-wide power outage. Prepared, planned, practiced, now Perform.</p> <ol style="list-style-type: none"> 3. Are there sources of food and water? <p>Answer: Again it depends on the kind of disaster. There are disaster preparedness kits, but if the house burned, likely the kits burned. Your agency will work with local authorities to ensure people do not go hungry, thirsty, or unsheltered. Prepared, planned, practiced, now Perform.</p> <ol style="list-style-type: none"> 4. Has the disaster interfered with public utilities such as gas, electricity, and communications? <p>Answer: If utilities are affected, turn on the battery operated radio and learn where the individuals are going for shelter. Prepared, planned, practiced, now Perform.</p> <p>And even the best laid plans of mice and men... Your commitment to</p>

		those you support will be needed more than ever. Remain calm and do the best you can!
Activity		Please administer the assessment at the end of this chapter.
Note		<p>Note to Facilitator: Please review the objectives in the Curriculum Toolkit on the first page with participants. Ask participants to circle the objectives for this chapter in which they believe they need more clarity. Allow for question and answer dialogue to ensure that all of the objectives have been met.</p> <p>Hand out the assessment for this chapter to each participant. End of chapter assessments should take approximately 10 minutes.</p> <p>As a learning tool, it will be important for each participant to leave the training with the correct answers. Please review the answers and ensure that each participant has marked the correct answer. When you review the assessment with participants, note where people are having difficulty and review that section again with the whole group or determine where you will address this in the next chapter. Ensure that you reteach/retrain topics where learning gaps were identified.</p> <p>Due to the confidential nature of the assessments in this course, please collect and shred all completed assessments.</p>

*Handout #1***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 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

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Handout #2

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				