

+ Beyond First Aid

Recognizing and Responding to Emergencies



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Beyond First Aid

Recognizing and Responding to Medical Emergencies

+ Purpose

Direct Support Professionals have **the power to save lives** and prevent harm when they have a clear understanding of how **changes in a person's behavior, habits and physical condition** can be a sign of a **greater healthcare crisis**.

Direct Support Professionals are often not medically trained and **need guidelines and tools** to know when to **proactively** protect and advocate for an **individual's health and safety**.

+ Learning Objectives

After completing the training, an employee:

- Will demonstrate **proactive strategies** when protecting an individual's health and wellness
- Will demonstrate appropriate **responsiveness** to changes in an individual's baseline condition
- Will articulate **what constitutes** a medical emergency and **how they would intervene** in an urgent situation.
- Will demonstrate strong **follow-through/follow-up** with appointments and activities that protect an individual's health and well-being.

CHAPTER 1

Direct Support Professional (DSP) Guide to Proactive Approaches to Protecting Health and Welfare.

+ Workshop Goals: R.E.A.C.T.

- **Recognize** that a Direct Support Professional's (DSP) FIRST responsibility is for the health and safety of the person they support.
- **Examine** resources, supports and partners are available to maintain a healthy environment and assist when responding to an urgent healthcare need.
- **Accurately articulate** the healthcare needs of any individual supported.
- **Contribute** to the plans put in place to protect individual's health and safety.
- **Track** an individual's baseline, and know when to advocate for the rights of individuals with Developmental Disabilities within a healthcare setting.

+ Find Your Match Activity



+ Proactive Strategies

Recognizing Baseline

Paying attention to differences in daily eating, drinking, activity level, breathing pattern, frequency or level of pain, bowel and bladder output, sleeping, and level of social interaction can be the first critical step in recognizing changes in client health.



+ Proactive Strategies

Tips for Observing and Individual's Baseline

Record specific details about changes

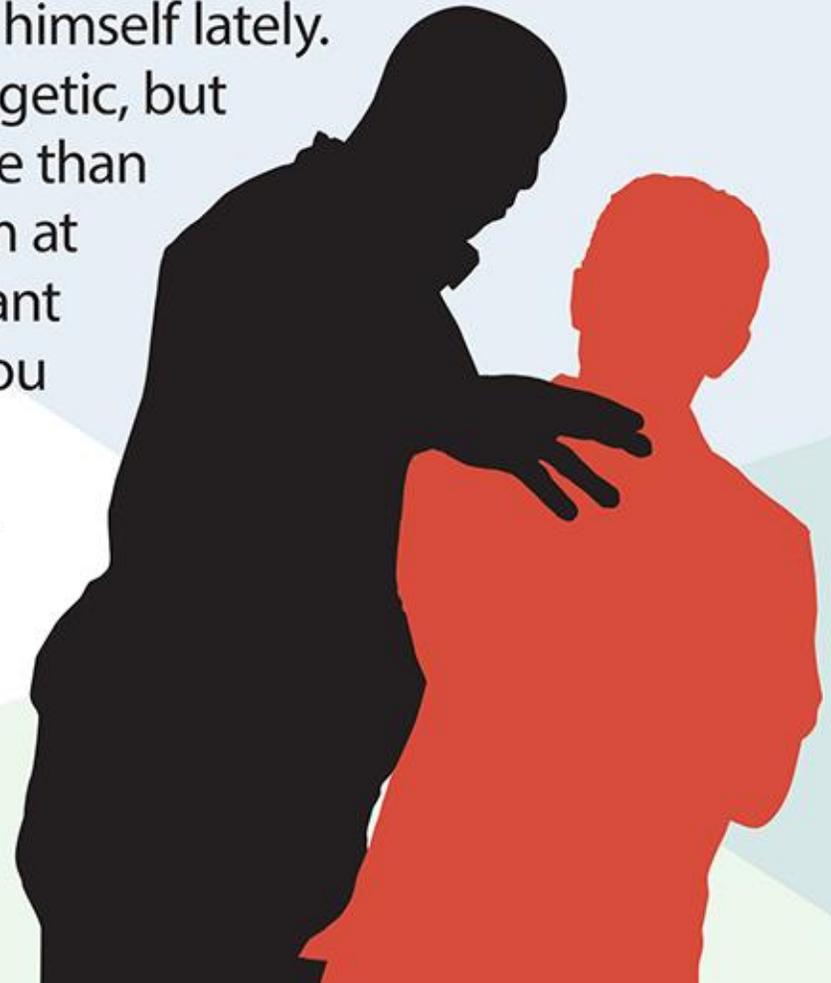
- When did these changes start?
- How long have these changes persisted?
- What effect did they have on the client?
- Are they increasing or decreasing in severity or number with time?



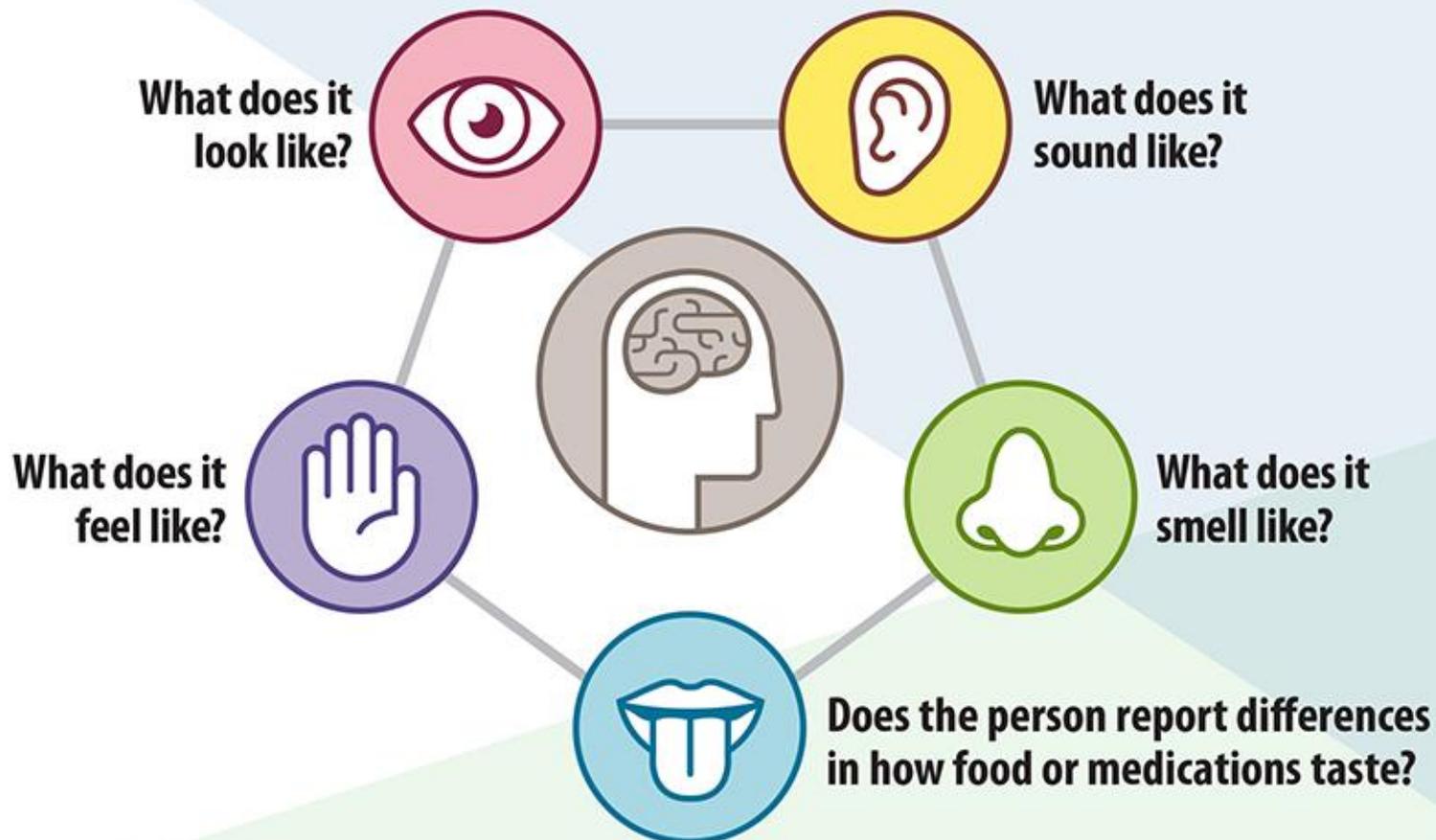
+ Baseline Activity

Consider the Following Scenario: **Fred**

Fred is lethargic and hasn't seemed himself lately. He is usually very talkative and energetic, but for the past 3 days he has slept more than usual. When you go to check on him at 12pm, he rolls over and does not want to come to the table to eat lunch. You just cooked his favorite meal and normally Fred is out of bed by 9am.



+ 5 Senses for Making Observations



+ Baseline Activity

Tips When Observing Changes in an Individual's Baseline

Recording changes

- When did these changes begin?
- How long have these changes lasted?
- Have additional changes occurred?

Observations

Some medical conditions may be life threatening. If emergency medical care is not received, the person could die. As Direct Support Professionals, you are the person's first line of defense.

Your interventions could save a life! It is important to understand general symptoms of medical emergencies so you are aware of what type of response is needed.

CHAPTER 2

**Signs and Symptoms of Acute Medical Conditions and
how to R.E.A.C.T.**

+ Learning Together *Teach Back Activity*



CHAPTER 3

Personal Emergency Response Planning

+ Personal Crisis plan

- What are you feeling emotionally? Physically?
- What is your plan for remaining calm?
- What would be the first, second and third thing you would do?
- What are some things you should NOT do or what would be an inappropriate reaction?
- What would the danger of inaction or not reacting quickly enough be for Mary?
- Once the crisis has passed, how will you take care of yourself?



SELF
CONTROL

CHAPTER 4

When to Call 911

+ Knowing When to Call 911

Knowing when to call 911 can sometimes be a difficult decision. Whether you make the call or not may save someone's life.

- People may die if they need immediate medical care and do not receive it.
- You can save a life by making the call.
- Understanding client conditions can help save lives.

Did you know?

Emergencies are situations where law enforcement, firefighters, or medical help is needed right away. People may die if immediate medical care is needed but not available. You may have the ability to save a life. Understanding client conditions can help save lives. 9-1-1 is for emergencies only.

KNOW WHEN TO CALL

**CALL
911**

+ Knowing When to Call 911

Medical Emergencies

Here are some tips to assist you in deciding when to call 911.

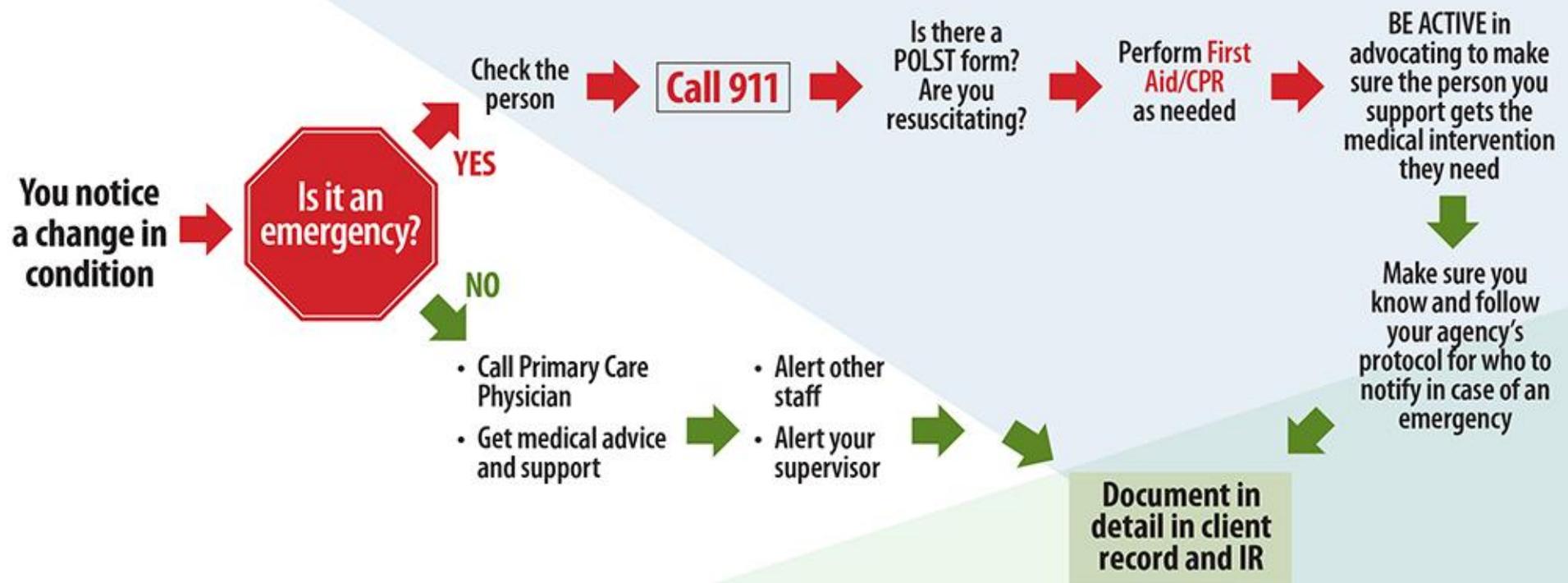
Call 911 when:

- The condition is life or limb threatening
- The condition could worsen quickly on the way to the hospital
- Moving the victim will cause further injury
- The person needs skills, medication or equipment that paramedics carry
- Distance or traffic would delay transporting the person to the hospital and could be life threatening

A large, 3D, red graphic of the words "CALL 911" in a bold, sans-serif font. The letters are thick and have a slight shadow, giving them a three-dimensional appearance. The text is positioned in the lower right quadrant of the slide.

+ 911 Decision Tree

Take immediate action when changes in condition occur



+ 911 Decision Tree Activity

Jordan

*Jordan has a history of Asthma and is diagnosed with COPD. He is having more difficulty breathing than usual. You are delegated to administer his inhaler and you have helped him take the maximum dosage of the inhaler, is sitting on the couch and cannot catch his breath. **Should you call 911?***

Donna

*Donna has a history of choking. She begins choking at a bite of her food. You follow the protocol to dislodge the food. The food item is dislodged and she is able to breathe again. **Should you call 911?***

CHAPTER 5

How to talk to a 911 Dispatcher

+ How to Talk to the 911 Dispatcher

Providing Information to 9-1-1

Stay calm when calling 9-1-1. Be ready to answer questions from the 9-1-1 dispatcher:

- The location of the emergency. If you do not know the address, look for landmarks, street signs, or buildings.
- The phone number you are calling from.
- The nature of the emergency (such as medical, fire, crime). Providing this information will help them determine which responder to send.
- Details about the emergency. Dispatchers are routing your call while getting information from you. As you provide more details, they send the information to the first responders. Do not hang up.

+ How to Talk to the 911 Dispatcher

Waiting for First Responders

- Follow any instructions the 9-1-1 dispatcher gives you while waiting for first responders to arrive.
- If a bleeding wound is evident, apply direct pressure to the wound using cloth or bandages.
- If it is nighttime, turn on the lights to make it easier for first responders to find you.
- If the person has POLST (Physician Orders for Life Sustaining Treatments), Advanced Directives, power of attorney or other legal documents about their wishes for care for the paramedics or hospital, have them ready.

+ How to Talk to the 911 Dispatcher

9-1-1 Resources

- If you or someone you support calls 9-1-1 by mistake, do not hang up. Stay on the line and explain that everything is okay and there is not an emergency.
- If you do not speak English, interpreter services are available in some areas when calling 9-1-1.
- If you are deaf or hard of hearing, 9-1-1 centers in most counties are equipped with TTY devices. Many 911 operators allow text messages. You may also be able to use Video or IP Relay Services in your county.
- Smart911 is a service that allows you to add key information about members of a household. You can add information such as who lives in the house, descriptions, photos, medical conditions, allergies, disability and equipment information, medications used. Visit www.smart911.com to learn more information.

+ Calling 911 Activity



**CALL
911**

CHAPTER 6

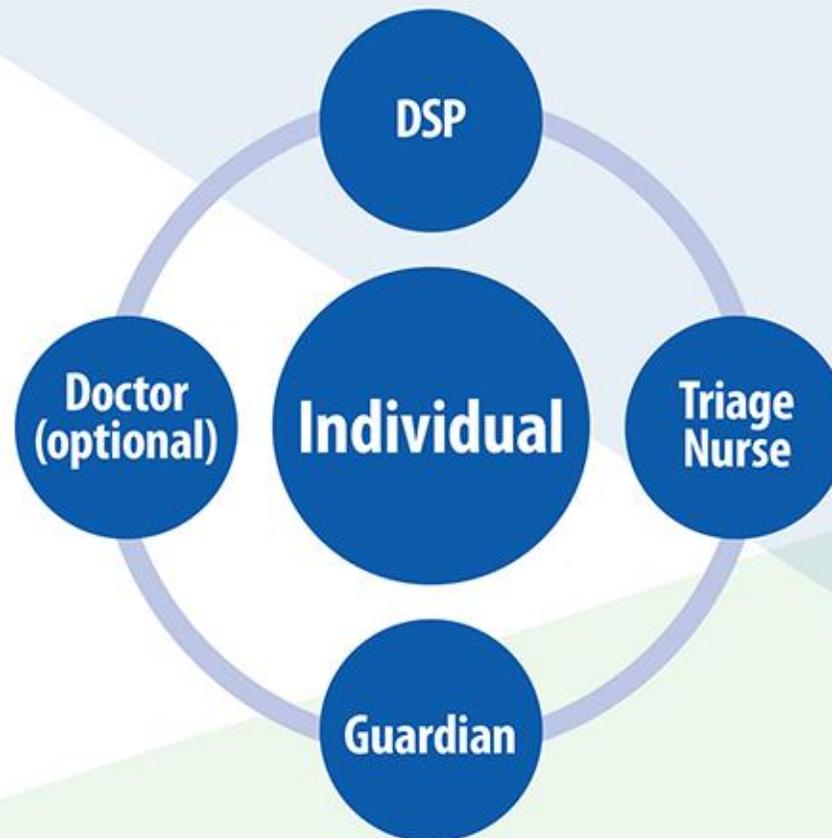
DSP Guide to Advocating in a Healthcare Setting

+ Advocating in a Healthcare Setting: **Activity**

Break the class into small groups of 4-5 people. Hand each person a sheet of paper with their specific role. Have them read the following scenario:

You are in the emergency room with Melissa who has thrown up a sticky brown substance that looks like coffee grounds. Melissa has flu-like symptoms of fatigue, perspiration, and complains of stomach pain and headache. You know this is not normal for Melissa and you have a "bad feeling" that something is very wrong. You have been waiting for over 2 hours and Melissa is becoming more listless and exhausted. She is now asking to go home so she can sleep. You approach the triage nurse, there are several people with chest pains, broken limbs and shortness of breath screened in before Melissa.

+ Advocating in a Healthcare Setting: **Activity**



+ Advocating in a Healthcare Setting: **Activity**



CHAPTER 7

When To Call the Primary Care Physician (PCP)

+ Knowing When to Call the Primary Care Physician

You are reading Jacob's MAR and notice he has recently started a new medication. The orders from the physician are to call the PCP if there are any changes in appetite.

You notice Jacob is eating more than normal and has gained a considerable amount of weight.

Call the PCP (*choose the best answer*):

- Yes, right away and request a call back ASAP
- Yes, leave a message, an update is needed
- Optional
- No, the PCP can be updated at the next visit



CHAPTER 8

When To Call Your Supervisor

+ Knowing When to Call Your Supervisor

DSPs need to be able to answer these questions:

- What can I do to help or what do I already know?
- Do I need others to help?
- How urgently do I need to respond?



CHAPTER 9

Bringing it all together: Final Activity

+ Final Activity

Bringing it all together

Scenario

Bart is 52 years old, diagnosed with high cholesterol and Autism. He is able to speak but limited to single word responses. At times he will kick the wall, causing bruising on the outside of his foot. You notice a red discolored area on the inside of his left calf and he seems more tired than usual. Later he walks past you and says "ouch" and kicks his leg where it is red. You check his leg and it feels warm to the touch.

Scenario

Carl is 29 years old and overall very healthy and no medical diagnosis. He communicates only through gestures and actions. He is typically very active and eats quite a bit. You notice one day after you have been off work for a few days that Carl's face seems puffy. When you mention this to the staff you are relieved when she says "It's probably because he's eating so much and gaining weight. You know he is almost 30." Throughout your shift you notice that Carl is less active than usual, is eating less and keeps going into his room to lay on his bed. When you review progress notes you see that a few weeks ago a coworker noted similar behavior.

+ Final Activity

Bringing it all together

Break the class into small groups and handout the following scenario, ask the groups to **make a plan for these individuals from start to finish.**

- What is the urgent healthcare plan?
- Where would you go for help?
- Who and when do you need to call?
- What is the follow-up plan?
- When do you call the PCP? What do you say to the PCP?

+ Proactive Approaches Save Lives



+ What are your questions for me?

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