

Developmental Disabilities Administration

# **+ Beyond First Aid**

*Recognizing and Responding  
to Emergencies*



**2019**  
*Toolkit*



Washington State  
Department of Social  
& Health Services

*Transforming lives*

WELCOME to Beyond First Aid Training: A Direct Support Professional's guide to managing the urgent emergent healthcare needs of individuals with developmental and intellectual disabilities.

This toolkit is yours – take notes throughout the training so you can refer to them later (be sure not to write confidential information in it).

### **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 to know when to protect and advocate for an individual's health and safety.

### **Outcome**

After completing the training, an employee will be able to:

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

# **+ Beyond First Aid**

## **CHAPTER 1**

### *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 that are available to maintain a healthy environment and assist when responding to an urgent healthcare need.
- **Accurately communicate** the healthcare needs of any individual supported.
- **Contribute** to the plans that protect an individual's health and safety.
- **Track** an individual's baseline, and know when to **advocate** for the rights of individuals with developmental and intellectual disabilities within a healthcare setting.

### **The National Association of Direct Support Professionals (NADSP) Code**

Direct Support Professionals (DSPs) who support people in their communities are called upon to make independent judgments on a daily basis that involve both practical and ethical reasoning. The people who assume the support role must examine and call upon values and beliefs, as well as creative vision, to assist them in the complex work they perform.

#### **Core ethical code:**

##### ***Promoting Physical and Emotional Well-Being:***

As a DSP, I am responsible for supporting the emotional, physical, and personal well-being of the individuals receiving support. I will encourage growth and recognize the autonomy of the individuals receiving support while being attentive and intentional in reducing their risk of harm.

#### **ACTIVITY: You Complete Me**

Hand out each incomplete phrase to participants. Have the participants get up and find the other person who has the phrase that completes their statement. Once pairs have found each other, have each pair reflect on how the statement would proactively promote the health and safety of the people they support. How would they implement these ideas into their program? Have each pair share their ideas with the group.

## Proactive Strategies:

### Recognizing Baseline

Paying attention to differences in daily eating, drinking, activity level, breathing patterns, 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 health.

### Tips for Observing an Individual's Baseline:

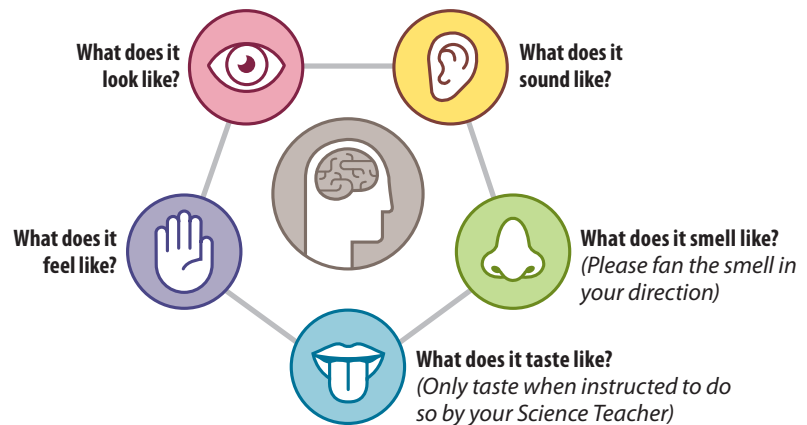
#### Record specific details about changes

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

## Baseline: Activity

Changes in an individual's baseline could be the first indication of a decline in health status. Keen observation (including use of all five senses) can make all the difference when responding to healthcare emergencies.

## 5 Senses for Making Observations in Science



### 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.



What would be a proactive response?

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What would be an example of an under-reaction?

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What would be an example of an over-reaction?

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What additional information should you gather?

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### **Tips When Observing Changes in Baseline**

Recording changes – when they began, how long they lasted, when additional changes occurred - is necessary for documenting and deciding when healthcare professionals should be contacted.

Inviting all caregivers to participate in recording such changes is a vital part of the information gathering process.

### **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 to be aware of what type of response is needed.

Next, we will review certain kinds of medical conditions that warrant emergency response.

# **+ Beyond First Aid**

## **CHAPTER 2**

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





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## **CHAPTER 3**

### *Personal Emergency Response Planning*

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## **Responding in an Emergency**

### **PERSONAL CRISIS RESPONSE PLAN**

**Read the following scenario, reflect and answer the questions. Imagine this is happening now:**

You are the only staff in the home of the individual you support named Maria. You are helping Maria clear the table after dinner. You are at the sink when you hear Maria suddenly drop the plate she is holding. She bends over the floor and vomits a brown sticky substance. The substance looks like it contains coffee grounds, has a strong odor and smells like feces. She looks up, shocked and scared. Maria has a history of bowel obstructions. In your experience working with Maria for the last year, she has never vomited like this and you know something is very wrong. As you start to walk toward Maria, she collapses onto the floor, unconscious.

**What are you feeling emotionally? Physically?**

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**What is your plan for remaining calm?**

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**What would be the first, second, and third thing you would do?**

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**What are some things you should NOT do or what would be an inappropriate reaction?**

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**What would the danger of inaction or not reacting quickly enough be for Maria?**

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**Once the crisis has passed, how will you take care of yourself?**

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## **During an emergency, remember the following:**

### **Self-Control: Managing Personal Responses**

It is important to stay calm during an emergency. Your body will go into “fight or flight mode,” and it is up to you to let your body know that you can handle the situation. This is your body’s way of reacting to a stressful situation, preparing the body to either fight or run away. Your heart rate might go up, the blood flow to the brain and muscles will increase, you might have sweaty hands and feet, and your pupils might become dilated. You might freeze and not know what to do.

### **It is important to focus on your training to avoid going into panic mode.**

People respond differently in times of crisis. Some people freeze, while others actually excel in a crisis. Raise your hand if you think you are someone who responds well in a stressful situation. For those of us who need a little more help to stay calm during an emergency, here are some tips:

#### ***Take deep breaths***

- This helps more oxygen get to your brain so you can think clearly.

#### ***Focus on your tasks***

- Keep the person comfortable; let them know help is on the way.
- Follow 911 dispatcher instructions.
- Call a supervisor after emergency responders arrive or when the person is being taken care of by someone else.

#### ***Support***

- When possible check in with others at the scene to ensure they are okay and communicate how you are doing.
- Call your supervisor for support.

### **After a crisis self-care is important**

Make sure to sleep, eat well, and drink water. Your agency may have an employee assistance program if you need someone else to talk to for support.

Making a plan about how to respond during an emergency will help you bypass fight, or flight mode. It helps to practice how to respond in an emergency. Ask your supervisor about practicing different emergency responses during a team meeting.

#### ***Deep breathing video (1 minute):***

<http://time.com/4718723/deep-breathing-meditation-calm-anxiety/>

Watch and practice.

### **Emergencies are stressful**

You have a special role in your support of individuals during these situations.

Learning more about your duties during an emergency, as well as how to keep yourself calm, could make a difference.



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## **CHAPTER 4** *When to call 911*

## Knowing When to Call 911

Knowing when to call 911 can be a difficult decision. Calling 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.
- Know when to call

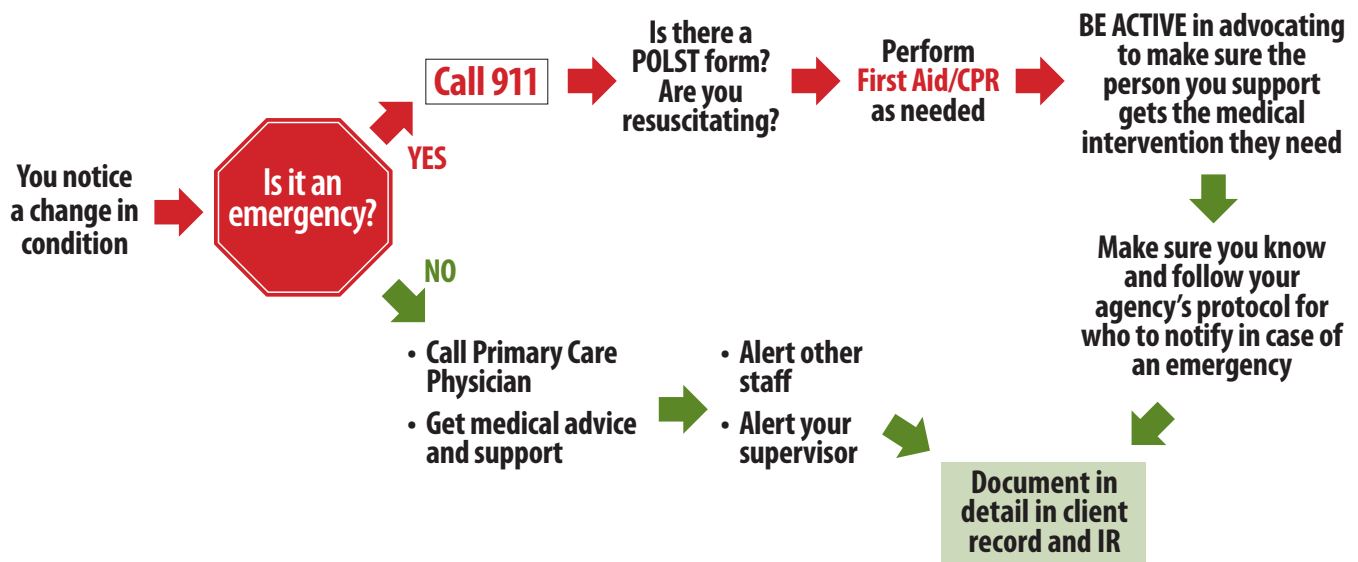
## When to Call 911

### Medical Emergencies

Tips for deciding when to call 911:

- 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

## Take immediate action when changes in condition occur



### The Decision Tree

The instructor will divide the class into pairs. Each person will be given a scenario and will take turns reading it to their partner. Do you call 911? If you choose not to call 911, you need to explain what the appropriate response would be in this situation.

**Remember, you are the best judge of the situation. Do call someone when you are concerned enough to think about calling 911.**

**List other situations when you should call 911:**

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# **+ Beyond First Aid**

## **CHAPTER 5**

### *How to Talk to 911 Dispatcher*

## Providing Information to 911

**Stay calm when calling 911. Be ready to answer questions from the 911 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 until the dispatcher tells you to

## Waiting for First Responders

- Follow any instructions the 911 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 a 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

## 911 Resources

- If you or someone you support calls 911 by mistake, do not hang up. Stay on the line and explain that everything is okay and there is no emergency.
- If you do not speak English, interpreter services are available in some areas when calling 911.
- If you are deaf or hard of hearing, 911 centers in most counties are equipped with TTY devices. You may also be able to use Video or IP Relay Services in your county.
- Many counties allow 911 text messaging from mobile phones. Calling 911 directly is still the most reliable and preferred method of contact. Texting 911 can be used when you are unable to make a phone call due to safety or communication methods. If your area is not able to receive 911 texts, you will receive a 'bounce-back' message.
- Smart911 is a service that allows you to add key information about members of a household that would help anyone you care for in the event of an emergency, whether the call is from the home or any mobile phone. 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/](http://www.smart911.com/) to learn more and see if the service is available in your area.

## Non-Emergencies

- If you need help, but it is not an emergency, contact your doctor or seek assistance at urgent care for medical issues.
- Enforcement agencies have non-emergency numbers you can call to report a crime.

## Care Provider Bulletin handout – *When to Call 911*

Video: *What Happens When you Call 911*: [www.youtube.com/watch?v=J3efgWPPp4k](https://www.youtube.com/watch?v=J3efgWPPp4k)



## Calling 911 Activity

Your instructor paired you with another person. One person will be the staff calling 911 regarding one of the scenarios below and the other person will be the 911 dispatcher. You will practice with scenario #1, then switch roles and move to scenario #2.

### *Scenario 1 – Abbi*

*You are at the grocery store with Abbi and she suddenly stops walking. She stares off into space and does not respond or move when you call her name. After two minutes, she starts walking and responding to you again. Abbi has just recently moved to your agency from her family home. Very little information was sent about her medical history and you see no reference to seizures.*

### *Scenario 2 – Brian*

*Brian has severe asthma and is having trouble catching his breath. You have followed his albuterol inhaler protocol exactly as you have been trained to do, but Brian is still having trouble catching his breath. You start to notice that his lips are growing dark and his wheezing has grown worse. According to your training, he has received the maximum amount of medication he has been prescribed.*

### **If you are unsure if your situation is an emergency, call 911.**

- *The 911 dispatcher will help determine if emergency assistance is needed.*
- *Knowing when to make the call is a matter of life and death. Make the right call.*

### **Sources & Resources:**

**King County, The Basics of Calling 911:** [www.kingcounty.gov/~media/depts/executive-services/emergency-management/e-911-program/911-basics-en.ashx?la=en](http://www.kingcounty.gov/~media/depts/executive-services/emergency-management/e-911-program/911-basics-en.ashx?la=en)

**National 911 Program, Frequently Asked Questions:** [www.911.gov/frequently\\_asked\\_questions.html](http://www.911.gov/frequently_asked_questions.html)

**NENA, Top 10 Tips for Calling 911:** [www.nena.org/page/911TipsGuidelines?](http://www.nena.org/page/911TipsGuidelines?)

**American College of Emergency Physicians, When to Call 911:** [www.emergencycareforyou.org/Emergency-101/](http://www.emergencycareforyou.org/Emergency-101/)

**Federal Communications Commission, Text to 911: What You Need to Know:** [www.fcc.gov/consumers/guides/what-you-need-know-about-text-911](http://www.fcc.gov/consumers/guides/what-you-need-know-about-text-911)

**Smart911:** [www.smart911.com/](http://www.smart911.com/)



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## **CHAPTER 6**

### *DSP Guide to Advocating in Healthcare Settings*

## Advocating For Client Rights in Healthcare Settings

Direct Care staff who accompany a client to a medical visit may be the only person familiar with the client and their needs. You can advocate for the person in the following areas:

- 1) Know your client and why are they visiting the provider
- 2) Be prepared to relay what has been observed recently, how it is different from the client's usual activity, and what was done for them prior to the visit
- 3) Understand who the guardian/responsible person is and how to contact them
- 4) Have the name and number of the delegating nurse or primary medical provider to contact for more information
- 5) Be clear that you are there to support the client, but not assume all responsibility for the medical details or answers to all questions

### Advocating Activity

In a small group, you will be given a paper with a specific role. Enact this role to the best of your ability (and imagination). Act out 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 symptoms of fatigue, perspiration, stomach pain and headache. You know this is not normal for Melissa and you have a "bad feeling" that something is wrong. You have been waiting for over two hours and Melissa is more listless and exhausted. Melissa is now asking to just go home so she can sleep. You approach the triage nurse; there are several people with chest pain, broken limbs and shortness of breath in line before Melissa.*

What should you do?

### Emergency Room Visit Documentation Activity

Thinking of Melissa's visit to the ER, independently complete the checklist.

*Staff instructions for accompanying clients on medical trips, ER visits, and hospital stays*

**Client:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Primary Care Provider:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Upon arrival of the medical appointment, give the provider the prepared information packet. **List what should be included in this packet:** \_\_\_\_\_

\_\_\_\_\_

Before the visit ends, remind the provider to fill out the consultation form, with their impression, diagnosis, and plan for additional tests and/or treatment recommendations. **Write down a few notes the ER doctor may have written regarding Melissa:** \_\_\_\_\_

\_\_\_\_\_

When asked for a client’s medical history, staff should provide information they have firsthand knowledge of (i.e. client communicates verbally, can walk, typical behavior, etc.). For medical questions, refer the health care provider to the medical reports in the packet or to call the PCP at their clinic. The hospital staff should contact the guardian for significant status changes (see face sheet in packet). **What would you tell the doctor about Melissa’s condition? What is significant in Melissa’s recent medical history that the ER doctor needs to know?** \_\_\_\_\_

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If more information is required, state that your supervisor is available to assist with connecting medical providers. **Why is it important to have a supervisor’s contact number with you at all times?** \_\_\_\_\_

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If the provider requests consent for medical treatment, they should contact the guardian. Guardian contact information is included in the packet. Remind the medical provider that **you are not able to provide consent**, and that the information should be communicated directly to the guardian. If the guardian is not available and consent is urgently required, your supervisor should be contacted to provide an Emergency Medical Consent form. **What could happen if you provide consent for medical treatment? What would you do if you could not get a hold of the guardian or your supervisor?** \_\_\_\_\_

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If the client is ready for hospital discharge, communications needs to occur between the treating hospital physician and the primary care physician (PCP). This is to ensure they are ready to resume the client’s care. This is in addition to, not instead of, contacting the guardian. **How would you check and advocate for this if it has not happened?** \_\_\_\_\_

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On return home (if applicable), all paperwork generated during the visit is to be directed to nursing staff (if applicable) and your supervisor. Do not separate outside prescriptions and drop them off at the pharmacy unless instructed to do so. **Who should get the paperwork in your program? What if the individual needs medication right away and the nursing staff is not available, what should you do?** \_\_\_\_\_

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For outpatient, hospital and/or ER visits, staff who assisted in the trip should write a brief progress note upon returning home. A message should also be called in to the PCP and supervisor. **Write your progress note about the visit to the ER with Melissa:** \_\_\_\_\_

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**Your goal** is to help your client make the most of a medical visit. **Preparation** is important before arriving. **Advocating** for representing the client is your primary task aside from transportation. Let the client speak or respond, and fill in with facts that you know. **Be prepared** to refer questions to others who have more information and responsibility, but do not become too passive and allow the visit to become useless. **Document** what happened, both positive and negative, so that others can help support your client.

# **+ Beyond First Aid**

## **CHAPTER 7**

### *When to Call the Primary Care Physician*

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## Knowing When to Call the Primary Care Physician Activity

The person's primary care physician (PCP) is often the most familiar with their medical history. It may be best to call them under certain non-emergent circumstances. It is also a good idea to keep an individual's PCP informed about their change in status, trips to the emergency room or urgent care departments and hospital admissions. PCPs are able to advocate for their patients and give the physician a broader picture of the individual's medical conditions.

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You are reading Jacob's MAR and you see he recently started a new medication; the physician's orders are to call if any appetite changes occur.

You notice that he is eating a lot more than usual and there has been some notable weight gain.

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

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

Jennifer is the person your support. She appears to have a common cold and you are unsure if Jennifer should be seen.

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

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

Melissa has just been to the emergency room or has come home from a hospital admission.

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

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

Jamal asks you to contact their PCP and wants to talk or be seen by their PCP right away.

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

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



There has been a change in Ming’s behavior and baseline condition. She went to this hospital on a mental health hold. She came home over a month ago and she has been very stable. She saw her PCP shortly after her discharge and he asked for a 30 day update on mood, affect or overall behavior. It has been over 30 days and you have an appointment with her PCP next week. You are unsure whether or not you should call the PCP.

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

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

**Should the PCP always be the first point of contact?**

– NO –

The primary care physician should only be your first point of contact when the individual’s medical condition is stable and predictable; and the individual is safe. These are circumstances where it is NOT appropriate for the PCP to be the first call. These circumstances indicate the person needs more emergent care and intervention:

- Bleeding from a major cut or gash
- Chest pains
- Vomiting blood or other unknown substance
- Severe diarrhea
- Refusing food or drink for more than six hours
- Signs of significant confusions or lethargy
- 103 degree temperature
- Trouble breathing or catching their breath
- Blood in stool or urine
- Severe headache
- Significant unidentified bruising or rash
- Possible broken bone or muscle injuries

The PCP should always be your second call. PCPs can be most effective when they are kept up-to-date on their patient’s condition. They may offer advice or guidance. If you suspect someone you support needs a higher level of care, do not wait, get them to an ER or urgent care setting.

**CALL THE DOCTOR ACTIVITY**

*In small groups, read the handout below. Role play the right and wrong ways to call and talk to the PCP.*

PCPs are busy people. It is rare to talk directly to the PCP on your first call, but you will likely receive a call back from a PCP or one of the clinic nurses. Tips that will help when you call:

- Be very polite but do not minimize the problem
- Give only the facts, do not assert your opinion, unless asked
  - > *Example – George woke up and would not eat breakfast. He refused to get out of bed and has been sleeping for 16 hours. He does not have a temperature nor does he complain of nausea, but he refused his medication last night.*
- Do not give your own medical opinion, but do express concerns
  - > *Example – I am concerned that George skipped breakfast and he is typically up very early. This behavior is unusual for him.*

- Be succinct. Try and give only the necessary facts, the person on the phone may have specific questions for you
- Request a call back, and state it is important, or you may not receive a call back
- Provide your name and contact number; provide times you will be close to your phone
- Call back in an hour if you have not heard back from the doctor and politely ask to “check in on the status of your message”
- If you are simply relaying a message to the PCP, be sure to let them know you do not need a call back
- When the PCP calls back, have the individual’s medical chart accessible - the doctor will likely have some specific questions
- Remain calm, polite and assertive - do not be afraid to let the PCP know your concerns and do not minimize the symptoms

The PCP is an important part of the client’s medical team. You should know when to call them and when to seek more emergent care. It is critical that we keep PCPs informed so they have the information they need to be the best support to the person. Know how to talk with the PCP and be the best proactive supporter you can be.

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## **CHAPTER 8**

### *When to Call Your Supervisor*

## When to Call Your Supervisor

*We all need support in this work. Sometimes we feel confident making appropriate decisions on our own, sometimes we do not. This guide will help you recognize appropriate times to call your supervisor to report changes, seek support and follow your organization's internal protocol. In this chapter you will learn how to demonstrate appropriate responsiveness to changes in an individual's baseline condition.*

### 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?

### You might not have medical background, use a resource checklist to make decisions

- When in doubt call 911. Always better to err on the side of caution.
- Supervisor-notification can be done after emergent help, but if you need help determining what to do, contact the on-call supervisor.
- Nurse delegator is a good resource for some less urgent medical questions, but remember, nurse delegators are not able to be a resource for emergent healthcare needs.
- 24-hour nurse line is a great resource if available with the client's insurance. The nurse on-call will be able to give you a definitive answer if you should call 911, transport the client to the emergency room, or wait until the next appointment, etc.
- Do not rely on online symptom checkers (i.e. WebMD); leave the diagnosis to medical professionals. If you suspect something – REACT and get medical help.
- Urgent care is an option but be sure you know the hours and location. If this is an emergency, the emergency room is the best resource.
- Primary care provider – you may have an arrangement with the client's primary care provider that you are able to call for advice. This may not always be available, so do not rely on this for emergencies.

# **+** Beyond First Aid

## **CHAPTER 9** *Final Activity*

## The Final Plan Activity

The instructor will divide the class into small groups and hand out the following scenario. Make a plan for these individuals from start to finish. *Please use your Resource Manual.*

- 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?

### Scenario 1 – Bart

*Bart is 52, 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 is typical. Later he walks past you, says “ouch,” and kicks his leg where it is red. You check his leg and it feels warm to the touch.*

### Scenario 2 – Carl

*Carl is 29, and overall very healthy with no medical diagnosis. He communicates only through gestures and actions. He is typically 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 relieving she says “it is probably because he is 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 co-worker noted similar behavior.*

### Tips:

- Do not try to do this alone
- Get assistance from others
- If you still have concerns after another person has said there is no problem, follow your instincts and advocate for the person you support

## Following Doctor’s Orders/Discharge Plans

Doctor discharge orders are a way to communicate with the people they treat and their support networks. These orders can come from primary care, specialty care (example -cardiologist), urgent care, emergency care, and hospital discharges. Read and follow the orders as precisely as possible. Here are some tips and resources for following discharge orders.





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