YEAR ONE • YEAR ONE • YEAR ONE • YEAR ONE

Student Resource Guide

Direct Support Professional Training

California Department of Education

IN PARTNERSHIP WITH THE

Department of Developmental Services

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Student Resource Guide, Year 1

Acknowledgements

The Department of Developmental Services (DDS) and the California Department of Education (CDE) would like to extend their appreciation to the many people and organizations throughout the state of California and across the nation who contributed their time and expertise to the initial development and revisions of the Direct Support Professional Training. Special thanks are extended to:

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Dedication

To everyone who is committed to improving the quality of life for individuals with intellectual/developmental disabilities.

Student Resource Guide, Year 1

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Student Resource Guide

Introduction

About the Training

The Direct Support Professional (DSP) training is 70 hours of training which is designed to be completed over a two-year period, 35 hours in each year.

In Year 1, you will learn about:

- The Direct Support Professional
- The California Developmental Disabilities Service System
- The Individual Program Plan
- Risk Management and Incident Reporting
- Medication Management
- Wellness: Maintaining the Best Possible Health
- Oral Health
- Signs and Symptoms of Illness and Injury
- Risk Management: Environmental Safety
- Communication
- Positive Behavior Support

In Year 2, you will learn more about those topics, as well as:

- Making Choices
- Person-Centered Planning
- Nutrition and Exercise
- Strategies for Successful Teaching
- Life Quality

A C T I V I T Y

Getting to Know You

Directions: *Pair up with someone in the class. Take turns asking each other the following questions. Write your partner's answers below.*

What is your name?

.....

Where do you work?

.....

What are three positive words that describe how you feel about the work you do?

1 .....

2 .....

3 .....

Key Words

Each session will begin with a list of "Key Words:" words that are used often in the session and in the work of a DSP. For example, in the very first session of the training series, the word **individual** is defined as "How this training refers to individuals with intellectual/developmental disabilities. It will remind you to always treat each person you support as an individual with unique interests, abilities, preferences, and needs."

You may hear the words "consumers" or "clients" or some other word used when referring to the individuals you support. However, throughout this training, individuals with intellectual/developmental disabilities will be referred to as "individuals."

Homework

There will be no written homework in this training. However, you will be asked to practice new skills in the course of your daily work. You will share your experiences with the class at the beginning of each session.

Quizzes

At the end of each session, you will have a short quiz. The quiz questions are multiple choice. You will circle your answer. We will review the answers together in class.

Skill Checks

Skill checks are opportunities for your trainer to observe you demonstrating new and important skills. The following are two skill checks in the first year of training:

- Assisting with the self-administration of medication.
- Gloving procedures.

In Year 2, you will repeat the skill check for assisting with the self-administration of medication because it is a very important skill. You must pass each skill check to pass the training.

Test After Training

The Test After Training consists of 36 multiple choice questions and is also on a Scantron® form. The questions on the final test will be drawn directly from the quizzes.

About the Training (cont.)

Word of Caution

Before we start the training, it is important to note that this training does not replace the professional advice of doctors, lawyers, and other experts. This training is based upon what are widely considered to be preferred practice of the field. However, policies and procedures differ from facility to facility; you will be expected to learn your facility's particular policies and procedures.

It is possible that some practices in your facility may differ from preferred practices that you learn in this training. What should you do? These types of ethical considerations will be explored throughout the training. Start by talking to the administrator of the home where you work about these differences and the best course of action. However, never risk your health and safety, or that of an individual, to do something for which you feel unqualified. It is always okay to ask for help.

DSP Training for a Better Quality of Life

The purpose of the DSP training is to build your skills to promote the health, safety, and well-being of individuals with intellectual/developmental disabilities, which will lead to a better quality of life for them. Promoting a better quality of life for the individuals with disabilities who you support will likely lead to a more rewarding professional life for you!

So what does "quality of life" mean? It means different things to different people. Generally, people experience a good quality of life when they:

- Are able to make choices in their lives, and their choices are encouraged, supported, and respected
- Have close, supportive relationships with friends and family
- Live in a home that is comfortable for them and with people who know and care about them
- Participate in activities they find enjoyable
- Have access to health care and have the best possible health
- Feel and are safe
- Are treated with dignity and respect
- Are satisfied with their lives

"What I'd Say"

The song "What I'd Say" was inspired by several people who do not use words to communicate. It highlights the importance of listening deeply to people through the use of person centered thinking skills so that every voice is heard and each person's vision is realized. Michael Steinbruck is the Program Coordinator at The Boggs Center on Developmental Disabilities. He is a Mentor Trainer in person centered thinking and planning and has served on the Board of Directors of The Learning Community for Person Centered Practices since 2006. He has been a singer/songwriter/guitarist for more than 25 years. In describing his musicianship, he says "my guitar feeds the hungry and my voice sings in harmony with the poor, the excluded, the disenfranchised."

DSP Toolbox

Whether you are working independently or with a team, you will need a set of "tools"—basic skills and knowledge—to help you successfully meet the daily challenges of your job. Just as a carpenter cannot do a job without a hammer and nails, a DSP cannot provide the best possible support to individuals without the DSP tools. Tools in the DSP Toolbox are:

Ethics: Make it possible for the DSP to make decisions based on a set of beliefs that guide behavior.

Observation: Makes it possible for the DSP to use their eyes and ears to notice things that could affect an individual's health and well-being.

Communication: Makes it possible for the DSP to give and receive information in a variety of ways.

Decision Making: Makes it possible for the DSP to choose the best course of action with the information at hand.

Documentation: Makes it possible for the DSP to create a written record of important information about individuals and events.

Many situations in your work call for using several tools at the same time. For example, if an individual is sick, you might use every tool in the DSP Toolbox:

- ***Ethics*** to guide you in promoting the individual's physical well-being by ensuring they receive timely medical treatment with dignity and respect.
- ***Observation*** to identify changes that may be signs and symptoms of illness. You might *see* the individual rubbing her stomach, *feel* her skin is cold and clammy, or *hear* her moaning and saying "my stomach hurts."
- ***Communication*** to ask questions about someone's pain such as, "How long has it hurt you?" Communication also means listening and understanding an individual's response.
- ***Decision Making*** to choose how to respond to the individual's illness based on what you have observed and what has been communicated. For example, "Do I need to call the doctor or take her directly to the emergency room?"
- ***Documentation*** to record information about the illness in the individual's daily log and on an information sheet to bring to the doctor's appointment.

Ethics

***Ethics** are rules about how people think they and others should behave. People's ethics are influenced by a variety of factors including culture, education, and the law.*

The National Alliance of Direct Support Professionals (NADSP) recognized that DSPs encounter situations that require ethical decision making everyday. NADSP developed a Code of Ethics to help DSPs make professional, ethical decisions that benefit the individuals they support. Following is a condensed version of the NADSP Code of Ethics. (For the entire Code of Ethics, see Appendix Introduction-A.)

1. *Advocacy:* As a DSP, I will work with the individuals I support to fight for fairness and full participation in their communities.
2. *Person-Centered Supports:* As a DSP, my first loyalty is to the individual I support. Everything I do in my job will reflect this loyalty.
3. *Promoting Physical and Emotional Well-Being:* As a DSP, I am responsible for supporting the emotional, physical, and personal well-being of individuals receiving support while being attentive and energetic in reducing their risk of harm.
4. *Integrity and Responsibility:* As a DSP, I will support the mission of my profession to assist individuals to live the kind of life they choose. I will be a partner to the individuals I support.
5. *Confidentiality:* As a DSP, I will protect and respect the confidentiality and privacy of the individuals I support.
6. *Fairness:* As a DSP, I will promote and practice fairness and equity for the individuals I support. I will promote the rights and responsibilities of the individuals I support.
7. *Respect:* As a DSP, I will keep in mind the dignity of the individuals I support and help others recognize their value.
8. *Relationships:* As a DSP, I will assist the individuals I support to develop and maintain relationships.
9. *Self-Determination:* As a DSP, I will assist the individuals I support to direct the course of their own lives.

It is expected that DSPs will use this professional Code of Ethics when faced with difficult decisions, even if these ethics differ from their own.

Observation

***Observation** is noticing changes in an individual's health, attitude, appearance, or behavior.*

- Get to know the individual so you can tell when something changes.
- Use your senses of sight, hearing, touch, and smell to observe signs or changes.
- Get to know the individual's environment and look for things that may impact the safety and well-being of the individual and others.

Communication

***Communication** is understanding and being understood.*

- Listen carefully to what is being communicated through words and behavior.
- Repeat back what was communicated to confirm understanding.
- Ask questions to gain a more complete understanding.
- Be respectful.

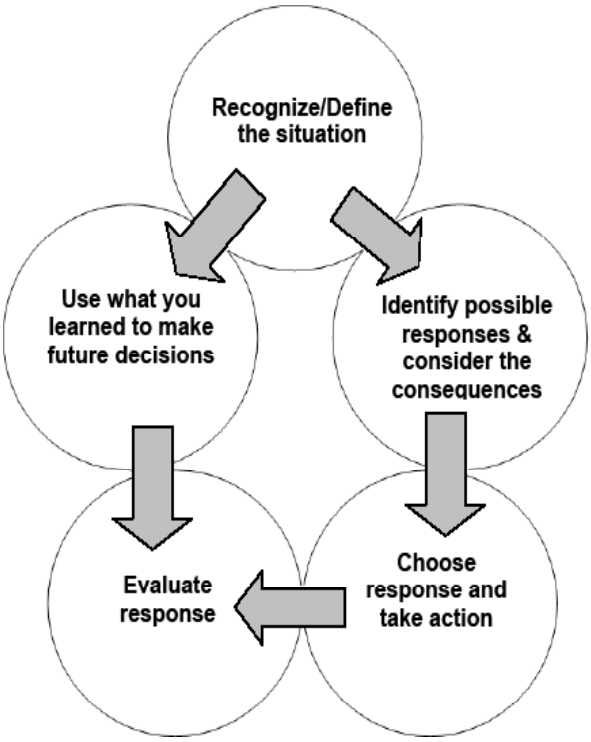
DSP Toolbox: Additional Information (cont.)

Decision Making

Decision Making *is choosing the best response to a situation with the information that is available to you. Decision making is an ongoing process.*

- Recognize/define the situation.
- Identify possible responses and consider the consequences.
- Choose a response and take action.
- Evaluate how your response worked. Were the consequences positive? If not, what could have made it work better?
- Use what you learned to make decisions in the future.

DECISION MAKING LOOP



Documentation

Documentation *is a written record that can be shared with other people who support indivduals, such as other DSPs and health care professionals.*

- The DSP is required to keep consumer notes for the following important, non-routine events in an individual's life: medical and dental visits, illness/ injury, special incidents, community outings, overnight visits away from the home, and communications with the individual's physician.
- Do not document personal opinions, just the facts (for example, who, what, when, and where).
- Be specific when describing behaviors.
- Record what the individual actually said or describe non-verbal attempts to communicate.
- Describe the event from beginning to end.
- Be brief.
- Use ink.
- Do not use White Out® to correct mistakes. Cross out the error and put your initials next to it.
- Sign or initial and date.

Let's Get Started...

As we said earlier, the purpose of the DSP training is to build your skills to promote the health, safety, and well-being of individuals with developmental and intellectual •disabilities, which will lead to a better quality of life for those individuals. Session 1 will begin with a deeper discussion of Quality of Life.

Appendices

National Alliance of Direct Support Professionals

CODE OF ETHICS

Advocacy

As a DSP, I will advocate with the people I support for justice, inclusion, and full community participation.

Interpretive Statements

As a DSP, I will –

- Support individuals to speak for themselves in all matters where my assistance is needed.
- Represent the best interests of people who cannot speak for themselves by finding alternative ways of understanding their needs, including gathering information from others who represent their best interests.
- Advocate for laws, policies, and supports that promote justice and inclusion for people with disabilities and other groups that have been disempowered.
- Promote human, legal, and civil rights of all people and assist others to understand these rights.
- Recognize that those who victimize people with disabilities either criminally or civilly must be held accountable for their actions.
- Find additional advocacy services when those that I provide are not sufficient.
- Consult with people I trust when I am unsure of the appropriate course of action in my advocacy efforts.

Person-Centered Supports

As a DSP, my first allegiance is to the person I support; all other activities and functions I perform flow from this allegiance.

Interpretive Statements

As a DSP, I will –

- Recognize that each person must direct his or her own life and support and that the unique social network, circumstances, personality, preferences, needs and gifts of each person I support must be the primary guide for the selection, structure, and use of supports for that individual.
- Commit to person-centered supports as best practice.
- Provide advocacy when the needs of the system override those of the individual(s) I support, or when individual preferences, needs, or gifts are neglected for other reasons.
- Honor the personality, preferences, culture, and gifts of people who cannot speak by seeking other ways of understanding them.
- Focus first on the person and understand that my role in direct support requires flexibility, creativity, and commitment.

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 energetic in reducing their risk of harm.

Interpretive Statements

As a DSP, I will –

- Develop a relationship with the people I support that is respectful, based on mutual trust, and that maintains professional boundaries.
- Assist the individuals I support to understand their options and the possible consequences of these options as they relate to their physical health and emotional well-being.
- Promote and protect the health, safety, and emotional well-being of an individual by assisting the person in preventing illness and avoiding unsafe activities. I will work with the individual and his or her support network to identify areas of risk and to create safeguards specific to these concerns.
- Know and respect the values of the people I support and facilitate their expression of choices related to those values.
- Challenge others, including support team members (for example, doctors, nurses, therapists, co-workers, or family members) to recognize and support the rights of individuals to make informed decisions even when these decisions involve personal risk.
- Be vigilant in identifying, discussing with others, and reporting any situation in which the individuals I support are at risk of abuse, neglect, exploitation, or harm.
- Consistently address challenging behaviors proactively, respectfully, and by avoiding the use of aversive or deprivation intervention techniques. If these techniques are included in an approved support plan I will work diligently to find alternatives and will advocate for the eventual elimination of these techniques from the person's plan.

Integrity and Responsibility

As a DSP, I will support the mission and vitality of my profession to assist people in leading self-directed lives and to foster a spirit of partnership with the people I support, other professionals, and the community.

Interpretive Statements

As a DSP, I will –

- Be conscious of my own values and how they influence my professional decisions.
- Maintain competency in my profession through learning and ongoing communication with others.
- Assume responsibility and accountability for my decisions and actions.
- Actively seek advice and guidance on ethical issues from others as needed when making decisions.
- Recognize the importance of modeling valued behaviors to co-workers, persons receiving support, and the community-at-large.
- Practice responsible work habits.

Appendix Introduction-A (cont.)

Confidentiality

As a DSP, I will safeguard and respect the confidentiality and privacy of the people I support.

Interpretive Statements

As a DSP, I will –

- Seek information directly from those I support regarding their wishes in how, when, and with whom privileged information should be shared.
- Seek out a qualified individual who can help me clarify situations where the correct course of action is not clear.
- Recognize that confidentiality agreements with individuals are subject to state and agency regulations.
- Recognize that confidentiality agreements with individuals should be broken if there is imminent harm to others or to the person I support.

Justice, Fairness, and Equity

As a DSP, I will promote and practice justice, fairness, and equity for the people I support and the community as a whole. I will affirm the human rights, civil rights, and responsibilities of the people I support.

Interpretive Statements

As a DSP, I will –

- Help the people I support use the opportunities and the resources of the community available to everyone.
- Help the individuals I support understand and express their rights and responsibilities.
- Understand the guardianship or other legal representation of individuals I support, and work in partnership with legal representatives to assure that the individual's preferences and interests are honored.

Respect

As a DSP, I will respect the human dignity and uniqueness of the people I support. I will recognize each person I support as valuable and help others understand their value.

Interpretive Statements

As a DSP, I will –

- Seek to understand the individuals I support today in the context of their personal history, their social and family networks, and their hopes and dreams for the future.
- Honor the choices and preferences of the people I support.
- Protect the privacy of the people I support.
- Uphold the human rights of the people I support.
- Interact with the people I support in a respectful manner.
- Recognize and respect the cultural context (such as, religion, sexual orientation, ethnicity, socioeconomic class) of the person supported and his or her social network.
- Provide opportunities and supports that help the individuals I support be viewed with respect and as integral members of their communities.

Relationships

As a DSP, I will assist the people I support to develop and maintain relationships.

Interpretive Statements

As a DSP, I will –

- Advocate for the people I support when they do not have access to opportunities and education to facilitate building and maintaining relationships.
- Assure that people have the opportunity to make informed choices in safely expressing their sexuality.
- Recognize the importance of relationships and proactively facilitate relationships between the people I support, their family, and friends.
- Separate my own personal beliefs and expectations regarding relationships (including sexual relationships) from those desired by the people I support based on their personal preferences. If I am unable to separate my own beliefs/preferences in a given situation, I will actively remove myself from the situation.
- Refrain from expressing negative views, harsh judgments, and stereotyping of people close to the individuals I support.

Self-Determination

As a DSP, I will assist the people I support to direct the course of their own lives.

Interpretive Statements

As a DSP, I will –

- Work in partnership with others to support individuals leading self-directed lives.
- Honor the individual's right to assume risk in an informed manner.
- Recognize that each individual has potential for lifelong learning and growth.

Student Resource Guide

1. The Direct Support Professional

Student Resource Guide: SESSION 1

The Direct Support Professional

OUTCOMES

When you finish this session, you will be able to:

- Define the term “developmental disability.”
- Identify characteristics of specific developmental disabilities.
- List the values that guide the Direct Support Professional (DSP) work as outlined in the Lanterman Act.
- Discuss your attitudes and beliefs about individuals with disabilities and how those attitudes and beliefs may impact your work.
- Describe the DSP’s roles in supporting individuals.
- Identify the “tools” in the DSP toolbox: ethics, observation, communication, decision making, and documentation.
- Identify people with whom DSPs may team to support individuals.
- Use “People First” language.
- Define the “Platinum Rule.”

KEY WORDS

Key Word	Meaning	In My Own Words
Developmental Disability	A developmental disability begins before someone reaches 18 years of age; lasts throughout an individual's life; greatly limits three or more major life activities; and often means there is a need for some kind of assistance.	
Direct Support Professional (DSP)	You are a DSP. A DSP works with and supports individuals with developmental disabilities where they live and work.	
Individual	How this training refers to individuals with intellectual/ developmental disabilities. It will remind you to treat each person you support as an individual with unique interests, abilities, preferences, and needs.	
People First Language	Language that refers to the qualities of a person, not a person's disabilities.	
Platinum Rule	Treat others as they would like to be treated.	
Professional Ethics	A set of beliefs to guide one's professional behavior.	
Values	Judgments about what is important in life. Ideals that shape the quality of services and supports.	

A C T I V I T Y

What Do You Want to Know?

Directions: *Think about the topic of this training session. Answer the first two questions in the space provided below. You will come back to this page at the end of the session to answer the last question.*

What do you **already know** about the DSP's roles and responsibilities in supporting individuals with developmental disabilities to have a better quality of life?

What do you **want to know** about the DSP's roles and responsibilities in supporting individuals with developmental disabilities to have a better quality of life?

To be answered at the end of the session, during review:
What **have you learned** about the DSP's roles and responsibilities in supporting individuals with developmental disabilities to have a better quality of life?

Introduction

What is the purpose for the Direct Support Professional training?

The purpose of the DSP training is to build your skills to promote the health, safety, and well-being of individuals with intellectual/developmental disabilities, which will lead to a better quality of life.

Promoting a better quality of life for the individuals with disabilities who you support will likely lead to a more rewarding professional life for you! There is nothing better than a situation in which everyone wins!

DSP Training for a Better Quality of Life

So what does "quality of life" mean? It can mean different things to different people. Generally, people experience a good quality of life when they:

- Are able to make choices in their lives, and their choices are encouraged, supported, and respected
- Have close, supportive relationships with friends and family
- Live in a home that is comfortable for them and with people who know and care about them
- Participate in activities they find enjoyable
- Have access to health care and have the best possible health
- Feel safe and are safe
- Are treated with dignity and respect
- Are satisfied with their lives

ACTIVITY

What Adds to the Quality of Your Life?

Directions: *Think about what "quality of life" means for you. Write down five things that are important in your life (things that you think are necessary for you to have good quality of life).*

1.

2.

3.

4.

5.

DSP Training for a Better Quality of Life (cont.)

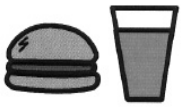
Now, let's see what some individuals with intellectual/developmental disabilities have to say about what quality of life means to them. A number of individuals living throughout the state of California were asked, "What does quality of life mean to you? What things are important in your life (things that you think are necessary for you to have good quality of life)?" This is what they said:

I choose my own friends

I do what I want on weekends

I spend my own money

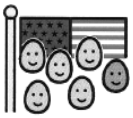
I cook whenever I want

I  eat out

I decide how to spend my own free time

I live where I want to live

I make my own decisions

I have the  freedom to work when I want

I work where I want to work

I can

go to college

DSP Training for a Better Quality of Life (cont.)

In many of the areas listed on page S-5, the individuals surveyed felt they were doing pretty well; however, individuals said they specifically wanted to make more of their own choices in the area of relationships, personal care, and personal freedom.

In the area of relationships, they wanted to spend more time with friends, see their families more often and at holidays, spend some time with boyfriends and girlfriends, and get married.

In the area of personal care, they wanted better trained doctors and more of them, good healthy food choices, and more recreational opportunities.

In the area of personal freedom, they wanted to spend more time in the community, to make their own decisions about when to go on a diet, to go on more vacations, and to be more a part of their communities.

Individuals had some very specific things to say to the people who support them: that means you. They want:

- To have more say about the medications they take
- To wear clean clothes
- To decide on their own bedtime
- Not to have a schedule
- To watch the television programs they like at the times they want
- To see boyfriends and girlfriends when they want
- And, to invite more visitors to come over to visit*

As we go through this training, listen, learn, and think about what individuals with intellectual/developmental disabilities have to say about what is important to them and how you can apply what you learn in supporting the individuals to have a better quality of life.

*Excerpted and Adapted from Department of Developmental Service's Consumer Advisory Committee,

Community Conversations with People with Developmental Disabilities in California.

The Direct Support Professional

A **Direct Support Professional (DSP)** works with and supports individuals with intellectual/developmental disabilities in the places they live and work. DSPs perform their jobs in licensed homes, day programs, supported or independent living environments, and work sites. A DSP has many important roles to play. You are:

- A PARTNER - assisting individuals to lead independent lives and participate in and contribute to the community.
- A TEACHER - finding creative and fun ways to help individuals learn meaningful skills and providing them with information to make the best choices for themselves.
- An AMBASSADOR - to the individual's community, encouraging others to interact with individuals with intellectual/developmental disabilities as neighbors, friends, and co-workers.
- An ADVOCATE - supporting individuals to exercise their rights and responsibilities.
- A SUPPORTER - seeking to understand the likes, dislikes, hopes, and dreams of individuals they support and working with them as they make progress toward their life goals.

All of the roles that you play have a common focus on supporting individuals to live the kind of lives they choose. The DSP is a Partner, Teacher, Ambassador, Advocate, and Supporter. The DSP is not a Boss or one who orders people around and makes them do things they may not want to do. Likewise, the DSP is not a Parent to the individuals they support. The job of the DSP carries a great deal of responsibility, and it is easy to get these roles confused. Unlike a parent, legal guardian, or conservator, the DSP does not have the authority to make important life decisions for individuals they work for and with. Instead, the individuals themselves, with the help of parents, legal guardians, conservators and service coordinators as appropriate, make decisions about their own lives.

OPTIONAL ACTIVITY

DSP Roles and Responsibilities

Directions: *Read the following scenario. Draw a line from each activity to its matching role. Some roles will have more than one activity attached to them (refer to page S-7 if necessary).*

Mary, a new DSP, asks her co-worker, Tom, to tell her about what he does during a typical work day. She wants to know more about what she's expected to do as a DSP. Tom counts on his fingers some of the activities he did over the past week. As he lists the activities, he realizes that he doesn't have enough fingers to count them all! Here are some of the activities Tom did:

ROLES

Partner

Teacher

Ambassador

Advocate

Supporter

- Tom talked to Martha, the Home Administrator, about getting ready for A.J.'s IPP meeting scheduled for Tuesday. A.J. would like to get a bus pass for the Roseland area now that he uses the bus to go to work.
- Tom helped A.J. with his medication.
- Tom spent time teaching A.J. how to put a DVD into his own DVD player.
- Tom helped A.J. and Marissa make breakfast.
- Tom talked with Marissa about her parents. Marissa feels that her parents are too controlling.
- Tom helped A.J. clean up his room.
- Tom talked to Martha about tacking down a piece of carpet that A.J. tripped over.
- Tom helped A.J. pick out matching clothes to wear.
- Tom talked to A.J.'s boss at Starbucks and answered his questions about A.J.'s disability.
- A.J.'s Service Coordinator was late for an appointment, and Tom could tell that A.J. was upset. Tom went for a short walk with A.J. to help him calm down.
- Tom helped Marissa make a list of questions for the doctor before he took her to her appointment.

Teaming with Others to Support Individuals

The DSP is a member of several teams: the team of staff who work to support individuals in the home, each person's individual support team, and each individual's planning team.

People who might be on these teams include: individuals and their families; the administrator of the home and other DSPs, both in the home and at a day or work site; regional center staff, consultants, health care professionals; and other representatives from community agencies.

You will find that working as part of a team is often better than working alone. Sharing information and ideas with team members leads to creative planning and problem solving.

The DSP Profession

People like you, who support individuals in their daily lives, were not always considered "professionals." More recently, the importance of the challenging work that you and other DSPs perform has gained broad recognition and appreciation as a profession.

Specific knowledge, skills, and commonly agreed-upon standards for professional conduct are what separate a "job" from a "profession." This training focuses on the skills, knowledge, and abilities that have been identified by administrators, direct support professionals, and others as critical to satisfactory job performance.

Nationwide, DSPs have joined together to form a professional organization called the National Alliance for Direct Support Professionals (NADSP). The NADSP has developed a set of professional ethics (standards for professional conduct) for DSPs.

The complete text of the NADSP Code of Ethics is in Appendix 1-A. Information about how to get connected with this organization is included in the resources section of this student guide. NADSP has a website and newsletter written by and for DSPs that contains very helpful and supportive information for DSPs. The NADSP website is www.nadsp.org.

Values to Guide Your Work

The Lanterman Developmental Disabilities Services Act, which became law in the 1970s, established the state's promise to Californians with intellectual/developmental disabilities to provide quality services to meet their individual needs. The Lanterman Act envisions services that reflect the values of individual choice, relationships, regular lifestyles, health and well-being, rights and responsibilities, and satisfaction. Values are ideals that shape the quality of services and supports. Here is what the Lanterman Act says about the value of:

Choice:

Individuals (with help from parents, legal guardians, or conservators when needed) have the right to make decisions about their own lives, such as where and with whom they live, where they work, their relationships with others, the way in which they spend their time, and their goals for the future. Services and supports address the individual's identified needs and respect the individual's preferences. Support may be needed to develop communication and decision making skills.

Relationships:

Individuals with intellectual/developmental disabilities have the right to develop relationships, marry, be a part of a family, and be a parent if they choose.

Support may be needed to help people start and keep relationships with friends and fellow community members or to develop intimate relationships. This support may include services such as transportation, family counseling, or training in human development and sexuality.

Regular Lifestyles:

Individuals have the right to be involved in their community in the same ways as their neighbors, friends, and fellow community members.

Services are provided to the greatest extent possible in the home and community settings where individuals live and work.

Services and supports should meet the cultural preferences of the individual.

Support and training may be needed to help individuals to be as independent and productive as possible.

When an individual's needs change, services should change as well to make sure that the individual can continue living where he or she chooses.

Individuals have the right to be comfortable where they live, have privacy when they need it, and choose the way their living spaces are decorated and arranged.

Services and supports are provided to allow minors with intellectual/developmental disabilities to live with their families to the greatest extent possible.

Health and Well-Being:

Individuals have a right to be free from harm, live a healthy lifestyle, and receive quick medical care and treatment.

Support may be needed to assist individuals to receive medical, mental health, and dental care and treatment when they need it.

Services and supports may be needed to teach individuals how to keep themselves healthy or to seek services and supports that keep them healthy.

Values to Guide Your Work (cont.)

Rights and Responsibilities:

Individuals with intellectual/ developmental disabilities have the same basic legal rights as other citizens.

Individuals have a right to privacy and confidentiality of personal information.

Individuals have a right to treatment and habilitation; dignity and humane care; education; prompt medical care and treatment; religious freedom; social interaction and participation in community activities; physical exercise and recreation; freedom from harm; freedom from hazardous procedures; and to make choices about their lives.

Along with all of these rights are responsibilities, such as respecting the privacy of others and being an informed voter.

Support may be needed for individuals to learn about their rights and responsibilities and how to advocate for themselves.

Satisfaction:

Individuals have the right to plan goals for the future and to work toward them.

Individuals have the right to be satisfied with the services and supports they receive and be supported to change them when they are not satisfied.

Individuals have the right to a good quality of life.

Supporting individuals in having quality of life means supporting them in ways that are consistent with these values: making sure that individuals have choices, spend time with family and friends, have the best possible health, are safe, and are treated with dignity and respect… all the things that are necessary for quality of life.

Adapted from *Looking at Life Quality*, Department of Developmental Services (1996)

Individuals with Intellectual/Developmental Disabilities

Who are the individuals you support? First, they are **people**. The individuals you support are children and adults, male and female, and come from interesting backgrounds just like you. They have many unique preferences and qualities that you will get to know over time. What the individuals you support have in common is that they have developmental disabilities.

Here is some basic information about the causes and kinds of developmental disabilities. You are not expected to know everything about every type of developmental disability. However, it is important that you know and understand the types of disabilities that the individuals you work with have in order to provide them with the best possible service and support.

What Is a Developmental Disability?

A **developmental disability,** as defined by California state law:

- Begins before someone reaches 18 years of age
- Lasts throughout an individual's life
- Greatly limits three or more major life activities for the individual
- Often means there is a need for some kind of assistance in the individual's daily life

Developmental disabilities include intellectual disability, cerebral palsy, epilepsy, and autism. Also included in the legal definition are people who need the same kinds of support as those who have an intellectual disability. It does not include people who have only physical, learning, or mental health challenges.

Causes of a Intellectual/Developmental Disability

Many things can cause a intellectual/developmental disability, such as:

- The mother having a serious illness, poor eating habits, or poor health care, or the fact that she smokes, drinks alcohol, or uses drugs during pregnancy
- Chemical or chromosomal differences (like Down syndrome) or an inherited condition
- A lack of oxygen to the brain, low birth weight, or a difficult birth
- A serious accident, abuse, lead poisoning, or extremely poor nutrition

While keeping the above causes in mind, remember that often, the cause is not known. A developmental disability can happen in any family.

Major Types of Developmental Disabilities

The following table lists the major kinds of developmental disabilities: intellectual disability, cerebral palsy, autism and epilepsy. The table also tells you what those disabilities might look like. Keep in mind that some individuals may have one or more of the developmental disabilities listed. Also, a developmental disability is not a contagious disease - you can't "catch" it.

Developmental Disability	Characteristics	Notes for the DSP
Intellectual Disability	•Have limitations in learning, reasoning, and problem solving. •Have limitations in conceptual, social, and practical skills. •Thinks about things in more real-life or concrete ways. •Keeps learning and developing throughout life as we all do.	•Level and impact of intellectual disability is different for each individual. This means each individual needs different levels of support and types of service in daily living. •Intellectual disability is very different from mental illness, Some people who have an intellectual disability may have mental illness. •Intellectual disability used to be known as "mental retardation;" you may still hear the term "mental retardation" used.
Cerebral Palsy	•Has involuntary movement. •Has a hard time controlling movement. •Has a hard time maintaining balance or posture. •Has a hard time swallowing or speaking.	•"Cerebral" refers to the brain and "palsy" to muscle weakness or poor control. •There are different levels of cerebral palsy from mild to severe. •There are different types: spastic, athetoid, ataxic, and mixed. •People can lead more independent lives through the use of special devices (for example, computers and wheelchairs). •Physical therapy may help individuals gain more control over movement.
Autism	•Generally has a hard time making friends. •May have unexpected emotional responses, such as laughing at a car accident. •Generally has a hard time communicating with others. •May hurt self (self-injurious). •Generally wants to follow routines and may get upset if things are changed. •May repeat words and/or body movements.	•Affects people in many different ways •The causes are not very well understood.
Epilepsy	•Have seizures which are short surges of electrical activity in the brain. •May "pass out" or become unconscious. •Movement or actions may change for a short time.	•Epilepsy is sometimes called a seizure disorder. •There are different types of seizures and epilepsy syndromes, each looking different and requiring different responses.
Other		•Includes people who need the same kinds of support as those who have an intellectual disability. •Does not include people who only have physical, learning, or mental health challenges. •Examples are conditions like Neurofibromatosis, Tuberous Sclerosis, and Prader-Willi Syndrome.

Developmental Delays

An intellectual/developmental delay is a very large difference between a young child's abilities and what is usually expected of children the same age. ("Young" is defined as up to 36 months of age.) Infants and toddlers who have an intellectual/developmental delay can receive early intervention services. These services support the child and their family in learning the things that will help the

Individuals with Intellectual/Developmental Disabilities Are People First

While it's important to learn about the names and causes of intellectual/developmental disabilities, **individuals with intellectual/developmental disabilities** are people first. One group of self-advocates came up with the saying, "Label Jars, Not People." For example, the subtle difference between calling Joe "a person with autism" rather than "an autistic person" is one that acknowledges Joe as a person first. This is one example of what is called **People First Language.** A good way to ensure that you are using People First Language is to begin describing people with the words "individual," "person," "man," or "woman."

The Golden Rule vs. the Platinum Rule

It is not enough to use People First Language to show respect for individuals. It is also important to demonstrate **People First Behavior.** What does that mean? It means that:

- You take the time to learn about an individual's needs, strengths, and preferences.
- You do not assume that you know what is best.
- Your manner of supporting individuals reflects their needs, strengths, and preferences.

The old rule was the **Golden Rule**: Treat others the way you would want to be treated. The new rule is the **Platinum Rule**: Treat others as they want to be treated.

- Golden Rule assumes people want to be treated as you want to be treated.
- All individuals have different preferences and strengths.
- Platinum rule principal states: Let me first understand what the individual wants and then I'll give it to them.

A C T I V I T Y

Stereotypes of Individuals with Intellectual/Developmental Disabilities

Directions: *Write down the stereotypes of individuals with intellectual/developmental disabilities that you have heard and then consider the following questions.*

How many stereotypes are negative?

Why are so many negative?

What impact does it have on the individuals with whom you work if you believe these stereotypes?

Does anyone know of a person without a disability who fits one or more of these stereotypes?

Do you think these stereotypes ever affect the work that DSPs do? If so, how?

How can DSPs overcome these stereotypes?

P R A C T I C E A N D S H A R E

Think of a time when you helped to add to the quality of an individual's life. What exactly did you do to add to the quality of the individual's life? How do you know it added to the quality of the individual's life?

Session 1 Quiz

The DSP Profession

1. **What is one reason for the DSP Training?**
   A) To help the DSP support individuals to have a better quality of life
   B) To give the DSP more control over the lives of individuals
   C) To make DSPs medical experts
   D) To reduce the amount of work DSPs have to do

2. **One value that guides services in the Lanterman Act is:**
   A) Isolation
   B) Obedience
   C) Dependence
   D) Satisfaction

3. **When a DSP is finding creative and fun ways to help individuals learn meaningful skills, they are playing the role of:**
   A) Ambassador
   B) Boss
   C) Teacher
   D) Parent

4. **Which is an example of "People First" Language?**
   A) Victim of autism
   B) Handicapped person
   C) Individual with a developmental disability
   D) Mentally retarded person

5. **According to California state law, a developmental disability:**
   A) Always begins before someone is born
   B) Goes away with medication and therapy
   C) Greatly limits three or more major life activities
   D) Only includes physical challenges

6. **One characteristic of cerebral palsy is:**
   A) Mental illness
   B) Involuntary movements
   C) High blood pressure
   D) Weak bones

7. **Which DSP tool is used when a DSP looks and listens for things that could affect an individual's health and well-being?**
   A) Documentation
   B) Ethics
   C) Decision Making
   D) Observation

8. **Describe the DSPs role on the individual's planning team:**
   A) The DSP finds and coordinates needed services
   B) The DSP provides services and supports to assist the individual to achieve their goals
   C) The DSP makes decisions for the individual
   D) The DSP assesses the individual's needs and makes recommendations for specific services

9. **What is the Platinum Rule?**
   A) Treat individuals like your friends
   B) Treat others as you would like to be treated
   C) Treat individuals like your own children
   D) Treat others as they would like to be treated

10. **Which Lanterman Act value says that services and supports should be based on an individual's needs and preferences?**
    A) Relationships
    B) Health and well-being
    C) Choice
    D) Rights and responsibilities

Appendices

Appendix 1-A

NADSP Code of Ethics for Direct Support Professionals

The Code of Ethics developed through the National Alliance for Direct Support Professionals (NADSP) guides DSPs through the ethical dilemmas they face daily and encourages the highest professional ideals. Direct support staff, agency leaders, policymakers, and people receiving services are urged to read the code and to consider ways that these ethical statements can be incorporated into daily practice. This code is not the handbook of the profession, but rather a roadmap to assist in staying the course of securing freedom, justice, and equality for all.

1. **Person-Centered Supports.** As a DSP, my first allegiance is to the person I support; all other activities and functions I perform flow from this allegiance.

2. **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 energetic in reducing their risk of harm.

3. **Integrity and Responsibility.** As a DSP, I will support the mission and vitality of my profession to assist people in leading self-directed lives and to foster a spirit of partnership with the people I support, other professionals, and the community.

4. **Confidentiality.** As a DSP, I will safeguard and respect the confidentiality and privacy of the people I support.

5. **Justice, Fairness and Equity.** As a DSP, I will promote and practice justice, fairness, and equity for the people I support and the community as a whole. I will affirm the human rights, civil rights and responsibilities of the people I support.

6. **Respect.** As a DSP, I will respect the human dignity and uniqueness of the people I support. I will recognize each person I support as valuable and help others understand their value.

7. **Relationships.** As a DSP, I will assist the people I support to develop and maintain relationships.

8. **Self-Determination.** As a DSP, I will assist the people I support to direct the course of their own lives.

9. **Advocacy.** As a DSP, I will advocate with the people I support for justice, inclusion, and full community participation.

Examples of People First Language

by Kathie Snow: www.disabilityisnatural.com to see the complete article

Remember: a disability descriptor is simply a medical diagnosis:
People First Language respectfully puts the person before the disability:
and a person with a disability is more like people without disabilities than different!

SAY:	INSTEAD OF:
People with disabilities.	The handicapped or disabled.
He has a cognitive disability/diagnosis.	He's mentally retarded.
She has autism (or diagnosis of…).	She's autistic.
He has Down syndrome (or diagnosis of…).	He's Down's; a mongoloid.
She has a learning disability (or diagnosis of…).	She's learning disabled.
He has a physical disability (diagnosis).	He's quadriplegic/is crippled.
She's of short stature/she's a little person.	She's a dwarf/midget.
He has a mental health condition/diagnosis.	He's emotionally disturbed/mentally ill.
She uses a wheelchair/mobility chair.	She's confined to/is wheelchair bound.
He receives special ed services.	He's in special ed.
She has a developmental delay.	She's developmentally delayed.
Children without disabilities.	Normal or healthy kids.
Communicates with her eyes/device/etc.	Is nonverbal.
Customer	Client, consumer, recipient, etc.
Congenital disability	Birth defect
Brain injury	Brain damaged
Accessible parking, hotel room, etc.	Handicapped parking, hotel room, etc.
She needs... or she uses...	She has problems with... has special needs.

Keep thinking-there are many other descriptors we need to change!

Excerpted from Kathie's People First Language article, available at www.disabilityisnatural.com.

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Student Resource Guide

2. The California Developmental Disabilities Service System

Student Resource Guide: SESSION 2

The California Developmental Disabilities Service System

OUTCOMES

When you finish this session you will be able to:

- Identify agencies and people involved in the California developmental disabilities service system.
- Describe the services provided by the regional centers.
- Explain the importance of Title 22.
- Describe the purpose of the Individual Program Plan (IPP).
- Describe the DSP's role on the individual's planning team.
- List rights of individuals with intellectual/ developmental disabilities as described in the Lanterman Act.

KEY WORDS

Key Word	Meaning	In My Own Words
Community Care Facilities	Homes operated by people or agencies who are granted a license by the State of California to provide residential care.	
Confidentiality	Keeping information about an individual private; sharing information about an individual only with permission to do so.	
Denial of Rights	Process where a right may be taken away for a limited period of time, for a specific reason, and only under certain conditions which are documented and approved by the regional center.	
Goal	Things described in an Individual Program Plan that the individual wants in his or her future; goals reflect the individual's needs and preferences.	

KEY WORDS (CONT.)

Key Word	Meaning	In My Own Words
Individual Program Plan (IPP)	A written agreement, required by the Lanterman Act, between the individual and the regional center. The IPP lists the individual's goals and the services and supports needed to reach those goals.	
Individual's Rights	Specific rights, granted by the Lanterman Act to individuals who are developmentally disabled to ensure that they are treated like everyone else; for example, the right to dignity and humane care.	
Legally Authorized Representative	Parent(s) or legally appointed guardian of a minor child, or legally appointed conservator of an adult.	
Person-Centered	Based on the needs, preferences, and choices of the individual with the developmental disability.	
Planning Team	A group of people who come together to plan for and support the needs and preferences of the individual. The planning team must include the individual, the legally authorized representative (parent of a minor, guardian of a minor, or conservator of an adult) if applicable, and the regional center service coordinator.	
Preferences	Choices that the individual makes.	
Regional Center	One of 21 centers created by the Lanterman Act and located throughout California. Regional centers assist individuals with intellectual/developmental disabilities and their families to find and access services.	
Service Coordinator	A regional center representative who works with individuals and families to find and organize access to needed services and supports.	

KEY WORDS (CONT.)

Key Word	Meaning	In My Own Words
Services and Supports	Assistance provided for the individual to lead the most independent and productive life possible, based on the individual's needs, goals, and preferences.	
Title 17	Rules for regional centers and regional center vendors including vendored community care facilities.	
Title 22	Rules for licensed community care facilities.	

A C T I V I T Y

What Do You Want to Know?

Directions: *Think about the topic of this training session. Answer the first two questions in the space provided below. You will come back to this page at the end of the session to answer the last question.*

What do you **already know** about the developmental disabilities service system in California?

What do you **want to know** about about the developmental disabilities service system in California?

To be answered at the end of the session, during review:
What **have you learned** about about the developmental disabilities service system in California?

California Developmental Disabilities Service System

The California State Legislature passed the Lanterman Act to create a network of agencies responsible for planning and coordinating services and supports for individuals with intellectual/developmental disabilities and their families.

The developmental disabilities service system includes the following agencies and organizations:

- Department of Developmental Services (DDS)
  - Regional centers
  - Regional center vendors
- State Council on Developmental Disabilities (SCDD)
- Developmental Disabilities Area Boards
- Disability Rights California (DRC)

DDS provides leadership, oversight, coordination, and funding for regional centers. DDS writes regulations or rules for regional centers and regional center vendors. These regulations are typically referred to as Title 17. You need to be familiar with Title 17 because it describes rules and requirements for how you do your job. [Information about how to get a copy of Title 17 is included in Appendix 2-A.]

The Lanterman Act created 21 regional centers located throughout the state. **Regional centers** evaluate the needs of individuals to determine if they qualify, or are eligible to, receive services. You may hear this process referred to as 'determining eligibility.' A variety of services may be provided to eligible individuals and their families including assessment, advocacy, planning, purchase of services from vendored (contracted) service providers, and service coordination.

A **service coordinator** organizes the activities necessary to create and implement an **Individual Program Plan (IPP)** for each person served by the regional center.

The Individual Program Plan is developed by the individual and his or her planning team. The IPP lists the goals that a person is trying to achieve and describes a plan for achieving those goals. The regional center may purchase a service directly or assist the individual to access generic services (services that are used by everyone in the community).

Regional centers may purchase many different types of services to meet individual needs. Services may include:

- Early intervention services—Infant development programs, and preschools.
- Health-related services—Assessment and consultation from doctors and other health care professionals as needed.
- In-home support services—Respite and family support.
- Day and vocational services—Day program services, independent living services, habilitation services, supported employment, and work activity programs.
- Residential services—Supported Living services, adult family home services, and community care facilities.

Many different agencies and individuals are vendored (or contracted) with regional centers to provide these services. The community care facility in which you work is one of about 5,700 licensed community care facilities vendored with the regional centers to provide residential services in the state of California.

California Developmental Disabilities Service System (cont.)

Regional centers have a responsibility to ensure the quality of services provided by vendors to individuals. The Lanterman Act requires regional centers to make at least two unannounced visits a year to vendored **community care facilities**—the places where you work—and to regularly monitor services to ensure they are of good quality and that individuals and their families are satisfied.

The Lanterman Act also provides for advocacy through the State Council on Developmental Disabilities, Developmental Disabilities Area Boards, Disability Rigths California, and Protection and Advocacy. All have a responsibility to advocate on behalf of individuals with intellectual/developmental disabilities and their families to ensure that their service needs are being met, that services are of good quality, and that rights are being respected.

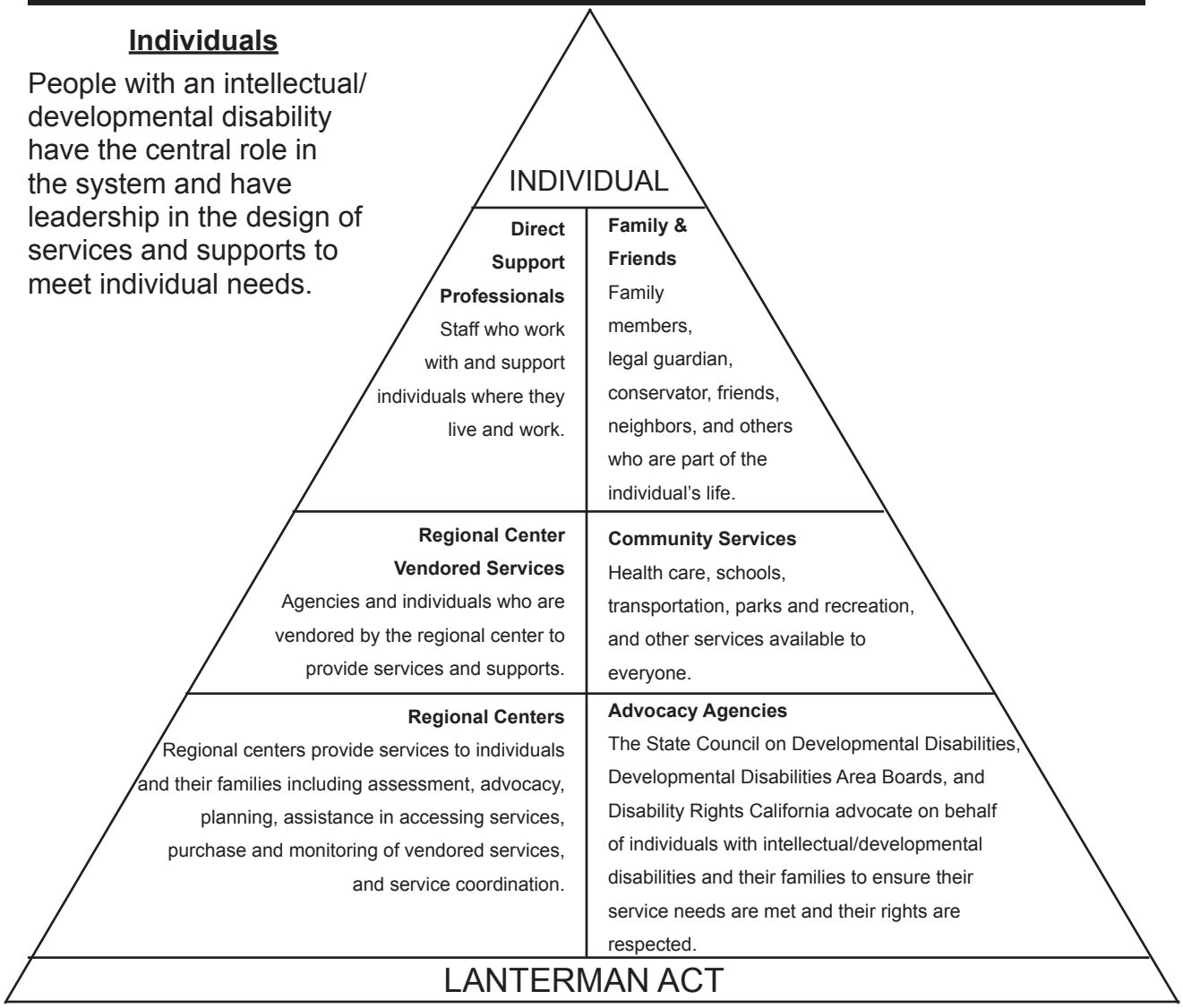
There is a whole network of people and agencies that are working to support individuals and their families in addition to DSPs. These agencies and individuals make up the developmental disabilities service system in California, and all have a common goal of ensuring quality services to support individuals to have healthy, safe, and fulfilling lives.

It is helpful to think about this system of services as a pyramid with the Lanterman Act as the foundation and various levels of support for the individual building upon that foundation.

The Developmental Service System Pryamid

Individuals

People with an intellectual/developmental disability have the central role in the system and have leadership in the design of services and supports to meet individual needs.



Department of Social Services, Community Care Licensing

As a DSP working in a community care facility, you also need to know about Community Care Licensing (CCL). The Department of Social Services (DSS) is a state department that licenses homes for children, adults, and the elderly through its CCL Division. The DSS writes regulations or rules for community care licensed facilities. These regulations are typically referred to as **Title 22**. You need to be familiar with Title 22 because it explains how you do your job. (Information about how to get a copy of Title 22 is included in Appendix 2-A.)

Community Care Licensing has a responsibility to monitor homes to ensure that they follow the requirements contained in Title 22 licensing regulations. CCL facility evaluators visit homes on at least a yearly basis to make sure that services are being provided as required in Title 22.

The Individual Program Plan

The Lanterman Act says that each eligible individual must have an **Individual Program Plan (IPP).** The IPP is a written agreement between the individual and the regional center that lists the individual's goals and the services and supports needed to reach those goals. The IPP is developed by the planning team based upon the individual's needs and preferences.

The IPP is developed through a process of **person-centered planning**. This means that the individual with the intellectual/developmental disability is the most important person on the **planning team** and that his or her needs, preferences, and choices are the focus of the planning effort. The regional center must provide information that supports individuals as they make choices about the services and supports they need.

The IPP contains goals, objectives, and plans. **Goals** describe things that the individual wants in his or her future. **Objectives** set a time frame for achieving the goals. **Plans** are the steps to achieve the goal and describe who will do what and by when. As a DSP, you are often responsible for providing services and supports to assist the individual to achieve his or her IPP goals.

Once services and supports are agreed upon, the regional center must help find the services the individual needs. The regional center service coordinator works with individuals and the IPP team to locate and organize needed services and supports. At least once every three months, the service coordinator will visit the individual, usually at his or her home, to talk to the individual and to monitor the implementation of the IPP.

IPPs also contain a review date, an agreed-upon time (but no less than yearly) when goals, objectives, and plans will be looked at by the planning team to determine progress toward goals.

The DSP's role is to follow the directions in the IPP about how to support the individual to meet his or her daily needs and to achieve his or her goals. You may assist the individual to get ready for his or her IPP meeting. You can do this by talking to the individual about what he wants in his life, his hopes and dreams, and by encouraging him to share his thoughts with the planning team.

A C T I V I T Y

The IPP

Directions: *Think about an individual you work with. With a partner, take turns asking each other the following questions about the individuals you each work with. If there are questions you couldn't answer, go back to the home where you work, read the individual's IPP and try to find the answers.*

1. Where is the individual's IPP located?

2. What does that IPP require you and other staff in the home do for the individual?

3. How do you know, or learn about, his/her likes and dislikes?

4. Name some of his/her likes or dislikes.

5. How do you make sure that the services you provide meet his/her needs and preferences?

6. How do you know when the needs or preferences of the individual change?

7. What do you do when you observe such a change?

8. What kinds of input are you asked to give when it is time to develop or change the individual's IPP?

The Lanterman Act says that individuals with intellectual/developmental disabilities have the same rights as everyone else. The Lanterman Act says that individuals have:

A right to services and supports to help them live the most independent productive life possible.

DSPs and others must support individuals to meet their goals in the following areas:

- Where to live
- Where to go to school
- Where to work
- How to become involved in community activities
- Who to live and have relationships with
- What services and supports the individual wants and needs

A right to dignity and humane care.

The DSP must treat individuals with respect and as valued members of society. The DSP must work to ensure that the individual has a safe, comfortable, and caring environment with a right to privacy. The DSP must respect the individual's privacy in all areas including:

- Personal care
- Mail and telephone conversations
- Time to be with family or friends
- Personal (alone) time
- Personal space (in the individual's room)
- Personal possessions
- Sexual expression

In addition, the DSP must not share personal information about an individual except as required as a part of your job. Information about the individual is confidential.

Confidential means you:

- Do not discuss information about individuals with your friends.
- Do not take individuals' records out of the home.
- Do not give information to persons who ask for it without a signed consent from the individual or legally authorized representative.
- Do not discuss confidential information with another individual living in the facility.

A right to participate in an appropriate program of public education.

Public schools must provide an education to individuals younger than 22 years of age. For children of school age, DSPs must work with local schools to support each child's educational program.

A right to prompt medical care and treatment.

Staying as healthy as possible is important for everyone. People should have access to care to achieve the best possible health. The DSP's role is to help individuals get medical, mental health, and dental care and treatment. This means knowing about each person's health care needs, preparing for a doctor's visit, getting to the doctor, assisting with the use of medical insurance, and getting emergency medical help when necessary.

A right to religious freedom and practice.

Many individuals belong to religious communities and go to services at a church, temple, mosque, or other meeting place, to be with people who believe the same things and worship the same way. The DSP's role is to support the individual by helping them with transportation or whatever else may be necessary to enable the individual to practice his or her beliefs. Individuals who are developmentally disabled have the right to believe what they want about religion or faith. The DSP cannot:

- Tell the individual what to believe.
- Punish the individual for what he or she believes.
- Stop the individual from becoming a member of or practicing a religion of his or her choice.

A right to social interaction and participation in community activities.

Everyone likes to have friends and to do fun things with their friends. The DSP's role is to support individuals to:

- Choose the people they spend time with.
- Spend time with people they like and who like them.
- Choose where they want to go in their free time.
- Go to places where they can work, take care of personal business, buy things, help other people, learn things, and meet and be with other people.

A right to physical exercise and recreation.

Exercise helps individuals keep their bodies strong and healthy. Walking, biking, running, swimming, and going to the gym are types of physical exercise. Recreational activities help individuals relax and have fun. They may include such activities as playing music, biking, swimming, and dancing. The DSP's role is to assist the individual to participate in activities of their choice and to do things they want to do for fun or relaxation.

A right to be free from harm.

Individuals cannot be secluded or restrained in any way. Individuals should have a chance to learn how to keep themselves safe, or have services and supports that provide safety.

No one is allowed to:

- Refuse to help individuals who need help to eat, go to the bathroom, or stay clean and well-groomed. This is called neglect.
- Hit, push, or hurt an individual in any way. This is called abuse.
- Scare an individual.
- Stop an individual from talking.
- Stop an individual from going somewhere important to him or her.
- Give an individual medicine when he or she does not need or want it.
- In any way abuse an individual or neglect his or her care.

If the DSP sees that an individual is abused or neglected, the DSP is mandated to report it. [Mandated reporting will be covered in detail in the next session.]

A right to be free from hazardous procedures.

Doctors and other professionals sometimes do things to figure out why an individual is having problems so they can help them. These "things" are called "procedures." Some procedures may hurt, but they are necessary. Procedures that hurt an individual unnecessarily or harm other parts of his or her body or mind are called "hazardous" procedures. An example of a hazardous procedure is using electric shock to change the individual's behavior.

A right to get services and supports in the "least restrictive environment."

"Least restrictive environment" means places close to the individual's home community, including places where people without disabilities get services and supports, if that is appropriate. This also means services should be near the individual's home and with people from his or her community.

A right to make choices about:

- Where and with whom they live.
- Relationships with others.
- How they spend their time.
- Goals for the future.
- Services and supports they want and need.

The DSP's role is to support these choices, to ensure opportunities for individuals to make choices in their daily lives, and to respect and honor the individuals' choices.

A right to have friends and intimate relationships, marry, be part of a family, and to be a parent if they choose.

The DSP's support may be needed to help people start and keep relationships with friends and other community members. The DSP is also responsible to support individuals in obtaining accurate information about human sexuality to assist individuals in their life choices. Support may be needed to develop intimate relationships (like transportation, family counseling, or training in human development and sexuality). Individuals have a right to sexual expression and to information about—and to choose or refuse—birth control options.

A right to be involved in their community in the same way as their neighbors, friends, and fellow community members.

DSPs must find ways to honor cultural preferences for foods, celebrations of holidays, involvement in organizations, and other activities the individual may choose. DSPs must also support individuals in participating as members of their communities and help to create supportive and welcoming communities.

The Lanterman Act also states that individuals who live in licensed residential facilities have these personal rights:

- To wear their own clothes.
- To keep and use their own personal possessions, including toiletries or other personal care items.
- To keep and be allowed to spend a reasonable sum of their own money.
- To have access to individual storage space for private use.
- To see visitors each day.
- To have reasonable access to telephones, and to make and receive confidential calls.
- To have ready access to letter writing materials, including stamps, and to mail and receive unopened correspondence.
- To refuse electroconvulsive therapy.
- To refuse behavior modification techniques that cause pain or trauma.
- To refuse psychosurgery.
- To make choices in areas including, but not limited to, daily living routines, companions, leisure and social activities, and program planning and implementation.
- To have information needed to make an informed choice.

Legally Authorized Representatives

Parents, Guardians, and Conservators

As a DSP, you need to have a basic understanding of the rights and responsibilities of parents and other **legally authorized representatives.** A parent or guardian of a minor (child under the age of 18) or, under certain circumstances, the conservator of an adult (18 years or older) may make decisions for the individual. Some of those decisions may affect the individual's rights.

Competence

Competence (or incompetence) refers to an individual's ability to make decisions. Children (in California, a child is anyone under age 18) are presumed to be incompetent, that is, not able to manage alone to come to reasoned decisions about certain important matters. Upon reaching adulthood (in California, anyone 18 or older), even if the person has a significant intellectual impairment, he or she is presumed to be competent and able to make decisions on his or her own.

Parents

Parents are considered natural guardians of their biological or adopted children (under 18 years of age) and have certain rights and responsibilities in making decisions on behalf of their children.

Some parents incorrectly presume that as parents, their legal responsibilities continue for their adult child with an intellectual/developmental disability. This is not true unless there has been court action to declare an adult "incompetent."

Guardianship

Some children (under 18) need a court-appointed guardian if parents have died, abandoned a child, or had their parental rights removed by a court of law. The issues surrounding guardianship are few, precisely because the law presumes incompetence. Since 1981, guardianships have only been available for minors.

Conservatorship

A conservatorship is a legal arrangement in which a competent adult oversees the personal care or financial matters of another adult considered incapable of managing alone. There are two kinds of conservatorship:

General Conservatorship

This is the conventional kind of conservatorship for incapacitated adults unable to meet their own needs or manage their own affairs.

Limited Conservatorship

The purpose of limited conservatorship is to protect adults with intellectual/developmental disabilities from harm or exploitation while allowing for the development of maximum self-reliance. If granted by the court, the limited conservator can have decision making authority (or be denied authority) in as many as seven areas:

- To choose and secure the person's place of residence.
- To access confidential records and papers.
- To consent or withhold consent to marriage.
- The right to contract.
- The power to give or withhold medical consent.
- Decisions regarding social and sexual contacts and relations.
- Decisions concerning education or training.

Short of a special court order, the limited conservator may not, however, provide substitute consent in the areas of:

- Experimental drug treatment
- Electroshock therapy
- Placement in a locked facility
- Sterilization

Legally Authorized Representatives (cont.)

The limited conservator should have:

- Personal knowledge of the conserved individual.
- Knowledge of what constitutes the "best interest" of the conserved individual.
- A commitment to providing that which is in the person's "best interest."
- Financial management skills (as appropriate).
- A knowledge of programs and services and their availability and effect.
- Knowledge of appropriate methods of protection.
- Proximity to the conserved individual.
- Availability in terms of time and energy.

Denial of Rights

Most individual rights may not be denied for any reason. Some personal rights of individuals living in licensed homes may be denied for a limited period of time under a very narrow set of circumstances. This is called the **Denial of Rights for "Good Cause." The individual's rights may be denied only when certain conditions are documented, and the denial is approved by the regional center.**

Only the following rights may be denied for good cause:

- To keep and be allowed to spend one's own money for personal and incidental needs.
- To keep and wear one's own clothing.
- To keep and use one's own personal possessions.
- To have access to individual storage space for one's private use.
- To see visitors each day.
- To have reasonable access to telephones, both to make and receive confidential calls.
- To mail and receive unopened correspondence and to have ready access to letter writing materials, including U.S. postage stamps.

No other right may be denied unless authorized by the court system.

"Good cause" for denying an individual's rights is present only when the facility manager finds that:

(a) Exercising a specific right might injure the individual; or

(b) Exercising a specific right would seriously infringe on the rights of others; or

(c) The facility would be seriously physically damaged if the specific right were not denied; **and**,

(d) There is no less restrictive way to protect the individual, the rights of others, or the facility.

A right may not be denied as a punishment or considered a privilege to be earned. If any rights are denied for good cause, the individual has the right to appeal the denial or to refuse to submit to the denial and leave the facility. (WIC §4503 & §4504)

Prevention and Problem-Solving Rights "Issues"

The DSP must always be on the alert for possible "issues," or violations of individual rights. Issues may occur between:

- Individuals where one person's rights infringe on another's
- Individuals and staff
- Individuals and conservators
- Individuals and family members

All issues are not necessarily rights issues, but they may be thought of as violations by the individual. The DSP must:

- Carefully evaluate each situation, talk to the individuals involved, think about what you have observed.

- Talk to other staff to find out what they have seen and heard.
- Talk to your administrator. You may also want to talk to the service coordinator for the individual.

There are actions that the DSP can and must take to prevent rights violations:

- When an individual moves to a home, he or she must be given understandable information about his or her rights.
- A copy of the Lanterman Act rights must be posted in an area where everyone can see it.
- Individuals must also be informed of both internal and external grievance and complaint procedures and be provided with names and phone numbers of advocacy agencies and the Consumer Rights Advocate.

CCL requires agreed-upon house rules that reflect the concerns and preferences of the individual living in the home. The purpose of house rules is to create an environment where people can live together in harmony and not infringe on each other's rights. Everyone—staff and individuals living in the home—should know what the house rules are and have a written copy.

It is a good idea to have regular meetings that include both staff and individuals living in the home, during which individuals discuss and resolve issues, make decisions regarding household issues (for example, recreational activities, group outings, menus, and changes in house rules), and discuss rights.

DSPs must be knowledgeable of individual rights, house rules, and both internal and external consumer grievance and complaint procedures and be prepared to support individuals in following these procedures. Regional centers have videos, posters, and other materials that may be helpful. Ultimately, you will have to decide if you believe a rights violation has occurred because they are "reportable incidents," which will be discussed in the next session.

Locating and Using Advocacy

A key role of the DSP is to assist individuals and their families to locate and use advocacy services to ensure that their service needs are being met, that services are of good quality and that rights are being respected. The Lanterman Act provides for advocacy services for persons with intellectual/developmental disabilities through the following agencies:

- State Council on Developmental Disabilities and Developmental Disabilities Area Boards: In California, Area Boards provide individual advocacy. A DSP may contact them to obtain information on behalf of an individual or information to assist the individual to advocate for him or herself.
- Disability Rights California (DRC): DRC is responsible for protecting the rights of individuals. Services include legal counseling and representation for individuals. DRC has Consumer Rights Advocates specially assigned to provide individual advocacy services.

In California, another resource for self-advocacy is People First of California, Inc. People First has chapters throughout California and publishes a newsletter with information about self-advocacy, *People First Star*. People First chapters help individuals learn about their rights and how to speak up for themselves.

Advocacy is:

- Helping individuals help themselves
- Building self-confidence
- Supporting independence
- Telling individuals their rights
- Telling individuals their options
- Providing assistance and training
- Helping locate services
- Asking individuals what they want
- Treating adults like adults

Advocacy is not:

- Taking over an individual's life
- Making an individual dependent
- Doing everything for an individual
- Withholding information about an individual's rights
- Making decisions for individuals
- Controlling individuals
- Making adults feel like children
- Limiting options
- Knowing what is best because you are a professional
- Ignoring choices

ACTIVITY

Directions: *After reading the scenario, list the possible rights issues. You can refer back to the sections on individual rights. Then write down what the DSP can do to advocate for the individual or support the individual in advocating for him or herself.*

SCENARIO #1: CHARLES

Charles is 42 years old and has cerebral palsy and epilepsy. It can be difficult for some people to understand him when he talks. He hasn't seen his family in a long time, and it is unknown if he even has family still living. He sometimes wanders away from the home and tends to "borrow" tape recorders and clothing from other individuals living in the home. Charles doesn't eat much, plays with food on his plate, and occasionally throws food. He doesn't like getting up in the morning and has to be repeatedly asked to get out of bed. The DSP in the home makes Charles get up early on weekends because he won't get up on weekdays. He loves to sit outside on weekends and listen to his radio. It is repeatedly taken away for bad behavior and not getting up in the mornings.

When other residents have family or visitors, Charles gets very excited and wants to go with them if they leave the home. He often sneaks out of the home right after visitors leave and gets very angry when he is brought back. He is only allowed to leave the facility once a month when the group goes on an outing. He doesn't initiate activities often and only participates with other residents when made to do so. He tends to hang out in the kitchen when meals are being prepared. The DSP thinks Charles gets in the way in the kitchen and often makes him leave the room until the meal is ready.

Possible rights issues:

What could the DSP do to advocate for the individual and/or support the individual in advocating for him or herself?

ACTIVITY

SCENARIO #2: MICHAEL

Michael is 18 years old. He uses a wheelchair and requires assistance for his daily care. He often yells very loudly and is locked in his room and left there as punishment. He uses his manual wheelchair independently, but he needs assistance to transfer himself from his wheelchair. He is usually uncooperative with DSPs in daily grooming and bathing. DSPs sometimes comb his hair, but do not do the other grooming tasks when he is especially uncooperative.

Michael's family visits him in his home regularly and takes him to their home on a monthly basis. He says he doesn't want to go, and he is unhappy and grumpy for several days afterward. Michael gets along well with one of the other young men living in the home and often spends hours in his company. He likes to share his personal possessions and often gives them away. He likes to talk on the telephone and spends hours talking to friends. His telephone privileges are often taken away for long periods of time until he promises not to talk so long.

Possible rights issues:

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What could the DSP do to advocate for the individual and/or support the individual in advocating for him or herself?

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A C T I V I T Y

SCENARIO #3: MARY

Mary is 34 years old. She has depression and sometimes yells, screams, curses, or hurts herself. She also threatens peers at home and in the community. Mary is often kept in her room as punishment for her behavior. She is not allowed to go on outings with the group if she has been threatening peers. It is easier to leave her at home. Mary cries and screams for several hours at night, which keeps staff and other individuals awake. The DSPs ignore her and let her cry and scream until she wears herself out and finally goes to sleep.

Mary says she is not a baby and feels bad when she is treated like one. She says she wants to feel loved and not be so lonely. She wants to help children with disabilities. She wants to go to church, sing in the church choir, learn how to take care of herself, cook, and do her own laundry. The DSP will not let Mary do any special things because of her behavior. The DSP tells her that when she changes her behavior, he will help her learn to do some of the things she wants to do.

Possible rights issues:

What could the DSP do to advocate for the individual and/or support the individual in advocating for him or herself?

ACTIVITY

SCENARIO #4: CHARLENE

Charlene is 35 years old. She is very verbal, healthy, and active at home, at work, and in the community. She loves to shop for clothing and go to movies, dancing and parties, and to help with chores at home. She also likes to collect brochures, newspapers, magazines, and small pieces of paper, which she puts in her dresser drawers. DSPs go into her room periodically and remove her collection, throwing it in the trash because there isn't enough room in her drawers for her clothes anymore.

Charlene knows all the merchants in her neighborhood. She tends to purchase lots of "junk" items so the DSP keeps her money and makes Charlene wait until she can go with her to the store. Charlene has a male friend, Sam, and wants to have him visit her once in awhile. The administrator of the home has told Charlene that she is not allowed to have male visitors. She has also been told that she cannot go out on a date with Sam or any other male friend.

Possible rights issues:

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What could the DSP do to advocate for the individual and/or support the individual in advocating for him or herself?

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PRACTICE AND SHARE

Look for a copy of the Lanterman Act Rights in the home where you work. Where is it posted? Ask an individual you support if he or she knows about his or her rights. What rights does the individual know about? Do you think that the individual needs more information? If so, do you have some ideas about how to help the individual learn more about their rights? Be ready to share at the beginning of the next session.

Session 2 Quiz

The California Developmental Disabilities Service System

1. **The organizations known as Disability Rights California, the State Council on Developmental Disabilities, and the Department of Developmental Services:**
   A) Make up the leadership and staff of each regional center
   B) Work with the regional centers to ensure quality services to support individuals with intellectual/ developmental disabilities under the Lanterman Act
   C) Send representatives to participate on each individual's person-centered planning team during the development of the IPP
   D) Fund generic services for individuals with developmental disabilities

2. **The Department of Developmental Services (DDS) writes and revises Title 17 regulations, which are rules guiding the work of:**
   A) Hospitals and clinics
   B) Local education agencies
   C) Regional centers and vendors
   D) Homes and work places

3. **Regional centers provide a variety of services to individuals, including:**
   A) Routine medical treatment
   B) Coordination of services identified in an Individual Program Plan (IPP)
   C) Basic household utilities
   D) Local transportation services through a Special Vehicle Network (SVN)

4. **An IPP is a written agreement between the individual and the Regional Center that:**
   A) List the individual's goals and the services and supports needed to reach those goals
   B) Is developed through a process of person to vendor planning
   C) Is developed by the planning team and the vendor
   D) Is developed without the individual at the IPP meeting

5. **Developmental Disabilities Area Boards are located throughout California to carry out the mission of the:**
   A) State Council on Developmental Disabilities
   B) Department of Developmental Services
   C) Local regional centers
   D) Department of Social Services

6. **The Department of Social Services writes and revises Title 22 regulations which are rules for:**
   A) Recreation programs
   B) Regional centers
   C) Community care licensed homes
   D) Education programs

Session 2 Quiz (cont.)

7. **When you see in the Student Resource Guide, it tells you to use this DSP tool:**
   A) Communication
   B) Ethics
   C) Observation
   D) Decision Making

8. **A vendor is an individual or agency who:**
   A) Has a special product to sell
   B) Has a contract with a regional center to provide specific services and supports
   C) Has a copy of the Lanterman Act and the Title 17 regulations
   D) Has made a commitment to volunteer their time to support an individual in some way

9. **The Lanterman Act says that individuals with developmental disabilities have:**
   A) No rights because they need too much support
   B) Certain rights, if they behave appropriately
   C) The same rights as everyone else
   D) Special rights that no one else has

10. **California People First helps individuals learn about:**
   A) Services and supports that are vendored by the regional center
   B) Self-advocacy, their rights, and how to speak up for themselves
   C) Legal counseling and representation
   D) Person-centered planning and service coordination

Appendices

Appendix 2-A

Laws and Regulations

- **Rehabilitation Act of 1973:** This Act is known as the first federal civil rights law protecting the rights of individuals with disabilities. It prohibits discrimination based on disability in the following areas: (1) education; (2) vocational education; (3) college programs; (4) employment; (5) health, social service programs, welfare; and (6) federally funded programs.
- **The Americans with Disabilities Act (ADA):** Congress passed this law in July of 1990. It is landmark civil rights bill that protects against discrimination of people with disabilities. It requires modifications, accessibility, and reasonable accommodations; covers state and local governments; and addresses four main areas of potential discrimination: (1) employment; (2) public facilities; (3) transportation; (4) communication.
- **Individuals with Disabilities Education Act (IDEA):** Guarantees six important rights; (1) free and appropriate public education (FAPE) for all children with disabilities; (2) education in the least restrictive environment; (3) an individual education program (IEP); (4) provision of necessary related services in order to benefit from special education; (5) fair assessment procedures; and (6) due process and complaint procedures.
- **IDEA, Part C:** Early intervention and education services available to infants and toddlers less than 3 years of age who have or are at risk for a developmental delay or disability.
- **Title 17:** Copies of Title 17 may be obtained at a local regional center; by contacting Barclays Law Publishers, PO Box 2006, San Francisco, CA 94126 (800) 888-3600; or at the Dept. of Developmental Services website, http://www.dds.ca.gov/Title17/Home.cfm
- **Title 22:** Copies of Title 22 may be obtained at a local licensing office or by contacting Barclays Law Publishers, PO Box 2006, San Francisco, CA 94126 (800) 888-3600 or at the Dept. of Social Services website, http://ccld.ca.gov/PG555.htm
- **The Lanterman Act:** A copy of the Lanterman Act may be obtained at the Dept. of Developmental Services website, http://www.dds.ca.gov/Statutes/LantermanAct.cfm

Appendix 2-B

Agencies Supporting Individuals with Developmental Disabilities

A number of agencies and organizations support individuals with intellectual/developmental disabilities, such as:

- **Health and Human Services Agency:** The umbrella agency for the Departments of Social Services, Health Care Services, Developmental Services, Mental Health, and Rehabilitation.
- **Department of Social Services (DSS):** Licenses homes for children and adults with intellectual/developmental disabilities through its Community Care Licensing Division.
- **Department of Health Care Services (DHCS):** Administers the Medi-Cal program that pays for health care. Also licenses and monitors homes for people with intellectual/developmental disabilities and significant health needs.
- **Department of Developmental Services (DDS):** Contracts with 21 regional centers to provide services to children and adults with intellectual/developmental disabilities. DDS is also responsible for managing the state developmental centers.
- **Department of Mental Health (DMH):** Oversees county mental health services.
- **Department of Rehabilitation (DOR):** Provides funding for Work Activity Programs (WAPs), which include work support services in sheltered and community-based employment settings.
- **Department of Education (DOE):** Manages education programs in the public school system, including special education services.
- **Special Education Local Plan Area (SELPA):** Local educational service areas throughout the State of California that manage regional educational programs for students with disabilities ages birth through 21 years of age.
- **Local School Districts:** Provide educational services to children with disabilities ages birth through 21 years of age.
- **State Council on Developmental Disabilities (SCDD):** Develops a state plan, which looks at the future of services for individuals with intellectual/developmental disabilities; reviews and comments on budgets and state agency regulations that provide services to people with intellectual/developmental disabilities; and funds area boards.
- **Disability Rights California (DRC):** Protects the civil and service rights of Californians with intellectual/developmental disabilities through legal advocacy.
- **Developmental Disabilities Area Boards:** Protect the rights of Californians with intellectual/developmental disabilities through public information and education and by monitoring policies and practices of agencies that are publicly funded.

Student Resource Guide

3. Risk Management and Incident Reporting

Student Resource Guide: SESSION 3

Risk Management and Incident Reporting

OUTCOMES

When you finish this session you will be able to:

- List the principles of risk management.
- Identify common risks to health and safety.
- Identify ways to prevent or mitigate risks.
- Use risk assessment tools.
- Define “mandated reporter.”
- Identify incidents that the DSP is required to report.
- Describe procedures for reporting abuse and neglect.
- Complete a special incident report.
- Define "zero tolerance."

KEY WORDS

Key Word	Meaning	In My Own Words
Incident Reporting	By law and regulation, the DSP is required to report certain events to regional centers, Community Care Licensing, and/or protective services agencies.	
Mandated Reporter	Any person, paid or unpaid, who has assumed full- or part-time responsibility for the care or custody of a child, an elder, or dependent adult. DSPs are mandated reporters. A mandated reporter must report any abuse, abandonment, abduction, isolation, or neglect they have seen, been told about, or suspect to the police and/or the protective services agency.	
Mitigate	To lessen the effects of risks.	
Risk Management	The process of looking for, thinking about and lessening the chance of harm to individuals.	
Zero Tolerance	Requires all regional center vendors to have a policy for reporting ALL instances of abuse and neglect.	

A C T I V I T Y

What Do You Want to Know?

Directions: *Think about the topic of this training session. Answer the first two questions in the space provided below. You will come back to this page at the end of the session to answer the last question.*

What do you **already know** about managing risks and reporting unusual events, or incidents, that involve a person that you support?

What do you **want to know** about managing risks and reporting incidents?

To be answered at the end of the session, during review:
What **have you learned** about managing risks and reporting incidents?

Opening Scenario

Maddy is a 24-year-old woman. When she was 8 years old her mother died of breast cancer. Maddy does not see her father often since he lives in another state. She does not speak but uses gestures and shakes her head for “no” and “yes.” Maddy is artistic and loves to dance. She is very aware of her appearance and takes time to look her best. Maddy is a friendly young woman and likes to meet new people. While this is a positive trait, it also has caused some problems; for example, at times she has given her money to strangers.

Maddy had a serious accident when she was younger and is usually very cautious in everything she does. She has a history of seizures, especially when she gets hot. She loves to walk in her neighborhood and rides public transit, but occasionally needs support to remember routes.

Kim has supported Maddy for two years. Kim believes strongly in facilitating Maddy’s independence and supporting her personal choices, but also worries that Maddy might be at risk while out in the community.

Risk Management—Prevention Is the #1 Priority

Risk management is something you do every day. For example, when you get in a car, you put on your safety belt because you know that this will reduce your risk of injury or death in case of an accident. The role of the DSP in risk management is to look for possible risks to individuals you support and think of ways to prevent or 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 risk management strategy is to be aware of potential risks and do something to keep them from happening. As a DSP, 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*, the individual, family, and all members of the planning team, including the DSP, may have important information about risks and how to address them.

4. **Everyone who works with individuals with intellectual/developmental disabilities, including DSPs, is required to report and document incidents, in a timely and accurate manner.**

DSPs are mandated reporters and must report incidents accurately and in a timely manner. There is a zero tolerance for abuse and neglect and it is the DSP's responsibility to take immediate action. In this session, you will learn what to report, how to report it, to whom, and by when it must be reported.

5. **Ongoing identification, assessment, and planning for both 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, implementation and evaluation of results.

6. **Safety starts with those who work most closely with individuals receiving support and services.**

In your role as a DSP, you work day-to-day, hour-to-hour, minute-to-minute with individuals with developmental disabilities. You see things first and are in a position to identify 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:**

Identifying Risk

Risk is a normal part of our lives. Risk is a thing, place, or activity that may cause harm, loss or injury to an individual. Many situations involve a certain amount of risk; for example, deciding whether or not to bring an umbrella in the morning because if it rains, you might get wet. 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.

Let's talk about the types of risks the individuals we support face every day.

Health Risks

If you were told you had diabetes, you would want to learn about the condition and its treatment and do the things necessary to lessen the effects or risks of the disease. You would follow your doctor's orders, which might include checking your blood sugar regularly, and watching what you eat.

In this example, you learned about 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 a good resource for planning ways to prevent or mitigate health-related risks.

Daily Living

An individual may be at more risk if they have limited daily living skills. For example, an individual may be at more risk because they have a hard time swallowing, moving around, getting in or out of a wheelchair, or doing common activities. Once again, the individual's planning team is a good resource for planning risk prevention and mitigation strategies to protect the individual.

Behavior Challenges

An individual might be at more risk because of aggressive behavior where he or she might hurt themselves or others.

Environmental Risks

Places where individuals live and work—their environments—may have unsafe areas, objects, or activities. For example, if your home has unsafe electrical wiring and the circuit breakers are turning off daily, it should be repaired immediately. If the smoke detector has been disconnected because it sounds every time you cook, it must be reconnected or relocated immediately. Icy walks, broken seat belts, lack of handrails, and other environmental risks may be prevented or mitigated with risk management.

Risks Resulting from Lifestyle Choices

The way that an individual chooses to live—their lifestyle—may increase or decrease their risk. Practicing unsafe sex carries a high health 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 risk management.

Supporting Individuals in the Exercise and Rights of Responsibility

As a DSP you may sometimes have to balance competing priorities. You have just learned that **"Prevention is the Number 1 Priority!"** You have also learned that individuals have a right to make choices about their lives. So what do you do when an individual wants to do something that you think is risky? As a DSP, you must find a way to support independence and choices while mitigating risk and providing for individual safety. This is a challenging task, and one that you should not do alone. When an individual's lifestyle choices may create risks in his or her life, the planning team for that individual should meet and develop a plan for you to follow.

Smoking is a good example of a lifestyle choice that creates a risk for the individual. An individual you support wants to start smoking. You know that smoking causes lung cancer and many other illnesses, but you also know that part of your job is to support individual choice. In this situation, you can assist the individual by giving him or her information about the risks of smoking. You should also ask the planning team for the individual to meet and assist in making his or her decision. Situations such as this are best resolved with the help of others' sharing their thoughts and ideas.

A decision to smoke creates environmental risks as well. Second-hand smoke creates a health risk for others and smoking can increase the risk of fire. Part of your role will be to help the individual understand the responsibilities that come with his or her choice; for example, keeping the smoke away from those who do not wish to breathe it and smoking in a way that reduces the risk of fire.

Remember, the role of the DSP in risk management is to actively promote practices that will keep individuals safe. Whenever possible, you want to anticipate risks and prevent them from happening. In the above situation, if the individual chooses to smoke, you will not be able to prevent the risk, but you can work with the individual and his or her planning team to mitigate, or lessen, risk to the individual (and others). In this way you have respected both priorities—you have supported an individual's choice while reducing the risk of harm.

Risk Assessment and Planning

Once you have identified a risk, the next step is to get more information about the risk and make 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, as we said previously, you do every day. When something happens and you ask yourself, "What happened?" "Why did it happen?" "Has it happened before?" "How often?" "Who was involved?" "What did others observe or do?" You are doing risk assessment.

When you start to think about the future and how to prevent something 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 help with?” This last question is important, especially for those individuals who are at risk because of health problems or who have behaviors that put themselves or others at risk. And lastly, “What is my next step?”

The process of risk assessment includes the following activities:

- Think about and list potential risks.
- Decide who else needs to be involved in helping to assess the risks—often the planning team.
- Get more information about risks.
- Plan interventions to mitigate the risks.

An intervention is an action taken to improve something. Interventions should be discussed with everyone involved in supporting the individual and they should also be written down or documented. Interventions may involve one or more steps, be immediate, or be implemented over time.

When assessing the risk, DSPs should consider such things as:

- Noticeable changes in the general health or behavior of the individual.
- Health conditions.
- Behaviors that have resulted in injury or pose a threat of injury.
- Change in weight or eating habits.
- Changes in the environment.

Example of Risk Identification, Assessment, and Planning

John loves to go on outings to places like the Farmer’s Market or local festivals. However, he may get lost if he is in large crowds such as those at fairgrounds or arenas. Staff reports that when John feels stressed, he often bangs his forehead hard enough to hurt himself. They feel that getting lost would be very stressful for him. At his last physician visit, the doctor said that if John bangs his forehead many more times, he could risk serious injury or harm to his general health.

Identification of Risks

- John may get lost in large crowds. This would cause stress for John.
- John bangs his forehead when he is stressed.
- John may seriously hurt himself if he bangs his forehead many more times.

The planning team, including John, the staff from his home, and other people important to John developed the following **risk mitigation plan**:

1. Over the next four weeks, staff will teach John to use a cell phone to call for help.
2. Staff will make sure he takes a cell phone on outings.
3. One staff person will be with John at all times at crowded events.
4. Staff will make sure that he wears his lime green florescent jacket with an information card in his pocket that lists who to call if he is lost.

Using a Risk Assessment Tool

Identifying, assessing, and planning to prevent or mitigate risk often takes a team effort. DSPs, working individually or in teams, may want to use an assessment tool such as this sample Risk Assessment Worksheet.

On this worksheet, the DSP simply lists the risks and ideas or plans for reducing or avoiding the risk. DSPs can use this worksheet as a guide for thinking through the risk management process. It will help you to record your observations and ideas to share with others, including the planning team.

This is an example of the Risk Assessment Worksheet. A blank worksheet is in Appendix 3-A.

Risk Assessment Worksheet

Description of Risk*	Plans to Manage Risk

*Remember to think about the individual's health, behavior, daily living skills, environment, and lifestyle choices.

The worksheet can be used to:

- List and describe possible risks.
- Provide information important for the planning team.
- Plan intervention to prevent or mitigate risk.
- Identify the need for an evaluation by a specialist.
- Identify the need for special equipment or changes to the environment.
- Identify additional services and supports that may be needed.
- Document the plan.
- Monitor the results.

ACTIVITY

Identifying Risks and Planning to Prevent or Mitigate Risk

Directions: *Using the following scenario, consider what risks need to be addressed by the DSP. As you listen, consider ways to mitigate those risks.*

Diego is in his mid-30s. He has a great smile and enjoys watching people. He communicates that he likes something by smiling and laughing. When he does not like something, he cries and screams. He eats without assistance, but needs assistance with his toileting needs. He enjoys walking with staff; but the way he walks is unsteady when he is tired, and he sometimes trips. Diego also enjoys car rides, especially if a trip includes a stop at the Dairy Queen. He goes to an activity center, but is usually bored and spends a lot of time just sitting. His favorite activity at the center is music therapy. He loves to hit his hand on a table in time to the music and can listen for quite a long time, especially if the music is loud. Through his communication board, Diego has asked you to help him plan an outing on the weekend.

You think that he might enjoy a music festival at a local park. The festivals are usually crowded, the music is loud, and there is usually a lot to eat there.

What problems can we anticipate are potential risks for Diego?

Risk Assessment Worksheet

Description of Risk*	Plans to Manage Risk
1. No accessible toilets	1. Check with festival organizers about accessibility of toilets

*Remember to think about the individual's health, behavior, daily living skills, environment, and lifestyle choices.

DSP Incident Reporting Requirements

General Reporting Requirements

Even if DSPs follow the principles of risk management, incidents still happen. When they happen, the DSP is required by law to report these incidents. Depending upon the type of incident, the DSP will report to all or some of these agencies: regional centers, Community Care Licensing, local law enforcement, Adult and Child Protective Services, and the Ombudsman. The timelines for reporting vary depending upon the type of incident.

The tables on the following pages summarize reporting requirements for each of these groups. You are required to meet all reporting requirements. For example, upon reviewing these tables, you will see that there are requirements to report abuse of a child to regional centers, Community Care Licensing, Child Protective Services, and local law enforcement. If you suspect an adult is being abused in a licensed setting, you must report to the regional center, licensing agency, Ombudsman, and law enforcement. You must meet all reporting requirements. Reporting to one agency does not mean you don't have to meet the requirements of another. You are a mandated reporter and there is a zero tolerance policy that you must follow for any suspected abuse or neglect.

The actual reports are also called by different names. For example, the incident report that goes to regional centers is called a "Special Incident Report," while the report that goes to Community Care Licensing is called the "Unusual Incident/ Injury Report." (Appendix 3-C) In this training, you will use a sample Community Care Licensing form. Even though other agencies may have different forms, the information that is required is generally the same. It is a good idea to ask the local regional center if they have a Special Incident Report form and to use it when reporting to the regional center. Some regional centers accept the Community Care Licensing form, but many have their own Special Incident Report form.

In general, special or unusual incident reports include:

- The name, address, and telephone number of the facility.
- The date, time, and location of the incident.
- The name(s) and date(s) of birth of the individuals involved in the incident.
- A description of the event or incident.
- If applicable, a description (such as, age, height, weight, occupation, relationship to individual) of the alleged perpetrator of the incident.
- How individual(s) were affected, including any injuries.
- The treatment provided for the individual.
- The name(s) and address(es) of any witness(es) to the incident.
- The actions taken by the vendor (licensee, DSP, the individual or any other agency or individual) in response to the incident.
- The law enforcement, licensing, protective services, and/or other agencies or individuals notified of the incident or involved in the incident.
- If applicable, the family member(s) and/or the individual's authorized representative who has been contacted and informed of the incident.

The responsibility to report an incident lies with the person who observed it or the person who has the best knowledge of the incident. No supervisor or administrator can stop that person from making the report. However, internal procedures to improve reporting, ensure confidentiality, and inform administrators of reports are permitted and encouraged. It is important that you know any internal procedures that may be used where you work.

DSP Incident Reporting Requirements (cont.)

Regional centers have the responsibility to provide case management services to the individuals you support. So, regional center service coordinators need as much information as possible about the individual. For this reason, many regional centers have additional reporting guidelines. Remember, when reporting:

- If you report to another agency, report to the regional center.
- If you are not sure if an incident should be reported, report to the regional center.
- Follow any reporting guidelines from the regional center.
- Report all incidents to the regional center, even if they did not happen in the home where you work.

Special Incident Reporting to Regional Centers

All regional center vendors (including community care facilities) and vendor staff (including DSPs) must report special incidents to the regional center as follows:

Table 1. Special Incident Reporting for Regional Center Vendors and Staff
California Code of Regulations (CCR), Title 17, Section 54327

What Do I Report?

Missing individual. An individual is considered missing if he/she leaves their community care home unexpectedly or without the needed supervision. All cases of suspected abuse and exploitation must be reported.

Suspected abuse/exploitation including physical, sexual, fiduciary (financial), emotional/mental, or physical and/or chemical restraint. This includes cases in which an under-age girl becomes pregnant. All cases of suspected abuse must be reported.

Suspected neglect including failure to provide medical care, care for physical and mental health needs; proper nutrition; protection from health and safety hazards; assistance with personal hygiene; food, clothing, or shelter; or the kind of care any reasonable person would provide. Neglect may include an individual's self-neglect or behavior that threatens their own health or safety. All cases of suspected neglect must be reported.

A serious injury/accident requiring medical treatment beyond first aid including cuts requiring stitches, staples, or skin glue; wounds by pointed objects; fractures; dislocations; bites that break the skin; internal bleeding (including bruises); medication errors; medication reactions; or burns.

Any hospitalization due to breathing-related illness; seizures; heart problems; internal infections; diabetes; wound/skin care; nutritional problems; or involuntary admission to a mental health facility.

Death of individual.

Individual is a crime victim including credible evidence of robbery, physical assault, theft, burglary, or rape. Credible evidence means that there is believable proof. This includes records of a 911 call, an incident report number and date, and a report from a law enforcement official.

Who Do I Report To?

The regional center with case management responsibility for the individual and the vendoring regional center, if different.

When Do I Report?

Call or fax immediately, but no more than one work day after learning of the occurrence and submit a written report within two work days of the incident, even if you are not sure if the incident is reportable. Corrections can be made as more information becomes available.

Special Incident Reporting to Community Care Licensing

All Administrators and staff (DSPs) of community care licensed facilities must report special incidents to their licensing agency as follows:

Table 2. Unusual Incident Reporting for Licensed Community Care Facilities
California Code of Regulations (CCR), Title 22, Sections 80061, 84061, 85061, and 87561

What Do I Report?

Death of an individual from any cause.

Any injury to any individual that requires medical treatment.

Any unusual incident or absence that threatens the physical or emotional health or safety of any individual.*

Any suspected physical or psychological abuse.*

Epidemic outbreaks.

Poisonings.

Catastrophes.

Fires or explosions that occur in or on the premises.

In an adult CCF, the use of an Automated External Defibrillator (RCFE).**

Major accidents that threaten the welfare, safety, or health of residents (RCFE).

Who Do I Report To?

Report to the local Community Care Licensing agency.

When Do I Report?

Call within the agency's next working day during its normal business hours.

A written report shall be submitted within seven days following the occurrence of the event.

* In serious bodily injury when these two incidents occur, a DSP must report to the Ombudsman **AND** local law enforcement immediately or within two hours. If there is no serious bodily injury, a report must still be filed, but within 24 hours.

**Residential Care Facilities for the Elderly

Reports of Abuse or Neglect Concerning the Elder and Dependent Adults and Children

As a DSP, you are a **mandated reporter.** By law, you must report all incidents of abuse or neglect involving dependent adults and elders or children that you have observed or reasonably suspect. Adults with intellectual/developmental disabilities are by definition dependent adults. You must follow the zero tolerance policy and report any incidents of abuse or neglect. Failure to report incidents involving an elder or dependent adult is a misdemeanor, punishable by not more than six months in jail, by a fine of not more than $1,000, or both. A mandated reporter who willfully fails to report abuse or neglect of an elder or dependent adult is subject to one year imprisonment and/or a $5,000 fine. There are similar penalties for failure to report abuse or neglect of children.

Table 3. Elder and Dependent Adult Abuse Reporting Requirements for Mandated Reporters

Welfare and Institutions Code (WIC) beginning with 15600

What Do I Report?

Physical abuse, such as:
Unusual or recurring scratches; bruises; skin tears; welts; bruises on opposite sides of the body; “wrap-around” bruises. Injuries caused by biting, cutting, pinching, or twisting of limbs; burns; fractures or sprains. Any untreated medical condition. Injuries that don’t match the explanation.

Psychological abuse/isolation.

Financial (fiduciary) abuse.

Neglect.

Who Do I Report To?

The local Ombudsman if the abuse or neglect occurred in a licensed facility
or
Adult Protective Services
AND
Local Law Enforcement agency

When Do I Report?

Call immediately or as soon as practicably possible (but no later than 2 hours in cases of serious bodily injury).
AND
Mandated reporters must submit a written report of a known or suspected instance of abuse within two (2) working days of making the telephone report to the responsible agency. (For required form and instructions, see Appendix 3-D.)

Table 4. Child Abuse Reporting Requirements for Mandated Reporters
California Penal Code Sections 11164–11174.4

What Do I Report?

A physical injury that is inflicted by anyone other than accidental means on a child by another individual.

Sexual abuse, including both sexual assault and sexual exploitation, such as:
Child reports sexual activities to a trusted person; detailed understanding of sexual behavior that is unexpected for child's age; child wears torn, stained, or bloody underclothing; child is a victim of other forms of abuse.

Willful cruelty or unjustifiable punishment.

Cruel or inhuman physical punishment or injury.

Neglect, including both severe and general neglect, such as:
Child lacking proper medical or dental care; child always sleepy or hungry; child always dirty or not properly dressed for the weather; evidence of poor supervision; conditions in home are extremely or persistently unsafe, unclean, or unhealthy.

Abuse (all of the above) in and out of home care.

Who Do I Report To?

Child Protective Services

AND

Local Law Enforcement

When Do I Report?

Call immediately or as soon as practicably possible.

AND

Follow-up with a written report within two working days.

Identifying an Incident Requiring a Mandated Report

Abusive or neglectful behavior toward a child, elder or dependent adult can take many forms. The DSP can help protect individuals from abuse through:

1. Observation: Pay attention to individuals in your care. Many individuals cannot tell you when something is wrong.

2. Communication: Talk with individuals and other DSPs daily. Talk with staff from day programs, employment programs, and others.

3. Documentation: Write down what you see and hear.

4. Review: Think about what you have observed, review what you have written and look for patterns.

5. Report: If abuse is observed or suspected, take immediate action necessary to protect the individual and then make the required reports.

DSPs play a critical role in ensuring a safe and dignified life for individuals with disabilities. Therefore, it is your responsibility to be aware of the zero tolerance policy regarding abuse and neglect and report any suspected incidents to the local authorities.

Types of Abuse

Remember your DSP Tool Box skills from Session 1. Your observation skills will be important when looking for signs of suspected abuse. Observation means that you will use all of your senses to identify any changes in or injuries to an individual that may be signs of abuse.

There are several different types of abuse that may occur, including:

1. Physical Abuse
2. Neglect
3. Abandonment
4. Financial Abuse
5. Isolation
6. Sexual Abuse

Information on the following pages will help you to identify where abuse might be occurring.

What if You Report Something that Really Didn't Happen?

There is no doubt that reporting can be stressful. You may not want to get anyone in trouble or you may have a difficult time believing that a person could do something bad to one of the individuals you support. You may fear payback or the loss of a relationship with someone who has been reported. However, stopping or preventing abuse is what is most important. It is better to report and be wrong than to have abuse go unchecked.

By law, you are required to report incidents that you have observed, suspected, or had reported to you, even if you are not 100% sure that it is reportable. Reporting is your legal duty and your ethical responsibility as a professional.

Signs of Abuse

1. Physical Abuse

Signs of physical abuse may be evident in bruising, swelling, broken bones or skin, blistering, or open wounds. Physical abuse may also be hidden. DSPs may become aware of changes in an individual's behavior or affect that can signal a problem of abuse.

Indicators of physical abuse may include:

1. Unusual or recurring scratches, bruises, skin tears, or welts.
2. Bilateral bruising (bruising on both sides of the body).
3. "Wrap around" bruises due to binding or too firm a grip around a wrist or neck.
4. Bruises around the breasts or genital area.
5. Infections around the genital area.
6. Injuries caused by biting, cutting, pinching, or twisting of limbs.
7. Burns.
8. Fractures or sprains.
9. Torn, stained, or bloody underclothing.
10. Any untreated medical condition.
11. Signs of excessive use of medication.
12. Injuries that do not match the explanation given.
13. Intense fearful reactions to people in general or to certain individuals in particular.
14. A noticeable change in the way an individual reacts to someone.

Welfare and Institutions Code Section 15610.63(f) adds the following reportable situation:

"…use of physical or chemical restraint or psychotropic medication under any of the following conditions:

- For punishment.
- For a period beyond that for which the medication was ordered pursuant to instructions of a physician and surgeon licensed in the State of California, who is providing medical care to (an) elder or dependent adult at the time instructions are given.
- For any purpose not authorized by the physician or surgeon."

These indicators or descriptions may not necessarily mean that abuse is suspected, but they may be clues that a problem exists or that a trend is developing.

2. Neglect

Neglect can be more difficult to recognize. It might be helpful to consider the "reasonable person" standard in identifying neglect: How would a reasonable person in the same situation act?

Neglect is defined in the following way: the negligent failure of any person having the care or custody of a child, an elder, or a dependent adult to exercise that degree of care that a reasonable person in a like situation would exercise. In other words, neglect is not providing the kind of care any reasonable person would provide.

Some examples of neglect are failure to provide:

1. Assistance with personal hygiene.
2. Assistance with food, clothing, or shelter.
3. Medical care for physical and mental health needs.
4. Protection from health and safety hazards.
5. Proper nutrition and hydration (fluids).
6. Proper care of one's self.

Signs of Abuse (cont.)

Example:

Arthur has a chronic ear infection. He complains that his ear hurts and there is obvious drainage from the ear. Staff at his work program have contacted his home to ask that he see a physician. There is no response from his care provider and two weeks later, Arthur is still complaining about his ear. The failure of his care provider to get medical treatment for Arthur may be a case of neglect and should be reported.

3. Abandonment

We sometimes hear about abandonment in the news when an infant or a child is found apparently left by his or her parents. In some cases, this might involve a newborn baby whose mother cannot care for her baby, or it might involve parents who believe they can no longer care for their child. Children left alone for long periods of time while their parents go away are also examples of abandonment. The critical point is that individuals in dependent situations are left without the care they require. In the same way the reasonable person standard was used in discussing neglect, Welfare and Institutions Code Section 15610.05 defines abandonment **"as the desertion or willful forsaking of an elder or a dependent adult by anyone having care or custody of that person under circumstances in which a reasonable person would continue to provide care and custody."**

Examples of abandonment may include:

- Returning home from an outing to find an individual has wandered away and is not present.
- Locking an individual out of a facility as punishment.
- Refusing to allow an individual to return to a facility without having followed required legal procedures for removal or relocating an individual.

Example:

Roxanne, 29 years old, has been leaving her home late at night after staff go to bed. She is visiting her boyfriend and knows that staff do not want her to go. She typically returns after an hour or so. Marie, one of the DSPs, decides that the next time she finds Roxanne gone, she is going to lock the door and let her stay out all night to teach her a lesson. This is an example of abandonment and a care provider legally cannot do this. Roxanne's behavior can be addressed in other, more effective and positive ways.

4. Financial Abuse

Dependent adults may also be the victims of financial abuse. As individuals become less able to be responsible for using money independently, they are at risk of being taken advantage of. We often hear about criminals that prey on elders, gaining their trust, and then taking their money. Individuals with disabilities also depend on others to help them manage their money and are vulnerable to financial abuse.

Financial abuse includes any of the following:

- Taking, using, or keeping real or personal property of an elder or dependent adult for a wrongful use or meaning to cheat or rob.
- Assisting someone to take, hide, use, or keep real or personal property of an elder or dependent adult for a wrongful use, or meaning to cheat or rob.

Some signs that may indicate an individual has been a victim of financial abuse include:

- Disappearance of papers, checkbooks, or legal documents.
- Staff assisting individuals with credit card purchases or ATM withdrawals.
- Lack of personal items: appropriate clothing, grooming items, and so forth.
- Unpaid bills, even though the individual has money to cover personal costs.
- Unnecessary or unrequested services.
- Unusual activity in bank accounts, such as withdrawals from automated teller machines when the individual cannot get to the bank.
- Denial of necessary and/or needed services by the person controlling the elder or dependent adult's money.
- Questionable use of "representative payee."
- Unnecessary use of power of attorney or conservatorship.

Example:

Tom is a DSP supporting David at his home. Tom and David have become very close and Tom assists David with his bill paying, shopping, and banking. Tom is a little short this month and because he knows that David has some extra money in his account, Tom asks David if he can borrow his ATM card so he can get cash to pay for some of his own things. Because David likes Tom and wants to please him, he gives Tom the card. Tom is using his friendship and position of power for his own financial gain and is financially abusing David. David is being exploited financially and this is an incident that must be reported.

5. Isolation

One of the critical roles for DSPs is to encourage and support friendships and social interactions among individuals and with other community members. Individuals with disabilities may have difficulty meeting new people and maintaining relationships because of limited opportunities to move about in the community or limited skills in communication and social interaction. It is also critical to support individuals in maintaining family ties.

One of the difficulties DSPs report is their discomfort in some of the relationships individuals choose to make and maintain. As a DSP, we might not approve of some of the people the individuals we support choose to spend time with, but we cannot prevent social relationships. As a support provider, a DSP cannot make decisions about others an adult will see.

There have also been occasions when support providers, as part of a plan to address a problem behavior, have used opportunities to be with others as a reward or punishment. This is not allowable. Individuals with disabilities have the right to have friendships, companionship, and the relationships they want; this right does not depend on the individual's behavior. More effective positive behavioral support strategies are discussed in Session 11.

Isolation means any of the following:

- Preventing an elder or dependent adult from receiving his or her mail or telephone calls.
- Telling a caller or visitor that an elder or dependent adult is not present, does not wish to talk with the caller, or does not wish to meet with the visitor when the statement is false and goes against the wishes of the elder or

Signs of Abuse (cont.)

dependent adult, whether he or she is competent or not, and is made in order to prevent the elder or dependent adult from having contact with family, friends, or concerned persons.

- Falsely imprisoning someone; false imprisonment is the unlawful violation of the personal liberty of another.
- Physically restraining an elder or dependent adult to prevent the elder or dependent adult from meeting with visitors.

There is an exception, however: if the above acts are the instructions of a licensed physician or surgeon as part of the individual's medical care, or if they are performed in response to a reasonably perceived threat of danger to property or physical safety (Welfare and Institutions Code Section 15610.43).

Restraint and seclusion or isolation are prohibited in community care facilities. Restraint is an emergency management strategy, used as a last resort by DSPs trained in such techniques when health and safety are in immediate danger.

Example:

Veronica has been having a very bad week. She is very angry about something and has been hitting staff and her roommates. Veronica normally goes to her parents' home every other weekend and looks forward to these visits, as do her parents. Ted, a DSP at Veronica's home, has decided that Veronica is demonstrating that she is not ready to go home and has taken this right away. Veronica is to stay in her room over the weekend and if she can show better behavior, she can go to visit her parents in two weeks.

Veronica's visit to her parents' home is not a privilege, it's a right. Ted is isolating Veronica in an attempt to change her behavior.

6. Sexual Abuse

Sexual abuse includes a wide range of sexual activities that are forced upon someone. Individuals with developmental disabilities are at an increased risk because they may be thought to be weak and unprotected. They may have limited communication skills that make it difficult to tell others about what is happening to them. They may unknowingly put themselves in harmful situations or associate with people who are harmful. In addition, if individuals with disabilities have small social circles, the isolation they feel may make them more likely to associate with people who pay attention to them. Finally, individuals with disabilities often live with roommates and in dependent situations. This makes them vulnerable to people who they think are more powerful.

When abuse is occurring, individuals are often unable to stop it due to a lack of understanding of what is happening, the extreme pressure to go along out of fear, a need for acceptance from the abuser, having a dependent relationship with the abuser, and the inability or unwillingness to question others they think to be in authority.

The research on sexual abuse is startling.

- More than 90% of individuals with intellectual/developmental disabilities will experience sexual abuse at some point in their lives (Schwartz, 1991).
- Victims who have some level of intellectual impairment are at the highest risk of abuse (Sobsey, 1994).
- 49% of individuals with disabilities will experience 10 or more abusive incidents (Valenti-Hein & Schwartz, 1991).

Signs of Abuse (cont.)

- Each year in the United States, 15,000 to 19,000 individuals with intellectual/developmental disabilities are raped (Sobsey & Doe, 1991).

There are a number of ways that sexual abuse occurs. What may seem harmless may be abusive, especially if it is unwanted and makes an individual uncomfortable. Sexual abuse may consist of inappropriate and non-consensual actions such as:

- Exposure to sexual materials such as pornography.
- The use of inappropriate sexual remarks and language.
- Not respecting the privacy of a child or other individual.
- Exhibitionism (exposure of genitals to strangers) or explicit acts such as:
  - — Fondling
  - — Oral sex
  - — Forced sexual intercourse

How would we know that sexual abuse is occurring?

There are obvious indications of sexual abuse, including unexplained pregnancy and sexually transmitted diseases (STDs). Unfortunately, these conditions are sometimes the first sign of abuse that is noticed. Obviously, there are other signs that can indicate sexual abuse and can move families and staff to intervene. Bruising around the genital area is an obvious signal, as is bruising of breasts or buttocks. Genital discomfort can be a sign of abuse and should be given medical attention. Torn or missing clothing may also indicate sexual abuse.

More often, DSPs may see other, more subtle signs that something serious is going on. Sometimes an individual who is being sexually abused may show physiological symptoms such as:

- Sleep disturbances
- Eating disorders
- Headaches
- Seizure activity

At times, or in addition to physiological symptoms, an individual may show psychological symptoms such as:

- Substance abuse
- Withdrawal
- Unusual attachment to a person or object
- Avoidance of certain places
- Avoidance of certain people
- Excessive crying spells
- Regression; returning to an earlier stage of life
- Poor self-esteem
- Non-compliance or unusually uncooperative behavior
- Self-destructive behavior
- Inability to focus or concentrate
- Resistance to physical examination
- Sexually inappropriate behavior

Adapted from *Violence and Abuse in the Lives of People with Disabilities* (1994). Sobsey, D.

A C T I V I T Y

Identifying Types of Abuse

Directions: *Read the scenarios and decide:*

- **Does the situation describe a type of abuse?**
- **What type of abuse does it show?**
- **What should be done?**

1. Annette, who is 27, returns from her day program with her blouse ripped. She informs you that someone on the bus was trying to touch her and she didn't like it.

Does the situation describe a type of abuse? Yes ☐ No ☐

What type of abuse?

What should be done?

2. Ron, 33 years old, has been talking about getting married to someone he met at the movies. He wants to call her up frequently and invite her over to stay with him in his room. Some of the staff members know this woman and do not want him to see her and they refuse to let him call her from home.

Does the situation describe a type of abuse? Yes ☐ No ☐

What type of abuse?

What should be done?

3. Yolanda, who is 19, lives at Mary's Care Home. She regularly has sex with her boyfriend at his home. Roxanne, the DSP at Mary's Care Home, is not sure what to do.

Does the situation describe a type of abuse? Yes ☐ No ☐

What type of abuse?

What should be done?

ACTIVITY

Identifying Types of Abuse (cont.)

4. Henry became angry and struck one of the DSPs and the care home owner. He ran out of the house and still hadn't returned by 10:00 p.m. He has done this on several different occasions, only to return in the early hours of the morning and wake up everyone in the home. The staff decided to lock the door and teach Henry a lesson this time.

Does the situation describe a type of abuse? Yes ☐ No ☐

What type of abuse?

What should be done?

5. Dean enjoys going to the mall. Since he requires supervision and needs some support, a DSP always goes with him and sometimes brings one or two other individuals. Dean leaves the group and goes to a movie. When the others are ready to leave, Dean is not with them, so they go home, figuring that he'll call when he finds them gone.

Does the situation describe a type of abuse? Yes ☐ No ☐

What type of abuse?

What should be done?

6. Rachel, 12 years old, occasionally wets herself. When she does this, she laughs as she wets. Staff know that she can go to the bathroom by herself and believe she does this to be funny. Tim, one of the DSPs, has had enough and swats her on the backside, tells her "No," then sends her to her room.

Does the situation describe a type of abuse? Yes ☐ No ☐

What type of abuse?

What should be done?

ACTIVITY

Identifying Types of Abuse (cont.)

7. Robert has asked Cathy, a DSP, to buy him a pack of cigarettes when she is at the store. He gives her five dollars. Cathy gets the cigarettes and also uses the change to get herself an ice cream cone for her trouble.

Does the situation describe a type of abuse? Yes ☐ No ☐

What type of abuse?

What should be done?

A C T I V I T Y

Reporting Incidents

Directions: *Read the following scenarios and answer the questions:*

- **Do I need to make a report?**
- **To whom should I report?**

1. Joey, age 9, just ran outside and threw his shoes onto the neighbor's roof for the third time this week. Mr. Smith, the neighbor, came running out and yelled, "I am going to call the cops if you people can't control those kids and I'm keeping these shoes!"

Do I need to make a report? ☐ Yes ☐ No

Who should I report to?

2. You are walking with an individual along a sidewalk. Just as you notice that his shoe is untied, he steps on the lace and falls to the concrete hitting his head. He gets up quickly, saying he is fine. Even though there is no cut or blood, there is redness and you are concerned that he may have a head injury, so you take the individual home and have him apply a cold compress where he hit his head. You contact the individual's doctor's office and speak to the advice nurse, explaining the situation: that first aid was administered, the redness has gone away, and there is no bruising or other sign of injury. You ask what further action is necessary and are told that no action is needed.

Do I need to make a report? ☐ Yes ☐ No

Who should I report to?

3. A resident of a group home, Mr. Johnson, has been in the hospital for a week due to a long illness. He dies while there. He was 78 years old.

Do I need to make a report? ☐ Yes ☐ No

Who should I report to?

4. While assisting Frank with his bath, you discover that he has head lice. You immediately purchase a bottle of Qwell and treat him.

Do I need to make a report? ☐ Yes ☐ No

Who should I report to?

ACTIVITY

Reporting Incidents (cont.)

5. After a fight with her roommate, Mary runs out of the house into the street. She is screaming that she is going to kill herself. Drivers manage to miss her and you succeed in taking her back into the house after five minutes. She has made similar statements in the past.

Do I need to make a report? ☐ Yes ☐ No

Who should I report to?

6. You walk into Sam's apartment just in time to hear another staff say, "I told you that if your room was not clean, you couldn't visit your sister this weekend." This is not part of any behavior plan.

Do I need to make a report? ☐ Yes ☐ No

Who should I report to?

7. While on a ski trip with his parents, Mike breaks his arm and requires surgery to repair it.

Do I need to make a report? ☐ Yes ☐ No

Who should I report to?

8. Bob, a very independent fellow, has spent the day at the mall. He left with $20 and now has no money and nothing to show for it. When asked where his money went, he says, "I gave it to a guy who didn't have any."

Do I need to make a report? ☐ Yes ☐ No

Who should I report to?

A C T I V I T Y

Completing a Special Incident Report

Directions: *Read the following scenario and write down why a Special Incident Report should be filed. Then, complete the report using the form provided.*

On April 5, 2015 at 3:00 p.m., Jose, an individual who is Maddy's friend, runs to you and says, "Maddy is not the same. Something's wrong!" Jose does not say more, but is very upset. You go with him to Maddy's room. The door is open, but you knock and ask if you can come in. Maddy is sitting on her bed, but does not respond. She appears to have been crying. You ask if she is all right, and she angrily shakes her head "no." You ask Jose to let you and Maddy have some privacy. He goes to his room still very worried about his friend.

Knowing that Maddy has limited communication skills, you begin to gently ask questions: "Are you in pain?" "Are you hurt?" "Did something happen to you?" "Did you go out?" "Show me what is wrong." Using this method, you learn that Maddy went for a walk after lunch and that a person in the neighborhood grabbed her by the wrist, which has wrap-around bruising, and tried to push her into a house. She screamed and the person let her go and went into the house. Maddy ran home and has been crying in her room ever since. She is upset, shaking, and very nervous. You are unable to calm her down.

You tell Maddy that you will bring the administrator to speak with her and that she is safe now. You report to the administrator who is very worried and goes to see Maddy. The administrator looks to see if there are other obvious bruises or other injuries and again questions Maddy about the incident.

Why should you file a Special Incident Report?

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

UNUSUAL INCIDENT/INJURY REPORT

INSTRUCTIONS : NOTIFY LICENSING AGENCY, PLACEMENT AGENCY AND RESPONSIBLE PERSONS, IF ANY, BY NEXT WORKING DAY.

SUBMIT WRITTEN REPORT WITHIN 7 DAYS OF OCCURRENCE.

RETAIN COPY OF REPORT IN CLIENT'S FILE.

NAME OF FACILITY	FACILITY FILE NUMBER	TELEPHONE NUMBER ( )
ADDRESS	CITY, STATE, ZIP	

CLIENTS/RESIDENTS INVOLVED	DATE OCCURRED	AGE	SEX	DATE OF ADMISSION

TYPE OF INCIDENT

- ☐ Unauthorized Absence
- ☐ Aggressive Act/Self
- ☐ Aggressive Act/Another Client
- ☐ Aggressive Act/Staff
- ☐ Aggressive Act/Family, Visitors
- ☐ Alleged Violation of Rights

Alleged Client Abuse

- ☐ Sexual
- ☐ Physical
- ☐ Psychological
- ☐ Financial
- ☐ Neglect

- ☐ Rape
- ☐ Pregnancy
- ☐ Suicide Attempt
- ☐ Other

- ☐ Injury-Accident
- ☐ Injury-Unknown Origin
- ☐ Injury-From another Client
- ☐ Injury-From behavior episode
- ☐ Epidemic Outbreak
- ☐ Hospitalization

- ☐ Medical Emergency
- ☐ Other Sexual Incident
- ☐ Theft
- ☐ Fire
- ☐ Property Damage
- ☐ Other *(explain)*

DESCRIBE EVENT OR INCIDENT (INCLUDE DATE, TIME, LOCATION, PERPETRATOR, NATURE OF INCIDENT, ANY ANTECEDENTS LEADING UP TO INCIDENT AND HOW CLIENTS WERE AFFECTED, INCLUDING ANY INJURIES:

PERSON(S) WHO OBSERVED THE INCIDENT/INJURY:

EXPLAIN WHAT IMMEDIATE ACTION WAS TAKEN (INCLUDE PERSONS CONTACTED):

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OVER

MEDICAL TREATMENT NECESSARY? ☐ YES ☐ NO IF YES, GIVE NATURE OF TREATMENT:

WHERE ADMINISTERED: | ADMINISTERED BY:

FOLLOW-UP TREATMENT, IF ANY:

ACTION TAKEN OR PLANNED (BY WHOM AND ANTICIPATED RESULTS:

LICENSEE/SUPERVISOR COMMENTS:

NAME OF ATTENDING PHYSICIAN

	NAME AND TITLE	DATE
REPORT SUBMITTED BY:		
REPORT REVIEWED/APPROVED BY:		

AGENCIES/INDIVIDUALS NOTIFIED *(SPECIFY NAME AND TELEPHONE NUMBER)*

☐ LICENSING_____ ☐ ADULT/CHILD PROTECTIVE SERVICES_____

☐ LONG TERM CARE OMBUDSMAN_____ ☐ PARENT/GUARDIAN/CONSERVATOR_____

☐ LAW ENFORCEMENT_____ ☐ PLACEMENT AGENCY_____

PRACTICE AND SHARE

To Whom Do I Report Special and Unusual Incidents?

The DSP is required to report certain incidents when they happen. Some of the agencies that you may report to are listed below. Using the list of State Agencies with oversight of Incident Reporting (Appendix 3-B), your community care home administrator, and the Internet as resources, find and record the contact information for your community's agencies.

Regional Center

Agency Name Phone

Website Fax

Community Care Licensing

Agency Name Phone

Website Fax

Adult Protective Services

Agency Name Phone

Website Fax

Child Protective Services

Agency Name Phone

Website Fax

Ombudsman

Agency Name Phone

Website Fax

Local Law Enforcement

Agency Name Phone

Website Fax

Risk Management and Incident Reporting

1. **The most important principle of "Risk Management" is:**
   A) Offer first aid immediately
   B) Prevention is the number one priority
   C) Keep the floor clean
   D) Stop all high-risk activities

2. **The DSP's role in risk management is:**
   A) To actively promote practices that will keep individuals safe
   B) To help people enjoy their lives more
   C) To hold person-centered planning meetings
   D) To remove all danger from individuals' lives

3. **An environmental risk is:**
   A) An object or activity that may cause harm where an individual lives or works
   B) Found only in nature and wooded areas
   C) A health condition that may cause harm to an individual or their friends
   D) A behavior that is aggressive or harmful

4. **The first step in risk assessment and planning is to:**
   A) Remove the risk
   B) Get more information about the risk
   C) Identify the risk
   D) Get help from the planning team

5. **A mandated reporter must report abuse or neglect of an adult by telephone immediately, and:**
   A) Submit a written report within two working days
   B) Wait for a response before doing anything else
   C) Offer first aid immediately
   D) Keep details of the abuse or neglect private

6. **A "Special Incident Report" must be filed with the regional center whenever:**
   A) An individual has a minor injury
   B) An individual is missing
   C) A meal is missed
   D) The DSP is unable to come to work

7. **After reporting a "special incident" by telephone the DSP must also:**
   A) Send a written report to the regional center within the next two days (48 hours)
   B) Ask for a written acknowledgment of the report
   C) Send a written report to the local police within the next three days (72 hours)
   D) Write down the name of the person they spoke to at the regional center

8. **A report shall be made to the licensing agency whenever there is:**
   A) A special event involving more than 20 participants
   B) The death of an individual, regardless of the cause
   C) Damage to an appliance that requires immediate repair
   D) An exchange of bodily fluids between individuals

9. **Which of the following must be reported by a "mandated reporter"?**
   A) An individual's expensive clothing is ruined by a defective washing machine
   B) An individual shows signs of having been physically abused.
   C) An individual refuses to eat food that they do not think is seasoned well
   D) An individual is unhappy because they are too sick to go bowling

10. **A mandated reporter must report incidents of abuse of an adult living in a licensed facility to:**
    A) Local radio or TV station
    B) CCL and regional center
    C) Facility administrator and 911
    D) Doctor or hospital

Appendices

Appendix 3-A

RISK ASSESSMENT WORKSHEET

Description of Risk*	Plans to Manage Risk

*Remember to think about the individual's health, behavior, daily living skills, environment, and lifestyle choices.

Appendix 3-B

State Agencies with Oversight of Incident Reporting

All of the local agencies with responsibility for ensuring the safety and well-being of the individuals that you support follow regulations developed and monitored by specific State agencies. Each agency has a zero tolerance policy and all DSPs should know the policy for the agency they work for, as well as the Welfare and Institiutions Code Section 15630 regarding abuse and neglect of a dependent adult under their care. These State agencies also serve as resources for information that may be useful to the DSP.

State Agency with Oversight of Regional Center

Department of Developmental Services
Website: www.dds.ca.gov/RC/Home.cfm
General information phone number: (916) 654-1690
TTY: (916) 654-2054

State Agency with Oversight of CCL

Department of Social Services
Community Care Licensing Division
Website: www.ccld.ca.gov
General information phone number: (916) 657-2346
Fax: (916) 657-3783
To report a complaint or concern regarding any licensed care facility, contact the Hotline at:
1-844-LET-US-NO
(1-844-538-8766)

State Agency with Oversight of APS

Department of Social Services
Long-Term Care and Aging Services Division
Website: www.cdss.ca.gov/agedblinddisabled/pg1298.htm
General information phone number: (916) 419-7540

State Agency with Oversight of CPS

Children and Family Services Division
Child Protection and Family Support Branch
Website: www.dss.cahwnet.gov/cfsweb/
General information phone number: (916) 651-6600
Fax: (916) 651-6239

State Agency with Oversight of Ombudsman

California Department of Aging
Long-Term Care Ombudsman Program
Website: www.aging.ca.gov/Programs/LTCOP/
CRISIS line: (800) 231-4024
General information phone number: (916) 419-7500
TDD: (800) 735-2929
Fax: (916) 928-2268-6239

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

UNUSUAL INCIDENT/INJURY REPORT

INSTRUCTIONS : NOTIFY LICENSING AGENCY, PLACEMENT AGENCY AND RESPONSIBLE PERSONS, IF ANY, BY NEXT WORKING DAY.

SUBMIT WRITTEN REPORT WITHIN 7 DAYS OF OCCURRENCE.

RETAIN COPY OF REPORT IN CLIENT'S FILE.

NAME OF FACILITY	FACILITY FILE NUMBER	TELEPHONE NUMBER ( )
ADDRESS	CITY, STATE, ZIP	

CLIENTS/RESIDENTS INVOLVED	DATE OCCURRED	AGE	SEX	DATE OF ADMISSION

TYPE OF INCIDENT

- ☐ Unauthorized Absence
- ☐ Aggressive Act/Self
- ☐ Aggressive Act/Another Client
- ☐ Aggressive Act/Staff
- ☐ Aggressive Act/Family, Visitors
- ☐ Alleged Violation of Rights

Alleged Client Abuse

- ☐ Sexual
- ☐ Physical
- ☐ Psychological
- ☐ Financial
- ☐ Neglect

- ☐ Rape
- ☐ Pregnancy
- ☐ Suicide Attempt
- ☐ Other

- ☐ Injury-Accident
- ☐ Injury-Unknown Origin
- ☐ Injury-From another Client
- ☐ Injury-From behavior episode
- ☐ Epidemic Outbreak
- ☐ Hospitalization

- ☐ Medical Emergency
- ☐ Other Sexual Incident
- ☐ Theft
- ☐ Fire
- ☐ Property Damage
- ☐ Other *(explain)*

DESCRIBE EVENT OR INCIDENT (INCLUDE DATE, TIME, LOCATION, PERPETRATOR, NATURE OF INCIDENT, ANY ANTECEDENTS LEADING UP TO INCIDENT AND HOW CLIENTS WERE AFFECTED, INCLUDING ANY INJURIES:

PERSON(S) WHO OBSERVED THE INCIDENT/INJURY:

EXPLAIN WHAT IMMEDIATE ACTION WAS TAKEN (INCLUDE PERSONS CONTACTED):

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OVER

Appendix 3-C (cont.)

MEDICAL TREATMENT NECESSARY? ☐ YES ☐ NO IF YES, GIVE NATURE OF TREATMENT:

WHERE ADMINISTERED: | ADMINISTERED BY:

FOLLOW-UP TREATMENT, IF ANY:

ACTION TAKEN OR PLANNED (BY WHOM AND ANTICIPATED RESULTS:

LICENSEE/SUPERVISOR COMMENTS:

NAME OF ATTENDING PHYSICIAN

	NAME AND TITLE	DATE
REPORT SUBMITTED BY:		
REPORT REVIEWED/APPROVED BY:		

AGENCIES/INDIVIDUALS NOTIFIED *(SPECIFY NAME AND TELEPHONE NUMBER)*

☐ LICENSING_____ ☐ ADULT/CHILD PROTECTIVE SERVICES_____

☐ LONG TERM CARE OMBUDSMAN_____ ☐ PARENT/GUARDIAN/CONSERVATOR_____

☐ LAW ENFORCEMENT_____ ☐ PLACEMENT AGENCY_____

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

CONFIDENTIAL REPORT -
NOT SUBJECT TO PUBLIC DISCLOSURE

DATE COMPLETED:

REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE

TO BE COMPLETED BY REPORTING PARTY. PLEASE PRINT OR TYPE. SEE GENERAL INSTRUCTIONS.

A. VICTIM ☐ **Check box if victim consents to disclosure of information [Ombudsman use only - WIC 15636(a)]**

*NAME (LAST NAME FIRST) | *AGE | DATE OF BIRTH | SSN | GENDER ☐ M ☐ F | ETHNICITY | LANGUAGE (✓ CHECK ONE) ☐ NON-VERBAL ☐ ENGLISH ☐ OTHER (*SPECIFY*)

*ADDRESS (IF FACILITY, INCLUDE NAME AND NOTIFY OMBUDSMAN) | *CITY | *ZIP CODE | *TELEPHONE ( )

*PRESENT LOCATION (IF DIFFERENT FROM ABOVE) | *CITY | *ZIP CODE | *TELEPHONE ( )

☐ ELDERLY (65+) ☐ DEVELOPMENTALLY DISABLED ☐ MENTALLY ILL/DISABLED ☐ PHYSICALLY DISABLED ☐ UNKNOWN/OTHER | ☐ LIVES ALONE ☐ LIVES WITH OTHERS

B. SUSPECTED ABUSER ✓ *Check if* ☐ ***Self-Neglect***

NAME OF SUSPECTED ABUSER | ☐ CARE CUSTODIAN (type)_____ ☐ HEALTH PRACTITIONER (type) _____ | ☐ PARENT ☐ SPOUSE | ☐ SON/DAUGHTER ☐ OTHER RELATION | ☐ OTHER_____

ADDRESS | *ZIP CODE | TELEPHONE ( ) | GENDER ☐ M ☐ F | ETHNICITY | AGE | D.O.B. | HEIGHT | WEIGHT | EYES | HAIR

C. REPORTING PARTY: *Check appropriate box if reporting party waives confidentiality to:* ☐ ✓ All ☐ ✓ All but victim ☐ ✓ All but perpetrator

*NAME (PRINT) | SIGNATURE | OCCUPATION | AGENCY/NAME OF BUSINESS

RELATION TO VICTIM/HOW KNOWS OF ABUSE | (STREET) | (CITY) | (ZIP CODE) | (E-MAIL ADDRESS) | TELEPHONE ( )

D. INCIDENT INFORMATION - Address where incident occurred:

*DATE/TIME OF INCIDENT(S) | PLACE OF INCIDENT (✓ CHECK ONE) ☐ OWN HOME ☐ HOME OF ANOTHER ☐ COMMUNITY CARE FACILITY ☐ NURSING FACILITY/SWING BED ☐ HOSPITAL/ACUTE CARE HOSPITAL ☐ OTHER (Specify)

E. REPORTED TYPES OF ABUSE (✓ CHECK ALL THAT APPLY).

1. PERPETRATED BY OTHERS (WIC 15610.07 & 15610.63)

a. PHYSICAL
- ☐ ASSAULT/BATTERY
- ☐ CONSTRAINT OR DEPRIVATION
- ☐ SEXUAL ASSAULT
- ☐ CHEMICAL RESTRAINT
- ☐ OVER OR UNDER MEDICATION

b. ☐ NEGLECT
c. ☐ FINANCIAL
d. ☐ ABANDONMENT
e. ☐ ISOLATION
f. ☐ ABDUCTION
g. ☐ OTHER (Non-Mandated: e.g., deprivation of goods and services: psychological/mental)

2. SELF-NEGLECT (WIC 15610.57(b)(5))

a. ☐ PHYSICAL CARE (e.g., personal hygiene, food, clothing, shelter)
b. ☐ MEDICAL CARE (e.g., physical and mental health needs)
c. ☐ HEALTH and SAFETY HAZARDS
d. ☐ MALNUTRITION/DEHYDRATION
e. ☐ OTHER (Non-Mandated e.g., financial)

ABUSE RESULTED IN (✓ CHECK ALL THAT APPLY) ☐ NO PHYSICAL INJURY ☐ MINOR MEDICAL CARE ☐ HOSPITALIZATION ☐ CARE PROVIDER REQUIRED ☐ DEATH ☐ MENTAL SUFFERING ☐ OTHER (SPECIFY) ☐ UNKNOWN

F. REPORTER'S OBSERVATIONS, BELIEFS, AND STATEMENTS BY VICTIM IF AVAILABLE. DOES ALLEGED PERPETRATOR STILL HAVE ACCESS TO THE VICTIM? PROVIDE ANY KNOWN TIME FRAME (2 days, 1 week, ongoing, etc.). ***LIST ANY POTENTIAL DANGER FOR INVESTIGATOR (animals, weapons, communicable diseases, etc.).*** ☐ ✓CHECK IF MEDICAL, FINANCIAL, PHOTOGRAPHS OR OTHER SUPPLEMENTAL INFORMATION IS ATTACHED.

G. TARGETED ACCOUNT

ACCOUNT NUMBER (LAST 4 DIGITS): | TYPE OF ACCOUNT: ☐ DEPOSIT ☐ CREDIT ☐ OTHER | TRUST ACCOUNT: ☐ YES ☐ NO

POWER OF ATTORNEY: ☐ YES ☐ NO | DIRECT DEPOSIT: ☐ YES ☐ NO | OTHER ACCOUNTS: ☐ YES ☐ NO

H. OTHER PERSON BELIEVED TO HAVE KNOWLEDGE OF ABUSE. *(family, significant others, neighbors, medical providers and agencies involved, etc.)*

NAME | ADDRESS | TELEPHONE NO. ( ) | RELATIONSHIP

I. FAMILY MEMBER OR OTHER PERSON RESPONSIBLE FOR VICTIM'S CARE. *(If unknown, list contact person).*

*NAME | IF CONTACT PERSON ONLY ✓ CHECK ☐ | *RELATIONSHIP

*ADDRESS | *CITY | *ZIP CODE | *TELEPHONE ( )

J. TELEPHONE REPORT MADE TO: ☐ Local APS ☐ Local Law Enforcement ☐ Local Ombudsman ☐ Calif. Dept. of Mental Health ☐ Calif. Dept. of Developmental Services

NAME OF OFFICIAL CONTACTED BY PHONE | *TELEPHONE ( ) | DATE/TIME

K. WRITTEN REPORT **Enter information about the agency receiving this report. Do not submit report to California Department of Social Services Adult Programs Bureau.**

AGENCY NAME | ADDRESS OR FAX # | ☐ Date Mailed ☐ Date Faxed:

L. RECEIVING AGENCY USE ONLY ☐ Telephone Report ☐ Written Report

1. Report Received by: | Date/Time:
2. Assigned ☐ Immediate Response ☐ Ten-day Response ☐ No Initial Face-To-Face Required ☐ Not APS ☐ Not Ombudsman
   Approved by: | Assigned to (optional):
3. Cross-Reported to: ☐ CDHS, Licensing & Cert.; ☐ CDSS-CCL; ☐ CDA Ombudsman; ☐ Bureau of Medi-Cal Fraud & Elder Abuse; ☐ Mental Health; ☐ Law Enforcement; ☐ Professional Board; ☐ Developmental Services; ☐ APS; ☐ Other (Specify) | Date of Cross-Report:
4. APS/Ombudsman/Law Enforcement Case File Number:_____

SOC 341 (12/06)

Appendix 3-D (cont.)

REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE GENERAL INSTRUCTIONS

PURPOSE OF FORM

This form, as adopted by the California Department of Social Services (CDSS), is required under Welfare and Institutions Code (WIC) Sections 15630 and 15658(a)(1). This form documents the information given by the reporting party on the suspected incident of abuse of an elder or dependent adult. "**Elder**," means any person residing in this state who is 65 years of age or older (WIC Section 15610.27). "**Dependent Adult**," means any person residing in this state, between the ages of 18 and 64, who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age (WIC Section 15610.23). Dependent adult includes any person between the ages of 18 and 64 who is admitted as an inpatient to a 24-hour health facility (defined in the Health and Safety Code Sections 1250, 1250.2, and 1250.3).

COMPLETION OF THE FORM

1. This form may be used by the receiving agency to record information through a telephone report of suspected dependent adult/elder abuse. Complete items with an asterisk (*) when a telephone report of suspected abuse is received as required by statute and the California Department of Social Services.
2. If any item of information is unknown, enter "unknown."
3. Item A: Check box to indicate if the victim waives confidentiality.
4. Item C: Check box if the reporting party waives confidentiality. Please note that mandated reporters are required to disclose their names, however, non-mandated reporters may report anonymously.

REPORTING RESPONSIBILITIES

Mandated reporters (see definition below under "Reporting Party Definitions") shall complete this form for each report of a known or suspected instance of abuse (physical abuse, sexual abuse, financial abuse, abduction, neglect, (self-neglect), isolation, and abandonment (see definitions in WIC Section 15610) involving an elder or a dependent adult. **The original of this report shall be submitted within two (2) working days of making the telephone report to the responsible agency as identified below:**

- The county Adult Protective Services (APS) agency or the local law enforcement agency (if abuse occurred in a private residence, apartment, hotel or motel, or homeless shelter).
- Long-Term Care Ombudsman (LTCO) program or the local law enforcement agency (if abuse occurred in a nursing home, adult residential facility, adult day program, residential care facility for the elderly, or adult day health care center).
- The California Department of Mental Health or the local law enforcement agency (if abuse occurred in Metropolitan State Hospital, Atascadero State Hospital, Napa State Hospital, or Patton State Hospital).
- The California Department of Developmental Services or the local law enforcement agency (if abuse occurred in Sonoma Developmental Center, Lanterman Developmental Center, Porterville Developmental Center, Fairview Developmental Center, or Agnews Developmental Center).

WHAT TO REPORT

Any mandated reporter who, in his or her professional capacity, or within the scope of his or her employment has observed, suspects, or has knowledge of an incident that reasonably appears to be physical abuse (including sexual abuse), abandonment, isolation, financial abuse, abduction, or neglect (including self-neglect), or is told by an elder or a dependent adult that he or she has experienced behavior constituting physical abuse, abandonment, isolation, financial abuse, abduction, or neglect, shall report the known or suspected instance of abuse by telephone immediately or as soon as practicably possible, and by written report sent within two working days to the appropriate agency.

REPORTING PARTY DEFINITIONS

Mandated Reporters (WIC) "15630 (a) Any person who has assumed full or intermittent responsibility for care or custody of an elder or dependent adult, whether or not that person receives compensation, including administrators, supervisors, and any licensed staff of a public or private facility that provides care or services for elder or dependent adults, or any elder or dependent adult care custodian, health practitioner, clergy member, or employee of a county adult protective services agency or a local law enforcement agency, is a mandated reporter."

Care Custodian (WIC) "15610.17 'Care custodian' means an administrator or an employee of any of the following public or private facilities or agencies, or persons providing care or services for elders or dependent adults, including members of the support staff and maintenance staff: (a) Twenty-four-hour health facilities, as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code. (b) Clinics. (c) Home health agencies. (d) Agencies providing publicly funded in-home supportive services, nutrition services, or other home and community-based support services. (e) Adult day health care centers and adult day care. (f) Secondary schools that serve 18- to 22-year-old dependent adults and postsecondary educational institutions that serve dependent adults or elders. (g) Independent living centers. (h) Camps. (i) Alzheimer's Disease Day Care Resource Centers. (j) Community care facilities, as defined in Section 1502 of the Health and Safety Code, and residential care facilities for the elderly, as defined in Section 1569.2 of the Health and Safety Code. (k) Respite care facilities. (l) Foster homes. (m) Vocational rehabilitation facilities and work activity centers. (n) Designated area agencies on aging. (o) Regional centers for persons with developmental disabilities. (p) State Department of Social Services and State Department of Health Services licensing divisions. (q) County welfare departments. (r) Offices of patients' rights advocates and clients' rights advocates, including attorneys. (s) The Office of the State Long-Term Care Ombudsman. (t) Offices of public conservators, public guardians, and court investigators. (u) Any protection or advocacy

GENERAL INSTRUCTIONS (Continued)

agency or entity that is designated by the Governor to fulfill the requirements and assurances of the following: (1) The federal Developmental Disabilities Assistance and Bill of Rights Act of 2000, contained in Chapter 144 (commencing with Section 15001) of Title 42 of the United States Code, for protection and advocacy of the rights of persons with developmental disabilities. (2) The Protection and Advocacy for the Mentally Ill Individuals Act of 1986, as amended, contained in Chapter 114 (commencing with Section 10801) of Title 42 of the United States Code, for the protection and advocacy of the rights of persons with mental illness. (v) Humane societies and animal control agencies. (w) Fire departments. (x) Offices of environmental health and building code enforcement. (y) Any other protective, public, sectarian, mental health, or private assistance or advocacy agency or person providing health services or social services to elders or dependent adults."

Health Practitioner (WIC) "15610.37 'Health practitioner' means a physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, licensed clinical social worker or associate clinical social worker, marriage, family, and child counselor, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, any emergency medical technician I or II, paramedic, or person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code, a psychological assistant registered pursuant to Section 2913 of the Business and Professions Code, a marriage, family, and child counselor trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code, or an unlicensed marriage, family, and child counselor intern registered under Section 4980.44 of the Business and Professions Code, state or county public health or social service employee who treats an elder or a dependent adult for any condition, or a coroner."

Officers and Employees of Financial Institutions (WIC) "15630.1. (a) As used in this section, "mandated reporter of suspected financial abuse of an elder or dependent adult" means all officers and employees of financial institutions. (b) As used in this section, the term "financial institution" means any of the following: (1) A depository institution, as defined in Section 3(c) of the Federal Deposit Insurance Act (12 U.S.C. Sec. 1813(c)). (2) An institution-affiliated party, as defined in Section 3(u) of the Federal Deposit Insurance Act (12 U.S.C. Sec. 1813(u)). (3) A federal credit union or state credit union, as defined in Section 101 of the Federal Credit Union Act (12 U.S.C. Sec. 1752), including, but not limited to, an institution-affiliated party of a credit union, as defined in Section 206(r) of the Federal Credit Union Act (12 U.S.C. Sec. 1786 (r)). (c)As used in this section, "financial abuse" has the same meaning as in Section 15610.30. (d)(1)Any mandated reporter of suspected financial abuse of an elder or dependent adult who has direct contact with the elder or dependent adult or who reviews or approves the elder or dependent adult's financial documents, records, or transactions, in connection with providing financial services with respect to an elder or dependent adult, and who, within the scope of his or her employment or professional practice, has observed or has knowledge of an incident that is directly related to the transaction or matter that is within that scope of employment or professional practice, that reasonably appears to be financial abuse, or who reasonably suspects that abuse, based solely on the information before him or her at the time of reviewing or approving the document, records, or transaction in the case of mandated reporters who do not have direct contact with the elder or dependent adult, shall report the known or suspected instance of financial abuse by telephone immediately, or as soon as practicably possible, and by written report sent within two working days to the local adult protective services agency or the local law enforcement agency."

MULTIPLE REPORTERS

When two or more mandated reporters are jointly knowledgeable of a suspected instance of abuse of a dependent adult or elder, and when there is agreement among them, the telephone report may be made by one member of the group. Also, a single written report may be completed by that member of the group. Any person of that group, who believes the report was not submitted, shall submit the report.

IDENTITY OF THE REPORTER

The identity of all persons who report under WIC Chapter 11 shall be confidential and disclosed only among APS agencies, local law enforcement agencies, LTCO coordinators, California State Attorney General Bureau of Medi-Cal Fraud and Elder Abuse, licensing agencies or their counsel, Department of Consumer Affairs Investigators (who investigate elder and dependent adult abuse), the county District Attorney, the Probate Court, and the Public Guardian. Confidentiality may be waived by the reporter or by court order.

FAILURE TO REPORT

Failure to report by mandated reporters (as defined under "Reporting Party Definitions") any suspected incidents of physical abuse (including sexual abuse), abandonment, isolation, financial abuse, abduction, or neglect (including self-neglect) of an elder or a dependent adult is a misdemeanor, punishable by not more than six months in the county jail, or by a fine of not more than $1,000, or by both imprisonment and fine. Any mandated reporter who willfully fails to report abuse of an elder or a dependent adult, where the abuse results in death or great bodily injury, may be punished by up to one year in the county jail, or by a fine of up to $5,000, or by both imprisonment and fine.

Officers or employees of financial institutions (defined under "Reporting Party Definitions") are mandated reporters of financial abuse (effective January 1, 2007). These mandated reporters who fail to report financial abuse of an elder or dependent adult are subject to a civil penalty not exceeding $1,000. Individuals who willfully fail to report financial abuse of an elder or dependent adult are subject to a civil penalty not exceeding $5,000. These civil penalties shall be paid by the financial institution, which is the employer of the mandated reporter to the party bringing the action.

Appendix 3-D (cont.)

GENERAL INSTRUCTIONS (Continued)

EXCEPTIONS TO REPORTING

Per WIC Section 15630(b)(3)(A), a mandated reporter who is a physician and surgeon, a registered nurse, or a psychotherapist, as defined in Section 1010 of the Evidence Code, shall not be required to report a suspected incident of abuse where all of the following conditions exist:

(1) The mandated reporter has been told by an elder or a dependent adult that he or she has experienced behavior constituting physical abuse (including sexual abuse), abandonment, isolation, financial abuse, abduction, or neglect (including self-neglect).
(2) The mandated reporter is not aware of any independent evidence that corroborates the statement that the abuse has occurred.
(3) The elder or the dependent adult has been diagnosed with a mental illness or dementia, or is the subject of a court-ordered conservatorship because of a mental illness or dementia.
(4) In the exercise of clinical judgment, the physician and surgeon, the registered nurse, or the psychotherapist, as defined in Section 1010 of the Evidence Code, reasonably believes that the abuse did not occur.

Per WIC Section 15630(b)(4)(A), in a long-term care facility, a mandated reporter who the California Department of Health Services determines, upon approval by the Bureau of Medi-Cal Fraud and the Office of the State Long-Term Care Ombudsman (OSLTCO), has access to plans of care and has the training and experience to determine whether all the conditions specified below have been met, shall not be required to report the suspected incident of abuse:

(1) The mandated reporter is aware that there is a proper plan of care.
(2) The mandated reporter is aware that the plan of care was properly provided and executed.
(3) A physical, mental, or medical injury occurred as a result of care pursuant to clause (1) or (2).
(4) The mandated reporter reasonably believes that the injury was not the result of abuse.

DISTRIBUTION OF SOC 341 COPIES

Mandated reporter: After making the telephone report to the appropriate agency, the reporter shall send the original and one copy to the agency; keep one copy for the reporter's file.
Receiving agency: Place the original copy in the case file. Send a copy to a cross-reporting agency, if applicable.
DO NOT SEND A COPY TO THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES ADULT PROGRAMS BUREAU.

Student Resource Guide

4. Medication Management: Part 1

Cautionary Statement

The material in this session is not intended to be medical advice on personal health matters. Medical advice should be obtained from a licensed physician. This session highlights medication. This session does not cover all situations, precautions, interactions, adverse reactions, or other side effects. A pharmacist can assist you and the doctor with questions about medications. We urge you to talk with pharmacists, nurses and other professionals (e.g. dietitians) as well, to broaden your understanding of the fundamentals covered in this module.

Student Resource Guide: SESSION 4

Medication Management: Part 1

OUTCOMES

When you finish this session you will be able to:

- Demonstrate how to assist individuals in the self-administration of medication.
- Identify resources for information about medications that individuals are taking.
- List the Five Rights of assisting an individual with self-administration of medication.
- Explain the difference between "prescription" and "over-the-counter" medications.
- Identify key information on prescription medication labels.
- Explain the reason for documenting self-administration of medication.
- Document medication related information, including self-administration, missed doses, errors, side effects, and drug interactions.

KEY WORDS

Key Word	Meaning	In My Own Words
Drug	Another word for medication; a substance used as a medicine.	
Generic Name	The name given by the federal government to a drug; not the brand name.	
Medication	Substance taken into the body or appied to the body for the purpose of prevention, treatment, relief of symptoms, or cure.	
Medication (Drug) Interactions	The result of drugs, foods, alcohol, or other substances, such as herbs or other nutrients, having an effect on each other.	
Ophthalmic	Refers to the eyes.	
Otic	Refers to the ears.	
Over-the-Counter (OTC) Medications	Medications, including aspirin, antihistamines, vitamin supplements, and herbal remedies, that may be obtained without a written prescription.	

KEY WORDS (CONT.)

Key Word	Meaning	In My Own Words
Pharmacist	Licensed person who prepares and sells medications and is knowledgeable about their contents.	
Physician/ Doctor	A person licensed to practice medicine. For the purpose of prescribing medications only, the term means any health care professional authorized by law to prescribe drugs: physician, dentist, optometrist, podiatrist, nurse practitioner, or physician's assistant. A nurse practitioner or physician's assistant who writes prescriptions is acting under the supervision of a 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.	
Side Effects	An extra and usually bad action or effect that a drug has in addition to treating an illness. Some side effects, such as a severe allergic reaction, can be deadly.	
Topical	Put directly on the skin or a certain area of the body.	
Trade Name/ Brand Name	The name given by the company that made the medication.	

ACTIVITY

What Do You Want to Know?

Directions: *Think about the topic of this training session. Answer the first two questions in the space provided below. You will come back to this page at the end of the session to answer the last question.*

What do you **already know** about assisting individuals with prescription medication?

What do you **want to know** about assisting individuals with prescription medication?

To be answered at the end of the session, during review:
What **have you learned** about assisting individuals with prescription medication?

Overview

The number of prescriptions written by health care professionals has steadily increased over the years. Failure of Americans to take their medication as instructed costs more than $100 billion a year in increased hospital and nursing home admissions, lost worker productivity, and premature death.

Many of the individuals you support take medications on an ongoing basis. Everyone you support will need to take medication(s) at one time or another.

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 high-risk activity. The critical skills you will learn in the next two sessions 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 in licensed community care homes depends on the skills of the DSP in assisting them in taking medications. The DSP's role in assisting individuals to take the right medication, in the right dose, by the right route, at the right time is a very important function.

Medications are substances used to prevent or treat an illness. Knowing about medications, their use and abuse, and how to assist individuals in using them is vital to the health and well-being of those you serve.

In this section you will learn how to safely assist people with prescribed medications. You will learn how to:

- Get information about medications from the physician/doctor and pharmacist.
- Read and understand the medication label.
- Follow the Five Rights (fully discussed on page 13) for medication management:
  - Right person
  - Right medication
  - Right dose
  - Right time
  - Right route
- Document each dose of medication taken, as well as any medication errors.
- Observe the individual for both intended effects and unintended side effects.
- Report, document and communicate any side effects.

Key Health Care Professional

In this section, we will be talking about the health care professionals with whom you and the individuals you support will communicate and interact in order to get and use medications safely. A physician, or doctor, is a person licensed to practice medicine. For the purpose of prescribing medications only, the term **physician/doctor** means any health care professional authorized by law to prescribe drugs: physician, dentist, optometrist, podiatrist, nurse practitioner, or physician's assistant. A nurse practitioner or physician's assistant who writes prescriptions is acting under the supervision of a physician. A **pharmacist** is a person who is licensed to prepare and sell medications. Pharmacists usually work in drug stores or hospitals.

Requirements for Assisting with Medications

In California, community care licensing regulations are very specific regarding requirements for assisting with medications. Some of the regulations are different based upon the age of individuals living in the home and the home's licensing category; for example, Adult Residential Facility or Small Family Home. Specific information on these regulatory requirements is included in the Community Care Licensing Division's *Self-Assessment Guide, Medications Booklet* published in September 2002, and found in Appendix 4-E.

The DSP 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, dated order or prescription provides instructions for preparing and using the medication.

Prescription medications are those that are always ordered by a doctor or other person with authority to write a prescription. **Over-the-counter (OTC) medications** are those that can be bought without a prescription and include vitamin supplements, herbal remedies, and commonly used medications such as Tylenol and Benadryl.

Effects of Medication

Intended Effects

Medications are powerful substances and should be used with respect and care. Medications affect each individual differently. They can do a lot of good for individuals; however, they may also cause harm. Usually a medication is taken for a specific or intended effect or action, such as controlling seizures, lowering blood pressure, or relieving pain.

Side Effects

Many drugs have other known actions besides the intended one. These actions are called **side effects**. Many of these effects are predictable; however, some are not. Side effects may be desirable or undesirable, harmless or dangerous. Sometimes they can even be deadly. Both prescription and OTC drugs have side effects.

An example of a side effect is when the medication makes the individual feel nauseated, confused, dizzy, or anxious. Other examples of side effects include rashes and changes in bodily functions, such as changes in appetite, sleep pattern, or elimination.

Medication Interactions

It is not uncommon for two or more medications taken together to have an effect on each other. This is called **medication or drug interaction** and can cause 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.

Common Categories of Medication

Drugs are classified into categories, or groups, with other medications that affect the body in similar ways. Thousands of medications are on the market. Many drugs with multiple uses can be found in more than one category. Some of the common categories of medications used by individuals with developmental disabilities include anticonvulsants (seizure medications), antibiotics, pain medications, topical ointments or creams that are applied directly to the skin, and psychotropic medications that include antidepressants and antipsychotics for treating mood, psychotic, or anxiety disorders.

Reading and Understanding Medication Labels

Remember, the DSP can only assist individuals with self-administration of medications that have been ordered or prescribed by a doctor, dentist, or nurse practitioner. This includes both prescription and OTC medications. The pharmacist prepares the medication using the doctor's written order and places a label on the medication container that provides instructions for taking the medication.

Medications have both a **generic name** and a **trade name**. The generic name is the name given by the federal government to a drug. The trade or brand name is the name given by the company that makes a medication. For example, acetaminophen is the generic name for Tylenol. Tylenol is the trade name. The prescribing doctor may order the medication by either name. The pharmacy label may have either name as well.

Each prescribed medication must be kept in its original container with the pharmacy label attached. Careful reading of the label is critical to ensuring medication safety. The information on the pharmacy medication label includes:

- Pharmacy/pharmacist name and address
- Prescription number or other means of identifying the prescriber (used in requesting refills)
- Individual's name
- Prescriber's name (doctor)
- Name of medication
- Strength
- Dose
- Directions for how to use the medication
- Manufacturer
- Quantity (for example, number of pills, or other measurement of the amount of the prescription)
- Date the prescription was filled
- Expiration or discard date
- Number of refills remaining
- Condition for which prescribed (most pharmacies include this information if it is on the doctor's order)

Pharmacy Abbreviations and Symbols

The following abbreviations and symbols are commonly used on medication labels. In order to read and understand medication labels, the DSP must be familiar with these abbreviations and symbols.

- Rx = Prescription
- OTC = Over-the-Counter
- p.r.n. = 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

ACTIVITY

Medication Label Abbreviations

Directions: *Draw a line from each abbreviation to its meaning.*

Abbreviation	Meaning
q.i.d (QID)	afternoon/evening
Tab	morning
P.M.	teaspoon
Tbsp.	twice a day
b.i.d (BID)	capsule
A.M.	ounce
t.i.d (TID)	four times a day
Cap	tablespoon
oz.	tablet
tsp.	three times a day

Reading and Understanding Medication Labels (cont.)

The dose is a term used to describe how much medication or how many units are to be taken at any time. A dose can be described as a **single** dose or a **daily** dose. For example, an oral medication (capsules or tablets) may be prescribed as:

AMOXICILLIN 500mg capsules
Take 1 capsule 3 times daily

In this example the individual is taking a 500mg single dose and a 1500 mg daily dose.

TEGRETOL 200mg tabs
2 tabs at 7 a.m. • 2 tabs at 2 p.m. and 1 tab at 9 p.m.

In this example the individual is taking a 400mg single dose and a 1000mg daily dose.

A liquid medication may be prescribed as:

ROBITUSSIN 250mg/5cc
Give 5cc (5cc = 1 teaspoon) 4 times a day or QID

In this example the individual is taking a 5cc single dose and a 20cc daily dose.

Reading and Understanding Medication Labels (cont.)

Oral medications (capsules or tablets that are swallowed) are usually prescribed in mg (milligrams) or gm (grams).

Liquid medications are usually prescribed in ml (milliliters), cc (cubic centimeters), or oz (ounces). Liquid medications may also be prescribed in tsp (teaspoon), or tbsp (tablespoon). Topical medications are usually prescribed in gm (grams).

A typical medication label looks like the one shown on the right.

Do not "scratch out," write over, or change a drug label in any way. Any change to a prescription requires a new doctor's order that must be refilled by the pharmacist.

ABC Pharmacy
Dr. Diaz

RX 10575 9/30/16

JORDAN BIRD
TAKE 1 TABLET 3X PER DAY ORALLY FOR 10 DAYS FOR INFECTION
12 a.m., 8 a.m., 4 p.m.

AMOXICILLIN 250MG
#30 TABLETS

EXPIRES: 3/31/17 NO REFILLS

MFG: MANY MEDICATIONS, INC
FILLED BY: BRS

A C T I V I T Y

Sample Medication Label Worksheet

Directions: *Use the sample medication label above to answer the following questions.*

What is the Rx number?

Who prescribed the medication?

What is the name of the medication?

What is the individual dose?

When should it be taken?

For how long?

What date did the pharmacy fill the medication?

Who is the medication prescribed for?

How many refills?

What is the expiration or discard date?

Is there any information missing?

Who is the manufacturer?

Label Warnings

Medication containers may also have separate warning labels put on by the pharmacist that provide additional information on the use of the medication; for example, "Medication Should Be Taken with Plenty of Water." Some additional examples are listed below:

For External Use Only.

Finish All of This Medication Unless Otherwise Directed by Prescriber.

May Cause Drowsiness or Dizziness.

May Cause Discoloration of the Urine or Feces.

Do Not Take With Dairy Products, Antacids, or Iron Preparations Within One Hour of This Medication.

Take Medication on an Empty Stomach 1 Hour Before or 2 Hours After a Meal Unless Otherwise Directed by Your Doctor.

It May Be Advisable to Drink a Full Glass of Orange Juice or Eat a Banana Daily.

Learning About Medications

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

- What is the medication and why is it prescribed?
- What is the proper dosage, frequency, and method for taking the medication (for example by mouth, topical)?
- How many refills are needed?
- What are the start and end dates for the medication? Should it be taken for 7 days, 10 days, a month?
- Are there possible side effects and 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?

To obtain this information, talk to the prescribing doctor and the pharmacist who fills the doctor's order. Also ask the pharmacist for a copy of the medication information sheet and have him or her go over it with you. Other sources of information include medication reference books from your local library or bookstore. Websites such as www.safemedication.com or www.rxlist.com also provide medication information.

When talking to the doctor or pharmacist, use the Medication Safety Questionnaire on the opposite page to make sure you get all your questions answered.

A C T I V I T Y

Medication Safety Questionnaire

Directions: *Using the sample medication label and the medication information sheet on page S-12a, fill in the answers on the Medication Safety Questionnaire on page S-11. There is a blank copy of the Medication Safety Questionnaire in Appendix 4-F for you to use with the individuals you assist.*

ABC Pharmacy
Dr. Diaz
RX 10575 9/30/16
JORDAN BIRD
TAKE 1 TABLET 3X PER DAY
ORALLY FOR 10 DAYS FOR
INFECTION
12 a.m., 8 a.m., 4 p.m.

AMOXICILLIN 250MG
#30 CAPSULES

EXPIRES: 3/31/17 NO REFILLS
MFG: MANY MEDICATIONS, INC
FILLED BY: BRS

A C T I V I T Y

Medication Safety Questionnaire

Name

Brand: Generic:	Dose (e.g., mg) and form (e.g., tabs)	When to take each dose?	For how long?

1. What is the medication supposed to do?

2. How long before I will know it is working or not working?

3. What about lab work to check the response to the medication? What type? How often? Where? Standing order?

4. If the individual misses a dose, what should I do?

INTERACTIONS

5. Should this medication be taken with food? ☐ Yes ☐ No

   At least one hour before or two hours after a meal? ☐ Yes ☐ No

6. Are there any foods, supplements (such as, herbs, vitamins, minerals), drinks (alcoholic, for example), or activities that should be avoided while taking this medication?

   ☐ Yes (Which ones?) _____

   ☐ No

7. Are there any other prescription or over-the-counter medications that should be avoided?

   ☐ Yes (Which ones?) _____

   ☐ No

SIDE EFFECTS - IF SO, RESPONSE?

8. What are common side effects?

9. If there are any side effects, what should I do?

10. If the drug is being prescribed for a long period of time, are there any long-term effects?

Amoxicillin Information Sheet

Brand name: Amoxil; Biomox; Polymox; Trimox; Wymox

Why is this medication prescribed?
Amoxicillin is used to treat certain infections caused by bacteria, such as pneumonia; bronchitis; gonorrhea; and infections of the ears, nose, throat, urinary tract, and skin. It also is used in combination with other medications to eliminate H. pylori, a bacteria that causes ulcers. Amoxicillin is in a class of medications called penicillin-like antibiotics. It works by stopping the growth of bacteria. Antibiotics will not work for colds, flu, or other viral infections.

How should this medicine be used?
Amoxicillin comes as a capsule, a tablet, chewable tablet, a suspension (liquid), and pediatric drops to take by mouth. It is usually taken every 12 hours (twice a day) or every 8 hours (three times a day) with or without food. To help you remember to take amoxicillin, take it around the same time every day. Follow the directions on your prescription label carefully, and ask your doctor or pharmacist to explain any part you do not understand. Take amoxicillin exactly as directed. Do not take more or less of it or take it more often than prescribed by your doctor.

Shake the liquid and pediatric drops well before each use to mix the medication evenly. Use the bottle dropper to measure the dose of pediatric drops. The pediatric drops and liquid may be placed on a child's tongue or added to formula, milk, fruit juice, water, ginger ale, or other cold liquid and taken immediately.

The chewable tablets should be crushed or chewed thoroughly before they are swallowed. The tablets and capsules should be swallowed whole and taken with a full glass of water. Take amoxicillin until you finish the prescription, even if you feel better. Stopping amoxicillin too soon may cause bacteria to become resistant to antibiotics.

What special precautions should I follow?
Before taking amoxicillin,
- tell your doctor and pharmacist if you are allergic to amoxicillin, penicillin, cephalorsporins, or any other medications.
- tell your doctor and pharmacist what prescription and nonprescription medications, vitamins, nutritional supplements, and herbal remedies you are taking. Be sure to mention any of the following: chloramphenicol (Chormycetin), other antibiotics, and probenecid (Benemid). Your doctor may need to change the doses of your medications or monitor you carefully for side effects.
- tell your doctor if you have or have ever had kidney disease, allergies, asthma, hay fever, hives or phenylketoonuria.
- tell your doctor if you are pregnant, plan to become pregnant, or are breast-feeding. If you become pregnant while taking amoxicillin, call your doctor.

What special dietary instructions should I follow?
Unless your doctor tells you otherwise, continue your normal diet.

What should I do if I forget a dose?
Take the missed dose as soon as you remember it. However, if it is almost time for the next dose, skip the missed dose and continue your regular dosing schedule. Do not take a double dose to make up for a missed one.

What side effects can this medication cause?
Amoxicillin may cause side effects. Tell your doctor if any of these symptoms are severe or do not go away:
- upset stomach
- vomiting
- diarrhea

The following symptoms are uncommon, but if you experience any of them, call your doctor immediately:
- severe skin rash
- hives
- seizures
- yellowing of the skin or eyes
- unusual bleeding or bruising
- pale skin
- excessive tiredness
- lack of energy

Amoxicillin may cause other side effects. Call your doctor if you have any unusual problems while taking this medication. If you experience a serious side effect, you or your doctor may send a report to the Food and Drug Administration's (FDA) MedWatch Adverse Event Reporting program online [at http://www.fda.gov/MedWatch/report.htm] or by phone [1-800-332-1088].

What storage conditions are needed for this medicine?
Keep this medication in the container it came in, tightly closed, and out of reach of children. Store the capsules and tablets at room temperature and away from excess heat and moisture (not in the bathroom). Throw away any medication that is outdated or no longer needed. The liquid medication preferably should be kept in the refrigerator, but may be stored at room temperature. Throw away any unused medication after 14 days. Do not freeze. Talk to your pharmacist about the proper disposal of your medication.

In case of emergency/overdose
In case of overdose, call your local poison control center at 1-800-222-1222. If the victim has collapsed or is not breathing, call local emergency services at 911.

What other information should I know?
Keep all appointments with your doctor and the laboratory. Your doctor will order certain lab tests to check your response to amoxicillin.

If you are diabetic, use Clinistix or TesTape (not Clinitest) to test your urine for sugar while taking this medication.

Do not let anyone else take your medication. Your prescription is probably not refillable. If you still have symptoms of infection after you finish the amoxicillin, call your doctor.

Last Revised - 07/01/2003

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Documentation

Medication Log

Medication safety includes recording each dose of medication taken (or missed for any reason). The DSP can use the sample Medication Log provided (Appendix 4-D) or ask the pharmacist to provide a form for documentation of medication. Most pharmacies will print a Medication Log for home use.

The use of a Medication Log (also known as a Medication Administration Record) increases medication safety and reduces the risk of errors. The log provides a way for the DSP to document each dose of medication taken, any medication errors, and other pertinent information related to assisting with self-administration of a medication.

The Medication Log includes key information about the individual, including any known drug allergies, and information about the individual's medications, including the name of the medication, dose, and the times and way the medication is to be taken.

To avoid errors, it is advised that pre-made medication labels from the pharmacy be placed on the Medication Log. When possible, appropriate pre-made warning labels should also be placed on the Medication Log (such as "take with food"). **Whenever a prescription is changed, the Medication Log must be updated.**

To document that a medication has been taken, the DSP should write down the date and time in the place provided and initial for each dose of medication. **This must be done at the time the medication is taken by the individual, not before and not hours later.**

MEDICATION LOG

Molina Family Home — Facility Name
123 Main Street, Any City, CA 90000 — Address
(123) 456-7890 — Phone Number

Name: Jordan Bird
Insurance: [P] Medi-Cal [ ] Medicare Insurance No. 000111

Drug/Strength/Form/Dose	Hour	Month & Year (MM/YY): 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
ABC Pharmacy	8am	SL	SL	SL	SL	SL	SL	SL	SL																							
1017 25th St., Sacramento, CA	4pm																															
Phone: (123) 555-7890 Fax: (123) 555-7890																																
Rx: 10387 Dr. Diaz Patient: Jordan Bird 9/30/16																																
TEGRETOL 400mg #60 tablets																																
TAKE 2 TABLETS ORALLY EVERY AM AND PM FOR SEIZURES																																
(8:00 a.m., 4:00 p.m.)																																
Expires: 3/31/17 Filled by: BRS																																
Mfg: Many Medications Refills: 0																																
ABC Pharmacy	12am																															
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AMOXICILLIN 250mg #30 tablets																																
TAKE 1 TABLET 3X PER DAY ORALLY FOR 10 DAYS																																
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Phone: (123) 555-7890 Fax: (123) 555-7890	8am																															
	12pm																															
Rx: 10484 Dr. Smith Patient: Jordan Bird 10/1/16	4pm																															
ROBITUSSIN: TAKE 5CC ORALLY EVERY 4 HOURS FOR COUGH	8pm																															
(12 AM, 4 AM, 8 AM, 12 PM, 4 PM, 8 PM, 12 AM)																																
Discard by: 8/30/17 Filled by: BRS																																
QTY: 100cc Refills: 0																																
Mfg: Many Medica Liquid																																

Primary Care Physician: Dr. Diaz
Pharmacy: ABC Pharmacy
Staff Signatures & Initials: SL for Susan Lyons ____ for ____ ____ for ____

notes: * Staff initials date and time medication is taken
* If medication is taken at another time, use:
D = Day Program R = Relative or friend's home E = Elsewhere

Allergies: None

Five Rights of Assisting with Self-Administration of Medication

The Five Rights are the basic information needed to assure that medication is being taken safely. The DSP needs to be sure he or she has the:

- **Right** person
- **Right** medication
- **Right** dose
- **Right** time
- **Right** route

Following the Five Rights each time you assist an individual with self-administration of medication is the best way for the DSP to prevent medication errors.

Remember, prevention is the #1 priority!

When assisting an individual, you must read and compare the information on the medication label to the information on the Medication Log three times 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 any of the information does not match, **stop**. You may have the **wrong** person, be preparing the **wrong** medication in the **wrong** dose at the **wrong** time, or the individual may be about to take the medication in the **wrong** way. Think through each of these possibilities and decide what to do. If you are unsure, you may need to get help. Ask another DSP, the administrator, or in some situations, you may need to call the doctor or pharmacist.

Check the Five Rights three times by reading the medication label information and comparing it to the Medication Log as follows:

✓ **First Check – Verification**
When you remove the medication from the storage area.

✓ **Second Check – Preparation**
When you prepare the medication in individual doses from the original labeled container.

✓ **Third Check – Presentation**
When you provide the medication to the individual, just before you assist them to take the medication.

In some cases, an adult may independently take their own medication. If an adult is to independently self-administer medication, a physician must provide a written statement that the individual is able to administer and store his or her own medications. In all cases, the medications must be properly stored in a locked cabinet. The DSP should monitor the individual and document and report to the doctor any changes in the individual's ability to independently take medications.

The Five Rights

1. Right Person

When assisting an individual with any medication, it is essential that you identify the right person. First, read the name of the individual on the pharmacy label for whom the medication is prescribed.

- To be certain of an individual's name or identity, consult another staff member who knows the individual, ask the individual "What is your name?"
- Best Practice: Confirm identity by placing a current photo of the individual on the Medication Log cover sheet.

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 Medication Log.

3. Right Dose

Read the medication label for the correct dosage. Be alert to any changes in the dosage.

- Question the use of multiple tablets providing a single dose of medication.
- Question any change in the color, size, or form of medication.
- Be suspicious of sudden large increases in medication dosages.

Taking simple steps such as following the Five Rights and keeping careful medication logs can help ensure the safety and comfort of the individual you support.

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 need to know:

- How long has it been since the individual took the last dose?
- 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?
- What time should a medication be taken when it is ordered for once a day? In the morning? At 12:00 noon? At dinnertime? Usually when a medication is ordered only once a day, it is given in the morning; however, it is best to check with the doctor or pharmacist.

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 (which are inhaled through the nose), **topical** (which includes dermal patches or ointments to be applied to the skin), eye drops (**ophthalmic**), and ear (otic) drops.

Note: Other more intrusive routes, such as injections; suppositories; or enemas are only to be administered by a licensed health care professional.

Steps for Assisting with Medication

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

1. Get the Medication Log for the individual you are assisting.

   Double check that you have the Medication Log for the right person. It's important for you to work with only **one** individual at a time and to complete the task with that individual before assisting another.

2. Gather supplies.
   - Get paper cups for tablets and capsules and a plastic calibrated measuring cup or medication spoon for liquid.
   - Get a glass of water.
   - Get a pen.

3. Wash hands.
   - Help the individual whom you are assisting to wash his or her hands.
   - Wash your hands.

   Handwashing reduces the risk of contamination.

4. Take the medications out of the locked 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.

5. As you take each medication container from the individual's storage unit, read the medication label and compare to the Medication Log for the Five Rights:
   - Right person
   - Right medication
   - Right dose
   - Right time

     Check the time on your watch or clock
   - Right route

6. For tablets or capsules, pour the correct dose into the lid of the container and then into a small paper cup.
   - Pour the correct dose into the bottle cap and then into a small paper cup or other container used for holding tablets or capsules before the individual takes them. Pouring a tablet or capsule into the bottle cap first reduces the risk of contamination. If too many pills pour out, return the pills from the bottle cap into the container.
   - It is a good idea to use a separate disposable paper cup for each medication. Pouring all the medications in one paper cup increases the risk of medication errors.

7. For bubble packs, push the tablets/capsules from the bubble pack into a small cup. Match tablets/capsules in bubble pack with correct day of the month.

8. For liquid medication, pour the correct dose into the calibrated measuring cup or spoon, or oral syringe, held at eye level.
   - Locate the marking for the dose.
   - View the medication in the cup on a flat surface. Hold the spoon or syringe at eye level.
   - Fill to correct dosage marking.
   - Pour away from the medication label to avoid spills.
   - Wipe off any spills.

Often, a DSP will assist an individual with self-administration of multiple medications scheduled to be taken at the same time of day. Checking the watch or clock for the right time only needs to be done for the first medication at each of the Three Checks described on page S-13 (Verification, Preparation, and Presentation).

Additional tips for liquid medication:

- Check the label to see if the bottle needs to be shaken; medicine in suspension form must be shaken well before using.
- Oral syringes are useful because they are accurately marked, easy to use, and, when capped, may be used to take liquid medication on outings in single dosages.
- Always check to make sure the unit of measurement (teaspoon, tablespoon, ml, cc) on the measuring cup, spoon, or syringe matches the unit of measurement for the dose you want to give.
- Use only a calibrated measuring cup or spoon with measurements clearly marked on the side. **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 calibrated measuring cup or spoon 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. Again, just before putting the medication within the individual's reach, read the medication label and compare to the Medication Log for the Five Rights:
    - Right person
    - Right medication
    - Right dose
    - Right time

    Again, check the time on your watch or clock.

    - Right route
11. Place the medication within the individual's reach.
12. Offer a glass of water (at least four ounces).
    - 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 placing the pill in the mouth. Wetting the mouth may make swallowing easier and tilting the head slightly forward (as opposed to backward) 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 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.
13. 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, the DSP can ask the doctor about the individual taking the medication with:
      - Jell-O that is semi-liquid or jellied or
      - Apple juice or other "medication-compatible" juice thickened with cornstarch or other thickening agent.

    Medications should **never** be disguised by putting them in food or liquid. Tablets should never be crushed unless the prescribing physician gives the specific direction to do so. Capsules should not be opened and their contents emptied out. If the individual has trouble taking a medication, talk to the individual about their needs and preferences and then talk to the doctor about optional ways to take the medication.

Steps for Assisting with Medication (cont.)

14. Record that the individual took his or her medication by entering your initials in the box that matches the date and time on the Medication Log.
15. Return the medication containers and/or bubble pack to the individual's storage unit. As you do so, read the labels to check that the individual's name on the medication container label is the same as the name on the storage unit.

    Key point:

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

When assisting an individual with other types of medications such as topical creams and ointments, ear drops, nose drops, and eye drops, consult with the prescribing physician and the pharmacist for specific procedures for self-administration of the medication. Also, refer to additional material in Appendices 4-A and 4-B that describe the process for assisting with these types of medications.

IF YOU HAVE ANY DOUBT AS TO WHETHER THE MEDICATION IS IN THE CORRECT FORM AS ORDERED OR THAT YOU CAN ASSIST THE INDIVIDUAL WITH SELF-ADMINISTRATION AS DIRECTED ON THE LABEL, CONSULT WITH THE PRESCRIBING DOCTOR OR THE PHARMACIST.

PRACTICE AND SHARE

Think about the individuals you support and the medications they take. Pick one medication and learn about the possible side effects.

Medication Management, Part 1

1. **Community Care Licensing regulations say that a DSP may only assist with self-administration of medications that have been ordered or prescribed by a doctor, dentist or a:**
   A) DSP with two-years of required training
   B) Facility administrator
   C) Nurse practitioner
   D) Parent or other close family member

2. **Prescription medications are those that:**
   A) Are very expensive and require careful monitoring
   B) May be purchased in a store without a doctor's order
   C) Must be ordered by a physician or other licensed health care professional
   D) Have serious side effects

3. **Over-the-counter medications are those that:**
   A) Are very expensive and require careful monitoring
   B) May be purchased in a store without a doctor's order
   C) Must be ordered by a physician or other licensed health care professional
   D) Have serious side effects

4. **A DSP may assist an individual with self-administration of OTC medications, like vitamin supplements or Tylenol, as long as:**
   A) It is not too costly
   B) There is an order and instructions from a doctor, dentist, or nurse practitioner
   C) It will help the individual have better health or comfort
   D) The individual asks for the medication by name

5. **When the right dose of medication is taken, the individual receives the correct:**
   A) Brand name of medication
   B) Category of medication
   C) Amount of medication
   D) Side effects of medication

6. **Documenting self-administration of medication:**
   A) Isn't necessary
   B) Increases medication safety and reduces risk of medication errors
   C) Saves time during doctor visits
   D) Reduces the amount of time needed for administration of medication

7. **One good way to learn more about a prescription drug is to:**
   A) Get a copy of the medication information sheet from the pharmacist
   B) Talk with the person taking the medication to find out what they think about it
   C) Watch the drug company's advertisements on television
   D) Talk with other people who have used the medication to learn more about what it dose

8. **Which of these is one of the "Five Rights" of Medication Administration?**
   A) Right DSP
   B) Right Doctor
   C) Right Time
   D) Right Facility

9. **If at any time you see that one of the Five Rights does not match, you should:**
   A) Go on to the next Right
   B) Stop and get help from another DSP, your supervisor, the doctor or the pharmacist
   C) Change the Right
   D) Stop and try to assist a different individual instead

10. **When an individual's medication dosage has increased, the Medication Log must be:**
    A) Thrown out and started on a new sheet
    B) Left unchanged
    C) Updated to record the change
    D) Initialed

Appendices

Appendix 4-A

Guidelines for Assisting with Self-Administration of Medication

1. There must be a written, dated, and signed **physician's order** in the individual's record **before a DSP can assist** the individual with self-administration of any medication, prescription, or **over-the-counter medication.**
2. **Only one DSP** should assist an individual with medications at any given time. That DSP should complete the entire process. Never hand a medication to one individual to pass on to another.
3. **Always wash your hands** before assisting an individual with self-administration of medication.
4. The DSP should **always prepare medication in a clean, well-lit, quiet area**. Allow plenty of time, avoid rushing, and stay focused. Check the Five Rights by reading the Medication Label and comparing to the Medication Log three times before the individual takes the medication.
5. **To avoid errors, it is recommended that the medications be set up immediately before assisting an individual with self-administration of medications.** While Community Care Licensing regulations permit the set up of medications up to 24 hours in advance, there are many potential problems with this practice, including the possibility of the wrong individual taking the wrong medication and wrong dose at the wrong time.
6. **DSPs should ask for help from the prescribing doctor or pharmacist** if he or she is unsure about any step in the preparation of, assistance with, or documentation of medications.
7. **Medication should never be disguised** by putting it in food or liquid.
8. **The DSP should always ask the physician (and pharmacist) to give the medicine in the proper form for the individual based on the individual's needs and preferences.** For example, one individual may have difficulty swallowing capsules and prefer liquid medication, while another may prefer capsules.
9. **Tablets should never be crushed** unless the prescribing physician has given specific directions to do so. **Capsules should not be opened** and their contents emptied out. Controlled release tablets can deliver dangerous immediate doses if they are crushed. Altering the form of capsules or tablets may have an impact on their effectiveness by changing the way an individual's body absorbs them.
10. **Read the medicine warning label, if any. It will give you important information about how the medication should be taken.**

ASK! ASK! ASK!

CHECK! CHECK!

CHECK!

Appendix 4-B

Assisting Individuals with Self-Administration of Tablets, Capsules, and Liquid Medications

SKILL CHECK #1

Directions: *Partner with another member of the class. Each partner should have a Skill Check #1 Worksheet. Using the Worksheet, practice all the steps in this skill. Have your partner check off each step you correctly complete (PARTNER CHECK). When you are comfortable that you are able to correctly complete all the steps without using the Worksheet, ask the teacher to complete the Teacher Check.*

Reminders for Assisting with Self-Administration

- **Always** store medication in a locked cabinet and/or refrigerator.
- **Never** leave medication unattended once it has been removed from the locked storage area.
- **Always** check for known allergies.
- **Always** read the medication label carefully and note any warning labels.
- Assist only with medication from labeled containers.
- Assist only with medication that you have prepared.

HELPFUL HINT

- When completing this skill check, remember that you are checking the **Five Rights three times** by reading the medication label and comparing it to the Medication Log.
- The first check is when you remove the medication from the locked storage area or storage container.
- The second check is when you remove the medication from its original labeled container.
- The third check is just before you assist the individual with self-administration.
- When assisting with self-administration of several medications scheduled to be taken at the same time of day, it is necessary to check the watch or clock to confirm the right time at each of the above three check points only for the first medication.

COMPETENCY: Each student is required to complete Skill Check #1 Worksheet, Assisting Individuals With Self-Administration of Tablets, Capsules, and Liquid Medications, with no errors.

_____
TEACHER

_____
STUDENT

_____
DATE

Assisting Individuals with Self-Administration of Tablets, Capsules, and Liquid Medications

Scenario: *The time is 8:00 a.m. The date is the day of the class. The DSP is assisting Jordan Bird with self-administration of medication.*

Please initial each step when completed correctly.

STEPS	Partner Check	Teacher Check		
		Attempt #1 Date	Attempt #2 Date	Attempt #3 Date
1. Get the Medication Log for the individual you are assisting.				
2. Gather supplies:				
• Cups for tablets and capsules, plastic calibrated measuring cup, or medication spoon for liquid				
• Glass of water				
• Pen				
3. If necessary, help the individual whom you are assisting to wash his or her hands.				
• Wash your hands				
4. Take medications out of the locked storage unit, container, or area.				
5. As you take each medication container from the individual's storage unit, read the medication label and compare to the Medication Log for the:				
• Right person				
• Right medication				
• Right dose				
• Right time (check the time on your watch/clock)				
• Right route				

Assisting Individuals with Self-Administration of Tablets, Capsules, and Liquid Medications

Please initial each step when completed correctly.

STEPS	Partner Check	Teacher Check		
		Attempt #1 Date	Attempt #2 Date	Attempt #3 Date
6. Again, as you prepare the medications, read the medication label and compare to the Medication Log for the:				
• Right person				
• Right medication				
• Right dose				
• Right time (check the time on your watch/clock)				
• Right route				
7. For tablets or capsules, pour the correct dose into the lid of the container and then into a small paper cup.				
8. For bubble packs, push tablets/capsules from the bubble pack into a small paper cup.				
9. For liquid medication, pour the correct dose into the calibrated measuring cup or spoon, or oral syringe, held at eye level.				
• Locate the marking for the dose				
• View the medication in the cup on a flat surface. Hold the spoon or syringe at eye level.				
• Fill to the correct dosage marking				
• Pour away from the medication label to avoid spills				
• Wipe off any spills				

Assisting Individuals with Self-Administration of Tablets, Capsules, and Liquid Medications

Please initial each step when completed correctly.

STEPS	Partner Check	Teacher Check Attempt #1 Date	Teacher Check Attempt #2 Date	Teacher Check Attempt #3 Date
10. Talk with the individual you are assisting about what you are doing and about why he or she is taking each medication.				
11. Again, just before putting the medication within the individual's reach, read the medication label and compare to the Medication Log for the:				
• Right person				
• Right medication				
• Right dose				
• Right time (check the time on your watch/clock)				
• Right route				
12. Place the medication within the individual's reach.				
13. Offer a glass of water.				
14. Make sure that the individual takes the medication and drinks water.				
15. Record that the individual took his or her medication by initialing the date and time in the proper box on the Medication Log.				
16. Return the medication containers and bubble pack to the individual's storage unit. As you do so, read the labels to check that the individual's name on the medication container label is the same as the name on the storage unit.				

Certification

This is to certify that

_____
(Name of student)

Correctly completed all of the steps for Assisting Individuals with Self-Administration of Tablets, Capsules, and Liquids.

_____
Teacher Signature Date

Comments_____

_____

_____

_____

_____

When Assisting with Self-Administration of Medications, You Must Ensure That…

- The Right person...
- Receives the Right medication…
- In the Right dose…
- At the Right time…
- By the Right route.

MEDICATION LOG

Molina Family Home — Facility Name
123 Main Street, Any City, CA 90000 — Address
(123) 456-7890 — Phone Number

Name: Jordan Bird
Insurance: [X] Medi-Cal [ ] Medicare Insurance No. 000111

Drug/Strength/Form/Dose	Hour	Month & Year (MM/YY) : 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
ABC Pharmacy	8am																															
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(12 AM, 4 AM, 8 AM, 12 PM, 4 PM, 8 PM, 12 AM)																																
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QTY: 100cc Refills: 0																																
Mfg: Many Medica Liquid																																

Primary Care Physician: Dr. Diaz
Pharmacy: ABC Pharmacy

Staff Signatures & Initials _____ for _____ _____ for _____ _____ for _____

notes * Staff initials date and time medication is taken
* If medication is taken at another time, use:
D = Day Program R = Relative or friend's home E = Elsewhere

Allergies:
None

MEDICATION LOG

Molina Family Home — Facility Name

123 Main Street, Any City, CA 90000 — Address

(123) 456-7890 — Phone Number

Name: Jordan Bird

Insurance: [P] Medi-Cal [ ] Medicare Insurance No. 000111

Drug/Strength/Form/Dose	Hour	Month & Year (MM/YY): 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
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QTY: 100cc Refills: 0																																
Mfg: Many Medica Liquid																																

Primary Care Physician: Dr. Diaz

Pharmacy: ABC Pharmacy

Staff Signatures & Initials: SL for Susan Lyons _____ for _____ _____ for _____

notes: * Staff initials date and time medication is taken
* If medication is taken at another time, use:
D = Day Program R = Relative or friend's home E = Elsewhere

Allergies: None

Errors and Omissions

Date	Time	Medication Involved	Description of what happened (How discovered, effect upon person, sequence of events and individuals)	Who was notified, e.g. Doctor, Administrator, Emergency Services, etc.	Initials

Primary Care Physician: _____ Pharmacy: _____

Staff Signatures & Initials: _____for _____ _____for _____ _____for _____

notes: • *Staff initials date and time medication is taken*
• *If medication is taken at another location, use:*
D= Day Program R= Relative or friend's home E= Elsewhere -

Allergies: **None**

COMMUNITY CARE LICENSING DIVISION

"Promoting Healthy, Safe, and Supportive Community Care"

Self-Assessment Guide

MEDICATIONS

TECHNICAL SUPPORT PROGRAM

MEDICATIONS

Medication handling represents an area of great responsibility. If not managed properly, medications intended to help a client's/resident's health condition may place that individual's health and safety at risk. The information contained in this handout outlines medication procedures you are required to perform by regulation, as well as some procedures not required by regulation which, if implemented, will provide additional safeguards in the management of medications in your facility. If you operate a Community Care Facility (CCF), the specific medication regulations you must comply with are in Title 22 § 80075. If you operate a Residential Care Facility for the Elderly (RCFE), the specific medication regulations you must comply with are in Title 22 § 87465. ***This guide cannot be used as a substitute for having a good working knowledge of all the regulations.***

WHAT YOU (CARE PROVIDERS) SHOULD DO WHEN:

1. Client/resident arrives with medication:

- Contact the physician(s) to ensure that they are aware of all medications currently taken by the client/resident.
- Verify medications that are currently taken by the client/resident and dispensing instructions.
- Inspect containers to ensure the labeling is accurate.
- Log medications accurately on forms for client/resident records. The Centrally Stored Medication and Destruction Record (LIC 622) is available for this purpose.
- Discuss medications with the client/resident or the responsible person/authorized representative.
- Store medications in a locked compartment.

2. Medication is refilled:

- Communicate with the physician or others involved (for example, discuss procedures for payment of medications, who will order the medications, etc. with the responsible person).
- Never let medications run out unless directed to by the physician.
- Make sure refills are ordered promptly.
- Inspect containers to ensure all information on the label is correct.
- Note any changes in instructions and/or medication (for example, change in dosage, change to generic brand, etc.).
- Log medication when received on the LIC 622.
- Discuss any changes in medications with the client/resident, responsible person/authorized representative and appropriate staff.

3. A dosage is changed between refills:

- Confirm with the physician. Obtain written documentation of the change from the physician or document the date, time, and person talked to in client's/resident's record.
- Prescription labels cannot be altered by facility staff.
- Have a facility procedure (i.e., card file/cardex, notebook, and/or a flagging system) to alert staff to the change.
- Discuss the change with client/resident and/or responsible person/authorized representative.

4. Medication is permanently discontinued:

- Confirm with the physician. Obtain written documentation of the discontinuation from the physician or document the date, time, and person talked to in client's/resident's record.
- Discuss the discontinuation with the client/resident and/or responsible person/ authorized representative.
- Have a facility procedure (i.e., card file/ cardex, notebook, and/or a flagging system) to alert staff to the discontinuation.
- Destroy the medications. Medication must be destroyed by the facility administrator or designee and one other adult who is not a client/resident. (See destruction requirements for pre-packaged medications in section #17.)
- Sign the medication destruction record/ log. (The reverse side of LIC 622, Centrally Stored Medication Record, may be used for this purpose.)

5. Medications are temporarily discontinued ("d/c") and/or placed on hold:

- Medications temporarily discontinued by the physician may be held by the facility.
- Discuss the change with client/resident and/or responsible person/authorized representative.
- Obtain a written order from the physician to HOLD the medication, or document in the client's/resident's file the date, time, and name of person talked to regarding the HOLD order.
- Have a facility procedure (i.e., card file/ cardex, notebook, and/or a flagging system) to alert staff to the discontinuation and restart date.
- Without altering the label, mark or identify in a consistent manner medication containers that have HOLD orders.
- Be sure to contact the physician after the discontinuation/hold order expires to receive new instructions regarding the use of the medication.

6. Medication reaches expiration date:

- Check containers regularly for expiration dates.
- Communicate with physician and pharmacy promptly if a medication expires.
- Do not use expired medications. Obtain a refill as soon as possible if needed.
- Over-the-counter medications and ointments also have expiration dates (for ointments the expiration date is usually at the bottom of the tube).
- Destroy expired medications according to regulations.
- Log/record the destruction of prescription medications as required. The LIC 622 may be used for this purpose.

7. Client/resident transfers, dies, or leaves medication behind:

- All medications, including over-the-counters, should go with client/resident when possible.
- If the client/resident dies, prescription medications must be destroyed.
- Log/record the destruction as required. The LIC 622 may be used for this purpose.
- Document when medication is transferred with the client/resident. Obtain the signature of the person accepting the medications (i.e., responsible person/authorized representative).
- Maintain medication records for at least 1 year (RCFE) Title 22 § 87465 (h)(6),(i) or 1 year (CCF) Title 22 § 80075 (k)(7),(o).

8. Client/resident missed or refused medications:

- No client/resident can be forced to take any medication.
- Missed/refused medications must be documented in the client's/resident's medication record and the prescribing physician contacted immediately.
- Notify the responsible person/authorized representative.
- Refusal of medications may indicate changes in the client/resident that require a reassessment of his/her needs. Continued refusal of medications may require the client's/resident's relocation from the facility.

9. Medications need to be crushed or altered:

- Medications may be crushed or altered to enhance swallowing or taste, but never to disguise or "slip" them to a client/resident without his or her knowledge.
- The following written documentation must be in the client's/resident's file if the medication is to be crushed or altered:
  1. A physician's order specifying the name and dosage of the medication to be crushed;
  2. Verification of consultation with a pharmacist or physician that the medication can be safely crushed, identification of foods and liquids that can be mixed with the medications, and instructions for crushing or mixing medications;
  3. A form consenting to crushing the medication signed by the client/resident. If the client/resident has a conservator with authority over his/her medical decisions, the consent form must be signed by that conservator.

10. Medications are PRN or "as needed:"

- Facility staff may assist the client/resident with self-administration of his/her **prescription and nonprescription** PRN medication, when:
  - The client's/resident's physician has stated in writing that the client/resident *can determine and clearly communicate* his/her need for a prescription or nonprescription PRN medication.
  - The physician provides a signed, dated, written order for the medication on a prescription blank or the physician's business stationery which is maintained in the client's/resident's file.
  - The physician's order and the PRN medication label identify the specific symptoms that indicate the need for use of the medication, exact dosage, minimum hours between doses, and maximum doses to be given in a 24-hour period. Most nonprescription labels display this information.
- Facility staff may also assist the client/resident with self-administration of his/her **nonprescription** PRN medication if the client/resident cannot determine his/her need for a nonprescription PRN medication, but can communicate his/her symptoms clearly, when:
  - The client's/resident's physician has stated in writing that the client/resident cannot determine his/her need for nonprescription medication, but can communicate his/her symptoms clearly.
  - The client's/resident's physician provides a signed, dated, written order on a prescription blank or the physician's business stationery which is maintained in the client's/resident's file.
  - The written order identifies the name of the client/resident, the name of the PRN medication, instructions regarding when the medication should be stopped, and an indication when the physician should be contacted for re-evaluation.
  - The physician's order and the PRN medication label identify the specific symptoms that indicate the need for use of the medication, exact dosage, minimum hours between doses, and maximum doses to be given in a 24-hour period. Most nonprescription medication labels display this information.
  - A record of each dose is maintained in the client's/resident's record and includes the date, time, and dosage taken, and the client's/resident's response.
- Facility staff may also assist the client/resident with self-administration of his/her **prescription or nonprescription** PRN medication if the client/resident cannot determine his/her need for a prescription or nonprescription PRN medication, and cannot communicate his/her symptoms when:
  - Facility staff contact the client's/resident's physician before giving each dose, describe the client's/resident's symptoms, and receive permission to give the client/resident each dose.
  - The date and time of each contact with the physician and the physician's directions are documented and maintained in the client's/resident's facility record.

  - The physician provides a signed, dated, written order on a prescription blank or the physician's business stationery which is maintained in the client's/resident's file.
  - The physician's order and the PRN medication label identify the specific symptoms that indicate the need for use of the medication, exact dosage, minimum hours between doses, and maximum doses to be given in a 24-hour period.
  - A record of each dose is maintained in the client's/resident's records and includes the date, time, and dosage taken, and the client's/resident's response.
- SMALL FAMILY HOMES AND CERTIFIED FAMILY HOMES

  Small Family Home staff may assist a child with **prescription or nonprescription** PRN medication without contacting the child's physician before each dose if the child cannot determine and/or communicate his/her need for a prescription or nonprescription PRN medication when Title 22 § 83075 (d)):
  - The child's physician has recommended or prescribed the medication and provided written instructions for its use on a prescription blank or the physician's letterhead stationery.
  - Written instructions include the name of the child, the name of the PRN medication, instructions regarding when the medication should be stopped, and an indication when the physician should be contacted for re-evaluation.
  - The physician's order and the PRN medication label identify the specific symptoms that indicate the need for use of the medication, exact dosage, minimum hours between doses, and maximum doses allowed in a 24-hour period. Most nonprescription medication labels display this information.
  - The date, time, and content of the physician contact made to obtain the required information is documented and maintained in the child's file.
  - The date, time, dosage taken, symptoms for which the PRN medication was given and the child's response are documented and maintained in the child's records.

11. Medications are injectables:

- Injections can ONLY be administered by the client/resident or by a licensed medical professional. Licensed medical professional includes Doctors of Medicine (M.D.), Registered Nurses (R.N.), and Licensed Vocational Nurses (L.V.N.) or a Psychiatric Technician (P.T.). P.T.s can only administer subcutaneous and intramuscular injections to clients/residents with developmental or mental disabilities and in accordance with a physician's order.
- Family members are not allowed to draw up or administer injections in CCFs or RCFEs unless they are licensed medical professionals.
- Facility personnel who are not licensed medical professionals *cannot* draw up or administer injections in CCFs or RCFEs.
- Licensed medical professionals may not administer medications/insulin injections that have been pre-drawn by another licensed medical professional.
- Injections administered by a licensed medical professional must be provided in accordance with the physician's orders.
- The physician's medical assessment must contain documentation of the need for injected medication.
- If the client/resident does administer his/her own injections, physician verification of the client's/resident's ability to do so must be in the file.
- Sufficient amounts of medications, test equipment, syringes, needles, and other supplies must be maintained in the facility and stored properly.
- Syringes and needles should be disposed of in a "container for sharps," and the container must be kept inaccessible to clients/residents (locked).
- Only the client/resident or the licensed medical professional can mix medications to be injected or fill the syringe with the prescribed dose.

- Insulin and other injectable medications must be kept in the original containers until the prescribed single dose is measured into a syringe for immediate injection.
- Insulin or other injectable medications may be packaged in pre-measured doses in individual syringes prepared by a pharmacist or the manufacturer.
- Syringes may be pre-filled under the following circumstances:
  - Clients of Adult Residential, Social Rehabilitation, Adult Day and Adult Day Support Centers can self-administer pre-filled syringes prepared by a registered nurse, pharmacist or drug manufacturer.
  - Residential Care Facilities for the Elderly, Group Homes, and Small Family Homes must obtain exceptions from the licensing office for clients/residents to use pre-filled syringes prepared by a registered nurse.
  - The registered nurse (R.N.) must not set up insulin syringes for more than seven days in advance.
- Injectable medications that require refrigeration must be kept locked.

12. Over-the-counter (OTC) medications, including herbal remedies, are present:

- OTC medications (e.g., aspirin, cold medications, etc.) can be dangerous.
- They must be centrally stored to the same extent that prescription medications are centrally stored (see criteria for central storage in Title 22 § 80075 (k) for CCFs and Title 22 § 87465 (h) for RCFEs).
- Over-the-counter medication(s) that are given on a PRN basis must meet all PRN requirements. (See section #10)
- Physicians must approve the use of all OTC medications that are or may be taken by the client/resident on a regular basis (e.g., aspirin for heart condition, vitamins, etc.) as well as those used on a PRN basis. Have documentation.
- Client's/resident's name should be on the over-the-counter medication container when: (1) it is purchased for that individual's sole use; (2) it is purchased by client's/resident's family or (3) the client's/resident's personal funds were used to purchase the medication.

13. You "set up" or "pour" medications:

- Have clean, sanitary conditions (i.e., containers, counting trays, pill cutters, pill crushers, and storage/setup areas).
- Pour medications from the bottle to the individual client's/resident's cup/utensil to avoid touching or contaminating medication.
- Medications must be stored in their original containers and not transferred between containers.
- The name of the client/resident should be on each cup/utensil used in the distribution of medications.
- Have written procedures for situations such as spillage, contamination, assisting with liquid medication, interactions of medications, etc.
- Have written procedures for facility staff regarding assisting with administration of medication, required documentation, and destruction procedures.

14. Assisting with medications (passing):

- Staff dispensing medications need to ensure that the client/resident actually swallows the medication (not "cheeking" the medication); mouth checks are an option for staff.
- Cups or envelopes containing medications should not be left unattended in the dining room, bathrooms, bedrooms, or anywhere in the facility.

15. You designate staff to handle medications:

- Have written policies and procedures.
- Train all staff who will be responsible for medications.
- Ensure that staff know what they are expected to do (i.e., keys, storage, set up, clean-up, documentation, notification, etc.).
- Ensure designated staff know what procedures can and cannot be done (i.e., injections, enemas, suppositories, etc.).

16. Medications are received or destroyed:

- Every prescription medication that is centrally stored or destroyed in the facility must be logged.
- A record of prescription medications that are disposed of in the facility must be maintained for at least 3 years in a Residential Care Facility for the Elderly (RCFE) and 1 year in a Community Care Facility (Group Homes, Adult Residential Facilities, etc.).
- A record of centrally stored medications for each client/resident must be maintained for at least 1 year.

17. Medications are prepackaged:

- Prepackaged medications (bubble packs, trays, cassettes, etc.) are allowed if they are packed and labeled by a pharmacy.
- Licensees and/or facility staff cannot remove discontinued medications from customized medication packages.
- Multi-dose packages must be returned to the pharmacy for changes in doses or discontinuation of a medication.
- Facilities should have procedures in case one dose is contaminated and must be destroyed.
- Facilities (EXCEPT RCFEs) utilizing prepackaged medications must obtain a waiver from the licensing office if medications are to be returned to the pharmacy for disposal.
- RCFEs do not need to obtain a waiver if the medications are returned to the issuing pharmacy or disposed of according to the approved hospice procedures.

18. Sample medications are used:

- Sample medications may be used if given by the prescribing physician.
- Sample medications must have all the information required on a regular prescription label except pharmacy name and prescription number.

19. Transferring medications for home visits, outings, etc.

- When a client/resident leaves the facility for a short period of time during which *only one dose of medication* is needed, the facility may give the medications to a responsible person/authorized representative in an envelope (or similar container) labeled with the facility's name and address, client's/resident's name, name of medication(s), and instructions for administering the dose.
- If client/resident is to be gone *for more than one dosage period*, the facility may:
  a. Give the full prescription container to the client/resident, or responsible person/authorized representative, or
  b. Have the pharmacy either fill a separate prescription or separate the existing prescription into two bottles, or
  c. Have the client's/resident's family obtain a separate supply of the medication for use when the client/resident visits the family.
- If it is not safe to give the medications to the client/resident, the medications must be entrusted to the person who is escorting the client/resident off the facility premises.
- If medications are being sent with the client/resident off the facility premises, check the Physician's Report (LIC 602 or 602A) to ensure that they are given only to clients/residents whose doctors have indicated that they may control their own medications.
- Always have the person entrusted with the medications sign a receipt which identifies the number and type of medications sent out and returned.

20. House medications/stock supplies of over-the-counter medications are used:

- Centrally stored, stock supplies of over-the-counter medications may be used in CCFs and in RCFEs.
- Licensees cannot require clients/residents to use or purchase house supply medications.
- Clients/residents may use personal funds to purchase individual doses of OTC medications from the licensee's stock if each dose is sold at the licensee's cost and accurate written records are maintained of each transaction.
- All regulations regarding the use of OTC medications must be followed (see section #12 page S-35).
- Be sure to verify that the client's/resident's physician has approved the use of the OTC before giving him/her a dose from the house supply.

21. Clients/residents use emergency medication(s) (e.g., nitroglycerin, inhaler, etc.):

Clients/residents who have a medical condition requiring the immediate availability of emergency medication may maintain the medication in their possession if all of the following conditions are met:

- The physician has ordered the PRN medication and has determined and documented in writing that the client/resident is capable of determining his/her need for a dosage of the medication and that possession of the medication by the client/resident is safe.
- This determination by the physician is maintained in the individual's file and available for inspection by Licensing.
- The physician's determination clearly indicates the dosage and quantity of medication that should be maintained by the client/resident.
- Neither the facility administrator nor the Department has determined that the medications must be centrally stored in the facility due to risks to others or other specified reasons.

If the physician has determined it is necessary for a client/resident to have medication immediately available in an emergency but has also determined that possession of the medication by the client/resident is dangerous, then that client/resident may be inappropriately placed and may require a higher level of care.

22. Blood pressure and pulse readings are taken:

The following persons are allowed to take blood pressure and pulse readings to determine the need for medications:

- The client/resident when his/her physician has stated in writing that the client/resident is physically and mentally capable of performing the procedure.
- A physician or registered nurse.
- A licensed vocational nurse under the direction of a registered nurse or physician.
- A psychiatric technician under the direction of a physician, surgeon, psychiatrist, or registered nurse. Psych Techs may take blood pressure and pulse readings of clients/residents in any community care licensed facility. The Psych Tech injection restrictions noted in section #11 do not apply to taking vital signs.

The licensee must ensure that the following items are documented when the client's/resident's vital signs are taken to determine the need for administration of medications:

- The name of the skilled professional who takes the reading.
- The date and time and name of the person who gave the medication.
- The client's/resident's response to the medication.

Lay staff may perform vital sign readings as long as the readings are not used to determine a need for medication.

23. Clients/residents need assistance with the administration of ear, nose, and eye drops:

- The client/resident must be unable to self-administer his/her own eye, ear or nose drops due to tremors, failing eyesight, or other similar conditions.
- The client's/resident's condition must be chronic and resistant to sudden change (stable), or temporary in nature and expected to return to a condition normal for the client/resident.
- The client's/resident's Needs and Services Plan (CCF), Pre-Admission Appraisal (RCFE), or Individual Services Plan (RCFCI) must state that he/she cannot self administer his/her own drops and specify how staff will handle the situation.
- The client's/resident's physician must document in writing the reasons that the client/resident cannot self-administer the drops, the stability of the medical condition and must provide authorization for the staff to be trained to assist the client/resident.
- Staff providing the client/resident with assistance must be trained by a licensed professional and names of trained staff must be maintained in the staff files.
  This training must be completed prior to providing the service, must include hands-on instruction in general and client/resident specific procedures, and must be reviewed and updated by the licensed professional at least annually or more often if the condition changes.

- Staff must be trained by a licensed professional to recognize objective symptoms observable by a lay person and to respond to the client's/resident's health problem.
- Staff must be trained in and follow standard precautions and any other procedures recommended by the licensed professional.
- Written documentation outlining the procedures to be used in assisting the client/resident with the drops and all aspects of care to be performed by the licensed professional and facility staff must be maintained in the client's/resident's file.

Prior to providing ongoing client/resident assistance with drops, facility staff should consider the use of assistive devices, such as an eye cup, which would enable the client/resident to self-administer the drops.

24. Medications need to be stored:

- All medications, including over-the-counters, must be locked at all times.
- All medications must be stored in accordance with label instructions (refrigerate, room temperature, out of direct sunlight, etc.).
- Medication in refrigerators needs to be locked in a receptacle, drawer, or container, separate from food items. (Caution should be used in selecting storage containers as metal may rust.)
- If one client/resident is allowed to keep his/her own medications, the medications need to be locked to prevent access by other clients/residents.

25. Miscellaneous:

- Medications are one of the most potentially dangerous aspects of providing care and supervision.
- Educate yourself and staff (signs, symptoms, side effects).
- Train staff.
- Develop a plan to evaluate staff's ability to comply with the facility's medication procedures.
- Communicate with physicians, pharmacists, and appropriately skilled professionals.
- Develop a system to communicate changes in client/resident medications to staff and to the client/resident.
- Staff should be trained on standard precautions to prevent contamination and the spread of disease.
- Document.
- Know your clients/residents.
- Be careful.

Appendix 4-F

Medication Safety Questionnaire

Name			
Brand: _____ Generic: _____	Dose (e.g., mg) and form (e.g., tabs)	When to take each dose?	For how long?

1. What is the medication supposed to do?

2. How long before I will know it is working or not working?

3. What about lab work to check the response to the medication? What type? How often? Where? Standing order?

4. If the individual misses a dose, what should I do?

INTERACTIONS

5. Should this medication be taken with food? ☐ Yes ☐ No

   At least one hour before or two hours after a meal? ☐ Yes ☐ No

6. Are there any foods, supplements (such as, herbs, vitamins, minerals), drinks (alcoholic, for example), or activities that should be avoided while taking this medication?

   ☐ Yes (Which ones?) _____

   ☐ No

7. Are there any other prescription or over-the-counter medications that should be avoided?

   ☐ Yes (Which ones?) _____

   ☐ No

SIDE EFFECTS - IF SO, RESPONSE?

8. What are common side effects?

9. If there are any side effects, what should I do?

10. If the drug is being prescribed for a long period of time, are there any long-term effects?

Student Resource Guide

5. Medication Management: Part 2

Cautionary Statement

The material in this session is not intended to be medical advice on personal health matters. Medical advice should be obtained from a licensed physician. This session highlights medication. This session does not cover all situations, precautions, interactions, adverse reactions, or other side effects. A pharmacist can assist you and the doctor with questions about medications. We urge you to talk with pharmacists, nurses and other professionals (e.g. dietitians) as well, to broaden your understanding of the fundamentals covered in this module.

Student Resource Guide: SESSION 5

Medication Management: Part 2

OUTCOMES

When you finish this session, you will be able to:

- Describe Community Care Licensing requirements for storing medications.
- Document medication-related information, including: self-administration, missed doses, errors, side effects, and drug interactions.
- Identify medication side effects and drug interactions.
- Describe required reporting procedures in cases of medication side effects and drug interactions.
- Identify appropriate responses to severe side effects that may be life threatening.
- Identify procedures for destroying medication.
- Describe procedures for packaging medication for self-administration away from the home.

KEY WORDS

Key Word	Meaning	In My Own Words
Allergic Reaction	A physical reaction caused by an unusual sensitivity to a medication (or insect sting or certain food).	
Medication	Substance taken to prevent or treat an illness.	
Medication Error	Any time the right medication is not taken as prescribed.	
Medication (Drug) Interactions	The pharmacological result, either desirable or undesirable, of a mixture of drugs, food, alcohol, or other substances such as herbs or other nutrients.	
Ophthalmic	Refers to the eyes.	
Otic	Refers to the ears.	
PRN (*pro re nata*) Medication	PRN is an abbreviation that means "as needed." PRN medication may be taken when the individual needs it rather than at a set time.	
Side Effects	An extra and usually bad action or effect that a drug has in addition to treating an illness. Some side effects, such as a severe allergic reaction, can be deadly.	
Topical	Put directly on the skin or a certain area of the body.	

ACTIVITY

What Do You Want to Know?

Directions: *Think about the topic of this training session. Answer the first two questions in the space provided below. You will come back to this page at the end of the session to answer the last question.*

What do you **already know** about handling and storing medications?

What do you **want to know** about handling and storing medications?

To be answered at the end of the session, during review:
What **have you learned** about handling and storing medications?

Handling Medications in Licensed Care Facilities

In this session you will learn about correct handling, ordering and storing of medications; recording and reporting medication errors; recording and problem-solving when an individual refuses a dose of medication; and assisting with self-administration of PRN medications. You will also learn more about observing, reporting, and recording medication side effects and drug interactions.

Ordering Medications from the Pharmacist

It is essential that medications are ordered from the pharmacist on a regular basis so that the individual always has needed medication. It is a good idea to order refills a week before running out. New medications should be ordered immediately after being prescribed by the doctor.

Storage

Community Care Licensing regulations require that all medications entering the home be logged in a Centrally Stored Medication and Destruction Record (Appendix 5-A). A record of centrally stored medications for each individual must be maintained for at least one year.

All medication in a licensed community care facility home must be centrally stored in locked cabinets or drawers, unless ordered otherwise. The medications must be stored as directed by the medication label instructions (refrigerated, or at room temperature, or out of direct sunlight, etc.).

If a centrally stored medication requires refrigeration, it must be in a locked container, separate from food items. It is recommended that you use a thermometer and keep the refrigerator in the 36–40 degree range.

If an individual takes medication without assistance, the medication must be locked in a secure place, such as a bedside drawer, in the individual's room.

Destruction

Medications must be returned to the pharmacy or destroyed if:

- A medication is permanently discontinued by the doctor, or
- It's past the expiration date on the label, or
- An individual permanently leaves the home and does not take his or her medicine to their new residence.

The medication must be returned/destroyed by the facility administrator, or a designated substitute, and another employee. The County or City in which the facility is located may have addtional requirements related to the destruction of medication.

Multidose packages must be returned to the pharmacy when a medication is discontinued. Document return or destruction of medications on the Medication Log and on the Medication Destruction Log required by Community Care Licensing.

Each facility should have a written procedure for the destruction of medication. You may also ask the pharmacist for information about the proper method of destruction of a specific medication.

PRN Medications

PRN medication is taken "as needed" to treat a specific symptom. PRN medications include both prescription and over-the-counter medications. **PRN medications must always be ordered by a doctor.** Community Care Licensing has established specific requirements for staff to assist individuals with self-administration of PRN medications.

Community Care Licensing Requirements for PRN Medications for Children and Adults

In CCFs, how PRN medications are handled depends upon the individual's needs and the type of facility. For every prescription and over-the-counter (nonprescription) PRN medication for which the DSP provides assistance there must be a signed, dated written order from a doctor, on a prescription blank or on the doctor's business stationery, maintained in the individual's file, and a label on the medication. Both the doctor's order and the label shall contain all of the following information:

- Individual's name
- Name of the medication
- The specific symptoms that indicate the need for the use of the medication
- The exact dosage
- The minimum number of hours between doses
- The maximum number of doses allowed in each 24-hour period

Each dose of PRN medication must be recorded on the individual's Medication Log.

Additional Requirements for Assisting Adults with PRN Medication

In an adult residential facility:

1. The DSP may assist an individual with self-administration of his or her prescription or over-the-counter PRN medication when the doctor has stated in writing the individual is able to determine and clearly communicate his or her need for the PRN medication. The doctor's signed, dated statement must be kept in the individual's record.
2. The DSP may assist an individual with self-administration of his or her over-the-counter PRN medication when the doctor had stated in writing that the individual is unable to determine his or her need for the over-the-counter medication, but is able to clearly communicate the symptoms. The doctor's signed, dated statement must be kept in the individual's record.
   - The doctor's written order must also provide instructions regarding when the medication should be stopped, and instructions for when the doctor should be contacted for reevaluation.
   - A record of each dose, including the date, time, and dosage taken, and the individual's response, must be kept in the individual's record.
3. DSPs designated by the administrator may assist an individual with self-administration of his or her prescription or over-the-counter PRN medication when the individual is unable to clearly communicate his or her symptoms.
   - Before assisting with each dose, the DSP must contact the indivudl's doctor, describe the symptoms and receive permission for assisting the individual.
   - The DSP must write the date and time of each contact with the doctor, the doctor's directions, and maintain this information in the individual's record.
   - A record of each dose, including the date, time and dosage taken, and the individual's response, must be kept in the individual's record.

Additional Requirements for Assisting Children With PRN Medications

In a small family home for children, the DSP may assist a child with a prescription or over-the-counter PRN medication without contacting the doctor before each dose when the child is unable to determine and/or communicate his or her need for the PRN medication when:

- In addition to the information on the doctor's order and the medication label required for all CCFs, the doctor's written order for children in a small family home must also provide instructions regarding when the medication should be stopped, and instructions for when the doctor should be contacted for reevaluation.
- The medication must be given following the directions in the written doctor's order.
- A record of each dose, including the date, time and dosage taken, and the individual's response, must be kept in the individual's record.

Remember: *For both children and adults, for every PRN medication for which the DSP provides assistance there must be a signed, dated written order from a doctor, on a prescription form, maintained in the individual's record, and a label on the medication.*

Refusal of Medications

An individual has the right to refuse his or her medication. It is the DSP's responsibility to work with and support the individual in taking his or her medicine. 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

- 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.
- Ask the doctor or pharmacist if crackers or juices may be provided afterwards to help cover up the bad taste.
- Ask the doctor or pharmacist if the medication can come in a different form (i.e., capsule instead of tablet).

Unpleasant Side Effect - Drowsiness

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). Also, ask about changing the medication or treating the side effect.

Lack of Understanding

Provide simple reminders on what the name of the medication is and what the medication does. For example, "This is Depakene 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 doctor; for example, "Alma, you take your heart medication everyday."

Documenting and Reporting

Medication refusal must be documented on the medication record. Contact the prescribing doctor immediately. Refusal of medication may indicate changes in the individual that require the doctor to reevaluate the individual's needs. The doctor may be able to accommodate an individual's medication preference or special health consideration. Any unused dose should be set aside and documented, then destroyed as per facility procedures.

> Even though it is not required, it is a good idea to send a Special Incident Report (SIR) to the regional center when an individual that you support refuses their medication.

Packaging of Medications for Dose Away from Home

The DSP may package a single dose of each medication needed for no more than a day to be taken at work, a day program, or elsewhere, such as on a home visit. With the doctor's written approval, the medication can be carried by the individual who will take it. Otherwise, the medication is to be given to a responsible party in an envelope (or similar container) labeled with:

- The facility's name, address, and phone number
- The individual's name
- Name of the medication(s)
- Instructions for assisting with self-administration of the dose

If an individual is regularly taking a dose of medication at school or at a day program, tell the doctor and pharmacist. The doctor may order a separate prescription for a particular dose of medication.

Medication Errors

Every **medication error** is serious and could be life threatening. The DSP's 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 help individuals take medication safely and to reduce the risk of errors. But even in the best of situations, errors may occur. When they do, you need to know what to do.

A medication error has occurred when:

- The **wrong person** took the medication.
- The **wrong medication** was given.
- The **wrong dosage** was taken.
- Medication was taken at the **wrong time**.
- Medication was taken by the **wrong route**.
- Medication was **not** taken.

Every medication error is serious and could be life threatening.

If an error does occur, it must be reported immediately to the prescribing doctor. Follow the doctor's instructions. The error must be recorded either in the Medication Log or other document specific to your home. The record should include the date, time, medication involved, description of what happened, who was notified, doctor's name, instructions given, and action taken.

Any medication error is a Special Incident that must be reported to Community Care Licensing and the regional center. Follow the procedures for Special Incident reporting outlined in Session 3 and for the home where you work.

Remember, Prevention Is the #1 Priority.

You can prevent errors by:

- Staying alert
- Following the **Five Rights**
- Avoiding distractions
- Knowing the individual and his or her medications
- Asking the administrator for help if you are unsure about any step in preparing, assisting, or documenting medications.

ACTIVITY

Documenting Medication Errors

Directions: *Read each scenario and identify the error. Describe what action the DSP should take and what actions can prevent this in the future.*

Scenario #1

You are working as a DSP on the evening shift. All six individuals living in the home are present. This morning, Ruth Ann Jones, age 55, moved into the home. Ruth Ann is diagnosed with intellectual disabilities. You are assisting with the evening medications, and this is the first time you are assisting Ruth Ann. When you look at the Medication Log, you notice that Ruth Ann takes many medications. These include:

Prilosec 20mg daily (8 a.m.)
Prozac 20mg twice daily (8 a.m. and 12 p.m.)
Haldol 2mg 3 times a day (8 a.m., 12 p.m., and 5 p.m.)
Inderal 40mg 3 times a day (8 a.m., 12 p.m., and 5 p.m.)
Peri-Colace 2 capsules at bedtime

You prepare the medications and assist Ruth Ann in taking them. When you sit down to document the medications given, you notice that only two, Haldol and Inderal, were to be given at 5 p.m. You gave the four medications ordered for earlier in the day, which included Prilosec and Prozac, as well as Haldol and Inderal.

What was the error?

What should you do?

What can the DSP do to prevent this from happening again?

ACTIVITY

Documenting Medication Errors (cont.)

Scenario #2

You are a DSP working in a small family home for children under the age of 18. There are six children in your home under the age of 8. You have prepared the medications for Sarah, who is 2 years old. The medications include:

- Proventil syrup 2 mg/5ml
  Take 5ml daily in the morning
- Tegretol 100mg/5ml
  Take 5ml twice daily
- Cisapride 1mg/1ml
  Take 3ml four times a day, before meals and before sleep

It is 8 a.m. You help Sarah take 5ml of each medication. When you document on the Medication Log, you notice the Cisapride was ordered 3ml four times a day.

What was the error?

What should you do?

What can the DSP do to prevent this from happening again?

Scenario #3

You have prepared morning medications for Guy. Jack calls from another room and wants assistance. You get up and go to the other room. When you return, you see Mike, Guy's roommate, finishing Guy's medication.

What was the error?

What should you do?

What can the DSP do to prevent this from happening again?

Monitoring the Effects of Medication

Unintended extra actions of medication, called **side effects**, can occur at any time. Some mild side effects may disappear after a short time. Others may continue 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's also important to know what possible side effects may occur.

The pharmacist is a good source for information about the effects of medication. Medication information sheets should come with every new medication. Pharmacists should talk with each individual receiving a new medication (or change in dose), but you may have to ask questions and request written material. Also, be sure to ask the individual's doctor what kind of reactions should be brought immediately to his or her attention. It is helpful to write possible side effects in the individual's Medication Log and attach the medication information sheet to the individual's record.

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, ways of communicating, 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.

Monitoring for the Effects of Medication

- 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 changed.

Monitoring the Effects of Medication (cont.)

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

- Skin rash
- Increased heart rate or feeling like the heart is racing
- Changes in sleep
- Decreased energy
- Excessive sleepiness
- Changes in weight or eating patterns
- Tremors, shakiness
- Balance problems
- Shuffling when walking
- Confusion
- Changes in ability to concentrate
- Hyperactivity
- Abnormal movements (face, tongue, or body
- Muscle pain
- Stooped posture
- Blank facial expression
- Feeling dizzy or light-headed
- Dry mouth
- Constipation
- Blurred vision
- Diarrhea
- Nausea
- Vomiting
- Increased risk of sunburn

Tardive Dyskinesia

Tardive dyskinesia (TD) is a potential long-term side effect of anti-psychotic medications such as Mellaril, Thorazine, Risperdal, and Zyprexa. Symptoms include involuntary, repetitive, persistent movements, such as rapid eye blinking, puckering, chewing motions, 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. Monitor individuals for these serious side effects on a regular basis. If any possible side effects are observed, contact the health care provider immediately.

Medication Interactions

Medication interactions may occur between two or more drugs and between drugs and food and drink. Medication interactions may cause unwanted side effects.

Drug interactions may be between:

- Two or more drugs
- Drugs and food
- Drugs and drink

Alcohol, a common drug, in combination with any of the following medications is especially dangerous**:**

- Antianxiety drugs, such as Librium, Valium, or Xanax
- Antidepressants
- Antiseizure medicines
- Antihistamines
- Ulcer and heartburn drugs such as Zantac® and Tagamet®
- Some heart and blood pressure medicines

Guidelines for Reporting a Suspected Adverse Reaction to Medication

When you suspect that the individual is having a bad reaction to a medication, urgent medical care may be needed. Report the suspected reaction to the doctor and follow the doctor's advice. When you talk to the doctor, be prepared to give the following information:

- A list of the individual's current medications.
- Description of how the individual looks (pale, flushed, tearful, strange facial expression, covered in red spots).
- Description of any changes in individual's behavior or level of activity.
- Description of what the individual says is wrong or is hurting.
- When the symptoms of a reaction first started.
- Description of any changes in bodily function.
- Is the individual eating or drinking? Does he or she have a good appetite or no appetite? Any nausea, vomiting, diarrhea, constipation, problems urinating?
- Description of any recent history of similar symptoms, any recent injury or illness, or any chronic health problem.
- Description of any known allergies to food or medication.

Severe, Life-Threatening Allergies (Anaphylaxis)

Some individuals have a severe sensitivity, or allergic reaction, 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), he or she should wear an identification bracelet that will tell health professionals about the allergy.

Call 911 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 include:

- 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 911 immediately to get emergency medical care.

Following Doctor's Orders for Tests

Some medications (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 desired effect, such as fewer seizures or better sleep patterns.

Blood tests that analyze the levels of medications in an individual's blood can be important. Physician's orders for lab tests and follow-up appointments must be followed. Blood tests help the physician determine the effectiveness of the medication and the future course of treatment.

PRACTICE AND SHARE

Talk to your administrator and review your facility's procedures for documenting medication errors. Be prepared to share what you find out at the next class meeting.

Session 5 Quiz

Medication Management, Part 2

1. **Which is the "best practice" standard of medication management for the DSP?**
   A) Record every medication dose and every medication error
   B) Record only the first and last medication doses of each day
   C) Record medication errors that occur twice or more in a 24-hour period
   D) Record any medication doses

2. **Which choice below is the best source of information on the side effects of medication?**
   A) An individual's parents or family
   B) A medication information sheet from the pharmacy or a doctor
   C) Television advertisements about the medications
   D) The facility administrator and other DSPs

3. **A PRN medication:**
   A) Is administered whenever the DSP decides
   B) Must be ordered by a doctor
   C) Is only over-the-counter medication
   D) Does not have to be recorded in the individual's Medication Log

4. **When a medication error occurs:**
   A) The error requires special incident reporting only if it is life-threatening
   B) Both 911 and the individual's doctor must be informed
   C) The error must be reported to the regional center as a Special Incident
   D) The facility administrator decides whether a Special Incident Report is needed

5. **The Medication Log must be updated:**
   A) As soon as a new DSP comes on duty
   B) As indicated by directions on the medication label
   C) Whenever a prescription is changed
   D) At least one hour before each medication

6. **Community Care Licensing regulations require that all drugs in the home must be:**
   A) Bought at a local pharmacy
   B) Located near the individual for whom they are prescribed
   C) Logged in a medication record
   D) Carried by the DSP responsible for their administration

Session 5 Quiz (cont.)

7. **When an individual's medication is discontinued:**
   A) It should be stored in a locked cabinet
   B) It may be given to another individual
   C) The facility must follow the CCL regulations for medication destruction
   D) It may not be returned to the pharmacy.

8. **If a medication error results in a life threatening situation, the DSP should:**
   A) Call 911 for assistance immediately
   B) Speak to the individual's doctor before taking any action
   C) Wait until the individual has difficulty breathing before calling 911
   D) Speak with the facility administrator before taking any action

9. **Medication taken away from the care facility must be packaged:**
   A) In a box with the pharmacy's name and phone number
   B) With a label for the facility's name, address and phone number and the individual's name, name of medication and instructions
   C) With instructions for administration
   D) With the name and phone number of the DSP and a copy of the medication information sheet

10. **Drug interactions can occur between:**
    A) Two or more drugs
    B) Two different people
    C) Drugs and water
    D) Alcohol and food

Appendices

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES

DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

CENTRALLY STORED MEDICATION AND DESTRUCTION

I. CENTRALLY STORED MEDICATION

INSTRUCTIONS: *Centrally stored medications shall be kept in a safe and locked place that is not accessible to any person(s) except authorized individuals. Medication records on each client/resident shall be maintained for at least one year.*

FACILITY NAME

FACILITY NUMBER

NAME (LAST FIRST MIDDLE)	ADMISSION DATE	ATTENDING PHYSICIAN	ADMINISTRATOR

MEDICATION NAME	STRENGTH/ QUANTITY	INSTRUCTIONS CONTROL/CUSTODY	EXPIRATION DATE	DATE FILLED	DATE STARTED	PRESCRIBING PHYSICIAN	PRESCRIPTION NUMBER	NO. OF REFILLS	NAME OF PHARMACY

LIC 622 (3/99) (CONFIDENTIAL)

Appendix 5-B

Common Medication Categories

Drugs are classified into categories with other medications that affect the body in similar ways. Thousands of medications are on the market in many categories. Here is a list of medication categories and examples as categorized by the U.S. Food and Drug Administration*:

- Anesthetic: Topical, ophthalmic, etc.
- Antidotes: Antitoxins, anaphylaxis treatment
- Antimicrobial: Antibiotics, antifungals
- Hematologic: Anticoagulants, blood substitutes
- Cardiovascular-renal: Antihypertensives, diuretics
- Central nervous system: Sedatives, antianxiety, antipsychotic and antidepressant medications
- Gastrointestinal: Antidiarrheals, laxatives, antacids
- Hormones: Estrogen, thyroid medication, contraceptives
- Immunologics: Vaccines
- Metabolic/nutrients: Vitamins, supplements
- Mucous membrane/skin: Disinfectant, antiperspirant, Sunscreen, acne products
- Neurologic: Anticonvulsants
- Oncolytics: Antibiotics, antimetabolites
- Ophthalmics: Decongestants, antiallergy medication, contact lens products
- Otologics: Ear drops, motion sickness medication
- Relief of pain: Analgesics, antimigraine and antiarthritic medications
- Antiparasitics: Scabicides
- Respiratory tract: Antiasthmatics, bronchodilators, cold sore and canker medication
- Homeopathic products

Many drugs, because of their multiple uses, can be found in more than one category. For example, Benadryl® is an antihistamine, which relieves allergy symptoms. It's also a sedative to promote sleep.

* The FDA plans to review the current classification scheme because it has not been updated recently and many new molecular entities are not included. Information accessed February 2010 at http://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm

Appendix 5-C

Community Care Licensing Incidental Medical Services

Requirements for Health Related Services

By law, CCFs provide non-medical, residential services. Over the years, however, legislative and regulatory changes have permitted certain health-related services to be delivered in CCFs. These changes include:

- Hospice care homes for the elderly
- Certain specialized health care services for medically fragile children
- Incidental medical care for adults

It is unlawful for CCFs to accept (or retain) individuals who have certain health care needs that require nursing services.

Individuals with restricted health conditions—for example, who have the need for oxygen or insulin-dependent diabetes—can be served in CCFs if the following standards are met:

- Willingness of the licensee to provide needed care.
- The condition is stable or, if not, temporary and expected to become stable.
- The individual is under the care of a licensed professional.
- A licensed health professional provides training and supervision to unlicensed staff assisting with special or incidental medical care.

Services and support to children and adults with special or incidental medical care needs are beyond what is covered in this module and will not be discussed further. Staff working in homes that provide special or incidental medical care must be trained and supervised by a licensed health care professional and follow an individual Health Care Plan.

Incidental Medical Services

Prohibited Health Conditions:

Individuals who require health services or have the following health conditions cannot be served in community care licensed Adult Residential Facilities (ARFs):

- Naso-gastric and naso-duodenal tubes
- Active, communicable tuberculosis (TB)
- Conditions that require 24-hour nursing care and or monitoring
- Stage 3 and 4 dermal ulcers
- Any other condition or care requirements which would require the facility to be licensed as a health facility

Restricted Health Conditions:

Individuals with the following conditions may be served in an ARF if the requirements for restricted health conditions are met:

- Use of inhalation-assistive devices
- Colostomy or ileostomy
- Requirement for fecal impaction removal, enemas, suppositories
- Use of catheters
- Staph or other serious, communicable infections
- Insulin-dependent diabetes
- Stage 1 or 2 dermal ulcers
- Wounds
- Gastrostomies
- Tracheostomies

Appendix 5-D

Eye Drops and Eye Ointment

Ophthalmic medications are those put into an individual's eyes. They may be in eye drop or ointment form.

1. Wash hands.
2. Explain procedure to individual and position him or her, either sitting with head tilted back or lying down.
3. Have a clean separate tissue, gauze, or cotton ball available for each eye.
4. Wipe the lid and eyelashes clean before instillation of the eye drop. Always wipe from inside to outside. Always use fresh gauze or tissue to clean each eyelid.
5. If an eyedropper is used, draw up only the amount of solution needed for administration.
6. Hold the applicator close to the eye, but do not touch eyelids or lashes. This will keep the applicator clean and free from bacteria.
7. Instruct the individual to look up. Place index finger on cheekbone and gently pull lower lid of the eye down to form a pocket.
8. For eye drops, instill (drip) the prescribed number of medication drops into the pocket formed by the lower lid. For eye ointment, put a thin line of ointment in the pocket. Avoid dropping medication on the cornea, as this may cause tissue damage and discomfort.
9. Release lower lid and let individual blink to distribute medication.
10. Wipe excess liquid with gauze or clean tissue and make comfortable. Observe. Eye ointment can cause some temporary blurring of vision.
11. Instruct the individual to keep eye closed for one to two minutes after application to allow for absorption of the medication. Caution the individual not to rub his or her eyes.
12. Recap medication and store bottle away from heat and light in locked medication storage area.
13. Document Treatment.

Appendix 5-E

Ear Drops

Otic medications are those put into an individual's ears. Typically, otic medications are in liquid drop form.

1. Wash hands.
2. Explain to the individual what you are going to do as you warm the drops to body temperature by holding the bottle in your hand for a few minutes before applying.
3. Have the individual lie on his or her side with the ear to be treated facing upward.
4. For adults, gently pull the ear lobe away from their neck. Hold the dropper over the ear opening and allow the prescribed number of drops to fall into the ear.

   Caution: Never use an ear wick or "Q-Tip" to administer drops into the ear. The individual's doctor will provide special instructions if ear wicks and ear packs are to be used.
5. For children under 3 years of age, pull the external part of the ear down and back. Hold the dropper over the ear opening and allow the drops to fall into the ear. Take care not to contaminate the dropper by touching the external ear.
6. Have the individual remain on his or her side for a few minutes after administering to allow medication to spread into the ear canal and be absorbed.
7. If both ears require medication, leave individual on his or her side for a few minutes and then repeat procedure in the other ear.
8. Give individual a tissue to wipe away excess liquid. Observe.
9. Recap medication and store bottle away from heat and light in locked medication storage area.
10. Document Treatment.

Appendix 5-F

Topical Medications

Topical medications are those applied directly to the skin or to certain areas of the body. Topical medications are usually lotions or creams.

1. Wash hands and put on gloves. Frequently, when an individual requires application of a liquid, cream or ointment, there may be breaks or sores on the skins surface.
2. Explain to the individual what you are going to do.
3. Being mindful of privacy, assist the individual to expose the area where the topical medication is to be applied. Make sure clothing and bedding are protected.
4. Open the container and remove the prescribed amount of the product to be applied.
5. Gently apply the lotion or cream, following the instructions on the medication label.
6. Remove gloves carefully and dispose of using standard precautions.
7. Wash your hands.
8. Recap container and return to locked storage area.
9. Document Treatment.

Medication Log

_____
Facility Name Address Phone Number

Name: _____ Insurance: ❑ Medi-Cal ❑ Medicare ❑ Insurance No._____

Drug/Strength/Form/Dose	Hour	Month & Year (MM/YY) _____ & Date_____																															
		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

Appendix 5-G (cont.)

Errors and Omissions

Date	Time	Medication Involved	Description of what happened (How discovered, effect upon person, sequence of events and individuals)	Who was notified, e.g. Doctor, Administrator, Emergency Services, etc.	Initials

Primary Care Physician: _____ Pharmacy: _____

Staff Signatures & Initials: _____for _____ _____for _____ _____for _____

notes: • *Staff initials date and time medication is taken*
• *If medication is taken at another location, use:*
D= Day Program R= Relative or friend's home E= Elsewhere -

Allergies:

Student Resource Guide

6. Wellness: Maintaining the Best Possible Health

Student Resource Guide: SESSION 6

Wellness: Maintaining the Best Possible Health

OUTCOMES

When you finish this session you will be able to:

- List healthy habits.
- Identify key information in a physician's report and a written health history.
- Use the Individual Program Plan (IPP) to identify DSP responsibilities for helping individuals maintain the best possible health.
- Describe how germs are spread.
- Identify when the DSP should wash their hands.
- Use the correct procedure for hand washing.
- Identify when the DSP should use disposable gloves.
- Demonstrate the correct procedure for gloving.
- Explain how professional ethics guide the DSP when assisting and supporting an individual with personal care skills.

KEY WORDS

Key Word	Meaning	In My Own Words
Disinfect	To kill or eliminate most germs with a chemical solution.	
Germs	A microorganism (very small living thing which is invisible without the use of a microscope) which can cause illness if it enters the body. Bacteria, viruses and fungi are types of germs.	
Health History	A document that has both past and current information about an individual's health status and unique health care needs.	
Infection	The presence of germs that cause harm to the body if not treated.	
Personal Care/ Personal Hygiene	Activities to maintain one's own health and good grooming.	
Personal Protective Equipment	Gear (gown, face mask, eye shield, etc.) worn to protect the user from contact with body fluids and germs.	
Standard Precautions	A set of infection control practices used to prevent the spread of harmful germs. Standard precautions include hand washing, using disposable gloves, and wearing personal protective equipment.	

ACTIVITY

What Do You Want to Know?

Directions: *Think about the topic of this training session. Answer the first two questions in the space provided below. You will come back to this page at the end of the session to answer the last question.*

What do you **already know** about assisting individuals to stay in the best possible health?

What do you **want to know** about assisting individuals to stay in the best possible health?

To be answered at the end of the session, during review:
What **have you learned** about assisting individuals to stay in the best possible health?

The Best Possible Health

Health is the mind, body, and spirit working in harmony.

Each person deserves to have the best possible health considering his or her age and general condition. Many individuals with developmental disabilities have complex health needs that will last throughout their lives. In this session, you will learn many ways DSPs support individuals in maintaining the best possible health.

Habits that Maintain Good Health

Good health starts with healthy habits. DSPs can help individuals stay as healthy as possible by supporting them to make good health habits a part of their daily routines. Habits that maintain good health are the activities people do regularly or on a routine basis that contribute to good health. For example, taking the stairs instead of using the elevator or eating fruit instead of chips.

The following is a list of habits that contribute to good health. These are the same habits you should help the individuals you support learn and use.

Healthy Habits

- Eating the right amount of a variety of nutritious foods every day; for example, five servings of fruits and vegetables.
- Getting plenty of daily physical exercise (at least 30 minutes); for example, walking.
- Drink at least 8 to 12 glasses of water every day.
- Brushing your teeth at least two times a day.
- Taking regular showers and baths.
- Washing hands frequently.
- Getting regular medical and dental care according to each individual's IPP and doctors' recommendations.
- Seeking treatment early for medical and dental problems.
- Being free from physical, verbal, mental, and sexual abuse.
- Not smoking.
- Using relaxation techniques; for example, practicing yoga to relax.
- Practicing accident prevention at all times.
- Participating in regular recreational and leisure activities.

Health Information

Maintaining the best possible health is a continuous process. New health needs arise over time caused by many factors, including aging, onset of chronic disease, and other changes. In order to provide appropriate support and to protect their own health, DSPs should know basic health information about the individuals they support.

DSPs can find basic health information in each individual's health records. These records should include:

- Current physician's report
- Health history
- Individual Program Plan (IPP)

Each of these documents is a source of health information. It is essential that these documents be available in the home and that the information be kept up-to-date. Each DSP should know the plans for meeting the current medical needs of each individual in the home.

The DSPs will use this information when:

- Preparing to take an individual to a medical or dental appointment
- Providing assistance with the self-administration of medication
- Checking for information about allergies
- Checking for information about past health conditions when a new sign or symptom is observed
- Checking for information before providing personal care for the first time
- Responding to emergency situations

The Physician's Report

Individuals you support may be required to have an annual physical examination by a doctor even if they are not sick or having problems. Individuals may require more or less frequent exams depending on their health needs. The frequency should be described in each individual's IPP and/or recommended by the doctor. The doctor should record the results of the physical examination on the physician's report for Community Care Facilities provided by Community Care Licensing.

The physician's report includes the following information:

- Full diagnosis
- Physical health status (current condition), including blood pressure, temperature, pulse, weight, height
- Mental health status (current condition)
- The results of tuberculosis testing
- The presence of allergies and communicable diseases
- Whether the individual is ambulatory (able to walk) or non-ambulatory
- An individual's ability to care for their own needs
- Medications and reasons for use
  - over-the-counter
  - prescribed medications
- Lab tests and results
- Immunization status; for example, Hepatitis B

The following page is an example of a physician's report.

Physician's Report

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

PHYSICIAN'S REPORT FOR COMMUNITY CARE FACILITIES

For Resident/Client Of, Or Applicants For Admission To, Community Care Facilities (CCF).

NOTE TO PHYSICIAN:
The person specified below is a resident/client of or an applicant for admission to a licensed Community Care Facility. These types of facilities are currently responsible for providing the level of care and supervision, primarily nonmedical care, necessary to meet the needs of the individual residents/clients.

THESE FACILITIES DO NOT PROVIDE PROFESSIONAL NURSING CARE.
The information that you complete on this person is required by law to assist in determining whether he/she is appropriate for admission to or continued care in a facility.

FACILITY INFORMATION (To be completed by the licensee/designee)

NAME OF FACILITY: The Green Home
TELEPHONE: 405-677-9535
ADDRESS: NUMBER 1421 STREET High View St. CITY Roseland
LICENSEE'S NAME: Martha Green
TELEPHONE: 405-677-9436
FACILITY LICENSE NUMBER: 06B1402039

RESIDENT/CLIENT INFORMATION (To be completed by the resident/authorized representative/licensee)

NAME: Kwan Wang
TELEPHONE: 405-677-9535
ADDRESS: NUMBER 1421 STREET High View St. CITY Roseland
SOCIAL SECURITY NUMBER: 467-96-3573
NEXT OF KIN: Judy Wang
PERSON RESPONSIBLE FOR THIS PERSON'S FINANCES: Judy Wang

PATIENT'S DIAGNOSIS (To be completed by the physician)

PRIMARY DIAGNOSIS: Spastic Quadriplegia Cerebral Palsy
SECONDARY DIAGNOSIS: Severe ID / Seizure Disorder
LENGTH OF TIME UNDER YOUR CARE: Approx 4 yrs.
AGE: 58
HEIGHT: 5'
SEX: F
WEIGHT: 122
IN YOUR OPINION DOES THIS PERSON REQUIRE SKILLED NURSING CARE? ☐ YES ☒ NO
TUBERCULOSIS EXAMINATION RESULTS: ☐ ACTIVE ☒ INACTIVE ☐ NONE
DATE OF LAST TB TEST: 5/14/16
TYPE OF TB TEST USED: PPD
TREATMENT/MEDICATION: ☐ YES ☐ NO If YES, list below:

OTHER CONTAGIOUS/INFECTIOUS DISEASES:
A) ☐ YES ☒ NO If YES, list below:

TREATMENT/MEDICATION:
B) ☐ YES ☐ NO If YES, list below:

ALLERGIES
C) ☒ YES ☐ NO If YES, list below:
tomato products

TREATMENT/MEDICATION:
D) ☐ YES ☒ NO If YES, list below:

Ambulatory status of client/resident: ☐ Ambulatory ☒ Nonambulatory

Health and Safety Code Section 13131 provides: "Nonambulatory persons" means persons unable to leave a building unassisted under emergency conditions. It includes any person who is unable, or likely to be unable, to physically and mentally respond to a sensory signal approved by the State Fire Marshal, or an oral instruction relating to fire danger, and persons who depend upon mechanical aids such as crutches, walkers, and wheelchairs. The determination of ambulatory or nonambulatory status of persons with developmental disabilities shall be made by the Director of Social Services or his or her designated representative, in consultation with the Director of Developmental Services or his or her designated representative. The determination of ambulatory or nonambulatory status of all other disabled persons placed after January 1, 1984, who are not developmentally disabled shall be made by the Director of Social Services, or his or her designated representative.

LIC 602 (7/96) (OVER)

I. PHYSICAL HEALTH STATUS: ☐ GOOD ☒ FAIR ☐ POOR — COMMENTS:

	YES (Check One)	NO (Check One)	ASSISTIVE DEVICE	COMMENTS:
1. Auditory Impairment	✓			moderate left hearing loss
2. Visual Impairment		✓		
3. Wears Dentures		✓		
4. Special Diet	✓			low salt/no tomato/high fiber/no coffee
5. Substance Abuse Problem		✓		
6. Bowel Impairment	✓			Chronic constipation
7. Bladder Impairment		✓		
8. Motor Impairment	✓			
9. Requires Continuous Bed Care		✓		

II. MENTAL HEALTH STATUS: ☐ GOOD ☐ FAIR ☒ POOR — COMMENTS:

	NO PROBLEM	OCCASIONAL	FREQUENT	IF PROBLEM EXISTS, PROVIDE COMMENT BELOW:
1. Confused	✓			
2. Able To Follow Instructions	✓			
3. Depressed	✓			
4. Able to Communicate		✓		difficult to understand

III. CAPACITY FOR SELF CARE: ☐ YES ☒ NO — COMMENTS:

	YES (Check One)	NO (Check One)	COMMENTS:
1. Able to care For All Personal Needs		✓	
2. Can Administer and Store Own Medications		✓	
3. Needs Constant Medical Supervision		✓	
4. Currently Taking Prescribed Medications	✓		
5. Bathes Self		✓	
6. Dresses Self		✓	
7. Feeds Self		✓	with specialized spoon and assistance
8. Cares For His/Her Own Toilet Needs		✓	
9. Able to Leave Facility Unassisted		✓	
10. Able to Ambulate Without Assistance		✓	
11. Able to manage own cash resources		✓	

PLEASE LIST OVER-THE-COUNTER MEDICATION THAT CAN BE GIVEN TO THE CLIENT/RESIDENT, AS NEEDED, FOR THE FOLLOWING CONDITIONS:

CONDITIONS	OVER-THE-COUNTER MEDICATION(S)
1. Headache	
2. Constipation	milk of magnesia 30cc on 3rd day w/no bowel movement
3. Diarrhea	
4. Indigestion	
5. Others *(specify condition)* SPF Sunguard	in sun > 15 min
Flourigard 15cc	after toothbrushing am/pm

PLEASE LIST CURRENT PRESCRIBED MEDICATIONS THAT ARE BEING TAKEN BY CLIENT/RESIDENT:

1. Tegretol 200mg. QID
2. Oscal 1500 mg.
3. Colace 250 mg. qam
4. Lotensin 20 mg. qam
5.
6.
7.
8.
9.

PHYSICIAN'S NAME AND ADDRESS: Dr. Ubewell — TELEPHONE: 391-8511 — DATE: 5/15/16

PHYSICIAN'S SIGNATURE: Dr Ubewell

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION (TO BE COMPLETED BY PERSON'S AUTHORIZED REPRESENTATIVE)

I hereby authorize the release of medical information contained in this report regarding the physical examination of:

PATIENT'S NAME: Kwan Wang

TO (NAME AND ADDRESS OF LICENSING AGENCY): The Green Home

SIGNATURE OF RESIDENT/POTENTIAL RESIDENT AND/OR HIS/HER AUTHORIZED REPRESENTATIVE — ADDRESS: 76711 S. San Pedro St. Roseland, CA 90375 — DATE: 4/29/16

97 35381

ACTIVITY

Finding Information in the Physician's Report

Directions: *Look at the physician's report for Kwan and answer the following questions:*

1. Does Kwan have any allergies? If yes, what are they?

2. What medications is Kwan taking?

3. Can Kwan feed herself?

4. Does Kwan wear dentures?

5. Is Kwan on a special diet?

6. What is Kwan's doctor's name?

Health History

What's in a Health History

A **health history** includes documents that provide information about the individual's:

- Diagnosis
- Past and present illness(es)
- Family history of health care needs and illness
- Current medications
- Medication history
- Current doctor(s) and dentist
- List of known allergies
- Immunization records
- Emergency contact information
- Regional center service coordinator
- Previous surgeries
- Previous hospitalizations

Health History (cont.)

NAME: Kwan Louise Wang **GENDER:** F **DATE OF BIRTH:** 4/18/58
CURRENT ADDRESS: 1421 High View Street, Roseland, CA 90375
PHONE: (405) 677-9535
PRIMARY LANGUAGE: English
RESIDENCE TYPE: Community Care Facility, Service Level 4
ADMINISTRATOR: Martha Green **PHONE:** (405) 677-9436
SERVICE COORDINATOR: Betsy Helpful **PHONE:** (405) 546-9203

FAMILY INFORMATION

Judy Wang (Mother and Conservator) 76711 S. San Pedro St, Roseland, CA 90375
Home Phone (405) 391-2537; Cell (405) 636-2452
John Wang (Brother) 525 Avenida Esplendida, Ripart, CA 90275;
Home Phone (310) 372-3610

HEALTH INSURANCE

Medi-Cal: 4679635738; Medicare: 4679635738

INFORMATION SOURCES

Sonoma Developmental Center and Everyone's Regional Center (ERC) placement packets; Hope Medical Center records; consumer record; verbal history from mother, Judy Wang.

RESIDENTIAL HISTORY

Home with parents Judy and Keith Wang	7/23/58 – 6/02/65
Sonoma Developmental Center	6/02/65 – 9/23/95
Appleby home - Ray Appleby, (402) 797-7689	9/23/95 – 1/06/03
Green home	1/06/12 – present

Primary Care Physician
Dr. Ubewell, 7922 Spirit Street, Pleasantville, CA 90375 Phone: (405) 391-8511

Neurologist
Dr. Nicely, 12 Fair Oaks Drive, Suite 3, Roseland, CA 90375 Phone: (405) 333-7272

Gynecologist
Dr. Young, 12 Fair Oaks Drive, Suite 14, Roseland, CA 90375 Phone: (405) 333-6789

Dentist
Dr. Y. Nocaries, 12 Whitten Way, Pleasantville, CA 90375 Phone: (405) 696-3372

Audiologist
Dr. Hearless, 1434 Hayes Way, Suite 200, Pleasantville, CA 90375
Phone: (405) 333-4536

Health History (cont.)

DIAGNOSIS

Spastic Quadriplegia Cerebral Palsy, Intellectual Disabilities, Mixed Seizure Disorder, Right hip fracture with pinning (1998), Moderate hearing loss left ear (2002), Hypertension (2003)

HEIGHT: *5 feet* **WEIGHT:** *120 pounds*

ALLERGIES: *Tomatoes and tomato products*

HOSPITALIZATIONS

None in past year. See medical history for prior hospitalizations.

FAMILY MEDICAL HISTORY

Kwan's mother was diagnosed with breast cancer when she was 40 and had a mastectomy. Her father had asthma. He died of a stroke in 1994 at the age of 70. There is no other significant family medical history. Grandparents on both sides of the family lived into their early 80s and had generally good health.

MEDICAL HISTORY

Kwan was born at 32 weeks gestation at University Hospital after a 10-hour labor. Birth weight was 2 lbs, 10 ounces. Kwan was blue at birth and was rushed to neonatal intensive care. She remained there for three months being treated for sepsis and recurrent seizures. She was reported to be a beautiful but very frail and fussy infant. The pediatrician diagnosed cerebral palsy at nine months of age. Developmental milestones were all severely delayed. Kwan learned to sit up at age 3 and to crawl at 4 years. Speech was slow in coming. She experienced *grand mal* seizures frequently before age 4. Kwan attended special preschool but was often absent "due to colds and stomach problems." She had a tonsillectomy at age 4, and her health improved. Kwan never learned to walk and uses a wheelchair. At age 7, Kwan's care needs became too much for her parents, and she was admitted to Sonoma Developmental Center where she remained until 1995. Her parents visited often over the years and took her on frequent home visits until Kwan's father died. Apart from occasional colds, chicken pox when she was 11, and chronic constipation over the years, she has enjoyed good health. She has been on a high fiber diet for years. She does not like tomatoes, and her mother says that they give her hives. Kwan's seizures were brought under better control when she was started on Tegretol in 1980. She moved from the developmental center to the Appleby home in 1995. Kwan had a right hip fracture with pinning in 1998. It healed well after it was pinned, but she is no longer able stand for pivot transfers. Just last year she moved to the Green home.

Health History (cont.)

CURRENT MEDICAL HISTORY

In January of 2003, Kwan was diagnosed with high blood pressure. Medication has brought her blood pressure down to 132/86. The doctor ordered a therapeutic diet with no coffee or added salt. Kwan continues on her high fiber diet. She is allergic to tomatoes and tomato products. Although she is on stool softeners and laxatives, she continues to experience chronic constipation. Kwan's gums bleed easily as a result of gingivitis. Seizure frequency is reduced to about two to three *grand mal* seizures per year. Seizures last 1–2 minutes. Seizures sometimes are noted to be in association with episodes of severe constipation. An audiogram done in 2002 revealed a moderate left hearing loss. No hearing aid was recommended. Kwan has very fair skin and sunburns easily.

IMMUNIZATION HISTORY

Records show that Kwan had all her childhood immunizations and booster shots. She has not had the Hepatitis B series. Flu shot and pneumovax were given September, 2008.

MEDICATION HISTORY

Kwan took Phenobarbital/Dilantin for seizures from 1958 to 1970, when she was changed to Tegretol. She has taken Milk of Magnesia and various stool softeners for constipation since the late 1960s. When she turned 40, she began taking calcium supplements. In January 2003, she began taking Lotensin for hypertension. She also uses a Flourigard mouthwash to promote dental health and SPF 35 sunguard and lipbalm to protect from sunburn.

CURRENT MEDICATIONS

- Tegretol 200mg QID (four times a day, 7:00 a.m, 12:00 p.m., 5:00 p.m., 10:00 p.m.) with food for seizures.
- Colace 250mg q AM (every morning) with a large glass of water for constipation.
- Milk of Magnesia 30cc q 3rd day (every third day) with no bowel movement.
- OsCAL 1500mg qd (every day) for prevention of osteoporosis.
- Lotensin 20mg q AM (every morning) for hypertension.
- Fluorigard 15cc mouthwash after toothbrushing AM and PM for oral health.
- SPF 35 sunguard and lip balm to protect from sunburn to be applied if Kwan is to be in the sun for more than 15 minutes.

Individual Program Plan (IPP)

Promoting and maintaining the best possible health depends upon the effective teamwork of the people involved in the individual's health care and health care planning and evaluation. A current health history and physician's report are used by the planning team to address health care needs when developing the IPP. The IPP provides information and direction for the individual's life. The IPP includes:

- Goals, objectives, and plans for health care needs.
- Specific responsibilities of the DSP and others.
- A way to evaluate the success of the plan in supporting the individual to achieve or maintain the "best possible health."

The following IPP example is for Kwan. This is the third piece of information from Kwan's health records which contains information about Kwan's health status and needs. It is important to look at all three reports when trying to understand all of Kwan's health needs, as each contains some different information. Look over Kwan's IPP to see what additional health information it contains.

Individual Program Plan (IPP)

Everyone's Regional Center (ERC)

Date of IPP Meeting: **4/1/16**

IDENTIFYING INFORMATION

Kwan Louise Wang (Name) | F (Gender) | 4/18/58 (Date of Birth)

1421 High View Street, Roseland, CA 90375 (Current Address) | (405) 677-9535 (Phone)

English (Primary Language) | Community Care Facility, Service Level 4 (Residence Type)

Betsy Helpful (Service Coordinator) | (405) 546-9203 (Phone)

IPP MEETING PARTICIPANTS

Kwan Wang, Phone: (405) 677-9535

Judy Wang, mother and conservator, Home phone: (405) 391-2537; Cell (405) 636-2452

John Wang, brother, Home phone: (310) 372-3610

Martha Green, administrator of the Green home, Phone: (405) 677-9436

Mimi Rosales, direct support staff at the home, Phone: (405) 677-9535

Armand Garcia, Hillside Day Program counselor, Phone: (405) 638-4423

Betsy Helpful, ERC service coordinator, Phone: (405) 546-9203

FAMILY INFORMATION

Family Members

Judy Wang (Mother and Conservator) 76711 S. San Pedro Street, Roseland, CA 90375
Home phone: (405) 391-2537; Cell: (405) 636-2452

John Wang (Brother) 525 Avenida Esplendida, Ripart, CA 90275
Home phone: (310) 372-3610

Consumer/Family Concerns and Priorities

Kwan has a boyfriend, Robert, with whom she enjoys spending time. She would like support to be able to spend good, quality time with Robert. Kwan enjoys animals and has a pet bird. Someday, she would like to have more than one bird. In the meantime, Kwan would like to find more ways to be around animals, especially birds. She would also like a job since she wants to save money for her dream trip to Disneyland and to buy more clothes and CDs. Kwan also enjoys spending time with her mother and brother. She and her mother get together once a week for shopping and other activities. She doesn't see her brother as often, since he lives 50 miles away.

Kwan's mom wants Kwan to be happy in her new home. She is concerned that Kwan's fairly complicated medical needs are taken care of properly. She wants to continue to take a very active part in Kwan's life. She loves her daughter very much and wants to do what is best for her. Kwan's brother is concerned that Kwan's wheelchair needs to be replaced and wants to see Kwan get a new one as soon as possible. He also wonders if there isn't something that could help Kwan communicate more effectively, as it is very hard to understand her.

Individual Program Plan (cont.)

Everyone's Regional Center (ERC)

MEDICAL INFORMATION

Health Insurance: Medi-Cal 4679635738; Medicare 4679635738
(Father deceased)

Medications

- Tegretol 200mg QID (four times a day, 7:00 a.m., 12:00 p.m., 5:00 p.m., 10:00 p.m.) with food for seizures.
- Colace 250mg q AM (every morning) with a large glass of water for constipation.
- Milk of Magnesia 30cc q 3rd day (every third day) with no bowel movement.
- OsCAL 1500mg qd (every day) for prevention of osteoporosis.
- Lotensin 20mg q AM, (every morning) for hypertension.
- Fluorigard 15cc mouthwash after toothbrushing AM and PM for oral health.
- SPF 35 sunguard and lip balm to protect from sunburn to be applied if Kwan is to be in the sun for more than 15 minutes.

Health Providers

Primary Care Physician

Dr. Ubewell, 7922 Spirit Street, Pleasantville, CA 90375 Phone: (405) 391-8511

Neurologist

Dr. Nicely, 12 Fair Oaks Drive, Suite 3, Roseland, CA 90375 Phone: (405) 333-7272

Gynecologist

Dr. Young, 12 Fair Oaks Drive, Suite 14, Roseland, CA 90375 Phone: (405) 333-6789

Dentist

Dr. Y. Nocaries, 12 Whitten Way, Pleasantville, CA 90375 Phone: (405) 696-3372

Audiologist

Dr. Hearless, 1434 Hayes Way, Suite 200, Pleasantville, CA 90375
Phone: (405) 333- 4536

Health Status

Height: 5 feet Weight: 120 pounds

Eligible Diagnosis: Spastic Quadriplegia Cerebral Palsy, Intellectual Disabilities, Mixed Seizure Disorder

Chronic medical conditions/special health issues: Kwan had a right hip fracture with pinning in 1998. She currently has a seizure disorder, hypertension (diagnosed in 2003), chronic constipation, and moderate hearing loss in the left ear (diagnosed in 2002). She has doctor's orders for a therapeutic diet (high fiber for constipation and no coffee or added salt for hypertension). In addition, she cannot eat tomatoes or tomato products.

Allergies: Kwan is allergic to tomatoes and tomato products. They give her hives. She is also sensitive to the sun and sunburns easily.

Equipment: Wheelchair, shower chair, adaptive spoon.

Individual Program Plan (cont.)

Everyone's Regional Center (ERC)

Hospitalizations: No hospitalizations in the past year.
Mental Health Issues: N/A
Immunizations: Kwan had a flu shot and pneumovax in September 2015.

NATURAL SUPPORTS

Kwan's mother and brother are both very close to Kwan and want to do as much to support her as they are able. Her mother visits Kwan once a week. Every fourth week she takes her shopping at the local mall. She goes with Kwan as often as she can to doctor visits. Kwan spends Thanksgiving and Christmas holidays with her mother and family. Kwan's boyfriend, Robert, is also an important source of support and fun.

WHAT PEOPLE NEED TO KNOW ABOUT KWAN

Kwan is a friendly and happy person who gets along well with others. She has a good sense of humor and likes to be with people and do fun things. Kwan enjoys her close relationship with her mother and brother. Kwan likes birds, especially her yellow parakeet Pete. She also loves having her nails polished and going shopping with her mom. Kwan likes watching TV, especially the Disney Channel. Kwan is able to express some of her needs verbally; however, when she is very excited, her speech is very difficult to understand. She hears best with her right ear. Kwan uses a wheelchair and needs assistance with most things. Kwan has very fair skin and is sensitive to sun.

HOPES AND DREAMS

Kwan enjoys spending time with Robert and would like more opportunities to be with him. Kwan loves her bird. She would like to someday work in a pet shop or someplace where there are lots of birds. She likes the water and would like to learn to swim. The thing that would make her happiest in the world would be to go to Disneyland with Robert.

CONSUMER/FAMILY SATISFACTION WITH SERVICES

Kwan likes her home. The staff are nice, and she likes spending time with them, but she would like to have more friends and to spend more time with Robert. Kwan's mother, who is also her conservator, is happy with Kwan's home as well.

FINANCIAL SITUATION

Benefits: Kwan receives SSI in the amount of $670 a month with an additional $90.00 for personal and incidentals (P&I). In addition, Kwan receives SSA in the amount of $270 a month. Her mother is her representative payee. She also maintains a bank account for Kwan. Kwan uses her P&I to purchase personal items, clothes, and pet supplies for Pete, and for weekly activities as needed.

LEGAL STATUS

Kwan's mother is her limited conservator and, as such, is authorized to sign for Kwan's medical care, handle her finances, and make decisions about where she lives.

Individual Program Plan (cont.)

Everyone's Regional Center (ERC)

INDIVIDUAL PROGRAM PLAN AREAS

HOME

Current Status: On January 6th, 2012, Kwan moved to the Green home, a level 4, owner-operated CCF. Martha Green is the owner and administrator. Kwan likes her new home and particularly likes Mimi Rosales, one of the staff. There is one staff for every three individuals in the home at all times. In the morning and evening there is one additional staff. Kwan's mom is satisfied that the home is working for Kwan. Being able to keep her bird was one of the reasons she and her mom chose the Green home.

Goal

Kwan will live in a safe, comfortable, home that meets her needs and supports her choices and preferences.

Objectives

1. Kwan will continue to live in the Green home through 8/30/17.
2. Kwan's staff will receive yearly Red Cross training in First Aid, CPR, and proper transfer and lifting procedures for Kwan.

Plans

1. Green home staff will provide services and supports for Kwan as described in Kwan's IPP and with consideration for Kwan's unique needs and preferences.
2. Martha Green, Administrator, will prepare a quarterly summary of activities and outcomes related to implementation of individual IPP objectives for which the facility is responsible.
3. ERC will continue to provide monthly payment at the Level 4 rate (minus the SSI and SSA amount) to the Green home for Kwan. Kwan's ERC service coordinator will visit Kwan once every three months (August, November, February, May) or more frequently as needed to monitor the implementation of Kwan's IPP and Kwan and her mother's continued satisfaction with the services being provided. Kwan's service coordinator will invite Kwan's mother to participate in these visits.
4. As representative payee, Kwan's mom will continue to provide monthly payment for Kwan to the Green home for the total amount of the SSI and SSA payments.

PERSONAL CARE

Current Status: Kwan likes to wear nice clothes, make-up, and have her nails polished. Kwan uses an adaptive spoon to eat, but otherwise needs to be assisted with all her needs. She enjoys long showers. Kwan is unable to stand and pivot to transfer from her wheelchair. Kwan's wheelchair needs replacement. It is 8 years old, and the upholstery is ragged and the frame wobbly. The brakes were recently repaired.

Individual Program Plan (cont.)

Everyone's Regional Center (ERC)

Goal

Kwan will maintain good oral health, healthy skin, will eat as independently as possible, and will be dressed and groomed appropriately for the occasion and the season through 4/30/17.

Objectives

1. Home staff will provide complete assistance to Kwan with bathing, dental care, dressing, toileting, grooming (including makeup) with concern for her privacy and dignity and provide Kwan with opportunities for choice throughout her daily routine. Staff will schedule extra time for Kwan's shower.
2. Home staff will floss Kwan's teeth once a day and brush with an electric toothbrush twice a day. They will assist Kwan in using Flourigard as prescribed after each brushing.
3. Home and day program staff will assist Kwan to shift position in her wheelchair once every 2 hours. Home staff will assist Kwan to transfer from her wheelchair to a beanbag for an hour each night at home while she is watching her favorite TV program or listening to music.
4. Home and day program staff will ensure that Kwan has her adaptive spoon when eating and will provide partial assistance and verbal prompts to guide Kwan to eat as independently as possible.
5. Home and day program staff will coordinate Kwan's toileting schedule.
6. Both home and day program staff will assist Kwan to apply sunscreen, lip balm, and a hat each time she is in the sun for any extended length of time (more than 15 minutes).
7. By 6/1/17, Kwan's service coordinator will arrange for Jacquie Ohanesian, CRT, at First Care Equipment, (405) 696-4651, to assess Kwan's wheelchair. ERC will fund the assessment.
8. Within two weeks of the completed assessment, the service coordinator will schedule a meeting with Kwan, her mom, and Martha Green to discuss the results of the evaluation and write an IPP addendum including a plan with a target date for the purchase of necessary equipment. If Medi-Cal will not approve the purchase of the recommended wheelchair and lift, ERC will authorize.

COMMUNICATION

Current Status: Kwan is a friendly and happy person. She has a good sense of humor and likes to be with people. Kwan is able to express some of her needs verbally; however, at times when she is very excited, her speech is very difficult to understand. An audiogram done in 2002 revealed a moderate left ear hearing loss. No hearing aid was recommended. Kwan hears best when people direct their speech directly at her or towards her right ear. Her brother is concerned that there may be some way to assist her to communicate more effectively.

Individual Program Plan (cont.)

Everyone's Regional Center (ERC)

Goal

Kwan will be able to communicate as effectively as possible.

Objectives

1. By 10/1/16, Kwan's service coordinator will arrange for Liz Speakeasy, Speech Therapist, to assess Kwan for use of augmentative communication. By 1/30/17, the speech therapist will have completed the assessment. The speech therapist will assess Kwan in different environments and situations. Medi-Cal will fund the assessment.
2. Within two weeks of the completed assessment, the service coordinator will schedule a meeting with Kwan, her mom, and Martha Green to discuss the results of the evaluation and write an IPP addendum including a plan with a target date for the purchase of any necessary augmentative communication device.
3. Home staff will schedule 30 minutes a day of one-to-one time to talk to Kwan about things she likes to talk about. Whenever possible, Kwan's favorite staff person, Mimi Rosales, will be scheduled to participate in this activity. Kwan's speech is very slow and often difficult to understand, so this will be focused time with her. Home staff will talk to Kwan while assisting with personal care and at other time when they are supporting her.

FAMILY, FRIENDS, and FUN

Current Status: Kwan lives with three other women close to her age. Kwan likes visiting with her mother and brother, especially during the holidays. Her mother and brother visit her often. Kwan has told Mimi Rosales that she wants to spend more time with her boyfriend, Robert. Her life's dream would be to go to Disneyland with Robert. She also loves having her nails polished and going shopping with her mom. Kwan especially enjoys shopping for clothes, make up, and jewelry. Kwan likes watching TV, especially the Disney Channel. In February, Kwan attended a Valentine's Day Party. She is very proud of the picture taken of her at the party that shows how pretty she looked in her red dress. Her mom framed it.

Goals

Kwan will maintain her strong relationship with her family and Robert, make more friends, participate more in community activities, and explore a job or volunteer work.

Objectives

1. Martha and her staff will provide support for Kwan to participate in fun activities of her choice in her local community at least once a week.
2. Kwan's mom and home staff will help Kwan plan a trip to Disneyland.

Plans

1. Martha will help Kwan to arrange for weekly visits with Robert and, at Kwan's request, will help coordinate additional visits.
2. By October 1, 2016, Kwan's mom will work with Kwan to develop a budget and savings plan for the Disneyland trip.

Individual Program Plan (cont.)

Everyone's Regional Center (ERC)

3. Mimi Rosales pointed out that the National Self-Advocacy Conference is being held in Anaheim in September 2017, and that Kwan's boyfriend Robert is planning to go. Mimi volunteered to talk more with Kwan about whether she would like to go to the conference AND Disneyland at the same time. Mimi also volunteered to help Loi and Kwan plan the trip to Disneyland. By October 1, 2016, the plan for going to Disneyland will be developed.
4. As pre-arranged with Kwan's mom, home staff will arrange for Dial-A-Ride to take Kwan to and from the mall to meet her mother for shopping.
5. As pre-arranged with Robert and Kwan, home staff will arrange for Dial-A-Ride to take Kwan to and from Robert's home.

HEALTH

Current Status: In January 2003, Kwan was diagnosed with high blood pressure. Medication has brought her blood pressure down to 132/86. The doctor ordered a diet with no coffee or added salt. Kwan continues on her high fiber diet. She is allergic to tomatoes and tomato products. Although she is on stool softeners and laxatives she continues to experience chronic constipation. Kwan's gums bleed easily as a result of the gingivitis. Seizure frequency is reduced to about two to three *grand mal* seizures per year. Seizures last 1–2 minutes. Seizures sometimes are noted to be in association with episodes of severe constipation.

Kwan's last visit to her primary care physician, Dr. Ubeewell, was 5/14/16. Her blood pressure was within normal range. Kwan is to return every three months or more frequently as needed. Kwan's last visit to her neurologist, Dr. Nicely, was 7/12/16. Her serum blood level for Tegretol and TSH was normal. She is to return yearly or more frequently as needed. Lab work needs to be done prior to visit (call doctor for order). Kwan last saw her gynecologist, Dr. Young, on 1/30/16. Dr. Young works with the Adult Special Disabilities Clinic at University Hospital, and Kwan feels very comfortable. She has an examining table which makes transfer from her wheelchair easy. She had a breast exam and Pap smear on the same date and a mammogram on 3/22/16. Findings were normal for both. Kwan is to return for a yearly breast exam, pap smear, and mammogram (Bay Area Breast Center). Kwan went to her dentist, Dr. Nocaries, on 2/28/16. She had two small cavities that were filled, and her teeth cleaned. She is to return two times a year. She saw Dr. Hearless, her audiologist, on 2/15/16. Dr. Hearless originally diagnosed moderate hearing loss in her left ear. She is to return once a year for follow-up audiogram.

Goal

Kwan will be supported to have the best possible health. Kwan will receive ongoing medical and dental care and age-and gender-appropriate health screenings.

Individual Program Plan (cont.)

Everyone's Regional Center (ERC)

Objectives

1. Martha Green will make all necessary medical and dental care appointments. Martha will make appointments on the following schedule:
   Primary Care Physician: Dr. Ubewell, last visit 5/14/16; return quarterly or more frequently as needed.
   Neurologist: Dr. Nicely, last visit 7/12/16; return yearly or more frequently as needed, and call doctor for lab order prior to yearly visit.
   Gynecologist: Dr. Young, last visit 1/30/16; last Pap smear 1/30/16; last mammogram 3/22/16; return for yearly Pap smear and mammogram.
   Dentist: Dr. Nocaries, last visit 2/28/16; return two times a year.
   Audiologist: Dr. Hearless, last visit 2/15/16; return once a year for follow-up audiogram.
2. Kwan's mother wants to accompany her to her yearly neurologist appointment, her twice-yearly dental appointments, and her yearly audiogram appointment.
3. On a quarterly basis, Kwan's ERC service coordinator will review Kwan's ongoing notes, seizure log, bowel log, medication, and other health records for any changes or special incidents and take appropriate action.
4. Martha or a home staff member will accompany Kwan to all medical and dental appointments, provide necessary information, document all visits and the outcome in Kwan's notes, and follow doctor's recommendations. Martha will notify Kwan's mother of any scheduled appointments, as well as any changes in Kwan's health, such as illness, injury, and any hospitalization or ER visit.
   a. In consultation with the Green home's dietician, Kwan, her mother, and home staff will develop and follow a menu plan for Kwan's therapeutic diet.
      To help prevent constipation and maintain good health, staff at Kwan's home and day program will offer Kwan water throughout the day.
   b. Martha and both home and day program staff will keep and share a record of Kwan's seizures. Home and day program staff will assist Kwan to take prescribed medications following doctor's orders.
   c. Martha Green will provide the day program with a pharmacy-prepared and labeled bottle of Tegretol for Kwan's midday dose. Armand Garcia will ensure that day program staff who assist Kwan with her medication are trained to safely assist her and that they document each dose.

Plans

1. Martha Green will coordinate menu planning with Kwan's day program. As ordered by her primary care physician, Kwan will be encouraged to eat foods high in fiber and will not eat or drink coffee, salt, or tomatoes.

Individual Program Plan (cont.)

Everyone's Regional Center (ERC)

2. Martha will ensure that home staff keep a daily record of Kwan's bowel movements. She will work with the day program director in sharing this record. On every third day without a bowel movement, home staff will assist her to take the prescribed dose of Milk of Magnesia and document Kwan's medication log. If she has no bowel movement on the next day, home staff will call Dr. Ubeewell.
3. If frequency or duration of seizures increases, Martha will call Dr. Nicely.
4. Martha Green will ensure that home staff have been trained to safely assist Kwan and that when providing assistance, staff follow the Five Rights for assisting with medications and document each dose on a Medication Log.

EDUCATION/WORK/DAY ACTIVITY

Current Status: Kwan attends Hillside Day Program, 73468 Southside Lane, Roseland CA 90375, telephone (405) 696-1173. The program has a one-to-three staff ratio to support individuals who use wheelchairs, like Kwan. Kwan's activities include music appreciation, artwork, and a class on current events. Kwan has a longer lunchtime so that she doesn't have to hurry. She also gets additional assistance to help her while she is eating. She has made several friends at Hillside and has a boyfriend, Robert. She enjoys the half-hour bus trip to the Center since Robert is on the bus and they sit together. Kwan likes water and has expressed a desire to swim in a pool. Kwan likes birds and has expressed a desire to work in a pet shop someday where there are lots of birds.

Goal

Kwan will expand her daytime activities to include swimming and more community activities.

Objectives

1. By 10/15/16, Martha Green will make an appointment for Kwan with Dr. Ubeewell to discuss her desire to swim. Martha Green will notify Kwan's mom of the time, as she wants to go to talk to the doctor as well.
2. Kwan's service coordinator will provide any specific orders to the day program staff regarding the doctor's instructions for swimming.
3. Following instructions from Kwan's doctor, day program staff will make arrangements for and support Kwan to swim at least three times a week in a pool, preferably a warm indoor pool.
4. Day program staff will look for community groups with an interest in birds and support Kwan in becoming involved. Martha and home staff will also provide support for evening and weekend activities of whatever group Kwan chooses to join.
5. Day program staff will take Kwan on weekly visits to a local pet store, bird aviary, and other places where Kwan can share her interest in birds.
6. Kwan will continue to attend Hillside Day Program. ERC will fund Hillside Day Program for Kwan through 11/1/17.

Individual Program Plan (cont.)

Everyone's Regional Center (ERC)

7. Dave Chauncey at New Horizon Bus Services, 5567 Studebaker Circle, Roseland, (405) 333-2056, will provide transportation to and from the day program five days a week. Dave will ensure that all drivers are trained in First Aid and correct tie-down procedures for wheelchairs. ERC will fund the transportation service.
8. Kwan's ERC service coordinator will visit Kwan at the day program at least once every six months or more frequently as needed to review Kwan's IPP and their satisfaction with her services with Kwan and her mother.

Plans

Martha will collaborate with Kwan's day program to ensure she is supported by home staff to swim and engage in more community activities.

_____

Signature of ERC Representative Title Date

I certify that I have participated in the development of the IPP and give permission for the plan to be carried out. I further understand that, if changes occur before the scheduled Annual Review of this plan, I may contact the Regional Center to discuss any needed modifications to the plan.

The Everyone's Regional Center Complaint and Appeal Process have been explained to me. I have been informed that I will receive a copy of this plan.

I approve the continuation of my current service coordinator.

_____

Signature Relationship Date

_____

Signature Relationship Date

ACTIVITY

Supporting the Best Possible Health

Directions: *Using Kwan's health records (the physician's report, health history, and IPP), list five of Kwan's health care needs. Then, pick* ***one*** *of the needs you listed and describe, according to the IPP, what the DSP must do to provide support.*

Health Care Needs

1.

2.

3.

4.

5.

DSP Support Necessary: Using the IPP for Kwan, describe what the DSP must do to provide support in **one** of the health care need areas you described above.

Health Care Need # _____

Infection Control

Infection control is preventing the spread of **germs** that cause illness and infection. Infection control starts with understanding germs and how they are spread.

Germs and Infection

Everyone comes in contact with millions of germs each day. Germs are microorganisms: very small living things which are invisible without the use of a microscope. All 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. **Infection** is harm to the body caused by rapidly multiplying germs 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** means that germs are spread from one infected person to another person through contact with body fluids, including urine, feces, blood, and saliva. AIDS and Hepatitis may be spread through direct contact.

   Example: A person with a cold puts his hands to his mouth while coughing or sneezing and then touches another person before he has washed his hands.

2. **Indirect Contact** means that germs are spread from one infected person to an object to another person. Indirect contact is a common way for germs to spread between people who live, work, and play together. Objects that are exposed to germs are called 'contaminated.' The spread of germs through indirect contact can happen when eating contaminated food (E. coli, salmonella), handling contaminated linens or equipment, using contaminated utensils and cups, and drinking or using contaminated water. Dysentery, a serious gastrointestinal infection, can be spread indirectly. The hepatitis B virus can live up to 10 days in dried blood and can also be spread indirectly.

   Example: A person with a cold coughs into a tissue and leaves it on the bedside table. Another person picks up the tissue to throw it away and comes into contact with the germs.

3. **Droplet Spread** means that germs are 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 even tuberculosis travel from one person to another by droplet spread.

   Example: A person with a cold riding home on a bus sneezes. Another person on the bus inhales the germs that are in the air on the bus.

ACTIVITY

How Germs Are Spread

Directions: *Under each of the headings, list at least three examples of the way that germs can be spread. Examples for each are provided.*

Direct Contact	Indirect Contact	Droplet Spread
Shaking hands with another person.	Handling the sheets from the bed of someone who has been sick with the flu.	Sitting next to someone who has a cold and just sneezed.

Controlling the Spread of Germs

Controlling the Spread of Germs

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. DSPs can protect both themselves and the individuals with whom they work from germs or contamination by doing the following:

1. Know and practice standard precautions (defined in next section), especially hand washing and gloving.
2. Keep yourself, the individual, and the environment clean.
3. Be aware of the signs and symptoms of illness and infection, and accurately record and report them to the doctor.

Standard Precautions

Standard precautions, including hand washing and using disposable gloves and the wearing of personal protective equipment, protect both the individual and the DSP from the spread of germs and infection.

Standard precautions are a set of practices used to prevent the spread of harmful germs. They are especially important to prevent the spread of blood-borne and other infectious diseases (AIDS, Hepatitis A, B, and C). The DSP should use these precautions; when touching mucous membranes such as the eyes or nose; when dealing with skin breakdown such as a cut, abrasion, or wound; and when coming in contact with blood and any body fluids. Body fluids include:

- Blood
- Blood products
- Semen
- Vaginal secretions
- Nasal secretions
- Sputum, mucus or phlegm
- Saliva
- Urine
- Feces
- Vomit

Handwashing

Frequent, thorough, and vigorous hand washing will help decrease the spread of infection. **Germs are spread more frequently by hands and fingers than by any other means.**

When DSPs Should Wash Their Hands

DSPs should routinely wash their hands when they come to work and before leaving.

Hands should be washed at work at least before touching:

- Food
- An individual's medicine
- Kitchen utensils and equipment
- Someone's skin that has cuts, sores, or wounds
- Before putting on disposable gloves

DSPs should always wash their hands at least after:

- Using the bathroom
- Sneezing, coughing, or blowing one's nose
- Touching one's eyes, nose, mouth, or other body parts
- Touching bodily fluids or excretions
- Touching soiled clothing or bed linens

Standard Precautions (cont.)

- Providing assistance with medications
- Providing assistance with bathing or toileting
- Removing and disposing of used disposable gloves
- Touching anything else that could be contaminated with germs
- Smoking

Since hand washing can easily dry out a person's skin, remember to apply hand lotion or cream often throughout the day.

It is a best practice to keep natural nails short and avoid the use of artificial nails when providing personal care. Many hospitals have banned artificial nails and natural long nails for employees who provide personal care. Research has shown that healthcare workers who wear artificial nails are more likely to harbor germs than those who don't. DSPs with long nails are at risk of puncturing or tearing disposable gloves.

Gloving

Practicing standard precautions also includes the wearing of disposable (single-use) latex gloves whenever the DSP comes in contact with body fluid. (Non-latex gloves can be purchased for people who are allergic to latex.) Putting on disposable gloves and taking them off correctly is especially important in preventing the spread of germs and infection.

Gloves should be used only **one time** and changed after each use**.** New gloves should be put on each time a DSP works with a different individual. Used or contaminated gloves should be thrown away. Gloves become contaminated after each use and can spread germs between individuals if used more than once and if they are not properly disposed.

If bodily fluid or blood touches the skin, wash the area vigorously and thoroughly with soap and warm water. If the gloves tear or break, take them off and vigorously and thoroughly wash your hands. Put on a new pair of gloves and continue assisting the individual.

DSPs should use gloves when they assist individuals with any of the following activities:

- Cleaning rectal or genital area
- Tooth brushing, flossing or other oral care
- Shaving
- Bathing
- Menstrual care
- Wound care

DSPs should also wear gloves when:

- Cleaning bathrooms
- Performing first aid
- Cleaning up urine, feces, vomit, or blood
- Handling soiled linen or clothing
- Giving care when the DSP has open cuts or oozing sores on his or her hands
- Disposing of waste in leak proof, airtight containers

DSPs should wash their hands before putting on disposable gloves and immediately after removing gloves.

DSPs should follow the method for putting on and taking off disposable gloves as demonstrated in the gloving technique diagram in Appendix 6-B.

Other Protective Equipment

Other Protective Equipment

Depending on your job, you may be expected to wear other **personal protective equipment** (PPE), such as a gown, facemask or eye shields. If a DSP needs these, it is important that a health care professional teaches them the correct use and disposal of these items.

Cleaning and Disinfecting

The second way for DSPs to prevent the spread of germs is through cleaning and disinfecting the environment. Routine, daily cleaning of household surfaces and other items with soap and water is the most effective method for removing germs. Sometimes, an additional cleaning is needed to be germ free. This extra step is called disinfection.

Disinfection is the process of killing most germs by cleaning with a chemical solution. Disinfecting usually requires soaking or drenching the surface or item for several minutes with a special cleaning solution. This soaking allows the cleaning solution to kill the germs. One of the most common cleaning solutions is household bleach and water. Two recipes for a disinfectant cleaning solution are in Appendix 6-C. The recipes are easy to mix, safe if handled properly (as a toxic substance), and kill most germs. **Remember, this solution will discolor fabric and carpeting. The solutions lose effect very quickly and must be made fresh daily.**

Household Hints for Reducing the Spread of Infection

- Clean most surfaces with soap and water to remove germs.
- Always clean up spills from the less soiled to the most soiled to limit the spread of germs.
- Use gloves when handling soiled laundry.
- Wash soiled clothing and linens separately from other clothes.
- Use paper towels throughout the house.
- Make sure everyone follows good handwashing practices (for example, before touching food, after using the bathroom).
- Keep clean hands away from the face and other areas of the body.
- Make sure individuals use only their own toiletries and equipment (for example, combs, brushes, razors, etc.).

You have learned how to prevent the spread of germs by practicing standard precautions and by cleaning and disinfecting the environment. Yet another way DSPs can prevent the spread of germs is to observe the signs and symptoms of illness and injury in an individual and record and report them.

Providing Personal Care

As a DSP, you may have many different responsibilities including assisting the individuals in the home with **personal care**, such as bathing, oral hygiene, shaving, dressing, toileting, and menstrual care. These activities are very important and unique for each individual. Good hygiene helps:

- Prevent the spread of germs.
- Maintain the best possible health of individuals.
- Individuals feel good about themselves.

The DSP's toolkit includes a set of professional ethics that guides the DSP in everything he or she does. When assisting individuals with personal care, the DSP should be especially mindful of professional ethics. These ethics or principles become routine as they are practiced and applied each day. As a DSP, you will want to apply your professional ethics every time you assist and support an individual with personal care skills.

- **Respect:** As a DSP, I will respect the individuals I support and help others recognize their value. *Personal care should be provided with dignity and respect for the individual.*

- **Promoting Physical and Emotional Well-Being:** As a DSP, I am responsible for supporting the emotional, physical, and personal well-being of individuals receiving support while being attentive and energetic in 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:** As a DSP, I will protect and respect the confidentiality and privacy of the individuals I support. *An individual has the legal right to have his or her support needs kept confidential and to privacy for personal care.*

- **Honesty and Responsibility:** As a DSP, I will support the mission of my profession to assist individuals to live the kind of life they choose. I will be a partner to the individuals I support. *Individuals should be supported in doing as much for themselves as possible.*

- **Self-Determination:** As a DSP, I will assist the individuals I support to direct the course of their own lives. *Individuals have the right to direct how personal care is provided.*

Part of the job of a DSP is to support individuals so they can be more independent. 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 their personal care activities.

It is important to remember that having opportunities to make choices is 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, they need 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. The DSP needs to be aware of these individual preferences and support them. Depending on the abilities and preferences of each individual, the DSP will need to provide more or less support.

Personal Care Guidelines

Hair Grooming

Having clean, well groomed hair may be important to the individuals you support. Individuals like different brands of shampoo or conditioner and may have a preferred style. Individuals may also change their minds about how they style their hair. All of these choices should be respected and supported.

Fingernail and Toenail Care

Clean and trim fingernails and toenails are important for overall health. Germs often collect underneath the nails. Frequent and thorough hand washing and foot care is a good way to prevent germ or fungus buildup. Nails that become too long and/or are rough and torn can scratch and cut an individual's skin and may result in a local infection. Also note:

- Some individuals (those with diabetes) should have their nail care completed by a health care professional.
- Athlete's foot, a fungus that causes inflammation, cracking, and peeling of the skin between the toes and can also infect the toenails must be treated as soon as it is noted by the DSP.
- Individuals often like to have nail color applied and may need assistance.

Shaving

Shaving one's legs, underarms, or face is a very personal matter. Cultural differences may be a key to whether an individual shaves or does not shave. For example, 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.

Bathing and Perineal Care

Bathing means cleaning one's body from head to toe. Perineal care means the bathing of the genital and anal (rectum) area, or "private parts." Providing assistance and support for bathing can be a very sensitive personal care activity for an individual and a DSP. Routinely, this activity is completed by female DSPs for women and girls and by male DSPs for men and boys.

The DSP needs to know what bathing skills an individual has before beginning to provide assistance and support. It is important that the DSP provide whatever assistance and support is needed to ensure individuals are clean. Occasionally checking an individual's personal care skills and assisting when needed will help prevent body odor, discomfort, and infection. Step-by-step procedures and explanations for supporting individuals in personal care activities are included in Appendices 6-D through 6-G for this session. These procedures should be adapted to the specific needs and preferences of each individual the DSP supports.

> It is the job of the DSP to continuously teach, assist, and support each individual in learning good personal care habits. Each individual will have the opportunity to lead a fuller, happier, more enjoyable life as they become more independent with their own care needs. Remember, good personal hygiene is important to promoting good health.

Session 6 Quiz

Wellness: Maintaining the Best Possible Health

1. **One example of a healthy habit is:**
   A) Smoking
   B) Daily exercise
   C) Drinking soda
   D) Getting little sleep

2. **What is a "health history"?**
   A) Documentation of an individual's past health and current health care needs
   B) A story about modern medicine
   C) A list of medications taken by all individuals in the home
   D) A physician's report

3. **What document explains the DSP's responsibilities in helping individuals maintain the best possible health?**
   A) Individual Program Plan (IPP)
   B) Special Incidents Report (SIR)
   C) California Code of Regulations (CCR)
   D) Physician's Desk Reference (PDR)

4. **Coughing near another person is an example of:**
   A) Direct spread of germs
   B) Biological spread of germs
   C) Indirect spread of germs
   D) Droplet spread of germs

5. **A standard precaution for infection control is:**
   A) Hand washing
   B) Wearing warm clothes
   C) Avoiding crowds
   D) Getting plenty of rest

6. **The DSP should always wash their hands after:**
   A) Writing a report
   B) Taking a shower
   C) Using the bathroom
   D) Setting the table

7. **The DSP should use disposable gloves when:**
   A) Using the bathroom
   B) Assisting with medication
   C) Watering the plants
   D) Coming in contact with an individual's body fluids

8. **Used disposable gloves must be:**
   A) Recycled
   B) Stored safely
   C) Thrown away
   D) Washed

9. **Who chooses how the individual's personal care is provided?**
   A) The individual
   B) The DSP
   C) An individual's parent
   D) A home administrator

10. **Disinfecting a surface requires:**
    A) Hand sanitizer
    B) A solution of bleach and water
    C) Hot water
    D) A solution of soap and water

Appendices

Appendix 6-A

I Want To Know

I am entitled to good health care to increase my knowledge and become more aware.
To know my body and what to expect when something goes wrong and I do get sick.
I want to know about my eyes and ears and when to seek medical attention without any fears.
I want to know what makes my heart beat and how to take care of my gums and teeth.
I want to know what makes me breathe and what happens when I sneeze.
I want to know about my stomach and intestines of what I eat and of good nutrition.
I want to know what vaccinations I need to help and protect myself from a specific disease.
I want to know when to call my doctor and what to tell him or her without any proctor.
I want to know about the medicines prescribed or what they do to help me inside.
I want to know about my glands and my nerves.
I want to stay healthy because it's what I deserve.

Irene Olsakowski

Appendix 6-B

GLOVING/SKILL CHECK #2

Directions: *Partner with another member of the class. Each partner should have a Skill Check Worksheet. Using the worksheet, practice all the steps in this skill. Have your partner check off each step you correctly complete (Partner Check). When you are comfortable that you are able to correctly complete all the steps without using the worksheet, ask the teacher to complete the Teacher Check.*

Reminders

Always wear disposable gloves when you:

- Assist another person with toothbrushing, flossing, bathing, shaving, menstrual care, and cleaning the rectal or genital area.
- Clean up toilets, urine, feces, or vomit.
- Perform first-aid.

Always use a new pair of gloves for each activity.

Always use a new pair of gloves for each individual.

Always wash your hands before and after using gloves.

Never wash gloves and use again.

Supplies

Gather all of the necessary supplies for skill check. Supplies needed for practice and skill check are:

- Water, soap, and paper towels for hand washing.
- New disposable gloves (at least two pairs—one for practice and one for final skill check).
- Waste container.
- Skill Check #2 Worksheet.

Competency: *Each student is required to complete Skill Check #2: Gloving, as described in the steps on the worksheet, with no errors.*

TEACHER

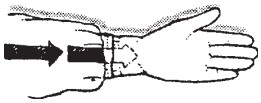
STUDENT

DATE

Appendix 6-B (cont.)

GLOVING

Please initial each step when completed correctly.



Steps—Putting on Gloves	Partner Check: Attempt #1 Date	Partner Check: Attempt #2 Date	Partner Check: Attempt #3 Date	Teacher Check
1. Remove rings and watches.				
2. Wash your hands.				
3. Select a new pair of gloves of the appropriate size.				
4. Pull the gloves onto both hands.				
5. Smooth out folds to ensure a comfortable fit.				
6. Carefully look for tears, holes, or discolored spots and replace the glove(s) with new ones if necessary.				

Steps—Taking off Gloves

1. Pinch one glove at the wrist level to remove it, without touching the skin of the forearm, and peel away from the hand, thus allowing the glove to turn inside out.				
2. Hold the removed glove in the gloved hand and slide the fingers of the ungloved hand inside between the glove and the wrist.				
3. Remove the second glove by rolling it down the hand and fold into the first glove.				
4. After removing both gloves, dispose of them into the proper garbage container.				
5. Wash your hands thoroughly.				

Certification

This is to certify that

_____

(Name of student)

Correctly completed all
of the steps for Gloving

_____

Teacher Signature Date

*Comments*_____

_____

_____

_____

_____

Appendix 6-C Two Recipes for Bleach and Water Cleaning Solution

Both disinfectant cleaning solutions are easy to mix, safe if handled properly, and kill most infectious germs. Never mix bleach with anything but fresh tap water. Mixing it with ammonia or other cleaning products may cause the formation of a toxic chlorine gas.

Remember bleach solutions:

- Lose their effectiveness quickly and need to be made daily.
- Must be stored properly in a sealed and labeled container in a locked storage area.
- Should be kept in a cool place out of direct sunlight.
- Will discolor fabrics and carpeting.
- Are harmful if swallowed or gets in the eyes or nose.

Bleach and Water Cleaning Solution for Bathrooms, Diapering, or Incontinent Brief Changing Areas and Floors

Ingredients

- 1/4 cup (2 ounces) bleach
- 1 gallon tap water

Procedure

- Add the household bleach (5.25% sodium hypochlorite) to the water
- Carefully mix well
- Store in closed, labeled container in cool, dark, locked storage area
- Remake daily

Bleach and Water Cleaning Solution for Cleaning Eating Utensils, Toys, Counter Tops, and Other Items That Are Mouthed or Come into Contact with Bodily Fluids

Ingredients

- 1 tablespoon bleach
- 1 gallon cool tap water

Procedure

- Add the household bleach (5.25% sodium hypochlorite) to the water
- Carefully mix well
- Store in closed, labeled container in cool, dark, locked storage area

Appendix 6-D Hair Grooming

Attention

- Remember, hairstyle is an individual choice.
- Use only the individual's personal comb and brush.
- Clean comb and brush regularly.
- Combs with sharp teeth can injure sensitive scalps.
- Use comb and brush with a gentle touch.
- Encourage the individual to do as much as he or she can for him/herself.

Supplies

- Comb
- Brush
- Mirror
- Personal hair products

PROCEDURE

- Ask the individual if he or she has a preference for his or her hairstyle today.
- Teach and assist with drying wet hair with dryer and applying gels, hair spray, and other hair products as appropriate.
- If hair is long, divide into sections before combing or brushing.
- Teach and assist the individual to comb or brush hair from scalp to ends of hair.

  Why? Gently combing or brushing from the scalp to the ends of the hair stimulates circulation.

- If the hair is long and tangled, use a wide-tooth comb. Start at the bottom end of hair and work very gradually up toward scalp.

  Why? Pulling on tangled hair can cause damage to the hair and pain to the individual.

- Encourage the individual to look in a mirror when finished styling.

  Why? Having hair clean and groomed looks great, increases self-esteem, and you can't have a "bad hair day"!

Appendix 6-E Cleaning and Trimming Nails

Attention

- Special care should be practiced when assisting with nail care.
- Individuals with diabetes require professional assistance with nail care.
- Toenails and fingernails should be kept clean, neatly trimmed, and smooth to prevent injury to skin.
- Trimming the nail too short may cause ingrown nails that can be painful and cause infection.
- Encourage individuals to do as much as they can for themselves.
- DSP may want to role play or demonstrate the procedure on themselves.

Supplies

- Personal nail clippers or nail scissors
- Personal cuticle or orange stick
- Bathtub or bowl
- Clean water
- Soap
- Personal towel
- Personal emery board or nail file
- Clean clippers/nail scissors with alcohol after each use

PROCEDURE

- Teach and assist the individual how to soak his or her hands or feet in warm soapy water for at least 5 minutes and then wash hands or feet with soap.

  Why? Soaking will soften the nails and make them easier to trim.
- Teach and assist how to gently push nail cuticle back (from fingers or toes) with cuticle or orange stick to prevent hangnails.

  Note: A clean washcloth can be used for this step. DSP can demonstrate these steps on his or her own nails.
- Teach and assist the individual to clean under the nails (fingers or toes) with orange stick or tool on nail clipper for this purpose.
- Teach and assist the individual to change the water and wash, rinse, and dry his or her hands or feet.

  Note: Do not rinse in the soapy water used for soaking.

  Why? Soaking water has germs from the nails. Drying hands and feet thoroughly will prevent skin on the hands and feet from chapping.
- Teach and assist the individual to use nail clippers or nail scissors to trim toenails straight across. Fingernails can be trimmed with a slight curve. Use an emery board or nail file to shape and smooth the nails.

  Remember: Individuals with diabetes need professional assistance for nail care.

Appendix 6-F Shaving

Attention

Shaving steps can be used for facial, leg, or underarm hair.

- An electric razor should not be used in same room where oxygen is used.
- Electric razors should not be used around water.
- Check all types of razors for chips or rust on the blades.
- Safely dispose of used razor blades.
- Use only an individual's personal razor.
- Supervise the use of razors closely for safe and correct handling before individual shaves independently.
- Encourage the individual to do as much for him or herself as possible.
- DSP may want to role play or demonstrate the procedure on themselves.

Supplies

- Personal electric or other style razor
- Shaving cream and aftershave lotion
- Personal towel
- Sink or other clean water source
- Mirror

PROCEDURE

- Teach and assist the individual in locating the best place to complete his or her shaving. Use of a mirror is recommended for shaving the face or under the arms.

  Note: Depending on what part of the body one is shaving, a sink, bowl, bathtub, or shower may be more safe and functional.

  Why? Safety is important while shaving. The individual should be comfortable and sitting or standing securely.

- Teach and assist the individual to check his or her skin for moles, birthmarks, or cuts.

  If any changes are observed in the size, shape, or color of a mole or birthmark, the individual should be seen by his or her physician.

  Why? Shaving over these areas can cause bleeding and infection. Changes may indicate illness.

- Teach and assist the individual to open shaving cream and remove safety cap from razor (non-electric razor) or plug electric razor into outlet.

  Note: Again, safety is important. Shaving cream in an electric razor can be dangerous.

Appendix 6-F Shaving (cont.)

Shaving with Non-Electric Razor

- Teach and assist the individual to wash area to be shaved with warm, soapy water. (Face, underarms or legs)

  Why? Washing removes oil and bacteria from the skin and helps to raise the hair shafts so it will be easier to shave.

- Teach and assist the individual how to apply shaving cream or lather with soap.

  Note: Some soaps and shaving creams can be harsh on the skin, or an individual can be allergic to them. There are different brands on the market for sensitive skin. An electric razor may work better for an individual with sensitive skin.

  Why? Shaving cream softens the skin and helps the razor glide over the skin to prevent nicking and cutting.

- If the DSP is shaving the individual, wear disposable gloves.

  Note: Refer to Appendix 6-B for directions on putting on disposable gloves.

  Why? To prevent spread of germs.

- Teach and assist the individual to use the fingers of one hand to hold the skin tight and shave in the direction the hair grows.

  Note: Shaving in the direction the hair grows makes a smoother shave and helps prevent irritating the skin. The DSP may want to role play or demonstrate this shaving step on him or herself.

- Teach and assist the individual to rinse the razor often to remove hair and shaving cream so the cutting edge stays clean.
- Teach and assist the individual to use short strokes around chin and lips on the face; front and back of knees on the legs; and under the arms.

  Note: Short strokes give better control of the razor and help prevent nicks and cuts.

- Teach and assist the individual to rinse off the remaining shaving cream and dry the skin with gentle patting motions.

  Why? Left-over shaving cream can irritate and dry the skin. Rubbing freshly shaven skin can be irritating.

- If shaving the face, offer the individual a mirror to inspect a job well done.

  Why? Taking pride in completing personal care skills increases self-esteem.

- Teach and assist with applying aftershave or skin lotion if individual chooses.

  Note: Alcohol in aftershave acts as an antiseptic for tiny nicks and cuts. It also has a cooling and refreshing sensation.

- Teach and assist the individual with cleaning razor and storing all shaving items.
- Teach and assist the individual to wash, rinse, and dry his or her hands after shaving.

Appendix 6-F Shaving (cont.)

Shaving with an Electric Razor

- Teach and assist the individual to safely turn on the electric razor. Explain the safety of shaving away from water.

  Why? Electrocutions can occur when electric appliances, including razors, come into contact with water.

- Teach and assist the individual to use a mirror while shaving the face or under the arms.
- Teach and assist the individual in using a gentle, even pressure as he or she moves the electric razor over the skin. Demonstrate how running one hand over the shaved area can locate missed hair.
- Teach and demonstrate how to clean hair from the blades as needed during the shave.

  Note: Be sure razor is turned off and unplugged each time the blades are cleaned. Why? Injuries can occur when the razor is turned on or plugged into an electrical socket. Cleaning the blades keeps them sharp and provides for a smoother shave.

- Teach and assist with applying aftershave or skin lotion if the individual chooses.

  Note: Alcohol in aftershave acts as an antiseptic for tiny nicks and cuts. It also has a cooling and refreshing sensation.

- If shaving the face, offer the individual a mirror to inspect a job well done.

  Why? Taking pride in completing personal care skills increases self-esteem.

- Teach and assist the individual with cleaning the razor and storing all shaving items.
- Teach and assist the individual to wash, rinse, and dry his or her hands after shaving.

Electric razors near water can cause injury or death.

Appendix 6-G Assisting an Individual with Bathing and Perineal Care

Attention

When assisting with bathing or showering:

- Remember to check water temperature. It should be warm to the touch.
- Wash, rinse, and dry each body part to prevent chilling, exposure, and chapping.
- Inspect skin for signs of injury or changes in condition.
- Use soap sparingly and do not leave in water.
- Provide privacy and warmth for the individual.
- Talk about things of interest to the individual.
- Encourage the individual to do as much as he or she can for him/herself.
- Demonstrate and explain correct bathing or showering procedures.
- Be prepared with all supplies.
- Be sure your hands are washed and clean.
- Be gentle, sensitive and respectful before, during and after the bathing procedure.

Supplies

- Clean basin, bathtub, or shower stall
- Robe or clean clothes
- Soap and soap dish or special skin cleanser
- Personal towel
- Personal washcloth
- Disposable gloves for perineal care
- Non-Slip mat in bathtub or shower
- Shower chair if necessary

PROCEDURE

- Teach and assist the individual how to check the water temperature for warmth before beginning. (Place your wrist under the running water.)

  Why? To prevent a chill or a burn.

- Teach and assist the individual to wash his or her hands and wrists.

  Note: Use the method learned from Appendix 6-H. The DSP will have washed his or her hands as well.

- Teach and assist the individual to wash and rinse each eye. Begin from the inner corner of one eye (near the nose) and moving to the outer corner of the eye. Repeat this step on the other eye, using a clean corner of the washcloth.

  Why? Use different ends of the washcloth to prevent the spread of germs from one eye to the other.

- Teach and assist the individual to wash and rinse the face, neck, and ears. Use the soap to make suds. Use clean tap water to rinse. Be sure to wash and dry behind the ears.

  Note: Ask the individual if he or she wants soap or prefers a special cleansing product. Why? Some individuals have sensitive skin.

- Teach and assist the individual to wash and rinse one shoulder, underarm, and arm.

  Why? Beginning near the wrist prevents dripping dirty water (germs) from sitting on already cleaned wrists and hands.

- Repeat the previous step for the other shoulder, underarm, and arm.
- Teach and assist the individual to wash and rinse the chest and stomach. Check under the breasts and any skin folds as you go along.
- Repeat previous step for the back.
- Teach and assist the individual to wash and rinse hip and one leg.
- Repeat previous step for the other hip and leg.
- Teach and assist the individual to wash and rinse one foot.
- Repeat previous step for the other foot.
- Teach and assist the individual to use a clean towel to dry their body thoroughly from top to bottom. Make sure skin is completely dry. Check under breasts and any skin folds as you go along.

  Why? Moisture in the skin folds can result in cracking and the breakdown (infection) of skin. Moisture between the toes can result in cracking and infection.

PROCEDURE: Perineal Care for Females

Bathing of the genitals (sex organs) and anal (rectum) area of the body, sometimes referred to as the "private parts."

- When teaching or assisting with perineal care, put on disposable gloves.

  Note: Refer to Appendix 6-B for directions on putting on disposable gloves. Why? To prevent spread of germs.

- Teach the individual to separate the folds of skin in her genitals, called the labia, and using suds and the washcloth, wash with one down stroke the sides of the labia. Using a different side of the washcloth, wash down the middle of the labia. Rinse from front to back.

  Note: Always wash from the pubic area (front of the genitals) to the anal area to prevent contaminating the urethral opening (where the urine comes out) with germs or bacteria from the anal area.

- Teach the individual to wash and rinse the anal area, moving front to back.

  Use a different part of the washcloth for each wipe.

- Be gentle, sensitive and respectful before, during and after the bathing procedure.

PROCEDURE: Perineal Care for Males

Bathing of the genitals (sex organs) and anal (rectum) area of the body, sometimes referred to as the "private parts."

- When teaching or assisting with perineal care, put on disposable gloves.

  Note: Refer to Appendix 6-B for directions on putting on disposable gloves. Why? To prevent spread of germs.

- Explain to the individual to hold his penis and wash and rinse the tip. Always wash from the small opening (urethra) where the urine flows, outward or towards the end of the penis. Use a different part of the washcloth for each wipe.

  Why? To prevent spreading germs (contamination) of the urethral opening.

- Teach the individual to wash, rinse, and dry the shaft of the penis. Wash and rinse in the direction of the pubic area.

  Note: If the individual is not circumcised, be sure the foreskin is pulled back and wash, rinse, and dry the penis. Return the foreskin to its natural position.

- Teach the individual to spread his legs and wash, rinse, and dry the scrotum (the two sacks at the base of the penis). Clean between the skin folds in this area and under the scrotum thoroughly.

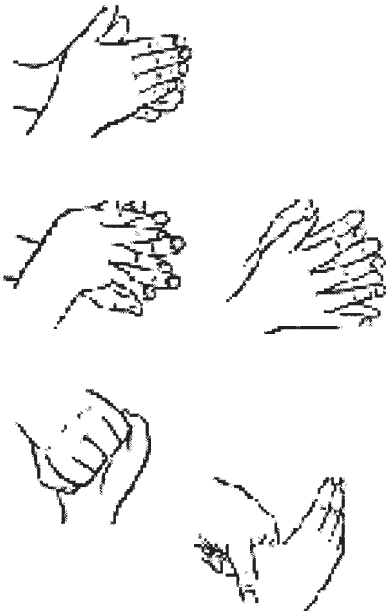
- Teach the individual to wash, rinse, and dry the anal area, moving front to back. Use a different part of the washcloth for each wipe. Dry area thoroughly.

  Why? Moisture between skin folds may cause cracking of the skin and skin breakdown.

Appendix 6-H

Assemble Equipment
- Soap (bar or liquid)
- Paper towels
- Warm running water
- Waste container

- Standing away from sink, turn on faucet and adjust water temperature. Keep your clothes dry, as moisture breeds bacteria.
- Wet hands and wrists, keeping your hands lower than your elbows so water runs off your fingertips, not up your arm.
- Use a generous amount of soap, rubbing hands together and fingers between each other to create a lather. Friction helps clean.
- Continue to rub, push soap under your fingernails and cuticles with a brush or by working them in the palm of your hand. Use soap above your wrist about two inches.
- Wash for at least 15 seconds.
- Being careful not to touch the sink, rinse thoroughly under running water.
- Rinse from just above the wrists down to fingertips. Do not run water over unwashed arm down to clean hands.
- Using a clean paper towel, dry from tips of fingers up to clean wrists. Again, do not wipe towel on unwashed forearm and then wipe clean hands.
- Use the paper towel to turn off the faucet, which is considered contaminated.
- Dispose of towel with out touching waste container.
- If your hands ever touch the sink or waste container, start over.
- Apply lotion if hands are dry or chapped.



Student Resource Guide

7. Oral Health

Student Resource Guide: SESSION 7

Oral Health

OUTCOMES

When you finish this session, you will be able to:

- Describe major obstacles that keep individuals from having good oral health.
- Identify ways to overcome informational obstacles to good oral health.
- Identify ways to help overcome physical obstacles to good oral health.
- Identify ways to overcome behavioral obstacles to good oral health.
- List the goals of the oral hygiene session.
- Describe how to brush teeth correctly.
- Describe the steps to prevent infection during oral hygiene.
- Identify the ways a DSP can help individuals become active participants in oral hygiene.
- Explain the purpose of the Oral Health Care Plan and Oral Hygiene Skill Survey.

KEY WORDS

Key Word	Meaning	In My Own Words
Bacteria	Single-celled living things which are always present in the plaque and saliva.	
Decay	Cavities (holes in the teeth) caused by acid from bacteria. The acid dissolves the tooth enamel and roots of teeth.	
Desensitization	A process used to lessen an individual's fear of a specific activity or situation. The individual is taught to relax when exposed to the anxiety causing activity or situation.	
Generalization	Using a newly learned skill in whatever situation the individual needs or wants to use the skill.	

This session was contributed by the Center for Oral Health for People with Special Needs

KEY WORDS (CONT.)

Key Word	Meaning	In My Own Words
Gum Disease	Red, swollen, and bleeding skin inside the mouth which may be a sign of infection. Pain is a late sign of mouth infection.	
Mouth Care	Daily activities that reduce or eliminate infections of the gums and decay of teeth.	
Mouth Prop	An object used to keep the mouth open while mouth care is performed.	
Oral Health Care Plan	A form the planning team can use to write down the oral health activities for the individual. The activities in this plan include brushing, flossing, and the use of fluoride and other products to make teeth stronger and to fight gum infections.	
Oral Hygiene	Mouth care.	
Oral Hygiene Session	The time in an individual's daily routine when they attend to mouth care.	
Oral Hygiene Skill Survey	A document the DSP can use to determine the oral hygiene skill level of the individual he or she is assisting and to keep track of improvements in the level of skill.	
Plaque	A sticky, tooth-colored, and sometimes invisible layer of bacteria (germs) that grows on the sides of the teeth and below the gums.	
Reinforcers	Rewards given for a desired behavior.	
Shaping	Teaching a skill by reinforcing behaviors that appear closer and closer to the desired skill.	

A C T I V I T Y

What Do You Want to Know?

Directions: *Think about the topic of this training session. Answer the first two questions in the space provided below. You will come back to this page at the end of the session to answer the last question.*

What do you **already know** about oral health?

What do you **want to know** about oral health?

To be answered at the end of the session, during review:
What **have you learned** about oral health?

Overcoming Obstacles to Oral Health

As a DSP you may provide or assist with the mouth care (**oral hygiene**) for individuals who have different kinds of special needs. You may also be caring for others who need assistance, such as children or elderly parents. The information in this session can be used to help them all. It will give you the knowledge, confidence, and ability to help individuals you are assisting develop good oral health and enhance their independence. When they have good oral health, it will improve the quality of their lives.

Individuals with disabilities are at risk for oral health disease because they often do not know how, or are unable, to care for their teeth and gums. Obtaining the services of a dentist, getting to the dentist's office, and paying for care are often very difficult for the individual and the DSP.

As in other areas of the DSP's work, prevention of oral health diseases and problems is the number one priority! Maintaining oral health means the individual can:

- Avoid cavities, gum infections, pain, or tooth loss.
- Chew and enjoy a wide variety of foods.
- Feel good about the way he or she looks.

Planning for Success

Identifying the Three Major Obstacles to Oral Health

When individuals have problems taking care of their teeth, it is necessary to identify factors that block good oral hygiene. Once the blocks or obstacles are known, plans can be made to remove them. Removing the obstacles helps the individual to have a healthy mouth and to become as healthy and independent as possible in self-care. Here are three kinds of obstacles you may see.

1. Informational Obstacles
Some individuals do not know what causes gum disease or tooth decay. They do not know what products are needed, the best way to brush their teeth or how long to brush. Others may have no idea how to floss their teeth. They need careful teaching or demonstrations in order to learn good methods. This session will provide information on disease and actions to prevent disease.

2. Physical Obstacles
Some individuals understand what needs to be done and are willing to do it, but are not physically able. They may have physical disabilities that make the activities of oral hygiene difficult to complete. Some may be able to participate partially in their own care, and the DSP must do the part that they cannot do. Sometimes a change in the dental hygiene tools, such as modifying the handle of a toothbrush or floss holder, can improve the individual's ability to use them independently. This session will describe methods and equipment a DSP may use to help individuals participate in their oral care as much as possible. Also shown are ways to help individuals complete the steps they cannot complete independently.

3. Behavioral Obstacles
Some individuals are able to do most or all of their own oral care, but resist doing it. Their resistive behavior is a serious obstacle to oral care. Resistance may be a habit, it may be due to fear, or it may be a learned behavior. This session describes positive ways to help people change behavior and replace behavioral obstacles with cooperation or independence in daily oral hygiene.

Every Person Needs an Oral Health Plan

This session describes how to use an **Oral Hygiene Skill Survey** and an **Oral Health Care Plan** to record progress, decide what to do next, and communicate the oral health plans to others involved in the individual's care. These worksheets, Appendices 7C and 7B respectively, are useful to plan and record progress toward oral health. These forms show what the individual can do. Once you know someone's skills and problems, the planning team can make a plan for teaching him or her new skills.

A C T I V I T Y

Identifying Obstacles to Good Oral Hygiene

Directions: *Pair up with another DSP in the class. Discuss one of the individuals that you support who needs assistance with oral hygiene procedures. For each problem, decide together whether it is an informational, behavioral, or physical obstacle to good oral health.*

Obstacles to Good Oral Hygiene

Obstacles	Informational?	Behavioral?	Physical?

A Healthy Mouth

With proper cleaning, care, and visits to the dentist, an individual's teeth can last a lifetime. If one follows a daily routine of proper oral hygiene, they can chew their food better, avoid pain, and enjoy a clean feeling in their mouth.

There are signs that indicate a healthy mouth.

A healthy mouth should have:

- Pink gums, but racial makeup may be a factor in the color of gums and make them appear darker.
- Gums that fit tightly around all teeth.
- Teeth that are white, without any dark or broken areas.
- Teeth that are shiny and reflect light easily.
- Teeth that sit firmly in the mouth and do not wiggle.

An Unhealthy Mouth

In an unhealthy mouth, there are signs that indicate the gums have infections or teeth have become decayed.

Signs of gum disease and tooth decay are:

- The gums are red and swollen and tend to bleed easily.
- The gum has become loose and pulled away from the tooth instead of being tight against the tooth.
- Darkened areas are seen at the gum line where the tooth and gum come together.
- A tooth or teeth may be loose.
- Dark and soft areas are present on the teeth.
- Teeth may be broken or have holes in them.

It is **not** normal to have any of the signs listed above.

Plaque is the major cause of tooth decay and gum disease. Plaque is a sticky, tooth-colored, and sometimes invisible layer of **bacteria** (germs) that grows on the sides of the teeth. Although they live in the mouth, these bacteria are harmful.

Diet And Oral Diseases

Bacteria in the plaque uses sugar to make acid. It happens like this:

- When sugar is eaten, the bacteria in the mouth uses sugar to create acid.
- The acid stays in the sticky plaque next to the tooth and gums.
- In time, the acid eats into the tooth and makes cavities.
- In time, the acid irritates the gums and starts gum disease.

The damage done by plaque can be lessened by reducing the frequency of having sugar in the mouth and minimizing the use of foods that contain acids.

- The frequency of eating and drinking foods that contain sugar should be reduced as much as possible. Using sugar-containing mints, gum, or candy keeps sugar in the mouth a long time and allows the bacteria in the plaque to produce more acid over a longer period of time.

Diet And Oral Diseases (cont.)

- Sugar eaten *between* meals is worse than sugar eaten *with* meals. Eat non-sugar snacks such as carrots or popcorn between meals.
- Sugar is contained in many foods. Read food labels and look for the sugar content. Some cereals and bread have high amounts of sugar. Many liquid medicines contain sugar. Fruits contain sugar and citric acid which can also damage teeth. Soft drinks and fruit drinks contain sugar.
- "Sugarless" drinks still contain acid. The acid can also dissolve the teeth.
- Foods that have sugar and stick to the teeth, such as honey or taffy, are worse than foods with sugar that don't stick to the teeth, such as drinks or jelly. The longer the food sticks to the teeth, the longer the bacteria has time to produce acid.
- Sweets should not be used as a reinforcer. If rewards are going to be needed regularly, then use a non-sugar food. Other reinforcers could be flavored mouthwash, a new flavor of toothpaste, or social rewards. You can consult an individual's planning team for ideas about other rewards to use.

Plaque and Oral Disease

When the bacteria in plaque combines with sugar, together they produce sticky material and acids. The sticky plaque material holds the acids against the surface of the teeth. If there is enough plaque, it can feel fuzzy on the teeth. Rinsing with water or mouthwash does *not* remove the sticky plaque with the bacteria in it.

After acid attacks, the tooth enamel breaks down, forming a cavity. Also, the gum fibers which hold the gum tightly to the teeth are also destroyed, forming "pockets" around the tooth. The pockets collect more bacteria which destroy gum tissue and can lead to bone loss in the jaw.

Bacteria + Sugar = Acid

Acid + Gums = Gum Inflammation and Disease

Acid + Tooth = Tooth Decay (Cavities)

Figure 7-1 *Summarizes the process of gum disease and dental decay.*

Where You Are Most Likely to Find Bacterial Plaque

You may have noticed that if you don't brush your teeth, your teeth feel fuzzy. What you are feeling are the bacterial colonies in the plaque as they grow on your teeth. Remember, plaque is tooth-colored or invisible. The first place that bacteria form is *along the gum line* and *in between the teeth* (Figure 7-2).

Most of the bacterial plaque we are trying to remove is found along the gum line where the tooth and gum meet; in between the teeth; on the inside or tongue side of the teeth; and especially, on the lower jaw.

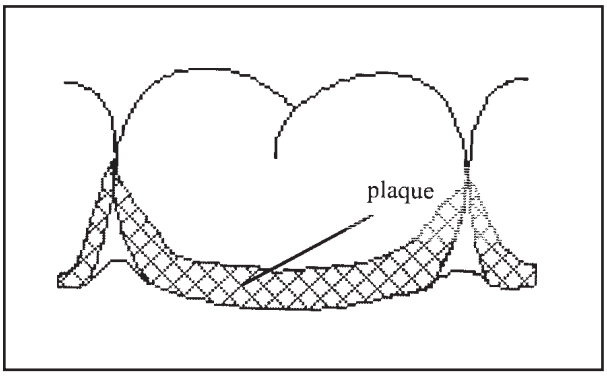


Figure 7-2 *The most common place for plaque to collect is along the gum line.*

ACTIVITY

Reducing the Time that Teeth are Exposed to Sugar

Directions: *Pair up with the person sitting next to you. Think about an individual you are assisting. Discuss his or her preferences for sweet foods, candy, and soft drinks throughout the day. List two changes that could be made at the grocery store or at the day or work program to reduce the time refined sugars are in the mouth. Write those changes down in the space provided below.*

Changes

1. .....

2. .....

Overcoming Informational Obstacles

Plaque Removal

Good oral hygiene includes the removal of plaque. This means that the bacteria and the acids the bacteria produce are greatly reduced. The plaque bacteria must be broken up at least once every 24 hours by brushing and flossing the teeth. Even better, brush twice a day with a toothpaste containing fluoride.

Remember:

- Plaque sticks to teeth and usually is tooth-colored and hard to see.
- Plaque bacteria use sugars in food to live, multiply, and make acids.
- Acids and other irritating products inflame the gums and decay the teeth.

Toothbrush Selection

A good toothbrush has flexible bristles. These toothbrushes are called soft bristle brushes. The bristles should have rounded, polished ends. Toothbrushes should be replaced when the bristles become bent or frayed. Most toothbrushes reach this state in three or four months. An electric toothbrush may help some people be more independent. Some individuals will be more willing to brush with a powered toothbrush.

The Oral Hygiene Session

The **oral hygiene session** is the time in an individual's daily routine when they attend to mouth care. These are major goals of the oral hygiene session:

- To prevent diseases of the gums and teeth
- To help the individual you are assisting to become as independent as possible in self-care
- To make oral hygiene part of daily grooming
- To remove bacteria and plaque from the teeth by brushing and possibly flossing
- To make each hygiene session positive and successful, thereby increasing positive behavior

Each Individual's Program Will Be Different

Individuals may need information about oral health. It is important to know the individual and his/her oral health Individual Program Plan (IPP) goals and oral health care plans. Share the information on the next few pages with individuals you support so they know how to care for their teeth, prevent infection, and prevent tooth decay.

What to Brush

Think of the teeth as several small blocks sitting in a row. Each block, or tooth, has five sides to be cleaned: the cheek or lip side; the tongue side; the top or chewing surface; and the two ends.

The ends are where one tooth sits next to another tooth. It is important to remove the plaque by cleaning all five sides each day.

How to Brush Teeth

Step 1: Wet the toothbrush in water. Toothpaste is not necessary for plaque removal but can strengthen the teeth if it contains fluoride. Not using toothpaste reduces the need to spit and rinse.

Step 2: Place the bristles of the toothbrush half on the tooth and half on the gum. Turn the bristles to a 45-degree angle to the teeth (Figure 7-3).

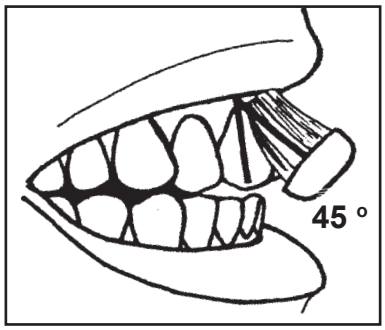


Figure 7-3 *The proper angle for brushing.*

Step 3: With a small circular motion brush both tooth and gum. Start by brushing the outside (cheek side) and inside (tongue side) of all teeth. Also brush the chewing surfaces. The individual should work up to at least 20 seconds in each of these areas for a total brushing time of at least two (2) minutes.

Remember: *It is the brush that removes plaque. Toothpaste is not necessary to remove plaque. However, toothpaste can strengthen the tooth enamel if it contains fluoride.*

How to Find Plaque

Plaque is tooth-colored and very hard to see. You must color it to make plaque visible to yourself or to the individual you are helping. Coloring tablets and liquids (disclosing solution) are available at drugstores, but require a doctor's prescription. This is typically done at the Dentist office.

How to Color Plaque on the Teeth

- Talk to the individual you are assisting about the purpose of coloring the plaque on the teeth.
- Read the directions on the packet.
- Have the individual chew the tablet or paint the coloring liquid on their teeth as directed.
- Have the individual rinse with water, spit out, and wipe the lips.
- With the individual, look at the teeth in a bright light. Colored areas on the teeth show where the plaque is located.
- Have the individual brush off the color with a toothbrush or help them to do so.

Color the plaque on teeth every other day until you know the places missed when brushing. Then once a month color the plaque on the teeth to check on brushing.

Remember: *When you or the individual you are assisting needs help seeing where plaque is located, start slowly. Some people may be frightened by the red color. Color only three or four teeth at a time. Show them how the color can be brushed off. Explain why you are using the color.*

What to Brush (cont.)

Removing Plaque Between Teeth

Brushing does not remove plaque bacteria on the two ends of the tooth. Remember, the ends are where one tooth sits next to another tooth. Flossing is needed to rub off the plaque at the ends of the teeth. Flossing takes practice for most people. Practice on yourself before flossing someone else's teeth.

Step-by-Step Flossing

Step 1: Take 18 inches of floss and wrap it around the third finger of each hand. Wrap the floss until there is about one inch between the two index fingers.

Step 2: Hold the inch section tight for more control. Slide the floss in a see-saw motion, gently between the teeth until it reaches the gum line.

Step 3: In order to rub the bacteria off the end of the tooth, wrap the floss around the end of the tooth, then rub the floss up and down. You may hear a squeaky sound when the end is clean. Then lift the floss over the gum so you can clean the end of the other tooth.

Floss holders can be of help to people who do not have good finger or hand control. Check at your drug store to see what special flosses or floss holders might make the job easier.

Wear protective glasses when flossing someone else's teeth. The bacteria in the plaque can become airborne.

Helpful hint: *Introduce flossing very gradually to people you are helping. Floss only one or two teeth at first. The front teeth are easier to do. End the session on a positive note by stopping at the first sign of fatigue or resistance.*

Cleaning Dentures or Removable Teeth

Wearing dentures or artificial teeth is not a signal to ignore brushing or cleaning. Bacteria and food can build up on them. Soaking them overnight is not enough to clean them. Dentures, partial dentures, and artificial teeth must be brushed daily to clean off plaque bacteria. Remove dentures at night to let the individual's gum tissue rest.

Dentures can break or warp. Leaving the denture out to dry all day or all night warps it. To prevent warping, always keep the dentures in a container covered with water or denture-cleaning liquid.

To clean partials and/or the dentures and prevent breakage:

Step 1: With a soft toothbrush and baking soda, or denture powder, brush the inside and outside denture surfaces. Rinse the dentures in cool running water.

Step 2: For removable teeth or partials, brush the partials, especially the clasps, at least once a day.

Step 3: Have the individual you are assisting brush his or her teeth and gums. Pay attention to the teeth where the metal parts of the denture rest on the natural teeth. Brush that area carefully.

Very important: *Before putting the dentures in the mouth, inspect the mouth for red or irritated places on the gums. Some individuals may not be able to tell you if dentures are ill-fitting or uncomfortable.*

Do not use abrasive household cleaners on dentures. Do not use chlorine solutions on dentures or partial dentures.

ACTIVITY

Brushing Teeth Correctly

Directions: *Turn to the person sitting next to you. Think about an individual you are assisting. Discuss how that individual brushes his or her teeth. What does he or she do independently or need to learn in order to brush correctly? Correct the angle of the toothbrush on tooth and gum? Brush more areas in the mouth? Brush longer? Cooperate with flossing? Something else?*

Preventing the Spread of Germs

Saliva and blood in the mouth (from bleeding gums) commonly have germs in them. To prevent spread of germs from individual to individual or to the DSP, use standard precautions, including hand washing and the use of disposable gloves when handling dental supplies and helping with oral hygiene.

Proper storage of dental supplies prevents the spread of germs. Each individual should have a secured container to hold his or her toothbrush, floss, toothpaste, floss holder, mouth prop, and other oral hygiene tools. The container should have small air holes to help dry the toothbrush between uses.

The individual's name should be on the container. Each individual's container should be stored separately. Do not store different individual's toothbrushes in the same container.

Steps to Prevent Infection During Oral Hygiene

Consider posting the "Steps to Prevent Infection During Oral Hygiene Procedures" sheet (Appendix 7-D), to the bathroom wall where it will be visible during oral hygiene procedures. The steps include:

Step 1: Put out supplies needed before starting.

- Toothbrush
- Paper tissues
- Two cups of water
- Disposable latex glove.
- Safety glasses for helper (from hardware store)
- Toothpaste, if used
- Mouth prop, if used
- Floss and floss holder, if used
- Disclosing tablets, if used
- Timer

Hint: *If you are using prescription fluoride or mouth rinses that are kept in a cabinet, get them out before starting the oral hygiene session.*

Step 2: Direct the individual you are assisting to wash his or her hands with soap and water. Also, wash your hands with soap and water.

Step 3: Put on protective eyeglasses if you are not wearing your own glasses. Put on a pair of gloves. The gloves should fit well so you can easily handle the toothbrush or other supplies. Gloves must be worn whenever you may come into contact with another individual's saliva during the oral hygiene session.

Step 4: Before you touch the individual you are assisting, be sure you can reach all the supplies.

Steps to Prevent Infection During Oral Hygiene (cont.)

Step 5: Encourage the individual you are assisting to brush to the best of his or her ability. Then finish the job, if necessary, by doing what he or she is unable to do. If you or the individual is flossing (or using a floss holder), then do not use that floss in other individuals' mouths.

Once the gloves have been on the toothbrush or in the mouth, there is invisible blood or saliva on them. From then on, there are only two places where the gloves can be:

- In the mouth of the individual who is being helped
- In a trash can

If you need more supplies or are interrupted, remove the gloves so you do not pass blood, saliva, or germs to the clean supplies or to other objects. Throw the gloves in the trash can. Put on a new pair when you return.

When the oral hygiene session is finished, do the following:

Step 6: If the individual you are working with is able to, have him or her rinse their mouth with a cup of water. Swish the toothbrush in another cup to remove toothpaste and bacteria. Throw the cups in the trash. If the individual is unable to rinse, consider not using toothpaste.

Step 7: Without touching any other objects, return the toothbrush and other supplies to the container. Have the individual you are assisting wipe his or her mouth. Throw the tissue in the trash.

Step 8: Remove your dirty gloves.

Step 9: Put the dental supplies container away.

Step 10: Have the individual you are helping wash his or her hands with soap. Wash your hands. Thank them for a positive session.

Other Ways to Prevent Tooth Decay

We now know that several factors can cause cavities. Knowing this gives us a number of ways we can protect our teeth from cavities. There are practices that protect the teeth and conditions that cause teeth to dissolve and form cavities. The goal is to create an environment where positive protective factors are in place *as many hours a day and night* as possible.

Some of the protective factors that keep teeth and gums healthy are:

- Having fluoride on the teeth daily
- Using fluoride varnish, Xylitol, as needed
- Reducing bacterial plaque on the teeth
- Adopting a healthy diet low in sugar
- Good saliva flow
- Professional cleanings and examinations
- Minimizing the amount of time sugar foods, candy, or drinks are in the mouth
- Having a neutral (not acidic) mouth condition

Some of the factors that contribute to the cause of cavities are:

- Frequent exposure to sugar
- Feeding sugar to your bacteria to produce acid (especially between meals)
- Dry mouth or very little saliva
- Passing cavity causing germs from caregivers to children (tasting food, sucking on pacifier, and kissing, for example)
- Unhealthy diet
- Lack of fluoridated water
- Lack of professional oral health care

See Appendix 7-A for a list of products that can help prevent tooth decay.

Overcoming Physical Obstacles

Encouraging Participation

It is important for each individual to participate as much as possible in his or her own care. Sometimes, to get rid of plaque it may be necessary for the DSP to finish brushing someone's teeth, *but the individual should first do what he or she can*.

Some individuals can gradually learn to perform oral hygiene. Others will learn some skills, but will participate only partially in their care. Others will be unable to participate. *It is the DSP's role to help each individual be as independent as possible while at the same time being sure that he or she has good oral hygiene.*

Adaptations of Oral Hygiene Aids

Adaptations or changes to oral hygiene aids and tools can make it possible for some individuals to be more independent in self-care. Individuals with hand, arm, or shoulder limitations may be helped by these changes. Consult with the individual's dentist for suggestions and before making any changes. See Figure 7-4 for some examples of oral hygiene instruments that have been adapted to increase individual participation.

To adapt a toothbrush or floss holder to make it easier to grip:

- Enlarge the brush handle with a sponge, rubber ball, or bicycle handle grip.
- Lengthen the handle with a piece of wood or plastic, such as a ruler or wooden tongue blade.
- Bend the toothbrush handle. To bend it, run very hot water over the handle, not the head, of the brush.

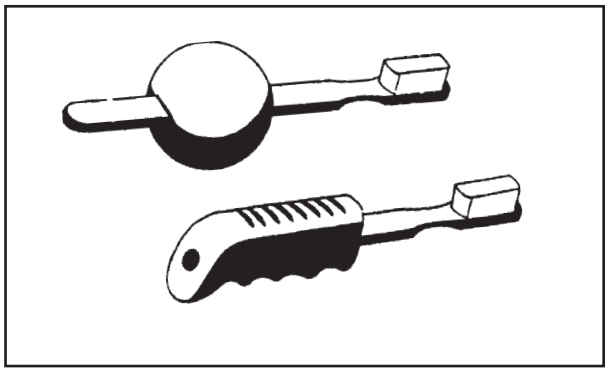


Figure 7-4 *Examples of adapted toothbrushes.*

Restraint vs. Help

Some individual's needs may require that the DSP do what the individual cannot. Sometimes this means that the DSP must move the individual, position them, and then perform oral hygiene procedures for them. It is important that the individual view the process as helpful. You must follow local, state, and federal laws and guidelines to be sure the individual is not restrained against his or her will. The remainder of this session will assume that an individual who is partially able to perform oral hygiene procedures desires assistance to completely remove plaque from the teeth.

Location

If the individual you are assisting needs only a little help, then use the bathroom. The bathroom, however, is not a good place if more than a little help is required. In the bathroom, it is often hard to see, keep the mouth open, and get to all areas in the mouth. If someone needs a lot of help, it can be easier to assist them somewhere else.

Mouth Props

Sometimes, dental professionals will recommend that a mouth prop be used for an individual who has trouble keeping his or her mouth open. A **mouth prop** is an object used to keep the mouth open while oral hygiene is performed. **Do not use a mouth prop without a written order and without training in its use from a dental professional.**

Positioning

Depending on the positioning needs of the individual you are working with, one of the following ideas may help:

Wheelchair or Chair

The DSP stands behind the individual in the wheelchair or chair. The DSP leans over, supports the individual's head from behind, and cleans the teeth (Figure 7-5). The head can be held steady. This position works well for some individuals, but not for everyone. You may have to experiment to find a comfortable position for you and for the individual you are assisting.

Couch, Bean-Bag Chair, Recliner, or Bed

This position works well for individuals who need maximum assistance. The individual needing assistance is on his or her back. The DSP sits at the person's head, or better, the head is on a pillow in the DSP's lap. The DSP's one hand can be used to steady the head while cleaning with the other hand (Figure 7-6). This position can be more comfortable for the DSP's back than other positions.

Figure 7-5 *Using a chair to assist with tooth brushing and flossing.*

Figure 7-6 *Using a couch to obtain proper positioning for dental hygiene.*

Experiment with Other Positions

Try for positions that allow you to see into the mouth, control the head, and protect your back.

Remember: *Toothpaste is not necessary, but it does provide topical fluoride. Rinsing and spitting are not needed when only a moist toothbrush is used. The better you can see, the better the job you can do.*

Overcoming Behavioral Obstacles

Create an Environment that Works

Some individuals have had a negative history with tooth brushing or are sensitive to being touched. This can result in behavior that makes it particularly difficult to do oral hygiene procedures. Some environmental factors may be causing the resistive behavior. DSPs should use their observation tool to determine which environmental factors cause resistance and try to remove or minimize them.

Carefully watch the individuals you are assisting for a few days to see at what point they become resistive. By noting what happens just before the resistance, you may uncover the environmental factors. You can then plan ahead for a low-risk oral hygiene session. You will accomplish two things:

- Both you and the individual you are helping will have a successful tooth brushing session.
- The chance of challenging behaviors is reduced. The likelihood of success increases the longer someone goes without resistive behaviors.

Some common environmental factors that can increase resistance to oral hygiene are listed below:

Frequent or Unexpected Changes in Routine

- If someone doesn't know what to expect, or if change is upsetting, resistance can be a response. *Having a set routine, or explaining the changes that are coming, may reduce resistance.*

Wrong Time of Day

- Some individuals don't function well until they have had the first cup of coffee. For them, morning may be the wrong time of day to learn a new skill.
- *Reduce the risk of a problem by scheduling tooth brushing when the individual is most alert or not hurried.*

Boredom

- The individual is tired of doing the same thing each day.
- *Novelty helps maintain interest and attention.* A change in the color or flavor of the mouthwash, a new cup, some background music, or a change in routine may increase cooperation.

Overcoming Behavioral Obstacles (cont.)

Distractions

- Some objects in the tooth brushing area may attract the individual you are working with more than the toothbrush. If distracted, he or she may not want to use the toothbrush.
- Interruptions by other persons can be serious distractions.
- During a lesson, *keep all distractions*, including other people, *out of the area*.

Unpleasant Associations

- Sometimes an individual has associated a DSP with the tooth brushing activity. The sight of the person triggers resistance. A change in caregiver for tooth brushing may prevent resistance. Other things can have unpleasant associations for the person, such as a particular mouthwash or another individual who is present and distracting.
- Watch for situations (large and small) that may upset the individual you are assisting and *make appropriate changes*.

Nagging

- Everyone tends to become resistive when told too many times to do something. Repeated reminders can also increase anxiety.
- Talking less and *praising more can reduce resistance*.

Ignoring an Individual's Needs or Interests

- If an individual is in the middle of a pleasant activity, it is risky to demand that he or she leave it to brush his or her teeth.
- *Try to schedule tooth brushing at a time when it will not interrupt other activities*.

Interrupted Instruction

- A tooth brushing session may last five to ten minutes. Don't leave to answer the phone or to check on dinner.
- Instead, *set a time that allows for completion of the activity* and remind the individual you are assisting, at intervals, that the time is almost up. Suggest that he or she can return to the activity after the oral hygiene session. One good brushing per day is better than several incomplete brushings.

Be prepared to prevent challenging behaviors rather than reacting to them.

ACTIVITY

Reducing Resistance to Oral Hygiene

Directions: *Consider one of the individuals you assist who resists oral hygiene. Think about what happens just before they become resistive. Write down what environmental factors may trigger the behavior in the space provided below. Then write down what strategies could be tried to change the environment to promote success.*

Environmental Factors	Strategies

Involving the Individual

When an individual believes a job is worthwhile, feels responsible for doing it, and controls how it is done, the individual becomes actively involved with the job. Once involved, the individual works hard to do a good job.

The DSP's challenge is to help individuals to become actively involved in their own oral hygiene and help them take ownership of the job.

Here are three ways to help individuals become active participants in oral hygiene:

1. Encourage individuals to make choices.

Making a choice and having it fulfilled is very satisfying. The satisfied individual becomes involved with the activity. Having choices can reduce problem behaviors. Limit choices to those related to the activity at hand.

Ask the individual you are assisting: "Do you want Crest or Colgate?"; "Do you want to sit or stand?"; "Do you want to start with your upper teeth or lower teeth?"

The DSP is not asking if the individual wants to brush or not. Choices that promote responsible participation are offered. Other choices could be the time of day to brush teeth or a new toothbrush.

2. Allow the individual to set limits to participation.

When individuals can decide to stop the oral hygiene session, they develop a feeling of control and of ownership of the activity.

This is tricky. They may stop their participation before the brushing is really underway. Yet, if they are not allowed to stop the activity when they have had enough, they may resist the activity the next time.

Teach limit-setting in a gradual manner. Notice how long it takes for the individual to become fussy or resistive; is it immediate, 30 seconds, 3 minutes? Then allow him or her to end the session a few seconds or minutes before resistance is to be expected.

> ***Example:*** *If Jean always has tantrums after 60 seconds of tooth brushing, allow her to stop brushing after 30 seconds. Next time, allow her to stop brushing after 45 seconds. The next time, 60 seconds. Jean is learning that she has some control and does not have to have a tantrum to stop the session.*

What if the individual becomes resistive before oral hygiene starts? Make the steps smaller. Allow them to end the session after completing one tiny step.

> ***Example:*** *Ben can stop the activity after he holds the brush for 3 seconds. The next time, he must hold it for 5 seconds. Eventually, he must put the brush in his mouth before he can stop the session.*

3. Make sure the individual achieves success.

Success is almost certain if the steps the individual is asked to learn are small, and the process is gradual. End each session on a successful note.

Gradually, as the individual comes to feel oral hygiene is his or her job, he or she will become a willing and active participant.

Remember**:** *Involve the individuals you are working with by:*

- *Encouraging them to make choices.*
- *Allowing them to set limits. Teach limit setting in a gradual manner.*
- *Making sure they achieve success. End each session on a successful note.*

ACTIVITY

Choices

Directions: *Think about the same individual that you described as resistive for the last activity. Write your answers to the following questions.*

Are there any choices that individual could make during tooth brushing activity?

What is an acceptable way he can tell you he would like to end the activity?

Behavioral Support Strategies

Several strategies can be used to help support an individual who seems resistant to completing his or her oral health care. First, determine if there are physical, medical, or informational barriers that prohibit the individual from communicating or completing oral hygiene procedures. Be sure to ask a lot of questions and to get a thorough history to find out if any of these barriers apply. Once you have ruled out these barriers, you may want to try one of the following behavioral support strategies or consult with a behavioral specialist to develop an appropriate plan for the individual:

- **Reinforcers** are rewards given for a desired behavior.

  Example: *If Mary brushes her teeth for two minutes, she will receive a reward. Remember, you must have a clear idea of the behavior you are trying to reinforce, use the reward only when the behavior is performed, and be sure the reinforcement occurs directly following the desired behavior.*

- **Shaping** is teaching a skill by reinforcing small parts of a task. This is followed by reinforcing for larger parts until the individual can perform all of the task or has reached the highest level possible.

  Example: *You learned to brush your teeth step-by-step. First, you learned how to hold a toothbrush and put toothpaste on it. Your parents or caregiver's approval was the reward as well as your sense of accomplishment. Next you began to put the brush in your mouth and move it around. At each step, you received praise and approval. These rewards encouraged you to learn to brush your teeth one step at a time and shaped your tooth brushing ability from holding the toothbrush to successfully brushing your teeth.*

Behavioral Support Strategies (cont.)

- **Generalization** is using a newly learned skill in a different setting or situation.

  Example: *If an individual won't let anything touch his lips, offer a desired drink through a straw or a sugarless lollipop, then generalize their experience to include a toothbrush. If he won't let anyone look in his mouth, he might be encouraged to look in his own mouth with a mirror; then he may allow a dentist to look in his mouth with a mirror.*

- **Desensitization** is gradually increasing exposure to a stress causing situation in order to lessen the fear of the situation.

  Example: *If the individual is fearful of a dental visit, he or she can slowly be introduced and desensitized to each step of the visit, such as driving to the office, sitting in the waiting room, meeting the receptionist, sitting in the dental chair, meeting the dentist, touching the dental equipment, having the dentist look in his or her mouth, and counting teeth. The individual has control over this process and would indicate any sign of fear or discomfort. He or she would be instructed on ways to relax until he or she could move through the steps of the visit free of anxiety or fear.*

Most of these strategies are easy to use; however, they do require creativity, patience, and time for implementation. The results, however, can be very rewarding to the individual and to you.

Not only will the individual feel good about his or her accomplishments, you will have helped that individual to take better care as independently as possible—something you can be very proud of.

A C T I V I T Y

Behavioral Support Strategies

Directions: *Pair up with another student. Describe someone you have worked with that might benefit from one of the behavioral techniques listed and how you might implement that technique.*

Putting It All Together

Making a Plan

Individuals have plans for medical, social, recreational, educational, and grooming activities. **Oral health care must be part of an individual's daily plan.** Improving oral health involves a step-by-step process that requires planning, carrying out the plan, and then re-planning. Every individual needs an updated oral health plan.

You now have the information you need to assist the planning team to develop oral health care plans for the individual you are assisting. Use the Oral Hygiene Skill Survey and Oral Health Care Plan, Appendices 7-B and 7-C, respectively, to help you.

Putting It All Together (cont.)

Using the Plan

- It is important to include the Oral Health Care Plan with the Individual Program Plan and other plans for that individual's care. Keep the Oral Hygiene Skill Surveys and the Oral Health Care Plans in the folder used to keep other care plans to track progress and identify skills that need more work.
- Go over the plan with everyone on the individual's planning team. Demonstrate what to do. It is very important that everyone teach in the same way. Post the current plan where everyone can see it when working with that individual.
- Once a month, review the Oral Health Care Plan with everyone who supports the individual. Do this until the individual has become as independent as possible in self-care.

If the training program is successful, then the individual may be able to use his or her new skills in other settings, including a dental office.

See Appendices 7-B and 7-C for detailed instructions on how to fill out the Oral Hygiene Skill Survey and the Oral Health Care Plan.

Making It All Work

The knowledge you have gained during this session will only be useful if you use it. This means you must do everything you can, based on the training, to improve the oral health of the individual you are assisting. Therefore, starting now, you should be doing at least the following:

- Identify obstacles to better oral health for each individual.
- Use the Oral Hygiene Skill Survey to identify each individual's oral health care skill level and identify skills they can learn.
- Use the Oral Health Care Plan to help the planning team write oral health care plans for each individual you assist. This involves a cycle of planning, carrying out the plan, checking progress, and revising and communicating the plan as needed.
- Directly participate, in the bathroom or elsewhere, with the individual during oral hygiene sessions until you are sure he or she is as independent as possible in oral care. Some individuals will always need your help to have good dental health. Don't assume he or she is doing a good job without checking.
- Use standard precautions, including proper storage of tooth brushing supplies, wearing of disposable gloves, and protective glasses when flossing.
- Coach the individual using the positive behavior support skills that you learned in this session. These include: structuring the environment to maximize the chance of success; involving the individual in the process; using reinforcers; using shaping techniques; generalization; and desensitization.
- Support individuals to brush all surfaces of their teeth (inside and outside of front and back and the chewing surfaces); use proper brushing techniques; and increase the time of tooth brushing until they are brushing for at least two minutes.
- Use the Oral Hygiene Skill Survey for each individual to record progress.
- Revise the individual's Oral Health Care Plan based on the individual's progress. Communicate the plan for improvement to others who work with that individual.

Making It All Work (cont.)

- If there are areas that individuals aren't brushing well, help them brush those areas by using physical adaptations, different positions, or partial participation if necessary.
- If an individual just cannot clean certain areas in his or her mouth, even with your help, consider using products with Xylitol or getting a prescription for a chlorhexidine or fluoride mouth rinse to help decrease plaque.

This session has given you the knowledge and techniques to help individuals you are assisting develop good oral health and enhance their independence. Good oral health will improve the quality of both of your lives.

ACTIVITY

Using What You Have Learned to Overcome Obstacles

Directions: *Review the following scenario. Each group will be given a piece of flipchart paper and a marker. Think about and write down all of the things that Mary can do to assist Andrew.*

Andrew does not like to brush his teeth. Every time the DSP, Mary, tries to get him to do it, Andrew throws the toothpaste and toothbrush in the garbage, runs to his bedroom and slams the door. Mary is concerned about Andrew's oral health. Some of Andrew's teeth are discolored and his gums are swollen and red. Mary has told him that his teeth will fall out if he doesn't brush them every day. However, that statement doesn't seem to influence Andrew enough to make him do it. Mary wonders if she should force Andrew to brush his teeth even if he throws a tantrum. How can she help Andrew to see how important it is to take care of his teeth?

PRACTICE AND SHARE

In this session, you learned strategies for overcoming different obstacles to individuals' oral health. Think of an individual in your home who is resistant to the oral hygiene session. Give the individual one or two choices during oral hygiene sessions. Pay attention to the result of giving them some choices. At the beginning of the next session, the class will discuss their experiences.

Session 7 Quiz

Oral Health

1. **When an individual refuses to open her mouth for tooth brushing, what kind of obstacle is she demonstrating?**
   A) Physical obstacle
   B) Behavioral obstacle
   C) Informational obstacle
   D) Personal obstacle

2. **When you assist someone who is not physically able to brush her teeth, you should:**
   A) Use behavioral techniques to change her behavior
   B) Help her only with what she cannot do
   C) Show her the proper way to brush
   D) Offer her rewards for brushing

3. **When an individual does not know how to brush or floss her teeth, what type of obstacle is she demonstrating?**
   A) Physical obstacle
   B) Information obstacle
   C) Behavioral obstacle
   D) Personal obstacle

4. **The goal of the oral hygiene session is:**
   A) To make the individual's teeth as white as possible
   B) To cut down on the amount of candy an individual eats
   C) To make sure an individual can select the correct toothpaste
   D) To help the individual become as independent as possible

5. **What do swollen and bleeding gums indicate?**
   A) Healthy gums
   B) Sugar-free diet
   C) Strong brushing habits
   D) Unhealthy gums

6. **An important step in correct tooth brushing is:**
   A) Rinsing with mouthwash twice
   B) Brushing the teeth from side to side
   C) Brushing gums and teeth
   D) Brushing for 30 seconds

7. **One way to prevent the spread of germs by staff during oral hygiene session is:**
   A) Using dental floss
   B) Using fluoride rinse
   C) Wearing disposable gloves
   D) Rinsing after brushing

8. **How can a DSP help an individual participate actively in oral hygiene?**
   A) By describing steps for brushing teeth
   B) By correcting every mistake they make
   C) By giving the individual choices in the process
   D) By waiting for the individual to ask for tooth brushing

9. **What can the DSP do to prevent resistance behavior during oral hygiene activity?**
   A) Continue the activity for 2 minutes
   B) Complete the activity
   C) Stop the activity immediately
   D) Use positive behavior supports

10. **Consistent DSP participation in the individual's Oral Health Care Plan:**
    A) Is required by law
    B) Is not necessary
    C) Is not used for individual's with dentures
    D) Is critical to individual's ongoing dental/oral health

Appendices

Appendix 7-A

Products That Can Help Prevent Tooth Decay

1. **Toothpaste**: Apply a fluoridated toothpaste accepted by the American Dental Association (ADA) Council on Dental Therapeutics two times a day for two minutes. After the age of 12, or when a dental professional finds that gingivitis is present in an individual under 12 years of age, use a fluoridated toothpaste accepted by the ADA that contains an approved effective anti-gingivitis agent. *Toothpastes are sold over-the-counter, and no diagnosis, prescription, or intervention is required from a dentist or other dental professional for their use.*
2. **Xylitol**: Use products containing xylitol three to five times per day and five minutes per exposure. If xylitol-containing chewing gum can be used, it should be chewed for five minutes, three times a day. Chewing may need to be supervised to be sure the individual received the required exposure. For individuals who cannot chew gum, other xylitol products are available, such as mints, lollipops, gels, sprays and teeth wipes. For infants, the xylitol can be added to specially designed pacifiers or baby bottles with xylitol solutions. *Xylitol is a natural sugar added to many food products, and no diagnosis, prescription, or intervention is needed from a dentist or dental professional to use it.* In the amounts needed to prevent tooth decay (less than 15 grams per day), xylitol is safe for everyone. Sample products include: Total®, Xylimax®, Advantage®, and XyliFresh®.
3. **Fluoride Varnish**: Fluoride varnish can be applied in one of two ways:
   - Three times in one week (for example, Monday, Wednesday, and Friday), once per year.
   - One time every six months.

   A temporary yellowish tint to the teeth may appear for a short time after application, which may be of concern to some individuals. *Fluoride varnish must be applied by a dental professional although this does not need to occur in a dental office. Check with your dentist or dental hygienist for specific regulations regarding the application of fluoride varnish.*
4. **Fluoride Rinses**: For individuals who are not able to use the products listed above, fluoride rinses can be of benefit to prevent cavities. Fluoride mouth rinse is currently an option for all people over the age of 6 who can **safely** "rinse and spit." If an individual cannot rinse and spit, the solution can be applied with a cotton swab twice a day. *Topical fluoride rinses (such as, Prevent® or Act®) are over-the-counter (OTC) medications and require a prescription in licensed community care facilities.*
5. **High Concentration Fluoride Toothpaste or Gel:** When none of the above recommendations are working, consider daily or weekly use of high concentration fluoride toothpaste or gel. The decision to use these products should also consider the ability of the individual to spit, or of the caregiver to supervise and control the application. *These products contain toxic amounts of fluoride and can be harmful if they are not used and spit out properly. Consult with an oral health professional about use and the prescription required to obtain these products.*

6. **Chlorhexidine:** An antibacterial agent effective in reducing plaque formation and gum infection is chlorhexidine. It is sold under the name of Peridex® and Periogard®. *A prescription from a dentist or medical doctor is required.*

   If you have a prescription for chlorhexidine (Peridex®) use it as follows:

   - Set out the supplies you will need, including a timer.
   - Clean the teeth.
   - Swish chlorhexidine solution around the mouth for one minute then spit it out, or apply a small amount of the solution to the teeth with a cotton swab or toothbrush for one minute. Some dentists recommend using chlorhexidine in a spray bottle for some individuals who cannot rinse or spit.

   Chlorhexidine can have the following side effects:

   - Chlorhexidine can cause gray or brown staining of gums, teeth, fillings, or crowns. This stain can be removed by a dentist or dental hygienist.
   - Some people have small changes in taste. The changes are temporary.

Ways to Prevent Tooth Decay Include:

- Use products like toothpaste that contain fluoride or other helpful agents.
- Eat nutritious meals and limit snacking on sugary foods and sugary soft drinks between meals.
- See your dentist or hygienist every six months or more frequently if indicated.
- Have baby's first oral exam **before** his or her first birthday.

If the individual has dry mouth from medications or for other medical reasons, try rinsing with water after eating or having sweets, mints, foods, or drinks during the day. Talk to a dental professional about the possible use of a saliva substitute like Biotene®.

Appendix 7-B

Instructions for the Oral Hygiene Skill Survey

The Oral Hygiene Skill Survey can be used to determine the oral hygiene skill level of the individuals you assist and to keep track of improvements in their level of skill. There is room to score seven different oral hygiene sessions. For some individuals who are learning new skills very quickly, you may need to score every day. For other individuals who are learning new skills very slowly, you may only need to score once a week.

There is a simple scoring system that is used with the Oral Hygiene Skill Survey. You score what the individual is unable to do, what he can do with your help, and what he can do by himself.

The Oral Hygiene Skill Survey uses a simple scoring system:

0 – Step is not done.
1 – DSP performs the step.
2 – Individual performs the step with prompts.
3 – Individual performs the step independently.

Fill out the Oral Hygiene Skill Survey as follows:

- A score of 0 is given if the individual is unable to do the step or is unable to complete the step.

One of the steps is “brush chewing surfaces of teeth.” If the individual brushes the outside of the teeth and the tongue side of the teeth but does not brush the chewing surfaces at all, the score for “brush chewing surfaces of teeth” is 0.

- A score of 1 is given if the caregiver must complete the step for the individual.

If the individual mentioned above could brush the bottom chewing surfaces but was physically unable to twist his wrist to brush the upper chewing surfaces, and the caretaker had to brush that part for him, then the score is 1 for “brush chewing surfaces of teeth.”

If an individual puts the toothbrush in his mouth and makes a few brushing motions, and the caregiver must finish, then the score for all the tooth brushing steps is 1.

- A score of 2 is given if the individual does the step after being prompted by the caregiver.

If the caregiver guides the individual’s wrist so that he twists it up to brush the upper chewing surfaces and he does so, then the score is 2. The caregiver has given him a verbal prompt to help him complete the step.

Hint: *If physical prompts are necessary, try to fade them to verbal prompts as the individual becomes more skillful.*

- A score of 3 is given when the individual can complete the step on his own.

Add up the scores and total them at the bottom of the sheet.

Look at each of the steps. Decide where you want to start or continue the training. Decide what the individual needs to learn next.

The goal is to coach the individual to become as independent as possible. After that, the DSP completes what the individual cannot do by him/herself.

Appendix 7-B (cont.)

Oral Hygiene Skill Survery (sample)

Name: John Caregiver Name: Bill Start Date: 10/29/08

Client Behavior	*Dates*			*Comments and Behavior*
STEPS	10/29	11/9	11/23	
Tooth brushing	3	3	3	
1. Identify own brush	3	3	3	
2. Approach sink	2	2	2	Need to point at brush and then sink to get him to wet it
3. Pick up and wet brush	2	2	2	Have to tell him to put on toothpaste
4. Put toothpaste on brush	2	2	2	Say “now put the toothbrush in your mouth”
5. Put toothbrush in mouth	1	2	2	Needs constant verbal praise
6. Keep brush in mouth for 5 seconds	1	2	2	Needs constant gentle touch of hand or verbal praise
7. Keep brush in mouth for 1 minute	1	1	2	Lie on couch for me to hold his mouth open
8. Keep brush in mouth for 2 minutes	1	1	2	Lie on couch for me to hold his mouth open
9. Brush inside/outside front teeth	1	1	1	Could not brush chewing surface on back side of right side
10. Brush inside/outside back teeth	0	1	1	Will rinse if told to do so
11. Brush chewing surfaces of teeth	1	2	2	Needed to point to brush holder at first
12. Rinse and spit	2	3	3	
13. Put toothbrush/toothpaste away	3	3	3	

Appendix 7-B (cont.)

Oral Hygiene Skill Survery • page 2 (sample)

Name: John Caregiver Name: Bill Start Date: 10/29/08

Client Behavior STEPS	*Dates* 10/29	11/9	11/23	*Comments and Behavior*
Flossing	0	0	0	Not ready to have flossing introduced
1. Pull out 18 inches of floss	0	0	0	
2. Cut off floss	0	0	0	
3. Wrap floss around middle fingers of each hand	0	0	0	
4. Place both fingers on floss	0	0	0	
5. Hold inch section taut	0	0	0	
6. Slide floss in see-saw motion between teeth to gumline	0	0	0	
7. Wrap floss “C-shape” around tooth	0	0	0	
8. Move floss up and down	0	0	0	
9. Lift floss over gum, do other tooth end	0	0	0	
Total	23	28	30	

Scoring Key

0 = Step could not be completed
1 = Caretaker completes step for individual
2 = Need to prompt to complete step
3 = Can complete step independently

Comments:

We need to proceed slowly. We are making progress. The reward system is working well and so is the shaping, using small steps in allowing him to do more and more each time. We are working on letting him brush the insides of the lower teeth. We are also working on having him hold the brush in his mouth for a longer and longer time by himself or with a prompt.

Oral Hygiene Skill Survery

Name: _____ Caregiver Name: _____ Start Date: _____

Client Behavior	*Dates*			*Comments and Behavior*
STEPS				
Tooth brushing				
1. Identify own brush				
2. Approach sink				
3. Pick up and wet brush				
4. Put toothpaste on brush				
5. Put toothbrush in mouth				
6. Keep brush in mouth for 5 seconds				
7. Keep brush in mouth for 1 minute				
8. Keep brush in mouth for 2 minutes				
9. Brush inside/outside front teeth				
10. Brush inside/outside back teeth				
11. Brush chewing surfaces of teeth				
12. Rinse and spit				
13. Put toothbrush/toothpaste away				

Oral Hygiene Skill Survery • page 2

Name: _____ Caregiver Name: _____ Start Date: _____

Client Behavior STEPS	*Dates*			*Comments and Behavior*
Flossing				
1. Pull out 18 inches of floss				
2. Cut off floss				
3. Wrap floss around middle fingers of each hand				
4. Place both fingers on floss				
5. Hold inch section taut				
6. Slide floss in see-saw motion between teeth to gumline				
7. Wrap floss “C shape” around tooth				
8. Move floss up and down				
9. Lift floss over gum, do other tooth end				
Total				

Scoring Key

0 = Step could not be completed
1 = Caretaker completes step for individual
2 = Need to prompt to complete step
3 = Can complete step independently

Comments:

Appendix 7-C

Instructions for the Oral Health Care Plan

The Oral Health Care Plan can be used to record plans for the individual you are assisting. A new Oral Health Care Plan should be written whenever there is a change in the oral health support needed by the individual. For some individuals who are learning new skills very quickly, a new Oral Health Care Plan would need to be written more often than for other individuals.

Remember: *The most important thing that you, the DSP, can do is to consistently participate in the oral hygiene sessions.*

Complete the Oral Health Hygiene Skill Survey to help develop the first Oral Health Care Plan. Watch for changes in scores on the Oral Hygiene Skill Survey to help the planning team decide when a new Oral Health Care Plan is needed.

Fill out the Oral Health Care Plan as follows:

Fill out the name of the individual you are assisting and the date. Then make an entry in each section.

- **Assessment:** Summarize the individual's physical and behavioral problems with oral hygiene.
- **Physical Skills and Aids:** Summarize the skills the individual is currently learning. Indicate any special aids being used and the schedule for using disclosing coloring tablets.
- **Partial Participation:** Indicate the best position for performing oral hygiene procedures and what techniques or special aids are being used. Describe the part of the procedures performed by the caregiver.
- **Structuring the Environment:** Put down the time of day for teaching. Note things needed to structure the environment for success. How will the oral hygiene session be organized physically, and who will do what?
- **Involving the Individual:** What choices can be offered? When can the individual stop the session?
- **Reinforcers:** List the first one to be used. Note additional reinforcers.
- **Steps to Be Reinforced:** When the first step is performed successfully for a few days, stop reinforcement for the first step, and offer it for good tries or success on the second step.
- **Other Prevention Actions:** It is very important to note needed disease prevention actions, use of fluoride, fluoride varnish, xylitol, and protective rinses, any dietary factors and the schedule for professional visits.

Remember: *Make the Oral Health Care Plan a part of the overall daily health plan for the individual you are assisting. Keep it updated and use it as a tool to communicate with the planning team and all caregivers.*

Appendix 7-C

Oral Health Care Plan (sample)

Name: John Caregiver Name: Bill Start Date: 10-29-08

Assessments

a. Physical problems with oral hygiene: Weak hand grip, difficulty holding mouth open

b. Behavioral problems with oral hygiene: Just starting to like tooth brushing

Physical Skills and Aids

a. Skills being learned: Use brush in mouth for two minutes

b. Special aids: ☒ adapted toothbrush ☐ adapted floss holder ☐ electric toothbrush

c. Schedule for using disclosing tablets: Every week

Plan for **Partial Participation** (☐ not needed – person is independent)

a. Best position for assisting with oral hygiene: ☒ couch ☐ bean-bag chair ☐ other: _____

b. Techniques and/or aids used by caregivers: ☒ mouth prop ☐ floss holder

c. What part does caregiver perform: Brush tongue surface of back teeth

Plan for **Structuring the Environment**

a. Oral hygiene time and place: 6:30 every night after dinner

b. Are infection control procedures being used: Yes

c. Who will work with the individual: A.M. Sam P.M. Bill

Plan for **Engaging the Client**

a. Choices being offered: After dinner or before 8:30 p.m. TV show

b. Limits the client can set: Can decide not to do oral hygiene one day per week

Plan for **Reinforcers**

a. What reinforcers are being used currently (e.g. music, book, TV): Uninterrupted TV Thursday p.m., weekend trip to the park, verbal praise

(cont. on next page)

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Oral Health Care Plan • page 2 (sample)

Name: John Caregiver Name: Bill Start Date: 10-29-08

Plan for **Shaping**

a. What steps are being taught: Brush for 2 more minutes, get inside of lower teeth

b. What level of prompts is currently being used?

☐ Physical (hand-over-hand) ☐ Physical (touch) ☐ Pointing ☒ Verbal

Other Prevention Actions

a. Xylitol: ☐ 5 minute exposure 3 x / day. Form being used: _____

b. Fluoride varnish: ☐ Applied 2 x / year. Next time: Applied 3 times in 1 week 1 x/yr

Next time: _____

c. Fluoride rinses: ☐ Person rinses and empties mouth ☐ Caregiver uses swab technique

d. High concentration fluoride toothpaste or gel: ☐ How and when to apply _____

e. Chlorhexidine: ☐ Person rinses and empties mouth ☐ Caregiver uses swab technique

f. Diet: ☒ Decrease exposure to sugar and starches: ☐ How:

Reduce drinking sodas at night

Professional visits and recommendations

a. Last dental cleaning appointment: Date: 8-14-08 Next appointment date: 2-1-09

b. Next dental check-up or treatment appointment: 2-1-09

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Oral Health Care Plan

Name: _____ Caregiver Name: _____ Start Date: _____

Assessments

a. Physical problems with oral hygiene: _____

b. Behavioral problems with oral hygiene: _____

Physical Skills and Aids

a. Skills being learned: _____

b. Special aids: □ adapted toothbrush □ adapted floss holder □ electric toothbrush

c. Schedule for using disclosing tablets: _____

Plan for **Partial Participation** (□ not needed – person is independent)

a. Best position for assisting with oral hygiene: □ couch □ bean-bag chair
□ other: _____

b. Techniques and/or aids used by caregivers: □ mouth prop □ floss holder

c. What part does caregiver perform: _____

Plan for **Structuring the Environment**

a. Oral hygiene time and place: _____

b. Are infection control procedures being used: _____

c. Who will work with the individual: A.M. _____ P.M. _____

Plan for **Engaging the Client**

a. Choices being offered: _____

b. Limits the client can set: _____

Plan for **Reinforcers**

a. What reinforcers are being used currently (e.g. music, book, TV):

_____

(cont. on next page)

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Oral Health Care Plan • page 2

Name:_____ Caregiver Name:_____ Start Date:_____

Plan for **Shaping**

a. What steps are being taught:_____

b. What level of prompts is currently being used?

□ Physical (hand-over-hand) □ Physical (touch) □ Pointing □ Verbal

Other Prevention Actions

a. Xylitol: □ 5 minute exposure 3 x / day. Form being used: _____

b. Fluoride varnish: □ Applied 2 x / year. Next time: Applied 3 times in 1 week 1 x/yr

Next time:_____

c. Fluoride rinses: □ Person rinses and empties mouth □ Caregiver uses swab technique

d. High concentration fluoride toothpaste or gel: □ How and when to apply _____

e. Chlorhexidine: □ Person rinses and empties mouth □ Caregiver uses swab technique

f. Diet: □ Decrease exposure to sugar and starches: □ How:

_____

Professional visits and recommendations

a. Last dental cleaning appointment: Date:_____ Next appointment date:_____

b. Next dental check-up or treatment appointment:_____

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Steps to Prevent Infection During Oral Hygiene Procedures

1. Set out dental supplies:
   - Toothbrush
   - Paper tissues
   - Two cups of water
   - Disposable latex gloves
   - Safety glasses for helper (from hardware store)
   - Toothpaste, if used
   - Mouth prop, if used
   - Floss and floss holder
   - Disclosing tablets, if used
   - Any prescription medication or mouth rinses
   - Timer
   - Oral Hygiene Skill Survey
   - Oral Health Care Plan
2. Review the last level of skill and the current plan for the individual.
3. Everyone (the individual and the DSP) should wash his or her hands with soap and water.
4. The helper should put on the protective glasses and a pair of disposable gloves.
5. Begin tooth brushing and flossing. The helper should use the steps listed in the Oral Health Care Plan to assist the individual to have clean teeth, healthy gums, and maximum independence.
6. Once the gloves have touched a toothbrush, toothpaste, floss, floss holder, or individual's mouth, the gloves can go in only two places:
   - In that individual's mouth
   - In the trash can
7. Offer one cup to the individual to rinse. Then wipe the mouth. Throw the tissue and cup in the trashcan. Swish the toothbrush in the other cup of water and discard the cup in the trashcan.
8. Return the supplies to the container.
9. The helper then removes the gloves by the pinching method and throws them in the trashcan.
10. Put the container and other supplies away.
11. Everyone (the individual and the DSP) should then wash his or her hands with soap and water.

Student Resource Guide

8. Signs & Symptoms of Illness or Injury

Student Resource Guide: Session 8

Signs and Symptoms of Illness or Injury

OUTCOMES

When you finish this session, you will be able to:

- Identify changes that may be signs and symptoms of illness or injury.
- Identify the appropriate level of response based on an individual's signs and symptoms.
- Make a 911 call and provide necessary information.
- Follow the guidelines for reporting and documenting changes that may be signs and symptoms of illness or injury.
- Take an individual's vital signs including pulse and temperature.
- Describe how to provide first aid for an individual having a seizure.
- Identify ways to prevent health problems for individuals at risk.
- Describe health problems associated with aging.

KEY WORDS

Key Word	Meaning	In My Own Words
Medical Emergency	An unexpected event, illness or injury calling for first aid followed by immediate medical attention to protect an individual's life or safety.	
Routine Treatment	Giving simple first aid or following doctor's orders in response to signs of injury or illness.	
Seizure	An unusual rush of electrical energy in the brain.	
Signs and Symptoms	Changes observed by the DSP or reported by the individual that may indicate disease, illness, or injury.	
Urgent Call to Doctor	A phone call made as soon as possible to the individual's doctor to report serious signs or symptoms of illness or injury.	

A C T I V I T Y

What Do You Want to Know?

Directions: *Think about the topic of this training session. Answer the first two questions in the space provided below. You will come back to this page at the end of the session to answer the last question.*

What do you **already know** about recognizing signs and symptoms of illness or injury?

What do you **want to know** about recognizing signs and symptoms of illness or injury?

To be answered at the end of the session, during review:
What **have you learned** about recognizing signs and symptoms of illness or injury?

Recognizing Changes

In this session we will talk about how to use the DSP's tools of observation and communication when looking for **signs and symptoms**, or changes that may tell you of an illness or injury. Early identification of an illness or injury can save an individual's life.

As a DSP you get to know an individual by spending time with him or her and learning what is usual for that individual, such as his or her daily routines, behavior, way of communicating, appearance, usual mood, and physical health. If you know what is normal for an individual, you will know when something has changed or is different.

You also need to know an individual's health history. This will help you to notice a change in his or her health and to decide what to do. You will know if the change is something that has happened before and what was done, and you will have some clues as to what you need to do next.

Observation and Communication

To identify changes and gather information that will help you decide what you should do, you will use your tools of observation and communication.

Observation means using all of your senses: sight, hearing, touch, and smell. You may see a physical change, such as tears, redness or swelling of the skin, or cloudy urine. You may hear noisy breathing, crying, moaning, coughing, or screaming. You may feel hot, moist, or cold skin. You may smell an unusual or unpleasant odor coming from the individual's mouth, body, clothing, or body fluids.

Communication includes asking questions and listening to answers from the individual and others. A good detective asks a lot of questions. For example, if an individual tells you that her stomach hurts, you might ask, "When did it start hurting?" or "Can you show me where it hurts?" If you see an individual holding her stomach, frowning, and crying, you might ask the individual, "Does your stomach hurt?"

If the individual is unable to use words to tell you, your detective skills—observation, and communication—become even more important. The individual in the example above is holding her stomach, frowning, and crying. These behaviors provide clues that something is wrong. A good observer notices both words and other ways of communicating, including behavior.

You may also want to ask others. Talking to other staff who know the individual, reading the documentation kept at your facility, such as the facility log, individual logs, or medication records, are good ways of collecting information.

It may be challenging to detect a change. Many individuals with intellectual/developmental disabilities have difficulty communicating. Some may "tell" you that they are in pain by crying, withdrawing, pointing, or screaming, while others may say, "I hurt," or "My stomach hurts." The clues may not always be so obvious and easy to detect. The individuals you support rely on you to identify changes that may be the signs and symptoms of an illness or injury and to see that they receive appropriate treatment.

A C T I V I T Y

Observation and Communication

Directions: *As a class, discuss the scenario below.*

Scenario: Rachel usually comes home from school in a good mood, humming, and happily goes to her room to play with her toys. Today, she comes home from school crying and, when offered a favorite toy, ignores it.

- Do you recognize a change? If so, what?
- How else could you find out what is bothering Rachel?

Learning More About Changes

So now you know that you identify changes by using your observation (see, hear, feel, and smell) and communication (listen and question) skills. Let's learn some more about the types of changes you may observe or learn about.

What Kind of Changes Should the DSP Look For?

Remember, changes may be in an individual's daily routine, behavior, way of communicating, appearance, usual mood, and physical health. The following are some examples of changes that you may observe in each of these areas and some questions that may help you think about the reasons for the changes.

Daily routine: An individual refuses to get out of bed; gets up at a different time; sleeps more or less; eats more or less; changes food preferences (starts eating salty foods); changes grooming habits (likes to brush his/her teeth, but one day refuses); has new toileting accidents; has trouble feeding and dressing himself/herself.

- You may want to ask, "Is the individual behaving differently than yesterday?" "Why is the individual refusing to eat his/her favorite foods?" "What is causing the individual to have trouble sleeping?"

A C T I V I T Y

The Good DSP Detective

Directions: *Get into groups of no more than four. Think about a time that you had to use your observation skills to figure out why there was a sudden change in an individual you support. Tell your group about that time:*

- What was the change that you noticed?
- How did you identify it?

Share one example from your group with the class.

Behavior: An individual who is usually calm starts hitting and kicking; appears more or less active than usual.

- You may want to ask, "Why is the individual acting aggressively to himself or to others?" "What is the individual trying to tell us with this new behavior?"

Ways of communicating: an individual who usually talks a lot stops talking; speech becomes garbled or unclear.

- You may ask, "Has the individual's ability to talk or communicate changed like this before?"

Appearance: An individual who is usually very neat in appearance has uncombed hair and is wearing a dirty, wrinkled shirt; changes in color or appearance of skin, (a sudden redness on the hands or an ashy tone and clammy feel to the skin); any changes in weight, up or down.

- You may ask, "Does it seem like the individual has lost interest in things?" "Is the individual taking less care in his or her personal appearance?"

General manner or mood: Someone who is usually very talkative and friendly becomes quiet and unfriendly; an individual who usually spends time with others suddenly withdraws and wants to be alone.

- You may ask, "Why has the individual's mood changed?" "Does the individual want to be alone all the time or at a specific time?"

Physical Health

Changes in physical health often involve a particular part of the body. Some are changes you may observe, and others are changes an individual may tell you about. For example, you may observe that an individual is pulling his/her ear or an individual may tell you that it hurts.

- You may want to ask, "Is there any apparent change to the individual's skin, eyes, ears, nose, or any other part of the body?"

Some physical changes to pay attention to include:

- **Skin:** Bleeding, swelling, spots or bumps, changes of skin color (blue, gray, red). The individual may scratch or rub their skin.
- **Eyes:** Redness, yellow or green drainage, swelling of the eyelid, excessive tearing. The individual may say that their eyes burn or hurt; they may rub their eyes.
- **Ears:** Redness, fever, drainage from the ear. The individual may say they are dizzy or their ear hurts. They may hear ringing in their ears.
- **Nose:** Clear, cloudy, colored fluid running from the nose. The individual may rub the nose.
- **Mouth and throat:** Redness or white patches at the back of the throat, hoarse voice, fever or skin rash around mouth, facial or gum swelling, gum bleeding. Individual may say they have pain in a tooth or when swallowing or they may refuse to eat.
- **Muscles and bones:** Inability or difficulty moving a leg or an arm that the individual could previously move, stiffness, swelling. Individual may say they have pain in the arms, legs, back.
- **Breathing (lungs):** Cough, phlegm or mucous (fluid) in the lungs, shortness of breath, wheezing, stuffy nose. Individual may say they have pain in nose or chest, dizziness.
- **Heart and blood vessels:** Cold or blue hands or feet, swelling of ankles. Individual may say they have chest pain or shortness of breath or that their hands or feet are numb.

Learning More About Changes (cont.)

- **Abdomen, bowel, and bladder (stomach, intestines, liver, gallbladder, pancreas, urinary tract):** Swollen, hard stomach; vomiting; loose bowel movement or diarrhea; constipation; blood in vomit or bowel movement; fruity smelling breath or urine; difficult, painful and/or burning urination; changes in urine color (clear to cloudy or light to dark yellow). Individual may say they have pain on one or both sides of the mid-back or stomach; chills or a fever.
- **Women's reproductive organs:** Vaginal discharge, itching, unusual odor, burning, changes in menstrual cycle, such as how often a period occurs, how long it lasts, and how heavy the flow of blood is.
- **Men's reproductive organs:** Discharge from penis, pain, itching, redness, increased frequency of urination, difficulty urinating, burning.

To review, a change is anything that is different about an individual's daily routine, behavior, way of communicating, appearance, usual mood, and physical health. In order to recognize a change, you must first know the individual and what is "normal" for that individual. You identify changes by using your observation and communication skills. The individuals you support rely upon you to identify changes and to respond to those changes appropriately.

Assessing What to Do When You Learn About a Change

Many changes in an individual's daily routine, behavior, way of communicating, appearance, mood, and/or physical health, require the DSP to take action. The following information will help you to assess, or think about and decide, the appropriate action in each situation.

After you have identified a change, you must decide whether the change is a potential sign or symptom of illness or injury. Making the right decision involves thinking about the information that you have and making a judgment. Knowledge of the person and his or her health history, including current medications and doctor's orders, are essential.

Different signs and symptoms of illness or injury will require different levels of response, including:

Levels of Emergency Response:

- **911 Call:** Medical emergencies that require immediate medical attention.
- **Urgent Call to Doctor:** Serious signs or symptoms that require a phone call to the individual's doctor as soon as possible.
- **Routine Treatment:** Signs or symptoms that are addressed by simple First Aid or written doctor's orders.

911 Call

A 911 call involves a **medical emergency** that requires 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. Quick action in recognizing signs and symptoms that require emergency medical treatment can be the difference between life and death.

Always call 911 if an individual:

- Has bleeding that can't be controlled
- Is or becomes unconscious (not related to a seizure, seizures will be explained later in this session)
- Has no pulse
- Has trouble breathing or is breathing in a strange way
- Has chest pain or pressure
- Has severe injuries such as broken bones as a result of an accident
- Is choking (not breathing and not coughing)
- Has injuries to the head, neck, or back
- Has gone into shock (a life-threatening condition where the body doesn't have enough blood flow)
- Has a seizure lasting five minutes or has continuous seizures
- Has suffered electrical shock
- Is drowning or near drowning
- Experiences paralysis (the inability to move all or part of the body), numbness, confusion
- Suffers severe burns (burns that cover more than one part of the body or on head, neck, hands, feet, or genitals)

If an individual appears to have been poisoned, first call the Poison Control Center at 1-800-222-1222 to get advice and then call 911.

When you call 911, tell them:

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

Stay on the phone until the 911 dispatcher tells you to hang up.

While waiting for medical help to arrive, stay calm and help the individual stay calm, stay with him or her, and do necessary first aid and/or CPR. If possible, send another person to watch for and guide the emergency personnel to the scene. When the emergency personnel arrive, provide them with additional information including all medications, allergies, insurance information, and the name and phone number of the individual's primary doctor, that is, the doctor who usually provides care for this individual. 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 needed when serious signs or symptoms require a report be made to the individual's doctor as soon as possible.

Some signs and symptoms indicate a need for immediate medical care. In these situations, the DSP should call the individual's doctor and report the signs and symptoms so that the doctor can assess the person's condition and decide what should be done next. While the person's life may not be in immediate danger, the signs and symptoms listed below are serious, and the DSP must report them to the individual's doctor as soon as they are identified. The following are 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 waking; being unusually tired
- Scratching or holding one or both ears
- Holding abdomen, or stomach area
- Noticeable change in facial expression or behavior
- Evidence of pain or discomfort that is not easily explained
- New or sudden incontinence (inability to control urination)

Assessing What to Do When You Learn About a Change (cont.)

- Fever of 101 degrees or higher
- Diarrhea or vomiting lasting more than four hours
- Rash lasting several days or getting worse
- Increase in seizure activity
- Sudden limping, inability to walk, or difficulty in movement of any body part
- Severe sore throat/difficulty swallowing
- Infection of an injury such as a cut
- Swelling
- Monitor temperature below 101 degrees

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 the individual gets worse, call 911. Your actions can save a life.

When you call the doctor, tell them:

- Who you are and how you know their patient
- What symptoms the individual has reported to you
- What signs you have observed
- What signs others have observed
- When the change first began or was noticed
- Any recent history of similar signs and symptoms
- Current medications
- Known allergies

A C T I V I T Y

Who Do I Call?

Directions: *Using the following scenario, decide whom you would call and what you would say.*

You are in the kitchen cooking lunch. You have your back to Margaret. Margaret says that she is going into the family room to watch TV. You hear her fall and start to scream. You immediately run to her side. You find her lying on the floor in the family room, clutching her leg, and screaming. Margaret is unable to get up from the floor.

- **Who would you call:**
- **Who you are:**
- **Where you are:**
- **What has happened:**
- **When it happened:**
- **What you see:**

Routine Treatment

Signs or symptoms that may be addressed with simple First Aid or for which there are written doctor's orders are considered to be **routine treatment** and can be treated in the home. For example, a DSP may provide minor First Aid in the home for a small scratch on the finger. Some symptoms reported by the individual, such as a headache or swelling of the ankles, may be treated in the home if there are written doctor's orders that specify what to do. The DSP must be familiar with the individual, his or her health history, medications, and any written doctors' orders before deciding what to do.

ACTIVITY

What Would You Do?

Directions: *For each sign or symptom listed in the left column, decide if you should respond by calling 911, placing an urgent call to the doctor, or providing routine treatment at home. Check the appropriate box on the right columns.*

Sign or Symptom	Your Response		
	911	Urgent Doctor Call	Routine Treatment
Fever of 101 degrees or higher	☐	☐	☐
New or sudden incontinence (inability to control urination)	☐	☐	☐
Rash lasting several days or getting worse	☐	☐	☐
Bleeding that can't be controlled	☐	☐	☐
Severe sore throat/difficulty swallowing	☐	☐	☐
Infection of an injury	☐	☐	☐
Sleeping most of the day; unusual difficulty in waking; unusually tired	☐	☐	☐
Scratching/holding one or both ears	☐	☐	☐
Holding abdomen (or stomach area)	☐	☐	☐
Diarrhea or vomiting lasting more than four hours	☐	☐	☐
A seizure lasting five minutes or continuous seizures	☐	☐	☐
Sudden inability to move, numbness, confusion	☐	☐	☐
Sudden limping, inability to walk, or difficulty in movement	☐	☐	☐
Mosquito bite	☐	☐	☐
Trouble breathing or is 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 as a result of an accident, such as broken bones	☐	☐	☐
Choking (not breathing and not coughing)	☐	☐	☐
Injuries to the head, neck, or back	☐	☐	☐
Has gone into shock	☐	☐	☐

Measuring Vital Signs

You may be called upon to take an individual's vital signs. The four vital signs are the individual's temperature, pulse, respiration, and blood pressure. Temperature and pulse are vital signs that you will most commonly use as a DSP.

Temperature

Temperature is the amount of heat in the body. Normal temperature is 98.6 degrees F. Anything within one degree lower or higher (97.6 to 99.6) is considered normal.

There are various ways of taking a person's temperature. Determine which method is preferred by the individual you are supporting:

1) Digital - mouth, ear or armpit
2) Temperature sensitive "tongue strips"

Digital thermometers are easy to read and hard to break. To take an individual's temperature by mouth using a digital thermometer:

- Use a plastic slip to cover the thermometer.
- Press the button to set the thermometer.
- Place the thermometer under the individual's tongue; have individual close their mouth (breathing through the nose), for several minutes.
- Take the thermometer out of the individual's mouth; read the temperature when the indicator lights.

If the individual is unable to keep the thermometer under their tongue, you may take a temperature under the armpit (with tip of the thermometer against dry skin and held in place by the arm), waiting five minutes (not four). Exercise raises an individual's temperature, so temperature should be taken at rest.

Do not take a temperature by mouth for an individual who has a history of seizures, breathes through his or her mouth, has just had oral surgery, or is unconscious.

Pulse

Arteries carry blood from the heart to all parts of the body. A pulse is the beat of the heart felt at an artery as a wave of blood passes through the artery. You can feel a pulse every time the heart beats. The easiest and most common place to take a pulse is on the inside of the thumb side of the wrist, using the first two fingers pressed against the skin. Count the number of beats over a 15-second period and multiply by four—this will provide a pulse reading (beats per minute). Repeat the process to check to see if the result is the same. Don't use your thumb because you could end up "counting" your own heart beats when you feel your pulse through your thumb. A normal pulse will be about 70 beats per minute. Anything from 50 to 90 is within normal range for an adult.

Taking a pulse:

- Inside thumb side of wrist (easiest)
- Use first two fingers pressed against the skin
- Count the number of beats over a 15-second period and multiply by four

Respiration

Respiration is the act of breathing air into and out of the lungs. When counting respiration, pay close attention not only to the breathing rate, but also to wheezing, other sounds, and ease or difficulty breathing.

Measuring Vital Signs (cont.)

Respiration (breaths in and out) is best counted without telling the individual what you are doing. If the individual knows you are counting her breath, it may change how she breathes. Count the rise or the fall of the chest for one minute. One respiration is an inhale and an exhale. Remember respiration is an inhale and exhale. Normal respiration rate is 12 to 24 breaths per minute for individuals above the age of 7.

Blood Pressure

Blood pressure is the force or push of the blood against the walls of an artery. A blood pressure device measures blood pressure by tightening a band on the arm (or leg) and then detecting when blood begins to flow again through the arteries in that arm (or leg). The measure of blood pressure is shown using two numbers separated by a slash mark, like this: 120/80. The first number is the systolic measure, where the device used to measure pressure shows blood flowing through the tightened blood vessels. The lower number is the diastolic measure that records when the blood is no longer heard. Blood pressure for adults 18 years of age and older falls in the following categories:

- *Normal:* Less than 120/less than 80
- *High-normal:* 120–139/80–89—pre-hypertension (high blood pressure)
- *High:* 140/90 or higher—hypertension*

Blood pressure is affected by time of day (low at night; peak about eight hours after awakening); emotions (stress increases blood pressure); weight (obesity typically increases blood pressure); activity level; excess sodium (salt) intake; excess alcohol consumption; and use of certain drugs, including birth control pills, steroids, decongestants, and anti-inflammatory medications.

High blood pressure (hypertension) is often called a “silent killer” because symptoms of any kind are rare. If untreated, high blood pressure can harden arteries and result in serious heart problems. If high blood pressure is suspected or has been diagnosed, the doctor may ask the DSP to monitor the individual’s blood pressure. This means the blood pressure should be measured with the same device, at the same time of day, on the same arm (or leg), and with the individual in the same position (for example, sitting up) over a period of time. Anything that might have affected the blood pressure, such as exercise (for example, the individual came in 10 minutes after riding a bike) should be noted. In these situations, the DSP will follow the doctors instructions for taking blood pressure and documenting blood pressure readings.

*Source: American Heart Association, Inc., 2012, http://www.heart.org/HEARTORG/

Reporting and Documenting Changes

Regardless of what action you, as the DSP take, you **must report** (tell it) **and document** (write about it) in some way.

- Medical emergencies must be (1) documented in the individual's record and (2) reported to the regional center, Community Care Licensing and other protective services agencies.
- Urgent calls to the doctor must be (1) documented in the individual's record and (2) may require a special incident report.
- Routine treatment provided in accordance with a written doctor's order or simple first aid must be (1) documented in the individual's record and (2) completed in accordance with a written doctor's order.

Sometimes the correct response is simply to document the change that you have identified. This is important as, over time, you and other DSPs may identify a pattern or trend 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 DSPs consistently document and share observations.

You may be reporting changes (or signs and symptoms) to a number of different people, including a doctor, dentist, regional center service coordinator, behavior specialist, and your administrator. All of these contacts must be documented. Also, remember that signs and symptoms may be an indication of possible abuse or neglect that you are mandated to report to the appropriate protective service agency.

Always report and document changes as soon as possible. Some types of documentation, such as special incident reporting, have regulatory and statutory timelines that must be followed. For example, special incidents must be reported by phone to the regional center within 24 hours and in writing within 48 hours.

Here are some guidelines to add to your DSP toolbox and to use 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," or "Fred walked up to me and pointed to his stomach, frowning and moaning."
- Do not try to make a diagnosis. The DSP is not a health care professional. Describe identified changes only.
- Do not document your personal opinion; for example, "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."
- When reporting and documenting answers to questions, report and document both the question and the response. For example, "Bill told me '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, the DSP 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."

ACTIVITY

Signs and Symptoms

Directions: *Read the following scenario and answer the questions.*

John, 57, complained of chest pain to Zac, the DSP on shift. Zac advised John to "take it easy." To be safe, Zac observed him more closely than usual throughout the morning. He also looked at John's record and saw that he had a history of obesity and high cholesterol. He had been to the doctor three times in the last six months for "aches and pains," and no problems were found.

After John had eaten only part of his lunch, he again complained of pain and pressure in his chest. John went to watch TV in the living room. Zac went with him to make sure he was okay. After about 15 minutes, Zac observed that John was pale, sweating, and short of breath.

What are John's signs and symptoms?

What should Zac do next?

In this scenario, did Zac do the right thing?

Managing Chronic Health Care Conditions

In this section you will learn guidelines for supporting individuals with certain long lasting, or chronic, health conditions. Since this curriculum is designed for *all* DSPs, it is impossible to review proper care and management guidelines for all the chronic health conditions that DSPs may see in the individuals they support. DSPs are encouraged to talk to their administrator, the individual's doctor, and the service coordinator, and review health records to learn how to provide the best possible support to individuals with any chronic health conditions. The regional center nurse may also be helpful and should have health care guidelines, called *protocols,* for most chronic health conditions requiring specialized care. Each individual is unique, and care plans can be very different for individuals with the same chronic health condition.

Diabetes

Diabetes is a disease in which the body does not produce or properly use insulin. Insulin is a hormone that is needed to convert sugar, starches and other food into energy needed for daily life. Diabetes occurs when:

- The body does not produce any insulin (Type I diabetes), or
- The body produces very little insulin (Type II diabetes).

Diabetes is a chronic disease with no cure. Individuals with diabetes need to take medication and monitor their disease to stay healthy.

Type I diabetes, or insulin dependent diabetes, is usually diagnosed in childhood or adolescence, but can develop at any age. People with Type I diabetes must monitor their blood sugar (also known as glucose) levels and inject insulin every day. There is no known way to prevent Type I diabetes.

Type II diabetes, or non-insulin dependent diabetes, is the most common form of diabetes. People with Type II diabetes can often control their blood sugar through weight loss, exercise, and careful meal planning. Some may need insulin injections or oral medication to lower blood sugar.

Prevention of Type II Diabetes

Factors such as age, family history and ethnicity cannot be changed. However, a lifestyle that includes a healthy diet, regular exercise, maintaining and monitoring a healthy body weight, and yearly physical exams can reduce the risk of Type II Diabetes.

Who Is at Risk

- People who are overweight, don't exercise, and are over the age of 40.
- People with a family history of diabetes.
- African-Americans, Latinos, Native Americans, Asian Americans and Pacific Islanders.

Common Symptoms of Diabetes

The symptoms of diabetes often seem harmless and may be mistaken for symptoms of other illnesses. The DSP should observe the individual carefully and report these symptoms to the doctor. Diabetes can be diagnosed with a simple blood glucose test. The DSP should observe all individuals carefully and report the following symptoms to the doctor:

- Excessive thirst
- Frequent urination
- Extreme hunger

Diabetes (cont.)

- Unexplained weight loss
- Increased fatigue
- Itchy skin
- Yeast infections
- Slow-healing wounds
- Dry mouth
- Blurred vision
- Irritability
- Leg pain

Problems that May Come with Diabetes

Hyperglycemia and hypoglycemia may happen to individuals who have diabetes. Hyperglycemia means 'high blood glucose' (a high level of sugar in the blood); hypoglycemia means 'low blood glucose' (a low level of sugar in the blood). If hyperglycemia is not treated, a diabetic coma could occur.

Signs and symptoms of hyperglycemia include:

- High levels of sugar in the urine
- Frequent urination
- Increased thirst
- High blood glucose

Individuals with diabetes must check their blood glucose often. The individual's doctor will tell them how often they should check and what their blood glucose levels should be. The DSP should check the individual's medical profile and talk to the individual's doctor to find the safest way to lower the individual's blood glucose level. The doctor may recommend exercise, changes in diet, or changes to the amount or timing of medication. Diabetic coma is life-threatening and needs immediate treatment.

When to Get Urgent Care for an Individual who is Diabetic

Get urgent care if an individual with diabetes:

- Loses consciousness
- Shows signs of high blood sugar:
  - Frequent urination
  - Intense thirst
  - Blurred vision
  - Rapid breathing
  - Fruity smelling breath
- Shows signs of low blood sugar that continue after the person has eaten something containing sugar:
  - Fatigue
  - Weakness
  - Nausea
  - Hunger
  - Double or blurred vision
  - Pounding heart
  - Confusion
  - Irritability
  - Appearance of drunkenness

Preventing Problems

Once again, **Prevention is the #1 Priority:** To prevent hyperglycemia and hypoglycemia, support individuals with diabetes to practice good diabetes care. The idea is to watch for and treat problems early - before they can get worse.

Epilepsy or Seizure Disorders

Of the over 278,000 people currently being served by regional centers, about 16 percent are identified as having epilepsy.

Epilepsy is a medical condition that produces seizures. A **seizure** is an unusual rush of electrical energy in the brain. There are two major types of seizures, partial and generalized, referring to the part of the brain where the seizure happens. If a seizure begins locally in the brain, it is partial. If a seizure happens to the entire brain, it is generalized. Knowing general types of seizures is important for the physician to choose the right medication to prescribe.

Status Epilepticus coming from either a partial or generalized seizure can be life threatening. It is defined as either repetitive seizures or a single, prolonged seizure. Brain damage can occur after about 20 minutes of continuous seizure activity.

When a seizure occurs, observe carefully and document what happened, including how long the person was unconscious (if loss of consciousness occurred). The DSP's documentation of a seizure is critical to the individual's doctor, especially if there is something new to report. Details are helpful in making a proper diagnosis and choosing a treatment (for example, a particular medication or class of medications).

If it is the individual's first (known) seizure, the DSP should place an urgent call to the doctor. If a seizure lasts for five minutes or more, call 911.

The individual's doctor may want to examine spinal fluid to rule out infection or do other tests. If a person has a history of seizures, the doctor may consult with a neurologist. The doctor may prescribe an "as needed" medication for repetitive seizures on a given day or ongoing medication for seizure control. Remember to check the individual for any signs or symptoms of injury; document any injuries that may have occurred during the seizure.

Top 10 First Aid Rules for Seizures

1. Keep calm! The individual is usually not suffering or in danger.
2. Protect the individual from injury by clearing the area of hard or sharp objects. Prevention is the number one priority!
3. Loosen tight clothing. Do not restrain movements.
4. Turn the individual on his/her side with his/her face turned gently sideways or slightly down.
5. Do not put anything into the individual's mouth.
6. Do not give the individual anything to drink.
7. Reassure the individual.
8. Stay with the individual until consciousness returns and confusion goes away.
9. Allow a rest period (10–30 minutes for most people).
10. Document the seizure in the individual's log. Include the amount of time the seizure lasted.

A C T I V I T Y

Understand Seizures and Seizure First Aid

Directions: *Answer the following questions about the information in the video.*

1. When a seizure occurs, what is happening inside the individual's brain?

2. To assist an individual having a generalized seizure, what should you do? Not do? Why?

3. To assist an individual having a partial seizure that doesn't generalize, what should you do? Not do? Why?

4. Under what circumstances is it appropriate to seek medical care right away?

This video about seizures (You Can Do This: Seizure First Aid) is used with the generous permission of its producers: Finding a Cure for Epilepsy and Seizures (faces) at New York University Medical Center. For more information, visit their Website at http://faces.med.nyu.edu.

High-Risk Health Problems

Individuals with intellectual/developmental disabilities have a higher risk for serious health problems. They may be prone to skin breakdown, constipation, choking, sun and heat-related illness. Also age-related health conditions may begin early due to specific developmental disabilities or the treatment of certain conditions. DSPs need to know what preventive actions to take and how to identify changes that may be signs and symptoms of serious health problems.

Skin Breakdown

Of the over 278,000 people currently being served by regional centers, 17 percent are identified as using wheelchairs or needing assistance to walk. Skin breakdown is a serious and constant concern for individuals who use wheelchairs and/or do not change positions. Skin breakdown describes changes to an individual's skin, including scrapes and sores over bony spots such as tailbone and hips.

Individuals who are at High Risk for Skin Breakdown

Individuals who use wheelchairs and/or individuals who do not move around or change positions.

How to Prevent Skin Breakdown

- Assist individual to move and/or change positions every hour.
- Keep the skin dry and clean.

What to Do If Skin Breakdown Occurs

Make sure the individual is seen by a doctor immediately.

Athlete's foot (*tinea pedia*) and jock itch (*tinea cruris*) are very common fungal infections that can cause skin breakdown. Fungus grows best in warm, moist areas of the skin, such as between the toes or in the groin area. Fungus problems can be prevented by drying off skin well after washing, wearing sandals or shoes that allow air to move around the feet, wearing cotton underclothes and socks, and using talcum powder. DSPs should assist individuals to clean and dry foot and groin areas.

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 doctor when new problems arise or the existing problem continues.

Constipation

Untreated constipation can lead to serious consequences including the need for surgery, tearing of the bowel, and even death.

Individuals who are at a higher risk for constipation:

- Use wheelchairs or sit for long periods
- Get very little physical activity

Constipation (cont.)

- Drink small amounts of fluids
- Don't eat enough fiber in their diet
- Take certain medications

Preventing Constipation

- Eat a healthy diet with lots of fiber (fruits, vegetables, and whole grains).
- Exercise regularly.
- Drink plenty of fluids, especially water (eight glasses per day).

Each individual has a pattern of bowel movements that is "normal" for him or her. Once the normal pattern of bowel movements is known, the DSP should look for changes that may be signs of constipation. If an individual is not able to tell you that he had a bowel movement, or if the doctor or other health care professional finds that the individual is at risk for problems in this area, the individual program plan (IPP) for that individual may include keeping a record of bowel movements.

Changes that are often signs and symptoms of constipation are:

- 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
- Abdominal bloating
- Abdominal pain
- Irritability

Constipation can have serious consequences. If you identify any of these changes, call the individual's doctor to seek medical assistance.

Risks from Exposure to Sun and Heat

Overexposure to sun and heat can cause many problems—anything 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.

Community Care Licensing requires all homes to maintain a comfortable temperature between 68 and 85 degrees at all times. In areas that are extremely hot, the maximum temperature must be 30 degrees less than the outside temperature. [Referenced Title 22, 80088.]

Individuals Who Are at Higher Risk from Exposure to Sun and Heat

In general, children, the elderly, and individuals with developmental disabilities are at the greatest risk for sunburn and heat-related illness. Individuals with fair hair or skin are at higher risk as well. Increased risk is also associated with taking certain medications, including but not limited to:

- Antihistamines used in cold and allergy medications
- Antibiotics (sulfa drugs, tetracyclines).
- Antidepressants
- Antipsychotics
- Cardiovascular drugs
- Oral medications for diabetes
- Non-steroidal, anti-inflammatory drugs used to control pain and inflammation
- Anti-dandruff shampoos

Preventing Sunburn

Sunburn is redness, pain and inflammation caused by exposure to the sun's ultraviolet rays. An individual can burn within 15 minutes any day of the year in California. 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 person'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 ultra-violet rays have a high risk of developing skin cancer. Skin cancer is the most common form of cancer in the United States.

To prevent sunburn, use sunscreen with a sun protection factor (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.

Treatment Tips: Have the individual drink lots of water. Aloe vera gel and certain other topical Over-the-Counter (OTC) moisturizers help reduce the pain. Contact the doctor immediately if severe blistering occurs, the individual feels very ill, or the individual's temperature is 102 degrees or more.

Preventing Heat-Related Illness

When temperatures rise:

- Wear a hat with a wide brim or use an umbrella.
- Wear light-weight, light-colored, loose fitting cotton clothing.
- Drink 8 to 10 glasses of water a day. Drink even more if you are working or exercising in hot weather. Avoid sugary, caffeinated or alcoholic beverages.
- Take it easy! Limit physical activity during the hottest parts of the day.
- Stay inside if possible.
- 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, an elderly person, or an animal in a car on a hot day. In as little as 10 minutes, the temperature in the car can rise almost 20 degrees; anyone left in the car could die.

Heat cramps are painful muscle spasms, usually in the legs or abdomen, caused by over-exposure to heat. The individual usually experiences heavy perspiration or sweating.

Treatment Tips: Have the individual move to a cooler place and rest in a comfortable position. Give him a glass of cool water every 15 minutes, but don't let him drink too quickly. Remove or loosen tight clothing and apply cool wet cloths to the skin. Do not give salt tablets. Call a doctor if the symptoms persist more than two hours.

Heat exhaustion, a serious illness brought on by excessive heat and dehydration, causes an individual to be weak and sweat heavily. At the same time the skin is cold, pale, and clammy. The individual's pulse is weak and shallow. Fatigue, confusion, nausea, fainting, and vomiting may also occur.

Treatment Tips: Call 911 or go to the Emergency Room if:

- The individual's skin is dry even under the armpits and bright red or flushed.
- Body temperature reaches 102 degrees.

Risks from Exposure to Sun and Heat (cont.)

- The individual is confused, seems to be imagining unreal things, or becomes unconscious.

Otherwise, get the individual to a cooler place and in a comfortable position. Give half a glass of cool water every 15 minutes, but don't let the individual drink too quickly. Remove or loosen tight clothing and apply cool wet cloths to the skin, or sponge the body in a bath with cool water.

Heat stroke, also known as sunstroke, is severe illness that occurs when the individual's body has stopped producing sweat, which cools the body. Signs and symptoms of heat stroke are a high body temperature (102 and above), hot dry skin, and a strong rapid pulse. The individual may become unconscious.

Treatment Tips: Call 911 immediately. Move the individual to a cooler place and quickly cool the body by wrapping it in a wet sheet and fanning it. Put ice packs on the individual's ankles, wrists, and armpits to cool the large blood vessels. Keep the individual lying down and check his or her breathing.

Choking

Choking is a blockage of the airway that prevents an individual from breathing. Choking will result in death unless the airway is cleared quickly. Choking is a frequent safety hazard for individuals with developmental disabilities.

Individuals Who Are at Higher Risk

Many individuals with developmental disabilities experience choking related to other chronic health conditions. For instance, individuals with cerebral palsy may have a hard time with chewing and swallowing. These individuals need close observation to help avoid choking. Individuals with other conditions may have trouble with foods of different textures. Individuals taking certain medications may have dry mouth, which makes it harder to swallow. Be aware of individuals who eat or drink too fast. Individuals should be reminded not to talk or laugh with food in their mouths or to eat lying down. Individuals who frequently put too much food in their mouths may need to be provided with smaller amounts of food.

It is especially important to closely monitor individuals who take food from others. These individuals often 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 or laughing
- Eating too fast
- Walking, playing, or running with food or objects in the mouth
- Certain foods like hot dogs, whole grapes, and hard candies
- Medications that decrease alertness and muscle tone or cause dry mouth
- Poor oral motor (mouth movement) skills
- Difficulty swallowing
- Eating objects that aren't supposed to be eaten
- Vomiting
- Aspiration (inhaling vomit, saliva, food, or a small 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

Choking (cont.)

Treatment Tips: **It is strongly recommended that every DSP take a Cardio Pulmonary Resuscitation (CPR) class to learn the abdominal thrusts, an emergency procedure used to clear the airway when choking occurs. Classes are widely available. Check with your local Red Cross or Fire Department. By doing so, you may save a life.**

If someone is choking, remember "five-and-five." First, lean the person forward and give them five quick hits on the back between the shoulder blades. If the object does not come out, stand behind them and reach your arms around their waist. Place your fist, thumb side in, just above their navel and grab the fist tightly with your other hand. Pull your fist quickly upward and inward to increase airway pressure behind the object and force it from the windpipe. Do these 'abdominal thrusts' five times, quickly. Continue the back hits and abdominal thrusts until the person can breathe or cough forcefully, the object comes out, or the person becomes unconscious. If the

Health Problems Associated with Aging

Aging is the normal process of time-related changes that occur throughout life. Many individuals with developmental disabilities experience age-related changes early, especially those individuals with cerebral palsy, Down syndrome and metabolic diseases, and some individuals who have a mental illness in addition to a developmental disability. It is the responsibility of the DSP to watch for changes that may be signs of an early age-related health condition and to report these changes to the individual's doctor. Early detection permits early treatment that often adds to the individual's length and quality of life.

Signs and Symptoms of Age-Related Health Conditions

Again, DSPs should use their tools of observation and communication to identify changes in:

- **Daily routines:** Memory loss, inability to perform self-care and other activities they could perform before.
- **Behavior:** Confusion, weakness, unsteadiness, or fatigue.
- **Communication:** Change in ability to respond or initiate communication.
- **Appearance:** Sudden or progressive weight gain or loss.
- **General manner or mood:** Mood change, loss of interest in daily activities.

Physical Health Changes of Aging

Skin: Dry, flaky skin that bruises or tears easily, abnormal hardness, or visible lump on body.

Eyes: Dry eyes, squinting, holding things close to the face or other signs of vision loss.

Ears: Not seeming to pay attention, not responding to questions, or other signs of a hearing loss.

Throat and mouth: Difficulty swallowing, choking or coughing with meals, cracked or loose teeth, trouble chewing, mouth sores or other signs of decreased oral health.

Muscles and bones: Loss of motor control; slowness of movement; unsteady walking; falling; curving of spine; inability to stand up straight; pain without visible injury, especially in joints.

Breathing (lungs): Frequent colds, slow recovery from illness.

Heart and blood vessels: Numb or cold hands or feet, swelling of ankles, chest pain, shortness of breath.

Abdomen, bowel, and bladder (stomach, intestines, liver, gallbladder, pancreas, urinary tract): Constipation, "gassy" or black stools, bleeding, frequent or difficult urination.

SUMMARY

In summary, the DSP learns about changes through observation (using all of his or her senses) and communication with the individual and others. Knowing how to identify changes in an individual's daily routines, behavior, ways of communicating, appearance, mood, and physical health and knowing what to do when you have identified a change enables you to protect individual health and safety and may save a life.

PRACTICE AND SHARE

If there is an individual with a seizure disorder living in the home where you work, find out:

1. What, if any, seizure medication is the individual taking? What are the side effects?

2. Does the individual have an emergency alert bracelet or necklace?

Session 8 Quiz

Signs and Symptoms of Illness or Injury

1. **An example of a change in a person's daily routine is:**
   A) Sleeping much later than usual
   B) Being aggressive to other people
   C) Speaking less than usual
   D) Being mad about something

2. **In order to recognize a change that may be a sign of illness, the DSP must:**
   A) Take the individual's temperature
   B) Know if there are any other sick individuals in the home
   C) Take the individual's blood pressure
   D) Know the individual and what is normal for them

3. **Which one of the following would be most likely to require an urgent call to the individual's doctor?**
   A) Choking
   B) Uncontrolled bleeding
   C) Minor cut
   D) Infection of an injury

4. **Which one of the following may be treated at home, using routine treatment?**
   A) A minor cut
   B) An infection of an injury
   C) Choking on food
   D) Uncontrolled bleeding

5. **Why should you not try to feel for an individual's pulse using your thumb?**
   A) Your thumb isn't sensitive enough to feel a pulse
   B) Your thumb could hurt the individual's wrist
   C) You will feel your own pulse through your thumb
   D) You will need your thumb to count the pulse beats

6. **When reporting and documenting changes that may be signs of illness or injury, the DSP must record:**
   A) The diagnosis, as you see it
   B) What the individual said or did that communicated the change
   C) Your opinion about the individual's behavior
   D) What all the individuals and staff were doing when the change was noticed

7. **Who is at risk for skin breakdown?**
   A) Individuals who don't bathe very often
   B) Individuals who are very active in recreational sports
   C) Individuals who use wheelchairs or who don't change positions often
   D) Individuals who eat unhealthy food

8. **To assist an individual who is having a generalized seizure, you should:**
   A) Place the individual on their side to prevent choking
   B) Restrain the individual's movements
   C) Place something in the individual's mouth to prevent the tongue from being bitten
   D) Leave the room to give the individual their privacy

9. **A high body temperature (102 degrees and above), hot dry skin, and a strong rapid pulse are symptoms of what heat-related condition?**
   A) Sunburn
   B) Heat stroke
   C) Heat exhaustion
   D) Heat cramps

10. **Why is it important for DSPs to watch for early signs of aging?**
    A) Treatment of age-related conditions is not usually included in the IPP
    B) Individuals with developmental disabilities don't usually have age-related conditions
    C) Early treatment may add to the individual's length and quality of life
    D) Individuals with developmental disabilities don't know they are getting older

Student Resource Guide

9. Risk Management: Environmental Safety

Student Resource Guide: SESSION 9

Risk Management: Environmental Safety

OUTCOMES

When you finish this session, you will be able to:

- Describe how to prevent and respond to poisoning.
- Describe how to prevent and respond to falls.
- Describe how to prevent and respond to fires.
- Describe how to prevent and respond to drowning.
- List the principles of good body mechanics.
- List the four groups of exercise that help prevent back problems.
- List the rules for safely transporting an individual in a wheelchair.
- Define a medical emergency.
- Give examples of environmental emergencies.
- Follow the 4 “P’s.”

KEY WORDS

Key Word	Meaning	In My Own Words
Environmental Emergency	A disaster or accident that may cause damage to people or property; for example, a flood, fire, earthquake, or chemical spill.	
First Aid	Emergency care given to an ill or injured person before medical help arrives.	
Hazard	A source of danger.	
Lifting	To raise an individual or an object.	
Safety	The practice of doing things correctly and in a careful manner in order to have an environment that is free of danger.	

ACTIVITY

What Do You Want to Know?

Directions: *Think about the topic of this training session. Answer the first two questions in the space provided below. You will come back to this page at the end of the session to answer the last question.*

What do you **already know** about environmental risks and safety?

What do you **want to know** about environmental risks and safety?

To be answered at the end of the session, during review:
What **have you learned** about environmental risks and safety?

Safety Is About Awareness and Prevention

Safety means doing things in a correct and careful manner in order to have an environment that is free of danger or hazard. But accidents happen, don't they? Is there some way to prevent them? In the first risk management session, we discussed a number of ways to minimize risk for the individuals we support. We spoke of assessing risks so we could anticipate problems before they occurred. We also talked about strategies to lessen those risks. In fact, the first safety principle for Direct Support Professionals is *preventing serious incidents, it is the Number One Priority*.

As a DSP, you can prevent accidents and, if they do occur, respond to them in a way that reduces injury to both you and the individual. Following are some basic practices that reduce the risk of injury to individuals and staff. If children are present, additional practices and steps to prevent injury must be taken. See Appendix 9-A.

Practices that Reduce the Risk of Injury

- Know and practice the principles of risk management.
- Keep medications and dangerous substances in locked cabinets or containers.
- Have good lighting.
- Provide enough space for people to move around freely and without clutter.
- Remove any tripping hazards.
- Practice proper body mechanics when lifting.
- Assist with proper wheelchair handling.
- Share information about hazards.
- Know and practice emergency response plans.
- Know first aid.
- Know CPR (cardiopulmonary resuscitation).
- Limit distractions, including texting and cell phone use, while working.
- Focus on the individuals you support and what is happening in the environment.

Safety Around the House

Would it surprise you to know that 20,000 persons die each year in the United States from home accidents?

Many things may cause injuries in the home and community. Three major sources of injuries at home and in the community are poisonings, falls and fires. About 85% of all U.S. fire deaths occur in homes. Everyday nearly 82 people die as a result of unintentional poisoning; another 1,941 are treated in emergency rooms. Falls were the third leading cause of injury-related deaths among Americans of all ages and were the leading cause of injury-related deaths among people ages 65 and older.

DSPs can increase safety and reduce the likelihood of injury or death by:

- Creating and maintaining a safe environment
- Doing things in a safe manner
- Learning how to respond appropriately when injuries occur

ACTIVITY

Training Safety Awareness
Using the "Feeling Safe, Being Safe" Worksheet

Emergencies and disasters can happen anytime, anywhere and sometimes without warning. As part of maintaining health, safety, and well-being is providing training support to the individuals you serve so that they are prepared in the event of an emergency or disaster.

Directions: *Pair up with a classmate and complete each section of the "Feeling Safe Being Safe" worksheet. When finished discuss the following questions:*

1. *Has anyone used a "Feeling Safe, Being Safe" worksheet before?*
2. *Why is using a "Feeling Safe, Being Safe" worksheet important?*
3. *How would you use the "Feeling Safe, Being Safe" worksheet and materials with the individuals you support?*

Contact Information:

Department Of Developmental Services

Consumer Advisory Committee

Office of Human Rights and Advocacy Services

1600 9th Street, Room 240

Sacramento, CA 95814

916.654.1888

www.dds.ca.gov

Feeling Safe Being Safe materials can be found online at:

http://www.dds.ca.gov/ConsumerCorner/EmergencyPreparedness.cfm

CALIFORNIA DEPARTMENT OF DEVELOPMENTAL SERVICES

DDS SafetyNet

Helping assure that Californians with developmental disabilities are safe and healthy

The DDS SafetyNet website has information and tools for DSPs and the individuals they support on how to be safe and healthy. The website has videos, articles, and tools that use best practices from across the nation. You can sign up for monthly SafetyNet emails.

Poisoning

One of the most tragic and preventable causes of injury and death is accidental poisoning. 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:

- Swallowing
- Breathing
- Touching
- Injecting

Combinations of certain substances can be poisonous, although if used by themselves they might not cause harm. Not everyone reacts to poisons in the same way. A substance that is harmful to one may not always be harmful to another.

Preventing Poisonings

Many common household chemical products are poisonous and need special handling and labeling. All potentially poisonous products found in the home must be:

- Stored in their original containers
- Kept separate from food items
- Kept out of easy reach and locked up to prevent individuals from eating or drinking them or getting them on their skin or in their eyes

A C T I V I T Y

Identifying Household Poisons

Directions: *Read this list of common household products and put an "X" next to the ones that are in the facility you work in. Next, identify additional products that may be poisonous that individuals may swallow or digest. Consider how easily individuals can get to them and what steps you might take to prevent an accidental poisoning. This will not be shared with the large group, so use this exercise as a strategy to make your home even safer!*

Common Household Poisons

- ☐ *Alcohol*
- ☐ *Laundry detergent*
- ☐ *Dishwasher detergent*
- ☐ *Nail polish and nail polish remover*
- ☐ *Drain cleaner*
- ☐ *Oven cleaner*
- ☐ *Drugs of any kind*
- ☐ *Glass cleaner*
- ☐ *Furniture polish*
- ☐ *Scouring powder*
- ☐ *Toilet cleaner*
- ☐ *Weed killer*
- ☐ *Air freshener*
- ☐ *Insecticide*
- ☐ *Bleach*
- ☐ *Cosmetics*
- ☐ *Grease remover*
- ☐ *Any cleaning product*
- ☐ *Paint and paint thinner*
- ☐ *Any medications not prescribed*

Additional products:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

ACTIVITY

Strategies for Minimizing the Risk of Poisoning Around the House

Directions: *Read the scenario. In the "Risk" column, write down specific risks for Matthew regarding accidental poisoning. In the "Plans for Minimizing Risk" column, write down ideas for how to minimize the risk of poisoning.*

Matthew is an 8-year-old boy with intellectual/developmental disabilities. He lives in a small family home located just outside of Bakersfield. Matthew has been living there for the past two years. He is a curious, engaging young man who communicates in a range of ways, such as single words, sign language (approximately 15 signs), pointing, and using pictures. Matthew has recently started using a picture exchange communication system, and he is able to find familiar pictures in his book. Because Matthew has mild cerebral palsy, his gait is unsteady, and his balance is poor.

Matthew is able to undress independently and can do most of his own dressing. He needs reminders to use the bathroom and support to do most of his hygiene. Matthew makes some poor decisions regarding his personal safety; for example, he tends to put things into his mouth, and therefore staff needs to stay close to him in the community.

Jim has been working as a DSP for the past month. This is his first experience with individuals with disabilities. So far, he enjoys the job and has developed a nice relationship with Matthew. He also likes the administrator, April Young, as she has been very helpful.

Description of Risk*	Plans to Manage Risk

***Remember to think about the individual's health, behavior, daily living skills, environment, and lifestyle choices.**

Be Prepared

Even when steps are taken to prevent poisoning, an accidental poisoning may occur. If this happens, the DSP must get emergency medical assistance as quickly as possible. In emergency situations, the DSP who is prepared and who stays calm is the most helpful. We might believe that we know what we would do in an emergency, but it's just at this critical time that we realize we aren't prepared. We thought the poison control number was here by the phone. Who moved it? Are we supposed to make him vomit or not? Should we get him in the car and rush to the hospital?

In 1997, the California State Poison Control System began. Everyone in California can use a common number to call for help and information. Calls are answered by trained health care professionals. Post the Poison Control phone number—**1-800-222-1222**—next to the phone in the home where you work so the number can't be moved.

Emergency Response to a Poisoning Incident

If you think an individual might have been poisoned, immediately call the Poison Control Center and:

- **Remain calm.**
- **Have someone stay with the individual.**
- **Report what was taken (brand name and label, if possible).**
- **Report how much was taken (if you don't know, say so).**
- **Report age and weight of the person.**
- **Report how much time has passed since the poisoning happened.**
- **Report how the individual is doing.**

Poison Control Center: 1-800-222-1222

Important information on Ipecac Syrup:

For many years, Ipecac syrup was used to make a person vomit to get the poisonous substance out of the body quickly. However, it is rarely recommended now. With some poisons (for example, petroleum-based products or acids), vomiting is not a good approach because of the possible injury to the throat, lungs, or mouth. Do not use it to induce vomiting unless Poison Control says to do so. If vomiting occurs, save what is thrown up.

If Ipecac syrup is kept on hand, it should be locked up. Check expiration dates as it loses its effectiveness over time.

First Steps After Common Accidental Poisonings:

Call the Poison Control Center, and

- **For eyes:** Flood (flush) the eye with lukewarm water for 15 minutes; have individual blink while flushing the eye.
- **For swallowed medicine:** Do not give anything by mouth.
- **For household chemicals:** Give a small amount of water; do not make individual vomit.
- **For inhaled substance:** Get into fresh air; open doors and windows.
- **For skin:** Remove clothing if poison is on it; flood the skin with water for 15 minutes, then gently wash.

ACTIVITY

Dealing with Poisoning or Drug Overdose

Directions: *Pair up with another student and role-play calling the Poison Control Center. One person will perform the role of the DSP calling the Poison Control Center, and the other person will act as the Poison Control Center staff. There are four situations. Each student should make two of the calls.*

Scenario #1

DSP staff member: "One of our children was playing in the field beside our house and ate a mushroom that was growing there. He brought in a small piece of the stem, but I don't know how to identify poisonous from non-poisonous mushrooms. What should I do?"

Poison Control staff:
1. Where was the mushroom growing? On grass, near trees, on wood?
2. When did this happen?
3. How is the individual doing?
4. Does the individual have any medical conditions?
5. What is the name and age of the individual?
6. What is the name of the caller, the phone number, and zip code?
7. How close is the nearest emergency room?

Scenario #2

DSP staff member: "We just admitted a new resident to the home. We discovered that he had various strength Thorazine (chlorpromazine) in the pockets of his pants and in different boxes. Apparently, his roommate found at least one on the floor and ate it. The pills do look like M&Ms. The roommate fell asleep eating dinner. We woke him and tried to find out what color the pill was, but he is unsure. It was either brown or red. What should we do?"

Poison Control staff:
1. Is he awake? If not, can you wake him? Is he breathing okay?
2. How long ago did this happen?
3. Are you sure it was Thorazine?
4. Was there only one pill involved, or could he have eaten several?
5. How old is he?
6. How much does he weigh?
7. Does he have any medical conditions?
8. Is he taking any medications?

ACTIVITY

Dealing with Poisoning or Drug Overdose (cont.)

Scenario #3

DSP staff member: "A man with a developmental disability who lives with me was doing the dishes, and he says that he ate some of the powdered dishwasher detergent. What should I do?"

Poison Control staff:
1. Is the man having any symptoms?
2. Is this automatic dishwashing detergent?
3. Has he received any water or milk?
4. Are there any burns in his mouth, or is he having problems swallowing?
5. Does he have any medical conditions?

Scenario #4

DSP staff member: "Sam was using Super Glue on his model airplane project. When he was brushing back his hair, he got some of the glue in his eye, or at least I think he did because his eye is closed. What should I do?"

Poison Control staff:
1. Is he complaining of any eye pain?
2. Have you tried to flood his eye with water under the kitchen faucet or under the shower?
3. Are the skin surfaces glued together or just the eyelashes?
4. Does he wear contact lenses?

Falls

All of us, at one time or another, have fallen. Sometimes we were tripped by another person, or we were just careless and not looking where we were going. Most of the time, it's only our pride that is injured, but too often, falls result in physical injuries. In fact, over 19,700 older adults die from unintentional fall injuries annually.

Falls may occur on stairs, ladders, chairs and stools, roofs, and when getting in and out of bathtubs. Some falls are caused by individuals stepping on an unseen object such as marbles or a skateboard. Individuals of all ages fall out of bed or while getting out of bed. Over 90% of hip fractures are caused by falls.

Falls may be caused by careless behavior. An individual may be moving in too much of a hurry, playing roughly, or not paying attention to objects where they are walking. Some falls are caused by health problems such as fainting, poor eyesight, hypertension, joint problems, or by being over-medicated. Sometimes people fall when they are helping others in some way.

The individuals that DSPs support, because of their disabilities, medication, and at times, health problems, are at an increased risk of falling and of receiving injuries such as broken teeth, hips, legs, ankles, and arms. For example, individuals with epilepsy may fall and be injured during their seizures. Similarly, problems with muscle movement that come with cerebral palsy can cause someone to fall, especially when the individual walks in an unsteady way.

Preventing Falls

There are a number of ways a DSP can reduce the risk of falls in the home for both individuals with intellectual/developmental disabilities and staff including:

- Identify individuals at risk for falling and include fall precautions in the Individual Program Plan (IPP).
- Be sure individuals needing assistive devices (canes, walkers) use them and store them properly.
- Keep cords, wires, and hoses out of walkways.
- Make sure enough staff are involved when an individual is being transferred from one place to another, and make sure there is enough space.
- Provide hand rails and guard rails at all raised walkways or stairs.
- Use safety equipment in the shower, such as a rubber mat, grab bar or non-slip strips in the bathtub or shower stall, and/or a shower bench when the individual is unsteady or not well coordinated.
- Keep the floors dry; wipe up spills.
- Install night lights in bedrooms, halls, and bathrooms.
- Be sure nothing (clothes, toys, books, etc.) is left on stairways or on the floor.
- Use non-skid matting or tape under floor rugs.
- Carpet stairs (rubber runner on stairs to basement).
- Replace old carpet.
- Use a ladder (or move one) rather than stretching to reach something.
- Use well-maintained ladders and always have another person close by.
- Provide good outdoor lighting on walks and driveways.
- Where it is icy, put sand or salt on porches and other walkways.

Emergency Response to a Fall Incident

Even with the best precautions, falls may occur. How well the DSP performs in providing immediate assistance, preventing additional injury, and obtaining medical assistance if necessary is what makes the difference in the result of a fall.

Once the DSP becomes aware of the situation, the DSP needs to carefully and quickly assess the situation by *listening, observing, and questioning*:

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

The response of the DSP to an individual's fall depends on the circumstances of the fall, the person's ongoing health status, and what injury the person 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(s) such as an arm, leg, hip, or back, or appears to have a change of consciousness, **CALL 911 FOR ASSISTANCE. DO NOT MOVE THE INDIVIDUAL**.

Document all falling incidents in the individual's record and complete a Special Incident Report (SIR).

ACTIVITY

Identifying Fall Risks

Directions: *Think about the home you work in. Are there unsafe conditions that could lead to falls? For example, are there:*

- *Objects, items, or slippery surfaces in the home that could lead to falls?*
- *Unsafe practices by individuals that could lead to falls?*
- *Unsafe practices by staff that could lead to falls?*

In the "Description of Risk" column, write down specific unsafe conditions. Then think of possible actions that would eliminate or reduce the risks. In the "Plans to Manage Risk" column, write down ideas for minimizing the risk of falling.

Description of Risk*	Plans to Manage Risk

***Remember to think about the individual's health, behavior, daily living skills, environment, and lifestyle choices.**

Fires

Most recent statistics show that fire departments respond to approximately 370,000 home fires annually in the United States. Fires often result in serious injury and cause property damage. On average in the United States, someone dies in a fire every 169 minutes, and someone is injured every 30 minutes.

Preventing fire is the number one priority. Many fires are the result of carelessness or laziness, and we can do something about these things.

Preventing Fires

In-home sprinkler systems are the *best way* to protect lives in a house fire. Such systems will put out 9 out of 10 fires and provide time for people to exit. Use "rate of rise" heat 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 built-in smoke detectors with battery power for back-up. Smoke detectors linked to an alarm system provide additional safety. If the detectors are battery operated, they should be checked monthly, and batteries should be replaced at least once a year.

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

- Test smoke detectors monthly, and replace batteries twice a year 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 regularly.
- Practice fire drills every month.
- Do not allow smoking in bed. Even better, do not allow smoking in the house.
- Do not leave matches or lighters in the house.
- Always use ashtrays.
- Dispose of cigarette butts in a tin can with sand. Do not empty this can until all the cigarettes are cold.
- Clean ovens and fireplaces regularly.
- Do not overload electrical wiring. (Do not plug in and use too many appliances in one outlet.)
- Do not lay extension cords under rugs.
- Replace damaged or frayed electrical cords immediately.
- Use extreme care with space heaters. Be sure the home's electrical wiring can handle the heater.
- Do not let things (especially paper, rags, and old clothes) pile up under stairs, in the attic, or in the basement.
- Keep flammable liquids (liquids that may catch fire) in tightly closed metal containers, away from heat sources.
- Rags used to wipe up oil, paint or other chemicals must be stored and disposed of properly. Contact your local (city or county) office that deals with hazardous household waste for information.
- If you smell gas, all people should leave the house; then call the gas company.
- Be careful with all electrical appliances and make sure they are in good working condition (hair curling iron, toaster, irons, or space heaters).
- Use proper wattage bulbs in lamps.

Responding to a Fire

Learn about and use the prevention services of local fire departments. Disaster Plans (Appendix 9-B) should be checked out with fire department officials and revised according to recommendations made by these fire prevention experts.

What to Do If You Smell Smoke or Discover a Fire

Having a plan for responding to a fire 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:

- Help everyone get out of the house as fast as possible and meet in the designated 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 911 from a neighbor's house or cell phone.
- If there is smoke in the room, get on the floor and crawl to the exit.
- If you can't escape, put wet cloth or 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 911.

Fire Drills, Preparation and Planning

Community care facilities are required to have fire drills regularly, and document the results. Fire drills are planned times to practice the plan for responding to a fire. In preparation for drills, or in addition to drills, here are some things to teach individuals living in your home:

- If you hear an alarm, leave the house, moving away from the fire.
- Remain calm and walk, crawl, or wheel out of the house.
- Once outside the house, go 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 meeting point that is outside the home and away from danger.
- Specific roles and responsibilities of DSPs and residents.
- Location of fire extinguishers.

Community care homes use multi-purpose fire extinguishers, labeled "ABC." An "ABC" fire extinguisher can be used on all types of fires: wood, cloth and paper fires; oil, gas and kerosene fires; and electrical fires as well. Other types of fire extinguishers work only on certain types of fires.

Responding to a Fire (cont.)

Fire extinguishers are useful if a fire is small and can be easily put out, but it is important for staff to follow fire escape plans. Practicing these plans should be a regular and frequent activity for both staff and residents. Drills should be scheduled during different shifts, and some should be scheduled to interrupt the regular routines of individuals and staff (bed time, bath time). The more practice individuals have, the more likely they will know what to do in the event of a real emergency.

A fire emergency is something none of us want to ever experience. By taking prevention seriously, we can avoid fires in most cases. Having a clear plan and practicing that plan frequently will offer more assurance that staff and residents will act responsibly and safely in an emergency.

Emergency Treatment for Burns

If there is a fire, staff may need to provide some immediate treatment for burns. *Minor burns* (for example, contact with hot objects) are treated by holding the affected area under water and applying a dry dressing (bandage) if necessary.

Second-degree burns are deeper and often blister and appear to be wet. They are treated by holding the affected area under cold (not ice) water and gently dabbing dry. Apply sterile dressing and keep the limbs raised. Do not apply lotions or gels.

Third-degree burns are those with complete loss of all layers of skin and a white, charred appearance. These are best left to medical emergency staff. While waiting for medical staff, leave clothing intact and watch for possible breathing problems. Apply cold packs to face, hands, or feet for comfort, but do not hold burned areas in ice water.

ACTIVITY

Identifying Fire Risks

Directions: *Think about the home you work in. Are there unsafe conditions that could lead to fire? For example:*

- *Are smoke detectors tested monthly?*
- *Are matches and lighters left out on counters?*
- *Do you know where the fire extinguishers are and how to use them?*
- *Are there piles of old clothes or newspapers in the home?*

In the "Description of Risk" column, write down specific unsafe conditions. Then think of possible actions that would eliminate or reduce the risks. In the "Plans to Manage Risk" column, write down ideas for how to minimize the risk of fire.

Description of Risk*	Plans to Manage Risk

***Remember to think about the individual's health, behavior, daily living skills, environment, and lifestyle choices.**

Drowning

Facts About Drowning

- More than one in five people who die from drowning are children 14 and younger.
- Individuals can drown not only in natural bodies of water, but in bathtubs, swimming pools, and hot tubs.
- Drowning is the sixth leading cause of unintentional injury death for people of all ages, and the second leading cause of death for children ages 1 to 14 years.
- Alcohol use is involved in about half of teen deaths involving water recreation.
- Nearly 80% of people who die from drowning are male.

"Near drowning" is the term used when a person survives for at least 24 hours following a drowning event. For each child who dies from drowning, approximately four children are hospitalized for near drowning. Non-fatal drownings can cause brain damage that may result in long-term disabilities, including memory problems, learning disabilities, and permanent loss of basic functioning (e.g., permanent vegetative state). Regional centers provide services to over 500 persons in California who have intellectual/developmental disabilities caused by near drowning accidents.

Individuals with intellectual/developmental disabilities are at increased risk for drowning because they may lack water safety awareness. Individuals with epilepsy are at increased risk, because having a seizure in the water can be fatal.

Preventing Drowning

Community Care Licensing requires swimming pools to be surrounded by fences that are climb-resistant and at least five feet high. There must be locked gates and careful supervision of individuals in the water by someone trained and certified in water safety. Here are some additional actions to prevent drowning:

- Never leave anyone with an intellectual/developmental disability alone in a bathtub, shower stall, hot tub, swimming pool, wading pool, or other body of water for any reason.
- Don't allow diving into water that is less than six feet deep.
- Don't allow rough play or running near a swimming pool.
- Do not leave water in containers, pails, or buckets.
- Keep electrical cords and devices away from water.
- Teach everyone water safety and, if possible, how to swim.
- Require everyone to use an approved personal flotation device whenever riding on a boat or fishing and preferably while playing near a river, lake, or ocean.
- Do not drink alcohol while swimming or at the beach.

Helping with Transfers, Positioning, and Lifting

Assisting individuals to move involves three activities: transfer, positioning, and lifting. Transfers involve shifting an individual from one place to another, for instance from a wheelchair to a bed, with the individual bearing some weight. Positioning means arrange someone's body on a surface. Lifting means bearing an individuals full weight while moving them from one place to another. There are two reasons to become more skilled at transfers, positioning, and lifting. First, we do not want to injure the individual we are supporting. Second, we do not want to injure ourselves. Assisting an individual to move can put a great deal of strain on our bodies unless we practice the proper strategies. At some time during their lives, four out of five people have back problems such as severe muscle spasms, strained back muscles, or an injured disc. The DSP is no exception.

Amber is a young woman who uses a wheelchair. She is able to move the chair by herself, but needs assistance to transfer from her bed, another chair, or the toilet to her wheelchair. Direct Support Professionals who work in Amber's home have become used to lifting her into her chair. They do this on the average of six times a day, and she only weighs about 95 pounds. While they know they should follow certain steps in assisting her, the DSPs are often in a hurry and take some short cuts. Phyllis, a DSP who has supported Amber for the past eight months, has recently begun to feel some pain in her lower back in the mornings. It seems that as she gets going, her back loosens up, so she's not that concerned about it. A couple of anti-inflammatory pills usually make her back feel better.

Lifting and Protecting One's Back

Unfortunately, Phyllis may be experiencing early signs that she is doing some damage to her back. Amber may not weigh much, but lifting 95 pounds in this way is putting a strain on Phyllis' back. How can Phyllis minimize back problems without leaving this job she loves?

Minimizing back problems calls for two things:

1. Using our bodies properly.
2. Practicing exercises to strengthen our backs.

We can do a number of things when we have to lift, push, or reach for something, no matter how light the item is.

When lifting or moving an object:

- **Use tools with wheels whenever possible.**
- **Push, don't pull, items such as a garbage container or a cart.**
- **Move to the item, rather than reach for it.**
- **Bend at the knees, not the waist, when reaching.**
- **Turn the whole body, rather than twisting at the waist, 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 during the movement; don't round or arch the back.**

  A common problem is lifting loads from the floor. But overhead loads can also be hazardous. Store loads off the floor (above knee height) and below shoulder height to avoid the need too bend over.

Lifting and Protecting One's Back (cont.)

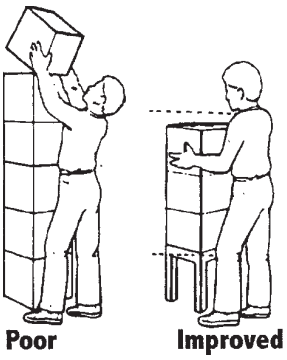
- **Lift loads at about waist height.**

  Changeable height stands can be used to raise boxes up and down to the right height (and also to accommodate employees of different heights). Reaching down into tubs and bins is a common source of back stress. Use tools that will tilt the load for you and boxes with drop down or removable sides.

- **When possible raise bath tubs and install wall hung toilets to provide enough room for lifting and transferring individuals.**

Principles of Good Body Mechanics

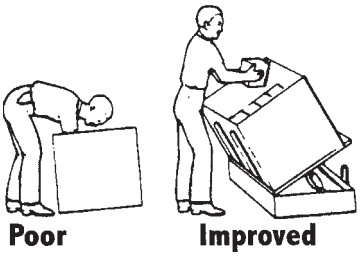
Keep the natural curve of the spine
A common problem is lifting loads from the floor. But overhead loads can also be hazardous. Store loads off the floor (above knee height) and below shoulder height to avoid the need to bend over.



Adjustable-height "scissors lift"

Lift loads at about waist height
Ideally, loads should be at about waist height when lifted. Use changeable height stands to raise boxes up and down to the right height (and also to accommodate employees of different heights).

Reaching down into tubs and bins is a common source of back stress. Use tools that will tilt the load toward you and boxes with drop-down or removable sides.



Avoid twisting motions
Twisting motions, especially with a heavy load, place a great amount of stress on the spine. Arrange furniture and activities to reduce the need to twist at the waist.

Helping Individuals with Abnormal Muscle Tone and Mobility Issues

Some Specific Transfer and Positioning Guidelines.

Individuals vary in size, muscle tone, and control of their bodies. They also have different needs with regard to help in moving about. Some people need help turning in bed. Some need help to sit up. Some need help in scooting forward or backward in a chair or bed. Some need help moving from the bed to a chair, from a chair to the toilet, from a chair to bed, or from a chair (or bed) to the floor. Some need help walking from one place to another without falling.

There should be a plan for each individual who needs assistance with moving. The plan should include whatever training is needed for the DSPs and individual.

Sometimes, a single helper can assist someone.

Sometimes, two or more people may need to work together.

Sometimes, mechanical aids such as a Hoyer lift may be needed.

In any situation, when positioning and/or transferring someone, DSPs should attend to the following principles:

- **Take time to think before you lift.**

  Be sure there is enough room to do the lift. Make sure you have good footing and light.
- **Ask the individual how he or she wants to be assisted.**
- **Encourage as much participation as possible by the individual you are assisting.**
- **Use equipment (boards, sheets, lifts, and so forth) when possible.**
- **Team up with another person when a two-person lift is needed.**
- **Use good body mechanics (good technique).**

Exercises for Preventing Back Problems

As a DSP, using proper techniques for lifting and moving people and objects ensures the safety of the individual being assisted and prevents injury to you. You may also be able to help yourself by doing exercises to strengthen your back.

Strengthening your entire body prevents future back problems and also improves your general health. Many exercises and sports strengthen your arms and legs, and special exercises to strengthen your abdominal muscles are also encouraged. Keeping your body flexible helps you to use proper body mechanics that protect your back.

Be sure to check with your physician or other health care professional before starting the exercises.

THESE EXERCISES ARE NOT RECOMMENDED FOR USE DURING AN ACUTE BACK PROBLEM OR SPASM. IF ANY EXERCISE CAUSES INCREASED OR CONTINUING BACK PAIN, STOP THE EXERCISE AND TRY SOMETHING ELSE. STOP ANY EXERCISE THAT CAUSES THE PAIN TO RADIATE AWAY FROM YOUR SPINE INTO YOUR BUTTOCKS OR LEGS, EITHER DURING OR AFTER THE EXERCISE.

You do not need to do every exercise. Stick with the ones that help you most. Start with 5 repetitions three to four times a day, and gradually increase to 10. Do all exercises slowly. The basic types of exercises that can help your back include flexion, extension, stretching and strengthening.

Basic Exercises

The following basic exercises fall into four groups:

- **Flexion** exercises stretch the lower back muscles and strengthen the stomach muscles.
- **Extension** exercises strengthen your lower back muscles.
- **Stretching** warms up muscles for movement and walking.
- **Strengthening** weight resistance training improves muscle tone and strength.

Flexion Exercises

Curl-Ups

Curl-ups strengthen your abdominal muscles, which work with your back muscles to support your spine.

- Lie on your back with knees bent (60 degree angle) and feet flat on the floor, arms crossed on your chest. Do not hook your feet under anything.

- Slowly curl your head and shoulders a few inches up until your shoulder blades barely rise from the floor. Keep your lower back pressed to the floor. To avoid neck problems, remember to lift your shoulders and do not force your head up or forward. Hold for 5 to 10 seconds (do not hold your breath), and then curl down very slowly.

Pelvic Tilts

This exercise gently moves the spine and stretches the low back.

- Lie on your back with knees bent and feet flat on the floor.

- Slowly tighten your stomach muscles and press your low back against the floor. Your pelvis (hips) should come off the floor about an inch. Hold for 10 seconds (do not hold your breath). Slowly relax.

Extension Exercises

Press-Ups

Begin and end every set of exercises with a few press-ups.

- Lie face down with hands at shoulders, palms flat on floor near your shoulders.

- Lift your head and shoulders up off the floor, keeping your hands and elbows on the floor and the lower half of your body relaxed.
- If it's comfortable, press your chest forward.
- Keep hips pressed to the floor. Feel the stretch in your low back.
- Lower upper body to the floor. Repeat 3 to 10 times, slowly.

Backward Bend

Practice the backward bend at least once a day and do it frequently when working in a bent forward position.

- Stand upright with your feet slightly apart. Back up to a counter top for greater support and stability.

- Place your hands in the small of your back and gently bend backward. Keep your knees straight (not locked) and bend only at the waist.
- Hold the backward stretch for one to two seconds.

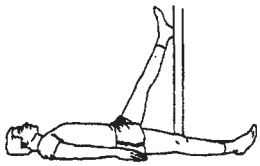
Exercises for Preventing Back Problems (cont.)

Stretching Exercises

Hamstring Stretch

This stretches the muscles in the back of your thigh that allow you to bend your legs while keeping a natural curve in your back.

- Lie on your back in a doorway with one leg through the doorway on the floor and the leg you want to stretch straight up with the heel resting on the wall next to the doorway.



- Keep the leg straight and slowly move your heel up the wall until you feel a gentle pull in the back of your thigh. Do not overstretch.
- Relax in that position for 30 seconds, then bend the knee to relieve the stretch. Repeat with the other leg.

Hip Flexor Stretch

This stretches the muscles in the front of your hip, which avoids “swayback” caused by tight hip muscles.

- Kneel on one knee with your other leg bent and foot in front of you. Keep a natural curve in your back.
- Slowly shift your weight onto your front foot, maintaining a natural curve in your back. Hold for 10 seconds. You should feel a stretch in the top of the front of the leg you are kneeling on. Repeat with the other leg.

Strengthening Exercises

Prone Buttocks Squeeze

This exercise strengthens the buttocks muscles, which support the back and aid in lifting with the legs.

- Lie flat on your stomach with your arms at your sides.
- Slowly tighten your buttocks muscles. Hold for 5 to 10 seconds (do not hold your breath). Slowly relax.
- You may need to place a small pillow under your stomach for comfort.

Safely Transporting an Individual in a Wheelchair

Some of us have become so used to seeing people using wheelchairs that we forget that there are things we need to do to ensure their safety and comfort. A wheelchair is an example of adaptive equipment that must be individualized for the person using it. Our first consideration is to assist an individual to move and at the same time, to reduce the risk of injury when he or she uses the wheelchair. We also need to remember to include the individual so he or she can be part of any social interaction. In schools, some teachers have created wheelchair safety classes for peers who are interested in pushing their friends who use wheelchairs. Completing this class and gaining a wheelchair safety license helps to ensure that no one is injured and that peers are demonstrating respectful behavior.

As we prepare to assist an individual to use a wheelchair, here are some critical points to consider:

- **Self-mobilization**: Does this individual want your assistance? Can the individual move himself or herself? If yes, encourage him to transport himself as much as possible.
- **Individual sitting position**: Before starting check to see that the individual is seated according to their individual plan.
  - Are the individual's hips supposed to be all the way back in the wheelchair?
  - Does the seat belt need to be attached?
  - Are footrests in place? Should the individual's feet be on the footrests?
  - Are the individual's hands on the armrests or in his or her lap, away from the wheels?
- **Brakes:** Are the brakes locked prior to assisting an individual into or out of a wheelchair?
- **Holding on**: Are you grasping both push handles on the wheelchair firmly?
- **Starting and stopping**: Are you starting and stopping slowly, taking corners slowly, and maintaining a steady pace while moving? This is to avoid jostling the individual or throwing him or her off balance.
- **Surface levels**: Are you alert for changes in surface levels; for example, doorjambs or the floor of an elevator? Hitting a half-inch rise at standard wheelchair speed can bend the front casters and throw the individual forward.
- **Opening doors**: Are you opening doors by stopping the wheelchair, opening the door by hand and slowly bringing the wheelchair through? Never open doors by pushing with the front of the wheelchair. This can damage the wheelchair's footrests, the individual's feet, or the door. If the door does not stay open on its own, hold it with one hand or your backside. Do not let the door bang the side of the wheelchair.
- **Inclines and ramps**: Are you ensuring that the individual's weight is always pushing back toward you on upward slopes? The individual's weight should always be pushing back toward you on upward slopes. Going uphill means pushing the individual; to go downhill, turn the chair around and walk backwards. In this manner, the individual's weight will push back toward you.
- **Curbs:** Are you using the large wheels to roll over curbs?
  - **Up curbs**—Stop at the curb, raise the front casters by pressing down on the foot lever, roll the front casters onto the sidewalk, and roll the large wheels over the curb by lifting slightly on the push handles as you push forward.

Safely Transporting an Individual in a Wheelchair (cont.)

– **Down curbs**—Always come down curbs facing backwards with the large wheels coming first. Maintain some upward pressure on the push handles as you pull the wheelchair toward you.

The previous guidelines are from *The North Dakota Staff Training* manual, pp. 77–78, 1995

Medical Emergencies

A DSP is constantly making decisions, and one of the most serious decisions is to determine when medical attention is necessary.

> A medical emergency is an unexpected event calling for first aid, followed by prompt medical attention.

Some emergencies call for an immediate response to protect life.

All emergencies call for a prompt response, either calling 911 or calling the Poison Control Center (1-800-222-1222) and getting advice.

Emergency Action:

Calling for help is often the most important action a DSP can take to help the individual in need of aid.

ALWAYS Call 911 if the individual:

- Has bleeding that can't be controlled
- Is or becomes unconscious not related to a seizure
- Has no pulse
- Has trouble breathing or is breathing in a strange way
- Has chest pain or pressure
- Has severe injuries such as broken bones
- Is choking (not breathing and not coughing)
- Has injuries to the head, neck, or back
- Has gone into shock
- Has a seizure lasting five minutes or continuous seizures
- Suffers electrical shock
- Is drowning or near drowning
- Has paralysis, numbness, confusion
- Suffers severe burns that cover more than one part of the body or on the head, neck, hands, feet, or genitals

If an individual appears to have been poisoned, first call the Poison Control Center at 1-800-222-1222.

Call 911 if any of the following circumstances apply:

- Fire or explosion
- Downed electrical wires
- Swiftly moving or rapidly rising water
- Presence of poisonous gas
- Vehicle collisions with injuries
- Shooting

When you call 911, 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.

Stay on the phone until the dispatcher tells you to hang up.

What to Do Until Medical Help Arrives

You've done the right thing calling for help. Whenever you are concerned about an injury or medical condition, calling for assistance is the right thing to do. While you are waiting for assistance, there are some very important things you can do to give the individual the best possible chance to recover.

Until medical help arrives:

- **Stay calm** so that you can reassure the individual and not add to their fear and concern.
- **Stay with the person.**
- **Maintain the individual's airway**, if necessary by tilting the head back.
- **Control bleeding**, by application of pressure or use of a tourniquet if necessary.
- **Treat for shock** by having the person lie down and by loosening clothing, covering with a blanket, and seeking medical attention.
- **Have a current medical history ready** to give to the paramedics including, at a minimum:
  - Name, date of birth, current address, and phone number
  - Current medications
  - List of allergies
  - Insurance information (for example, Medi-Cal card)
  - Information about what happened and when
  - Physician's name and telephone number

It is a good idea to have all health information, including a copy of the individual's health history and consent-to-treatment forms, in a separate folder, available for DSPs to give to emergency personnel.

First Aid

First Aid is emergency care given immediately to someone who is hurt. First aid training is required by Community Care Licensing regulations. The Red Cross and other organizations offer first aid classes.

First aid techniques include:

- Abdominal thrusts
- Rescue breathing
- Cardio-pulmonary resuscitation (CPR)

First Aid Supplies

Every Community Care Facility (CCF) must have the following minimum supplies at a central location within the home:

- A current edition of a First Aid manual approved by the American Red Cross, the American Medical Association, or a state or federal health agency.
- Sterile first aid dressings
- Bandages or rolled bandages
- Adhesive tape
- Scissors
- Tweezers
- Thermometer
- Antiseptic solution
- Gloves

It is important that every DSP knows where these supplies are in the home and how to use them.

Environmental Emergencies: Fire, Earthquake, and Flood

We can rarely predict when a disaster or accident, such as a fire, earthquake or flood, will occur, but we can do our best to prepare for these environmental emergencies. How DSPs react in an emergency depends upon their ability to identify possible risks, their skill in following the emergency plan, and their ability to remain calm in the face of uncertainty.

Some environmental emergencies are internal, as when a fire occurs within the home. Others are external, 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 emergencies may cause internal emergencies, as when a flood damages a home or an earthquake causes a fire.

External disasters, may cause problems with travel, communications, and basic utility services, including gas, water, and electricity. They put a great deal of strain on emergency services, including medical care.

Responding to Disasters

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

- Are there injuries that require First Aid and medical attention?
- Do the individuals have to evacuate (leave) or is it safe to stay in the home?
- Are food and water available?
- Has the disaster affected public utilities, such as gas, electricity, and communications?

To increase their ability to respond well during an environmental emergency, a DSP needs to follow the "4 Ps":

- **PREPARE** … have the right things available.
- **PLAN** … decide who will do what.
- **PRACTICE** … hold disaster drills.
- **PERFORM** … complete the right action in an emergency.

PREPARE

Every home needs to have critical supplies on hand in case there is an environmental disaster. In addition to fire extinguishers and smoke detectors that every home should have, each household needs:

- First aid kit and first aid book.
- Adjustable wrench for turning off gas and water.
- Battery-powered radio and flashlight with plenty of extra batteries.
- Bottled water sufficient for the number of individuals and staff in the home (1 gallon per person per day).
- A one-week food supply of canned and dried foods for each individual and staff member.

  NOTE: These should be replaced regularly: water every six months and canned goods once a year. Containers should be dated.
- Non-electric can opener.
- Portable stove and fuel, such as butane or charcoal.
- Matches (NOTE: Do not light if there is any smell of gas).
- Credit cards and cash.
- An extra set of keys.

- A current posted Disaster Plan, with information about relocation, Poison Control, and physician names and telephone numbers.

  In addition, DSPs must have the following items for each individual living in the home including:
- List of current medications being taken and prescribing physician.
- Currently prescribed medications on hand.
- Emergency information (for example, name, date of birth, home address, and phone number; name, address, and phone number of administrator; Medi-Cal or other medical insurance numbers; known allergies and food sensitivities; and name, address, and phone number of relatives or closest friends).
- Medi-Cal or other insurance card.
- Signed consent-to-treatment form, with phone number of the regional center or other placement agency.
- 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

Community Care Licensing requires all facilities to have a Disaster Plan (see Appendix 9-B). DSPs should assist in writing the home disaster preparedness plan. Assisting in writing the plan makes it more likely that DSPs will understand the reason for actions they should take and may also result in identifying strategies for a better plan.

PRACTICE

Each DSP should know how to respond appropriately to an external disaster, and practice is the way this is accomplished. 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. DSPs should know how to:

- Turn off gas, water, and electricity.
- Provide first aid.
- Get individuals to the assistance they need.
- Communicate with other staff.

PERFORM

The type and strength of an external disaster will determine how to respond. It is always a good idea to stay calm. For example, in an earthquake, how to respond depends on where you are when the earthquake occurs. 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 wires. If you are in a car, drive away from underpasses or overpasses, stop in a safe area, and stay in the car.

After an earthquake, one should:

- 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 if needed to call for immediate help.

ACTIVITY

Disaster Planning and Response

Directions: *Using the disaster the teacher has given you, write down what you would do to Prepare, Plan, and Practice.*

Prepare

What do you need to have on hand?

Plan

What steps will you take in the event of this disaster? (Be sure to be specific; for example, who will do what?)

Practice

Describe the plan for DSPs and consumers to practice steps.

PRACTICE AND SHARE

Review the Disaster Plan for the home where you work and do the following:

- Is the plan up to date? If not, tell your administrator.
- Locate the emergency exits.
- Does the home have an “ABC” fire extinguisher? Is it charged? If not, tell your administrator.

Session 9 Quiz

Risk Management: Environmental Safety

1. **What is one way to prevent poisoning from household chemicals:**
   A) Don't store ANY poisonous chemicals in the home
   B) Keep all poisonous products in locked cabinets
   C) Tell individuals in the home not to touch poisonous products
   D) Place poisonous products on a shelf

2. **What is the first thing a DSP must do if they think an individual may have been poisoned?**
   A) Make the individual vomit
   B) Call the home administrator
   C) Call the Poison Control Center
   D) Ask a neighbor for help

3. **What is one thing a DSP can do to prevent some falling accidents?**
   A) Use a rubber mat or a bench in the shower
   B) Leave books and toys on stairways
   C) Allow spills to air dry
   D) Keep wires and hoses along walkways

4. **If an individual who has fallen appears to have been seriously injured or is bleeding, what should the DSP do?**
   A) Tell another DSP; move the individual to a nearby chair or sofa
   B) Call 911 for assistance; do not move the individual
   C) Ask the individual if they would like some help
   D) Ask the individual how they fell

5. **Which activity will help prevent injury from fires?**
   A) Place all cardboard boxes in a pile in the garage
   B) Allow smoking anywhere in the house
   C) Check smoke detectors monthly and replace batteries annually
   D) Keep extra wood and paper in the fireplace

6. **What should a DSP do if they smell smoke or discover a fire?**
   A) Take some individuals out, then go back for others
   B) Stop and get important papers and personal belongings
   C) Help all individuals out of the home; meet in a designated meeting place
   D) Leave at once; others will follow the DSP

7. **What can a DSP do to prevent drowning?**
   A) Help individuals learn about water safety
   B) Allow diving in shallow water
   C) Leave water in open buckets where it can be easily seen
   D) Serve alcohol at pool parties

8. **Which item below is a principle of good body mechanics?**
   A) Bend from the waist to pick up heavy objects
   B) Reach down into deep tubs and bins
   C) Keep the natural curve of the spine when lifting
   D) Twist sharply at the waist

9. **A "medical emergency:"**
   A) Is a serious accident that occurs away from the facility
   B) Is an unexpected event requiring first aid, followed by prompt medical attention
   C) Is when an individual's doctor calls unexpectedly
   D) Is an event only to be handled by the home administrator

10. **Which of the following is an environmental emergency?**
    A) Choking
    B) Taking the wrong medication
    C) An earthquake
    D) Falling from a ladder

Appendices

Appendix 9-A

Safety for Infants and Toddlers

Safety for Infants

1. Never shake a baby!
2. Never leave an infant alone on a bed, changing table or other high object.
3. Always put crib rails up when stepping or turning a way from the infant.
4. Place a baby down to sleep on his or her back or on the side, with the lower arm forward to stop infant from rolling over.
5. Place a baby on a firm mattress and do not use fluffy blankets for comforters under the baby. Do not let a baby sleep on a waterbed, sheepskin, pillow, or other soft material.
6. Cover electrical outlets with childproof covers.
7. Make certain that wires and cords from lamps, appliances, etc. are not hanging where a child could easily pull them, causing something to fall.
8. Keep gates in front of steps and stairs.
9. Keep all medicine, household cleaners, and any other toxic substance out of the reach of children, in a locked cabinet.
10. Keep childproof latches on all drawers and cabinets to prevent an infant, toddler, or small child from opening.
11. Keep all plastic bags away from infants and small children.
12. Keep needles, safety pins, coins, beads and other small objects away from infants and small children.
13. Never give an infant or young child foods that are easily choked on, such as popcorn, peanuts, grapes, raw vegetables, marshmallows, hot dogs or other items which may obstruct a child's airway.
14. Place hot coffee pot or other hot item in the center of the table out of a child's reach. Do not place hot items on a table with a tablecloth, unless the child is supervised.
15. Never leave a child alone in a bathtub, or near other bodies of water, such as a fishpond or swimming pool. A child's small inflatable plastic pool can also be dangerous if the child is not supervised.
16. Use a sunscreen with an SPF of 15 or higher when taking an infant or child outdoors.
17. Always place an infant in a car seat, which has been properly installed. Place an infant car seat in the back seat.
18. Never leave a child alone near a lighted stove, fireplace, barbeque, burning candle or lamp.

Safety for Toddlers and Preschoolers

1. Keep all tools out of the reach of children.
2. If you have Venetian blinds with cords cut the loop in order to avoid the child getting his or her neck caught in it.
3. Keep matches and lighters out of reach.
4. Always turn the handles of pots and pans towards the back of the stove.
5. Learn which plants are poisonous and keep young children away from them.
6. Be certain children are secured with a seatbelt when seated in carriages and strollers.
7. Never leave a child alone in a carriage, stroller or shopping cart.
8. Never leave a child alone in the house or a parked car.
9. Children weighing up to 60 pounds or up to six years of age should ride in a car seat.
10. Never place a child in the front passenger seat with passenger side air bags.
11. Discard old refrigerators, freezers, or stoves or have the doors removed from them.
12. Never have firearms (loaded or unloaded) where a child can reach them.

Safety for School Age Children

Among school-aged children, motor vehicle accidents are the leading cause of death, followed by pedestrian injuries. A high percentage of non-fatal injuries are due to falls. Consideration for keeping school-aged children safe include:

1. Use seatbelts at all times in automobiles.
2. Use appropriately fitting helmets on all children riding bicycles.
3. Educate children about the danger of going into the street. Set boundaries. Use door alarms or other devices in home of children who may not understand and run into the street.
4. Always have adult supervision when children are swimming.
5. Teach children about appropriate interaction with strangers (getting into cars, answering doors, etc.).

Disaster Plan for Residential Care Facilities

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EMERGENCY DISASTER PLAN FOR ADULT DAY PROGRAMS, ADULT RESIDENTIAL FACILITIES, RESIDENTIAL CARE FACILITIES FOR THE CHRONICALLY ILL AND SOCIAL REHABILITATION FACILITIES

INSTRUCTIONS:
Post a copy in a prominent location in facility, near telephone.
Licensee is responsible for updating information as required.
Return a copy to the licensing office.

NAME OF FACILITY	ADMINISTRATOR OF FACILITY
FACILITY ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)	TELEPHONE NUMBER ( )

I. ASSIGNMENTS DURING AN EMERGENCY (USE REVERSE SIDE IF ADDITIONAL SPACE IS REQUIRED)

NAME(S) OF STAFF	TITLE	ASSIGNMENT
1.		DIRECT EVACUATION AND PERSON COUNT
2.		HANDLE FIRST AID
3.		TELEPHONE EMERGENCY NUMBERS
4.		TRANSPORTATION
5.		OTHER (DESCRIBE)
6.		

II. EMERGENCY NAMES AND TELEPHONE NUMBERS (IN ADDITION TO 9-1-1)

FIRE/PARAMEDICS	POLICE OR SHERIFF
RED CROSS	OFFICE OF EMERGENCY SERVICES
PHYSICIAN(S)	POISON CONTROL
HOSPITAL(S)	AMBULANCE
DENTIST(S)	CRISIS CENTER
LONG TERM OMBUDSMAN	OTHER AGENCY/PERSON

III. FACILITY EXIT LOCATIONS (USING A COPY OF THE FACILITY SKETCH [LIC 999] INDICATE EXITS BY NUMBER)

1.	2.
3.	4.

IV. TEMPORARY RELOCATION SITE(S) (IF AVAILABLE, SUBMIT LETTER OF PERMISSION FROM RENTER/LEASEE/MANAGER/PROPERTY OWNER)

NAME	ADDRESS	TELEPHONE NUMBER
		( )
NAME	ADDRESS	TELEPHONE NUMBER
		( )

V. UTILITY SHUT—OFF LOCATIONS (INDICATE LOCATION(S) ON THE FACILITY SKETCH [LIC 999])

ELECTRICITY

WATER

GAS

VI. FIRST AID KIT (LOCATION)

VII. EQUIPMENT

SMOKE DETECTOR LOCATION (IF REQUIRED)

FIRE EXTINGUISHER LOCATION (IF REQUIRED)

TYPE OF FIRE ALARM SOUNDING DEVICE (IF REQUIRED)

LOCATION OF DEVICE

VIII. AFFIRMATION STATEMENT

AS ADMINISTRATOR OF THIS FACILITY, I ASSUME RESPONSIBILITY FOR THIS PLAN FOR PROVIDING EMERGENCY SERVICES AS INDICATED BELOW. I SHALL INSTRUCT ALL CLIENTS/RESIDENTS, AGE AND ABILITIES PERMITTING, ANY STAFF AND/OR HOUSEHOLD MEMBERS AS NEEDED IN THEIR DUTIES AND RESPONSIBILITIES UNDER THIS PLAN.

SIGNATURE	DATE

LIC 610D (10/03) (PUBLIC)

Appendix 9-C

FEELING SAFE, BEING SAFE

My Personal Safety in an EMERGENCY

FEELING SAFE, BEING SAFE

MAKING YOUR OWN PLAN

This worksheet and magnet will help you make a plan and support you during an emergency.

It will help you think about:

- ❑ Important people to call.
- ❑ Being safe at home.
- ❑ A safe place to go.

Complete all the pages in the worksheet. Put it in your emergency kit.

The magnet will show important information about you. Fill it in using information from your worksheet. You can use a pen or marker. Put it on your refrigerator.

Have someone help you:

- ❑ Get all the information you need.
- ❑ Put your emergency kit together.
- ❑ Complete the worksheet.
- ❑ Fill in your magnet.

1

Department of Developmental Services
Consumer Advisory Committee, 2010

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For additional Feeling Safe, Being Safe materials available for download

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916-654-1888
http://www.dds.ca.gov/ConsumerCorner/Publications.cfm

Developed by:
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PERSONAL SAFETY

IMPORTANT INFORMATION ABOUT ME

PERSONAL INFORMATION:

My Name _____

Health Insurance _____
CARD NUMBER

HEALTH/MEDICAL INFORMATION:

My Meds _____

_____

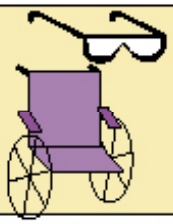
My Doctor _____

Information about my disability _____

_____

2

IMPORTANT THINGS I USE:



- ❑ Glasses
- ❑ Hearing aids
- ❑ Wheelchair
- ❑ Walker
- ❑ Service animal
- ❑ Other _____

COMMUNICATION:

My way of talking _____

Best way to talk to me _____

Best way to assist me _____

How I respond to stress _____

Appendix 9-C (cont.)

SAFE AT HOME

PREPARING SO YOU ARE SAFE AT HOME

EMERGENCY KIT:

- ❑ Water
- ❑ Food
- ❑ Extra Clothes
- ❑ Coat
- ❑ Gloves
- ❑ Service Animal Supplies
- ❑ Meds
- ❑ First Aid
- ❑ Whistle
- ❑ Garbage Bags
- ❑ Radio
- ❑ Flashlight
- ❑ Batteries
- ❑ Worksheet
- ❑ Cash
- Place in a zip lock bag
- ❑ Copy of Insurance & ID Card

3

REMEMBER:

- ❑ Put your name on the front of the kit.
- ❑ Put it in a place easy to find.
- ❑ Tell important people where it is.
- ❑ Check the kit often.

GOOD IDEAS ABOUT BEING SAFE AT HOME:

- ❑ Clear pathways to enter and leave easily.
- ❑ Keep window and door areas free of clutter.

PEOPLE WHO CARE

IMPORTANT PEOPLE IN AN EMERGENCY

SOMEONE WHO LIVES CLOSE:

Neighbor _____ # _____

Apt. Manager _____ # _____

Family/Friend _____ # _____

OTHER IMPORTANT CONTACTS:

Support Staff _____ # _____

Program _____ # _____

Regional Center _____ # _____

4

COMMUNITY RESOURCES

WHO TO CALL FOR EMERGENCY INFORMATION

911

Office of Emergency Services _____

Fire # _____ Police # _____

WHERE TO GET INFORMATION TO BE SAFE IN AN EMERGENCY:

Radio Station _____

TV Station _____

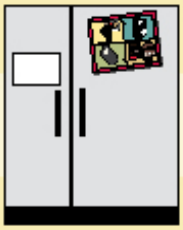
Appendix 9-C (cont.)

SAFETY TIPS

GOOD IDEAS FOR BEING SAFE

My kit is ready.

My worksheet is finished and in my kit.



My magnet is finished and on my refrigerator.

I practiced telling people about my personal needs.

I told people who care that I am depending on them.

I asked about being safe at work in an emergency.

Feeling Safe, Being Safe = Being Prepared

Student Resource Guide

10. Communication

Student Resource Guide: SESSION 10

Communication

Outcomes

When you finish this session, you will be able to:

- List the reasons for communication.
- Give examples of non-verbal communication.
- Identify modes of communication.
- Describe things that get in the way of an individual being understood.
- Identify ways to support individuals' communication in their daily routines.
- Describe a method for managing conflict.
- Follow the rules for conflict resolution.

KEY WORDS

Key Word	Meaning	In My Own Words
Active Listening	One person hears another's words, figures out what they mean, and responds to the words in his or her own words.	
Communication	Sharing thoughts, views, and feelings.	
Communication Boards	Mode of communication that individuals carry with them.	
"I" Statements	Talking about a conflict from one's own point of view.	
Modes of Communication	The ways in which thoughts, views and feelings can be expressed.	
Non-Verbal	Expressing thoughts, views and feelings without using spoken words.	
Sign Language	The mode of communication used in the deaf community. Sign language combines the use of hand shapes, hand and arm movements, facial expressions, gestures, and body language in a structured and conventional manner to express thoughts, views, and feelings.	

ACTIVITY

What Do You Want to Know?

Directions: *Think about the topic of this training session. Answer the first two questions in the space provided below. You will come back to this page at the end of the session to answer the last question.*

What do you **already know** about communicating with others and about supporting communication for individuals with disabilities?

What do you **want to know** about communicating with others and about supporting communication for individuals with disabilities?

To be answered at the end of the session, during review:
What **have you learned** about communicating with others and about supporting communication for individuals with disabilities?

Opening Scenario

Matthew is an 8-year-old boy with cerebral palsy. Matthew has trouble talking and being understood when speaking words. In his Individual Program Plan (IPP), Matthew has a goal to use a variety of different ways to communicate. Susan, a DSP in the home where Matthew lives is very fond of Matthew and has been trying to get him to practice talking more. Lately Susan has stopped using Matthew's picture communication system with him and ignores Matthew when he uses gestures or sign language. Matthew has been trying to ask her for a drink of juice using his picture system. Susan has ignored him, saying to him, "Matthew, you just need to learn to talk." Matthew tries using the sign he knows for drink. Susan again ignores him saying, "I don't understand that stuff. Matthew, you really can try to tell me in words." Matthew is very frustrated and just can't get the words out. He is very thirsty and angry. He falls to the floor and starts screaming and crying.

Communication

Communication is a very important tool in the DSP toolbox. Good communication will help the DSP reduce confusion and frustration and improve the quality of life for everyone in the home. Good communication is a vital component to decision making and problem solving. It is the basis for recognizing the needs of the individual and providing high quality support. Knowing how to communicate with simple, clear statements will lead to more positive interactions with the individuals you support, their families, co-workers, and community members.

This session will enhance the DSP's skills related to:

- Communicating with individuals
- Supporting individuals' communication with others
- Communicating with other team members, including co-workers and community members

What is Communication?

Communication is about sharing thoughts, views, feelings, needs, and preferences. There are three parts to all communication:

1. Sender
The individual with something to communicate.

2. Message
What the individual wishes to communicate.

3. Receiver
The person to whom the message is given.

When an individual decides to send a message, the intent is to:

- Express something meaningful to him or her
- Achieve a purpose
- Share thoughts, views, and feelings with other people

Reasons for Communicating

Why do people communicate with each other? People have many different reasons to communicate during the course of each day. One very important reason for communicating is to gain more control of our lives and to participate in our communities. More specifically, people communicate in order to:

- **Give and Get Information**

For the DSP, this could mean giving information to parents or family members about an individual's progress or letting the regional center know about an unusual incident. It could mean asking everyone in the program his or her opinion on an activity before deciding what to do. Or you may need to check with the regional center, your administrator, and the family before changing the way in which you approach an IPP objective. For individuals, this could mean asking about the day's plans, meals, what to wear, or when they want to see their friends. It includes asking questions and offering thoughts, views, or understandings.

- **Express Feelings**

Individuals may want you to know when they have had a great day or when they are feeling bad.

- **Solve Problems**

You may need to communicate with two individuals at your program to work out problems and to help people solve their own issues.

- **Learn New Things**

Individuals will need to know how to gain skills, such as oral health and hygiene skills, cooking, taking care of their money, or how to make their needs known.

- **Persuade Others**

Individuals may want to have others do something differently. This could mean choosing clothing different from what was offered. It could mean convincing your supervisor to alter your schedule for a special event.

- **Make Decisions**

The DSP communicates with many people who make decisions that affect individuals in their programs. For instance, when a team is trying to figure out how to address a problem, there might be communication among the staff, the consultants, other programs, and the regional center so the best decision is made.

- **Build Relationships**

The DSP communicates with community members, neighbors, friends, and the individuals he or she supports. All relationships rely on some form of communication. Individuals use communication skills to get to know other people: find out what they like, what they do, what is important to them, and what the individuals have in common.

Verbal and Non-Verbal Communication

Verbal Communication

Verbal communication is the most common way individuals exchange information. Verbal communication is a complex skill, which requires attending to another person. There are many points at which a breakdown could occur when using verbal communication. Verbal communication can be broken into four parts.

1. *Organizing the message.* This begins with the thought process of what the individual wishes to say.
2. *Sending the message.* The individual transfers the thought into spoken words, which are delivered to another person.
3. *Receiving the message.* The person receiving the message hears the message and attends to it.
4. *Processing the message.* The brain of the person receiving the message decides what the intended message means.

Excerpted from the *Caregiver Manual & Resource Guide for Southwest Florida*, Florida Gulf Coast University, 2002.

Non-Verbal Communication

Non-verbal communication is communication that is expressed without spoken words. Sometimes a sender's spoken message is not understood by the receiver. At these times, non-verbal communication may be more effective since there is less chance for breakdown to occur. Generally the receiver needs to attend to the sender and see the nonverbal communication to understand it. Non-verbal communication can also be used to overcome other barriers to communication, for example difficulty speaking due to cerebral palsy. Following are some examples of non-verbal communication:

- **Facial Expressions**

What an individual is feeling is communicated by the look on his or her face. For example, usually a smile means the individual is happy, and a frown means that he or she might be sad.

- **Gestures**

Gestures are hand, body, and facial movements that have meaning. Examples are putting your hands up as if to say "I don't know," or shaking your head to say "Yes" or "No," or waving to an individual in order to say, "Come closer, please."

- **Volume of Voice**

The loudness or softness of a person's voice may communicate how they feel.

- **Physical Closeness**

Standing close to people usually means they know each other well. Most people try to stay about an arm's length away from the person to whom they are talking.

Modes of Communication

Now you know that communication can be either verbal or non-verbal. The variety of ways communication can be expressed are called **modes of communication**. Modes are either verbal or non-verbal.

Common modes of communication include:

- **Spoken Language**

Spoken language uses speech in words and sounds that are conventional and structured. Individuals with intellectual/developmental disabilities may understand spoken language, but not have developed speech skills. They may use speech mixed with other forms of communication to make their needs known.

- **Written Language**

Written language is not always written in full sentences or spelled correctly. It is meaningful communication when the sender and receiver understand the context of the written language. For example, if an individual is in the grocery store and writes the word “cheese,” she or he may wish to buy cheese. However, if the individual is in the kitchen with the refrigerator door open and writes the word “cheese,” this time it may mean, “Help me find the cheese.”

- **Sign Language**

Sign language is the mode of communication used in the deaf community. In the United States, the standard sign language is American Sign Language. It combines the use of hand shapes, hand and arm movements, facial expressions, gestures, and body language in a structured and conventional manner to express thoughts, views, and feelings. American Sign Language has its own alphabet, words, and syntax. The American Sign Language alphabet can be found in Appendix 10-A.

- **Sign Systems**

Sign systems are based on American Sign Language and have been adapted to the needs of individuals who are in schools and whose learning styles limit their use of spoken language. Many individuals who have developmental delays use signs that combine parts of American Sign Language and local, school, or home-based signs. Appendix 10-B provides a basic list of words in American Sign Language for the DSP to use as a reference tool.

- **Communication Books**

Communication books contain pictures, words, photographs, or symbols. They can be used separately or combined in one book. Individuals who use these books might point to the message they wish to send or use the book in combination with speech or even with signing. Communication books are developed based upon each individual’s needs and abilities.

- **Communication Boards/Electronic Devices**

Communication boards are modes of communication that individuals carry with them. Some individuals use a board that has letters on it, like a computer keyboard. They point to the letters that spell words so someone can understand them. Some people have electronic systems that use pictures or symbols or that attach to computer monitors. Some systems have a voice that repeats the word, sign, or symbol to which the individual points.

- **Behavior**

Behavior can tell you a lot if you “listen” to what it is saying. Among other things, it gives you information about what individuals want, when they are unhappy, and their interest in being social.

Modes of Communication (cont.)

Some of the things that behavior can communicate are individuals':

- Preferences or choices
- Requests for objects
- Requests for assistance
- Requests for affection
- Desire for attention
- Feelings

The purpose of all modes of communication is to support individuals as they make choices and interact. It is important that DSPs are able to identify the modes of communication that individuals use and support them in using those modes.

ACTIVITY

"Listening" to What Behaviors Are Communicating

Directions: *Read about behaviors described in the left column. In the right column, write down what you think those behaviors are communicating.*

Behavior	What could that behavior be communicating?
Example: Bob points to an apple on the table and then points to his mouth.	Bob wants to eat the apple.
Marta smiles and shakes your hand.	
Dan comes to you with a toothbrush in one hand, toothpaste in the other hand, and a confused look on his face.	
Lisa spits out peas onto the table.	
Juan tugs at your sleeve.	

Communication Disorders

You have learned about some of the ways that people communicate. In part, the mode of communication is influenced by communication disorders that an individual may have. Some of the things that can get in the way of an individual being understood include:

- Limited or no speech
- Hearing loss
- Poor control of muscles needed to produce speech (like with cerebral palsy)
- Damage to the part of the brain that controls speech
- Challenging behaviors
- Day-to-day health of the individual

When making your needs known is hard, it's difficult to meet people and to do the things you enjoy, and it may make an individual behave in a negative way.

There are two kinds of communication disorders:

1. Speech Disorders

Speech disorders relate to the muscles that people use to form the sounds of speech. There are four types of speech disorders:

- **Abnormal Pitch**

This is a condition in which an individual's voice is high-pitched or very deep. It is similar to the difference between a man's and a woman's voice. Men's voices are usually lower toned or pitched than women's.

- **Abnormal Quality**

This is a disorder in which an individual makes the sounds, but the sounds last longer or shorter than usual or are molded together in a way that make it hard to understand. It is similar to a tape recording that has gotten too old so that the tape moves slowly or a tape recording that, at the end of the tape, moves fast so the voices sound high pitched and fast.

- **Excessive Loudness**

This is a condition in which individuals almost shout rather than talk in a normal voice.

- **Incorrect Articulation**

This is a condition where the individual's mouth makes sounds incorrectly. Perhaps a "p" is pronounced with a voice and breathing like a "b" sound. Another example is an individual's inability to make the sound at all with his or her lips, which keeps the listener wondering what he or she meant.

Sometimes speech muscles that don't work cause a speech disorder. You may hear a speech therapist who works for someone you support talk about this. Some individuals may miss sounds when they are talking, like saying "nake" for "snake," or "moke" for "smoke." Or an individual might say "dis" and "dat" instead of "this" and "that."

2. Language Disorders

Language disorders are sometimes caused by damage to some area of the brain. With a language disorder an individual might be limited in his or her ability to understand language. This is called receptive language. An individual's ability to talk might be limited. This is called expressive language. Or, a person may talk as if they are much younger.

Supporting Individuals' Communication During Daily Routines

Once the DSP has identified the individual's modes of communicating, his or her responsibility is to encourage communication during daily routines. Each time the DSP and the individual are together is a chance to initiate communication. This will help individuals have more control of their lives and participate in their communities in a meaningful way.

Following are some suggestions for supporting individuals' communication every day:

- **Create opportunities during the day to promote conversations with individuals**

For example, talk to the individual while doing personal care, oral hygiene, eating, and dressing routines. These are opportunities for you to learn more about individuals' modes of communication and their preferences.

- **Provide individuals time to respond**

Sometimes people are so busy that they ask a question and don't really wait for a response. How many times have you asked someone "How are you?" without waiting to hear their answer? It is important to keep in mind that some individuals may take longer to understand a question. Others may need time to formulate their response. Sometimes the response may take a very long time.

- **Acknowledge the individual's attempt to communicate**

Remember that everyone communicates in different ways. Even a small sound or gesture needs to be noticed. That will let the individual know that what they are trying to tell you is important to you.

- **Provide opportunities to make choices. Avoid making decisions for individuals**

If you have known an individual for a long time, you often think you know what they need and want. However, individuals' needs and preferences may change over time. It is essential to create opportunities for individuals to communicate their needs and preferences. One way to do this is to provide "choice opportunities." Choice opportunities are situations in which someone is provided with a choice between two or more items or activities. You can offer choices throughout the daily routine. For example, "Do you want to brush your teeth with Crest® or Colgate®?" "Do you want pizza or steak for dinner?" "Would you like to go for a walk or go to a movie?"

- **Talk to the individual about routines as they occur**

It is important to talk about activities as you do them. Imagine if you had to go through a day in total silence. By talking through each activity, you increase the chances that the individual will learn the words, as well as the order of the activities. You should talk through routines with the individuals you support even if you don't know if they really understand. You don't always know what the individual understands.

What the DSP teaches about communication is as important as how it is taught. If an individual is communicating through pictures or graphic symbols, the DSP may need to spend more structured time to assure that the symbol used matches what the individual wants to communicate. The DSP can also use those symbols throughout the day for routines and activities so that there are many chances to practice them. For someone who is learning to make choices

Supporting Individuals' Communications During Daily Routines (cont.)

through facial expressions, you can also make sure that there are a number of chances for him or her to make a choice and to practice facial expressions.

Strategies for Making Communication a Part of Every Day

- Use words when the individual feels something (sore, hurt, tired).
- Name objects during daily routines.
- Describe everything as you assist the individual (dressing, serving meals).
- Point to pictures of objects in books and say them clearly.
- Provide time for the individual to respond/communicate.
- Point out objects while on a walk, in the car, at the park, or in the store.
- Encourage the individual to watch your mouth as you say words.
- Speak in short sentences when giving directions.
- Be sure to pronounce the entire word.
- Encourage progress in making sounds and saying words.
- Be sure your movements are simple when teaching.
- Encourage individuals to use all of their senses.
- Listen carefully to what the individual says or attempts to say.

A C T I V I T Y

Supporting Individuals' Communication in Their Daily Routines

Directions: *Think of an individual whom you support and one routine that they do on a daily basis (for example, brushing their teeth, bathing, eating breakfast). Using the S*trategies for Making Communication a Part of Every Day *and your own strategies, write down three ways that you can encourage that individual's communication during that routine.*

Daily routine:_____

Strategies I use to encourage communication during this routine:

1.

2.

3.

Communication with Co-Workers

Until now, this session has focused on communicating with individuals and facilitating individuals' communication. We will now discuss how DSPs communicate with each other and with other team members.

Active Listening

Each of us shares the responsibility for good communication. Listening is a key skill to good communication. Realistically the life of a DSP doesn't always lend itself to those private moments when listening would be easy. When you add more people and their interests, you've increased the difficulty of listening. Effective DSPs develop the skills to both assist individuals to communicate and to listen very carefully. Another role of the DSP is to learn how to communicate effectively with other team members, including:

- Family members
- Regional center staff
- Licensing staff
- Administrators
- Neighbors
- Co-workers
- Work or program staff

We all need to take the time to figure out the words we hear. We may even need to ask the person who said them if we heard correctly before we respond. That means that we have to pay very close attention to each word the person is saying. This is called **active listening** because it involves a lot of energy. The steps for active listening are:

- Hear the words
- Figure out their meaning
- Respond to the meaning in your own words

Hearing what a person says is not the same as listening. It happens when you take time to see if what you understood was what the person really meant. Your response is a way to "check" if the individual or fellow DSP feels heard and that the communication was understood. The ways that the DSP can do this are to:

- Ask the speaker questions to see if the understanding is correct.
- Reword the statement and say it back for clarification. For example: "What I hear you saying is that you feel frustrated. Is that correct?"

Sometimes it is important to not only hear the words but to "actively listen" to the individual's behavior or other modes of communication.

Conflict Resolution

To this point, this session has focused on assisting individuals learn how to communicate and DSPs becoming good communicators. There will be times, even with good communication, when people disagree. For example, the planning team may disagree about the goal an individual may have, a parent may disagree with the support given to an individual, or two individuals living together can disagree about what TV program to watch. There are many times that a DSP will encounter conflict. It is important to know how to effectively and professionally resolve conflict.

Helping individuals be more independent may also mean teaching individuals how to resolve conflicts, how to solve their own problems, and how to make decisions. With those skills, the individuals you support can be more confident in their own abilities.

A C T I V I T Y

Stepping into Another Person's Shoes

Directions: *Pair up with another person in the class, and ask the following questions. Write your partner's answers below.*

1. Did you share a bedroom while growing up?

2. Do you share a home with someone now?

3. Was there ever a time when you didn't like sharing a room?

4. What made sharing a room or a house difficult?

A C T I V I T Y

Conflict Brainstorm

Directions: *Write down all of the words you can think of that mean "conflict" to you.*

Conflict is:

Conflict Resolution (cont.)

Sometimes what you see as a disagreement is seen very differently by the other person. One important part of understanding conflict is to see things as the other person sees them.

A C T I V I T Y

The Way I See It

Directions: *Think about a conflict or disagreement you are currently involved in. It can be in your work life or outside of work. Imagine that right after class, you are meeting with the person with whom you have a conflict. Maybe you had a disagreement last night and have not seen that person since. Prepare for that meeting by writing down your answers to the following questions.*

1. What is the disagreement?

2. What will you discuss with the person when you meet?

3. What result do you want from the meeting?

ACTIVITY

Another Way to See It

Directions: *Now imagine that you are the person with whom you have a conflict. Prepare for that same meeting by writing down your answers to the following questions.*

1. What is the disagreement?

2. What will you discuss with the person when you meet?

3. What result do you want from the meeting?

Method for Managing Conflict

Following is a method that you might use for managing conflict. This method may be helpful both at work and at home.

- **Separate the person from the problem**

Put yourself in the other person's place, like you just did in the activity. Sometimes, something about the person is just annoying to you. It could be his or her voice or the way he dresses, or you don't like the way he lives his life. But you have to look just at the problem in order to resolve things. You have to control your emotions, even if the other person is doing things that really bother you. Mostly, you want to make sure that you understand each other.

- **Figure out each person's goals and interests**

Concentrate on what each person wants most and try to find the places where there is agreement. Be open to meeting someone half way. Everyone should define how they see the problem, and the problem has to be discussed before solutions can be found.

- **Find answers that work for both people**

There are many different ways to find possible answers to the problem. One way is brainstorming, which you'll practice a little later. Explore all kinds of options before making a decision.

- **Try to agree**

You may not come to agreement on a solution the first time that you discuss the problem. Sometimes, you have to review all of the options several times. Some people may want to think it over or discuss it with others. Once there is agreement, decide what the next steps might be. Who will do what, and when will that be done? Then figure out how to decide if the solution really worked.

ACTIVITY

Brainstorming

Directions: *Break into small groups. Read the following scenario. Next, brainstorm some ways that the money could be spent. Every idea that group members suggest must be written down. Then, as a group, try to come to agreement on one of the options.*

Scenario

One of the parents whose child lives in the home where you work just gave you $500. The parent said that the money can be spent in whatever way the whole group decides. The only restriction is that everyone has to be part of the decision making process.

Our group's ideas for how the money should be spent:

.....

.....

.....

.....

.....

.....

.....

We decided on this idea:

.....

.....

.....

.....

.....

.....

Rules for Conflict Resolution

Below are some rules for resolving conflict. Rules like these are often used to help couples to communicate better. When you are discussing a difficult problem:

- **Use "I" statements**

Using "I" statements means that you need to talk about the problem or disagreement from your own point of view. Look at the difference between the following statements:

"I feel much better when you call to let me know you'll be late."

"You never come home on time."

The second example puts the blame for the problem on the other person and can make it difficult to resolve the problem.

- **Be willing to resolve the problem**
- **Do not engage in name calling**
- **Stay in the present and stick to the topic**

Staying in the present and sticking to the topic means that you shouldn't bring up problems that are not related to what you are discussing right now. Consider the following statements:

"You are acting just how you used to act five years ago when you never called home if you knew you would be late."

"And I also am sick of you leaving your dirty clothes on the floor instead of putting them in the hamper."

Statements like these take the focus off the problem at hand and make resolving it seem much less manageable.

- **Don't interrupt the person who is talking**
- **Recognize that the other person has his or her own feelings**
- **Ask questions to understand the other person's side**

Spencer Johnson, M.D.

ACTIVITY

Observing for Effective Communication

Directions: *Think about the video. Make a list of the good and bad examples of communication you observed. Think of how the bad examples could have been communicated in a better way. As a group, be prepared to discuss what you observed with the whole class and to make suggestions for improving upon the bad examples.*

EFFECTIVE COMMUNICATION

"Good" communication	***"Bad" communication***

PRACTICE & SHARE

During this session you learned about modes of communication and communication disorders. Think about an individual whom you support. What modes of communication do they use most often? Do they have any communication disorders? How can you assist them in communicating more effectively?

Session 10 Quiz

Communication

1. **Why do people communicate?**
   A) To give and get information
   B) To stay healthy
   C) To increase their income
   D) To isolate themselves

2. **Verbal communication has four parts: organizing the message, sending the message, receiving the message, and:**
   A) Sending the message back
   B) Processing the message
   C) Repeating the message
   D) Forgetting the message

3. **Which is an example of nonverbal communication?**
   A) Naming the days of the week
   B) Using facial expressions and gestures to make a request
   C) Singing out loud at meal time
   D) Talking on a cell phone

4. **What is one thing that may get in the way of an individual being understood?**
   A) Television watching
   B) Socializing with other individuals
   C) Having many unmet needs
   D) An individual's hearing loss

5. **Ways to support communication during daily routines include:**
   A) Not understanding the individual's needs
   B) Creating more opportunities for quiet time
   C) Sitting and speaking with an individual after dinner
   D) Talking only when the individual asks a question

6. **If an individual has poor muscle control, how might it affect their speech?**
   A) They may make sounds that are not clear
   B) They may not be able to hear
   C) They may be very loud
   D) They may only speak when spoken to

7. **Which is an example of verbal communication?**
   A) An individual responds "Hello" to a greeting
   B) An individual shakes a DSP's hand
   C) An individual moves away from the person speaking to him
   D) An individual is sitting quietly in a chair

8. **When managing conflict, it is important to:**
   A) Enforce the rules
   B) Separate the person from the problem
   C) Win your argument
   D) Separate people who disagree

9. **An "I" statement describes a problem:**
   A) From your own point of view
   B) With the individual's behavior
   C) So it is clear who is at fault
   D) With the individual's plan

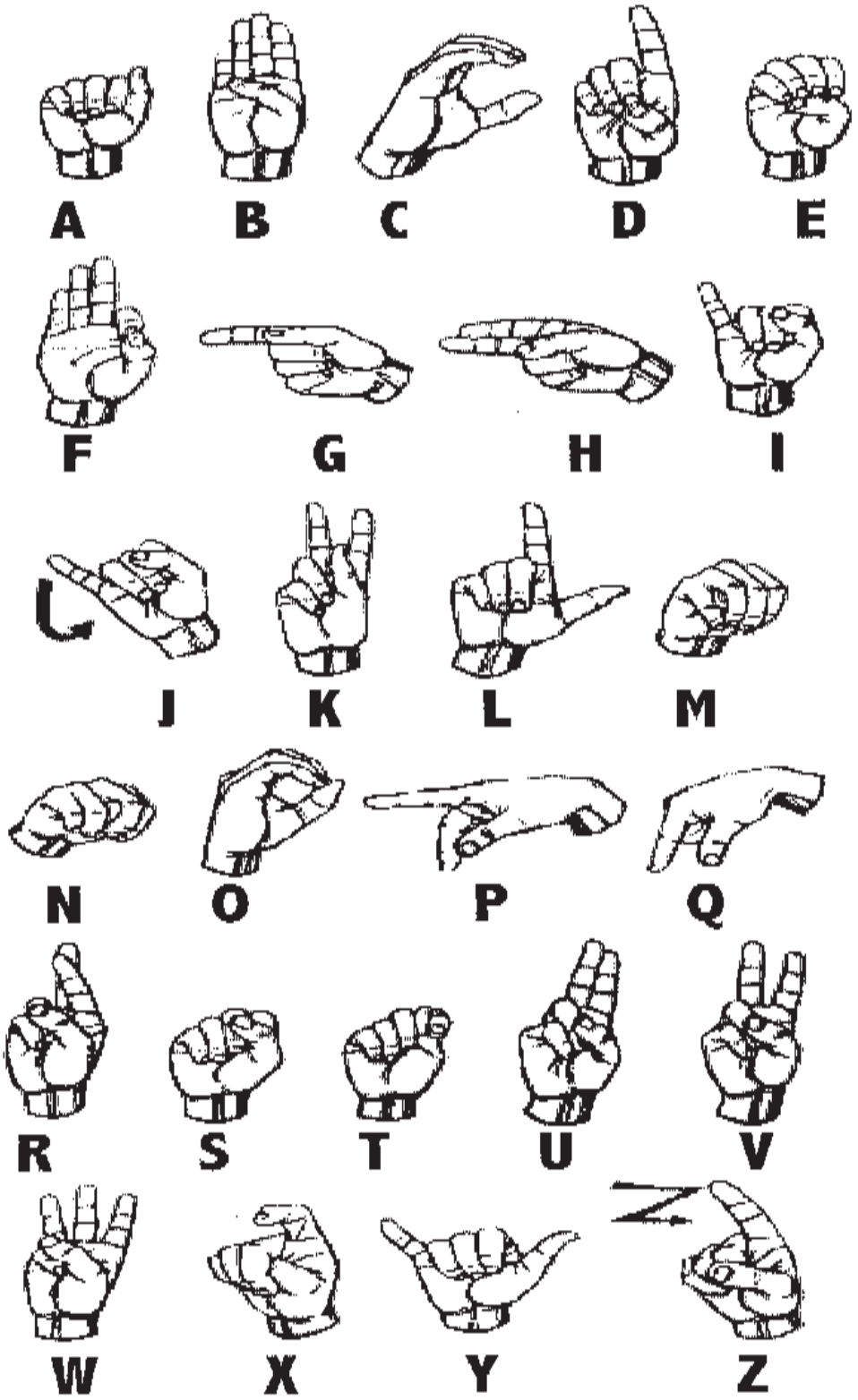
10. **When discussing a difficult problem with a co-worker:**
    A) Don't interrupt the person who is talking
    B) Be sure to get your own way
    C) Bring up similar problems you have had with the co-worker in the past
    D) Try to make the co-worker angrier

Appendices

Appendix 10-A

American Sign Language Manual Alphabet

(www.lifeprint.com)



Saying Words with American Sign Language

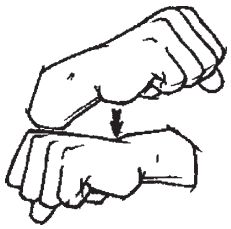
Excerpted from Vicars American Sign Language Course Introductory Signing Concepts @ www.lifeprint.com

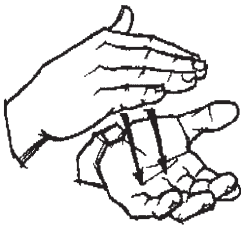
Home

The sign for “home” is made by touching your fingers and thumb together at the mouth. Then move your hand from your mouth to your right cheek.

Work

The sign for “work” is made by shaping both hands into the letter “s.” With your palms facing downward, tap your left wrist on the back of your hand a few times with your right wrist.



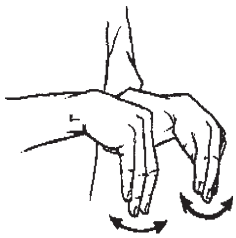


School

The sign for “school” is made by clapping your hands. Repeat two or three times.

Store

The sign for “store” is made by bending both wrists and pointing both hands down. Pivot both of your hands toward and away from your body. Repeat a few times.



Hungry

The sign for “hungry” is made by forming your right hand into the letter “c.” Move your hand down the middle of your chest, starting under your throat. Note: Some people use the sign for “wish,” and prefer to start “hungry” from a slightly lower position.

Thank You

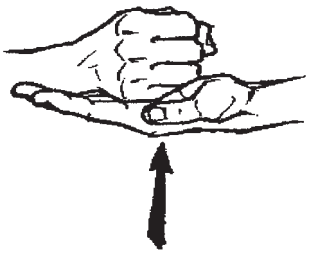
The sign for “thank you” is made by touching your lips with one or both of your hands. Your hand(s) should be flat. Move your hand(s) away from your face, palms upward. Smile. Note: Most people use only one hand for this sign.

Sad

The sign for “sad” is made by placing both hands in front of your face, palms in. Bring both of your hands down the length of your face. Tilt your head forward slightly, and a make a sad face.

Love

The sign for “love” is made by crossing both hands over your heart. Your hands may be closed or open, but the palms should face toward you.



Help

The sign for “help” is made by closing your right hand. Place your right hand on the outstretched palm of your left hand. Raise both hands. Note: Many people make this sign by placing the left “s” or “a” hand on the right “b” palm.

Bathroom

The sign for “bathroom” is made by forming the right hand into the letter “t.” With your palm facing away from you, shake your hand in front of your chest.

Student Resource Guide

11. Positive Behavior Support

Student Resource Guide: SESSION 11

Positive Behavior Support

OUTCOMES

When you finish this session you will be able to:

- Identify what an individual's behavior may communicate.
- Describe how an individual's quality of life may influence behavior.
- Show awareness of how the DSP's behavior may contribute to an individual's behavior.
- Identify how the environment may influence individual behavior.
- Use the Positive Environment Checklist to identify things that may cause challenging behaviors.

KEY WORDS

Key Word	Meaning	In My Own Words
Behavior Function	What the individual is getting or avoiding through the behavior.	
Communicative Intent	What the behavior or action is intended to communicate or tell us.	
Positive Behavior Support	Strategies to assist individuals with disabilities to avoid inappropriate behavior, learn skills to communicate, and replace problem behaviors.	
Replacement Behavior	The new skills and behaviors that we want to teach the individual to take the place of the challenging behavior.	

ACTIVITY

What Do You Want to Know?

Directions: *Think about the topic of this training session. Answer the first two questions in the space provided below. You will come back to this page at the end of the session to answer the last question.*

What do you **already know** about Positive Behavior Support?

What do you **want to know** about Positive Behavior Support?

To be answered at the end of the session, during review:
What **have you learned** about Positive Behavior Support?

Opening Scenario

David is 25 years old and has lived at his current home for three years. He tends to throw things and bite himself when he is not getting his needs met. He communicates in two- to three-word sentences, but he can be difficult to understand. He takes several psychotropic medications. David doesn't like to do chores (especially laundry) and will use his behavior to get out of them. He loves to watch sports on TV and would choose to do this all of the time if he could. He prefers simple meals like cereal for breakfast, peanut butter sandwiches for lunch, and hamburgers for dinner. David attends a day program four days a week and does janitorial work at McDonald's for one hour, one day a week.

Sam is a new employee at the home and is concerned about David's behaviors. Sam is afraid David will hurt himself or others with his biting. He doesn't know why David behaves this way, and he is not sure how to respond when David has an outburst. Where should Sam begin?

Overview to Positive Behavior Support

After reading through the scenario above, you might find yourself thinking of a similar situation where you were unsure of how to respond to the actions or behaviors of an individual you support. You may have found yourself wondering where to begin and what you should do to help the individual communicate with others in a more socially appropriate manner. You may also be thinking of examples of challenging behavior you have seen in your work that you would like to discuss.

Over the two years of this training, we will spend three sessions learning about **positive behavior support**. This first session will focus on understanding that all behavior is communication and that behavior is influenced by the environment. These ideas will promote a foundation for ways to assist individuals with challenging behaviors to avoid inappropriate behavior and to learn skills to communicate and replace problem behaviors. Sessions in Year 2 will focus on understanding why challenging behavior is occurring, analyzing the behavior, and implementing an individual positive behavior support plan to deal with challenging behaviors.

In this session, you will examine how the overall quality of the individual's life might impact his or her behavior. You will also learn how to make small changes to the environment that can have a big impact on behavior. It is important to remember that when people have choices about the activities and routines in their lives and these choices are honored and respected, they are happier and less likely to use challenging behavior. Creating an environment that respects and values individual preferences and choices, as well as the needs of all the residents, will give the individuals you work with better quality of life. It will also make your job of supporting each individual easier.

Overview to Positive Behavior Support (cont.)

The Role of the DSP in Positive Behavior Support

The role of the DSP in positive behavior support is to understand what the individual's challenging behavior is communicating and why it is working for the individual. Once the behavior is understood, a plan can be made to teach a more appropriate replacement behavior and another way to communicate.

The Importance of the DSP Knowing About Behavior

In your role as a DSP, you may find yourself supporting individuals whose challenging behavior seems to interfere with their ability to live a rewarding and productive life. Assisting individuals with challenging behavior can be difficult. The challenging behaviors may range from simple (but perhaps annoying) to severe challenging behaviors that can be unpleasant and unsafe for both the individual and others around him or her. The solutions to these challenging behaviors often need to be developed by a team with the help of a behavior specialist. The team may develop a positive behavior support plan that looks at all aspects of the individual's life and identifies ways to support the individual to be successful across all environments. The DSP will often be part of the team looking at the behavior and developing and carrying out the ideas of the team.

We will discuss this process in more detail in Year 2.

Often, challenging behaviors that you will see can be addressed using simple solutions. By using your observation skills to understand what the individual is trying to communicate with the behavior, you can come up with simple but creative solutions that can be very effective. Supporting an individual with challenging behavior starts with knowing the individual.

Let's begin by figuring out what is meant by challenging behavior and positive behavior support with a quick review of the history of behavior support and how it has changed over the years.

A Brief History of Positive Behavior Support

In the Past…

We used to think that the activities in which individuals engaged; the places where they lived, worked, and played; or the people they spent time with had nothing to do with their behavior. We didn't think these daily activities affected an individual's life. We placed individuals with disabilities in environments that made it easier for the people working with them, but were surprised when the results were not successful for the individuals. We now know that all of these factors greatly affect individuals' behaviors.

We often grouped individuals with disabilities together in institutions, schools, work, homes, and recreation centers, assuming their needs were similar. We thought that the individuals would feel more comfortable with other individuals who also had disabilities. Also, we thought we could more easily provide support and instruction for others with similar needs. What we found was that these individuals were unable to function well in society because they had not learned how to act in socially appropriate ways, they had learned only how to act like other individuals with disabilities.

For example:

When we:	***They learned:***
Group children with communication challenges with other children with communication challenges...	*Not to talk!*
Group children with challenging behaviors with other children who also have challenging behaviors...	*More challenging behaviors!*
Group children with autism with other children with autism...	*More autistic-like behaviors!*

Individuals with disabilities used to have to earn the right to attend school or work with peers who did not have disabilities. Their families were told that their behavior had to be "under control" before they could ever participate in these environments. Over time, we have come to understand how much the overall quality of an individual's life depends on a variety of positive activities, positive personal interactions, and enriching environments. All people relate to and learn behavior from those around them.

We also used to write behavior plans based on rewards and punishments. The plans told us what to do *after* a behavior occurred. We weren't taught to figure out *why* a behavior occurred, only whether to reward it or punish it. We now know how important it is to understand behavior as communication.

Research has shown that individuals who participate in regular classrooms, real work settings, and typical social environments have fewer challenging behaviors. When we place individuals in separate environments (with other individuals with severe disabilities), where they have no appropriate behavioral models from which to learn, their behaviors are less likely to improve.

What Is Behavior?

All behavior is communication! Behaviors communicate wants, needs, and feelings. By "listening" to what the behavior is communicating, we can learn why the behavior is happening. There are always reasons for behaviors, even if we do not know those reasons right now.

What Makes a Behavior "Challenging"?

Behavior can be considered challenging when it affects an individual's life in a negative way. For example, a child learning to say "please" before they ask for an object is not a challenging behavior. In fact, we say the child has learned a "social skill." If the child has learned to scream when he or she wants something, we say the child has a "challenging" behavior. Generally, behavior is considered challenging if it:

- Causes harm to the individual or others
- Causes damage to property
- Prevents the individual from learning new skills
- Causes the individual to be "labeled" as different, or undesirable
- Prevents the individual from taking part in social and recreational activities

Once you understand that a behavior is challenging or disruptive to others, you must observe and figure out how the challenging behaviors are "working" for the individual. Then you can teach new skills and behaviors that are more socially appropriate or **replacement behaviors**. Remember that challenging behaviors don't happen just to make you mad or to make you work harder.

What individuals do, where, and with whom have a lot to do with their behavior. When you look closely at these factors, you should be able to predict when, where and with whom the challenging behaviors are most and least likely to occur. Individuals use the strategies that have worked the best for them in the past.

What Is Behavior? (cont.)

As the previous discussion shows, the best strategy is one that works to get what the individual wants or needs. Your job is to identify and teach the individual a new, alternative strategy that clearly communicates their needs; otherwise, the individual will have little motivation to give up the challenging behavior he or she are using.

Before you can decide on an alternative strategy to the challenging behavior, you must first examine the behavior and try to figure out:

- What the individual is trying to communicate with his or her behavior.
- The **behavior function**—that is, what is the individual getting or avoiding through the behavior?

Behavior Is Communication

Sometimes it is easier to figure out what an individual doesn't want when they are using a challenging behavior. Sometimes these are the behaviors that make it hard for the individual to be with other people. The individual might spit out food they didn't enjoy or push away the staff person who wants to help. Imagine if you didn't have words to use. How would you let someone know that something was making you unhappy?

An individual's behavior usually communicates one of three things:

- What the individual wants.
- What the individual doesn't want.
- When the individual wants attention.

How would an individual's behavior tell you that they want something?

- They might point to an apple on the table, which lets you know the individual wants the apple.
- The individual might come to you and shake your hand, which lets you know he or she wants to greet you.
- The individual might come to you with a toothbrush in one hand and toothpaste in the other and a puzzled look on his or her face. That might let you know that the individual needs some assistance.
- When you offer an individual a choice of foods for dinner, they might point to what they want or look in the direction of the food they prefer.

Often, individuals just want someone to pay attention to them. Some individuals have learned that making loud noises gets the attention of the staff or that when there is a lot of activity, they need to wave their arms to get staff to focus on them. Or an individual might just pull at your arm to get your attention.

An individual's behavior will give you information about their interest and ability to be social, as well. An individual who doesn't use spoken words can often clearly greet us and say goodbye through facial expressions and body language.

Remember the observation skills you learned in Session 8 as you looked for signs and symptoms of injury or illness? The DSP gets to know as much as possible about the individual they are supporting by spending time with the individual and learning what is usual for that individual, such as daily routines, behavior, way of communicating, appearance, general manner or mood, and physical health. If the DSP doesn't know what is typical for a certain individual, they won't know when something has changed. A DSP needs to observe, listen and ask questions to learn as much as they can about the individuals they support.

What Is Behavior? (cont.)

These skills will help the DSP to figure out what an individual's behavior is trying to communicate:

- What the individual wants.
- What the individual doesn't want.
- When the individual wants attention.

Going Beyond Observation

The DSP needs to know the individual as a person to know what they like and do not like, and how they have acted in other situations. Over time, a relationship with the individual develops and the DSP knows what the individual they support prefers and understands how the individual shows their emotions. The DSP can use this information to better help understand what the individual is trying to communicate through their behavior.

DDS SafetyNet

CALIFORNIA DEPARTMENT OF DEVELOPMENTAL SERVICES

DDS SafetyNet

Helping assure that Californians with developmental disabilities are safe and healthy

The DDS SafetyNet is a website that has interesting and valuable information for DSPs (supporters) and the individuals they support. There is an article written by a DSP who has a son with behavioral challenges. His insight into what his son is trying to communicate is very informative. Here is the link to see what he has to say about communication and behaviors: http://www.ddssafety.net/how-do-you-deal-challenging-behaviors.

Communicative Intent

As you were discussing the non-verbal communication of the individuals you support during the last activity, you probably found yourself trying to figure out the purpose behind each behavior or action used by the individual. The purpose of each behavior or action was to communicate a need. The **communicative intent** means what the individual's behavior is meant to communicate.

You can begin to understand the "communicative intent" of an individual's challenging behavior by documenting the behavior and what we think they are trying to communicate. A communication chart, such as the one that follows, is helpful in understanding the behavior and its intent. The DSP can list the specific challenging behavior on the left side and what it might be communicating on the right.

A C T I V I T Y

Communicative Intent I

Directions: *Watch the video scenario and complete the chart. You will begin to interpret the communication by describing the challenging behavior (on the left side of the chart), describing what happened before and after the behavior (in the center), and describing what the individual might be communicating by the behavior (on the right side).*

Challenging Behavior	Cause or Result	It May Mean
What did you see?	*What happened right before and right after the behavior occurred?*	*What do you think the individual wanted or needed?*

Communicative Intent (cont.)

It is critical that you become good at understanding the challenging behavior and deciding what the individual is trying to communicate with the behavior. It is also important that you discuss specific challenging behaviors with others who are around the individual and come to agreement on what the specific behavior is and the communicative intent of the behavior.

In your group, watch the video scenarios and record on the chart below your thoughts about each challenging behavior and what it is trying to communicate.

A C T I V I T Y

Communicative Intent II

Directions: *Watch the video scenario and record your thoughts about each challenging behavior. What it is trying to communicate and how did the DSP communicate?*

Challenging Behavior	It May Mean	DSP Communication
What did you see?	*What do you think the individual wanted or needed?*	*What did the DSP say and do? What effect did the DSPs words or actions have?*

ACTIVITY

Positive Behavior Support Video Demonstration

Directions: *Answer the following questions using your notes and what you remember from the last video clip.*

1. What were some of the challenging behaviors that you observed?

2. What were the results of the challenging behaviors?

3. What do you think each of the challenging behaviors was communicating?

4. How did the DSP communicate with the individual?

5. What did the DSP's behaviors communicate?

Requesting and Responding with Respect

As you watched the video scenarios and identified the communicative intent of the individuals, you may have noticed that one of the things that "triggered" or started the behavior was the DSP telling the individual to do something. In some of those cases, by demanding that the individual do something right now or in a certain way, the DSP created a situation where the individual responded with challenging behavior. This often happens when the DSP feels rushed or under pressure to get things done quickly; the demand is not made deliberately to upset the individual.

Think about your own work day and times that either your supervisor or a co-worker has asked you to do something. If someone says, "You need to clean this mess up right now!" and does not consider that you may be doing something else or that it is someone else's job, you might not feel like doing it. Had she said, "I see a mess here that needs cleaning up. Can you do that now, or are you doing something else? Perhaps we could get someone else to help." You might be more willing to help because she took the time to find out if you were already busy and offered to get help if you were.

How you make a request of someone or respond to someone's request has a dramatic impact on whether or not the individual will comply. If you ask someone in a manner that is respectful and courteous, he is more likely to want to do what you ask. If you consider your request or response before making it to the individual, you might prevent the challenging behavior. This is one of the simple changes you can make in your behavior that will have a very positive impact on the individual and his or her willingness to comply with your request.

Respectful Responses

When you ask someone to complete a task or respond to an individual's request, it is helpful to consider:

- Is this an activity that the individual likes to do?
- Is this an activity that the individual knows how to do?
- Is the individual already doing something else?
- Does the individual have a ***choice*** about when or how to do the activity?
- Are you asking in a way that you would like to be asked?

A C T I V I T Y

Say It Another Way

Directions: *Each scenario below is an example of a DSP making a request or responding to a request from an individual in a way that caused a challenging behavior to occur. Read each scenario and think of how the DSP could have made the request or responded to a request in another way.*

Scenario 1

John, an individual with autism who is 35 years of age and lives in a family care home, is sitting on the couch watching his favorite game show. He watches the show every night and does not like to be interrupted during it. Doug is the DSP who asked John 20 minutes ago to take the dishes out of the dishwasher and has had it. He goes into the room and turns the TV off and says, "John, I told you 20 minutes ago to put the dishes away. Do it now." John starts screaming and throwing things.

What could Doug have done differently?

Scenario 2

Missy is a 20-year-old woman with an intellectual/developmental disability who is very social. She walks into the family room where everyone is watching TV after dinner and says, "I need some nail polish. Can we go to the store?" Sue is the DSP who has been working in the home for five years. She responds to Missy, "No, you don't need any nail polish." Missy gets mad and yells at her.

What could Sue have done differently?

Promoting Positive Behavior

Key Points About Promoting Positive Behavior

- What individuals are doing, where, and with whom affects their behavior.
- Behaviors are strategies individuals use to get their needs met. Part of your job is to figure out which behaviors currently work best for an individual.
- All behavior is communication. By "listening" to what the behavior is saying, you can discover the reason for the behavior.
- How you make a request or respond to an individual can decrease the chances of a challenging behavior occurring.

Quality of Life

Doug thinks about John's behavior and what John might have been trying to tell him. "Perhaps he wanted to be given a choice about when to complete his chore instead of being told to stop what he was doing and do the chore now. Maybe he wanted to finish the TV show before beginning the chore. Does it really matter to me when he completes his job?" Doug begins to see that he created a battle by not giving John choices about how to use his free time. After all, it is his home, and he should be given the opportunity to enjoy his favorite activities. Doug now sees that everyone needs to be able to participate in activities they enjoy and to make decisions about when and where they do some tasks in their lives. Even so, Doug wonders how he will figure out what the favorite activities are of the individuals he works with and the activities that they don't like.

It's important to remember that quality of life issues are among the most important factors that influence behavior. If someone's life quality isn't what it could be, it can affect behavior.

The following activity will help you define what "quality of life" means for you and for the individuals with whom you support.

ACTIVITY

Quality of Life

Directions: *Look at the boxes below and focus on the first section ("My Home"). Write three to five brief statements or phrases that indicate what you value about your HOME. (Examples: I live close to my job; I live with my family, spouse, friends, or alone; I value privacy and my stuff; I'm safe; I have good neighbors and a good view.) Repeat for each of the other three sections.*

My Home

Community

My Job

My Free Time

OPTIONAL ACTIVITY

Quality of Life Questions to Consider

Directions: *Answer the following questions for the individuals in your facility.*

1. What would increase or strengthen the individuals' friendships and social activities?

2. How can you help individuals to be involved in more activities in their home, school, work, and community?

3. How could you help individuals have more opportunities for making choices and be able to control more aspects of their lives?

4. How can individuals' self-esteem and confidence be strengthened?

5. What might interfere with individuals' abilities to have greater independence and quality of life?

Important Values in Promoting Positive Behavior Change

Quality of life values should be included in the lives of the individuals we support. Your role as a DSP, and as a member of the support team for each individual you work with, is to figure out how to make sure these values are reflected in the every day lives of the individuals you support.

As you'll recall from Session 1, the following set of values guides the system that provides services for individuals with developmental disabilities in California:

- **Choice**

  Choices and preferences of individuals with developmental disabilities are encouraged, supported, and respected.

- **Relationships**

  Individuals with developmental disabilities have close, supportive relationships with friends, family, and their community.

- **Regular Lifestyles**

  Individuals with intellectual/ developmental disabilities live, work, play, and carry out daily activities in natural, integrated community and home settings.

- **Health and Well-Being**

  Individuals with developmental disabilities are as safe, healthy, and happy as possible.

- **Rights and Responsibilities**

  Individuals with developmental disabilities are treated with respect and fairness and are free from abuse, neglect, and exploitation.

- **Satisfaction**

  Individuals with developmental disabilities achieve personal goals and feel their lives are fulfilling.

Taken together, these values lead to a higher quality of life for individuals. In order to support positive behavior change, these important "quality of life" values should be part of the daily life of each individual with whom you work.

By making sure the individuals you support have these values included in their daily lives, you are improving the quality of their lives and reducing their need to use challenging behaviors to express themselves or to make their needs known.

OPTIONAL ACTIVITY

Important Values

Directions: *Read the list of values and questions on the left side of the chart. As you read, think of individuals you support and ask yourself how you might answer those questions about their lives. On the right side of the chart, write down some ways that each value could be included in the daily lives of the individuals with whom you work.*

Values	*Ways to Include Values in Individuals' Daily Lives*
Choice • How much choice do individuals have throughout their lives? • Do individuals have choices from preferred options that they understand? • Do individuals have choice about when they perform necessary activities, such as chores? • How much are individuals involved in planning their days, evenings, and weekends? • How do individuals communicate their choices, and how are their choices respected?	**Choice**
Relationships • What opportunities do individuals have to be "givers" in relationships? • How are individuals recognized for their unique gifts and talents? • Does the individual have friends? • Are there opportunities to interact with and meet others (including individuals without disabilities who are not staff)?	**Relationships**

(cont. on next page)

OPTIONAL ACTIVITY

Important Values (cont.)

Values	*Ways to Include Values in Individuals' Daily Lives*
Regular Lifestyles • Are there opportunities for participation (even if only partial) in a variety of community and social activities? • How are you assisting individuals to connect within their communities (YMCAs, community colleges, support groups, social groups, gyms, sports leagues, churches, and temples)?	**Regular Lifestyles**
Health and Well-Being • Do the individuals you support eat healthy meals? • Are the individuals physically active? • Are the individuals supported in learning how to keep themselves healthy? • Do any individuals you support take medications that may affect their behavior?	**Health and Well-Being**
Rights and Responsibilities • How are individuals' routines and choices respected? • How well do you listen to the individuals you support? • Are individuals able to have personal privacy, especially at home? • Do individuals feel like they are living in their own homes or in a facility that is programmed and planned by staff?	**Rights and Responsibilities**
Satisfaction • Are activities individuals participate in motivating and interesting to them? • Are you acknowledging individuals when they behave appropriately? • Are you giving feedback when you see positive behaviors?	**Satisfaction**

Positive Environment

All people are affected by the environment around them, both inside and outside. The weather, noise, crowds, and confusion often cause many of us discomfort. These factors also affect the individuals you support and sometimes more than you realize. Think about how you feel when you are in a place where you are not comfortable. How do you react?

When you consider the quality of the lives of individuals you support, it is important to look at the environments where they spend their time. Are there details about those environments that are causing discomfort or not meeting the needs of the individual? Think about what you like about your home and what you would not be comfortable with in any environment.

A C T I V I T Y

Positive Environment Video

Negative factors found in the video	***What could be done to improve the environment***

One way to examine the environment of any facility is to use a checklist. The Positive Environment Checklist (PEC) is a tool you can use to look at all aspects of the environment to determine if there are situations, conditions, or factors that contribute to any of the challenging behaviors.

A C T I V I T Y

Positive Environment Checklist

The Positive Environment Checklist (PEC) is designed to examine settings in which individuals with moderate to severe disabilities live, work, and go to school to determine if they are structured in a manner that promotes and maintains positive, adaptive behaviors. Responses to questions in each area should be based on direct observation of the environment and review of written program documents and personnel.

Three response options are provided for each question: YES, NO, and UNCLEAR. The term "staff" applies to paid and volunteer personnel who provide support and services in the setting. The term "individual" refers to the individuals with disabilities who live, work, or attend school in the setting.

- **Directions:** *Review each question and circle YES, NO, or UNCLEAR. Circle UNCLEAR if the answer is hard to determine, or if it is sometimes "yes" and sometimes "no."*

Adapted from: Albin, R., & O'Neil, R. (1994). Proactive behavior support: Structuring and assessing environments. Unpublished manuscript from the Specialized Training Project, University of Oregon.

SECTION 1: PHYSICAL SETTING			
1. Is the physical setting clean, well lit, and odor free?	*Yes*	*No*	*Unclear*
2. Is the temperature in the setting easy to control?	*Yes*	*No*	*Unclear*
3. Is the physical setting visually pleasant and appealing to look at?	*Yes*	*No*	*Unclear*
4. Does the arrangement of the furniture and objects make it easy for all individuals to move around in the setting?	*Yes*	*No*	*Unclear*
5. Is the setting organized in a way that makes it easy for staff to provide support and be supervised?	*Yes*	*No*	*Unclear*
6. Does the setting have interesting, age-appropriate items and materials for individuals to use?	*Yes*	*No*	*Unclear*
7. Is the setting located and organized in a way that encourages and supports participating in activities in the general community?	*Yes*	*No*	*Unclear*

(cont. on next page)

Positive Environment Checklist (cont.)

SECTION 2: SOCIAL SETTING			
1. Is the number of individuals in this setting appropriate for its physical size and purpose?	*Yes*	*No*	*Unclear*
2. Are the individuals who share this setting well matched in terms of age, gender, and support needs?	*Yes*	*No*	*Unclear*
3. Do the individuals that share this setting get along with each other?	*Yes*	*No*	*Unclear*
4. Do staff actively work to build and support positive relationships with the individuals here?	*Yes*	*No*	*Unclear*
5. Do staff encourage and support opportunities to socialize or be with people who are not paid to provide service?	*Yes*	*No*	*Unclear*
SECTION 3: ACTIVITIES AND INSTRUCTION			
1. Do individuals participate in a variety of different activities?	*Yes*	*No*	*Unclear*
2. Do individuals participate in activities in regular community settings outside of the home, school, or workplace?	*Yes*	*No*	*Unclear*
3. Are individuals in this setting taught activities and skills that are useful and meaningful to their daily lives?	*Yes*	*No*	*Unclear*
4. Are individuals taught individualized activities and skills to meet their needs?	*Yes*	*No*	*Unclear*
5. Are individuals' personal likes and dislikes considered when choosing activities and tasks in which they participate and receive training?	*Yes*	*No*	*Unclear*
SECTION 4: SCHEDULING AND PREDICTABILITY			
1. Is there a system or strategy used to schedule activities?	*Yes*	*No*	*Unclear*
2. Is there a way to find out whether the activities or events that should be occurring actually do occur?	*Yes*	*No*	*Unclear*
3. Do individuals in this setting have a way of knowing and predicting what they will be doing and when?	*Yes*	*No*	*Unclear*
4. Do staff get individuals in this setting ready in advance for changes in typical schedules or routines?	*Yes*	*No*	*Unclear*
5. Do individuals in this setting choose what they will do, when, and with whom?	*Yes*	*No*	*Unclear*

Positive Environment Checklist (cont.)

Section 5: Communication

1. Do individuals in this setting have appropriate ways to communicate (for example, requests, refusals, need for attention) with staff or others in the setting?	*Yes*	*No*	*Unclear*
2. Do staff encourage and respect communication?	*Yes*	*No*	*Unclear*
3. Do staff have appropriate ways to communicate with the individuals in this setting?	*Yes*	*No*	*Unclear*

ACTIVITY

Debriefing the Activity

Directions: *Answer the following questions about your responses on the Positive Environment Checklist.*

How might the environment of your facility affect the behavior of individuals who live or work there?

What did you find out about the social setting you looked at? Did you note any problem areas? How might this affect the behavior of individuals who live or work there?

What did you find out about the activities and instructions you examined? Did you note any problem areas? How might this affect the behavior of individuals who live or work there?

What did you find out about scheduling and predictability? Did you note any problem areas? How might this affect the behavior of individuals who live or work there?

How about communication? Did you note any problem areas? How might this affect the behavior of individuals who live or work there?

Positive Environment (cont.)

Clearly, the environment can influence someone's behavior. It becomes your job to make sure the environments in which individuals live affect them in a positive way. Doing so not only improves the lives of the individuals, but makes your job easier as well.

Doug now realizes that he has tools that he can use to help him support individuals' positive behavior at the facility in which he works.

Doug knows how to:

- *Look at challenging behavior from all angles.*
- *Figure out what the challenging behavior is trying to communicate.*
- *Examine the quality of life of each individuals.*
- *Examine the environment.*
- *Respect and honor the individual's desires.*

PRACTICE AND SHARE

Choose one of the individuals that you support who uses challenging behaviors to communicate his or her needs and wants. Using the strategies from this session, describe the specific behaviors and the communicative intent of those behaviors. Ask yourself whether or not quality of life values are reflected in the individual's everyday life. Do your responses to the individual value and respect that their choices and preferences? Think about areas of the individual's life that may not be as good as they could be. You will be able to use this information in Year 2 Positive Behavior Support sessions.

Session 11 Quiz

Positive Behavior Support

1. **An individual makes loud noises to get attention from the staff. This is an example of using behavior to:**
   A) Annoy other people
   B) Have fun when there is nothing else to do
   C) Insult other people
   D) Communicate a need or desire to other people

2. **In order to understand what an individual wants or needs, a DSP must:**
   A) Observe the individual's behavior
   B) Meet with the support team
   C) Make a guess
   D) Ask their supervisor

3. **The "communicative intent" of a behavior is:**
   A) What the behavior or action tells us
   B) Who the behavior is directed at
   C) Who caused the behavior
   D) What will stop the behavior

4. **To understand what an individual engaged in challenging behaviors is trying to communicate, the DSP should try to:**
   A) Ignore the challenging behavior and ask the individual to talk
   B) Punish the individual for communicating in an unpleasant way and wait until they behave appropriately
   C) Offer the individual different rewards until they stop the behavior
   D) Think about what happened before and after the behavior and what the individual got from the behavior

5. **In order to support an individual's positive behavior, a DSP's behavior should be:**
   A) Thoughtful and respectful
   B) Commanding
   C) Shy and withdrawn
   D) Threatening

6. **When individuals with challenging behaviors are placed in a group of people without challenging behaviors, the behavior often improves because the individuals:**
   A) Receive more behavior medications
   B) Are better supervised
   C) Learn how to behave from their peers
   D) No longer need to communicate feelings or needs

7. **Challenging behavior usually is:**
   A) Caused by a lack of discipline
   B) An attempt to communicate
   C) Caused by too much attention
   D) A reaction to a positive environment

8. **In order to encourage positive behavior, the physical setting of an environment should be:**
   A) Organized for easy access
   B) Cold
   C) Strictly monitored
   D) Dark

9. **A social setting that can lead to more positive behaviors includes:**
   A) Overcrowding
   B) Same-age peers and support for positive interaction
   C) Bossy support staff
   D) Activities that are available only in special settings

10. **Which of the following will usually help reduce a challenging behavior?**
    A) Looking carefully at the environment in which the behavior occurs to identify ways to support appropriate behavior
    B) Giving a "time out"
    C) Explaining to the individual what you need to make your job easier
    D) Using candy as a reward

Student Resource Guide

Resources

Student Resource Guide

Resources

Resource	Source or Website
AARP Health and Wellness Healthy tips on exercise, eating right, and personal care for persons over the age of 50.	aarp.org
ADA Hot links and Document Center Plain language description of ADA and its content. (International Center for disability Information at West Virginia University)	askjan.org
Alliance for Direct Support Professionals Oldest & largest interdisciplinary organization of professionals concerned about intellectual & related disabilities.	nadsp.org
American Association on Intellectual and Developmental Disabilities Oldest & largest interdisciplinary organization of professionals concerned about intellectual & related disabilities.	aaidd.org
American Dietetic Association Provides nutrition information with news releases and consumer tips. Nutrition Fact Sheets and the Good Nutrition Reading List.	eatright.org
American Red Cross Provides locally relevant humanitarian services that help people within the community be safer, healthier and more self-reliant.	redcross.org
American Speech–Language Hearing Association To ensure that all people with speech, language, and hearing disorders have access to quality services to help them communicate more effectively.	asha.org
ARC (National) Works to include all children and adults with cognitive, intellectual, and developmental disabilities in every community.	thearc.org

Resources

Resource	Source or Website
Assistive Technology Tobii Assistive Technology, Inc. serves the disability and special education markets by providing innovative software and hardware solutions for people with special needs and for the professionals who work with them.	tobii.com
Association for Persons with Severe Handicaps Association of people with disabilities, their family members, advocates & professionals concerned with independence for all individuals with disabilities.	tash.org
Association for Positive Behavior Support An organization dedicated to the advancement of positive support behavior.	apbs.org
Association of Regional Center Agencies Advocate in promoting the continuing entitlement of individuals with developmental disabilities to all services that enable full community inclusion.	arcanet.org
Association of University Centers on Disabilities AUCD members train and educate the next generation of leaders in disability-related research, training, service delivery, and policy advocacy.	aucd.org
Best Buddies of California Educate high school & college students, corporate and community citizens, & employers about the needs and abilities of people with intellectual disabilities.	bestbuddiescalifornia.org
California Community Care Licensing Division Promote the health, safety, and quality of life of each person in community care.	ccld.ca.gov
California Dental Association Value oral health and expand the communities' understanding of the importance of preventative and restorative and dental care services.	cda.org
California Department of Aging Working primarily with the area agencies on Aging who serves seniors, adults with disabilities, and caregivers.	aging.ca.gov
California Department of Education Headquarters for the California education system.	cde.ca.gov

Resources

Resource	Source or Website
California Poison Control System By calling 1-800-222-1222 anywhere in California, you can obtain emergency information.	calpoison.org
California State Independent Living Council Philosophy of people with disabilities who work for self-determination, equal opportunities and self-respect.	calsilc.org
Centers for Disease Control and Prevention Lead federal agency for protecting the health and safety of people. Providing credible information to enhance health decisions, and promoting health through strong partnerships.	cdc.gov
Community Services for Autistic Adults and Children Autism links.	csaac.org
Consumer Corner Information about the Consumer Advisory Committee (CAC); information and links for consumers, families and professionals.	dds.ca.gov
Consumer Product Safety Commission Works to save lives and keep families safe by reducing the risk of injuries and deaths associated with consumer products.	cpsc.gov
Council for Exceptional Children Improve educational outcomes for individuals with exceptionalities.	cec.sped.org
Deaf Education Educational enhancement for the field of Deaf Education.	deafed.net
Department of Developmental Services Is the agency through which the State of California provides services and supports to children & adults with developmental disabilities.	dds.ca.gov
Department of Rehabilitation DOR provides Vocational Rehabilitation Services to Californians with disabilities who want to work. Services include employment counseling; training & education; mobility and transportation aids, job search and placement assistance.	rehab.cahwnet.gov

Resources

Resource	Source or Website
Disability Resources on the Internet (California): Organization that monitors, reviews, and reports on hundreds of disability-related topics.	disabilityresources.org
Disability Rights California Advancing the human and legal rights of persons with disabilities.	disabilityrightsca.org
Educational Resources Information Center Provides information on the education of individuals with disabilities as well as those who are gifted.	eric.ed.gov
Epilepsy Foundation Seeks to ensure that people with seizures are able to participate in all life experiences and prevent, control and cure epilepsy.	epilepsyfoundation.org
Feeling Safe Being Safe Emergency preparedness worksheets to plan and support individuals before, during and after a natural or man-made disaster.	Emergency Preparedness
Healthy People Illustrate individual behaviors, physical and social environmental factors, and important health systems issues that greatly affect the health of individuals and communities.	healthypeople.gov
Independent Living Resource Center of San Francisco To ensure that people with disabilities are full social and economic partners, both within their families and in a fully accessible community.	ilrcsf.org
Institute for Community Inclusion Supports the rights of children and adults with disabilities to participate in all aspects of the community.	communityinclusion.org
Mayo Clinic Information on health and medical topics.	mayoclinic.com
National Down Syndrome Society The Internet's most comprehensive information source on Down Syndrome.	ndss.org
National Dual Diagnosis Association Advance mental wellness for persons with developmental disabilities through the promotion of excellence in mental health care.	thenadd.org

Resources

Resource	Source or Website
National Rehabilitation Information Center Comprehensive database for disability and rehabilitation resources.	naric.com
Office of Special Education & Rehabilitative Services Committed to improving results and outcomes for people with disabilities of all ages.	ed.gov
President's Committee for People with Intellectual Disabilities Provide a variety of links and valuable information that may assist the public in learning more about intellectual disabilities or accessing needed support and services in one's own local community.	acf.hhs.gov
Prevention Institute Preventing crime and violence in California communities.	preventioninstitute.org
Quality Mall Collect and disseminate information related to or useful in promoting quality of life for persons with developmental disabilities.	qualitymall.org
Regional Centers Regional centers are nonprofit private corporations that contract with the Department of Developmental Service to provide or coordinate services and support for individuals with developmental disabilities.	dds.ca.gov
RJ Copper & Associates Software and hardware for Persons with Special Needs.	rjcooper.com
Safe Medication Database can help you find the important information you need to use medications safely and effectively.	safemedication.com
SafetyNet Articles, presentations and tools based directly on trends among Californian individuals with developmental disabilities and intended to ensure that they are safe and healthy.	ddssafety.net
Special Education Resources on the Internet Is a collection of Internet accessible information resources of interest to those involved in the fields related to Special Education.	seriweb.com
Special Olympics of California Sports training & competition in a variety of Olympic type sports for people eight years and older with developmental disabilities.	sonc.org

Resources

Resource	Source or Website
Spine Universe Maintaining a healthy spine through good body mechanics and accurate information.	spineuniverse.com
State Council on Developmental Disabilities Assist in planning, coordinating, monitoring & evaluating services for individuals with developmental disabilities and their families.	scdd.ca.gov
State Office of Emergency Services (California) Supporting special needs and vulnerable populations in disasters.	calema.ca.gov
UC Berkeley Wellness Letter Variety of subjects related to food and nutrition, exercise, self-care, preventive medicine, and emotional well-being.	berkeleywellness.com
UCSD Healthguide Comprehensive collection of features and health news; all you need to know to keep you and your family healthy.	health.ucsd.edu
U.S. Fall Prevention Program for Seniors Selected programs using home assessment and modification.	stopfalls.org
U.S. Fire Administration Information you need to decide what you must do to protect your family from fire.	usfa.fema.gov
U.S. Food & Drug Administration Reviewing clinical research; promote public health to ensure foods are safe sanitary and properly labeled.	fda.gov
United Cerebral Palsy (Sacramento) Is the leading source of information of cerebral palsy and is a pivotal advocate for the rights of persons with any disability.	ucpsacto.org
Web MD Valuable health information, tools for managing your health, and support to those seeking information.	webmd.com