Direct Care Core Competencies (DCCC) Course

Learner's Guide 2016

This guide is designed for use with the Direct Care Core Competencies Course



http://apdcares.org/



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Welcome to Direct Care Core Competencies – DCCC Slide 1

Welcome to the Direct Care Core Competencies course. This course will provide you with information about the roles and responsibilities of direct support professionals.

Purpose of Course Slide 2

The purpose of the Direct Care Core Competencies course is to introduce you to the knowledge, skills, and terms that will assist you in applying and delivering maximum standards of care as a direct support professional.

Course Modules Slide 3

This course has five modules. Each module begins with a list of learning objectives. There is an assessment at the end of the course based on all of the learning objectives.

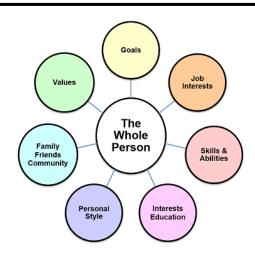
The five modules are:

- 1. Basic Person-Centered Planning
- 2. Introduction to Developmental Disabilities
- 3. Maintaining Health, Safety, and Wellness
- 4. Individual Choices, Rights, and Responsibilities
- 5. Roles and Responsibilities of Direct Support Professionals

The estimated completion time for this course is 2 ½ hours.



Module 1: Basic Person-Centered Planning



Slide 4

Welcome to Module 1 – Person-Centered Planning emerged from a desire to serve the best interests of individuals with disabilities by first changing the way we think about disabilities.

Person-Centered Thinking is the philosophy of Person-Centered Planning. It is choosing to think about and focus on the person's strengths, abilities, and aspirations, rather than focusing on the person's disabilities.

Module 1 Objectives - Slide 5

By the end of Module 1 you should be able to:

- Identify the key elements in successful Person-Centered Planning
- Provide examples of Person-Centered Planning and self-direction
- Recognize components to self-direction and empowerment, and
- Be familiar with barriers to empowerment

What Does Person-Centered Planning Mean? – Slides 6-7

Person-Centered Planning means the individual directs his or her own life. As a direct support professional, it is vital that you assist the individual in finding options that are best suited to their goals and work with their supports to help achieve them.

This module will define the term Person-Centered Planning and instruct you on how Person-Centered Planning is essential to provide quality support for the individual by encouraging them, and providing them with the freedom to make their own decisions.

The Person-Centered Planning requirements for individuals in Home and Community Based Services (HCBS) settings are defined under the 1915 HCBS Waiver and the 1915 HCBS State Plan authorities.

Person-Centered Planning is an individualized approach that helps the individual with a developmental disability discover what he or she really wants by focusing on what is important, regarding:

- How they want to live
- Input from those who love them
- Health and safety (from their perspective)
- Continuous evaluation
- Being respectful of the individual, the family, and those who support the individual, and
- Taking the time and effort necessary to make sure the individual's voice is heard, regardless of the disability

Know the Individual – Slide 8

The best way to get to know people is to spend time with them. This is just as true of the individuals you will work with as it is with anyone else. Talk with the individual. Go places with him or her.

Pay attention not just to what the individual says, but also to what he or she does. Watch how they respond to particular events. Note how he or she chooses to spend their free time. This will provide you with a lot of information about the individual.

Self-Directed - Slide 9

Every individual has feelings, preferences, hopes, and aspirations. Consider the individual's needs and thoughts when establishing supports, and in achieving their aspirations.

It is important to place value in the choices of services and supports the individual would like to maintain, and allow the individual to direct the course of the planning.

Remember, individuals with disabilities may need support in addressing the assumptions and perspectives held by others regarding people with disabilities.

Person-Centered Empowerment – Slide 10

A Person-Centered Plan can be completed at any time, but for the process to be meaningful and beneficial, the individual's circle of support must be a part of the planning process.

All participants are encouraged to become active in the process of discovering and understanding the individual's needs, wishes, and aspirations.

Use your communication skills to avoid questions with boundaries. Use the individual's preferred communication style. For example, if needed, use visual prompts for the individual's primary communication. Listen, give value, and encourage empowerment.

The following **tenets of Person-Centered Planning (Slide 11)** require a commitment from all parties:

- To know and to understand
- To be of genuine service
- To be open to being guided by the individual
- To be willing to struggle for difficult goals
- To be flexible, creative, and open to trying what might be possible
- To be willing to enhance the humanity and dignity of the individual, and
- To look for the good in people and to help bring it out

Being Respectful - Slide 12

Person-Centered Planning allows the individual to feel respected. When a direct support professional takes the time and effort to make sure an individual's voice is heard, regardless of their disability, then the individual is allowed to focus on what is **important to them**. We listen to and respect the individuals we work with, and plan continuously. Respect can be shown by encouraging and allowing the individual to:

- Have the opportunities to explore and expand their choices and options
- Develop and expand natural supports through circles of support and similar informal support networks
- Make life decisions
- Express how they want to live
- Get input from the people who love them, and
- Let you help ensure they feel healthy and safe

Continuous evaluation of all parts of the Agency for Persons with Disabilities (APD) service delivery system will focus on these examples.

Respectful Language - Slides 13-14

Respectful language refers to a way of speaking about an individual with a developmental disability that makes sure you are speaking first and foremost about the person, not their disability.

In other words, individuals with disabilities prefer to be referred to with language that respects their humanity, abilities, talents, and values. They wish to be addressed first as an individual, and not as a disability.

The following lists are examples of respectful and disrespectful words and phrases, in regards to individuals with disabilities.

Respectful words and phrases:

- People with disabilities
- Individual with autism
- Individual with Down Syndrome
- Individual who requires intensive or additional care
- Individual with an orthopedic disability
- Congenital disability
- Typical or people without disabilities
- Wheel chair user

Disrespectful words and phrases:

- Handicapped and the disabled
- An autistic
- A Down's child
- · Afflicted with, suffers from
- Drain, burden
- Crippled or lame
- Birth defect
- Normal

Relationships - Slide 15

In the center of important relations, are personal networks. These networks are most often made up of:

- Family members
- People in the community
- Service providers, and
- Friends

Family members are generally people who are most important to the individual, who are close to and see the individual often, such as parents. This group can also include family members they see less often than those that are nearby.

People in the community are those who mean a lot to the individual, such as their employer. The group also includes the people in the community they associate with, such as doctors, or church pastors.

Service providers can include people the individual feels close to, and also people who provide services that they like.

Friends include people who are important and close to the individual as well as people they have met and like, but may be acquaintances.

Barriers – Slide 16

Individuals with developmental disabilities may often be isolated or discriminated against because they may learn more slowly or may not learn as much. Communication challenges often prompt others to believe individuals with disabilities are not capable.

Caregivers of the individuals need to focus on allowing the development of independence, and overcoming these barriers, while using the adaptations needed for the individual to interact.

What Can Be Done – Slide 17

Development of independence, and overcoming barriers can be achieved by listening to what the individual says. Help them be the owner of their life plans, and to take responsibility for their choices and decisions.

Interests – Slides 18-20

It is important to get to know the individual so you can help them become more independent and confident in making their own life choices.

Here are some examples of questions to help find out information about the interests of the individual:

- What are some of the great things about you?
- What are you good at doing?
- What are your interests?
- What do you enjoy doing?

When getting to know the individual, ask them what they like about their life, and what they would change about their life.

The answers to these questions will help you to learn more about what is important to the individual and to discover better ways to communicate with them.

Additional questions can include asking the individual about the personal qualities that are needed to appreciate and enhance their life. Ask what dreams they have for their life, and ask about themes, gifts, and interests that are developing for them.

Remember, getting to know someone is not a onetime event and should be revisited often to learn of new or updated likes, dislikes, and preferences.

Social Connections – Slide 21

When getting to know the individual, and discovering their interests, consider opportunities for social roles and community connections.

Interests, dreams, themes, gifts, and existing connections are what they need to focus on, to help achieve their goals. Explore where social opportunities exist both within the home and/or in the community, to help you experience and share the individual's interests. What are the social roles and meaningful connections to explore? What supports are needed to set up and explore potential social connections?

Resources – Slide 22

What resources are available? Family, friends, relationships, and community life. Circles of support, along with home life, provide support so you and the individual can establish what is needed and wanted to gain social connections, and to help the individual reach their goals.

Life-enhancing supports also help the individual to achieve their goals. These supports include nonprofit organizations, for profit agencies, civic and community groups, faith-based organizations, and professional associations.

Circle of Support - Slides 23-24

What is a circle of support?

A circle of support is the group of people who provide support to the individual. They listen, and provide life-enhancing opportunities.

They can be family members, friends, acquaintances, memberships, legal representatives, faith-based organizations, not-for-profit services, community groups, and paid services. Paid services can be private pay services or waiver services.

A circle of support is particularly necessary for people who do not have family involved in their life. If the individual does not want to use a circle of support, it is important to find out why this is the case. Circles of support include the individual's personal relationships such as:

Friendships: close relationships, including a best friend

Acquaintances: casual relationships with others

Memberships: affiliations with groups that share common interests

Person-Centered Planning – Slide 25

Each Person-Centered Plan is an individualized approach that helps the individual with a developmental disability find what he or she really wants.

A Person-Centered Plan moves from an approach geared towards solving problems, to one focused on providing opportunities, freedom, meaningful interdependence, and success.

The Person-Centered Planning Process – Slides 26-28

The Person-Centered Planning process is driven by the individual and includes people chosen by the individual.

It provides necessary information and support to the individual to ensure that the individual directs the process to the maximum extent possible.

The process provides a method to request updates and is conducted to show what is important to the individual. This is to make sure delivery of services happens in a manner reflecting personal preferences and ensuring health and welfare.

It identifies the strengths, preferences, needs, such as clinical and support, and desired outcomes of the individual.

The Person-Centered Planning process also includes individually identified goals and preferences related to relationships, community participation, employment, income and savings, healthcare and wellness, education and others. Risk factors and plans to minimize them should also be included.

Once completed the plan must be signed by all individuals and providers responsible for its implementation. A copy of the signed plan must be provided to the individual and their legal representative.

Keys to Person-Centered Planning – Slide 29

- Listening to and respecting people
- Planning continuously
- Giving people the opportunities to explore and expand their choices and options
- Developing and expanding natural supports through circles of support and similar informal support networks, and
- Helping make life decisions such as community, work, leisure, etc.

Person-Centered Planning – Slide 30

- Is timely and occurs at times or locations convenient for the individual
- Reflects cultural considerations and uses plain language
- Includes strategies for solving disagreements, and
- Offers choices to the individual about services and supports

The Person-Centered Implementation Plan should include (slide 31):

- The individual
- The individual making decisions with others
- Steps taken for the individual to have the right to decide
- Approaches to assist in communicating decisions, and
- A description of how the guardian/guardian advocate assists in making decisions

Communication Skills - Slide 32

Communicating effectively with the individual you are assisting is important for the direct support professional to ensure that an open-communication environment exists.

Let's look at some ways to improve communication skills:

- <u>Talk at eye level</u> Standing over an individual can be perceived as aggressive or domineering. If the individual you are speaking with is sitting, you should also sit and speak with them face-to-face.
- <u>Listen with full attention</u> Do not interrupt, it can be distracting or aggressive. Encourage
 the individual to take the time they need to convey their message. Give them the time and
 patience to communicate, and give occasional acknowledgements to show that you are
 listening and understand.
- Ask open-ended questions Allow the individual to answer with their true feelings.
 Remain non-judgmental. Just because someone believes something you do not, does not necessarily make them incorrect. Being judgmental will result in an individual being less comfortable or less willing to communicate with you.
- Paraphrase or repeat words Clarify your understanding of the individual. Give them
 time to correct anything that you might have misunderstood. Summarize your preferences,
 and encourage the same for the person with whom you're interacting.
- <u>Use silence frequently</u> Continuous talking can be overwhelming and over stimulating.
 Silence gives the chance to reflect and think about what was just said. Speak clearly and thoughtfully.
- **Be accepting of feelings** Accept the feelings of the individual and be empathetic to their situations.

Value People – Slide 33

What are some ways we can show someone that we value them and encourage others to do the same?

- Educate and train the individual about how to advocate for themselves. Educate and train the people who support the individual in valuing opinion, choice, and dignity of risk.
- Empowerment to be self-determined with positive reinforcement and an understanding of mistakes, we empower an individual to express and live their life without the fear of punishment for not succeeding.

- <u>Listen to the individual</u>. <u>Be patient</u> and speak in a calm voice. Make sure you are clear, and ask the individual if they have questions. <u>Respect</u> their answers and choices.
- Encourage the individual to express their wants and needs.
- Assist in finding supports let the individual know that you are there to help them find supports and services to help them reach their goals.
- <u>Dignity of risk</u> encourages the individual to have the chance to succeed, and the understanding when a mistake is made. By speaking about other options and risks to help them make informed decisions, we minimize the risk of harm or failure.

People First Language – Slide 34

When we use people first language, we recognize that all people are unique. People who have disabilities should not be defined by their disability. By using respectful words and phrases, we are respecting the individual. Emphasize the uniqueness and worth of all people rather than the differences between them.

Giving an individual who has a disability the opportunity to succeed is also giving them the opportunity to fail and learn from their mistakes. This is referred to as **dignity of risk**. Instead of choosing for the individual you are assisting, they should make their own decisions.

Give your opinion on the different benefits and risks of the choices. This is referred to as informed decision-making. Once informed, let the individual choose for themselves and understand that making mistakes is an opportunity to learn and grow.

Speak directly to an individual who has a disability and not to his or her companion. This assures that you focus on the individual. Speak in a normal tone of voice, and be patient. Some people might take longer than others when communicating. Allow the individual to speak for his or her self whenever possible.

Remember that caregivers and other supports are there to assist the individual, not to speak for the individual.

Self-Determination – Slides 35-36

What is Self-Determination?

Self-Determination is the freedom to make choices and the opportunity to try new things.

Dr. Charles Moseley's article titled, <u>Making Self-Determination Work</u>, provides a new approach to supporting people with developmental disabilities. The concept is based on the idea that control over the services and supports offered to people with developmental disabilities should rest with the individual receiving the services.

Each individual shall have the authority to define and pursue their own vision. The role of the direct support professional is to assist in finding the supports necessary to help the individual work towards this goal. Personal relationships and community membership are valued.

All networks and systems of support should collaborate together to support the needs and vision of the individual. Working as a team is imperative, and as a direct support professional it is your job to ensure that everyone's voice is heard. However the main voice must be that of the individual, so that the individual has the final say in his or her life choices.

Module 1 Review - Slide 37

Let's review some of what you have learned in this module.

What does Person-Centered Planning mean?

It means the individual directs his or her own life.

What is a barrier to individuals with disabilities?

Barriers include isolation and discrimination.

And, what is a circle of support?

A circle of support is a group of people who provide support, to the individual.

End of Module 1 – Slide 38

Congratulations!

You have completed Module 1 of the Direct Care Core Competencies Course - Basic Person-Centered Planning.

You are now ready to start Module 2 – Introduction to Developmental Disabilities.

Follow these steps to locate, the next module:

- Close the presentation window for the module, return to the Home page, and locate My Learning.
- 2. Click on **My Learning** to expand the window.

- 3. Click on the APD Direct Care Core Competencies Module 1 Basic Person Centered Planning
- 4. On the **Course Registration Management** page, locate and click on the **M** button under the **Manage** column.
- 5. On the next page, click the **Completed** button.
- 6. Complete the Course Rating and click the **Save** button.
- 7. On the Course Registration Management page, locate and click on the APD Direct Care Core Competencies Module 2 Introduction to Developmental Disabilities

END OF MODULE 1

Module 2: Introduction to Developmental Disabilities



Slide 1

Welcome to Module 2 – This module will introduce you to the knowledge, skills, and terms that will enable you to work effectively with people with developmental disabilities.

Module 2 Objectives - slide 2

By the end of Module 2, you should be able to:

- Define the term developmental disability
- Name and describe the different types of developmental disabilities
- Learn the difference between developmental and functional disabilities
- Become familiar with the basic history of attitudes towards individuals with disabilities, and how it affects quality of life

What is a Developmental Disability? - Slides 3-4

A developmental disability is specifically defined in **Florida Statutes**, **Chapter 393.063(9)**, as "a disorder or syndrome that is attributable to an intellectual disability, cerebral palsy, autism, spina bifida, Down syndrome, or Prader-Willi syndrome; that manifests before the age of 18; and that constitutes a substantial handicap that can reasonably be expected to continue indefinitely."

Another generally accepted definition of developmental disability is a diverse group of severe chronic conditions due to mental and/or physical impairments. Developmental disabilities can cause difficulties in certain areas of life, especially in language, mobility, learning, self-help, and independent living.

A condition is considered a developmental disability when it:

- Results in a significant mental or physical disability
- Occurs in the developmental years before age 18
- Continues throughout a person's life
- Substantially affects the individual's ability to function, and
- Often means there is a need for some kind of assistance in daily living

Functioning - slide 5

Functioning, or the ability to successfully get around in an environment, is a key element in defining a developmental disability.

Functional areas are usually grouped in the following way:

- Self-care
- Receptive and expressive language
- Learning, mobility
- Self-direction
- Independent living, and
- Economic self-sufficiency

Developmental Delay - slide 6

A developmental delay is a very large difference between an individual's abilities and what is usually expected of people of the same age. This type of delay usually affects children from birth to 3 years old.

For example, it is common for babies to roll over at 4 to 6 months of age. An 8 month old baby who cannot yet roll over on his/her own, and cannot yet sit up without aid, raises concerns and should be tested for a developmental delay.

Developmental Disabilities: Six Types – Slide 7

Florida recognizes **six disabilities as developmental disabilities**, as identified in Florida Statues, Chapter 393.063(9). <u>They are</u>:

- Intellectual disability
- Autism

- Cerebral palsy
- Spina bifida
- Prader-Willi syndrome, and
- Down syndrome

You will learn more about each of these disabilities in the upcoming slides.

Intellectual Disability - Slide 8

What is intellectual disability?

Intellectual disability is not a disease, it is a life-long condition with degrees of functioning (mild, moderate, severe, and profound) and varying levels of abilities.

People with an intellectual disability are likely to:

- Learn more slowly
- Have a hard time remembering things that are learned
- Have a hard time using what is learned, in a new situation, and
- Think about things in more real life or concrete ways

People with intellectual disabilities will keep learning and developing throughout life, like all of us.

Autism - Slides 9-10

What is autism?

Autism is a developmental disability that affects the brain areas controlling language, social interaction, and abstract thought. Little is known about the causes of autism.

Characteristics of autism may include:

- Avoidance of or not paying attention to others
- Difficulty relating to other people and communicating
- Monotonously repetitive motor behavior, such as rocking back and forth
- Repetitive behaviors that can cause injury to themselves
- Possible reduction in intelligence, and
- Behavior problems that include resistance to change and emotional responses

People with autism are usually sensitive to stimulation of their senses, sight, hearing, taste, touch, and can be overwhelmed by ordinary sights, sounds, smells, and touches.

The symptoms vary greatly, ranging from very limited disability to the lack of ability to speak or live independently. Autism is often not recognized or diagnosed until around the age of 18 months. It usually becomes apparent when a child fails to respond socially to family and friends.

Cerebral Palsy – Slides 11-12

What is cerebral palsy?

Cerebral palsy is a disorder of movement where people have difficulty controlling some of their body muscles. Each individual with cerebral palsy has very different kinds of abilities and challenges.

It is caused by damage to one or more specific areas of the brain, usually occurring before, during, or shortly following birth.

Other causes can include head injury usually resulting from a motor vehicle accident, a fall, child abuse, and/or a brain infection.

Some individuals with cerebral palsy may exhibit the following behaviors:

- Awkward or involuntary movements
- Poor balance
- Unusual walk
- Poor motor coordination, and
- Speech difficulties

It is important to know that cerebral palsy is not a disease or illness. It is not contagious, and it cannot be cured or grown out of.

Spina Bifida – Slides 13-14

What is spina bifida?

Spina bifida is a group of birth defects that affect the skin, spinal column, and spinal cord, in which the spinal cord fails to close. The causes are not known, but taking folic acid during pregnancy has been proven to dramatically decrease the risk of having a child with spina bifida (but it does not always prevent the disorder).

Spina bifida does not get worse over time. However, secondary problems can worsen and require intensive management.

Some of the health problems for people with spina bifida include:

- Not having a sense of touch or pain in the legs
- Having paralysis of their bladder or bowels that prevent them from controlling their bodily functions
- Possible curvature of the spine, and
- Pressure sores

The extent of these problems varies with the location of the defect along the spine and the effectiveness of early medical intervention. Some people with spina bifida have relatively few of the problems listed above. Others require on-going medical care in one or more specialized areas.

Spina bifida is one of the most common developmental disabilities of the nervous system. The incidence is about one in every thousand births.

Prader-Willi Syndrome – Slides 15-17

What is Prader-Willi syndrome?

Prader-Willi syndrome is an inherited condition. Although children and infants with Prader-Willi syndrome have similar features and symptoms, no one characteristic is specific to the condition.

Most people with Prader-Willi syndrome also have some degree of intellectual disability. Even when intelligence is at a typical level, some cognitive difficulties are usually present.

There are two distinct stages of Prader-Willi syndrome in the development of the child:

- Stage One occurs during infancy. Infants are often characterized as "floppy babies," and may result in feeding and swallowing difficulties.
- <u>Stage Two</u> occurs between the ages of one and two and is characterized by an obsession to eat and excessive weight gain.

Other characteristics of Prader-Willi syndrome include:

- Trouble pronouncing words
- Excessive sleepiness
- Decreased pain sensitivity
- Skin-picking habits, and
- Slowed growth

Personality difficulties may emerge between 3 and 5 years of age and include:

- Temper tantrums
- Stubbornness, and
- Acts of violence

Down Syndrome - Slide 18

What is Down syndrome?

Down syndrome is a genetic disorder caused by the presence of all or part of a third copy of chromosome 21. Another name used for Down syndrome is "Trisomy 21".

It is characterized by the following traits:

- Physical growth delays, and
- Mild to moderate intellectual disability

There are also common physical characteristics associated with Down syndrome:

- Low muscle tone
- Small stature
- Upward slant to eyes, and
- A single deep crease across the center of the palm

Functional Disabilities - Slide 19

There are other types of disabilities not identified and categorized specifically by APD, but may cause an individual to have difficulty with day-to-day functioning.

These are referred to as functional disabilities.

Some people you serve may have functional disabilities that arise from:

- Head injury
- Hearing loss
- Vision loss, and
- Epilepsy

You will learn more about each of these disabilities in the upcoming slides.

Head Injury – Slides 20-21

A head injury, also called a traumatic brain injury, is caused by an external blow to the head.

Some individuals will retain many of the skills they possessed prior to the injury. Others must regain a number of skills lost from the injury. The degree of impairment depends on the extent and location of the injury.

The following is a list of symptoms that may result from a head injury:

- Somatic (headache, dizziness, poor coordination, weakness)
- Cognitive (amnesia, confusion)
- Emotional (agitation, depression)
- Psychosocial (fearfulness, impatience)
- Psychological (anxiety, guilt)

Individuals with a head injury may experience these difficulties, and possibly the emotional trauma of sudden changes in skills, sense of self, and role changes brought about by the injury.

If an individual acquires a traumatic brain injury before the age of 18 and manifests developmental problems, the **individual is considered to have a developmental disability**.

If the injury occurs at the age of 18 or later and results in a disability, it is **not** considered to be a developmental disability.

Hearing Loss – Slide 22

<u>Hearing loss</u>, or deafness, means a hearing impairment that is so severe, the individual has trouble processing spoken information.

<u>Hard-of-hearing</u> means that an individual has some loss of hearing.

The individual's age when a hearing loss is diagnosed is crucial to the development of the individual's speech, language, cognitive, and social skills. Treatment is most successful if the hearing loss is identified early.

Vision Loss - Slide 23

Vision loss, blindness, and partial sightedness, are terms that are legally defined. The legal definitions are based on an individual's degrees of visual acuity (clarity) and peripheral vision. When you look forward, peripheral vision is the range of vision on the sides of your vison.

<u>Legal blindness</u> means an individual has 20/200 vision, or less, in the better eye, with the best possible correction, and severely restricted side vision. 20/200 vision means an individual can recognize objects at a distance of 20 feet that an individual with normal vision can recognize at 200 feet. Only one in 1,000 people are legally blind.

Epilepsy - Slide 24

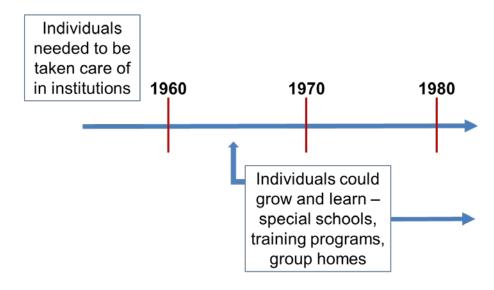
Epilepsy is a physical condition that occurs when there is a sudden, brief change in how the brain works.

When brain cells are not working well, an individual may become unconscious, or their movement or actions may be very changed for a short time. These changes are called epileptic seizures. Epilepsy is sometimes called a seizure disorder.

Individuals who have epilepsy are able to function very capably in the community. Most people are able to reduce the frequency of seizures with proper medication and health practices. Some individuals with developmental disabilities may also have epilepsy.

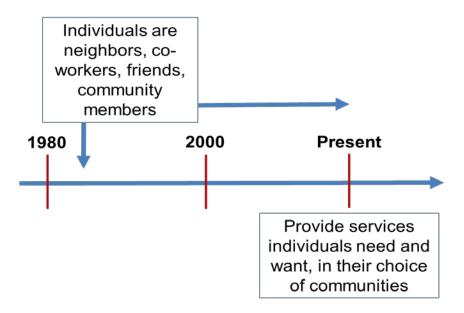
History of Attitudes - Slides 25-26

There have been major changes in how citizens in general have thought about people with developmental disabilities. These views have changed the way that services for individuals and families are provided, however, some people still hold onto old beliefs.



<u>Up until the 1960s</u>, citizens thought that individuals with developmental disabilities should be taken care of and that this could be best accomplished in an institution away from the community.

<u>From the mid-1960s to the mid-1980s</u>, citizens began to see that individuals with developmental disabilities could grow and learn through education and training. During these years, special schools, training programs, and group homes were developed in large numbers in communities throughout the United States.



<u>From the mid-1980s to the present</u>, citizens began to see individuals with developmental disabilities as their neighbors, co-workers, friends, and fellow community members.

<u>Now</u>, the focus is providing the services that individuals and families need and want in their choice of communities.

These changes in citizens' attitudes and in the way services are provided were largely due to the public education efforts of families of individuals with developmental disabilities. Changes in national and state laws along with individuals with developmental disabilities speaking up for themselves were also key to the current focus.

Quality of Life – Slides 27-28

You can help improve the quality of life for the individuals you serve.

As you go about your work in supporting people with developmental disabilities and promoting life quality for them, ask yourself these questions about each individual you serve:

Participation:

Are there opportunities for participation in a variety of community and social activities? How can I help the individual to get involved in the activities?

• Friendship:

How many friends does the individual have? Would he or she like more? Are there opportunities to interact with and meet people?

Relationships:

What opportunities do people have to be givers in a relationship? How are people recognized for their individual gifts and talents? How do I encourage interaction?

• Interdependence:

How are we supporting people to get connected within their communities? What types of natural supports exist in people's lives?

• Independence:

What skills are people learning? Are they able to have individual privacy, especially at home?

Meaningful Activities:

Are people provided with purposeful activities in meaningful situations?

Motivation:

Are people engaged in activities that are interesting and motivating to them? What can you do to increase the individual's motivation to participate in activities?

Choice:

How much choice do people have throughout their day and throughout their lives?

Respect:

How are people's routines and choices respected? How well do we listen to the people we support? How do we talk to the people we support?

Module 2 Review - Slide 29

Let's review some of what you have learned in this module.

What is part of the definition of a developmental disability?

A developmental disability occurs in the developmental years, before age 18.

Autism is often not recognized, or diagnosed, until around what age?

Often it is around 18 months old.

Spina bifida is a group of birth defects that affect the skin, spinal column and cord, in which what occurs?

The spinal cord fails to close.

And, <u>Down syndrome is a genetic disorder caused by what?</u>

It is caused by the presence of all, or part, of a third copy of Chromosome 21.

End of Module 2 - Slide 30

Congratulations!

You have completed Module 2 of the Direct Care Core Competencies Course – Introduction to Developmental Disabilities.

You are now ready to start Module 3 – Maintaining Health, Safety, and Wellness.

Follow these steps to locate, the next module:

- 1. Close the presentation window for the module, return to the **Home** page, and locate **My Learning**.
- 2. Click on **My Learning** to expand the window.
- 3. Click on the APD Direct Care Core Competencies Module 2 Introduction to Developmental Disabilities
- 4. On the **Course Registration Management** page, locate and click on the **M** button under the **Manage** column.
- 5. On the next page, click the **Completed** button.
- 6. Complete the Course Rating and click the **Save** button.
- 7. On the Course Registration Management page, locate and click on the APD Direct Care Core Competencies Module 3 Maintaining Health, Safety, and Wellness

END OF MODULE 2

Module 3: Maintaining Health, Safety, and Wellness



Slide 1

Welcome to Module 3 – This module will introduce you to the responsibilities you have to maintain the health, safety, and wellness of the individuals you serve as a direct support professional.

Module 3 Objectives - Slides 2-3

By the end of Module 3 you should be able to:

- List methods of proper food handling and storage
- Describe safety measures involved with emergency situations
- Identify appropriate disaster and emergency procedures
- Demonstrate accurate documentation and reporting
- Describe how oral health can affect individuals with developmental disabilities
- List and describe possible effects of medication
- Apply nutritional guidelines when cooking meals
- Define the five health related responsibilities for direct support providers

Special Diets - Slide 4

When a special diet is needed for the individual you are working with, discuss with the individual how the special diet can be very important to their health and well-being.

Some medical conditions - such as diabetes, Prader-Willi, swallowing difficulties, and heart conditions - require special preparations, types, and amounts of foods.

In these cases, a dietician usually provides instructions for the foods that are healthy for people with these conditions.

Follow the dietician's guidelines, and be sure to observe, document, and report any changes in the individual's behavior or appearance.

The following slides will detail healthful food options and tips that could be included as part of a healthy special diet plan.

Vegetables – Slide 5

What kinds of vegetables are available? Here are some examples to choose:

- Dark green vegetables: broccoli, spinach, romaine lettuce, bok choy
- Red and orange vegetables: tomatoes, red peppers, butternut squash
- Beans and peas: kidney beans, soy beans, split peas
- Starch: potatoes, corn, green peas, chestnuts
- Other: cabbage, cauliflower, eggplant, celery

Fruits - Slide 6

Fresh, whole fruits are ideal because of the added value of maximum vitamins and fiber to the diet.

Frozen and dried fruit count, as does 100% fruit juice.

Try a variety of different fruits, such as mangoes, raspberries, kiwi, apples, bananas, oranges, and other favorites.

Whole Grains - Slide 7

Choosing whole grains is a much healthier option, rather than refined grains. Aim to have at least half of the grains you use be whole grains.

For example choose brown rice, whole-grain bread, and whole-wheat pasta over white rice, white bread, and regular pasta. You can also add whole grains like oatmeal, muesli, and bulgur wheat to a diet.

Lean Protein - Slide 8

What is lean protein? Lean protein is lower in fat. You should fill only a quarter of your plate with protein foods. Meat is not the only source of protein.

Choose a variety of proteins to maximize your intake of vitamins and minerals. Try to limit processed meats like hot dogs, lunch meats, and sausage, which have added fat and salt. Aim for low-fat proteins to help keep health and weight under control.

Sources of Protein – Slide 9

These examples are heathy choices of lean protein. The list includes: lean cuts of beef, pork, lamb and other meats, fish and shellfish, beans and peas, tofu/soy products, lean poultry, eggs, as well as nuts and seeds in limited amounts.

Dairy and Soy - Slide 10

What is soy? The soybean or soya bean is a species of legume native to East Asia, widely grown for its edible bean which has numerous uses. Whole soy foods contain high levels of healthy protein and fiber. Fiber helps to reduce bad cholesterol.

What is low-fat dairy? These choices can include fat-free or skim milk, cottage cheese, or low-fat yogurts.

What does lactose intolerance mean? Lactose can be the cause of sensitivity to dairy, but it can be managed easily by choosing special diets. The symptoms of lactose intolerance can include, abdominal pain, diarrhea, gas, and bloating.

Add low-fat milk, cheese, yogurt, and other calcium-rich dairy products to your diet. Calcium-fortified soy milk and lactose-free milk are widely available for people who are lactose intolerant.

Healthy Tips – Slide 11

Here are some tips for healthy nutrition choices:

- Switch to nonfat or 1% milk to reduce extra fat calories
- Avoid oversized portions and super-sized meals
- Choose low-salt soups, bread, frozen meals, sauces, and other processed foods
- Check food labels for sodium content, and
- Avoid sugary drinks and sodas, and drink water instead

Food Handling and Storage – Slides 12-13

To keep food fresh and safe, you and those in your care need to know how to handle and store food. Simple tasks like washing hands thoroughly with soap before handling food or tableware such as plates, forks, and knives, can prevent the spread of germs.

The following are generally accepted guidelines for safe food handling, and storage:

- Read food labels. Discard if the food item is past the expiration or sell by date. If the item has a freshness date, the item may not be as fresh or useable after the date has passed.
- Store perishable items in temperatures between 35-45 degrees Fahrenheit.
- Arrange dry food items so that oldest items will be used first.
- Cover food securely.

- If food is placed in a container after opening, write the expiration date and name of the food item on the container.
- Discard leftovers after 48 hours. Discard milk based foods 24 hours after opening.
- Do not store food items on the floor or near a source of heat.
- Do not serve raw eggs or foods with uncooked eggs included.
- Serve pasteurized milk only. All store bought milk should have been pasteurized unless otherwise noted.
- Do not use chipped glasses, plates, or dishes. These can hide harmful bacteria.
- If food will not be eaten right after it's cooked, refrigerate it until ready to serve. Reheat, if necessary.

Pathogens - Slide 14

Pathogens are organisms such as a virus, fungus, or bacteria that cause disease. These organisms can be transmitted through: person to person contact, contact with dirty objects, infected food or water, as well as contact with blood, secretions, excretions, broken skin and mucous membranes.

Certain parasites can also be spread this way. Some of these organisms can be handled by the body's immune system, but are best avoided through the use of standard precautions designed to prevent the spread of pathogens.

Some of these pathogens include, but are not limited to:

- Colds, flu, chicken pox, measles, respiratory viruses, shingles spread by coughs, sneezes, and contact with dirty hands and objects
- Pinkeye spread by contact with fluids of the eye
- Head lice, scabies, ringworm, cold sores spread by direct contact with infected individuals
- Gastrointestinal infections such as salmonella, giardia, and hepatitis A spread by contact with stool between individuals, or getting stool in the mouth via dirty hands, water or food

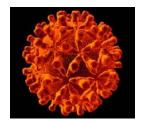
There are other pathogens spread by contact with blood or bodily fluids that can cause severe illness, the next slide will discuss these bloodborne pathogens.

Bloodborne Pathogens – Slide 15

Some of the most severe illnesses can be spread by organisms that transmit diseases through blood or other bodily fluids. These are known as bloodborne pathogens. Bloodborne pathogens include the hepatitis B virus (HBV), the hepatitis C virus, the human immunodeficiency virus (HIV) that can lead to acquired immune deficiency syndrome (AIDS), and others for which there may be no cure.



Hepatitis B Virus



Hepatitis C Virus



HIV (can lead to AIDS)

The following slides will inform you about the standard precautions for infection control, to prevent exposures to pathogens for both you and the individuals with whom you work.

Standard Precautions – Slides 16-17

The term Standard Precautions, for infection control, refers to a group of infection prevention practices that apply to all people.

Standard Precautions are based on the principle that blood, secretions, excretions, broken skin, and mucous membranes may contain infectious agents.

This includes blood, urine, tears, vaginal discharge, semen, stool, spit, sputum (coughed up mucus), scrapes, cuts, wounds as well as the insides of the mouth, vagina and rectum. All potentially have germs that can make you or others sick.

You must apply this practice to all people, regardless of the diagnosed infection. Many of the things you do to prevent the spread of infection should be done every time you will be in contact with anything listed in the previous paragraph.

This includes handwashing, wearing gloves to change a diaper, and teaching people to cover their mouth when coughing/sneezing.

It does NOT mean that you should be afraid to touch normal skin, even if it is sweaty. Most of the time it is alright to hold someone's hand, give them a pat on the back, help them to get dressed, or brush their hair, for example, without taking precautions.

The following slides will go into more detail on ways to protect yourself and others from infection.

Handwashing - Slides 18-19

The best way to prevent the spread of germs and pathogens is to wash your hands, commonly referred to as handwashing.

You **must** wash your hands:

- Before and after touching anyone
- After touching (even with gloves on) any blood, secretions, excretions, broken skin, and mucous membranes
- After you touch things like beds, equipment, doorknobs, etc. that are close to where people are or have been
- After taking your gloves off, and before you put new ones on, and
- After touching dirty linen, diapers, garbage, tissues or other used supplies

Here are the instructions to follow for proper handwashing:



- 1. Wet hands in clean running water, warm or cold.
- **2.** Apply the soap.
- 3. Lather your hands by rubbing them together with the soap.

Be sure to lather front and backs of hands, wrists, under the fingernails, and between the fingers. **Then scrub vigorously for 20 seconds** – about the amount of time it takes to sing the Happy Birthday song.

- **4.** Rinse hands well under clean running water for **at least 10 seconds**, letting water drain from wrists to fingers until all the soil and soap are gone. Don't turn off the water.
- **5.** Dry hands with a fresh, disposable paper towel.
- **6.** Turn off the water with the same paper towel, not with your clean hands, and drop the paper towel into the trash can.

Protective Equipment – Slide 20

After handwashing, there are other ways to help prevent the spread of infection that involve protective equipment such as:

- Disposable gloves
- Sterile gowns
- Mouth and nose protection, and
- Eye protection



Disposable Gloves - Slides 21-22

Wear disposable gloves if:

- You think you will be touching blood, or anything else that comes out of the body (vomit, stool, urine, etc.).
- You think you will be touching something that has been soiled, like the skin of an individual who is incontinent of stool or urine, you should wear gloves.

- When you are cleaning equipment, surfaces, or linens that might have been soiled with anything that comes out of the body.
- You must never use the same pair of gloves to care for more than one individual and never wash and/or reuse disposable gloves.

However, for cleaning equipment or general cleaning (like washing floors), you may wear reusable utility gloves.

Take gloves off right away after use, and be sure to do so in the correct way:

- Grab the outside of one glove at the wrist, and pull it down and off of your hand.
- Keep this glove in the palm of the hand that you removed it with.
- With the hand that now doesn't have a glove on, grab the inner surface of the remaining glove at the wrist, and pull it down and off of your hand with the other glove still inside of it, and
- Drop both gloves into the trash.

You must always wash your hands after removing gloves.



Sterile Gowns - Slide 23

Personal protective equipment (PPE), such as sterile gowns, should be used when you know that an individual has a disease that could be spread though contact with infectious materials.

Wear a gown when:

- You think you could soil your skin and clothes while caring for an infectious individual.
- If the individual is vomiting, or has liquid stool.
- If the individual's hands are visibly dirty (with vomit, stool, blood), and might grab your arms or clothes.

Remove a gown by:

- Pulling the gown off of your arms, turning it inside out as you do, to catch any soil
 or germs on outside of the gown, and
- Folding the gown inside out before putting it in the trash.

Remove the gown and **wash your hands** before you leave the individual's room to keep from moving germs from one place to another.



Goggles & Masks (eyes, nose & mouth) Slide 24



Use eye, nose, and mouth protection such as goggles and masks, to protect the mucous membranes in your eyes, nose, and mouth when there might be splashes or sprays of anything that may be infected such as, blood, vomit, spittle, sputum, or other body fluids.

For example, you may wear this protection when giving an enema, or when someone is spitting at you, or sneezing, or coughing when you are trying to help them dress.

Diaper Changing and Toileting - Slides 25-28

It is very important to maintain standard precautions when performing diaper changing and toileting procedures. The following slides will provide instruction for both diaper changing and toileting procedures.

We will begin with diaper changing instructions:

- Organize all needed supplies within easy reach.
- Wash your hands per the proper handwashing procedures.
- Put on disposable gloves to avoid contact with soiled items.
- Ask the individual to lie down, or help the individual to lie down.
- Remove the soiled diaper and any soiled clothing, folding the soiled surfaces to the inside.
- Discard soiled diapers in a covered, plastic lined trash can, and place soiled clothes in a laundry bag that will keep fluids contained (like plastic), this bag should be marked as soiled linens or bio-hazard, to alert others to take precautions.

- Clean the individual according to your facility policy, using disposable wipes or soap and water, wiping back to front.
- Never wipe over the area with an already dirty wipe or cloth. Let air dry.
- Dispose of wipes in the covered, plastic lined trash can. Put wash cloths in the same laundry bag as clothes.
- Remove and dispose of gloves.
- Apply a clean diaper and assist the individual to dress.
- Wash the client's hands with soap and running water.
- Put on gloves and change the bed linens. If needed put soiled linens, folded inward, in the laundry bag.
- Clean and disinfect the area and all equipment or supplies that were soiled.
- Wash your hands thoroughly, per the proper handwashing procedures with soap and running water.

Next we will cover the instructions for toileting procedures:

- Toilets should be visibly clean
- Staff must ensure that everyone has easy access to toilet paper, soap, running water, and paper towels
- Staff will assist people with toileting as needed
- Staff will wear gloves if assisting someone with toileting hygiene, and
- Everyone must use proper handwashing procedures after toileting

First Aid Kits - Slides 29-30

You need to keep a well-stocked First Aid Kit on hand to be ready for emergencies or disasters.

Keep the supplies in a box that shuts tightly, is roomy, easy to carry, and clearly labeled. Keep all the supplies clearly labeled, and replace them as they are used or when their expiration date has passed.

The best place to store the First Aid Kit is on a high shelf in a high traffic area, such as the kitchen or a hall closet.

The basic supplies you should keep in your First Aid Kit are:

- Tweezers
- Scissors
- A clearly labeled thermometer (oral, ear, etc.)
- Safety pins
- Medicines keeping in mind possible allergic reactions such as acetaminophen, ibuprofen, Benadryl, and aspirin
- Simple antiseptics such as alcohol



- Antiseptic cream for dressings, such as a triple antibiotic cream
- Basic dressings such as white gauze, absorbent cotton tissues, 2" and 3" plain bandages
- Various sizes of ready to use sterile dressings
- 2" and 3" wide self-stick dressing strips, cut to length if needed, and
- 1" wide adhesive strapping

Oral Health – Slides 31-33

Oral health care for individuals with developmental disabilities is important because good oral health care is a key part of general health and well-being. It is well documented that there is a direct link between gum disease and certain types of heart disease, obesity, and diabetes. Speech can be affected by the loss of teeth. Teeth are necessary to make proper sounds, and to speak clearly and well.

Good oral health is **important because** it:

- Affects appearance, comfort, speech, chewing, swallowing, and nutrition
- Contributes to an improved quality of life
- Helps maintain fresh breath
- Contributes to a pain-free mouth
- Improves sleep, concentration, and the ability to focus and learn
- Individuals with special needs are almost twice as likely to have oral health issues
- Individuals with compromised immune systems have more frequent oral bacterial, yeast, or viral infections and ulcers of the soft tissues of the mouth and throat

Providing oral health care to this population requires special knowledge, awareness, attention, and compassion

Healthy Gums - Slide 34

The pictures on this slide are examples of how the mouth looks in a healthy white or Caucasian individual and a healthy black or African-American individual. The difference is the pigmentation or dark coloring of the gums. This is normal.





Healthy gums don't bleed when teeth are brushed. Gums are coral pink or brown, and usually lack red areas which may indicate areas of gum irritation or inflammation. The gums are tight and firmly attached to the underlying bone. The gums often appear dimpled, like an orange peel. When the gums are unhealthy and swollen, the dimpling may disappear.

Dental Cavities – Slides 35-36

Causes of Dental Cavities

There are many causes of dental cavities. Bacteria that live in the mouth feed on sugary substances held by plaque, and convert it to acid which wears away teeth causing tooth decay or cavities. Both plaque which is soft, and tartar which is rough, irritate the sensitive gum tissues. The body's response to tartar causes the underlying bone beneath the gums, which supports the teeth, to dissolve in order to reduce contact with the irritant.

Having a dry mouth encourages dental decay. This is because the normal amount of saliva, which lubricates teeth and helps wash away harmful bacteria, is not present.

Some medicines such as sleeping aids and drugs that help to calm behavior may reduce the amount of saliva produced in the mouth. This allows the plaque to attach more firmly to the teeth because the saliva is not there to help clean the teeth. Some medicines that prevent seizures may cause the gums to overgrow. Other medicines have a high sugar content, which can promote plaque build-up, and result in an increase in cavities.

Prevention of Dental Cavities

To help prevent dental cavities, brush regularly with a fluoride toothpaste to remove food particles and harmful bacteria, and protect teeth from plaque and tartar build-up. Ask the dental care provider for a fluoride gel, or rinse to help protect the individual's teeth.

Offer water frequently for medications that cause dry mouth, or contain a lot of sugar, to wash away bacteria. If high sugar medication is an issue, ask the individual's physician if there are alternative medications. You can offer alternatives to sugary foods and beverages as well, to reduce potential bacteria growth.

Gum Disease - Slides 37-38

Causes of Gum Disease

Gum disease can be cause by many factors. Poor oral hygiene, or the failure to remove food particles and plaque from the teeth and gums may result in gum disease. Gingivitis, or inflammation of the gums may cause bleeding, and untreated gingivitis can lead to gum disease.

Untreated gingivitis causes periodontitis, or gum disease. It causes loss of the jawbone that supports the teeth, which can cause teeth to shift, become loose and eventually fall out. Though the bone cannot be replaced, further loss can be stopped as can gingivitis with proper care.

Prevention of Gum Disease

To help prevent gum disease, encourage good daily oral hygiene. Ask the dental/oral health care provider to recommend appropriate brushing and flossing methods.

Also, some individuals may benefit from using an antimicrobial rinse, such as chlorhexidine, which will help kill disease causing bacteria in the mouth. Ask the dental/oral health care provider if this may benefit the individual you are helping.

Dental Conditions – Slides 39-40

There are several dental conditions that can affect the oral health of individuals with disabilities. This and the following slide will provide a brief overview of these conditions.

Difficulty Swallowing – Dysphagia – inform dental/oral health provider, position individual upright with head to side, clean the individual's mouth of excess food after each meal.

Tooth Grinding – Bruxism – tooth grinding may not cause dental disease, but tooth wear can sometimes be helped with mouth guards.

Hyperactive Bite and Gag Reflex – inform the dental/oral health provider regarding strong gag reflexes, and schedule appointments at least 1-2 hours after the individual has eaten.

Drooling – which can result from poor muscle tone, improper bite or an inability to close the lips. Affects daily oral care and social interaction. Caregivers should encourage individuals to swallow frequently, if possible.

Oral Habits – some individuals may have habits that damage oral structures, such as picking gums, biting lips and/or cheeks, eating non-edible items or grinding and/or clenching teeth.

Trauma and Injury – ask the oral care provider about tooth saving kits, and what to do if a permanent tooth is broken or knocked out. Save teeth or tooth pieces in water or milk. Be aware that oral trauma can be a sign of physical abuse. Make notes of sudden or gradual changes in appearance or behavior.

General Tips for Caregivers – Slides 41-43

Here are some general tips for caregivers who provide oral hygiene:

- Make dental home care a routine, e.g., perform at the same time, in the same place, twice daily.
- If the bathroom is not comfortable for the individual, try sitting at a table, or supporting the individual in a bed or in a bean bag chair.
- An individual who uses a wheelchair may remain in the wheelchair and the caregiver may support the head from behind.
- Individuals who are bedridden should have the head of the bed elevated about 30 degrees.
- Make sure the toothpaste, toothbrush, and floss are within easy reach.
- Provide adequate lighting and a mirror so that the individual can watch and learn.
- Provide the individual with a favorite toy and/or play relaxing music to make home dental care fun and comfortable.
- Acknowledge good behavior with positive reinforcement.
- Always stay positive, be patient, and determined.

Another tip for caregivers is to use the **Tell**, **Show**, **Do method** to help the individual gain a better understanding and ease potential fear.

- **Tell** Communicate to the individual what is going to happen
- Show Demonstrate what you are going to do, and
- **Do** Perform the action do it

Tooth Brushing Tips – Slides 44-46

Tooth brushing is a vital part of the oral health of the individual you help, here are some tips to make the process more effective:

- Brush twice daily after breakfast and at bedtime.
- Give individual opportunity to brush their own teeth, can use the hand over hand technique.
- If needed, adapt the toothbrush handle to make it easier to grip.
- Caregivers may have to perform oral hygiene for the individual.
- Wash hands before and after brushing, use disposable gloves.
- Use a soft toothbrush, and a small amount of toothpaste, if needed moisten with water.
- If individual has heightened taste, use a flavored toothpaste.
- If using a power brush, be sure to allow time for the individual to get used to the sound and feel
- Be sure to brush ALL teeth, brush all sides and angles, and include the tongue and roof of mouth.
- Angle the brush at 45 degrees to the gum line, use short back and forth strokes.
- If individual cannot rinse, use gauze or a towel to remove excess toothpaste.

Flossing Tips - Slide 47

- There are many types of dental floss: flavored, waxed, un-waxed, and tape. The tape style is flatter and broad, and may be easier to manipulate. Dental floss holders may also be used. Choose a type and tool that makes the process easier.
- Wash your hands before and after flossing, and use disposable gloves.
- Use a length of floss about 18 inches long.
- Wrap the floss around the middle fingers of both hands, hold firmly, and guide the floss with both hands working it gently between the teeth to the gum line. Be sure not to push hard, or use a saw motion into the gums.
- Don't give up, it will take time, practice, and patience to floss well.

Rinsing - Slide 48

Using a daily rinse after brushing and/or flossing teeth may be recommended. Common oral rinses include fluoride mouthwashes or antibacterial mouthwashes such as chlorhexidine. If an individual cannot rinse, the liquid can be applied to the mouth and tooth surfaces with gauze or a toothbrush.

Dentures – Slide 49

Some individuals wear full or partial dentures. Dentures should be removed after meals, and should be rinsed under water to remove food particles. They can also be brushed with a soft toothbrush and an American Dental Association (ADA) approved denture cleaner if needed, do not use toothpaste. Once clean the dentures should be replaced in the individual's clean mouth, using an appropriate denture adhesive. Dentures placed in the mouth without adhesive will slide around and cause soreness and injury to the gums.

Dentures should always be removed at bedtime, and left out of the mouth overnight. They should be thoroughly cleaned and stored overnight in a denture box filled with clean water or in an ADA approved denture cleaning solution as needed.

Four steps to a healthy mouth – Slide 50

- Brush teeth twice daily -- in the morning and at bedtime -- using a toothpaste that
 contains fluoride, which strengthens tooth enamel. Brushing removes plaque from
 the teeth, gums and tongue surface. Caregivers should do a quick check of the
 mouth to look for and report any changes.
- Brush the top rough surface of the tongue or use a tongue scraper.
- Floss every day if possible. Flossing removes the plaque and food substances stuck between teeth, where the toothbrush cannot reach.
- Visit the dentist regularly. Every six months is a common interval, but visits may be more or less frequent as recommended by the dentist or hygienist.

Dental Home - Slide 51

What is a dental home? A dental home is a place where an ongoing relationship with a dentist and hygienist has been established so that dental care can be obtained by the same provider over time. This process should begin at 6 months of age, or after the first tooth erupts, and no later than the first birthday.

The American Dental Association recommends a dental cleaning for most people every 6 months. However, some individuals may need more or less frequent cleanings.

Here are some suggestions for how to select a dentist for an individual with disabilities: Slides 52-53

- Ask the individual's physician for a referral to a dentist, and consult with other caregivers for suggestions
- Rule out non-accessible dental offices
- Interview several potential dental providers to be sure you find the right one
- Find out the level of experience the potential providers have in working with individuals with disabilities
- Ask the provider about the availability of specialized equipment such as slide boards or papoose boards
- Be up front with the dentist about the individual's needs so a thorough oral health assessment and treatment plan can be developed
- Make sure to choose a dentist who is willing to work with you, and is committed to putting the individual at ease

Here are some tips to guide you in making dental appointments: Slides 54-55

- Inform the receptionist of any needed accommodations
- Schedule the appointment early in the day, or at a time you know the individual will be most alert
- Schedule appointments that will cause minimal interruption to the individual's routine
- Inform the office staff if special transportation will be used
- Ensure the appropriate number of caregivers accompany the individual to the office
- Discuss any financial concerns, and bring appropriate documents to each visit such as insurance and/or medical cards
- Discuss guardianship issues that may be necessary for treatment to happen informed consents may need to be signed

Here are some tips to guide you during dental visits: Slides 56-58

- The first visit may be only to familiarize the individual with the dentist, and the office surroundings
- Plan for the possibility that the appointment may be longer than scheduled pack necessary items such as a change of clothes if needed
- Make sure to explain in advance what the individual can expect
- Bring a blanket, favorite toy, or favorite music from home to help the individual feel more comfortable

Most individuals with disabilities can be treated successfully in a general dental practice. However, a small number may require sedation or other treatment modifications to receive care. Sedation techniques include medications intended to calm the individual. They may be gasses that are breathed in, pills or liquids taken by mouth, or liquids given through the vein-intravenously.

Special Concerns – Slides 59-60

There are some special concerns that should be taken into consideration to assure the best and most comfortable dental care visits for individuals with disabilities. Remember each individual is different. The following slides will detail actions to take to help you discuss the concerns with the dental care provider.

Seizures – Let your provider know if the individual has seizures, including the type, duration, and how often they occur. Give permission for the care team to speak with the individual's physician to find out more about current medications and conditions. Make sure that all medicines needed are taken before appointments, and avoid situations that can trigger seizures.

Unusual/Unpredictable Body Movements – Observe the individual's movements, and let the dental team know of any patterns so movements are anticipated. Sedation may be required to control some movements. Discuss this before the first visit.

When meeting the oral health team let them know the individual's level of tolerance to touch, light, and sounds. Inform the team of any tubing or wires attached to the individual, such as a Foley catheter or feeding tube. Your provider may suggest immobilization techniques that may be used to protect the individual and the oral health team.

Inform your provider if dimming the lights, or soft music would help comfort the individual. Be prepared to assist in the transfer of the individual in and out of the dental chair.

Let the oral health provider know of any behavioral problems, and what needs to happen for the individual to cooperate. Explain to the provider how the individual communicates.

The provider may choose to introduce fingers into the mouth, before dental instruments, and may try to perform a cleaning before taking x-rays. Make sure the provider explains each procedure in a manner appropriate for the individual. Suggest the Tell-Show-Do technique.

Emergency Response: In Home and Natural Disaster – Slide 61

As a direct support professional you must be prepared for emergencies both in the home of the individuals you help, and for natural disasters that may impact your consumers. You must be prepared to respond, and must help the individuals you serve to be prepared as well.

Home Safety – Slide 62

Most emergencies you will have to respond to within the home, will fall into one of these categories:

- Residential fire
- Electrical shock
- Chemicals and poisoning, and
- Falls









Be prepared for emergencies or to prevent accidents by creating a safe environment. Post emergency phone numbers, as well as the numbers of the individual's health care contacts and doctors by all telephones. Also, be sure to have first aid and disaster kits in easily accessible areas of the home. **Please note:** Appendix 1, of the learner's guide for this course has an emergency response sheet, containing information on home based emergencies to help guide you in the case of an emergency within the home



Residential Fire - Slide 63

Common causes of fire within a residence include, but are not limited to, electrical malfunctions, defective heaters, cigarettes, and flammable liquids such as gasoline, cleaning fluids, alcohol, and spot removers.

Preventative measures include the use of smoke detectors in high risk areas such as kitchens and laundry rooms. Be sure to keep fresh batteries in the detectors. Also, keep fire extinguishers in easy to reach areas of the home especially in high risk areas.

If there should be a fire that you cannot extinguish, you and the individual should first **evacuate** the residence, next **call 911**, then **aid victims** if able, until help arrives.



Electrical Shock - Slide 64

Common causes of electric shock injury include, but are not limited to, malfunctioning appliances or lighting fixtures, frayed cords, poor wiring, and using electrical appliances incorrectly. For example, using an electrical appliance while standing in water or having the cord in water.

Preventative measures include making frequent checks of appliances, fixtures, and cords to assure they are in good working order. Also adding covers on electrical sockets when not in use.

If there should be a shock accident, **remove the electrical source** from the individual using a wooden object like a broomstick and cut the power. **Do not touch** the injured person or electrical source with your hands **until no power is flowing**. Next **call 911**, then **give CPR** as needed until help arrives.



Chemicals and Poisoning - Slide 65

Common causes of chemical exposures and poisonings occur via skin contact with a toxic chemical or poison, food that contains a poison or toxic chemical, and breathing in chemical fumes such as bug sprays or cleaners.

Preventative measures include following the directions on chemical containers carefully. Make sure not to use poisons, such as rat poison, inside the home. Be sure to store chemicals and poisons out of the reach of anyone who may not understand the danger, and make sure containers are clearly labeled.

In the case of a chemical exposure or poisoning first call the National Poison Control Center at 1-800-222-1222 (keep this number near each phone), next administer the antidote as directed by the center, then call 911 or take the individual to the emergency room immediately.

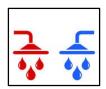


Falls - Slide 66

Common causes of falls are poorly lit stairs and rooms, clutter, furniture that restricts movement, wet surfaces and floors, cords, and carrying too much.

Preventative measures include providing adequate lighting, removing and preventing clutter on floors and outdoor walkways, arranging furniture for ease of movement, remove cords from open walkways, keep floors and surfaces dry, and don't carry too much.

In the case of a fall, **examine** the individual for injury, if needed **call 911** or take the individual to the **emergency room or doctor.**



Water Temperature - Slide 67

Another safety issue that is important when caring for individuals with disabilities is water temperature safety, especially for individuals who cannot bathe independently, and/or cannot accurately regulate or properly judge the water temperature.

Water temperature should be hand checked for each bath or shower, and it should be continually checked during bathing to be sure the water is neither too hot, nor too cold. If you are wearing gloves use an exposed body part, such as an arm, or wrist to judge the water.

Natural Disasters - Slide 68

You can help make sure the individuals you help, are prepared for natural disasters. This should be done before a disaster strikes. Here in Florida we have several common natural disasters that can threaten residents. They are:

- Hurricanes
- Floods
- Tornadoes
- Forest Fires, and
- Lightning











It is good to keep in mind that Florida is the #1 state for deaths due to lightning strike. **Please note:** Appendix 2, of the learner's guide for this course has a natural disaster preparedness sheet, containing information on actions to take before, during, and after a natural disaster, to help guide you in the case of a natural disaster in the future.

Prepare for Disaster - Slide 69

You should consider what you will be able to do to prepare the individuals with disabilities you serve for the possibility of a natural disaster, and what assistance you may need before, during, and after a disaster.

Assist the individuals with creating a plan for a potential emergency. Consider needs for daily living, getting around after a disaster, or evacuating to a safer area.

Develop a support network of people who know the capabilities and needs of your consumers. The network can include care workers, neighbors, friends, relatives, and coworkers. The members of the network should be able to provide help within minutes.

You may need to depend on more than one person at each place where your consumers regularly spend time.

Disaster Preparedness Kit - Slides 70-71

Just as you need a first aid kit, it is important to have a disaster preparedness kit.

This kit should be kept in an easily accessible place in the residence, and should include the following items, if applicable:

- A flashlight, with extra batteries**
- A battery powered radio, with extra batteries**
- A first aid kit
- All necessary prescription medications, in original bottles, and copies of the prescriptions
- A pair of eyeglasses, with the prescription
- Water, at least one gallon per individual in the home is recommended, more is better
- Foods that do not require refrigeration or cooking
- Items that are required by the individual for daily living
- Medical equipment and devices, such as dentures, crutches, prostheses, etc.
- A change of clothes, and shoes for each household member
- A sleeping bag or bedroll and pillow for each household member
- A checkbook, extra cash, and credit cards, and
- A paper map of the area

^{**} **Please note** that you should regularly check the batteries, medical supplies, equipment, and any medications in the kit to be sure they function and are not expired.



Hurricanes – Slide 72

Before a hurricane hits, actively listen to the weather reports for potential evacuation information, gather the disaster preparedness kit.

If the individual needs electricity to sustain basic needs take them to a nearby hospital or special needs shelter, be sure to have back up facilities in mind where all occupants of the home can go if needed.

Secure all outdoor equipment, close any storm shutters or cover the windows and glass doors. Turn all refrigerators and freezers to their coldest settings and do not open them unless necessary. Put all valuables in waterproof containers.

If you have not been instructed to evacuate, during the storm stay in the center of the building, away from windows and doors. Turn off the electricity. If the structure you are in is damaged and you must leave, follow posted evacuation routes. Be aware of flooded roads and bridges.

After the storm, if you have been evacuated, wait for authorities to announce when it is safe to return. Upon return check for damage to the structure, as well as electric, sewer, and gas lines. Do not stay in or use the structure until repairs are made. If you are still in the home report any power outages, downed power lines, or structural damage. Open doors and windows to ventilate. You may need to leave until repairs are complete.



Floods - Slide 73

If a storm has flood potential, actively listen to the weather reports for flood information in your area. Have the disaster kit ready. Be ready to evacuate if necessary.

If flooding seems likely, and the individual needs electricity to sustain basic needs, move them to a safer place in the residence. If it seems the entire structure will flood, take them to a nearby hospital or special needs shelter.

Turn off all electricity. If possible move necessary items to a safer place within the structure, if not, put all valuables in waterproof containers.

If evacuated, wait for authorities to announce it is safe to return. Upon return check for damage to the structure, as well as electric, sewer, and gas lines. Do not stay in or use the structure until repairs are made. If you are still in the home report any power outages, downed power lines, or structural damage. Open doors and windows to ventilate. You may need to leave until repairs are complete.



Tornadoes - Slide 74

If a storm has tornado potential, actively listen to the weather reports for tornado activity in your area. Have the disaster kit ready. Be sure the battery powered radio works. Take both with you to the shelter.

Once a tornado warning has been issued for your area, move the individual to an area of the residence that is close to the center of the building, with no windows, or preferably to a basement. Once in the sheltered area, be sure to cover the individual and yourself with a mattress or bedding for extra protection.

Stay in this shelter area until the storm has passed. This will be announced on the radio.

After the storm has passed, check the individual for injuries and **call 911 if necessary**. Check for damage to the structure, as well as electric, sewer, and gas lines. Report any issues if needed. You may need to leave until repairs are complete.



Forest Fires - Slide 75

If the individual lives in a fire prone area, fires often occur quickly and without warning. If fires are in the area, listen to the radio for information on the fires.

Keep firefighting supplies handy in the residence such as rakes, buckets, handsaws and chainsaws. Be sure the residence has a reliable source of water, and practice fire drills regularly. Keep the contact numbers for members of the individual's emergency support network by each phone. If possible know who on the team can use what firefighting equipment, and who can be there quickly to help evacuate. Have a plan for an emergency location to go to.

You may need to evacuate a home quickly, call contacts, and have the disaster kit in an easy to reach location. If you have been evacuated, wait for authorities to announce when it is safe to return. Upon return check for damage to the structure, as well as electric, sewer, and gas lines. Report any issues if needed. Do not stay in or use the structure until repairs are made.



Lightning - Slide 76

Another weather safety issue that is important to when caring for individuals with disabilities, is lightning. Florida is the number one state for deaths due to lightning strikes. Remember these safety measures if a storm threatens with lightning:

- Stay indoors away from open doors and windows, fireplaces, radiators, stoves, metal pipes, sinks, and plug-in appliances.
- Do not use electrical equipment or the telephone.
- If travelling stay in your vehicle.
- If outside take shelter in a building, do not use metal objects, and stay out of water.
- If there is no shelter find a low area with no water and no tall trees, crouch but do not lie flat.
- A person struck by lightning carries no electrical charge and can be touched call
 911 then perform CPR as it may revive victims.

Please note: Appendix 3, of the learner's guide for this course has an emergency recovery information sheet, to help you keep track of important information such as insurance, doctors, and support contacts, to help guide you in helping the individuals you serve to recover and re-establish after emergencies.

Medication - Slide 77

Often the individuals you help will be taking one or more medications prescribed by their physician, or another health care professional. It is important that you, as a direct support professional are aware of these medications, are aware of when they are to be taken, and how they are to be administered. You should also be aware of the possible effects they will have on the individual both as a single medication or when taken together.

There are four possible effects for each medication:

- <u>Desired effects</u> when the drug does what it is meant to do.
- <u>No effects</u> when there is no change after the allotted time for the drug to take effect. This is note-worthy, and should be mentioned to a doctor. Often the doctor will prescribe a different medication or increase a dosage.
- <u>Side effects</u> often expected, can be mild or easily treated, but should be noted.
- Adverse effects any severe allergic or physical reaction to the medication. Any adverse effects must be noted and you must immediately make contact with medical professionals.

Remember to report any medication errors to the appropriate individual.

Drug Interactions – Slide 78

Sometimes an individual will be receiving more than one type of medication at the same time. Every drug has the potential to react with other drugs, and produce undesired side effects. This is referred to as a drug interaction.

Three types of drug interactions are:

- <u>Drug Potentiation</u> The effects of one or more of the drugs are increased. For example, if a drug may cause drowsiness, the interaction may cause sluggishness or unresponsiveness.
- <u>Drug Antagonism</u> The effects of one or more of the drugs are decreased. For example, if a drug is meant to reduce swelling, the swelling may show little or no change.

• New Effects – When two or more drugs are taken together, sometimes new and possibly undesired effects may occur. For example, a rash may develop after the addition of a new drug to existing medications that do not usually produce a rash.

Medical Information – Slide 79

If you are responsible for supporting or taking an individual to see a doctor, you must be sure certain information is provided to the doctor, so he or she can make the best decision for the individual's treatment. The following information is what you should have on hand to send or take to the doctor's visit:

- <u>Medical fact sheet(s)</u> The physician will need a comprehensive fact sheet to get an idea of the individual's history.
- <u>History of drug allergies</u> This may be on the medical fact sheet, but if not make sure it is documented separately.
- <u>Current medication and purpose</u> A list of all of the medications that the individual is currently taking with an explanation of each medication and its desired effect. Be sure to include ALL medications, prescription, over the counter, vitamins, and herbal remedies.
- <u>Current medical/dental conditions, not under treatment</u> If the individual has medical problems not currently being treated. For example, side effects from a medication such as puffy gums, or pregnancy.
- Observations of recent physical or behavioral changes Bring along documentation of observable and measurable changes in the individual.

Physician Information - Slide 80

- Written Prescription: The physician should provide a prescription for each medication the individual will be taking. You or another support professional may take this prescription to the pharmacy to get it filled.
- Written Physician's Order: Every time a new medication is prescribed, the physician should provide a written order and/or a prescription. Sometimes the written order is just a duplicate of the prescription; sometimes it is a separate document from the prescription. A copy of this order/prescription should be kept on file and in the client's MAR. If you did not take the individual to the doctor, be sure the person who did provides you with the necessary documentation.

- Purpose and Desired Effect of the Drug: The doctor may be accustomed to
 explaining this verbally rather than writing it down. Ask for the drug information to be
 written down, either by the doctor or whomever accompanied the individual to the
 doctor. Ask for the purpose of the drug, what condition(s) the drug was prescribed
 for, and what signs to look for to be sure the drug is doing what it's supposed to do.
- Response Time: The physician should explain how much time should pass before
 the desired effect of the drug can be detected. Be sure to write this information
 down, if the doctor does not.

Documentation – Slides 81-83

Before you have a prescription filled, make sure you understand specifically what the doctor ordered. Note the drug name, dosage, number of refills remaining, etc., so that you can compare the order with what you receive from the pharmacist. If there is any difference, tell the pharmacist right away for correction.

When you return from the pharmacist with the individual's medications, you should have the following documents and materials:

- The medication in the container supplied by the pharmacist
- A correct and legible label on the container
- A written physician's order for the medication, and
- Answers to the questions regarding the purpose, effects, etc. of the medications

Once you have these documents, make sure there is a Medication Administration Record (MAR) available that includes the time, day, individual's name, dosage, medication name, and who administered the drug to the individual, and their initials.

A drug information sheet should also be available. This sheet should come from the pharmacist, or you should have received the information to create one. This sheet should be used to detail storage information for the medication. For example, if the drug should be refrigerated, stored in the original container, or kept out of reach of children.

Please note: A drug information sheet can be found in <u>Appendix 5</u>, of the learner's guide for this course to help you gather important information regarding medications.

Keep in mind, medication when first taken and when taken with other medications can cause unwanted side effects. Observe the individual for these side effects. Document and report the side effects as necessary.

Communicate with other support professionals such as physicians, your supervisor, other caretakers, and legal representatives to make sure they are aware of the signs or symptoms you may have observed.

Five Primary Health Related Responsibilities – Slide 84

Now that we have gone over information regarding the health, safety, and wellness of the individuals you serve, as a direct support professional you have **five primary health related responsibilities** that should be practiced during the times you are with the individuals:

1. Observe:

Use your senses sight, touch, hearing, and smelling to detect when changes are taking place with an individual.

2. Document:

Documenting your observations provides a snapshot for how an individual is doing at a certain point in time. You'll need to include both behavioral and physical observations in your documentation.

3. Report:

Along with documentation you'll often have to tell others such as your supervisor, the individual's legal representative, and medical personnel about an individual you're caring for. Be ready to discuss changes in an individual over time, how long the changes have been happening, how often they change, any new activities or changes in the individual's diet, or anything else that might provide clues as to why the individual is different.

4. Take Action:

After you've reported an individual's situation, YOU must make sure the individual receives the medical attention they need. Learn the difference between life-threatening and non-life-threatening situations so that you'll know what to do in each case.

5. Follow Up:

You must follow up on the people who are receiving medical care to make sure they return to their best health. Follow-up tasks may include making sure the individual completes prescribed rounds of medications, documenting changes in the individual's health, and pushing for more health care if the individual does not show a positive response to the current treatment plan.

Observe - Slide 85

The first of the 5 primary responsibilities is to observe.

You can pick up clues about changes in an individual's health, by monitoring vital signs, including:

- Temperature
- Pulse
- Weight
- Blood Pressure, and
- Respiration

Behavioral Observations – Slide 86

Behavior can be an indicator of change. Behavioral observations to look for include:

- Mood Changes such as withdrawal, demanding more affection, more aggressive physical or verbal behavioral outbursts or abusiveness
- Unusual fatigue or signs of depression including crying spells, not cooperating, or unusual interactions including grabbing or hanging on to other people
- Becoming more withdrawn and less interested in what others say and do
- Changes in behaviors at any time, and
- Self-harming behavior such as head banging, scratching, and picking at own hair or skin

External Observations - Slide 87

Changes in the outer, or external, appearance of the individual can be an indicator of change. External observations to look for include:

- Changes in skin, including scratches, burns, and bruises
- Blood in stool or urine, or on toilet paper
- Blue or purple tipped nails, lips, fingers or toes indicating lack of oxygen in the blood (cyanosis)
- Any infection that does not respond to treatment after a physician's recommended period of time
- Weight gain or loss

- Conditions that decreases mobility such as a broken bone, strained or sprained muscle or ligament
- Changes in breathing patterns during sleep, and
- Changes in patterns of either the bowel or the bladder

Internal Observations - Slide 88

Changes within the individual's body, or internal, which can be reflected in their vital signs, can be an indicator of change. Internal observations to look for include:

- Increases in sinus and/or lung congestion that can include wheezing, coughing, gagging, or difficulty breathing
- Increased or decreased blood sugar levels, especially in people with diabetes
- Repeated episodes of high, or low, body temperature, especially if not previously experienced, and
- Changes in blood pressure, heart rate, or breathing

Document - Slide 89

Documentation of an individual's condition on a regular basis, helps create a behavioral and physical snapshot history of the individual's health over time. This allows changes to be easily detected. Documenting all of the observations you make will help you track changes, and provide details of the changes to the individual's health care providers.

The most important thing to remember when documenting, is that the information you record should be measurable. Record exact details, rather than general statements. **For example,** if the individual's temperature rose from 98.6 degrees to 99 degrees, record that rather than stating their temperature was "up slightly today."

When documenting behavioral changes, it can be difficult to describe them in measurable terms, however using more details can help. **For example,** rather than saying the individual was "more withdrawn today," say "she would not speak with anyone today, except for telling me to leave her alone."

Report – Slide 89

The information gathered regarding an individual's health over time will be critical. You will need to be able to report this information to others when necessary.

There are **two primary reasons to report changes** you've observed:

- **First**, physicians and other medical staff should be given the information as they may make decisions based on the changes you've observed.
- **Second,** you must report the changes to family or legal representatives who have the authority to make decisions about the individual's medical care.

Using your documentation you should be able to report on and **describe the changes in specific detail, including**: when changes first appeared, how they progressed over time, and all other factors that you or others have observed that might have caused the changes.

Take Action - Slides 91-93

There are times when the changes you notice and document will require immediate action, because they may be life threatening to the individual, or they might not be life threatening but require a follow-up and/or medical attention.

How can you know the difference? It's best to err on the side of caution, especially if you do not have a background in health care.

Emergency Action

If a change becomes life threatening and requires immediate, emergency action: if able make an attempt to stabilize the individual and **Call 911**. Explain the situation and if able provide medical assistance until help arrives. <u>Only after the individual is receiving help</u>, should you document and report the emergency to family, legal representatives, etc.

Non-Emergency Action

If a change requires follow-up and/or medical attention, but is not an emergency or life-threatening, stabilize the situation by providing the necessary aid. Report the situation to the family, legal representatives, etc., follow their directions and take the appropriate actions. Document the situation, the recommendations given by the legal representative, and your actions. Remember to use measurable details.

Follow-up on these situations may include taking the individual directly to the doctor or emergency room, making sure medical appointments are scheduled and kept, and/or simply reporting the changes to the appropriate people.

Please note: the decision tree in <u>Appendix 4</u>, of the learner's guide for this course can help guide you regarding the difference between life-threatening and non-life threatening situations, and remind you what actions to take.

Follow Up - Slide 94

Follow up regarding changes, or incidents with health problems is necessary to make sure an individual is as healthy as possible.

Here are some ways you can provide follow-up:

- **Observe** to check for changes in signs and symptoms. Make sure the individual takes all medications as prescribed.
- **Document** effects of all medications, all events that occurred, and remedies that were tried in an attempt to restore health.
- **Report** new orders and/or medications to all who must be notified such as medical and health care providers, family, and legal representatives.
- **Document/track changes** to detect new problems and prevent further health issues.
- Be an advocate for the individual's health and take action if the individual does not respond positively to treatment.

Module 3 Review - Slide 95

Let's review some of what you have learned in this module.

<u>Vegetables</u>, fresh fruits, and whole grains are examples of healthful food options.

True or false?

The answer is **true**.

What are gloves, gowns, masks, and goggles considered?

They are all considered protective equipment.

What is considered an important step in preparing an individual for a natural disaster? You should develop a support network of people who can help within minutes.

And, what are the five primary health related responsibilities for direct support professionals?

They are: observe, document, report, take action, and follow up.

End of Module 3 – Slide 96

Congratulations!

You have completed Module 3 of the Direct Care Core Competencies Course – Maintaining Health, Safety, and Wellness.

You are now ready to start Module 4 – Individual Choices, Rights, and Responsibilities

Follow these steps to locate, the next module:

- Close the presentation window for the module, return to the **Home** page, and locate **My Learning**.
- 2. Click on **My Learning** to expand the window.
- 3. Click on the APD Direct Care Core Competencies Module 3 Maintaining Health, Safety, and Wellness
- 4. On the **Course Registration Management** page, locate and click on the **M** button under the **Manage** column.
- 5. On the next page, click the **Completed** button.
- 6. Complete the Course Rating and click the **Save** button.
- 7. On the Course Registration Management page, locate and click on the APD Direct Care Core Competencies Module 4 Individual Choices, Rights, and Responsibilities

END OF MODULE 3

Module 4: Individual Choices, Rights, and Responsibilities



Slide 1

Welcome to Module 4 – The purpose of this module is to equip you, the direct support professional, with the principles and practices that will ensure a basic understanding of the choices, rights, and responsibilities of individuals with developmental disabilities.

It will also help to guide you on how to instill these principles and practices in individuals receiving supports and services, as well as informing the general public.

Module 4 Objectives – Slide 2

By the end of Module 4 you should be able to:

- Explore the key concepts of Individual Rights
- Define choice
- Identify laws that apply to people with developmental disabilities
- Enhance advocacy skills to improve quality of life for people with developmental disabilities
- Understand the legal resources available to persons with developmental disabilities

Individual Rights - Slide 3

Individuals with developmental disabilities have the same rights as everyone else under the Constitution of the United States. **Those rights include:**

- Freedom of Speech
- Right to Due Process
- Freedom of Religion
- Freedom of Association
- Freedom of Assembly
- Equal Protection of the Law, and
- Right to Privacy

Choice - Slides 4-6



Choice is defined as the act of choosing between two or more possibilities.

As a direct support professional, it is important to listen to the individuals you are helping to find out their preferences, and encourage them to make their own choices towards their goals.

Reasons for feeling limited

An individual with disabilities may feel limited in making choices for themselves for many reasons:

- Fear of getting hurt or making mistakes
- Fear of exploitation
- Intimidation from others
- · Lack of confidence in ability to make decisions, and
- Political, cultural, or religious preference

Promote Choice

Here are a few ways that you, the direct support professional, can encourage an individual's choices:

- Actively solicit information about individual preferences
- Continuously present information in a variety of ways to increase awareness of options that relate to daily activities and services
- If staff or providers change, make the individual aware of new staff and service providers
- Give the individual the opportunity to explore and participate in relevant cultural and traditional social events, such as holidays, birthdays, and religious observances
- Expand communication capacity consistent with each individual's needs, and
- Include the individual in all decision making about their life

Federal Laws - Slide 7

The U.S. Congress has passed a number of **key laws that protect individuals with disabilities**. They are the:

- Rehabilitation Act of 1973
- Americans with Disabilities Act (ADA), and the
- Individuals with Disabilities Education Act (IDEA)

The Rehabilitation Act of 1973 – Slide 8

The Rehabilitation Act of 1973 is known as the first federal civil rights law protecting the rights of individuals with disabilities.

The Act prohibits discrimination based on disability in the areas of:

- Education
- Vocational Education
- College Programs
- Employment
- Health
- Social Service Programs
- · Welfare, and
- Federally Funded Programs

The Americans with Disabilities Act (ADA) – Slide 9

The Americans with Disabilities Act, or ADA, was passed by congress in 1990.

The ADA is a landmark civil rights bill that extends protection against discrimination to people with disabilities.

It addresses **four main areas** of potential discrimination:

- Employment
- Public Facilities
- Transportation, and
- Communication

The Individuals with Disabilities Education Act (IDEA) – Slide 10

The Individuals with Disabilities Education Act (IDEA) was passed in 1990 and amended in 2004. The overall goal of IDEA is to provide individuals with disabilities the same opportunities for education as individuals without disabilities.

This legislation **guarantees five important rights** to individuals with disabilities from infants to 22 years old:

- Free and appropriate public education
- Education in the least restrictive environment

- An individualized education plan, or IEP
- Provision of necessary related services, in order to benefit from special education fair assessment procedures, and
- Due process and complaint procedures

Florida Laws Slide 11





In addition to the civil rights guaranteed by federal laws. The State of Florida has passed a major law that primarily affects persons with disabilities.

Florida Statute 393.13 is known as the "Bill of Rights for Individuals who are Developmentally Disabled" and establishes the system of care that the state provides to persons with developmental disabilities that must be designed to meet the individual's needs, as well as protect the integrity of his or her legal and human rights.

Please note: The full text of Florida Statute 393.13(3), a through j, is located in **Appendix 6**, of the learner's guide for this course.

Florida Statute 393.13(3) – Slides 12-13

The rights described in 393.13(3) Florida Statutes shall apply to all individuals with developmental disabilities:

- **a.** Dignity, privacy, and humane care including freedom from sexual abuse in residential facilities
- **b.** The right to religious freedom and practice
- **c.** Services that protect individual liberty, and provision of the least restrictive conditions for treatment
- **d.** Quality education and training, regardless of age or disability, instruction in sex education, marriage, and family planning
- e. The right to social interaction and participation in community activities
- f. The right to physical exercise and recreational opportunities
- **g.** The right to be free from harm, including unnecessary physical, chemical or mechanical restraint, isolation, medication, abuse or neglect
- **h.** The right to consent to, or refuse treatment
- i. The right not to be excluded from participation in or denied benefits from, programs or activities which receive public funds, and
- **j.** The right to vote in public elections

Advocacy - Slides 14-16

What is advocacy?

The term advocacy is used to describe the kind of helping, enabling, and empowering relationship that a direct support professional should have with the individuals he or she works with.

Advocacy is:

- Helping people help themselves
- Building self-confidence
- Supporting independence
- Informing people of rights & options
- Providing assistance & training
- Treating people like adults
- Asking people what they want, and
- Helping locate services



Advocacy is NOT:

- Taking over an individual's life
- Making an individual dependent
- Doing everything for the individual
- Withholding information about rights
- Limiting options
- Treating adults like children
- "Knowing what is best" because you are a professional, and
- Making life decisions for the individual



An Attitude of Advocacy

The direct support professional is in the unique position of having one foot in the organizational world of service provision, and the other foot in the world of field practice with real people. You are in a position to encounter opportunities to advocate on behalf of individuals with disabilities.

You can develop an **attitude of advocacy**. There are many ways you can advocate for persons with disabilities. Here are some examples:

- Bring people together to help respond to crisis needs
- Be a positive role model in your community
- Help identify nontraditional service supports
- Help others to "let go" to reduce dependency, and
- Represent and support the individual's view of their own needs

Legal Guidance - Slide 17

It is important that you, the direct support professional, know the legal representative of the individual with whom you work.

Get to know the key people involved in the life of the individual. Many individuals with disabilities have legal relationships with people who are involved in their lives.

These legal arrangements give the designated representative the legal and binding authority to make decisions on behalf of the individual with the disability. Each legal relationship clearly defines the decisions that can and cannot be made by the individual without the legal authority's involvement.

Types of Legal Representatives – Slides 18-20

The following are types of representatives who provide legal guidance and representation for individuals with disabilities:

Guardian:

A guardian is court appointed to make decisions when an individual has been determined as incapacitated or lacking the capacity to make decisions and/or care for him/herself and/or estate matters. In Florida, guardianship is a legal proceeding in the circuit courts of Florida and begins with a determination of the individual's capacity or lack thereof. A guardian is an individual who has been appointed by a court of law under Chapter 744, FS, to make decisions for an individual who has had all or certain specified rights removed. A guardian must file an annual report with the court with details of legal areas for which they are guardian.

Guardian Advocate: A guardian advocate is appointed by a court to make decisions for an individual who has difficulty in certain identified areas such as the choice of residence, and medical care. The individual is not considered incapacitated with the appointment of a guardian advocate. The guardian advocate provision is established in Chapter 393 FS. A guardian advocate must file an annual report with the court with details of the legal areas for which they are guardian.

Client Advocate: A client advocate is a friend or family member of a person receiving services through the Agency for Persons with Disabilities, and who has been approved by the Support Planning Committee <u>pursuant to Section 393.0651, FS</u>. The client advocate may assume a variety of roles depending on the needs and wishes of the individual. But in no case does a client advocate make any decisions for the person or access confidential information unless the client authorizes.

Foreign Guardian: A guardian from another state, territory, or country. Florida will honor guardianship from any state, territory, or country, however, the guardian must within 60 days after moving to Florida, file a certified copy of the guardianship order in the county where the ward resides. The guardian will now need to follow all Florida laws related to guardianship, and will need to be represented by an attorney.

Power of Attorney: Power of attorney involves a contract between the individual and someone to whom he or she has given the authority to manage a part, or all of his or her affairs. This is a legal action that requires documentation.

Durable Power of Attorney: Power of attorney is considered durable if it specifically provides that it will remain in force, even if an individual is subsequently incapacitated. When assigned, the individual delegates authority, but doesn't lose the right to continue making their own decisions. The durable power of attorney can cover simple tasks like writing or endorsing checks. It can involve complex matters, such as selling real estate. It can be very specific or very general. For example, it can authorize one task, such as selling a car, or, it can give the agent power to do everything the individual can do for themselves. The durable power of attorney can be tailored. It is often used to allow agents to gain access to medical records and make health care decisions

Health Care Surrogate: A health care surrogate is the person the individual has designated to make health care decisions if he or she is unable to make those decisions. This is a legal action that requires documentation.

Representative Payee: A representative payee is an individual who has authorization to receive public benefits in the name of the recipient. A representative payee must file an annual report to the federal government accounting for the expenditure of all monies received to date. Group homes, foster homes, and Intermediate Care Facilities for the Developmentally Disabled are sometimes named as representative payees. When this occurs, the representative payee assumes record keeping and reporting responsibilities.

Protection from Abuse - Slides 21-22

The State of Florida recognizes that there are many individuals who, because of age or disability, are in need of protective services.

Those services must allow such an individual the same rights as other citizens and, at the same time, protect the individual from abuse, neglect, or exploitation.

<u>Abuse</u> is defined as a willful act or threatened act that causes or can cause significant impairment to the individual's physical, mental, or emotional health.

Examples of abuse include: bruises, broken bones, burns, or threats of harm.

Neglect is the failure of a caregiver to provide appropriate care, supervision, physical and/or mental health services. It can be repeated conduct or a single act of carelessness that causes, or can reasonably be expected to cause, serious physical or psychological injury, sexual abuse, or substantial risk of death.

Examples of neglect include: lack of supervision, not providing food, shelter, clothing, and/or not providing medical care.

<u>Exploitation</u> is the temporary or permanent deprivation of an individual's funds, assets or property. Exploitation usually involves one person taking advantage of another person in order to gain financially.

Examples of exploitation include: obtaining or using someone's funds by deception or intimidation, using funds for reasons not related to the individual's needs, or making financial decisions when the individual lacks capacity to make the decision him/herself.

As a direct support professional, **you can help protect individuals** from abuse, neglect and exploitation. **You must:**

- Observe pay attention to the individuals in your care. Some people might not use words to communicate and may have difficulty telling you when something is wrong.
- Communicate talk with individuals and other support staff frequently.
- <u>Document</u> write down anything that you see and hear that might indicate abuse, neglect, or exploitation.
- <u>Review</u> look at what you and others have written for patterns that might indicate abuse, neglect, or exploitation.
- Report if abuse is known or suspected, it is mandatory that you report even suspected abuse, neglect and exploitation.



Mandated Reporters – Slides 23-24

Direct support professionals are mandated reporters. You are required to report anything suspicious if you recognize possible abuse, neglect, or exploitation of the individuals you work with.

Because of your profession you are more trained to recognize, and are more likely than the average person to come in contact with, a person who is being abused, neglected, or exploited.

In a very real sense, you are often the **first line of defense** to protect people who may be suffering at the hands of others.

If you suspect that a person you are working with is being abused, neglected, or exploited, you must report it immediately to the Florida Abuse Hotline or the Department of Children and Families (DCF) website.

It is important for you to know that the **Florida Abuse Hotline** will protect your identity. Your name will not be shared with the individuals involved in the investigation.

To make a report you can:

- Call toll-free 1-800-96-ABUSE (1-800-962-2873)
- Send a faxed statement to the Abuse Hotline's statewide toll-free Fax number 1-800-914-0004, or
- Report the abuse through the **DCF website https://reportabuse.dcf.state.fl.us**

If you know about a situation in which the life of a person with a developmental disability is in immediate danger due to abuse, neglect, or exploitation, you should call 911 before calling anyone else.

NOTE: The **Zero Tolerance** course provides much more detailed information about abuse, neglect, and exploitation and should be used as your primary reference.

Module 4 Review – Slide 25

Let's review some of what you have learned in this module.

<u>Individuals with disabilities do not have the same rights as everyone else under the Constitution?</u>

True or false?

The answer is false.

Which landmark federal law addresses these four main areas of potential discrimination for individuals: employment, public facilities, transportation, and communication?

The Americans with Disabilities Act.

And, what is an example of advocacy?

A good example is helping people, help themselves

End of Module 4 – Slide 26

Congratulations!

You have completed Module 4 of the Direct Care Core Competencies Course – Individual Choices, Rights, and Responsibilities.

You are now ready to start Module 5 – Roles and Responsibilities for Direct Support Professionals.

Follow these steps to locate, the next module:

- 1. Close the presentation window for the module, return to the **Home** page, and locate **My Learning**.
- 2. Click on **My Learning** to expand the window.
- 3. Click on the APD Direct Care Core Competencies Module 4 Individual Choices, Rights, and Responsibilities
- 4. On the **Course Registration Management** page, locate and click on the **M** button under the **Manage** column.
- 5. On the next page, click the **Completed** button.
- 6. Complete the Course Rating and click the **Save** button.
- 7. On the Course Registration Management page, locate and click on the APD Direct Care Core Competencies Module 5 Roles and Responsibilities for Direct Support Professionals

END OF MODULE 4

Module 5: Roles and Responsibilities for Direct Support Professionals



Slide 1

Welcome to Module 5 – This module will introduce you to the roles and responsibilities of the direct support professional. You will learn simple ways to provide assistance to people in the most appropriate ways.

Module 5 Objectives - Slide 2

By the end of Module 5 you should be able to:

- Explain the code of ethics for direct support professionals
- Name some common needs of individuals with disabilities
- Describe how to use individual facilitation to help people with disabilities achieve optimum quality of life
- Define responsibilities for providing support in the life and health care of individuals with disabilities
- Define common support systems available to individuals with disabilities

Direct Support Professional – Slides 3-4

What is a direct support professional?

Direct support professionals (DSPs) are people who work directly with people with developmental disabilities with the aim of assisting the individual to become integrated into his or her community, or the least restrictive environment.

Direct support professionals also:

- Assist individuals with developmental disabilities to lead self-directed lives, and contribute to the community
- Assist with activities of daily living if needed Encourage attitudes and behaviors that enhance community inclusion
- May provide supports at home, work, school, church, and community, and
- Act as advocates in communicating needs, self-expression, and goals

Code of Ethics - Slides 5-7

The code of ethics developed by the National Alliance for Direct Support Professionals guides direct support professionals through the ethical dilemmas you face daily, and encourages the highest professional ideals.

The code of ethics is the roadmap for staying on the course of freedom, justice, and equality.

Person-Centered Supports - My first allegiance is to the person I support, all other activities and functions I perform flow from this allegiance.\

Promoting Physical and Emotional Well-Being - 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.

Integrity and Responsibility – 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.

Confidentiality - I will safeguard and respect the confidentiality and privacy of the people I support.

Justice, Fairness, and Equity - 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.

Respect - 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.

Relationships - I will assist the people I support to develop and maintain relationships

Self-Determination - I will assist the people I support to direct the course of their own lives.

Advocacy - I will advocate with the people I support for justice, inclusion, and full community participation.

Negative Life Experience - Slide 8

People with disabilities frequently have many negative life experiences as a result of the stigma that society places on individuals who are seen as different.

Some common difficulties experienced by persons with disabilities are:

- Low social status
- Segregation or isolation from the community
- Lack of interpersonal relationships
- Rejection, and
- Loss of control over one's life direction

Overcoming Stigmas – Slide 9

Helping people to overcome these stigmas, and live as normal a life as possible is the primary task of the direct support professional.

As a direct support professional, you must remember:

- All people can learn
- To focus on what the individual can do rather than what he or she cannot do
- Services and supports assist the individual in his or her chosen environment/community setting, and
- Supports should reflect the individual's own interests and needs

Routines and Rhythms - Slide 10

One way to reduce social stigmas is to develop routines and rhythms.

Routines are the activities that we go through each day and week.







Rhythms are the predictable changes that occur during our life.



Routines and rhythms allow us to manage our daily lives.

People who live outside of the regular routine and rhythm of life are often viewed as being different by society.

Individuals with disabilities may be assisted to develop routines and rhythms that are appropriate for their preferences and at the same time, contribute to the community and culture, valuing the individual.

Empowerment – Slides 11-13

The goal of person-centered planning is empowerment.



Without choice and control, individuals with disabilities will never be able to live the lives they want. We can write all the best plans in the world but if people are not truly empowered to direct their own lives, at whatever level possible, nothing will change.

Your job is to make this happen!

Empowerment is important because it is the foundation of what defines a person. The choices that are made, how information is communicated, as well as the perceptions that are connected to others.

This process determines how the future is built and the direction of daily activities. The direct support staff play a key role in directing this process.

Your role as a direct support professional is to use empowerment as the foundation to assist the individuals we serve to make their own choices, build and direct their futures, communicate and interact with their community, and promote self-direction in their everyday activities.

Defining Responsibility – Slide 14



Responsibility is defined as the state of having a duty to deal with something, having control over someone, being accountable, and as the opportunity or ability to act independently and make decisions without authorization.

There are many types of responsibilities such as, personal responsibility, family responsibility, and social responsibility. Many times you will find it comes down to doing the right thing.

Responsibilities - Slides 15-16

As a direct support professional it is your responsibility to show others how to be more responsible, and to guide the individual to become more responsible. Whether it is teaching the individual to be responsible for making their bed every morning or for keeping a job.

You also have a responsibility to highlight the worth of all people, rather than their differences. Individuals with disabilities should not be defined by their disability. Promote the use of respectful words and phrases. Provide opportunities for the individual to succeed and to fail, and help them be responsible for their life choices.

Remember when acting as a direct support professional to:

- Listen and respect the individual
- Plan continuously
- Foster the individual's opportunities to explore and expand their choices and options
- Help to develop and expand natural supports through circles of support and similar informal support networks, and
- Help individuals to make life decisions in both work and leisure

Five Primary Health Related Responsibilities – Slide 17

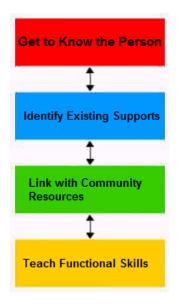
Along with the responsibilities for the empowerment and betterment of the individual, you have responsibilities in regards to their health, and health care. Though they were covered in detail in Module 3, as a direct support professional remember **you have five primary health related responsibilities**:

- **1. Observe:** Use your senses sight, touch, hearing, and smelling, to detect when changes are taking place with an individual.
- **2. Document**: Documenting your observations provides a snapshot for how an individual is doing at a certain point in time. You'll need to include both behavioral and physical observations in your documentation.
- 3. Report: Along with documentation you'll often have to tell others such as your supervisor, the individual's legal representative, and medical personnel about an individual you're caring for. Be ready to discuss changes in an individual over time, how long the changes have been happening, how often they change, any new activities or changes in the individual's diet, or anything else that might provide clues as to why the individual is different.
- **4. Take Action:** After you've reported an individual's situation, YOU must make sure the individual receives the medical attention they need. Learn the difference between life-threatening and non-life-threatening situations so that you'll know what to do in each case.
- 5. Follow Up: You must follow up on the individuals who are receiving medical care to make sure they return to an optimal state of health. Tasks may include making sure an individual completes prescribed rounds of medications, documenting changes in the individual's health, and pushing for more health care if the individual does not show a positive response to the current treatment plan.

Individual Facilitation - Slide 18

It is important to work with each person on an individual level. Your role as a direct support coordinator is that of a facilitator. We want to help individuals with developmental disabilities to become independent and involved in the community in a way that is tailored to meet their particular needs.

Individual facilitation is a person-centered process that allows you to:



- Get to know the individual identify the individual's preferences, what would she or he really like to do if given a chance? Assist the individual in life planning, work with them to discuss what they really want in life. What skills and interests can he or she pursue?
- Identify existing supports get to know the other people, groups, and supports involved in the individual's life. Know what other support systems are available that can assist the individual's goals. Keep in touch with the community and help them access these supports. The main categories of support are natural, generic, community, and the Florida Agency for Persons with Disabilities (APD) which is state and federally paid. We will address these supports later in this module.
- <u>Link with community resources</u> Stay in touch with the community, get to know the supports, programs, and services available locally, that could be useful to the individuals you work with. Keep a file of those resources that have been selected as appropriate to further your consumers' goals.
- <u>Teach functional skills</u> Along the way, you may have to teach the individual skills that will help him or her increase their independence.

Getting to Know You - Slide 19



The best way to get to know people is to spend time with them. This is just as true of the individuals that you will work with as it is with anyone else.

Talk with the individual. Pay attention not just to what they say, but also to what he or she does.

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This will provide you with a lot of information about the person as an individual. Go places with them. Watch how he or she responds to particular events. Note how they choose to spend free time.

Get to know the others involved in the individual's life. The direct support professional should also carefully note the individual's visual, verbal, and physical interactions with others and with his or her environment.

It is also critically important to read all available written information about the individual.

Main Support Services - Slide 20



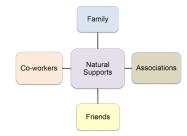
All people have individuals, groups, and programs that they are involved with, as ongoing parts of their life. Supports fall into several broad categories. It is important to know what support systems exist for the individual you are working with as well as the supports that need to be identified and cultivated to help the person achieve independence.

The four main categories of support services are:

- Natural Supports
- Generic Services
- Community Support Systems, and
- The Florida Agency for Persons with Disabilities (APD), (state/federally paid)

The following slides will look at each of these supports.

Natural Supports - Slide 21



Natural supports are services and supports that are **freely available** from family members, friends, co-workers, and associations.

These kinds of supports are what people do for each other naturally, and they are **not** specifically for individuals with disabilities.

Here is an example of natural supports:

An individual has three main natural support systems in their life family, friends, and a social community group. Each of these systems can be broken down to the individual level.

<u>For example</u>: The individual's family includes both parents, two sisters, and a brother. Their primary caregiver is the mother. Also one of the sisters lives at home and is very involved in the individual's life, and is able to provide direct support to the mother by providing transportation.

Generic Services – Slide 22







Generic services are those services that everyone in the community uses.

Generic services include parks and recreation programs, volunteer or service organizations, and professional services.

Here is an example of generic services:

An individual has two main support systems accessible to their caregiver, who then can assist them in accessing the supports to expand their independence.

The supports include a medical team, and a computer skills training program that the individual participates in three times a week.

Like natural supports, each of these overall support categories can be broken down to the individual's level.

<u>For example</u>, a medical team includes a physical therapist, a speech therapist, and a primary care physician, all of whom deal directly with the individual.

Community Support Systems - Slide 23



Community support systems are **created when people participate and share their lives together in various ways**. Community supports can be formal or informal, large or small.

Many community supports are hidden and can be accessed by:

- Finding people with common interests
- Seeking gathering places
- Finding people who can provide introductions or access to support systems, and
- Giving something to the community such as time, skills, etc.

Here are examples of community support systems:

An individual has a computer game he regularly plays, which involves people from all over the world. He has found a community with the other players. The same individual enjoys participating in a study group that meets in a local library.

The Agency for Persons with Disabilities (APD) - Slide 24

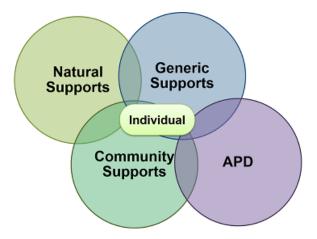


The Agency for Persons with Disabilities (APD) provides services, supports, and assistance to adults with developmental disabilities. A wide range of specific services and supports are available to help individuals to live, work, and socialize in the community.

Most direct, state-sponsored services for adults with developmental disabilities in Florida are provided through the Agency for Persons with Disabilities and the Department of Children and Families (DCF).

The program helps individuals with developmental disabilities and their families by providing assistance to identify the needs, and purchase supports and services that are medically necessary. This is done to help the individuals to live, work, and play in places they choose.

Overlapping Supports – Slide 25



It is important to note that while it is helpful to categorize support systems, the support systems do not always have clear lines separating them. They often overlap.

Module 5 Review - Slide 26

Let's review some of what you have learned in this module

The Code of Ethics for direct support professionals is a roadmap for staying on the course of freedom, justice, and equality for individuals with disabilities?

True or false?

The answer is **true**.

What is one of the responsibilities of a direct support professional?

One of your responsibilities, is to guide individuals to become more responsible.

And, what are the main categories of supports for an individual?

They are natural supports, generic services, community support systems, and, the Florida Agency for Persons with Disabilities.

End of Module 5 – Slide 27

Congratulations!

You have completed Module 5 – Roles and Responsibilities for Direct Support Professionals

END OF MODULE 5

End of Course Slide 27

You have fully completed the course, Direct Care Core Competencies. You are now ready to take the final assessment.

The purpose of the Direct Care Core Competencies course was to provide the knowledge and skills to deliver maximum standards to people with developmental disabilities.

This course also described your role as a direct support professional. `As you complete the assessment, apply the information and skills you learned that can be used in your daily routines as a direct support professional.

The following slides will provide you with instructions for finding, and accessing the course assessment in TRAIN Florida.

Find the Assessment Slides 28-29

Follow these steps to locate the course assessment:

- Close the presentation window for the final module, APD Direct Care Core Competencies – Module 5 – Roles and Responsibilities for Direct Support Professionals, and mark it as completed per previous four modules, return to the Home page, and locate My Learning.
- 2. Click on My Learning to expand the window.
- 3. Click on the APD Direct Care Core Competencies.
- **4.** On the **Course Registration Management** page, locate and click on the **M** button under the **Manage** column.

The steps to locate the course assessment continue:

- 1. On the next page, click the **Completed** button.
- 2. Complete the **Course Rating** and click the **Save** button.
- 3. On the Course Registration Management page, click the Submit button.
- **4.** The **assessment** button is located on this page.
- **5.** To start the **assessment**, click the **Assessment** button

Emergency Response Sheet			
	Common Causes	How to Respond	Preventive Measures
RESIDENTIAL	 Electrical malfunction Defective or misused heating equipment Cigarettes Flammable liquids (gasoline, kerosene, cleaning fluids, paint products, turpentine, alcohol, spot removers) 	1. Evacuate (refer to your Evacuation Plan) stay low Use most direct route available (don't open hot doors!) Consider locations of people and their needs for equipment (oxygen, wheelchairs, etc.) meet at pre-selected location 2. Call 911 Provide any information not already known (your name, how many occupants, and people with severe disabilities). 3. Aid Victims If an individual is on fire, assist individual to drop to the ground, and roll to put out the fire. Check pulse and respiration first. Cool the burn with water. Do not burst blisters Follow procedures for reducing the spread of infection.	 Use smoke detectors. Place them in high-risk areas, such as kitchen, laundry, etc. Remember to change smoke detector batteries when time changes. Keep fire extinguishers in easy-to-reach areas, especially in the high-risk areas.
ELECTRICAL SHOCK	 Appliances and lighting fixtures that don't work properly or have frayed cords Temporary and poorly designed wiring Using electrical appliances while standing in water or stretching cords across water 	 Remove the electrical source (may need to cut the power). You may use wood – such as a broomstick – to separate the electrical item from the individual. Call 911 – or ask someone else to call. Give the individual CPR as needed until help arrives. 	 Frequently check lighting fixtures, cords, and appliances to make sure in proper working order. Put covers on electrical outlets not in use.

Emergency Response Sheet			
Emergency	Common Causes	How to Respond	Preventive Measures
CHEMICALS AND POISONINGS	 Skin contact – the individual touches a chemical or poison and it penetrates through the skin. Food – An individual eats food that contains poison or chemicals. Breathing – some people may react strongly to chemicals such as insect spray or cleaners. 	 Call Florida Statewide Poison Information Center at 1-800-282-3171. Administer the antidote recommended by the Poison Information Center representative. Take the individual to the doctor or emergency room. 	 When using chemicals, follow directions on the container. Do not use poisons – such as rat poison – inside the home. Follow the directions on the container. Keep poisons stored out of reach of people who may not understand their dangers. Make sure containers are clearly labeled.
FALLS	 Poorly lit stairs Clutter or furniture that restricts movement Wet surfaces or floors Electrical or phone cords Carrying objects that block vision Clear glass doors 	 Examine the individual for injury. Take the individual to the doctor or emergency room if needed. 	 Remove clutter. Arrange furniture for easy movement. Keep outdoor walkways free of leaves, sand, and debris. Carry items so that you can see where you're going. Slow down!

Natural Disaster Preparedness Sheet			
	Before	During	After
Hurricanes	 Listen to weather reports. Gather the Disaster Preparedness Kit, including individual medications, a First Aid Kit, food, water, battery-operated radio with extra batteries, flashlights with extra batteries, cash and credit cards, clothes and shoes. If anyone requires electricity to sustain their basic medical needs, take them to a nearby hospital, or special needs shelter. Identify backup facilities that all occupants can go to, depending on the severity of the hurricane. Secure outdoor equipment. Close storm shutters or cover windows and glass doors. Turn refrigerators and freezers on their coldest settings and open them only when necessary. Place valuables in waterproof containers. Follow any agency-specific guidelines 	 Stay in the center of the building, away from windows and doors. Turn off electricity. If the structure gets damaged and the occupants must leave, follow posted evacuation routes. Look out for flooded roads and bridges. 	 Wait for authorities to announce that it is safe to return. Report power outages and downed power lines. Enter the structure slowly, and look and listen for signs of structural damage. Open doors and windows for ventilation. Check for damage to electrical system, sewage, and gas lines. Report any damages, and do not attempt to use until repairs are complete.

Natural Disaster Preparedness Sheet			
	Before	During	After
Floods	Listen to weather reports to see if flooding will be occurring in your area. If flooding seems likely to occur, make sure all residents that require electricity (e.g., medical equipment) are removed to a safer place. If it seems likely that the entire structure will flood, identify an emergency location to which all occupants can be moved.	Turn off all breakers in the electrical box to shut off electricity. Gather necessary items, such as medications, First Aid Kit, clothing, food, water, blankets, and other items, to a safe place away from the flood area.	Make sure everyone is present. Assess physical conditions of everyone and provide medical care as needed until the place where people who receive services live is ready to occupy again.
Tornadoes	Listen to weather reports. Once a tornado warning has been issued for your area, take all residents to an area or areas that are as close as possible to the center of the building, preferably without windows. If your building has a basement, this would be the best location for everyone to stay until the tornado passes. Take a battery-operated radio with you!	Stay together. If possible, place mattresses or bedding over people for added protection.	Count everyone and assess everyone's injuries. If injuries require medical care, call 911. If structural damage has occurred, remove people from the place where people who receive services live.
Forest Fires	Since forest fires often occur quickly and without warning, keep fire-fighting supplies handy. These include rakes, shovels, buckets, handsaws, and chain saws. Decide now who will use which equipment.	Make sure you have a reliable water source.	Practice fire drills.

Emergency Recovery Information

Insurance Information			
Health Insurance	Policy Number:	Telephone Number	
Primary Care Physician	Address:	Telephone Number:	
Disability Insurance	Policy Number:	Telephone Number:	
Life Insurance	Policy Number:	Telephone Number:	
Other Insurance	Policy Number:	Telephone Number:	
Home Owners Insurance	Policy Number:	Telephone Number:	
Vehicle Insurance	Policy Number:	Telephone Number:	
	Employer Information		
Employee Assistance Program	Address:	Telephone Number:	
Emergency Coordinating Officer	Telephone Number:		
Emergency Hotline	Telephone Number:		

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Community Services and Emergency Management Agencies			
American Red Cross	Telephone Number:		
County Emergency Management Office	Telephone Number:		
Florida Emergency Management Office	Telephone Number:		
Federal Emergency Management Agency	Telephone Number:		
Other Agencies:	Telephone Number:		
Credit Card and Financial Information			
Financial Institution:	Account Number:	Telephone Number:	
Financial Institution:	Account Number:	Telephone Number:	
Credit Union	Account Number	Telephone Number:	
Mortgage Company:	Account Number	Telephone Number:	
Credit Card Companies:	Account Numbers:	Telephone Numbers:	

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Emergency Contacts			
Out-of-State Contacts			
Name:	Address:	Telephone Number:	
	Local Contacts		
Name:	Address:	Telephone Number:	
	Nearest Relative		
Name:	Address:	Telephone Number:	
1	Family Work Numbers		
Spouse	Parent	Other	
F			
Police:	rgency Telephone Numbers Telephone Number:		
i once.	relephone Number.		
Fire:	Telephone Number		
Hospital	Telephone Number		
Family Physicians			
Name:	Telephone Number		
ranic.	Telephone Number		
Name:	Telephone Number:		
	Reunion Locations		
Outside your residence:			
Other location if cannot return to residence:			

DCCC Course Learner's Guide 2015 Appendix 4 **Decision Tree for Response to Determine Type Emergency & Non-Emergency** of Situation situations Non- Emergency **Emergency** Fever not reduced by usual Excessive, uncontrolled bleeding methods Broken bone(s) Repeated uncontrolled behavior Failure to breathe (out of character) No pulse • Diarrhea or Vomiting not Behavior that is danger to controlled by usual methods self/other • Persistent or unexplained rash or • Fever over 102 degrees and not sore throat controllable Changes in type/duration of Grand Mal Seizures seizures Are you working by Stabilize the situation yourself? NO Report the **YES** situation to legal 2 or more representative(s) and supervisor. Follow their Helper 2 Helper 1 directions Can you Attempt stabilize **CALL 911** to the Explain stabilize Take individual? situation appropriate Provide action medical assistance YES NO if able **Document everything:** Document The situation & report Stabilize Individual **CALL 911** Recommendations from legal emergency representative(s) and after help **CALL 911** Explain situation supervisor arrives Provide medical Explain situation Your actions Provide medical assistance if (Use measurable descriptions) assistance if able able

85

Document &

help arrives

emergency after

report

Document &

report emergency

after help arrives

Follow Up:

- Assure individual sees doctor
- If needed, take individual to emergency room or doctor
- Report all changes in condition to legal representative(s) and supervisor

Drug Information Sheet		
Information Required	Answer	
Name of Medication		
Purpose/Desired Effect of Medication		
Expected Response Time for Medication		
Possible Side Effects of Medication		
Possible Drug Interactions (with current medications)		
Special Administration and/or Storage Directions		
Is This Drug a Controlled Substance?		
Is a Generic Substitute Drug Available? Is it Indicated for the Individual?		

Bill of Rights of Persons with Developmental Disabilities Chapter 393.13(3), F.S.

The rights described in this subsection shall apply to all persons with developmental disabilities, whether or not such persons are clients of the agency.

- (a) Persons with developmental disabilities shall have a right to dignity, privacy, and humane care, including the right to be free from abuse, including sexual abuse, neglect, and exploitation.
- (b) Persons with developmental disabilities shall have the right to religious freedom and practice. Nothing shall restrict or infringe on a person's right to religious preference and practice.
- (c) Persons with developmental disabilities shall receive services, within available sources, which protect the personal liberty of the individual and which are provided in the least restrictive conditions necessary to achieve the purpose of treatment.
- (d) Persons with developmental disabilities shall have a right to participate in an appropriate program of quality education and training services, within available resources, regardless of chronological age or degree of disability. Such persons may be provided with instruction in sex education, marriage, and family planning.
- (e) Persons with developmental disabilities shall have a right to social interaction and to participate in community activities.
- (f) Persons with developmental disabilities shall have a right to physical exercise and recreational opportunities.
- (g) Persons with developmental disabilities shall have a right to be free from harm, including unnecessary physical, chemical, or mechanical restraint, isolation, excessive medication, abuse, or neglect.
- (h) Persons with developmental disabilities shall have a right to consent to or refuse treatment, subject to the powers of a guardian advocate appointed pursuant to s. 393.12, or a guardian appointed pursuant to chapter 744.
- (I) No otherwise qualified person shall, by reason of having a developmental disability, be excluded from participation in, or be denied the benefits of, or be subject to discrimination under, any program or activity which receives public funds, and all prohibitions set forth under any other statute shall be actionable under this statute.
- (j) No otherwise qualified person shall, by reason of having a developmental disability, be denied the right to vote in public elections.