

Direct Care Core Competencies (DCCC) Course

Learner Guide – Module 3

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



<http://apdcares.org/>

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Module 3: Maintaining Health, Safety, and Wellness



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

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

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

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

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

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

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

These examples are healthy 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

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

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

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.

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- 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

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.

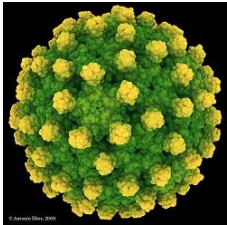
Some of these pathogens include, but are not limited to:

- 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

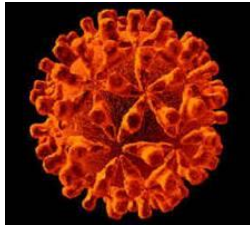
There are other pathogens spread by contact with blood or bodily fluids that can cause severe illness, the next slide will discuss these bloodborne pathogens.

Bloodborne Pathogens

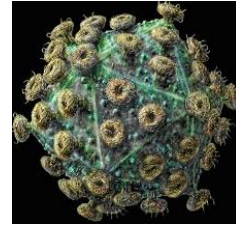
Some of the most severe illnesses can be spread by organisms that transmit diseases through blood or other bodily fluids. These are known as bloodborne pathogens. Bloodborne pathogens include the hepatitis B virus (HBV), the hepatitis C virus, the human immunodeficiency virus (HIV) that can lead to acquired 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

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

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

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

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.

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- 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

Personal protective equipment (PPE), such as sterile gowns, should be used when you know that an individual has a disease that could be spread through 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

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.

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- 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

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



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- 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

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

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

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

Causes of Gum Disease

Gum disease can be caused 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

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

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

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

- 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

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

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

- 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

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:

- 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

- 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:

- 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

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.

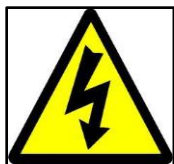
Emergency Response: In Home and Natural Disaster

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

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

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

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

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.

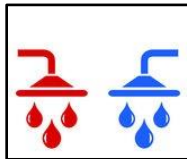


Falls

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

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

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

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 co-workers. 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

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

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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

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

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

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

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

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

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:

- Desired effects – when the drug does what it is meant to do.
- No effects – 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.
- Side effects – 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

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:

- Drug Potentiation – 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.
- Drug Antagonism – 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.

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- 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

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:

- Medical fact sheet(s) – The physician will need a comprehensive fact sheet to get an idea of the individual's history.
- History of drug allergies – This may be on the medical fact sheet, but if not make sure it is documented separately.
- Current medication and purpose – 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.
- Current medical/dental conditions, not under treatment – 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

- 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

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 [Appendix 5](#), 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

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

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

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

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 decrease 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

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

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

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:

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- **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

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. Only after the individual is receiving help, 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 [Appendix 4](#), 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

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

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

Vegetables, 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

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

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We are just an email away!

If you cannot find the answer to your problem or require technical assistance, **please do not contact** the PFH technical assistance or FDOH; instead, contact the TRAIN Florida APD Support Team at apd.lmssupport@apdcares.org