
Health & Safety Classroom Participant's Manual



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Revised in November 2008

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Contents

Module 1 – Training Overview	1
Purpose of Training.....	1
Course Learning Objectives.....	2
Course Components.....	3
Audience and Length of Training.....	3
Classroom Participant's Manual Organization.....	4
Instructional Icons.....	6
Module 2—Health Overview	7
Module Overview.....	7
Module Learning Objectives.....	7
Five Responsibilities of the Support Professional.....	9
Observing.....	10
Activity 1. Observation.....	11
Documentation.....	13
Activity 2. Documentation.....	14
Reporting.....	18
Activity 3. Reporting.....	19
Taking Action.....	20
Activity 4. Taking Action.....	22
Follow Up.....	23
Activity 5. Follow Up.....	24
Module 2 Summary.....	25
Module 3—Medication Awareness	27
Module Overview.....	27
Module Learning Objectives.....	27
The Possible Effects of Medication.....	29
Effects of Drug Interactions.....	30
Activity 6. Drug Effects and Interactions.....	31
Information That Goes With a Person to the Physician.....	32
Documentation: Information Obtained From a Physician.....	34
Activity 7. Information Obtained From a Physician.....	36
Documentation: Checking Physician Orders and Pharmacy Labels ..	38
Documentation: Required Agency Documents.....	39
Reporting and Taking Action: Effects of Medications.....	40
Following Up: Storing Medications.....	41
Module 3 Summary.....	42
Module 4—Infection Control and Food Safety	43
Module Overview.....	43
Module Learning Objectives.....	43
Nutritional Guidelines.....	44
Activity 8. The Eating Right Pyramid	Error! Bookmark not defined.

Special Diets45
 Food Handling and Storage46
 "Standard Precautions" for Infection Control47

Module 5—Emergency Preparedness and Response 55

Module Overview55
 Module Learning Objectives55
 Stocking a First Aid Kit56
 Safety Measures in Emergency Situations.....57
 Activity 9. Emergency Response.....60
 Creating a Disaster Preparedness Kit61
 Safety Measures During Natural Disasters62
 Activity 10. Natural Disaster Preparation.....65
 Residential Disaster Plan67
 Resident And Employee Emergency Recovery Guide75

Module 6—Health & Safety Summary & Course Quiz 81

Module Overview81
 Course Summary82
 Course Quiz83

Glossary 89

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Module 1 – Training Overview

Purpose of Training

The purpose of the Health and Safety course is to equip you with the knowledge and skills to provide maximum health and safety standards to people with developmental disabilities. Additionally this training has been modified to meet the standards for Infection Control training. However, it does not meet the standards for AIDS or HIV training.

This course will also equip you to share this knowledge with those whom you serve in your role as a direct support professional. As you complete the course, think about any information or skills that you can pass on to others so that they can better help themselves!

The content of this course could be applied to any person. In certain situations, you will receive specific guidance to address the unique needs of some people with disabilities.



Course Learning Objectives

At the end of training, participants will be able to:

- List the five responsibilities a direct support professional has in providing for the health of a person with developmental disabilities.
- Demonstrate accurate documentation of information pertinent to an individual's health.
- Demonstrate how to report changes in health trends, medication, and status.
- Demonstrate how to take appropriate action to resolve health care issues.
- Describe examples of non-emergency situations.
- State actions to take when a non-emergency situation should be reported.
- Describe conditions that would constitute an emergency.
- State when, to whom, and how an emergency should be reported.
- Describe "other changes" that require action to be taken.
- Identify appropriate procedures for following up on any actions taken for health care issues.
- List and describe the four possible effects of medication.
- List and describe the three possible effects of drug interactions.
- Describe the types of information that must accompany individuals when they visit the doctor, and identify your agency's policy for acquiring this information.
- List four items of information that must be obtained from a physician when a new medication is ordered.
- Determine whether a physician's and a pharmacist's label agree.
- List the medication documents that you are required by law to keep at your facility.
- Given a physician's order and a pharmacy label, prepare all medication forms required by your agency.
- State when and how changes in an individual's physical and behavioral signs should be reported.
- Identify proper and improper storage practices for medications.
- Apply nutritional guidelines and individual needs to select foods for a meal.
- List seven methods of proper food handling and storage.

- Define the term Standard Precautions.
- List the primary way to prevent the spread of infection.
- List two other ways to prevent the spread of infection.
- Describe safety measures involved with emergency situations such as fires, poisonings, floods, hurricanes, etc.
- Identify appropriate disaster and emergency procedures.

Course Components

The contents of this course are provided in a collection of booklets:

- **Health & Safety Classroom Participant Manual** – This manual contains the course contents, including a Training Overview and the Course Quiz. As you work through this Manual you will be directed to the other course components at appropriate times.
- **Reproducible Job Aids Booklet** – This booklet (found in Appendix A) contains forms and job aids that you will find useful on the job. You will refer to this booklet at specific times while you are completing the Health & Safety Classroom Participant Manual. You may reproduce the forms in this booklet as needed.

Audience and Length of Training

The **Health and Safety** course is intended for direct support professionals, including but not limited to staff who provide direct services to people with developmental disabilities:

- Attending adult day training programs
- Receiving Residential Supports and Services
- Receiving companion services
- Participating in supported employment
- Receiving any other community-based services

The estimated completion time for this course is 8 hours. It consists of 6 lessons, including an introduction and summary with a course quiz.

Classroom Participant's Manual Organization

The Health & Safety Classroom Participant's Manual is organized into the following modules:

Module 1

Training Overview

Timeframe: Approximately 30 minutes

Module Description: This module introduces the course (objectives, materials, and agenda), and discusses the main purposes for this class. It also introduces the course components and several key terms used throughout the course.

Module 2

Health Overview

Timeframe: Approximately 2 hours

Module Description: In this module you'll learn a simple way to remember the five responsibilities you have in providing for the optimum health of a person with developmental disabilities.

Module 3

Medication Awareness

Timeframe: Approximately 1 hour

Module Description: The purpose of this module is to apply the five health-related responsibilities of a support professional to make sure the effects of medication are observed, documented, and reported accurately, and appropriate actions are taken when people react to medications.

Module 4

Infection Control and Food Safety

Timeframe: Approximately 1 hour

Module Description: The purpose of this module is to equip direct support professionals with principles and practices that will ensure a healthy, safe environment. Also, as much as possible, direct support professionals need to instill these principles and practices in individuals receiving supports and services.

Module 5 **Emergency Preparation and Response**

Timeframe: Approximately 2 hours

Module Description: The purpose of this module is to equip direct support professionals with guidelines and principles in the event of various emergencies and natural disasters.

Also, as much as possible, direct support professionals need to instill these principles and practices in individuals receiving supports and services.

Module 6 **Health & Safety Summary and Course Quiz**

Timeframe: Approximately 45 minutes

Module Description: This final module will provide you with a summary of what you have learned, and allow you to access the final course quiz.

Instructional Icons

Throughout the Classroom Participant's Manual, you will see **instructional icons** that complement the material presented as follows:



This icon represents an additional **Note** for information presented, such as an exception or something to keep in mind.



This icon represents something **Important** for you to remember or be aware of related to your job.



This icon is used to present the **Order** or a **Step-by-Step** process related to your job. It is also used to number components in a graphic image.

Module 2—Health Overview

Module Overview

Welcome to the Health Overview module. In this module you'll learn a simple way to remember the five responsibilities you have in providing for the optimum health of a person with developmental disabilities.



Module Learning Objectives

After completing the Health Overview module, participants will be able to:

- List the five responsibilities a direct support professional has in providing for the health of a person with developmental disabilities.
- Demonstrate accurate documentation of information pertinent to an individual's health.
- Demonstrate how to report changes in health trends, medication, and status.
- Demonstrate how to take appropriate action to resolve health care issues.
- Describe examples of non-emergency situations.
- State actions to take when a non-emergency situation should be reported.
- Describe conditions that would constitute an emergency.
- State when, to whom, and how an emergency should be reported.
- Describe "other changes" that require action to be taken.

- Identify appropriate procedures for following up on any actions taken for health care issues.

Five Responsibilities of the Support Professional

In maintaining the best possible health for people with developmental disabilities, you have five primary responsibilities.



	<p>1 Observe: Use your senses – sight, touch, hearing, smelling – to detect when changes are taking place with a person.</p>
	<p>2 Document: Documenting what you've observed provides a snapshot for how a person is doing at a certain point in time. You'll need to include both behavioral and physical observations in your documentation.</p>
	<p>3 Report: Besides documenting what you've observed, you'll often have to tell others – such as your supervisor, the individual's legal representative, and medical personnel – about a person you're caring for. Be ready to discuss:</p> <ul style="list-style-type: none"> • Changes in a person over time • How long the changes have been happening • How often they change • Any new activities or changes in the person's diet, or anything else that might provide clues as to why the person is different.
	<p>4 Take Action: After you've reported a person's situation to someone else, YOU must make sure people you care for receive the medical attention they need. You'll need to learn the difference between life-threatening and non-life-threatening situations so that you'll know what to do in each case.</p>
	<p>5 Follow Up: You must follow up on the people who are receiving medical care to make sure they return to an optimal state of health. Tasks may include making sure the person completes prescribed rounds of medications, documenting changes in the person's health, and pushing for adequate health care when the person does not show a positive response to the current treatment plan.</p>


Observing

You can pick up clues that a person’s health is changing by monitoring vital signs, which include:

- Temperature
- Pulse
- Weight
- Blood pressure
- Respiration

There are many other warning signs to look for when monitoring a person’s health.

	<p>Behavioral: Behavioral observations include:</p> <ul style="list-style-type: none"> • Mood changes (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 • Increases in the number, type, length, or response of the person before, during, and after a seizure • Behavior that may harm self, such as head banging, scratching, and picking at own hair or skin
	<p>External: External observations include:</p> <ul style="list-style-type: none"> • 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 (broken bone, strained or sprained muscle or ligament)

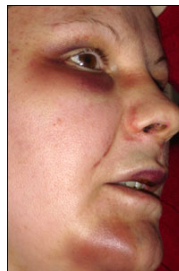
	<ul style="list-style-type: none"> • Changes in breathing patterns during sleep • Changes in patterns of elimination in either the bowel or the bladder
	<p>Internal: Internal observations include:</p> <ul style="list-style-type: none"> • Increases in sinus and lung congestion including wheezing, coughing, gagging, or difficulty breathing • Increased or decreased blood sugar levels in people who have diabetes • Repeated episodes of high or low body temperatures (hypo- or hyperthermia), especially if not previously experienced

Activity 1. Observation

Option 1 Directions: For each vignette, write B if Behavioral, E if External or I if Internal observation.



_____ 1.



_____ 2.



_____ 3.



_____ 4.



_____ 5.



_____ 6.

Option 2 Directions: Your facilitator will divide you and the other participants into three groups. Work with your group to generate three scenarios that depict someone in your group observing another person in your group to determine changes in health status. Members of the other groups must determine what health characteristic is being observed, and whether the observation is Behavioral, External, or Internal.

Scenario 1.

What is being observed:

Type of observation (B, E, or I):

Scenario 2.

What is being observed:

Type of observation (B, E, or I):

Scenario 3:

What is being observed:

Type of observation (B, E, or I):

Documentation

Documenting a person's condition on a regular basis provides a history of the person's health so that changes can easily be detected. Documenting all the observations you make will help you track these changes.

The most important thing to remember about the information you write down is that it must be *measurable*. For example, you would record an exact temperature – 98.9° F oral – instead of “temperature was up slightly today.”



Behavioral changes must also be documented, but are sometimes difficult to describe in measurable terms. For example, instead of saying, “Shirley seemed withdrawn today,” say, “Shirley would not speak to anyone today except one time when she told me she wanted to be left alone.”



Refer to the **Observation Check Sheets (Periodic and Summary)** in the **Reproducible Job Aids Booklet** to make sure you track any information that could provide history and clues as to why the person's health is changing.

Activity 2. Documentation

Directions: Assume you just observed a person and discovered the following information about the person. Use the Periodic Observation Checksheet on the following pages to record this information. Make sure you complete all applicable blanks.

Patient's name: Audrey Mills

Date: May 8, 2003

Time: 8:33 a.m.

Observer Name: Your name

- Temperature: 99.1°F oral
- Blood pressure: 130/82
- Stools very loose
- Three bowel movements in the last two hours
- Had to wake her up; she's usually up at 6:30 a.m.

PERIODIC OBSERVATION CHECK SHEET

Patient Name: _____
Date: _____
Time: _____
Observer Name: _____

BEHAVIORAL

*Use the Measurement column to record any measurements you took, such as how many occurrences of an event happened over a given period of time (3 seizures in 8 hours)

Observation	Description	Measurement*
Mood changes		
Harmful behavior to self		
Harmful behavior to others		
Unusual fatigue		
Unusual attachments to people		
Unusually withdrawn		
Seizure		

EXTERNAL

*Use the Measurement column to record any measurements you took, such as how many occurrences of an event happened over a given period of time (weight changed from 154 to 146 between x and y date)

Observation	Description	Measurement*
Skin changes (burns, scratches, rashes, bruises, etc.)		
Blood in stool or on toilet paper		
Blue- or purple-tipped nails, lips, fingers, or toes		
Infection that does not respond to treatment		
Weight gain or loss		
Conditions that decrease mobility (broken bone, strained or sprained muscle or ligament)		
Change in sleep patterns (time to bed, awake during night, up early, increase/decrease in naps)		
Changes in breathing patterns during sleep		
Changes in patterns of elimination (frequency, consistency)		
Menses (irregularity in cycle, amount of bleeding, etc.)		
Diarrhea		
Vomiting		

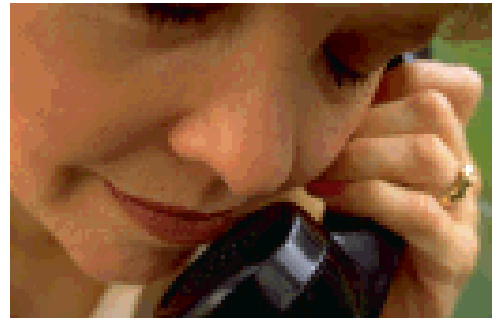
INTERNAL

*Use the Measurement column to record any measurements you took, such as temperature

Observation	Description	Measurement*
Increases in sinus and lung congestion		
Increased or decreased blood sugar levels		
Episodes of high or low body temperatures	Where temp was taken (oral, rectal, axillary)	Specify type of thermometer used
Blood pressure		
Heart rate		
Respiratory Rate		

Reporting

First you learned how to observe changes in a person's health over time. Next you learned how to record the changes so that they can be measured and provide trends so that patterns can be detected.



There are two primary reasons to tell others about a change you've observed. First, others, such as medical personnel, may need to make decisions based on the changes you've observed. In addition, you must communicate to those such as family or legal representatives who have the authority to make decisions about a person's medical care. You must be able to tell someone else, typically a physician or another support professional (e.g., at shift change), what you've learned about a person's health.

The information you've gathered *over time* will be critical. You must be able to describe the changes in specific detail, including:

- When changes first appeared
- How they changed over time
- Any factors that you or others observed or wrote down that might have caused these changes.

You'll find your Observations Check Sheet (or other similar forms that your agency uses) helpful in making sure you report all the significant information about the person.

Activity 3. Reporting

Directions: Review the following excerpt from a Summary Observation Sheet. Write a narrative of what you would tell a physician about this person's health over the time reported on this sheet. After you have completed this activity, go to page 6 in the Answer Booklet to check your work.

SUMMARY OBSERVATION CHECKSHEET

Patient Name: *Horace Sanchez*

Date: *June 9, 2003*

Observation	Date/Time	Measurement	Date/Time	Measurement	Date/Time	Measurement
Infection that does not respond to treatment	<i>6/3/03 8:30 a.m.</i>	<i>Rash has cont'd to grow after finishing round of antibiotics and topical ointment yesterday</i>	<i>6/6/03 8:30 a.m.</i>	<i>Started new antibiotic and ointment. Rash has not expanded, but is more irritated than before - red, flaking, itching</i>	<i>6/9/03 8:45 a.m.</i>	<i>Rash has expanded more. Irritability is continuing to increase - now open sore</i>
Weight gain or loss	<i>6/3/03 8:30 a.m.</i>	<i>186 lbs.</i>	<i>6/6/03 8:30 a.m.</i>	<i>184 lbs.</i>	<i>6/9/03 8:45 a.m.</i>	<i>179 lbs.</i>
Change in sleep patterns	<i>6/3/03 8:30 a.m.</i>	<i>Woke up twice during the night for approx. 1 hr each, napping more frequently in the day (2 naps - 1 hour apiece)</i>	<i>6/6/03 8:30 a.m.</i>	<i>Complains that rashes keep waking him up (itching); still following pattern of waking up every few hours in the night, napping during the day (3 naps, 30 minutes each)</i>	<i>6/9/03 8:45 a.m.</i>	<i>Up from 1:00 a.m. to 4:30 a.m. last night, complaining of itching and just awake.</i>
Heart rate	<i>6/3/03 8:30 a.m.</i>	<i>78 bpm</i>	<i>6/6/03 8:30 a.m.</i>	<i>83 bpm</i>	<i>6/9/03 8:45 a.m.</i>	<i>85 bpm</i>
Episodes of high or low body temperatures	<i>6/3/03 8:30 a.m.</i>	<i>99.1° F oral</i>	<i>6/6/03 8:30 a.m.</i>	<i>99.9° F oral</i>	<i>6/9/03 8:45 a.m.</i>	<i>100.3° F oral</i>
Change in appetite	<i>6/3/03 8:30 a.m.</i>	<i>Did not eat supper last night or breakfast this morning</i>	<i>6/6/03 8:30 a.m.</i>	<i>Did not eat lunch yesterday</i>	<i>6/9/03 8:45 a.m.</i>	<i>Ate meals, but did not want to - had to force him to eat</i>

Taking Action

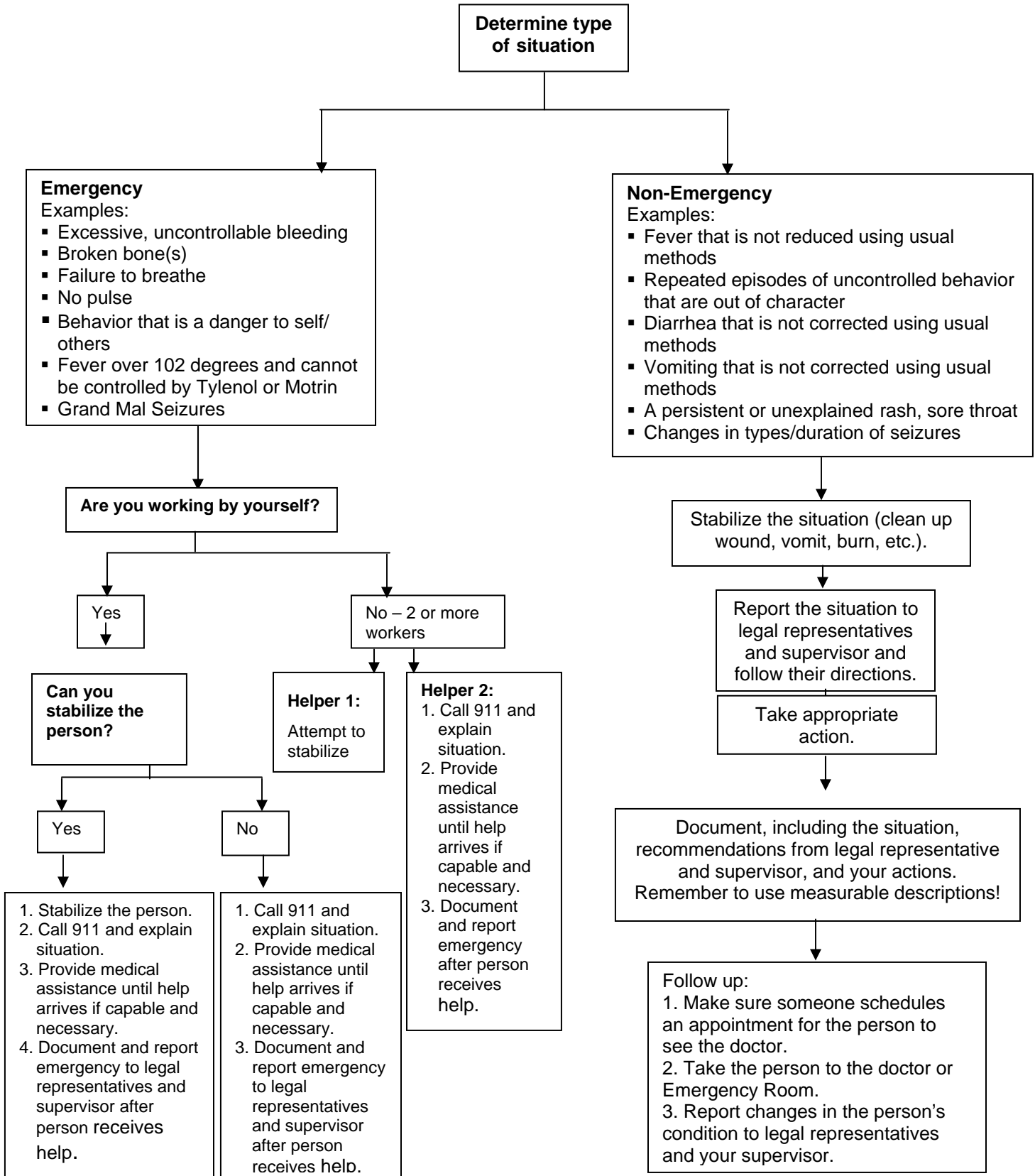
Some changes require immediate action; others might require quick follow-up. How can you know the difference? It's best to err on the side of caution, especially if you do not have a background in health care.

The Decision Tree on the next page will help you remember the difference between life-threatening and non-life-threatening situations. You will also have guidelines to remind you what actions to take.



Refer to the **Reproducible Job Aids Booklet** for reproducible copies of the **Decision Tree**. A copy of the Decision Tree should be placed in a high-traffic area of your workplace.

Decision Tree for Responding to Emergency and Non-Emergency Situations



Activity 4. Taking Action

Directions: Below are 3 scenarios. For each scenario, use a different colored pen (or highlighter), or a different pattern (straight line, dotted line, and dashed line) to trace the path on the Decision Tree on page 20 that you should take for each scenario.

Scenario 1. You are working by yourself from 3:00 a.m. to 5:00 a.m. You go into Sharon's room to check on her. When you walk up to her, you listen for her breath but you hear nothing. You lift her hand to check her pulse and her hand is cold. There is no pulse. Part A note path if Sharon does not have a DNR order. Part B note path if Sharon does have a DNR order.

Scenario 2. Three people are working with you today. You're especially concerned about Sun Li, whose Grand Mal seizures have been increasing in frequency over the last week. You are with her as she begins to seize. You check your watch to notice when the seizure started. After one minute, she is still seizing.

Scenario 3. Carlos has been running a low-grade fever for the last three days. He shows no other signs of infection or sickness. He has been taking acetaminophen per the instructions on the container for the last 48 hours.

Follow Up

Follow-up is necessary to make sure a person 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 person 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 to all who need to be notified (including medical personnel, family members, and other workers).

- Track trends to detect problems or prevent further health problems.



Be an advocate for the person's health – **take action** when the person does not respond positively to treatment.



Note: Follow-up includes each of the four previous responsibilities of a direct support professional.

Activity 5. Follow Up

Directions: Now it's your turn to apply the five responsibilities of a support professional. Your facilitator will divide you into four small groups. Each group will create your own scenario where you will be required to demonstrate the following:

- **Observation:** Describe to the rest of the class the person for whom you are providing care; however, please do not disclose the person's name or other identifying information. Describe specific observations you've made about the person's health status. Refer back to Activity 1 to make sure you correctly categorize your observations.
- **Documentation:** Make a copy of your Periodic and Summary Sheets in your Reproducible Job Aids booklet. Show the class how you would use these sheets to record changes in this person's health status.
- **Reporting:** In a role play situation, one person in your group (the "support professional") must verbally explain to another person in your group (the "supervisor," "legal representative," or "family member") the changes in the person's health status in order to determine a course of action. This person should refer back to the Periodic and/or Summary Sheets for guidance.
- **Taking Action:** Devise either an emergency or non-emergency situation for the person being cared for. Using the Decision Tree, describe to the class how you would respond to the situation. If you choose an emergency situation, be sure to specify whether the support professional in the scenario is working alone or with at least one other person.

Module 2 Summary

Congratulations! You have completed Module 2, Health Overview.

Before moving on, you may want to review the module contents since the following module will build what you've learned so far.

Module 3—Medication Awareness

Module Overview

Welcome to the Medication Awareness module. The purpose of this module is to apply the five health-related responsibilities of a support professional to make sure the effects of medication are observed, documented, and reported accurately, and appropriate actions are taken when people react to medications.



Module Learning Objectives

After completing the Medication Awareness module, participants will be able to:

- List and describe the four possible effects of medication.
- List and describe the three possible effects of drug interactions.
- Describe the types of information that must accompany individuals when they visit the doctor, and identify your agency's policy for acquiring this information.
- List four items of information that must be obtained from a physician when a new medication is ordered.
- Determine whether a physicians' and a pharmacist's label agree.

- List the medication documents that you are required by law to keep at your facility.
- Given a physician's order and a pharmacy label, prepare all medication forms required by your agency.
- State when and how changes in an individual's physical and behavioral signs should be reported.
- Identify proper and improper storage practices for medications.

The Possible Effects of Medication

When a person takes medication, there are four possible effects:

1. Desired Effects
2. Side Effects
3. No Effect
4. Adverse Effects

Desired Effects

When people say that a drug has a desired effect, they mean that the drug has done what it was meant to do. For example, when a person takes an antibiotic, and the infection disappears soon after, the antibiotic provided the desired effect – it worked!

Side Effects

Side effects are expected, and usually mild or easily treated. Example: drowsy from diphenhydramine (Benadryl), nausea or itching from morphine.

No Effect

Sometimes a person experiences no change after the allotted time for a drug to take effect. This is also note-worthy. For example, if a person takes aspirin every four to six hours to reduce a fever, but still has a fever after 24 hours, the aspirin is having no effect. In such a case a physician may prescribe a different medication or increase the dosage of the current drug.

Adverse Effects

Adverse effects include severe allergic or other physical reactions. Examples of this are shortness of breath, rapid heart beat, swelling of the tongue, seizures.



Effects of Drug Interactions

Sometimes a person will be receiving more than one type of medication at the same time. Every drug has the potential to react with another drug and produce undesired side effects. When drugs react with one another to produce unwanted side effects, this is called a **drug interaction**.



Drug Potentiation: The effects of one or more of the drugs are increased. For example, if drowsiness occurs when one of the drugs is taken, a person may become very sluggish and unresponsive when taking this drug with another drug.

Drug Antagonism: The effects of one or more of the drugs are decreased. For example, if a drug's desired effect is to reduce swelling, the swelling may show little or no change.

New Effects: When two or more drugs are taken together, totally new (and sometimes undesired) effects may occur. For example, a rash develops when a person adds a new drug to existing medications.



Remember, every time a new drug is added to a person's existing prescriptions, there is an increased likelihood that drug interactions will occur. It's important to remember that not everyone will react the same way to medications.

Activity 6. Drug Effects and Interactions

Directions: Read each definition below, and then write the correct term in the blank provided: Desired Effects, Unwanted Side Effects, Adverse Effects, No Effects, Drug Potentiation, Drug Antagonism, New Effects.

-
-
1. When the effects of one or more of the drugs being taken has been decreased.

2. The drug has done what it was meant to do.

3. No change takes place after the allotted time for a drug to take effect.

4. The effect of one or more of the drugs being taken is increased.

5. When a drug has a side effect that is not desired.

6. When two or more drugs are taken together, resulting in new (and sometimes undesired) effects.

7. A drug causes a severe, possibly life-threatening reaction.

Information That Goes With a Person to the Physician

If you are responsible for sending a person to see a physician, you need to make sure certain information is provided to the doctor so that she can make the best decision for the person's treatment.

The chart below can help you keep track of information that you'll need to take with a person to the physician.

Medical Information Locator		
Information	Document Names	Location
Medical Fact Sheet(s)		
History of Drug Allergies		
Current Medications		
Medical Conditions NOT Under Treatment		
Written Observations of Recent Changes		

Medical Fact Sheet: When a person sees a physician for the first time, the physician needs a comprehensive fact sheet to get an idea of the person's history. Your agency will probably have its own form or set of forms containing historical information on each person.

History of Drug Allergies: This may be contained on the Medical Fact Sheet. If not, make sure this information is documented separately.

Current Medication and Purpose: A list of medications that the person is currently taking should be provided to the physician. You should also provide an explanation of each medication (what is the desired effect on the person?). Be sure to include ALL drugs, including over-the-counter drugs, vitamins, and herbal remedies.

Current Medical/Dental Conditions Not Under Treatment: Some people may have medical problems that are not currently being treated. For example, a dentist would need to know a person is taking Dilantin, which would explain why her gums are puffy and bleeding. However, the physician would need to know the person is pregnant so she doesn't prescribe a medication or treatment that would affect the pregnancy.





Observations of Recent Physical or Behavioral Changes: Bring along documentation of observable and measurable changes in the person.



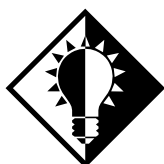
Refer to the **Reproducible Job Aids Booklet** for reproducible copies of the **Medical Information Locator**.

Documentation: Information Obtained From a Physician

There are at least four types of information that a physician should give you before you leave the office.

	<p>Written Prescription: The physician should provide a prescription for each medication the person will be taking. You or another support professional may take this prescription to the pharmacy to get it filled.</p>
	<p>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 at the agency and in the client's MAR. Talk to your agency administrator for guidelines. Make sure that whomever accompanied the person to the doctor returned with this information.</p>
	<p>Purpose and Desired Effect of the Drug: The doctor may be accustomed to explaining this verbally rather than writing it down, but during the doctor visit, the purpose and desired effect of the drug should be written down – either by the doctor or whomever accompanied the person to the doctor. This person should ask the physician: For what condition(s) has this drug been prescribed? What signs will tell me that the drug is doing what it's supposed to do?</p>
	<p>Response Time: The physician should explain how much time should pass before the desired effect of the drug can be detected, and this information should be written down also.</p>

Medical Response Form	
<i>Make sure this form goes with the person to the doctor.</i>	
Information Required	Answer
Medication	
Purpose/Desired Effect	
Response Time	
Unwanted Side Effects to Watch For	
Possible Interactions w/Other Drugs the Person is Currently Taking	
Special Administration or Storage Directions	
Is this drug a controlled substance?	
Is a generic substitute available for this medication, and is it indicated for this person?	



Refer to the Reproducible Job Aids Booklet for reproducible copies of the **Medical Response Form**. You should take a copy of this form to the doctor each time a person visits the doctor.

Activity 7. Information Obtained From a Physician

Directions: Listen to the interaction below between Dr. Sanchez and Carol, who accompanied Macie to the doctor's office. Use the information provided by the physician to complete the form following the discussion.

Carol: Dr. Sanchez, what is the name and correct spelling of the medication you're prescribing?

Dr. Sanchez: It's called Dilantin, spelled D-I-L-A-N-T-I-N.

Carol: What is the purpose of this drug?

Dr. Sanchez: It's to reduce or eliminate the seizures resulting from her epilepsy.

Carol: What is the desired effect of Dilantin? By that, I mean, what should I expect to change about Macie?

Dr. Sanchez: Ideally, her seizures will stop. However, everyone responds differently, so you'll just need to watch her carefully in the following weeks to see what her response will be.

Carol: You say a few weeks. How long should we wait to see her reaction to this drug?

Dr. Sanchez: The seizures will hopefully decrease over time as the Dilantin becomes more active in her system. It may take at least a week to see any noticeable changes in the frequency and duration of her seizures.

Carol: Are there any unwanted side effects that I should be looking for?

Dr. Sanchez: The most common ones are dizziness, double vision, slurred speech, confusion, or a possible rash. You might also see an overgrowth of gums and hair.

Carol: Macie is on no other drugs right now. Should I alert you if she needs to take other medicines, including over-the-counter medication?

Dr. Sanchez: Please do. We'll discuss the possible drug interactions at that point.

Carol: What is the correct dosage for Dilantin?

Dr. Sanchez: For the first 2 days, I want her to have 350 mg per day. Then we'll scale her back to 300 mg per day. This will help the drug get in her system faster.

Carol: Is Dilantin a controlled substance?

Dr. Sanchez: No

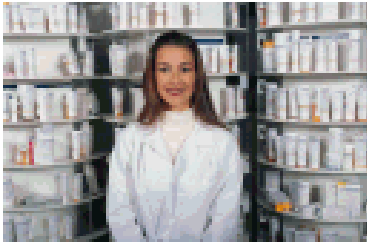
Carol: Is there a generic brand available that would work for Macie?

Dr. Sanchez: Well, there are generic versions of phenytoin, which is what Dilantin is made from. However, they do not interact with a person in the same way as Dilantin. At this point, I'd prefer to start Macie with Dilantin. If she responds well, I'll consider changing her over to a generic brand later.

Carol: Thanks so much for this information, Dr. Sanchez.

Medical Response Form	
<i>Make sure this form goes with the person to the doctor.</i>	
Information Required	Answer
Medication	
Purpose/Desired Effect	
Response Time	
Unwanted Side Effects to Watch For	
Possible Interactions w/Other Drugs the Person is Currently Taking	
Special Administration or Storage Directions	
Is this drug a controlled substance?	
Is a generic substitute available for this medication, and is it indicated for this person?	

Documentation: Checking Physician Orders and Pharmacy Labels



Before you have a prescription filled, make sure you understand specifically what the doctor ordered (e.g., drug name, dosage, numbers of refills remaining, etc.), so that you can compare the order with what you receive from the pharmacist. If there is any difference, bring it to the pharmacist's attention for correction.

Documentation: Required Agency Documents



When you return from the pharmacist with a person's medication(s), you should have the following documents and materials:

1	The medication in the container supplied by the pharmacist
2	A correct and legible label on the container
3	A written physician's order for the medication
4	Answers to the questions in the table you just printed

With these documents in hand, make sure the following are readily available:

1	A Medication Administration Record (MAR). This form must include time, day, patient's name, dosage, medication name, person who administered drug, signature – usually initials.
2	A Drug Information Sheet (sometimes this is supplied by the pharmacist)

Reporting and Taking Action: Effects of Medications

Remember that medication, especially when first taken and when taken with other medications, can cause unwanted side effects.

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



Also, remember to **refer** to the **Reproducible Job Aids Booklet – Decision Tree** – from the previous module if you must take action based on signs and symptoms of a person receiving treatment.

Following Up: Storing Medications

When you received the medication from the pharmacist, you should have received a Drug Information Sheet, or gotten the information necessary to create one. Refer to this sheet to see how to properly store medication. Typical directions include:

- Store this medication at room temperature.
- Store this medication in its original container.
- Keep this medication out of the reach of children.



Module 3 Summary

Congratulations! You have completed Module 3, Medication Awareness.

Before moving on, you may want to review the module contents since the following module will build what you've learned so far.

Module 4—Infection Control and Food Safety

Module Overview

Welcome to the module about Infection Control and Food Safety. The purpose of this module is to equip direct support professionals with principles and practices that will ensure a healthy, safe eating environment. Also, as much as possible, direct support professionals need to instill these principles and practices in individuals receiving supports and services.



Module Learning Objectives

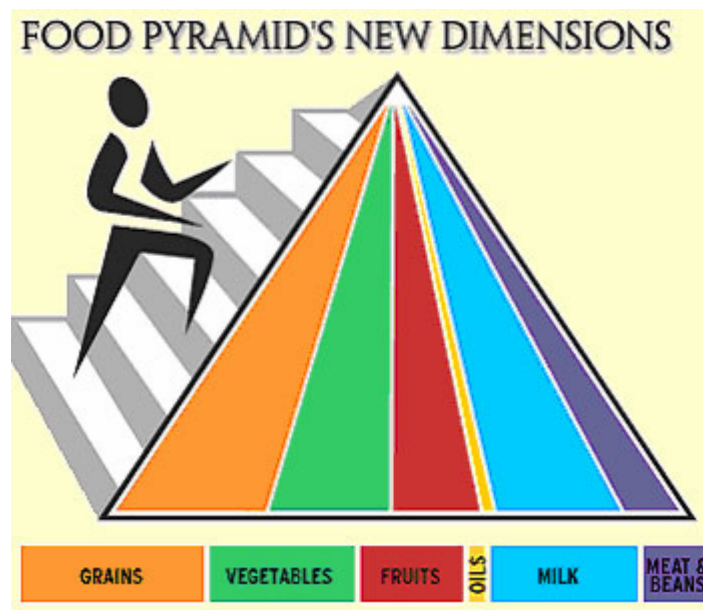
After completing the Infection Control and Food Safety module, participants will be able to:

- Apply nutritional guidelines and individual needs to select foods for a meal.
- List seven methods of proper food handling and storage.
- Define the term Standard Precautions.
- List three ways to prevent the spread of infection.

Nutritional Guidelines

The Eating Right Pyramid shows the types of foods most people should eat, and the proper amounts for each type of food.

The Health and Safety Reproducible Job Aids contain more detailed information about the food pyramid and proper nutrition.



More information can be found by visiting www.mypyramid.gov .

Special Diets

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 these people can eat.

Follow the dietician's guidelines for people with unique food needs, and be sure to observe, document, and report any changes in the person's behavior or appearance.



Activity 8. Anatomy of the Pyramid

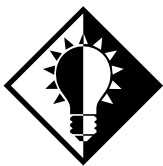
Directions: Turn to these pages in the **Reproducible Job Aids Booklet** (pages 15 - 29) and discuss each section (activity, moderation, personalization, proportionality, variety, and gradual improvement).

Food Handling and Storage

To keep food fresh and free of harmful agents like bacteria, 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.

Guidelines For Proper Food Storage

- Read food labels. Discard if the food item is past the expiration or sell by date. If the item has a freshness date, (e.g., bread), remember that the item will not be as fresh after this date (item may become hard/stale).
- 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 new 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 after 24 hours from 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 in them.
- 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 you're not going to eat food immediately after it's cooked, refrigerate it until ready to serve. Reheat, if necessary.



Refer to the **Reproducible Job Aids Booklet** for reproducible copies of the **Guidelines For Proper Food Storage**. A copy of the Guidelines For Proper Food Storage should be posted in your workplace near where food is prepared and stored.

“Standard Precautions”: for Infection Control



The term Standard Precautions for Infection Control refers to a group of infection prevention practices that apply to all people, regardless of whether they have a diagnosed infection or not. Standard Precautions are based on the principle that blood, secretions, excretions, broken skin and mucous membranes may contain infectious agents.

<p style="text-align: center;">1</p>	<p style="text-align: center;"><u>What does this mean?</u></p> <ul style="list-style-type: none"> ★ That all blood, urine, tears, vaginal discharge, semen, stool, spit, sputum (coughed up mucus), scrapes, cuts or other wounds, and the insides of the mouth, vagina, and rectum may all have germs, bacteria, viruses, or fungus in them – things that can make you or others sick. ★ That many of the things you do to prevent the spread of infection should be done even if you don’t know that someone has a disease... you should do them every time you will be in contact with anything listed above. This would include things like hand washing, 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.
<p style="text-align: center;">2</p>	<p style="text-align: center;"><u>How do you protect yourself and others?</u></p> <ul style="list-style-type: none"> ★ The MOST important thing to do is to WASH YOUR HANDS!!! <ul style="list-style-type: none"> ○ Before having contact (touching) anyone. ○ After touching (even with gloves on) any of the things listed above. ○ After touching anyone – for instance, after taking a blood pressure or pulse. ○ After you touch things like beds, equipment, doorknobs, or other things that are close to where someone is, or has been. ○ After you take your gloves off, and before you put them on. ○ After touching dirty linen, diapers, garbage, tissues or other supplies used by others.

	<p style="text-align: center;"><u>Hand washing instructions</u></p> <ul style="list-style-type: none"> ★ Wet hands in running water and apply soap. ★ Rub hands together vigorously for 30 seconds – about the amount of time it takes to sing the “Happy Birthday” song. Wash both front and backs of hands, wrists, fingernails, and between the fingers. ★ Rinse hands well under running water, letting water drain from wrists to fingers until all the soil and soap are gone. Don’t turn off the water. ★ Dry hands with a fresh, disposable paper towel. ★ Turn off the water with the same paper towel, not with your clean hands. ★ Drop the paper towel into the trash can. <p style="text-align: center;">Hand washing Extra Measures</p> <ul style="list-style-type: none"> ★ If you can see dirt on your hands, or know you have touched something that could carry germs, you should wash your hands with an <i>antimicrobial soap</i> and water. You can also use regular soap and water, followed by an alcohol based hand rub. You should always do this after taking off gloves. ★ If your hands don’t look dirty, and you have not touched anything mentioned above – you can use an alcohol based hand rub.
<p style="text-align: center;">3</p>	<p style="text-align: center;"><u>Other ways to prevent the spread of infection</u></p> <p style="text-align: center;"><u>Gloves</u></p> <ul style="list-style-type: none"> ▪ Wear disposable gloves if you think you will be touching blood, or anything else that comes out of the body (vomit, stool, urine, etc.). If you think you will be touching something that has been soiled, like the skin of a person who is <i>incontinent</i> of stool or urine, you should wear gloves. <ul style="list-style-type: none"> ○ Wear gloves when you are cleaning equipment, surfaces, or linens that might have been soiled with anything that comes out of the body. ○ Take gloves off the RIGHT 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. Drop both gloves into the trash.

- Always wash your hands after removing gloves.
- Never use the same pair of gloves to care for more than one person.
- Never wash disposable gloves so that you can use them again.
- For cleaning equipment or general cleaning (like washing floors), you may wear reusable utility gloves.


Personal protective equipment

Use when you know that a person has a disease that could be spread through contact with infectious materials.

- Gowns – wear when you think you could soil your skin and clothes while caring for an infectious person – for instance, if the person is vomiting, or has had a large liquid stool. It is also a good idea to wear a gown if the person's hands are visibly dirty with vomit, stool, blood, etc – especially if you know the person might grab your arms or clothes.
 - Remove the gown and wash your hands *before* you leave the person's room to keep from moving germs from one place to another.
 - Gowns are removed by pulling them off of your arms, turning them inside out as you do, to catch any soil or germs on outside of the gown – and folding the gown the gown inside out before putting it in the trash.

Mouth, nose, and eye protection – use to protect your mouth, eyes, and nose during an individual's care -when you think that there might be splashes or sprays of anything that has germs in it. Examples might be – when giving an enema, or when someone is spitting at you, or sneezing or coughing when you are trying to help them dress.

<p style="text-align: center;">4</p>	<p style="text-align: center;"><u>Is there anything else?</u></p> <ul style="list-style-type: none"> ★ Clean and disinfect surfaces that are likely to have been soiled – for instance, headboards and nightstands, doorknobs and surfaces in bathrooms. ★ Handle used linens without shaking them out to keep from getting germs in the air, on surfaces, or people. ★ Use disinfectants that kill most or all of the germs that are might be in the places people live, work, or play. ★ Teach people to cover their mouth/nose with tissues when coughing or sneezing, and to throw tissues in the trash. ★ If possible, try to keep people that are sneezing and coughing at least an arm's length away from others. ★ Follow the procedure below for diaper changes.
<p style="text-align: center;">5</p>	<p style="text-align: center;"><u>Diaper Changing and Toileting Instructions</u></p> <p>Diaper Changing:</p> <ul style="list-style-type: none"> ★ Organize all needed supplies within easy reach. ★ Wash your hands as outlined above. ★ Put on disposable glove to avoid contact with soiled items. ★ Ask the person 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 won't allow fluid to escape (like plastic). • Clean the person according to your facility policy, using disposable wipes or soap and water, wiping front to back. Never wipe over the area with an already dirty wipe or wash cloth. Let air dry. ★ Dispose of wipes in the covered, plastic lined trash can. Put wash cloths, if used, in the same laundry bag as clothes. ★ Remove and dispose of gloves. ★ Apply a clean diaper and assist the person to dress. ★ Wash client's hands with soap and running water. ★ Put on gloves and change bed linens, if needed, putting linens (with soiled sides folded inward) into the same laundry bag as clothes. ★ Clean and disinfect the area and all equipment or supplies that were soiled. ★ Wash your own hands thoroughly with soap and running water.

	<p>Toileting:</p> <ul style="list-style-type: none"> ★ Toilets should be visibly clean. ★ Staff will 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. ★ Everyone should use proper hand washing procedures after toileting.
	<p style="text-align: center;"><u>What are we protecting ourselves and others from?</u> Any sickness you can catch from someone else.</p> <ul style="list-style-type: none"> ★ Colds, flu, strep throat, chicken pox, meningitis, whooping cough, mumps, measles, respiratory viruses, mononucleosis (mono), shingles, scarlet fever, and hand, foot and mouth disease – all are spread from person to person by coughing, sneezing, contact with dirty hands or objects. ★ Pinkeye – spread person to person by contact with fluid from the eyes. ★ Head lice, scabies, ringworm, cold sores, impetigo, pinworms – by direct contact with infected persons. ★ Gastrointestinal infections such as salmonella, giardia, shigella, hepatitis A, rotavirus, cryptosporidiosis, campylobacter – all spread by contact with stool or by getting stool in the mouth (perhaps by eating without washing the hands first), or person to person, or from contaminated food or water. ★ Diseases you can get from contact with blood, such as HIV-AIDs, Hepatitis B, and Hepatitis C.

The best ways to prevent spread of infection

Wash your hands!!!

Wear gloves when necessary.

Wear protective equipment if you know someone carries an infection and the activity involves possible exposure from splashes or sprays of contaminated body fluids, secretions, or excretions – gowns, masks, eye shields.

Cover coughs and sneezes.

Keep things clean.

Wash your hands,

Wash your hands,

Wash your hands!



Activity 9. Ways to Better Assure a Healthy Living Environment

Directions: Break into groups of 4 and refer to **Reproducible Job Aids Booklet** (pages 32 – 34). Consider all information from the page titled Instruction for Using the Eating Right Pyramid through and including Stop Spreading Infection, discuss how these aids can be used in:

1. residential rehabilitation centers;
2. group homes;
3. foster homes; and
4. supported living settings.

Which aids would make good posters and where should they be posted?

Module 4 Summary

Congratulations! You have completed Module 4, Infection Control and Food Safety.

Before moving on, you may want to review the module contents since the following module will build on what you've learned so far.

Module 5—Emergency Preparedness and Response

Module Overview

Welcome to the module about Emergency Preparedness and Response. The purpose of this module is to equip direct support professionals with guidelines and principles in the event of various emergencies and natural disasters.

Also, as much as possible, direct support professionals need to instill these principles and practices in individuals receiving supports and services.






Module Learning Objectives

After completing the Emergency Preparedness and Response module, participants will be able to:

- Describe safety measures involved with emergency situations such as fires, poisonings, floods, hurricanes, etc.
- Identify appropriate disaster and emergency procedures.

Stocking a First Aid Kit

You need to keep a well-supplied First Aid Kit on hand to be ready for emergencies or disasters until more help arrives. Keep these supplies in a box that shuts tightly, and is roomy, easy to carry, and clearly labeled. Keep all the supplies clearly labeled, and replace them as they are used or as 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. Click on the compartments in the First Aid Kit below to find out what you need to keep in a First Aid Kit.

	<p>Instruments: The instruments people find most useful include:</p> <ul style="list-style-type: none"> ▪ Tweezers ▪ Scissors ▪ Thermometer (be sure it's clearly labeled for Oral, Ear, etc.) ▪ Safety pins
	<p>Medicines: Be aware that people may have allergic reactions to medications. It's best to use soap, water, or anti-bacterial gel or wipes to clean a wound. Include:</p> <ul style="list-style-type: none"> ▪ Acetaminophen, ibuprofen, diphenhydramine (benadryl) and aspirin products for emergency use ▪ Simple antiseptics (alcohol) ▪ Antiseptic cream for applying to dressings (e.g., triple antibiotic cream)
	<p>Dressings: Include:</p> <ul style="list-style-type: none"> ▪ White gauze ▪ Absorbent cotton paper tissues ▪ 2" and 3" wide plain bandages ▪ Ready-to-apply sterile dressings, each packed singly in its protective covering, various sizes ▪ 2" and 3" wide self-stick dressing strips, ready to cut to needed length ▪ 1" wide adhesive strapping

Safety Measures in Emergency Situations

Most emergencies that you'll have to respond to fall in one of these categories:

1. Residential Fire
2. Electrical shock
3. Chemicals and poisonings
4. Falls

See the following pages for ways to prepare and respond to these emergency situations.



Refer to the **Reproducible Job Aids Booklet** for reproducible copies of the **Emergency Response Sheet**. A copy of the Emergency Response Sheet should be posted in your workplace.

Emergency Response Sheet			
Emergency	Common Causes	How to Respond	Preventive Measures
RESIDENTIAL FIRE	<ul style="list-style-type: none"> ▪ Electrical malfunction ▪ Defective or misused heating equipment ▪ Cigarettes ▪ Flammable liquids (gasoline, kerosene, cleaning fluids, paint products, turpentine, alcohol, spot removers) 	<p>1. Evacuate (refer to your Evacuation Plan)</p> <ul style="list-style-type: none"> ▪ 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 <p>2. Call 911</p> <ul style="list-style-type: none"> ▪ Provide any information not already known (your name, how many occupants, people with severe disabilities). <p>3. Aid Victims</p> <ul style="list-style-type: none"> ▪ If a person is on fire, assist person 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. 	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ 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 person. ▪ Call 911 – or ask someone else to call. ▪ Give the person CPR as needed until help arrives. 	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ Skin contact – the person touches a chemical or poison and it penetrates through the skin. ▪ Food – a person eats food that contains poison or chemicals. ▪ Breathing – some people may react strongly to chemicals such as insect spray or cleaners. 	<ul style="list-style-type: none"> ▪ Call Florida Statewide Poison Information Center at 1-800-282-3171. ▪ Administer the antidote recommended by the Poison Information Center representative. ▪ Take the person to the doctor or emergency room. 	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ Examine the person for injury. ▪ Take the person to the doctor or emergency room if needed. 	<ul style="list-style-type: none"> ▪ 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!

Activity 10. Emergency Response

Directions: Below is a mixed list of steps to take in different types of emergencies. Note that some steps are listed more than once because they will be used in more than one emergency. Each statement has two blanks beside it.

In the first blank, put RF if the step applies to a Residential Fire, ES if the step applies to Electrical Shock, CP if the step applies to Chemicals & Poisonings, or F if the step applies to Falls.

In the next blank beside each step, put the correct number of the step so that the step is in the correct order for its category.

For example, if you put ES 3, then that step would be for Electrical Shock, and it would be the third step in the emergency response for Electrical Shock.

After you have completed this activity, go to page 12 in the Answer Booklet to check your work.

-
- | | | |
|-------|-------|--|
| _____ | _____ | 1. Take the person to the doctor or emergency room. |
| _____ | _____ | 2. Call 911. |
| _____ | _____ | 3. Remove electrical source. |
| _____ | _____ | 4. Call 911. |
| _____ | _____ | 5. Aid victims. |
| _____ | _____ | 6. Give the person CPR as needed until help arrives. |
| _____ | _____ | 7. Examine the person for injury. |
| _____ | _____ | 8. Take the person to the doctor or emergency room. |
| _____ | _____ | 9. Call Florida Statewide Poison Information Center at 1-800-282-3171. |
| _____ | _____ | 10. Administer the antidote recommended by the Poison Information Center representative. |
| _____ | _____ | 11. Evacuate. |

Creating a Disaster Preparedness Kit

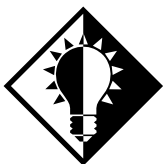
Just as you need a First Aid Kit to prepare for the emergencies we've discussed, you'll also need a Disaster Preparedness Kit for oncoming disasters such as hurricanes, floods, tornadoes, and forest fires.

Disaster Preparedness Kit Guidelines

- Flashlight with plenty of extra batteries*
- Battery-powered radio with extra batteries*
- First Aid Kit*
- Prescription medications in their original bottle, plus copies of the prescriptions*
- Eyeglasses (with a copy of the prescription)
- Water (at least one gallon per person is recommended; more is better)
- Foods that do not require refrigeration or cooking
- Items that may be required by household members who are infants, elderly, or who have a disability
- Medical equipment and devices, such as dentures, crutches, prostheses, etc.
- Change of clothes for each household member
- Sleeping bag or bedroll and pillow for each household member
- Checkbook, cash, and credit cards
- Map of the area

* These items need to be checked periodically to make sure the expiration dates have not passed.

Source: American Red Cross

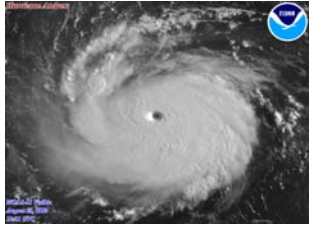





Refer to the **Reproducible Job Aids Booklet** for reproducible copies of the **Disaster Preparedness Kit Guidelines**. A copy of the Disaster Preparedness Kit Guidelines should be posted in your workplace.

Safety Measures During Natural Disasters

When caring for people, you should begin to act well before an approaching disaster strikes. Since Florida is a frequent victim of the following natural disasters, you'll need to make sure you're prepared for any disaster *before* it strikes.

Florida's most frequent and devastating natural disasters are:

	<h3>Hurricanes</h3>
	<h3>Floods</h3> <p><i>Flood photo courtesy of Donald Schwert.</i></p>
	<h3>Tornadoes</h3>
	<h3>Forest Fires</h3>



Refer to the **Reproducible Job Aids Booklet** for reproducible copies of the **Natural Disaster Preparedness Sheet** shown on the following pages.

Natural Disaster Preparedness Sheet			
	Before	During	After
Hurricanes	<ul style="list-style-type: none"> ▪ Listen to weather reports. ▪ Gather your 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. 	<ul style="list-style-type: none"> ▪ 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. 	<ul style="list-style-type: none"> ▪ 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.
Floods	<p>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.</p>	<p>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.</p>	<p>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.</p>

Natural Disaster Preparedness Sheet			
	Before	During	After
Tornadoes	<p>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!</p>	<p>Stay together. If possible, place mattresses or bedding over people for added protection.</p>	<p>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.</p>
Forest Fires	<p>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.</p>	<p>Make sure you have a reliable water source.</p>	<p>Practice fire drills.</p>

Activity 11. Natural Disaster Preparation

Directions: Below is a mixed list of Before, During, and After tasks broken down by different types of disasters.

For each set of tasks:

- put a B in the blank next to the blank if the task should be performed *before* the natural disaster
- put a D in the blank next to the blank if the task should be performed *during* the natural disaster
- put an A in the blank next to the blank if the task should be performed *after* the natural disaster

Hurricanes

- _____ 1. Turn off electricity.
- _____ 2. Report power outages and downed power lines.
- _____ 3. Listen to weather reports.
- _____ 4. If the structure gets damaged and the occupants must leave, follow posted evacuation routes. Look out for flooded roads and bridges.
- _____ 5. Wait for authorities to announce that it is safe to return.
- _____ 6. Gather your Disaster Preparedness Kit.
- _____ 7. Check for damage to electrical system, sewage, and gas lines. Report any damages, and do not attempt to use until repairs are complete.
- _____ 8. Secure outdoor equipment.

Floods

- _____ 1. Turn off all breakers in the electrical box to shut off electricity.
- _____ 2. 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.
- _____ 3. 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.
- _____ 4. Listen to weather reports to see if flooding will be occurring in your area.
- _____ 5. Make sure everyone is present.

Tornadoes

- _____ 1. If injuries require medical care, call 911.
- _____ 2. Stay together.
- _____ 3. Count everyone and assess everyone's injuries.
- _____ 4. 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.
- _____ 5. Listen to weather reports.
- _____ 6. If structural damage has occurred, remove people from the place where people who receive services live.

Forest Fires

- _____ 1. Make sure you have a reliable water source.
- _____ 2. Practice fire drills.
- _____ 3. Since forest fires often occur quickly and without warning, keep fire-fighting supplies handy.

Residential Disaster Plan

You've learned a lot about how to prepare for specific natural disasters. The document on the following pages will allow you to implement general guidelines that will keep you and other residents safe when disaster strikes.



Refer to the **Reproducible Job Aids Booklet** for reproducible copies of the **Residential Disaster Plan**.

RESIDENTIAL DISASTER PLAN

Name: _____ Date: _____

Employees and residents can - and do - cope with disaster by preparing in advance and working together as a team. Follow the steps listed in this document to create your agency’s disaster plan. Knowing what to do is your best protection and your responsibility.

4 STEPS OF SAFETY

1. Find Out What Can Happen To You

Contact your local emergency management or civil defense office and American Red Cross chapter – be prepared to take notes:

LOCAL OFFICE:	ENTER TELEPHONE NUMBER HERE:
Emergency Management Office	
American Red Cross Chapter	
FEMA Region IV Office (serving FL)	(770) 220-5224

Ask what types of disasters are most likely to happen. Request information on how to prepare for each.

Learn about your community's warning signals: what they sound like and what you should do when you hear them.

2. Create a Disaster Plan

- a. Meet with other employees and residents to discuss why you need to prepare for disaster. Explain the dangers of fire, severe weather and other disasters. Plan to share responsibilities and work together as a team.
- b. Discuss the types of disasters that are most likely to happen. Explain what to do in each case.
- c. Pick two places to meet: Right outside your residence* in case of a sudden emergency, like a fire. Outside your neighborhood in case you can't return to the residence. Everyone must know the address and phone number.
- d. Ask an out-of-state friend or relative to be each person's "family contact." After a disaster, it is often easier to call long distance. You should contact this person for each resident.
- e. Discuss what to do in an evacuation.

3. Complete This Checklist

- f. Post emergency telephone numbers by phones (fire, police, ambulance, etc.).
- g. Teach everyone how and when to call 911 or your local Emergency Medical Services number for emergency help.
- h. Show everyone who is capable how and when to turn off the water, gas and electricity at the main switches.
- i. Check to make sure everyone has adequate insurance coverage.
- j. Teach each person how to use the fire extinguisher (ABC type), and show them where it's kept.
- k. Install smoke detectors on each level of your residence, especially near bedrooms.
- l. Conduct a hazard hunt.
- m. Stock emergency supplies and assemble a Disaster Preparedness Kit.

*Residence refers to the place where a person who receives services lives.

- n. Take a Red Cross first aid and CPR class.
- o. Determine the best escape routes from your residence. Find two ways out of each room.
- p. Find the safe spots in your residence for each type of disaster.

4. Practice and Maintain Your Plan

- q. Quiz everyone every six months so they remember what to do.
- r. Conduct fire and emergency evacuation drills.
- s. Replace stored water every three months and stored food every six months.
- t. Test and recharge your fire extinguisher according to manufacturer's instructions.
- u. Test your smoke detectors monthly and change the batteries at least once a year.
- v. Check batteries at least once every six months to make sure they have not passed their expiration dates.

EMERGENCY PREPAREDNESS

Learn how to protect yourself and cope with disaster by planning ahead. Take these things into consideration when preparing your Agency Disaster Plan.

Emergency Supplies

Keep enough supplies in your residence to meet your needs for at least three days. Assemble a Disaster Preparedness Kit with items you may need in an evacuation. Store these supplies in sturdy, easy-to-carry containers such as backpacks, duffle bags or covered trash containers.

Include:

- a. A three-day supply of water (one gallon per person per day) and food that won't spoil.
- b. One change of clothing and footwear per person, and one blanket or sleeping bag per person.
- c. A first aid kit that includes everyone's prescription medications.
- d. Emergency tools including a battery-powered radio, flashlight and plenty of extra batteries.
- e. An extra set of car keys and a credit card, cash or traveler's checks.
- f. Sanitation supplies.
- g. Special items for people who are infants, elderly or have a disability.
- h. An extra pair of glasses.
- i. Keep important documents for everyone in a waterproof container. Keep a smaller kit in the trunk of your car.
- j. Vehicles with full gas tanks.
- k. Pet care items.
- l. Duct tape and plastic sheeting.
- m. Generator – if people in home require electricity, for oxygen concentrators, nebulizers, etc.

Evacuation Plan

- Evacuate immediately if told to do so.
- Listen to your battery-powered radio and follow the instructions of local emergency officials.
- Wear protective clothing and sturdy shoes.
- Take your Disaster Preparedness Kit.
- Lock your residence.
- Use travel routes specified by local authorities--don't use shortcuts because certain areas may be impassable or dangerous.
- If you're sure you have time:
 - Shut off water, gas and electricity before leaving, if instructed to do so.
 - Post a note telling others when you left and where you are going.

Residence Hazard Hunt

During a disaster, ordinary objects in your residence can cause injury or damage. Anything that can move, fall, break or cause a fire is a residence hazard. For example, a hot water heater or a bookshelf can fall. Inspect your residence at least once a year and fix potential hazards. Contact your local fire department to learn about residence fire hazards.

Utilities

Locate the main electric fuse box, water service main, and natural gas main. Learn how and when to turn these utilities off. Teach all responsible people how to do this. Keep necessary tools near gas and water shut-off valves.

Remember, turn off the utilities only if you suspect the lines are damaged or if you are instructed to do so. *If you turn the gas off, you will need a professional to turn it back on.*

Neighbors Helping Neighbors

Working with neighbors can save lives and property. Meet with your neighbors to plan how the neighborhood could work together after a disaster until help arrives. If you're a member of a neighborhood organization, such as a home association or crime watch group, introduce disaster preparedness as a new activity. Know your neighbors' special skills (e.g., medical, technical) and consider how you could help neighbors who have special needs, such as disabled and elderly persons. Make plans for childcare in case parents can't get home.

IF DISASTER STRIKES

Remain calm and patient. Put your plan into action.

CHECK FOR INJURIES

Give first aid and get help for seriously injured people.

LISTEN TO YOUR BATTERY POWERED RADIO FOR NEWS INSTRUCTIONS

Evacuate, if advised to do so. Wear protective clothing and sturdy shoes.

CHECK FOR DAMAGE IN YOUR RESIDENCE

- a. Use flashlights. Do not light matches or turn on electrical switches, if you suspect damage.
- b. Sniff for gas leaks, starting at the water heater. If you smell gas or suspect a leak, turn off the main gas valve, open windows, and get everyone outside quickly.
- c. Shut off any other damaged utilities. (You will need a professional to turn gas back on.)
- d. Clean up spilled medicines, bleaches, gasoline, and other flammable liquids immediately.

REMEMBER TO...

- e. Confine or secure your pets.
- f. Call each person's legal representative --do not use the telephone again unless it is a life-threatening emergency.
- g. Make sure you have an adequate water supply in case service is cut off.
- h. Stay away from downed power lines.

The contents of this document were taken from the Federal Emergency Management Agency's (FEMA) Community and Family Preparedness Program and the American Red Cross Community Disaster Education Program. For more information call you local American Red Cross Chapter and by calling FEMA 1-800-480-2520, or writing: FEMA, P.O. Box 2012, Jessup, MD 20794-2012. Publications are also available on the World Wide Web at: FEMA's Web site: <http://www.fema.gov> and American Red Cross Web site: <http://www.redcross.org>

Resident And Employee Emergency Recovery Guide

This information should be completed for all employees and residents. This Recovery Guide is designed to provide information that will assist the employee to stabilize everyone’s basic needs following an emergency. (These forms are also provided in the Reproducible Job Aids.)

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:	

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:

Emergency Plan Form		
Out-of-State Contacts		
Name:	Address:	Telephone Number:
Local Contacts		
Name:	Address:	Telephone Number:
Nearest Relative		
Name:	Address:	Telephone Number:
Family Work Numbers		
Spouse	Parent	Other
Emergency Telephone Numbers		
Police:	Telephone Number:	
Fire:	Telephone Number	
Hospital	Telephone Number	
Family Physicians		
Name:	Telephone Number	
Name:	Telephone Number:	
Reunion Locations		
Outside your residence:		
Other location if cannot return to residence:		

Module 5 Summary

Congratulations! You have completed Module 5, Emergency Preparedness and Response.

Before moving on, you may want to review the module contents since the following module will build what you've learned so far.

Module 6—Health & Safety Summary & Course Quiz

Module Overview

Congratulations! You have completed the Health & Safety course!

This final module will provide you with a summary of what you have learned, and allow you to complete the final course quiz.



Course Summary

Let's review the information that you have learned from the Health & Safety course:

- In Module 2, you learned about the how to maintain health standards for people in your care.
- In Module 3, you learned about medicines, including how to track dosages, storage, and labeling.
- In Module 4, you learned about infection control and food safety practices, including nutrition, meal planning, standard precautions for infection control.
- In Module 5, you learned about how to prepare for and respond to emergencies and natural disasters.

You should be ready to take the course quiz! Before you take the quiz, you may want to review the contents of a module and/or review a certain topic.

If you're ready to take the quiz, go on to the next page.

Course Quiz

The quiz consists of 20 questions, so please allow at least 30 minutes to complete the quiz.

Each question on the quiz will be based on the Module Objectives from each module.

Answer each question by putting your answer beside the blank following the answer choices. Once you have answered all questions, turn to page **x** in the Health & Safety Answer Booklet to check your answers and review feedback for each question.

1. Which of the following is NOT a primary responsibility of a support professional?
 - a. Follow up
 - b. Decide what medication to give and when to give it
 - c. Observe
 - d. Report
 - e. Document

Your Answer: _____

2. Which is the best way to record temperature on an Observation Check Sheet?
 - a. 99.6°
 - b. 99.6° F oral
 - c. 99.6° F

Your Answer: _____

3. Which of the following is/are people to whom information should be reported regarding the health status of a person? Choose all that apply.
 - a. Legal representatives
 - b. Family member(s)
 - c. Physician
 - d. Family friend

Your Answer: _____

4. Which of the following is an example of a health emergency?
 - a. Fever that is not reducing by normal methods
 - b. A persistent or unexplained rash
 - c. Behavior that is a danger to self/ others
 - d. Changes in types/duration of seizures

Your Answer: _____

5. Which of the following is the correct order of steps for handling a non-emergency health situation?
 - a. 1) Stabilize the situation; 2) Report the situation; 3) Document; 4) Follow up
 - b. 1) Report the situation; 2) Stabilize the situation; 3) Document; 4) Follow up

- c. 1) Document; 2) Report the situation; 3) Stabilize the situation; 4) Follow up
- d. 1) Stabilize the situation; 2) Document; 3) Report the situation; 4) Follow up

Your Answer: _____

6. True or False: Follow up includes all of the other responsibilities of a support professional (Observe, Document, Report, Take Action).
- a. True
 - b. False

Your Answer: _____

7. Which of the following is an example of an adverse reaction to a drug?
- a. Sam shows no reduction in fever after taking appropriate doses of aspirin for 24 hours
 - b. Symptoms of Juan's infection disappear after taking antibiotics for one week
 - c. Barbara's diarrhea clears after taking appropriate medication for three days
 - d. James experiences seizures when he takes Zyban to help him stop smoking

Your Answer: _____

8. True or False: Drug Antagonism is when the effects of one or more of the drugs are increased.
- a. True
 - b. False

Your Answer: _____

9. What should you do if a physician prescription and the pharmacist's drug label disagree?
- a. Nothing – it was probably a mistake in printing the prescription or label
 - b. Call the physician at once
 - c. Bring the difference to the pharmacist's attention
 - d. Both B. and C.

Your Answer: _____

10. When you return from the pharmacist, what should you have with you?
- The medication in a container supplied by the pharmacist, a Drug Information Sheet, the physician's written order, and answers to questions in the Medical Response sheet.
 - The medication in a container supplied by the pharmacist, a correct and legible label on the container, and answers to questions in the Medical Response sheet.
 - The medication in a container supplied by the pharmacist, a correct and legible label on the container, and the physician's written order.
 - The medication in a container supplied by the pharmacist, a correct and legible label on the container, the physician's written order, and answers to questions in the Medical Response sheet.

Your Answer: _____

11. True or False: Medications should be stored in their original container (the one provided by the pharmacist).
- True
 - False

Your Answer: _____

12. When a person has special dietary needs as the result of _____, you should follow the guidelines provided by a dietician.
- A broken arm
 - Diabetes
 - Autism
 - A rash

Your Answer: _____

13. To keep cooked food free of harmful agents like bacteria, you should always _____.
- Eat food immediately after it's prepared
 - Throw refrigerated food away after 48 hours
 - Leave food open so air can circulate
 - Store food near a heat source

Your Answer: _____

14. Which of the following are ways to maintain an infection-free environment?

Choose all that apply.

- a. Store foods properly
- b. Wash hands often
- c. Keep kitchen and bathrooms clean
- d. Keep immunizations current

Your Answer: _____

15. True or False. Standard precautions are based on the principle that all blood, body fluids, secretions, excretions (except sweat), broken skin and mucous membranes may contain transmissible infectious agents.

- a. True
- b. False

Your Answer: _____

16. The most important thing to do to protect yourself and others from infection is:

- a. wear disposable gloves
- b. wash your hands
- c. use an alcohol-based hand rub
- d. wear personal protective equipment

Your Answer: _____

17. True or False. Standard Precautions for Infection Control need only be followed when you are caring for someone who is sick or if you are sick yourself?

- a. True
- b. False

Your Answer: _____

18. Which of the following is the correct order to respond to a residential fire?

- a. 1) Call 911, 2) Evacuate the building, 3) Aid victims
- b. 1) Aid victims, 2) Evacuate the building, 3) Call 911
- c. 1) Call 911, 2) Evacuate the building, 3) Aid victims
- d. 1) Evacuate the building, 2) Call 911, 3) Aid victims

Your Answer: _____

19. When preparing for an oncoming hurricane, how should you care for people who need electricity to sustain their basic needs?

- a. Make sure you have a generator available

- b. Call their family to come get them
- c. Take them to a nearby hospital or special needs shelter
- d. Nothing different from normal

Your Answer: _____

20. During which type of natural disaster should you gather in an interior room?

- a. Flood
- b. Fire
- c. Tornado
- d. None of the above

Your Answer: _____

Glossary

Epilepsy/epileptic seizures

Epileptic seizures are disorders characterized by convulsive seizures or disturbances of consciousness, or both. Associated with disturbance of electrical activity to the brain.

Wheezing

Wheezing is a high-pitched whistling sound heard as person inhales or exhales.