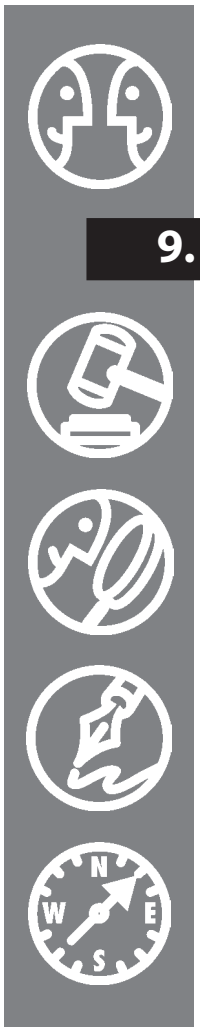


Teacher Resource Guide

9. Risk Management: Environmental Safety

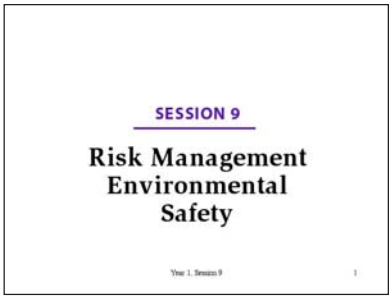
Materials

- Television
- VCR
- Overhead projector

  Or

  LCD projector and computer with PowerPoint software
- DSP TV video, Year 1
- Chart paper
- Colored markers
- Masking tape

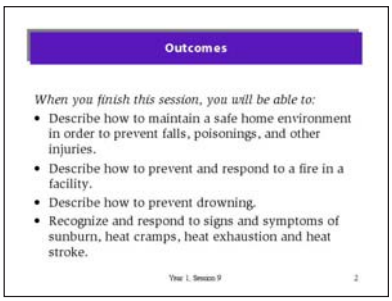
Review Practice and Share, Session 8



- Remind students of the assignment: In the home where you work, where are emergency phone numbers kept? Is the poison control phone number available? If not, did you share the number with your administrator. What other emergency information is available? Also, if you support an individual with a seizure disorder, what, if any, seizure medication are they taking? What are the side effects? Does the individual have an emergency bracelet or necklace?
- Ask for volunteers who would like to share what they discovered.
- **Show Overhead #1: Risk Management: Environmental Safety**.

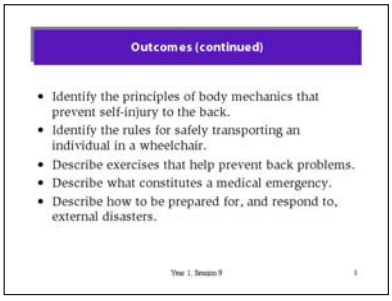
Outcomes

- **Show Overheads #2 and #3: Outcomes.**
- Review outcomes for the session.



Key Words

- Review key words for the session.



Student Resource Guide: SESSION 9

Risk Management: Environmental Safety

OUTCOMES

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

- Describe how to create and maintain a safe home environment to prevent falls, poisonings, and other injuries.
- Describe how to prevent and respond to a fire.
- Describe how to prevent drowning.
- Identify the principles of body mechanics that prevent self-injury to the back.
- Identify the rules for safely transporting an individual in a wheelchair.
- Describe exercises that help prevent back problems.
- Describe what constitutes a medical emergency.
- Describe what constitutes an environmental emergency.
- Describe how to be prepared for, and respond to, external disasters.

KEY WORDS

Environmental Emergency: A disaster; for example, a flood, fire, earthquake, or chemical spill.

First Aid: Emergency care given to an ill or injured person before medical help arrives.

Hazard: A potentially dangerous situation.

Lifting: To raise an individual or an object.

Safety: The practice of creating and maintaining a hazard free environment by always doing things in a correct and careful manner.

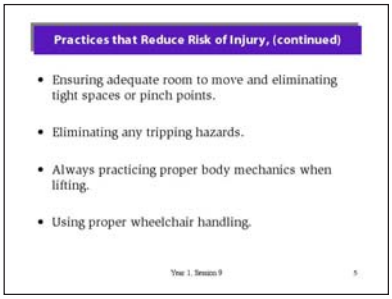
Safety is About Awareness and Prevention

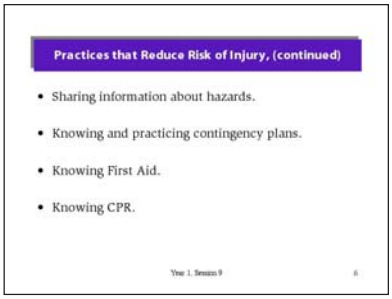
- Safety means creating and maintaining a hazard free environment.
- Remember what you learned in Session 3: Preventing serious accidents is the Number One priority!
- As a DSP, you can prevent accidents, and, if they do occur, manage them in a way that minimizes injury to both you and the individual.
- Ask students what are some of the ways that they can create a hazard free environment.

Practices that Reduce the Risk of Injury

- **Show Overheads #4, #5 and #6: Practices that Reduce Risk of H°bury** and review**.**
- Ask students how many of them have children or work in a home with children. If applicable, refer them to Appendix 9-A on S-32 and S-33 for additional practices that must be taken to reduce the risk of injury when children are present in the home.
- Show DSP TV video, Scene 19: Home Hazards.
- Discuss and answer questions at end of Scene 19.

  Answers
  - — What hazards did you observe? *Hazards included dishes sitting on the edge of the counter, newspaper on the stove while the stove was on, knives and medication out on the counter, a broken chair, a disconnected smoke detector, spills on the floor, a cluttered room, and tangled electrical cords.*
  - — What are the risks to people in the home? *Possible risks include cuts, fires, poisoning, falls, electrocution and other injuries.*
  - — How can those risks be mitigated? *Be aware of what makes for a safe environment, assess the situation, and practice the principles of risk management to create a safe environment. More specifically, lock medications, ensure that furniture is in good condition, keep floors clean and rooms tidy, and use power strips and electrical cord organizers.*





Safety Around the House

- Many factors and events contribute to injuries in the home and community.
- Each year in the United States 20,000 people die from home accidents.
- In 1998, more than 10 million people were injured at home severely enough to warrant emergency room visits.
- Two major sources of injuries at home and in the community are fires and falls.
- DSPs can increase safety and reduce the likelihood of injury or death by:
  - — Creating and maintaining a safe environment.
  - — Doing things in a safe manner.
  - — Learning how to respond appropriately when injuries occur.

Safety Is About Awareness and Prevention

Safety means creating and then maintaining a hazard free environment by always doing things in a correct and careful manner. But accidents happen, don't they? Is there some way to prevent them? In the first risk management session, we discussed a number of ways to minimize risk for the individuals we support. We spoke of assessing situations so we could anticipate problems before they occurred and brainstormed strategies to mitigate those problems. In fact, the first safety principle for Direct Support Professionals is *preventing serious incidents is the Number One Priority*.

As a DSP, you can prevent accidents and, if they do occur, manage them in a way that minimizes injury to both you and the individual. Following are some basic practices that reduce the risk of injury to individuals and staff. If children are present, additional practices and steps to prevent injury must be taken. See Appendix 9-A.

Practices that Reduce the Risk of Injury

- Being aware of what makes for a safe environment and creating and maintaining one.
- Knowing and practicing the principles of risk management.
- Locking medications and toxic substances.
- Having good lighting.
- Ensuring adequate room to move and eliminating tight spaces or pinch points.
- Eliminating any tripping hazards.
- Always practicing proper body mechanics when lifting.
- Using proper wheelchair handling.
- Sharing information about hazards.
- Knowing and practicing emergency contingency plans.
- Knowing First Aid.
- Knowing CPR.

Safety Around the House

Would it surprise you to know that 20,000 persons die each year in the United States from home accidents? In 1998 more than 10 million people were injured at home severely enough to warrant emergency room visits.

Many factors and events contribute to injuries in the home and community. Three major sources of injuries at home and in the community are poisonings, falls and fires. In 1999, fires were the third leading cause of injury-related deaths among children 1 to 9 years old and the fifth leading cause among people 65 and older. Poisonings are the second leading cause of accidental death in the home. Falls were the third leading cause of injury-related deaths among Americans of all ages and were the leading cause of injury-related deaths among people ages 65 and older.

DSPs can increase safety and reduce the likelihood of injury or death by:

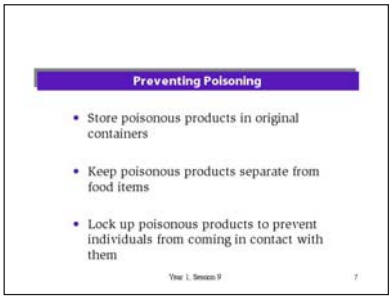
- Creating and maintaining a safe environment.
- Doing things in a safe manner.
- Learning how to respond appropriately when injuries occur.

Activity: Accidents at Home

- Groupings: pairs.
- Instruct students to take a moment to think about two or three accidents you or someone in your own home has experienced. After a moment of thought, share your experiences with someone sitting next to you.
- Ask for student volunteers to share examples with the large group and write examples on a flip chart. When the text addresses those examples, refer back to this activity.
- Ask the students if there are things they learned to do in their own homes to reduce the likelihood of accidents.

Poisoning

- A poison is a substance that causes injury or illness if it gets into the body.
- Poisonings are the second leading cause of accidental death in the home.
- Four ways poisons can enter the body:
  - — Swallowing
  - — Breathing
  - — Touching
  - — Injections
- Combinations of certain substances can be poisonous, although if taken by themselves they might not cause harm.
- Not everyone reacts to poisons in the same way.



Preventing Poisonings

- Potentially poisonous products found in the home require special handling.
- **Show Overhead #7: Preventing Poisonings** and review.
- Ask the students if their facility has any policies or procedures that specifically deal with how to handle household chemicals. If so, what are those policies or procedures?
- **Show Overhead #8: Some Common Household Poisons.**

Activity: Identifying Household Poisons

- Groupings: Individual.
- Read directions aloud.
- Ask students to raise their hands if they put an "X" next to 5 products that may be poisonous? 10 products? 20 products?
- Most likely, we all have several of these products in our own homes, in addition to the places we work. This activity demonstrates that there are a lot of opportunities for poisonings to occur and that it is very important that we implement steps to prevent poisonings.

Poisoning

One of the most tragic and preventable causes of injury and death is accidental poisoning. A poison is a substance that causes injury or illness if it gets into the body.

There are four ways a poison can enter the body:

- Swallowing
- Breathing
- Touching
- Injecting

Combinations of certain substances can be poisonous, although if taken by themselves they might not cause harm. Not everyone reacts to poisons in the same way. A substance that is harmful to one may not always be harmful to another.

Preventing Poisonings

Many common household chemical products are poisonous and deserve special handling and labeling. All potentially poisonous products found in the home must be

1. Stored in their original containers.
2. Kept separate from food items.
3. Be inaccessible and locked up to prevent individuals from eating or drinking them or getting them on their skin or in their eyes.

ACTIVITY

Identifying Household Poisons

Directions: Read this list of common household products and put an "X" next to the ones that are in the home you work in. Next, identify additional products found in the home that may be poisonous. Consider how accessible they might be and what steps you might take to prevent an accidental poisoning. This will not be shared with the large group, so use this exercise as a strategy to make your home even safer!

Common Household Poisons

- ☐ *Alcohol*
- ☐ *Laundry detergent*
- ☐ *Moth balls*
- ☐ *Dishwasher detergent*
- ☐ *Nail polish and nail polish remover*
- ☐ *Drain cleaner*
- ☐ *Oven cleaner*
- ☐ *Drugs of any kind*
- ☐ *Glass cleaner*
- ☐ *Furniture polish*
- ☐ *Scouring pads*
- ☐ *Scouring powder/pads*
- ☐ *Toilet cleaner*
- ☐ *Weed killer*
- ☐ *Air freshener*
- ☐ *Insecticide*
- ☐ *Bleach*
- ☐ *Cigarettes and tobacco*
- ☐ *Cosmetics*
- ☐ *Glass cleaner*
- ☐ *Grease remover*
- ☐ *Any cleaning product*
- ☐ *Paint and paint thinner*
- ☐ *Any medications*

Additional products:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Activity: Strategies for Minimizing the Risk of Poisoning

- Groupings: individual, pairs, small groups, large group.
- Read directions aloud.
- Ask for volunteers to share some of the risks they identified and plans to manage those risks. For example, *Matthew is curious and tends to put things in his mouth which is a potential poisoning risk. A plan to manage that risk is to ensure that potentially poisonous products are inaccessible to Matthew and others in the home.*

ACTIVITY

Strategies for Minimizing the Risk Around the House

Directions: Read the scenario. In the "Risk" column, write down specific risks for Matthew regarding accidental poisoning. In the "Plans for Minimizing Risk" column, write down ideas for how to minimize the risk of poisoning.

Matthew is an 8-year-old boy with developmental disabilities. He lives in a small family home located just outside of Bakersfield. Matthew has been living there for the past two years. He is a curious, engaging young man who communicates in a range of ways, such as single words, sign language (approximately 15 signs), pointing, and using pictures. Matthew has recently started using a picture exchange communication system, and he is able to find familiar pictures in his book. Because Matthew has mild cerebral palsy, his gait is unsteady, and his balance is poor.

Matthew is able to undress independently and can do most of his own dressing. He needs reminders to use the bathroom and support to do most of his hygiene. Matthew makes some poor decisions regarding his personal safety; for example, he tends to put things into his mouth, and therefore staff needs to stay close to him in the community.

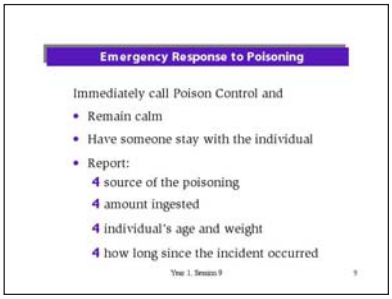
Jim has been working as a DSP for the past month. This is his first experience with individuals with disabilities. So far, he enjoys the job and has developed a nice relationship with Matthew. He also likes the administrator, April Young, as she has been very helpful.

Description of Risk*	Plans to Manage Risk

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

Be Prepared

- Accidental poisonings may occur even with care and attention.
- DSPs must always be prepared.
- In 1997, the California State Poison Control System was inaugurated and now everyone in California can use the same phone number for Poison Control.
- The first step in being prepared to handle a poisoning is to post the phone number next to the phone: 1-800-816-4766 (1-800-8-POISON).
- **Show Overhead #9: Emergency Response to Poisoning** and review:
  - — Remain calm
  - — Have someone stay with the individual
  - — Report the source of the poisoning (brand name)
  - — Report the amount ingested (if you don't know, say so)
  - — Report age and weight of the person
  - — Report elapsed time since the incident occurred



Be Prepared

Even when preventive steps are taken, an accidental poisoning may occur. If this happens, the DSP must get emergency medical assistance as quickly as possible. In emergency situations, the DSP who is prepared and who maintains control is the most helpful. We might believe that we know what we would do in an emergency, but it's just at this critical time that we realize we aren't prepared. We thought the poison control number was here by the phone. Who moved it? Are we supposed to make him vomit or not? Should we get him in the car and rush to the hospital?

In 1997, the California State Poison Control System was inaugurated. Everyone in California can use a common number. Your call will be automatically routed to the appropriate division able to respond. The first step in being prepared to handle an accidental poisoning is to post the Poison Control phone number—**1-800-876-4766 or 1-800-8-POISON**—next to the phone in a way to avoid its being moved.

Emergency Response to a Poisoning Incident

In the event of a poisoning, immediately call the Poison Control Center and:

- **Remain calm.**
- **Have someone stay with the individual.**
- **Report the source of the poisoning (brand name and label, if possible).**
- **Report the amount ingested (if you don't know, say so).**
- **Report age and weight of the person.**
- **Report elapsed time since the incident occurred**.

Poison Control Center: 1-800-8-POISON (1-800-876-4766)

In some cases, it will be recommended to give the individual Ipecac syrup to induce vomiting. This is a way of getting the poisonous substance out of the body quickly. However, it is not always recommended. With some poisons (for example, petroleum-based products or acids), inducing vomiting is not a good approach because of the potential damage to the esophagus, lungs, or mouth. Do not use it to induce vomiting unless Poison Control says to do so. If vomiting occurs, save what is thrown up.

Ipecac syrup should be kept on hand, but locked up. Check expiration dates and replace as needed since it loses its effectiveness with the passage of time.

In the event chemicals or other toxic substances have been splashed in the eyes, flush them gently with water.

Activity: Dealing with Poisoning or Drug Overdose

- Groupings: Pairs.
- Read directions aloud.

ACTIVITY

Dealing with Poisoning or Drug Overdose

Directions: Pair up with another student and role-play calling the Poison Control Center. One person will perform the role of the DSP calling the Poison Control Center, and the other person will act as the Poison Control Center representative. There are four situations. Each student should make two of the calls.

Scenario #1.

DSP staff member: "One of our children was playing in the field beside our house and ate a mushroom that was growing there. He brought in a small piece of the stem, but I don't know how to identify poisonous from non-poisonous mushrooms. What should I do?"

Poison Control staff:

1. Where was the mushroom growing? On grass, near trees, on wood?
2. When did this happen?
3. How is the individual doing?
4. Does the individual have any medical conditions?
5. What is the name and age of the individual?
6. What is the name of the caller, the phone number, and zip code?
7. Do you have Ipecac syrup in the house?
8. How close is the nearest emergency room?

Scenario #2.

DSP staff member: "We just admitted a new resident to the home. We discovered that he had various strength Thorazine (chlorpromazine) in his clothes and in different boxes. Apparently, his roommate found at least one on the floor and ate it. The pills do look like M&Ms. The roommate fell asleep eating dinner. We roused him and tried to find out what color the pill was, but he is unsure. It was either brown or red. What should we do?"

Poison Control staff:

1. Is he awake? If not, can you wake him? Is he breathing okay?
2. How long ago did this happen?
3. Are you sure it was Thorazine?
4. Was there only one pill involved, or could he have eaten several?
5. How old is he?
6. How much does he weigh?
7. Does he have any medical conditions?
8. Is he taking any medications?

Activity: Dealing with Poisoning or Drug Overdose (continued)

- Debrief with the students: *Was it hard to answer the Poison Control representative's questions? Why? What tools from the DSP Toolbox do you think you need to use when calling Poison Control? Did you have any insights about what information you would need to have as you called Poison Control?*

ACTIVITY

Continued from previous page

Scenario #3.

DSP staff member: "A man with a developmental disability who lives with me was doing the dishes, and he says that he ate some of the dishwasher detergent (granule form). What should I do?"

Poison Control staff:
1. Is the man having any symptoms?
2. Is this automatic dishwashing detergent?
3. Has he received any water or milk?
4. Are there any burns in his mouth, or is he having problems swallowing?
5. Does he have any medical conditions?

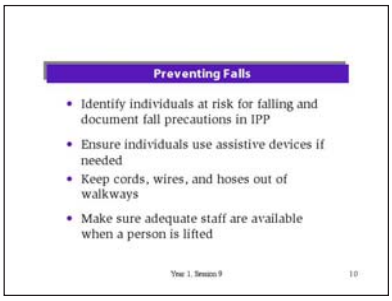
Scenario #4.

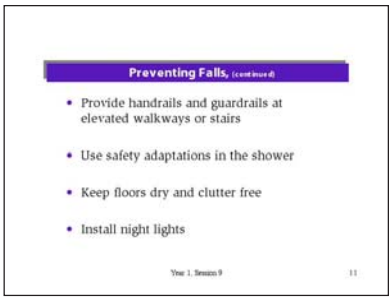
DSP staff member: "Sam was using Super Glue on his model airplane project. When he was brushing back his hair, he got a glob of the glue in his eye, or at least I think he did because his eye is closed. What should I do?"

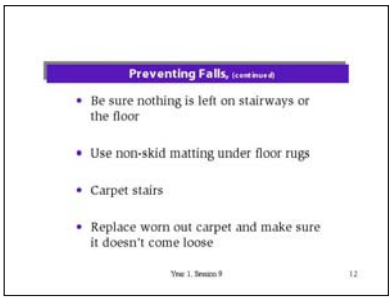
Poison Control staff:
1. Is he complaining of any eye pain?
2. Have you tried to irrigate his eye under the kitchen faucet or under the shower?
3. Are the skin surfaces glued together or just the eyelashes?
4. Does he wear contact lenses?

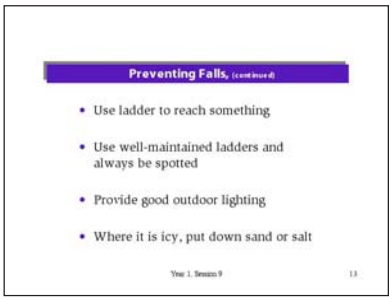
Falls

- All of us, at one time or another, have fallen.
- About 7,000 Americans die each year from falls in their homes.
- Falls commonly occur on flights of stairs, ladders, chairs and stools, roofs and getting in and out of bathtubs.
- The individuals we support are at an increased risk of falling and suffering injuries due to their:
  - — Disabilities
  - — Medications
  - — Health problems
- For example, *individuals with epilepsy sometimes experience hard falls with resultant injuries during sudden unexpected seizures.*
- **Show Overheads #10, #11, #12 and #13: Preventing Falls** and review ways that a DSP can help reduce the risk of falls in the home for both consumers and staff.









Falls

All of us, at one time or another, have fallen. Sometimes we were tripped by another person, or we were just careless and not looking where we were going. Most of the time, it's only our pride that is injured, but too often, falls result in physical injuries. In fact, about 7,000 Americans die each year from falls at home. One of every three home accidents is a fall.

Falls commonly occur on flights of stairs, ladders, chairs and stools, roofs, and when getting in and out of bathtubs. Some falls are caused by individuals stepping on an unseen object such as marbles or a skateboard. Individuals of all ages fall out of bed or while getting out of bed. One of every four falls is on a level surface.

Falls are caused frequently by carelessness. Some people just trip. Others are in too much of a hurry, playing roughly, or don't see an object before they fall over it. Some falls are caused by health problems such as fainting, poor eyesight, hypertension, osteoporosis of the hip, or overmedication. Sometimes people fall when they are helping others in some way.

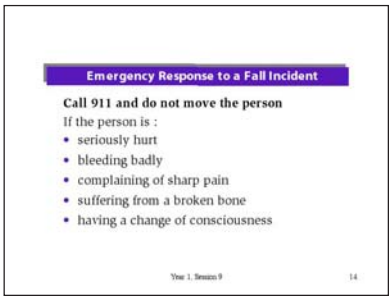
Here is the concern for DSPs. The individuals we support, because of their disabilities, medication, and at times, health problems, are at an increased risk of falling and of suffering injuries such as broken teeth, hips, legs, ankles, and arms. For example, individuals with epilepsy sometimes experience hard falls with resultant injuries during their sudden unexpected seizures. Similarly, poor coordination and muscle problems associated with cerebral palsy can cause someone to fall, especially when the individual has a wobbly or unsteady gait.

Preventing Falls

There are a number of ways a DSP can reduce the risk of falls in the home for both consumers and staff including:

- Identify individuals at risk for falling and document fall precautions in the IPP.
- Be sure individuals needing assistive devices (canes, walkers) use them and store them properly.
- Keep cords, wires, and hoses out of walkways.
- Make sure adequate staff are available when a person is physically lifted from one place to another, and make sure there is enough space.
- Provide hand rails and guard rails at all elevated walkways or stairs.
- Use safety adaptations in the shower, such as a rubber mat in the bathtub or shower stall, a shower bench when the individual is unsteady or not well coordinated, or grab bars in the bathtub or shower stall.
- Keep the floors dry and clutter free.
- Install night lights in bedrooms, halls, and bathrooms.
- Be sure nothing (clothes, toys, books) is left on stairways or on the floor.
- Use non-skid matting under floor rugs.
- Carpet stairs (rubber runner on stairs to basement).
- Replace worn out carpet and make sure it doesn't come loose.
- Use a ladder (or move one) rather than stretching to reach something.
- Use well-maintained ladders and always have another person close by.
- Provide good outdoor lighting on walks and driveways.
- Where it is icy, put sand or salt on porches and other walkways.

Emergency Response to a Fall Incident



- Review emergency response procedures for fall incidents on S-9.
- **Show Overhead #14: Emergency Response to a Fall Incident** and review the circumstances under which you do not move a person.
- All falling incidents should be documented in the individual's record and a Special Incident Report (SIR).
- Show DSP TV, Scene 20: Falls.
- Discuss and answer questions at end of Scene 20.

Answers

— How could this injury have been prevented? *This injury could have been prevented by cleaning the spill immediately, placing a barrier around the spill, and informing Marissa about the spill when she entered the room.*

— What is the appropriate response? *Since Marissa lost consciousness, the appropriate response would be to call 911 and not move her.*

— What kind of documentation must be done? *The fall must be documented in Marissa's record and a Special Incident Report should be completed.*

Emergency Response to a Fall Incident

Even with the best precautions, falls may occur. How well the DSP performs in providing immediate assistance, preventing additional injury, and obtaining medical assistance if necessary is what makes the difference in the result of a fall.

Once he or she becomes aware of the situation, the DSP needs to carefully and quickly assess the situation by *listening, observing, and questioning*:

- **Listen** to what the individual is telling you.
- **Observe** the position of his body and look for signs of bleeding, broken limbs, or breathing problems.
- **Ask** the individual what he or she is feeling.

The response of the DSP to an individual's fall depends on the circumstances of the fall, the person's ongoing health status, and what injury the person appears to have sustained.

If an individual appears to be seriously hurt, is bleeding badly, complains of sharp pain, appears to have a broken bone(s) such as an arm, leg, hip, or back, or appears to have a change of consciousness, **CALL 911 FOR ASSISTANCE. DO NOT MOVE THE INDIVIDUAL**.

Document all falling incidents in the individual's record and complete a Special Incident Report (SIR).

Activity: Identifying Fall Risks

- Groupings: Individual or teams of students working in same home.
- Read directions aloud.
- Ask for volunteers to share potential fall risks and plans to manage those risks.

ACTIVITY

Identifying Fall Risks

Directions: Think about the home you work in. Are there unsafe conditions that could lead to falls? For example, are there:

- *Objects, items, or slippery surfaces in the home that could lead to falls?*
- *Unsafe practices by individuals that could lead to falls?*
- *Unsafe practices by staff that could lead to falls?*

In the "Descritption of Risk" column, write down specific unsafe conditions. Then think of possible actions that would eliminate or reduce the risks. In the "Plans to Manage Risk" column, write down ideas for minimizing the risk of falling.

Description of Risk*	Plans to Manage Risk

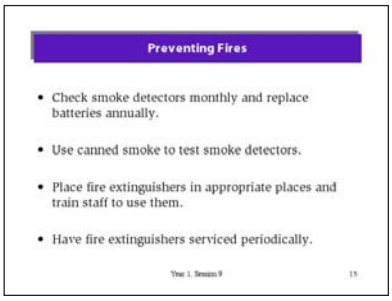
***Remember to think about the individual's health, behavior, daily living skills, environment, and lifestyle choices.**

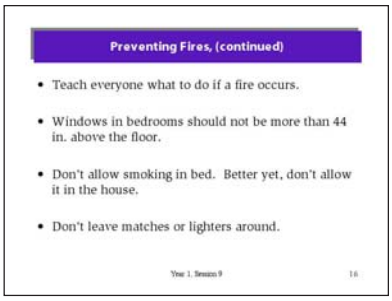
Fires

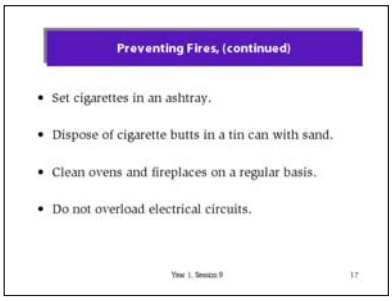
- Fires are the third leading causes of accidental deaths in the home.
- Prevention of fires is the Number One priority.
- Many fires are the results of neglect (For example, *careless smoking*). These are the kinds of things you can do something about.

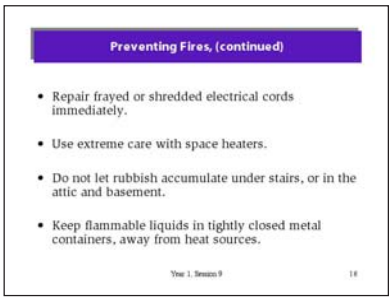
Preventing Fires

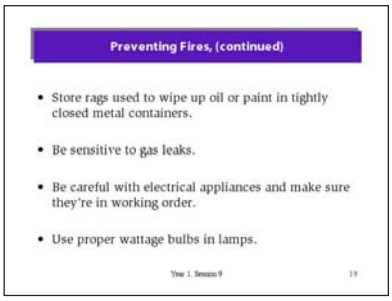
- Residential sprinkler systems are the best way to provide safety in a house fire. Such systems will suppress 9 out of 10 fires and provide a "window of opportunity" for people to escape.
- **Show Overheads #15 - #19: Preventing Fires** and review the things that can be done to minimize fire hazards in the home.











Fires

Fires are the third leading cause of accidental deaths in the home. They often result in serious injury and cause extensive property damage. One-third of deaths from fire (burning or smoke inhalation) occur between midnight and 4:00 a.m., when most people are sleeping.

Preventing the fire is the number one priority. Many fires are the result of neglect, indifference, carelessness (the most common cause of fire is careless smoking), or laziness, and we can do something about these things.

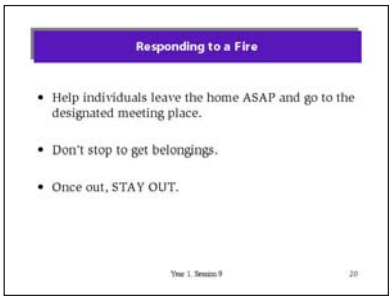
Preventing Fires

Residential sprinkler systems are the *best way* to provide life safety in a house fire. Such systems will suppress 9 out of 10 fires and provide a "window of opportunity" so that people have time to exit. Consider "rate of rise" smoke detectors in kitchens and garages, places more likely to have a fire where there is a sudden change of temperature with little smoke. Bedrooms and living rooms should have hard wired smoke detectors with battery back-up. Smoke detectors wired into an alarm system provide additional security. If the detectors are battery operated, they should be checked monthly, and batteries should be replaced at least yearly.

Fire prevention is a team activity. A number of things can be done to minimize fire hazards in the home.

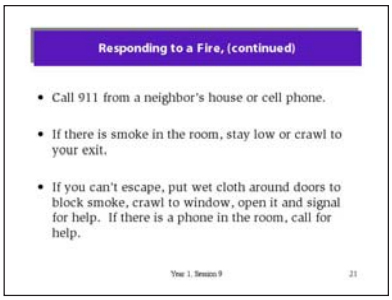
- Check smoke detectors monthly, and replace batteries annually or as needed.
- Use canned smoke, not an open flame, to test smoke detectors.
- Place fire extinguishers in appropriate places, such as the kitchen.
- Train staff to use fire extinguishers.
- Have fire extinguishers serviced periodically.
- Teach everyone in the home what to do if a fire occurs; for example, safely exiting the home.
- Windows in bedrooms should not be more than 44 inches above the floor to allow for egress.
- Do not allow smoking in bed. Even better, do not allow smoking in the house.
- Do not leave matches or lighters around.
- Set all cigarettes, smoked inside or outside the home, in an ashtray.
- Dispose of cigarette butts in a tin can with sand. Be careful not to empty this can just after burying a cigarette butt in the sand.
- Clean ovens and fireplaces on a regular basis.
- Do not overload electrical circuits.
- Do not use extension cords running under rugs.
- Repair frayed or shredded electrical cords immediately.
- Use extreme care with space heaters. Be sure the circuit is sized to handle the heater.
- Do not let rubbish (especially paper, rags, and old clothes) accumulate under stairs, in the attic, or in the basement.
- Keep flammable liquids in tightly closed metal containers, away from heat sources.
- Store any rags used to wipe up oil or paint in a tightly closed metal containers, or submerge them in water and dispose of them quickly.

Responding to a Fire



What to Do if You Smell Smoke or Discover a Fire

- **Show Overheads #20 and #21: Responding to a Fire** and review what to do.
- Remember to stay calm.



Fire Drills, Preparation and Planning

- Community Care Facilities are required to have drills regularly, with documentation of the results.
- DSP's should teach individuals living in a home care setting how to respond to a fire:
  - — React to an alarm by exiting along a path that avoids the fire.
  - — Remain calm and walk, crawl, or wheel out of the house.
  - — Once outside the house, go to the agreed-upon meeting point.

Homes Must Have Fire Escape Plans

- Review what belongs in a fire escape plan and encourage students to study the plan for their home:
  - — Floor plans, showing escape routes.
  - — A meeting point that is outside the home and away from danger.
  - — Specific roles and responsibilities of DSPs and residents.
  - — Location of multipurpose A-B-C fire extinguishers. A-B-C fire extinguishers can be used on all types of fires.

- Be sensitive to gas leaks. Call the gas company and get out of the house if you smell gas.
- Be careful with all electrical appliances and make sure they are in good working condition (hair curling iron, toaster, irons, or space heaters).
- Use proper wattage bulbs in lamps.

Responding to a Fire

Become acquainted with and use the prevention services of local fire departments. Disaster Plans should be checked out with fire department officials and revised according to recommendations made by these fire prevention experts.

What to Do If You Smell Smoke or Discover a Fire

Having a plan and practicing the plan is critical. A Disaster Plan should be simple. In an emergency, stay calm and take specific actions.

In case of fire:

- Ensure that the individuals in the home are safe by immediately helping them leave the home as fast as possible and go to the designated meeting place.
- Do not stop to get any belongings.
- Once out, STAY OUT. Never go back into a burning building for any reason. If someone is missing, tell the firefighters.
- Call 911 from a neighbor's house or cell phone.
- If there is smoke in the room, stay low or crawl to your exit.
- If you can't escape, put wet cloth or bath towels or fabric around doors to block off smoke, crawl to a window, and open it. Yell out the window for help and wave a sheet or cloth for attention. If there is a phone in the room, call for help.

Fire Drills, Preparation and Planning

Community care facilities are required to have fire drills regularly, and document the results. In preparation for drills, or in addition to drills, a lot of valuable teaching and learning is possible. Here are some things to teach individuals living in your home:

- Reacting to an alarm by exiting along a path that avoids the fire.
- Remaining calm and walking, crawling, or wheeling out of the house.
- Once outside the house, going to an agreed-upon meeting point, such as the edge of the street in front of the neighbor's house in order to be accounted for.

Homes Must Have Fire Escape Plans

Here are some things that belong in the plan:

- Floor plans, showing escape routes.
- A rendezvous point that is outside the home and away from danger.
- Specific roles and responsibilities of DSPs and residents.
- Location of multi-purpose, labeled "A-B-C" fire extinguishers.

An "A-B-C" fire extinguisher can be used on all types of fires: wood, cloth and paper fires; oil, gas and kerosene fires; and electrical fires as well. Other types of fire extinguishers work only on certain types of fires.

Homes Must Have Fire Escape Plans (continued)

- Fire extinguishers have a role if a fire is small and can be readily contained, but it is important for staff to follow fire escape plans.
- The fire escape plans should be practiced regularly and drills should be scheduled to cover various shifts.
- The more practice individuals have, the more likely they will act responsibly and safely in the event of a real fire.

Emergency Treatment for Burns

- While staff waits for assistance, it might be necessary to provide some immediate treatment for burns.
- Review types of burns and treatments.
  - — Minor burns: submerge affected area in water and apply a dry dressing if necessary.
  - — Second-degree burns: Immerse in cold (not ice) water and blot dry. You may apply sterile dressing and elevate the limbs. Do not use ointments.
  - — Third-degree burns: Best left to medical emergency staff. Leave clothing intact and watch for possible breathing complications. You might apply cold packs to face, hands or feet for comfort, but do not immerse burned areas in ice water.

Responding to a Fire (continued)

Fire extinguishers have a role if a fire is small and can be readily contained, but it is important for staff to follow fire escape plans. Practicing these plans should be a regular and frequent exercise for both staff and residents. Drills should be scheduled to cover various shifts, and some should be when individuals and staff are inconvenienced (in bed, taking a shower). The more practice individuals have, the more likely they will act responsibly and safely in the event of a real emergency.

A fire emergency is something none of us want to ever experience. By taking prevention seriously, we can avoid fires in most cases. Having a clear plan and practicing that plan frequently will offer more assurance that staff and residents will act responsibly and safely in an emergency.

Emergency Treatment for Burns

While staff is waiting for assistance, it might be necessary to provide some immediate treatment for burns. Minor burns (for example, sunburn or contact with hot objects) are treated by submerging the affected area in water and applying a dry dressing if necessary.

Second-degree burns—which are deeper and which often blister and appear to be wet—are treated by immersing in cold (not ice) water and blotting dry. You may apply sterile dressing and elevate the limbs, but avoid ointments.

Third-degree burns are those with complete loss of all layers of skin and a white, charred appearance. These are best left to medical emergency staff. In the meantime, leave clothing intact and watch for possible breathing complications. You might apply cold packs to face, hands, or feet for comfort, but do not immerse burned areas in ice water.

Activity: Identifying Fire Risks

- Groupings: Individuals or teams of students working in same home.
- Read directions aloud.
- Ask for volunteers to share potential fire risks and plans to manage those risks.

ACTIVITY

Identifying Fire Risks

Directions: Think about the home you work in. Are there unsafe conditions that could lead to fire? For example:

- *Are smoke detectors checked monthly?*
- *Are matches and lighters left out on counters?*
- *Do you know where the fire extinguishers are and how to use them?*
- *Are there piles of old clothes or newspapers in the home?*

In the "Description of Risk" column, write down specific unsafe conditions. Then think of possible actions that would eliminate or reduce the risks. In the "Plans to Manage Risk" column, write down ideas for how to minimize the risk of fire.

Description of Risk*	Plans to Manage Risk

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

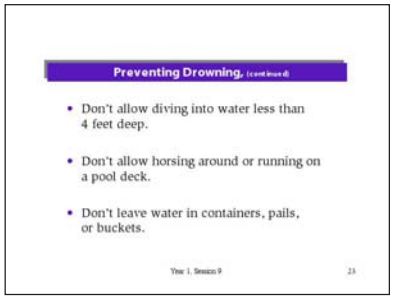
Drowning

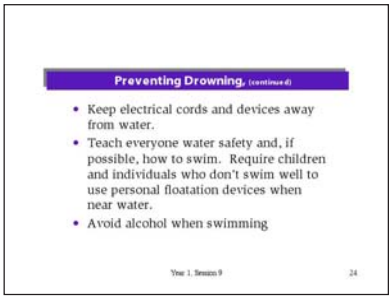
Facts About Drowning

- Review the Facts about Drowning.
- Near drowning is a term used when a person survives for at least 24 hours following such an event.
- Regional Centers provide services to over 500 individuals who have developmental disabilities caused by near drowning accidents.
- Individuals with developmental disabilities are at increased risk for drowning because of the lack of water safety awareness.
- Individuals with epilepsy are at increased risk, and suffering a seizure in the water can be fatal.

Preventing Drowning

- **Show Overheads #22, #23 and #24: Preventing Drowning** and review.





Drowning

Facts About Drowning

- Drowning is the second leading cause of unintentional injury-related death among children under the age of 15.
- Individuals can drown not only in natural bodies of water, but in bathtubs, swimming pools, and hot tubs.
- Drowning rates are three times higher in rural areas than urban areas.
- Alcohol use is involved in about 50 percent of adolescent deaths associated with water recreation.
- Males account for 92 percent of drowning deaths in the 15–19 year bracket.

Near drowning is the term used when a person survives for at least 24 hours following such an event. For each child who dies from drowning, approximately four children are hospitalized for near drowning. One-third of near drowning victims who are comatose upon admission to the hospital and survive suffer neurological impairment. Regional centers provide services to over 500 persons in California who have developmental disabilities caused by near drowning accidents.

Individuals with developmental disabilities are at increased risk for drowning because of the lack of water safety awareness. Individuals with epilepsy are at increased risk, and suffering a seizure in the water can be fatal.

Preventing Drowning

Community Care Licensing requires fences around swimming pools that are climb-resistant and at least four feet high. There must be locked gates and careful supervision of individuals in the water by someone trained and certified in water safety. Some additional precautions that prevent drowning include:

- Never leave a small child or adult with cognitive or physical challenges (spastic quadriplegia, seizures) in a bathtub, shower stall, hot tub, swimming pool, wading pool, irrigation ditch, or other body of water for any reason.
- Don't allow diving into water that is less than four feet deep.
- Don't allow rough play or running near a swimming pool.
- Do not leave water in containers, pails, or buckets.
- Keep electrical cords and devices away from water.
- Teach everyone water safety and, if possible, how to swim.
- Require all children and individuals who do not swim well to use an approved personal flotation device whenever riding on a boat or fishing and preferably while playing near a river, lake, or ocean.
- Avoid alcohol when swimming.

Helping with Transfers, Positioning and Lifting

- 2 Reasons for becoming more skilled at transfers, positioning and lifting:
  - — To prevent injuring the individual we are assisting.
  - — To prevent strain and injury to our own backs.

Lifting and Protecting One's Back

- Minimizing back problems calls for 2 things:
  - — Using our bodies properly when lifting, pushing or reaching.
  - — Practicing exercises to strengthen our backs.
- Review things you can do when lifting, pushing or reaching for something. Use examples and/or demonstrate the right movements using an object like a box or a book.
  - — Use wheel devices when possible.
  - — Push, don't pull, items.
  - — Move to the item, rather than reach for it.
  - — Squat, rather than bend over, to reach down for something.
  - — Turn, rather than twist, to go in a different direction (refer students to picture on S-17).
  - — Keep the natural curve of the spine intact (refer students to picture on S-17).
  - — Lift loads at about waist height (refer students to picture on S-17).

Helping with Transfers, Positioning, and Lifting

There are two reasons to become more skilled at transfers, positioning, and lifting. First, we do not want to injure the individual we are helping. Second, we do not want to injure ourselves. Assisting another person to move can put a great deal of strain on our bodies unless we practice the proper strategies. At some time during their lives, four out of five people experience back problems such as severe muscle spasms, strained back muscles, or a slipped disc. The DSP is no exception.

Amber is a young woman who uses a wheelchair. She is able to move the chair by herself, but requires assistance to transfer from her bed, another chair, or the toilet to her wheelchair. Direct Support Professionals who work in Amber's home have become used to lifting her into her chair. They do this on the average of six times a day, and she only weights about 95 pounds. While they know they should follow certain steps in assisting her, the DSPs are often in a hurry and take some short cuts. Phyllis, a DSP who has supported Amber for the past eight months, has recently begun to feel some pain in her lower back in the mornings. It seems that as she gets going, her back loosens up, so she's not that concerned about it. A couple of anti-inflammatory pills usually do the trick.

Lifting and Protecting One's Back

Unfortunately, Phyllis may be experiencing early signals that she is doing some damage to her back. Amber may not weigh much, but lifting 95 pounds in this way is putting a strain on Phyllis' back. How can Phyllis minimize back problems without leaving this job she absolutely loves?

Minimizing back problems calls for two things:

1. Using our bodies properly when lifting, pushing, or reaching.
2. Practicing exercises to strengthen our backs.

We can do a number of things when we have to lift, push, or reach for something, no matter how light the item is.

When lifting or moving an object:

- **Use wheel devices whenever possible.**
- **Push, don't pull, items such as a garbage container or a cart.**
- **Move to the item, rather than reach for it.**
- **Squat, rather than bend over, to reach down for something.**
- **Turn, rather than twist, to go in a different direction.**

  Twisting motions, especially with a heavy load, place considerable stress on the spine.

- **Keep the natural curve of the spine intact.**

  A commonly recognized problem is lifting loads from the floor. But overhead loads can also be hazardous. It is better to build platforms to store loads off the floor (above knee height) to eliminate bending over and to keep loads below shoulder.

- **Lift loads at about waist height.**

  Ideally, loads should be at about waist height when lifted. For example, ad-

Lifting and Protecting One's Back (continued)

- When possible, elevate tubs and install wall hung toilets to provide toe space to improve lifting.

Principles of Good Body Mechanics

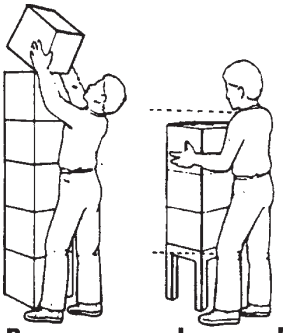
- Most were covered on previous page.
- In addition, hydraulic tilters, springloaded bottoms, and drop-down or removable sides on tubs and bins can eliminate back stress due to reaching into tubs and bins.

justable height stands can be used to raise pallets of boxes up and down to the right height (and also to accommodate employees of varying heights). Reaching down into tubs and bins is a common source of back stress. Possible solutions include hydraulic tilters, spring-loaded bottoms, and drop-down or removable sides.

- **When possible elevate tubs and install wall hung toilets to provide toe space to improve lifting.**

Principles of Good Body Mechanics

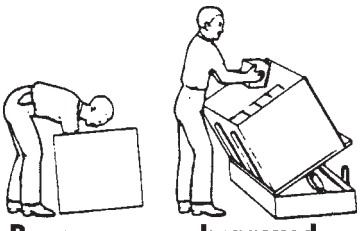
Keep the natural curve of the spine intact
A commonly recognized problem is lifting loads from the floor. But overhead loads can also be hazardous. It is better to build platforms to store loads off the floor (above knee height) to eliminate bending over, and to keep loads below shoulder height.



Adjustable-height "scissors lift"

Lift loads at about waist height
Ideally, loads should be at about waist height when lifted. For example, adjustable height stands can be used to raise pallets of boxes up and down to the right height (and also to accomodate employees of varying heights).

Reaching down into tubs and bins is a common source of back stress. Possible solutions include hydraulic tilters, springloaded bottoms, and drop-down or removable sides.



Eliminate twisting motions
Twisting motions, especially with a heavy load, place considerable stress on the spine. Improved layout is usually the best approach for eliminating this issue.

Helping Individuals with Abnormal Muscle Tone and Impaired Mobility

- Individuals vary in size, muscle tone, and control of their bodies. They also have different needs in regard to help in moving about.
- A plan should be devised for each individual.
- In any situation, when positioning or transferring someone, DSPs should follow these principles:
  - — Take time to plan.
  - — Ask the individual how he or she wants to be assisted.
  - — Encourage as much participation as possible by the individual you are assisting.
  - — Use equipment when possible.
  - — Team up with another person when a two-person lift is needed.
  - — Use good body mechanics, like the ones we just discussed.

Exercises for Preventing Back Problems

- Strengthening your entire body prevents future back problems and also improves your general health.
- Be sure to check with your doctor or other health care professional before starting the exercises.
- THESE EXERCISES ARE NOT RECOMMENDED FOR USE DURING AN ACUTE BACK PROBLEM OR SPASM. IF ANY EXERCISE CAUSES INCREASED OR CONTINUING BACK PAIN, STOP THE EXERCISE AND TRY SOMETHING ELSE. STOP ANY EXCERSIE THAT CAUSES PAIN TO RADIATE AWAY FROM YOUR SPINE INTO YOUR BUTTOCKS OR LEGS, EITHER DURING OR AFTER THE EXERCISE.
- You don't need to do every exercise.
- Start with five repetitions three to four times a day and gradually increase to 10.
- Do all exercises slowly.

Helping Individuals with Abnormal Muscle Tone and Impaired Mobility

Some Specific Transfer and Positioning Guidelines

Individuals vary in size, muscle tone, and control of their bodies. They also have different needs with regard to help in moving about. Some people need help turning in bed. Some need help to sit up. Some need help in scooting forward or backward in a chair or bed. Some need help moving from the bed to a chair, from a chair to the toilet, from a chair to bed, or from a chair (or bed) to the floor. Some need help walking from one place to another without falling.

A plan, for each individual with whatever training is needed for the DSPs and individual, should be devised.

Sometimes, a single helper can assist someone.

Sometimes, two or more people may need to work together.

Sometimes, mechanical aids such as a Hoyer lift may be needed.

In any situation, when positioning and/or transferring someone, DSPs should attend to the following principles:

- **Take time to plan.**

  Insure there is enough room to do the lift. Make sure you have good footing and light.
- **Ask the individual how he or she wants to be assisted.**
- **Encourage as much participation as possible by the individual you are assisting.**
- **Use equipment (boards, sheets, lifts, and so forth) when possible.**
- **Team up with another person when a two-person lift is needed.**
- **Use good body mechanics (good technique).**

Exercises for Preventing Back Problems

As a DSP, using proper techniques for lifting and moving people and objects is critical to ensure the safety of the individual being assisted as well as to prevent injury to you. You may also be able to help yourself by doing exercises to strengthen your back.

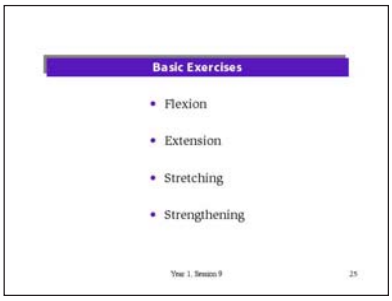
Strengthening your entire body prevents future back problems and also improves your general health. Many exercises and sports strengthen your arms and legs, and special exercises to strengthen your abdominal muscles are also encouraged. Keeping your body flexible helps you to use proper body mechanics that protect your back.

Be sure to check with your physician or other health care professional before starting the exercises.

THESE EXERCISES ARE NOT RECOMMENDED FOR USE DURING AN ACUTE BACK PROBLEM OR SPASM. IF ANY EXERCISE CAUSES INCREASED OR CONTINUING BACK PAIN, STOP THE EXERCISE AND TRY SOMETHING ELSE. STOP ANY EXERCISE THAT CAUSES THE PAIN TO RADIATE AWAY FROM YOUR SPINE INTO YOUR BUTTOCKS OR LEGS, EITHER DURING OR AFTER THE EXERCISE.

You do not need to do every exercise. Stick with the ones that help you most. Start with 5 repetitions three to four times a day, and gradually increase to 10. Do all exercises slowly. The basic types of exercises that can help your back include flexion, extension, and stretching and strengthening.

Exercises for Preventing Back Problems (continued)



- **Show Overhead #25: Basic Exercises.** The basic exercises on this page fall into four groups:
  - — Flexion
  - — Extension
  - — Warm up with movement and walking
  - — Weight resistance training
- Review exercises.
- This is a good opportunity to get students moving. Ask if students are interested in trying some of the exercises and lead them through a couple of simple ones, like the pelvic tilt and backward bend.

Exercises for Preventing Back Problems (continued)

Basic Exercises

The following basic exercises fall into four groups:

- **Flexion.**
  Flexion exercises stretch the lower back muscles and strengthen the stomach muscles.
- **Extension.**
  Extension exercises strengthen your lower back muscles.
- **Warm up with movement and walking.**
- **Weight resistance training.**
  Weight resistance training improves muscle tone and strength.

Flexion Exercises

Curl-Ups

Curl-ups strengthen your abdominal muscles, which work with your back muscles to support your spine.

- Lie on your back with knees bent (60 degree angle) and feet flat on the floor, arms crossed on your chest. Do not hook your feet under anything.
- Slowly curl your head and shoulders a few inches up until your shoulder blades barely rise from the floor. Keep your lower back pressed to the floor. To avoid neck problems, remember to lift your shoulders and do not force your head up or forward. Hold for 5 to 10 seconds (do not hold your breath), and then curl down very slowly.

Pelvic Tilts

This exercise gently moves the spine and stretches the low back.

- Lie on your back with knees bent and feet flat on the floor.
- Slowly tighten your stomach muscles and press your low back against the floor. Hold for 10 seconds (do not hold your breath). Slowly relax.

Extension Exercises

Press-Ups

Begin and end every set of exercises with a few press-ups.

- Lie face down with hands at shoulders, palms flat on floor.
- Prop yourself up on your elbows, keeping lower half of body relaxed.
- If it's comfortable, press your chest forward.
- Keep hips pressed to the floor. Feel the stretch in your low back.
- Lower upper body to the floor. Repeat 3 to 10 times, slowly.

Backward Bend

Practice the backward bend at least once a day and do it frequently when working in a bent forward position.

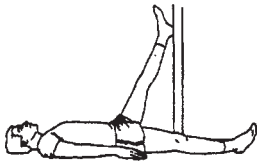
- Stand upright with your feet slightly apart. Back up to a counter top for greater support and stability.
- Place your hands in the small of your back and gently bend backward. Keep your knees straight (not locked) and bend only at the waist.
- Hold the backward stretch for one to two seconds.

Exercises for Preventing Back Problems (continued)

Exercises for Preventing Back Problems (continued)

Stretching Exercises

Hamstring Stretch



This stretches the muscles in the back of your thigh that allow you to bend your legs while keeping a natural curve in your back.

- Lie on your back in a doorway with one leg through the doorway on the floor and the leg you want to stretch straight up with the heel resting on the wall next to the doorway.
- Keep the leg straight and slowly move your heel up the wall until you feel a gentle pull in the back of your thigh. Do not overstretch.
- Relax in that position for 30 seconds, then bend the knee to relieve the stretch. Repeat with the other leg.

Hip Flexor Stretch

This stretches the muscles in the front of your hip, which avoids "swayback" caused by tight hip muscles.

- Kneel on one knee with your other leg bent and foot in front of you. Keep a natural curve in your back.
- Slowly shift your weight onto your front foot, maintaining a natural curve in your back. Hold for 10 seconds. You should feel a stretch in the groin of the leg you are kneeling on. Repeat with the other leg.

Strengthening Exercises

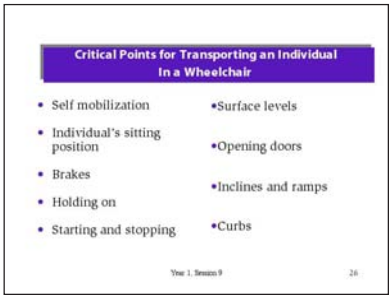
Prone Buttocks Squeeze

This exercise strengthens the buttocks muscles, which support the back and aid in lifting with the legs.

- Lie flat on your stomach with your arms at your sides.
- Slowly tighten your buttocks muscles. Hold for 5 to 10 seconds (do not hold your breath). Slowly relax.
- You may need to place a small pillow under your stomach for comfort.

Safely Transporting an Individual in a Wheelchair

- A wheelchair is an example of adaptive equipment that must be individualized for the individual using it.
- Our first consideration is to assist an individual to move and at the same time, to reduce the risk of injury when he or she uses the chair.
- **Show Overhead #26: Critical Points for Transporting an Individual in a Wheelchair** and review things to consider when assisting an individual to use a wheelchair.



Safely Transporting an Individual in a Wheelchair

Some of us have become so used to seeing people using wheelchairs that we forget that there are things we need to consider in terms of safety and comfort. A wheelchair is an example of adaptive equipment that must be individualized for the individual using it. Our first consideration is to assist an individual to move and at the same time, to reduce the risk of injury when he or she uses the chair. We also need to remember to include the individual so he or she can be part of any social interaction. In schools, some teachers have created wheelchair safety classes for peers who are interested in pushing their friends in wheelchairs. Completing this class and gaining a wheelchair safety license helps to ensure that no one is injured and that peers are demonstrating respectful behavior.

As we prepare to assist an individual to use a wheelchair, here are some critical points to consider:

- **Self-mobilization**: Does this individual want your assistance? Can the individual move himself or herself? If yes, encourage him to transport himself as much as possible.
- **Individual sitting position**: Before starting check for the following:
  - Are the individual's hips all the way back in the wheelchair?
  - Does the seat belt need to be attached?
  - Are footrests in place, and are the individual's feet on the footrests?
  - Are the individual's hands on the armrests or in his or her lap, away from the wheels?
- **Brakes:** Are the brakes locked prior to assisting an individual into or out of a wheelchair?
- **Holding on**: Are you grasping both push handles on the wheelchair firmly?
- **Starting and stopping**: Are you starting and stopping slowly, taking corners slowly, and maintaining a steady pace while moving? This is to avoid jostling the individual or throwing him or her off balance.
- **Surface levels**: Are you alert for changes in surface levels; for example, doorjambs or the floor of an elevator? Hitting a half-inch rise at standard wheelchair speed can bend the front casters and pitch the individual forward.
- **Opening doors**: Are you opening doors by stopping the wheelchair, opening the door by hand and slowly bringing the wheelchair through? Never open doors by pushing with the front of the wheelchair. This can damage the wheelchair's footrests, the individual's feet, or the door. If the door does not stay open on its own, hold it with one hand or your backside. Do not let the door bang the side of the wheelchair.
- **Inclines and ramps**: Are you ensuring that the individual's weight is always pushing back toward you on inclines? The individual's weight should always be pushing back toward you on inclines and ramps. Going uphill means pushing the individual; to go downhill, turn the chair around and walk backwards. In this manner, the individual's weight will push back toward you.
- **Curbs:** Are you using the large wheels to roll over curbs?
  - **Up curbs**—Stop at the curb, raise the front casters by pressing down on the foot lever, roll the front casters onto the sidewalk, and roll the large wheels over the curb by lifting slightly on the push handles as you push forward.

Medical Emergencies

- A medial emergency is an unexpected event calling for First Aid, followed by prompt medical attention.
- All emergencies call for a prompt response, either calling 911 or calling Poison Control and getting advice.

Emergency Action

- Always call 911 if the individual:
  - — Has bleeding that can't be controlled.
  - — Is or becomes unconscious, not related to a seizure.
  - — Has no pulse.
  - — Has trouble breathing or is breathing in a strange way.
  - — Has chest pain or pressure.
  - — Has severe injuries, such as broken bones as a result of an accident.
  - — Is choking (not breathing and not coughing).
  - — Has injuries to the head, neck or back.
  - — Has gone into shock.
  - — Has a seizure lasting five minutes or continuous seizures.
  - — Suffers electrical shock.
  - — Is drowning or near drowning.
  - — Has paralysis, numbness or confusion.
  - — Suffers severe burns that cover more than one part of the body or on the head, neck, hands, feet or genitals.
- Other reasons to call 911:
  - — Fire or explosion.
  - — Downed electrical wires.
  - — Swiftly moving or rapidly rising water.
  - — Presence of poisonous gas.
  - — Vehicle collisions with injuries.
  - — Shooting.
- When you call 911, tell them:
  - — Who you are.
  - — Where you are.
  - — What has happened.
- Stay on the phone until the dispatcher tells you to hang up.

– **Down curbs**—Always come down curbs facing backwards with the large wheels coming first. Maintain some upward pressure on the push handles as you pull the wheelchair toward you.

The above guidelines are from *The North Dakota Staff Training* manual, pp. 77–78), 1995

Medical Emergencies

A DSP is constantly making decisions, and one of the most serious decisions is to determine when medical attention is necessary.

> A medical emergency is an unexpected event calling for first aid, followed by prompt medical attention.

Some emergencies call for an immediate response to protect life.

All emergencies call for a prompt response, either calling 911 or calling a Poison Control Center (1-800-8-POISON) and getting advice.

Emergency Action:

Calling for help is often the most important action a DSP can take to help the individual in need of aid.

ALWAYS Call 911 if the individual:

- Has bleeding that can't be controlled.
- Is or becomes unconscious not related to a seizure.
- Has no pulse.
- Has trouble breathing or is breathing in a strange way.
- Has chest pain or pressure.
- Has severe injuries such as broken bones as a result of an accident.
- Is choking (not breathing and not coughing).
- Has injuries to the head, neck, or back.
- Has gone into shock.
- Has a seizure lasting five minutes or continuous seizures.
- Suffers electrical shock.
- Is drowning or near drowning
- Has paralysis, numbness, confusion
- Suffers severe burns that cover more than one part of the body or on the head, neck, hands, feet, or genitals

If an individual appears to have been poisoned, first call the Poison Control Center at 1-800-8-POISON (1-800-876-4766).

Call 911 if any of the following circumstances apply:

- Fire or explosion.
- Downed electrical wires.
- Swiftly moving or rapidly rising water.
- Presence of poisonous gas.
- Vehicle collisions with injuries.
- Shooting.

When you call 911, tell them:

- Who you are.
- Where you are.
- What has happened.
- When it happened.

Stay on the phone until the dispatcher tells you to hang up.

Medical Emergencies (continued)

What to Do Until Medical Help Arrives

- Until medical help arrives:
  - — Stay calm.
  - — Stay with the person.
  - — Maintain airway.
  - — Control bleeding.
  - — Treat for shock.
  - — Have a current medical history ready to give to the paramedics.

First Aid

- First Aid is required by Community Care Licensing regulations and is a great skill to have.
- The Red Cross and other organizations offer the classes.
- First Aid techniques include:
  - — Abdominal thrusts.
  - — Rescue breathing.
  - — CPR.

First Aid Supplies

- Every community care facility must have the following supplies at a central location in the home. Make sure you know where these supplies are located and how to use them.
  - — Current edition of First Aid Manual.
  - — Sterile First Aid dressings.
  - — Bandages or rolled bandages.
  - — Adhesive tape.
  - — Scissors.
  - — Tweezers.
  - — Thermometer.
  - — Antiseptic solution.

What to Do Until Medical Help Arrives

You've done the right thing calling for help. Whenever you are concerned about an injury or medical condition, calling for assistance is the right thing to do. While you are waiting for assistance, there are some very important things you can do to give the individual the best possible chance to recover.

Until medical help arrives:

- **Stay calm** so that you can reassure the individual and not add to fear and concern, which in and of itself is understandable, but not helpful.
- **Stay with the person.**
- **Maintain airway**, if necessary by tilting the head back.
- **Control bleeding**, by application of pressure or use of a tourniquet if necessary.
- **Treat for shock** by having the person lie down and by loosening clothing, covering with a blanket, and seeking medical attention.
- **Have a current medical history ready** to give to the paramedics including, at a minimum:
  - Name, date of birth, current address, and phone number
  - Current medications
  - List of allergies
  - Insurance information (for example, Medi-Cal card)
  - Information about what happened and when
  - Physician's name and telephone number

It is a good idea to have all health information, including a copy of the individual's health history and consent-to treatment forms, in a separate folder, available for DSPs to give to emergency personnel.

First Aid

Immediate, life-saving techniques are learned and are taught in First Aid and CPR classes. First Aid is required by Community Care Licensing regulations. In addition to First Aid, CPR is a great skill to have. The Red Cross and other organizations offer these classes. Medical emergencies call for action. Not being able to breathe and/or having no pulse call for immediate action on the scene.

First Aid techniques include:

- Abdominal Thrusts
- Rescue Breathing
- Cardio-Pulmonary Resuscitation (CPR)

First Aid Supplies

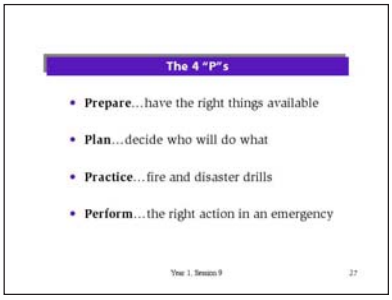
Every community care facility (CCF) must have the following minimum supplies at a central location within the home:

- A current edition of a First Aid manual approved by the American Red Cross, the American Medical Association, or a state or federal health agency.
- Sterile first aid dressings.
- Bandages or rolled bandages.
- Adhesive tape.
- Scissors.
- Tweezers.
- Thermometer.
- Antiseptic solution.

It is important that every DSP knows where these supplies are in the home and how to use them.

Environmental Emergencies: Fire, Earthquake, and Flood

- We can rarely predict environmental emergencies, but we can do our best to prepare for them.
- Some environmental emergencies are internal, such as when a fire occurs within the home.
- Other environmental emergencies are external, such as earthquakes, floods, tornadoes, toxic spills, or other events that interfere with essential services.
- **Show Overhead #27: The 4 "P"s** and review what DSPs can do to minimize the likelihood of an environmental emergency and to handle one well



Responding to Disasters

- Once a disaster occurs, there are 4 questions that must be asked:
  1. Are there injuries that require First Aid and medical attention?
  2. Does the home have to evacuated, or is it safe to occupy?
  3. Are there sources of food and water?
  4. Has the disaster interfered with public utilities, such as gas, electricity and communications?

Disaster Preparation

- **1st P: Prepare**
  — Every home needs to have critical supplies on hand because of the disruption environmental disasters create. Review the bullets on S-24 and S-25.

Environmental Emergencies: Fire, Earthquake, and Flood

We can rarely predict environmental emergencies, but we can do our best to prepare for them. How DSPs react in an emergency depends upon their recognition of potential risks, their skill in following the emergency plan, and their ability to remain calm in the face of uncertainty.

Some environmental emergencies are internal, as when a fire occurs within the home. Others are external, as when an earthquake, flood, tornado, toxic spill, or other event outside the home interferes with power, water, food supplies, or other essential services.

Some external disasters trigger internal ones as well, as when a flood damages a home or an earthquake triggers a fire.

External disasters, which include floods, earthquakes, high winds, toxic spills and the like, typically disrupt travel, communications, and basic utilities such as gas, water, and electricity and put an intense strain on emergency services, including medical care.

To minimize the likelihood of an environmental emergency and to respond well, a DSP needs to follow the "4 Ps":

- **PREPARE** … have the right things available.
- **PLAN** … decide who will do what.
- **PRACTICE** … fire and disaster drills.
- **PERFORM** … the right action in an emergency.

Responding to Disasters

Once a disaster occurs, there are four questions that must be asked.

- Are there injuries that require First Aid and medical attention?
- Does the home have to be evacuated, or is it safe to occupy?
- Are there sources of food and water?
- Has the disaster interfered with public utilities, such as gas, electricity, and communications?

Disaster Preparation

Following the "4 Ps" helps one minimize the likelihood of an environmental emergency and respond to such an emergency well.

PREPARE

Every home needs to have critical supplies on hand because of the disruption environmental disasters create. In addition to fire extinguishers and smoke detectors that every home should have, each household needs a number of other items, including:

- First Aid kit and First Aid book.
- Adjustable wrench for turning off gas and water.
- A battery-powered radio, flashlight, and plenty of extra batteries.
- Bottled water sufficient for the number of members in the household (1 gallon per person per day).
- A one-week food supply of canned and dried foods for each household member.

  NOTE: These should be replaced regularly: water every six months and canned goods once a year. These containers should, of course, be dated.
- Non-electric can opener.
- Portable stove such as butane or charcoal.
- Matches (NOTE: Do not light if there is any smell of gas).
- Credit cards and cash.
- An extra set of keys.

Disaster Preparation (continued)

- **2nd P: Plan**
  - — Again, Community Care Licensing requires all community care facilities to have a Disaster Plan.
  - — Refer students to Appendix 9-B to see what a blank disaster plan looks like.
  - — DSPs should assist in creating and refining the Disaster Plan.

- **3rd P: Practice**
  - — DSPs should know how to do the following things so that they will be prepared in case of an environmental emergency:
    - Turn off gas, water and electricity.
    - Provide First Aid.
    - Get individuals to the assistance they need.
    - Communicate with other staff.

- **The 4th P: Perform**
  - — It is always advisable to stay calm.
  - — Review the steps that one should take after an earthquake using the bullets on S-25.

- A current posted Disaster Plan, with information about relocation, Poison Control, and physician names and telephone numbers.

In addition, DSPs must have a number of items for each individual living in the home including:

- List of current medications being taken and prescribing physician.
- Currently prescribed medications on hand.
- Emergency information (for example, name, date of birth, home address, and phone number; name, address, and phone number of administrator; Medi-Cal or other medical insurance numbers; known allergies and food sensitivities; and name, address, and phone number of relatives or closest friends).
- Medi-Cal or other insurance card.
- Signed consent-to-treatment form, with phone number of the regional center or other placement agency.
- Other personal and health-related information in a readily accessible form.
- A change of clothing, rain gear, and sturdy shoes.
- Blankets or sleeping bag.
- Any needed adaptive equipment or assistive device (for example, wheelchair, extra pair of glasses).

PLAN

Community Care Licensing requires all facilities to have a Disaster Plan (see Appendix 9-B). DSPs should assist in creating and refining the home disaster preparedness plan. Participating in developing the plan makes it more likely that DSPs will understand the reason for actions they should take and may also result in identifying strategies for a more successful plan.

PRACTICE

Each DSP should know how to respond appropriately to an external disaster, and practice is the way this is accomplished. Knowing you need to turn off the gas is only useful if you know how to do this and have the tools to complete the task. DSPs should know how to:

- Turn off gas, water, and electricity.
- Provide first aid.
- Get individuals to the assistance they need.
- Communicate with other staff.

PERFORM

The nature of an external disaster will dictate how best to respond at the time. It is always advisable to stay calm. For example, in an earthquake, the best way to respond depends on where you are at the time. If you are inside a building, stay away from windows, stand in a doorway, or crouch under a sturdy desk or table. If you are outside, stand away from buildings, trees, and telephone and electrical lines. If you are in a car, drive away from underpasses or overpasses, stop in a safe area, and stay in the car.

After an earthquake, one should:

- Check for injuries and provide any needed first aid.
- Check for gas, water, electrical, or other breaks. Turn off utilities where danger exists (for example, if you smell gas, turn off gas near meter).
- Check for building damage (for example, around chimneys and foundations).
- Clean up dangerous spills (for example, glass or water).
- Turn on your radio and listen for instructions.
- Use the telephone only for emergencies.

Activity: Disaster Planning and Response

- Groupings: Pairs or small groups.
- Assign each group a particular type of disaster:
  - — Earthquake
  - — Flood
  - — Fire
  - — Tornado
  - — Toxic spill in the neighborhood
- You do not have to assign all of the above disasters to groups and can include others if you would like.
- Give each group a piece of chart paper and markers.
- Directions: Determine the best way to Prepare, Plan, and Practice for the disaster. Chart your team decisions on the wall chart paper and be prepared to present the plan to the large group. Other teams will critique the plan, so make sure you've covered everything.
- Ask teams to report back to the large group, and ask for comments and suggestions from the students.

ACTIVITY

Disaster Planning and Response

Directions: Using the disaster the teacher has given you, write down what you would do to Prepare, Plan, and Practice.

Prepare

What do you need to have on hand?

Plan

What steps will you take in the event of this disaster? (Be sure to be specific; for example, who will do what?)

Practice

Describe the plan for DSPs and consumers to practice steps.

Practice and Share

- Review your home's Disaster Plan.
- Answer the following questions:
  - — Is the plan up to date? If not, tell your administrator.
  - — Where are the emergency exits?
  - — Does the home have an "A-B-C" fire extinguisher? Is it charged? If not, tell your administrator.

PRACTICE AND SHARE

Review the Disaster Plan for the home where you work and do the following:

- Is the plan up to date? If not, tell your administrator.
- Locate the emergency exits.
- Does the home have an "A-B-C" fire extinguisher? Is it charged? If not, tell your administrator.

Quiz

Directions: The quiz consists of 10 questions. You will be given 20 minutes to answer them. Remember to fill in the oval that corresponds to the correct answer. We will review the answers as a class. As we review, mark the correct answers so that you can use them to study for the Test After Training.

Answers

1. *B*
2. *C*
3. *C*
4. *C*
5. *C*
6. *C*
7. *C*
8. *C*
9. *B*
10. C

End of Session 9.

Risk Management: Environmental Safety

1	A	B	C	D
2	A	B	C	D
3	A	B	C	D
4	A	B	C	D
5	A	B	C	D
6	A	B	C	D
7	A	B	C	D
8	A	B	C	D
9	A	B	C	D
10	A	B	C	D

1. **The DSP's single most important safety principle is:**
   A) Women and children first.
   B) Prevention is the Number One priority.
   C) Never take deep breaths while under water.
   D) There is no such thing as an "accident."

2. **Which of the following does not help reduce the risk of accidental injury?**
   A) Practicing proper body mechanics when lifting.
   B) Eliminating tripping hazards.
   C) Respecting cultural differences.
   D) Having good lighting.

3. **All potentially poisonous products found in the home must be:**
   A) Taken with five glasses of water, or more.
   B) Thrown out in the trash as soon as discovered.
   C) Kept separate from food items.
   D) Placed in tightly closed containers labeled "Weed Killer."

4. **The best protection to take for protecting lives in a fire is to:**
   A) Carry as much fire insurance as possible.
   B) Escape through an open window of opportunity.
   C) Equip the residence with a sprinkler system.
   D) Hide in a tightly closed closet until the fire truck arrives.

5. **Which one of the following is helpful in preventing drowning deaths?**
   A) Never leave less than three young children alone in a pool.
   B) Never dive into a pool unless it is filled with water.
   C) Individuals who cannot swim should wear flotation devices.
   D) Keep electrical cords and equipment completely under the water.

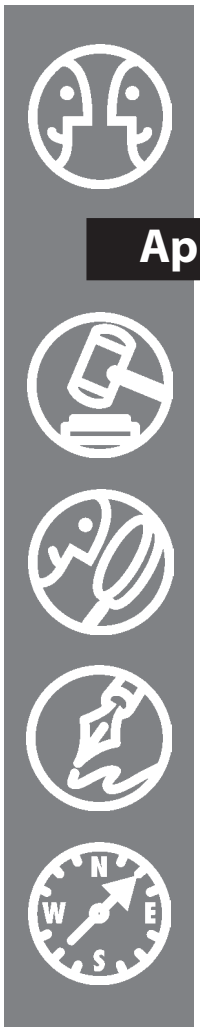
6. **Which one of the following is not a principle of good body mechanics?**
   A) Push items such as a garbage container or cart, instead of pulling them.
   B) Squat, rather than bend over to reach down for something.
   C) Twist to the right when lifting a heavy object.
   D) Move to an item rather than reach out for it.

7. **When moving an individual in a wheelchair along a ramp, the DSP should be positioned:**
   A) Along either side of the wheelchair, with one hand on the wheel and another hand grasping the upper arm of the individual.
   B) Between the top of the ramp and the wheelchair.
   C) Between the bottom of the ramp and the wheelchair.
   D) Either in front of, or behind, the wheelchair, depending on the steepness of the ramp.

8. **A pelvic tilt:**
   A) Requires immediate attention of a physician.
   B) Can be corrected by a backward bend.
   C) Involves tightening stomach muscles while lying on your back.
   D) Is the name of a technique used in lifting individuals into wheelchairs.

9. **A "medical emergency":**
   A) Is a serious accident that occurs away from the facility.
   B) Is an unexpected event requiring first aid, followed by prompt medical attention.
   C) Requires a triage nurse to determine what first aid is needed, when poison has been taken.
   D) Always requires immediate transportation to the nearest Emergency Room or Urgent Care Center.

10. **The "4 P's" of responding to an environmental emergency are:**
    A) Prepare, practice, perform, and prevail.
    B) Prepare, plan, propose, and prevent.
    C) Prepare, plan, practice, and perform.
    D) Prepare, propose, prevent, and perform.



Appendices

Appendix 9-A

Safety for Children

Safety for Infants

1. Never shake a baby!
2. Never leave an infant alone on a bed, changing table or other high object.
3. Always put crib rails up when stepping or turning a way from the infant.
4. Place a baby down to sleep on his or her back or on the side, with the lower arm forward to stop infant from rolling over.
5. Place a baby on a firm mattress and do not use fluffy blankets for comforters under the baby. Do not let a baby sleep on a waterbed, sheepskin, pillow, or other soft material.
6. Cover electrical outlets with childproof covers.
7. Make certain that wires and cords from lamps, appliances, etc. are not hanging where a child could easily pull them, causing something to fall.
8. Keep gates in front of steps and stairs.
9. Keep all medicine, household cleaners, and any other toxic substance out of the reach of children, in a locked cabinet.
10. Keep childproof latches on all drawers and cabinets to prevent an infant, toddler, or small child from opening.
11. Keep all plastic bags away from infants and small children.
12. Keep needles, safety pins, coins, beads and other small objects away from infants and small children.
13. Never give an infant or young child foods such as popcorn, peanuts, grapes raw vegetables, marshmallows, hot dogs or other items which may obstruct a child's airway.
14. Place hot coffee pot or other hot item in the center of the table. Do not place hot items on a table with a tablecloth, unless the child is supervised.
15. Never leave a child alone in a bathtub, or near other bodies of water, such as a fishpond or swimming pool. A child's small inflatable plastic pool can also be dangerous if the child is not supervised.
16. Use a sunscreen with an SPF of 15 or higher when taking an infant or child outdoors.
17. Always place an infant in a car seat, which has been properly installed. Place infant car seat in back seat.
18. Never leave a child alone near a lighted stove, fireplace, barbeque, burning candle or lamp.

Safety for Toddler and Preschooler

1. Keep all power and hand tools out of the reach of children.
2. If you have Venetian blinds with cords having loops at the end, cut the loop in order to avoid the child getting his or her neck caught in it.
3. Keep matches out of reach.
4. Always turn the handles of pots and pans towards the back of the stove.
5. Learn which plants are poisonous and keep young children away from them.
6. Be certain children are fastened in carriages and strollers.
7. Never leave a child alone in a carriage, stroller or shopping cart.
8. Never leave a child alone in the house or a parked car.
9. Children weighing up to 60 pounds or up to six years of age should ride in a car seat.
10. Never place a child in the front passenger seat with passenger side air bags.
11. Discard old refrigerators, freezers, or stoves or have the doors removed from them.
12. Never have firearms (loaded or unloaded) where a child can reach them.

Safety for School Age

Among school-aged children, motor vehicle accidents are the leading cause of death, followed by pedestrian injuries. A high percentage of non-fatal injuries are due to falls. Consideration for keeping school-aged children safe include:

1. Use seatbelts at all times in automobiles. See above section for placement of car seat or booster seat.
2. Use appropriate fitting helmets on all children riding bicycles.
3. Educate children about the danger of going into the street. Set boundaries. Use door alarms or other devices in home of children who may not understand and dart into the street.
4. Always have adult supervision when swimming.
5. Teach the child about appropriate interaction with strangers (getting into cars, answering doors, etc.)

Disaster Plan for Residential Care Facilities

Disaster Plan

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

EMERGENCY DISASTER PLAN FOR RESIDENTIAL CARE FACILITIES FOR THE ELDERLY, COMMUNITY CARE FACILITIES AND CHILD DAYCARE CENTERS

INSTRUCTIONS:
Post a copy in a prominent location in facility, near telephone.
Return a copy to the licensing office. Licensee is responsible for updating information as required.

NAME OF FACILITY	ADMINISTRATOR OF FACILITY

FACILITY ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)	TELEPHONE NUMBER
	( )

I. AFFIRMATION STATEMENT

AS ADMINISTRATOR OF THIS FACILITY, I ASSUME RESPONSIBILITY FOR THIS PLAN FOR PROVIDING EMERGENCY SERVICES AS INDICATED BELOW. I SHALL INSTRUCT ALL CLIENTS/RESIDENTS, AGE AND ABILITIES PERMITTING, ANY STAFF AND/OR HOUSEHOLD MEMBERS AS NEEDED IN THEIR DUTIES AND RESPONSIBILITIES UNDER THIS PLAN.

SIGNATURE	DATE

II. ASSIGNMENTS DURING AN EMERGENCY (USE REVERSE SIDE IF ADDITIONAL SPACE IS REQUIRED)

NAME OF STAFF	TITLE	ASSIGNMENT
1.		DIRECT EVALUATION AND PERSON COUNT
2.		HANDLE FIRST AID, AS NEEDED
3.		TELEPHONE EMERGENCY NUMBERS
4.		TRANSPORTATION, IF NEEDED
5.		OTHER (DESCRIBE)
6.		

III. EMERGENCY NAMES AND TELEPHONE NUMBERS (9-1-1 NOT ACCEPTABLE)

FIRE/PARAMEDICS	POLICE OR SHERIFF
RED CROSS	OFFICE OF EMERGENCY SERVICES
PHYSICIAN(S)	POISON CONTROL
HOSPITAL(S)	AMBULANCE
DENTIST(S)	CRISIS CENTER
CHILD PROTECTIVE SERVICES	OTHER AGENCY/PERSON

IV. FACILITY EXIT LOCATIONS (USING A COPY OF THE FACILITY SKETCH [LIC 999] INDICATE EXITS BY NUMBER)

1.	2.
3.	4.

V. TEMPORARY RELOCATION SITE(S)

NAME	ADDRESS	TELEPHONE NUMBER
		( )
NAME	ADDRESS	TELEPHONE NUMBER

VI. UTILITY SHUT—OFF LOCATIONS (INDICATE LOCATION(S) ON THE FACILITY SKETCH [LIC 999])

ELECTRICITY

WATER

GAS

VII. FIRST AID KIT (IF REQUIRED)

VIII. EQUIPMENT

SMOKE DETECTOR LOCATION (IF REQUIRED)

FIRE EXTINGUISHER LOCATION (IF REQUIRED)

TYPE OF FIRE ALARM SOUNDING DEVICE (IF REQUIRED)

LOCATION OF DEVICE

LIC 610 (10/92) (PUBLIC)