

Maintaining Health & Wellness

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THE NORTH DAKOTA STATEWIDE
DEVELOPMENTAL DISABILITIES
STAFF TRAINING PROGRAM

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MAINTAINING HEALTH AND WELLNESS

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Lesson 1: The Power of Observation in Maintaining Health

Objectives: Upon completion of the lesson, direct support professionals will be able to:

- Identify key elements in promoting good health and how these relate to individuals with disabilities receiving support.
- Identify which senses are used in observing signs and symptoms of illness/injury.
- Use descriptive language, communication that is precise and leaves little or no room for interpretation when describing health status.
- Recognize the important role that direct support professionals play in reporting changes in health status.
- Assist individuals to participate to the maximum degree possible in making, keeping and following through on health appointments.
- Support individuals with needed adaptive equipment and therapies.

A. What is Health?

Health is more than the absence of disease. In 1948, the World Health Assembly defined health as “a state of complete physical, mental, and social well-being...” Later the World Health Organization (WHO), an agency of the United Nations (UN) that coordinates international public health, stated that health is “a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities.” A combination of physical and mental well-being is necessary to achieve overall health:

Physical health is good bodily health, and is the result of regular exercise, a healthy diet, and proper rest.

Mental health refers to a person’s emotional and psychological well-being. The person is able to function and meet the demands of everyday life. Signs of mental health include the ability to handle normal levels of stress, maintain satisfying relationships, and lead an independent life; and being able to "bounce back," or recover from difficult situations.

Achieving health and remaining healthy is an active process. Health status changes over time. Some factors that affect health are beyond our control, but many are affected by our lifestyle choices and health practices.

B. Health Promotion

Staying healthy and improving one's health requires attending to the following elements:

Nutrition. A person needs the right vitamins, minerals, and other nutrients to stay healthy. A healthy diet can help protect against heart disease, bone loss, some cancers, and type 2 diabetes. Making small changes in eating habits can make a big difference in overall health and well-being. Choose My Plate is a general nutrition guide for recommended food consumption. Learn more at www.choosemyplate.gov



Strong Social Relationships are linked to good health conditions, a positive attitude, and a long life.

Frequent and Regular Physical Exercise is important for maintaining physical fitness including healthy weight; building and maintaining healthy bones, muscles, and joints; and strengthening the immune system. Exercise is also recommended for prevention of many diseases including cancer, heart disease, cardiovascular disease, Type 2 diabetes, obesity and back pain.



Hygiene and Infection Control practices help prevent infection and illness by limiting contact with germs. Personal care such as bathing removes dead skin cells and germs, reducing their chance of entering the body. Infection control practices such as hand washing before eating, washing food before it is eaten, cleaning food preparation utensils and surfaces before and after preparing meals, and many others reduce the chance of illness and infection.

Stress Management practices that increase a person's ability to tolerate stress include: exercise, getting enough sleep, healthy diet, and relaxation techniques. Skill building can reduce stress caused by frustration with certain tasks or activities. Learning problem solving, communication, and coping skills; and establishing routines helps reduce stress for many individuals with cognitive disabilities.

Health Care is the prevention and treatment of illness and the preservation of mental and physical well-being through the services offered by the health care professionals. This is a major responsibility of direct support and other professionals who support health outcomes for individuals with developmental disabilities.

Public Health Policies and Practices are activities that focus on preventing rather than treating a disease through surveillance of cases and the promotion of healthy behaviors. Vaccination programs are examples of public health measures.

C. Developing an Observational Mind Set

Many individuals with developmental disabilities are not able to tell us with words how they feel. But they can and often do tell us that something is wrong by a change in their behavior, appearance, or sounds they make. Often, the direct support professional is the staff that knows the person best and is able to pick up small changes that could be signs of illness.

Developing a keen observational sense is a very important aspect of recognizing when something goes wrong. In this module, you will learn various signs and symptoms of an illness or injury that may require further medical intervention. The first thing you will need to know is what the person is generally like. For instance, what do they look like, how do they smell, sound, feel, and react in a normal or healthy state?

You'll use all your senses to describe what is occurring.

Visual: You will be using the eyes to visually observe or inspect the individual or the affected part of their body. Observation of the person for any behavior that may indicate pain will also be important.

Auditory: You will be using hearing to identify changes in sounds in an individual (i.e., changes in breathing patterns, bowel sounds) as well as listening to what they are telling you with their words.

Smell: The sense of smell will be used to identify unusual smells, or odors

Touch: The sense of touch will help confirm what your eyes, ears, or nose describe.



The direct support professionals may become, in a sense, the eyes, ears, and nose for the supervisor, nurse, and physician. Through the direct support professional, health concerns regarding the person may first be recognized. Later, your observations and documentation will assist the nurse and physician in gathering significant information to make an

accurate diagnosis and develop an appropriate plan of care.

Direct support professionals, for the most part, will be working with persons who are healthy. However, some signals may alert you that there is something abnormal about how the person looks or acts. These changes may occur suddenly, or over the course of time. When you notice that something is different, it may be helpful to think about describing your observations by comparing them to how the individual usually behaves or appears. When you look at the person or think about what you are seeing, ask yourself, “**What is different from what I usually see?**” Here are a few questions you might ask yourself (District of Columbia’s Health Resources Project, 2005):

- Does he / she have a different **look on their face**? Tired, afraid, in pain?
- Is he / she sitting or **moving differently**? Protecting a hand or foot, refusing to take a position that is normal for him/her?
- Is there a change in the type of **sounds** a person is making? Are they more highly pitched? Or perhaps they are not making any sounds at all.
- What is his or her **temperature**?
- What is the person’s **breathing** like?
- What is the **color** of the person’s skin/complexion? Pale or red? Blue around the lips?
- **Have you seen this before**? When? What was going on?
- Has there been a recent **new medication**, adjustment to medication or diagnosis that might help explain the change?
- Sometimes a **significant change** in a person’s life or relationships will cause behavioral or physical signs. Has there been a death or loss of a person or a change in a routine?
- Is he / she **eating and drinking**? If so, is this different than their usual pattern?
- Is there a change in their **bowel or bladder** habits?
- Has there been a change in their willingness or ability to **participate** in activities?
- **When did you notice this change**? Did it just start today, or has this been a gradual change?

D. Health Status Indicators

Sometimes it is not enough to report what you see. Understanding why what you see may be important will make you a better reporter and allow the health care provider to treat the person appropriately. The health care provider needs to understand what is “normal” for that person and what is different now. Health status indicators that provide needed information to the health care provider include:

Health Related Habits. Smoking and drinking alcohol may cause a person to have health problems based on how often and how long they were used. Regular exercise is a healthy habit and lack of exercise may cause a person to have health problems. It is also important for a health care provider to understand a person's sexual activity to be able to provide testing or counseling if necessary.



Sleep is important in order to stay healthy. Lack of enough sleep can cause tiredness during the day and daytime napping. It is helpful for the health care provider to know when there is a change in a person's sleep pattern, whether it is an increase in the amount of time sleeping or a decrease. The health care provider may also want to know if the person:

- Has trouble falling asleep
- Has trouble getting comfortable without adding extra pillows
- Makes many trips to the bathroom during the night
- Wakes up several times during the night

Changes in Eating and Weight: Usually a person's weight does not change very much without a reason. We all tend to slowly gain weight as we get older and our metabolism slows. Other things that can affect weight include a change in activity level or medications. Weight loss when someone is not trying to lose weight is a concern. A big weight loss can mean that a person is seriously ill.

E. Using Descriptive Language



Your ability to observe clearly and pass on information in an objective and detailed manner is your best tool when assessing for signs and symptoms of an illness or injury. Often, direct support professionals describe the individual as "not himself" or "not right." They might call the nurse and say I think "something is wrong." How the change is described to the nurse or physician will make a difference in the medical professional's ability to understand the value of the observation, figure out what the problem is, and treat it.

When communicating about these important areas, you should use precise language that leaves little or no room for interpretation. The information you share with co-workers and others must be specific in order to be useful. Compare the phrases in

Column 1 below with the phrases and sentences in Column 2.

Column 1	Column 2
"Dan doesn't look right?"	"Dan's cheeks are usually pink and he is always smiling. Today his skin is very pale and he hasn't smiled all morning, even when Tom his favorite staff said, 'Good morning.'"
"Teresa isn't herself today."	"Teresa usually eats cereal and toast for breakfast. This morning she only ate a spoonful of cereal and then went back to bed. Tom said she ate a big supper last night."

Notice that all of the phrases and sentences in Column 2 above describe behaviors or actions that you could see happening when others do them.

The phrases in Column 1 are much more vague and general. They do not tell us precisely what the direct support professional has observed.

If you do use a general statement (such as "Dan doesn't look right"), be prepared to follow it immediately with a description of a specific behavior which demonstrates the truth of your general statement.



It is important to share the information with other staff and find out what they have observed also. Write down your observations and what other staff reported and inform your supervisor and/or agency nurse according to your agency policy.

Why is this so important? If communication about a person's program is not clear, the nurse may not understand the importance of your observation. Individuals receiving services have a right to timely and appropriate medical treatment. Using precise language helps the whole team support the person for the best possible health.

F. Assisting with Health Appointments

Direct support and other professionals who support health outcomes for individuals with developmental disabilities provide a range of supports with health appointments. The individuals should be involved in scheduling and keeping the appointment to the greatest extent possible. Teams may need to assist in determining how that person can take a more active role in the process. Examples of how the person's preferences can be honored include: asking the person what time of day they prefer for the appointment, selecting the health care provider, and choosing who accompanies them to the appointment.

Support the person in developing a method to keep track of and keep appointments. Something as simple as a calendar with a picture of a physician can help them be prepared for the next visit. Help the person arrange for transportation if you will not be providing it. Check on parking information and options for accessible parking if that will be needed. If the need arises to change or cancel an appointment, assist the person in notifying the health care provider as soon as possible.

Share information with the person about what to expect at the appointment. Support the person in thinking about questions and concerns he/she wants to ask at the appointment and collecting the information that will need to be shared with the health care provider. If the person has difficulty in new environments, and it is possible to do so, make a pre-visit to the health care facility with the person so they have some experience and knowledge of the environment before the actual appointment.



Be prepared for a lengthy waiting period before the appointment. Bring materials the person typically enjoys to help pass the time (i.e., portable game device, magazines, drawing supplies, etc.). If long waits are difficult for the person, visit with the health care provider to find ways to minimize the wait, perhaps the first appointment of the day or calling before leaving to find out if appointments are running on schedule.

At the appointment, introduce the person and yourself to the health care provider, if he or she doesn't take the lead on introductions. Support the person in summarizing the concerns and questions generated prior to the appointment. Encourage active participation by the person seeing the health care provider and facilitate active communication between the person and the provider. Ask questions until all information is understood. Restate the health care provider's assessment and treatment recommendations to ensure accuracy. If additional tests are needed, find out as much as possible about the recommendations. If future visits are recommended, find out what information the health care provider will want brought to the return visit, and what changes in the person's health status need to be reported before the next visit.

Document everything learned at the health care appointment as required by your agency policy. Work with the agency nurse and the individual's program coordinator to develop a plan to support the person in following through with the recommendations from the health care provider.

G. Assisting With Adaptive Equipment and Therapies

Some individuals with developmental disabilities may need support from adaptive equipment and therapies to enjoy optimal health and wellness. The major goals of adaptive equipment and therapies include:

- Improving the person's motor ability and functional skills (i.e. mobility, communication, self-help)
- Foster optimum appearance and integration of motor functions
- Preventing or correcting conditions that affect the person's current or future health and well-being
- Support intellectual and emotional development
- Support opportunities for inclusion and participation
- Support the individual to cope with the effects of their disability

The direct support professional's role in supporting individuals with these specific needs include:

- Carry out therapies and the use of adaptive equipment as defined in the person's plan.
- Consult with your supervisor or the person's program coordinator if you encounter any barriers to meeting the person's support needs for therapy or adaptive equipment.
- Document therapies and the use of adaptive equipment and orthotics as prescribed in the plan.
- Request training on how to assist with adaptive equipment or carry out therapies.
- Observe for changes and reporting them to the appropriate team member following the agency guidelines and timelines.

The main forms of intervention or treatments that staff may encounter are physical therapy, occupational therapy, and speech therapy.

The main goals of **physical therapy** are to develop good body alignment and to enable purposeful movement. These are often accomplished through exercises that involve stretching of specific muscle groups. In addition, orthotics (i.e., braces) and supportive pressure garments are sometimes used to promote independence.

Occupational therapy focuses on teaching the person manual skills (handling and manipulating objects) and activities of daily living. Adaptive equipment (i.e. plate guards, and built up handles on utensils and tooth brushes) are sometimes used.

Speech therapies are critical for enhancing the person's ability to communicate. In situations where the person is not able to communicate with speech, alternative communication methods are taught. Speech therapists are often involved in the evaluation of oral motor coordination, chewing and swallowing.

The need for evaluations by therapists can occur at any time in a person's life. A stroke, accident, or age related disorders can necessitate an evaluation by a therapist. Follow up support that is provided by direct support professionals embedded in the person's

daily routine is generally the most effective schedule for providing support. Therapists generally write the procedures for providing the therapy and train direct support professionals on how to provide them.

Positioning, Turning, and Transferring and *Supporting Communication* training modules in the Community Staff Training Program provide more extensive information on therapists and therapy.

Summary

It is part of the direct support professionals' role to monitor individuals and inform the nurse in the event you identify any health concerns. These observations will assist the person's health care professionals in their assessment of the person's condition. If direct support professionals have an idea of what to look for when someone shows signs of a change in his or her health pattern, they will be further ahead in planning for recovery.

Lesson 1: Feedback Exercises

1. Health is _____ than the absence of illness. It includes both _____ and _____ well-being.
2. Staying healthy is affected by many factors, including:
 - a. _____ consuming the right vitamins, minerals, and other nutrients.
 - b. Strong social _____
 - c. Frequent and regular _____
 - d. _____ and infection control
 - e. _____ management practices
 - f. _____ care. Prevention and treatment.
 - g. _____ policies and practices (i.e vaccines)
3. Why are observations by direct support professionals so important when supporting health outcomes for individuals with cognitive disabilities?
4. Which staff are most likely to be the first ones who will notice changes in health status?
5. List the four senses you will use to assess the signs and symptoms of an illness or injury, and one way in which they are used.
 - a.
 - b.
 - c.
 - d.
6. What is the most important question to ask yourself when you suspect that a person may not be feeling well?
7. Which of the following observations of signs and symptoms of illness by direct support staff are examples of a descriptive language, communication that is precise and leaves little of no room for interpretation?

- a. John's temperature was 101.6 degrees this morning. It was 98.6 when I checked it last night at 10 pm when he complained that his throat was sore. I gave him 2 Tylenol and the temperature is now normal and he said his throat feels better.
 - b. Terry didn't eat supper or breakfast. We had oatmeal for breakfast and that is his favorite. His temperature is normal. John said that he heard him go to the bathroom several times during the night. I asked Terry what was wrong and he pointed to his abdomen and said "Hurts."
 - c. Tom looks tired. He is just not himself today. Susan said she noticed it yesterday too. We think he is depressed.
 - d. David has a cold. Everyone else has one and now he got it also.
 - e. John threw up 4 times after supper. He slept all night without waking and ate some toast for breakfast. That was two hours ago and he has kept it down.
 - f. Elaine is pulling at her ear. I just noticed it this afternoon. I don't think she was doing it this morning. I asked her if it hurt and she didn't answer me. Her temperature is normal.
 - g. Susan has the flu.
8. Practice using descriptive language and rewrite the following staff reports.
- a. Darren fell and I think he hurt his ankle.
 - b. Jeffery has a poor appetite.
 - c. Teresa was sure upset at work today. Watch out.
 - d. Harold has that bug that everyone else had last week.
9. What are four strategies for supporting individuals with developmental disabilities to participate in their health care appointments?
- a.
 - b.
 - c.

- 10.** What are five responsibilities of direct support professionals in assisting individuals with needed therapies and adaptive equipment or orthotics?
- a.
 - b.
 - c.
 - d.
 - e.

Lesson 2: Body Systems

Objectives: Upon completion of the lesson, direct support professionals will be able to:

- Identify signs or symptoms of possible respiratory and/or circulatory problems that may indicate the need for further medical follow-up.
- Identify signs and symptoms that would indicate gastrointestinal problems.
- Identify signs/symptoms to note about possible problem areas of the genitourinary system.
- List symptoms/signs to watch for in the event of a problem with the nervous system.
- Recognize two signs or symptoms of a sprain or broken bone.
- Identify changes in the skin which need to be reported and those that need immediate medical help.
- Recognize signs and symptoms of illness or injury to the eyes and ears.

Illness is considered the opposite of health, and can affect not only the body, but also the mind. An illness may affect one localized area of the body, or it may also cause problems within a larger body system or affect the entire body.

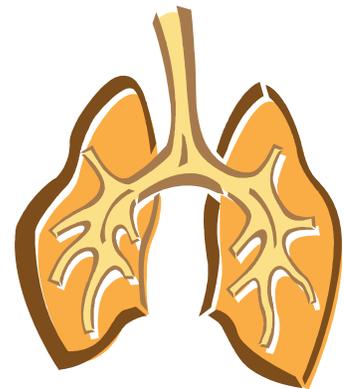
Overview of Body Systems

This section will look at the body systems and signs or symptoms which suggest a possible health concern. Each body system will be discussed separately. But keep in mind that all of the body systems are related. One system depends upon the others. You will see many overlaps in the symptoms listed. **We will use** the following system classifications:

Respiratory and Circulatory Systems: These body systems include the heart, lungs, and nose. They transfer food and oxygen to cells throughout the body and remove toxins from the body.

Gastrointestinal System: This system is involved in breaking down food so it can be absorbed and used by the body. The principle organs include the mouth, stomach, intestines, liver, and pancreas.

Genitourinary System: The urinary system filters the blood and stores and eliminates urine from the body. The kidneys, ureters, bladder, and urethra are included. The organs in the reproductive system are the testes for males and the ovaries for females.



Nervous System: The brain, spinal cord, and nerves are primarily responsible for controlling and regulating all the other body systems.



Muscular/Skeletal Systems: The muscles, tendons, cartilage, bones, and connective tissue make up these systems. They work together to support and protect the organs. They also make movement possible.

Skin and Sensory Organs: The skin is the largest organ of the body and includes the hair and nails. Skin is the protective covering for the body. Other sensory organs include the eyes, taste buds, and olfactory system (smell).

The rest of this lesson will look at each of these systems. Symptoms which may indicate a change in health status will be listed for each system. Direct support professionals that observe these signs may need to document in a written report or contact a health professional according to agency policy.

A. Respiratory and Circulatory Systems:

The organs in this system transfer nutrients and oxygen to cells throughout the body. Frequent colds, coughs, or problems breathing are not normal. Some chronic conditions (cardiac disease, asthma, allergies, and aspiration) may increase the frequency of these conditions. Report these symptoms according to agency policy. The person may need tests or medications to reduce the severity or frequency of symptoms:

Breathing - Generally, breathing is automatic. Respirations in healthy adults are regular, even, and noiseless. Direct Support Professionals should be alert to these changes:

- Is there a change in the breathing pattern? (An average adult breathes 16-20 times per minute.) Note if there is a change in their usual pattern. Are breaths quick, slow, shallow, or labored?
- Is the person having difficulty breathing?
 - Is it worse when the person lies down?
 - Does it get easier if he or she sits up?
 - Has the person swallowed something which may be blocking the airway?
- Is there a bluish color to their skin or mucous membranes? This might indicate the person isn't getting enough oxygen.
 - This can be a serious condition and an indication of poor circulation as the result of a heart problem.
 - If the person has this symptom while exercising or develops chest, jaw or

left arm pain, it is a more urgent situation.

- Is there an unusual odor to the air being exhaled?
 - Does the breath smell fruity, foul, or like alcohol?
- Are there any abnormal breathing sounds like wheezing, gurgling?

Runny Nose and Nasal Congestion - A runny nose is usually just an annoyance and will clear up on its own, but it can be a sign of something more serious. Signs and symptoms that should be noted include:

- Is the person sneezing?
- Is there any type of discharge from the nose?
 - What color is the discharge? Is it clear, yellow, green, or blood streaked. (The color of the discharge can sometimes help to indicate what type of problem the person has.)
 - Is the discharge thick or watery?
 - How long have the symptoms been present?
- Does the person have a fever?
- Is breathing difficult?
- Does the person have chills or are they sweating?
- Is there nausea or vomiting also?
- Does the person also have a severe headache, ear pain, or sinus pain ?
- Is the person unusually sleepy?
- Does the person also have a fever? How many days has the fever been present?
- Does the person have asthma or emphysema?



Coughing - Coughing is a reflex that keeps your throat and airways clear. Although it can be annoying, coughing helps your body heal or protect itself. Coughs can be either acute or chronic. Acute coughs begin suddenly and usually last no more than 2 to 3 weeks. Acute coughs are the kind you most often get with a cold or flu. Chronic coughs last longer than 2 to 3 weeks. When describing cough symptoms, report these observations:

- Is the cough nonproductive (doesn't produce any discharge from the lungs) or productive?
- What color is the discharge? Is there blood in the discharge?
- Is it a deep or dry, hacking cough?
- Is it worse at any time during the day or night? Does exertion or exercise make it worse?
- Does the cough have any specific or unique sound?
- How long has the cough been present?
- Does the person have trouble breathing or swallowing?
- Do you hear wheezing when the person breathes?
- Does the person also have chest pain?

Sore Throat – Most sore throats aren't harmful and go away on their own. Sometimes they can signal a more serious condition. Use the following observations to monitor sore throat symptoms:

- Do the symptoms last for several days?
- Is the pain severe?
- Does the sore throat get better but keep coming back?
- Does the person also have a cold?
- Has the person been around others with strep throat?
- Is it hard for the person to breathe, swallow, eat, or drink?
- Does the person have a fever?
- Does the person also have a skin rash?
- Does the person have a stiff neck?
- Is the person's voice muffled?

Allergic Reactions are very strong reactions to an agent. Common allergies include: insect bites, medications, foods, plant pollen, and latex. A severe allergic reaction is called anaphylactic shock. It can produce life-threatening respiratory distress and circulatory collapse. In such cases, a person should dial 911 or seek immediate medical care. If you observe these symptoms – report immediately according to agency policy.



- Is there severe swelling, redness, or a rash on the skin?
- Are hives present or is itching evident?
- Does the person have difficulty breathing or is he or she wheezing?
- Is there tightness in the chest or throat?
- Is the person irritable, dizzy, or confused?
- Is the person experiencing weakness, nausea, or low blood pressure?

Edema is swelling caused by excess fluid trapped in body tissues. Edema can affect any part of the body. It's most common in hands, arms, feet, ankles and legs. Ask yourself these questions when you observe edema:

- Is there a swelling of the person's hands, feet, face, etc.?
- What is the increase in size?
- Does the swollen area remain indented when you press it with a thumb?
- Is the swollen area warm, red and inflamed?
- Does the person have a fever?

Chest Pain – Pain in the chest does not always mean a heart attack. Other conditions can cause chest pain, but some of these problems can also be serious. Get immediate medical care if you have chest pain that does not go away, crushing pain or pressure

in the chest, or chest pain along with nausea, sweating, dizziness or shortness of breath. Find out and report:

- How does the person describe the pain: dull, sharp, crushing, burning?
- Does the pain come and go or is it constant?
- Does it radiate (spread out) or worsen by moving or deep breathing?

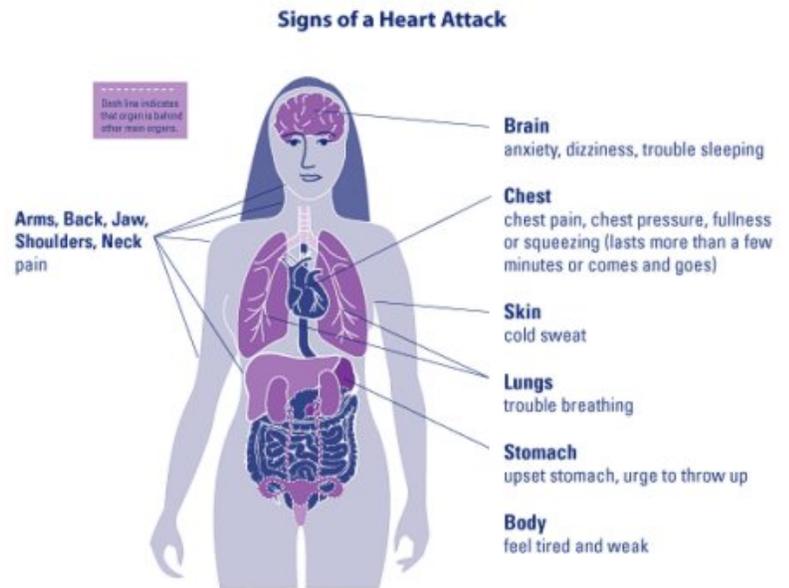
Heart Attack Symptoms. Some heart attacks are sudden and intense where no one doubts what's happening. But most heart attacks start slowly, with mild pain or discomfort. Often people affected aren't sure what's wrong and wait too long before getting help. Some signs that a person may be experiencing a heart attack include:

- Persistent chest pain or pressure that lasts longer than 3-5 minutes or goes away and comes back
- Chest pain spreading to the shoulders, neck, jaw or arms
- Shortness of breath or trouble breathing
- Nausea or vomiting
- Dizziness, light-headedness or fainting
- Pale, ashen (grayish) or bluish skin
- Sweating

If a person experiences any of these symptoms contact emergency personnel or 911.

Note: Both men and women experience the most common heart attack signal, which is chest pain or discomfort. But women are somewhat more likely than men to experience some of the other warning signals, particularly shortness of breath; nausea/vomiting; neck, back or jaw pain; abdominal discomfort, heartburn, sweatiness, lightheadedness, dizziness, or unexplained fatigue.

Stroke Symptoms - Stroke is a type of cardiovascular disease that affects the arteries leading to and within the brain. Early treatment can help prevent brain damage and death from strokes. Know the signs of stroke and act quickly.



The American Red Cross (2006) recommends that we use the acronym F.A.S.T for recognizing when a person may be experiencing a stroke. F.A.S.T stands for:

Face- Weakness on one side of the face. Ask the person to smile; this will show if there is drooping or weakness in the muscles on one side of the face.

Arm - Weakness or numbness in one arm. Ask the person to raise both arms to find out if there is weakness in the limbs.

Speech - Slurred speech or trouble getting the words out. Ask the person to speak a simple sentence to listen for slurred or distorted speech.

Time - time to call 911 if you see any of these signs. Write down the time that the signals began and call 911 right away.

If you or someone with you has one or more of these signs, don't delay! Immediately call 911. Also, check the time so you'll know when the first symptoms appeared. It's very important to take immediate action.

B. Nervous System

The brain, spinal cord, and nerves regulate all the other systems. Relevant signs and symptoms to observe in the nervous system include:

Seizures - Many individuals with developmental disabilities have seizure disorders. The symptoms may vary. A seizure in some people affects the entire body and result in losing consciousness. Other types of seizures consist of only minor eye blinking. As in other areas, it is important to know what is normal for this person. A change in the seizure pattern is important to report. Medications are the most common treatment to decrease the severity and frequency of seizures. It is possible for these medications to “build up” in the blood. This causes the person to become “toxic” or sick. People who are toxic may appear more tired or have difficulty maintaining their balance. Sometimes people may have a seizure as a result of being toxic.

A seizure disorder can occur at any time of life. The onset is most common during childhood and after age 65. It is very important to seek immediate medical attention for the first seizure. It may be of unknown cause or may result from a fall with a blow to the head. A new seizure disorder must be carefully looked at to rule out a brain tumor. There is a separate

training module in the Community Staff Training Program devoted exclusively to epilepsy and seizure control. This list only deals with major signs to observe.

- Is this the person's first seizure? (If it is the first seizure, seek immediate medical care.)



- What is the seizure like?
 - Is there rhythmic jerking of the body or a specific body part?
 - Is there a change in the person's level of consciousness?
 - Is the person repeating an activity, word, or phrase?
 - How long is the seizure?
- Does the seizure look like the person's previous seizures?
- Are the seizures more frequent or severe than in the past?
- If the person fell during the seizure, is the person injured?
- Is the seizure associated with a fever?
- Was the seizure preceded by a sudden, severe headache or other symptoms or signs of stroke – including weakness or numbness on one side of your body, vision loss, confusion, and coordination or speech problems?

Delirium - Is the person experiencing a state of confusion accompanied by agitation and hallucinations (hearing, seeing, smelling, or feeling things that are not observed by others)?



Dizziness

- Are there signs of unsteadiness or confusion?
- When is the person dizzy? For how long?
- Does the person experience the world spinning?
 - When? How long? Under what circumstances?
 - Did they throw up or feel nauseous?
- Is the person having trouble talking?

Fainting - Fainting is a temporary loss of consciousness. Unlike a seizure, the person who faints usually regains alertness soon after regaining consciousness. Fainting is caused by a temporary loss of the brain's blood supply. It can be a sign of a serious condition and should be reported according to agency policy. Provide the following information when you report fainting:

- Was the fainting preceded by any warning signs like dizziness, nausea, paleness, or sweating?
- Did the person experience a rapid loss of consciousness?
- What was the person doing just prior to fainting?
- How long is the person out or unconscious? (If the person is not fully recovered within five minutes, contact emergency personnel or 911).

Headaches - Although headaches are very common, they may be a sign of a serious condition and may require immediate medical attention. These observations will be helpful to note when you report on headache symptoms:

- Has the person reported a pain behind their eyes or radiating from the neck?
- Is there evidence of neck stiffness associated with the headache?

- Are headaches prolonged, severe, or recurring?
- Does the person seem confused, dizzy, or unable to concentrate?
- Is there a change in the person's speech or ability to walk?
- Does the person get relief from over-the-counter medications (Tylenol, aspirin, Ibuprofen, etc.)?

Head Injuries - A head injury is a general term to describe any trauma to the head and most specifically the brain itself. These symptoms may be also present in cases of a brain bleed not associated with injury or trauma. The person may or may not lose consciousness.

- Note the size and pattern of the pupils and their reaction to light.
 - Is one pupil getting progressively larger than the other?
- Is there repeated vomiting and is it projectile?
- Is there a change in the person's level of awareness?
 - Is the person confused?
 - Are there signs of drowsiness?
- Does the person complain of a headache that is constant, or increases in intensity and gets worse with movement or straining?
- Does the person have difficulty walking?
- Is there bleeding or clear liquid drainage from the nose or ears?

Insomnia - Most adults have experienced sleeplessness at one time or another. Insomnia is a symptom not a stand-alone diagnosis.

- Is there a problem with falling asleep?
- Is sleep disturbed? Is he or she moaning? Restless?
- Does the person wake up early and remain awake?
- How many times a week do these sleep problems occur and how long has it been going on?
- Does the insomnia interfere with the person's daytime activities and ability to function?



Level of Consciousness

- Is the person unaware or unresponsive to others and surroundings?
- Is the person oriented to person, place, and time?
- Is he or she alert to surroundings?
- Is the person having trouble following instructions?
- Can the person speak and move his or her arms and legs?
- Is the person experiencing problems with vision?

Paralysis - Paralysis is the loss of muscle function in part of your body. It happens when something goes wrong with the way messages pass between your brain and muscles. Paralysis can be complete or partial. It can occur on one or both sides of your body. It can also occur in just one area, or it can be widespread.

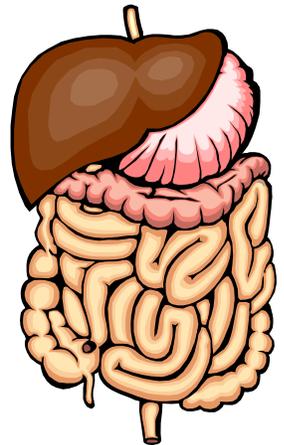
- Has the person lost the ability to move part or all of the body?
- Does it come and go?

Tremors - Tremors are caused by problems with the nerves supplying certain muscles. They may affect the whole body or just certain areas. Tremors may affect the hands, arms, head, eyelids, voice box, or other muscles. They rarely affect the legs or feet. The shaking usually involves small, rapid movements -- more than 5 times a second. The following information should be reported:

- What parts of the body are affected?
- Does it happen at rest, when moving or both?
- How fast, and how obvious is it?

D. Gastrointestinal System

This system is involved in breaking down food so it can be used by the body. It also rids the body of solid waste. Organs include: the mouth, stomach, intestinal track, pancreas, and liver. As with the other systems, an illness with the source in another body system may also cause symptoms that affect the gastrointestinal tract.



Gastrointestinal/bowel problems are a frequent complaint of people with developmental disabilities. Changes in the person may mean a chronic problem is getting worse or that a person has a new problem. The key is to know what is normal for the person. Bowel movements should occur frequently enough for the person to be comfortable. This may be daily for some and not less than every three days for others. Medication, illness, activity level, diet, and fluid intake may all change the pattern. Changes in bowel consistency and frequency are important signs to note. Frequent vomiting, burping and heartburn may indicate a developing problem with the stomach or esophagus (food tube). Symptoms or signs to be especially alert to the gastrointestinal system include the following:

Appetite - Any illness can affect the person's desire to eat. Report these observations:

- Is there an increased or decreased desire for food; or is there a total absence of appetite?
 - When did this change in appetite start?
 - Did it follow an upsetting event?

- How much food is the person actually eating?
- Are they having any swallowing, chewing, or eating problems?
- Has there been a weight change? (Usually a change of 5 pounds within a month should be reported to the nurse.)

Mouth and Teeth - Good dental health is vital to overall good nutrition and good health. Medications that treat seizures can cause the gums to swell and grow too much. Infections that start in the mouth can get into the blood and cause infections in other parts of the body.

Conditions to report include:

- Does the person's breath smell, even after proper tooth brushing?
- Do the gums bleed after brushing or flossing?
- Is the person sensitive to hot or cold food and drinks?



Heartburn/Gas - Heartburn is a painful burning sensation in the esophagus, just below or behind the breastbone. The pain often rises in the chest and may radiate to the neck or throat. The health care professional will want to know:

- Is the pain in the upper stomach or behind the breastbone? How long does each episode last?
- How often does the person have these symptoms? How long has it been occurring?
- Is the burning sensation accompanied by other symptoms (i.e., chest squeezing, crushing, or pressure)? If so, call 911 immediately.
- Has the person lost weight unintentionally?
- Does the pain worsen when eating or lying down?
- Do certain foods make the heartburn worse?
- Is there an acid-like taste in the mouth, burping, and belching?



Nausea & Vomiting - Most of the time, nausea and vomiting do not require urgent medical attention. A more serious condition may be present if the symptoms continue for days, they are severe, or if the person can't keep down any food or fluids. Many things can trigger vomiting, from headaches to kidney stones. Often, it is from something the person ate. Sometimes, just seeing someone else vomit or an odor can start a person vomiting. Most of the time, the cause of nausea and vomiting is a mild viral illness.

- Does the individual complain of or show signs of an upset stomach?
- Does he or she have an aversion to food?
- Does he or she feel like throwing up?
- If the person is throwing up, find out:

- How much?
- How often?
- What does it look like? Is there evidence of blood?
- Is the person causing him or herself to vomit? (For example, putting a spoon or a finger down their throat?)
- Is the vomit coming out forcefully?
- Was the person nauseous before throwing up?
- Did the person just eat something? What was it?

Abdominal Discomfort - Abdominal pain can be a sign of a minor temporary illness like a virus or it can be a serious problem like a blockage of the intestines. A person's report of pain should always be taken seriously. Your observations will be helpful in identifying the underlying cause of the pain.

- Question the person about the type of pain. Is it sharp, dull, burning, intermittent, does it shift, is it constant, is it localized to just one area or generalized to a larger area? Also check to see when it occurs or if it improves after eating.
- How bad is the pain? Can the person participate in their usual activity? Has the pain made this person stop what they are doing?
- Does the person's stomach bulge out?
- Does the abdomen feel hard to the touch or does it cause discomfort if it's touched?
- Does the person have an overall feeling of discomfort?

Stool (feces, bowel movement)

- Is there a change in the color, odor, consistency or frequency of bowel movements?
- Does the stool look black and tarry? (This may indicate possible internal bleeding.)
- Is the feces blood streaked or reddish?



Constipation - Some people think they are constipated if they do not have a bowel movement every day. However, normal stool elimination may be three times a day or three times a week, depending on the person. Constipation refers to infrequent or hard stools, or difficulty passing stools. Some people who are constipated find it painful to have a bowel movement and often experience straining, bloating, and the sensation of a full bowel. The stools are usually hard, dry, and small in size.

Constipation is a symptom, not a disease. Almost everyone experiences constipation at some point in their life, and a poor diet typically is the cause. Most constipation is temporary and not serious. These observations will be helpful to the medical professional:

- Is the person having difficulty or pain when passing stools?
- Is there an absence of stools?
- How long have these symptoms been present?
- Is the person experiencing abdominal or rectal pain?
- Did the symptoms come on suddenly?
- When having a bowel movement, what is the color and consistency of the stool?

Diarrhea - Many times people confuse a loose stool with diarrhea. A loose stool is soft, unformed and often watery. Diarrhea is generally defined as loose, watery stools that occur more than three times in one day and are accompanied by a sense of urgency. Signs and symptoms to watch for include:

- Is there an increase in the frequency of going to the bathroom?
- Is the person experiencing stomach cramps, loose, and watery bowel movements?
- Is there blood in the stool, or is there an abnormal color or odor?
- Has the person started a new medication recently?
- How long have the symptoms been present?

Hemorrhoids are distended veins in the rectum and can be caused by constipation or straining. Signs to watch for include:

- Is there pain or discomfort when having a bowel movement?
- Is there any bleeding noted on the stool, in the toilet, or on the toilet paper when the person has a bowel movement?
- Is there any swelling or distended external veins noted around the anus?

Poisoning

- Has the person eaten something that is thought, or known, to be poisonous or nonedible? (If so, immediately contact the National Poison Control Center and follow their recommendations 1 (800) 222-1222).



E. Genitourinary System

The genitourinary system has the job of regulating the balance of liquids between what a person takes in and what they eliminate. The average adult has a daily intake of fluids equal to 3 1/2 quarts and eliminates about the same amount. About 1 1/2 quarts are eliminated in urine and the rest through perspiring, breathing, and digesting. The

urinary system includes the kidneys, ureters, bladder, and urethra. The genital system involves the male and female sex organs. It is the system responsible for reproduction.

It is important to note the normal pattern for a person regarding their urinary or reproductive system. A change from the normal pattern needs to be reported to the health care provider.

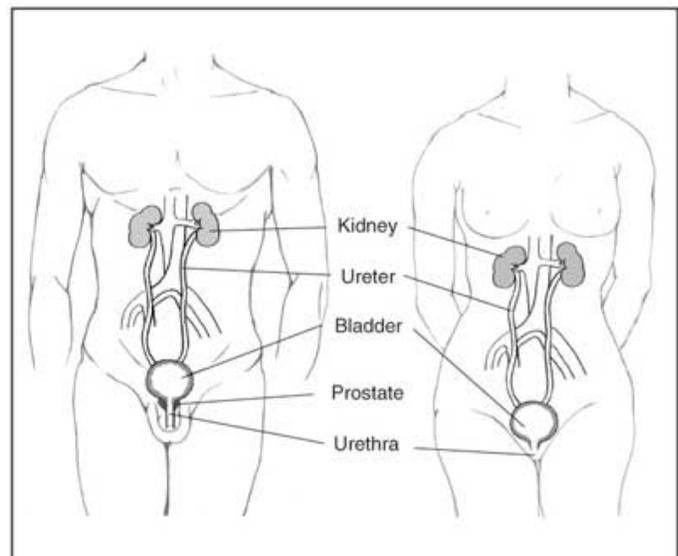
Urinary tract infections (UTI) are a common problem seen in many people especially if they are incontinent and wear protective underwear. People with diabetes also have a higher risk. Strong, foul odor, going to the bathroom frequently and burning on urination are all signs of a UTI. Increased frequency of incontinence may also be a sign of a UTI. Confusion in the elderly may also be a sign of UTI.

There are changes to a person's pattern of urination that are part of the normal aging process. For example, the prostate enlarges in many men. These men will report dribbling or difficulty starting and stopping urination. They may need to urinate more frequently.

Signs and symptoms of possible genitourinary system dysfunction include the following:

Urine

- Are there any unusual colors, odors, amounts?
 - Is the urine cloudy or milky?
 - Is there visible blood in the urine?
- Has the frequency of urination changed from the person's pattern?
 - Is he or she urinating frequently but in small amounts?
- Is the person having urinary accidents or incontinence that is not normal for him or her?
- Is there difficulty stopping or starting the urine stream?
- Is there a feeling that the bladder wasn't completely emptied?



Painful Urination

- Is the individual experiencing pain or discomfort when urinating?
 - Is it a burning sensation in the area of the bladder or urethra?
 - How long have the symptoms been present?

Discharge (drainage)

- Is there a substance coming from a body opening that is not usual?
- What is the color, consistency, amount, odor, and source?

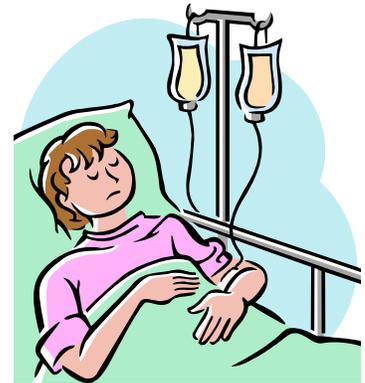
A woman's menstrual cycles generally has a pattern from month to month. Pain during a woman's cycle may limit her enjoyment of some activities. Changes in the cycle may be normal or indicate a new problem. Unusual vaginal bleeding or discharge requires reporting to the health care provider.

- A vaginal discharge is common for most women. Discharge may be more noticeable during the middle of the menstrual cycle (ovulation). Some women even find it necessary to wear a pad or panty liner because of the amount of discharge. Normal vaginal discharge:
 - Does not smell bad.
 - Is not accompanied by pain, itching, burning, or redness.
 - Varies with age, menstrual cycle, pregnancy, and use of birth control pills.An increase or change in the vaginal discharge, including gray, green, or yellow discharge should be reported

Genital Itching

- Is the person scratching at his or her groin?
- Is there itching in addition to a discharge?

Dehydration means that your body does not have as much water and fluids as it should. Anyone can become dehydrated, but some people are at higher risk. Older adults and some people with cognitive disabilities tend to eat less and may forget to eat or drink altogether. Some chronic illnesses such as uncontrolled diabetes and kidney disease and some medications compound the problem. Even a cold or sore throat can make a person susceptible to dehydration because you won't feel like eating or drinking when you are sick. Some signs to watch for, particularly if someone is experiencing vomiting and/or diarrhea are:



- Does the individual have dry, wrinkled, or loose skin and/or a dry, parched tongue or mouth?
- Is there a decrease in the quantity and frequency of urination?
- What color is the urine and is there an odor? The darker in color and stronger odor may indicate dehydration.
- Do the eyes look sunken?
- What other symptoms are present (vomiting, diarrhea) and how long have they lasted?

Sexual Organs/Both Men and Women

- Are there any visible lesions, rashes?
- Is there any discharge out of the nipples?
- Is there any report of sexual dysfunction?

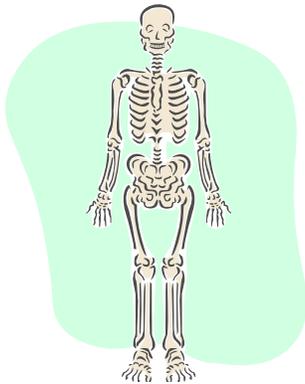
Sexual Organs/Men:

- Is there a change in the size of a testicle?
- Has someone reported a lump or bump on the testicle?
- Is there swelling of the scrotal area?
- Is there a discharge from the penis?

Sexual Organs/Women:

- Are there changes in the menses including the amount of flow, number of days in the cycle, spotting between periods, cramps, discomfort?
- Are there changes in the breasts including: changes in size, dimpling tissue, lumps or bumps, complaints of tenderness?

F. Musculoskeletal/Skeletal



The muscles, cartilage, tendons, bones, and connective tissue make up the frame of the body. They provide support and protection to the body. Our muscles and bones allow us to be mobile and participate in activities. As people age we adapt to the aches and pains of aging muscles, bones and joints by not walking quite as fast or shifting in our seat more often.

Many people we serve have bone deformity as a part of their lifelong disability. Some medications can weaken bones, increasing the risk of fractures. People who cannot walk or stand or who cannot participate in weight bearing activity are also more prone to osteoporosis (brittle bones).

Sometimes treatments or exercises are ordered to help the person maintain bone and muscle health. The health care provider will need to know what special shoes or equipment a person uses in order to have a clear understanding of how the symptoms affect the person. Signs and symptoms to watch for in the musculoskeletal/skeletal system include:

Unusual Gait –

- Is there a change in the person's ability to walk?
- Is he or she unsteady, staggering, stumbling, etc.?

Muscle Tone

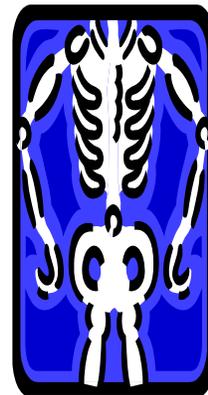
- Is there shrinkage or obvious wasting away of muscle?
- Are muscles soft, flabby, relaxed?
- Are muscles stiff, tensed?

Sprains, Strains, or Fractures (broken bones) - A sprain is an injury to a ligament that results from a fall, a twist or a blow to the body that forces a joint out of its normal position. A strain is an injury to either a muscle or a tendon. Depending on the severity of the injury, a strain may be a simple overstretch of the muscle or tendon, or it can result in a partial or complete tear. Fractures occur when the bone cannot withstand those outside forces. Fracture, break, or crack all mean the same thing. One term is not better or worse than another. The integrity of the bone has been lost and the bone structure fails.

Fractures can happen in a variety of ways but the most common are accidents including falls, car accidents, or sports injuries. Osteoporosis causes bones to become thinner and easily broken. Overuse sometimes results in stress fractures, typically in athletes.

Sometimes it is obvious that a bone is broken, but not always. An X-ray is often needed to determine whether the person's injury is a sprain or fracture. Assume the worst case scenario. **Treat every possible fracture as a fracture until proven otherwise.** Moving a person with a broken bone without providing support to the break can mean several months' longer recovery and/or lifelong mobility impairment. Be particularly cautious with a person whose bones are more fragile. This includes people with certain disabilities, long term medication use, older persons and people with limited mobility. If a sprain or fracture is suspected, report the following to the nurse:

- Is there pain or tenderness at the site of the bone?
- Is there swelling or bluish discoloration (bruising) of the skin after a fall/injury?
- Is the person unable to move the injured body part?
- Is there a false or unnatural movement, shape, or positioning of the limb?



X-Ray

Pain or Swelling in the Joints - A joint is where two or more bones come together, like the knee, hip, elbow or shoulder. Joints can be damaged by many types of injuries or diseases. Arthritis or simply years of use may cause a joint to wear away. This can cause pain, stiffness and swelling. Over time, a swollen joint can become severely damaged.

- Is there pain, tenderness, or aching at a joint?
 - Does the pain get worse with overuse?
 - Is the pain present at rest?
- Is the joint stiff or difficult to move?
 - Is the range of motion restricted?
- Is the skin red or warm to the touch?
- How long have these symptoms been present?

G. Skin

While not really a system, the skin is the largest organ of the body. It provides the protective covering for the other systems and filters disease-causing elements in the environment. The condition of the skin can also tell us about what is happening in the body. Skin should be in good repair, soft and elastic without rash and irritation. Dry skin may be the result of inadequate fluid intake or exposure to harsh conditions or products. Changing or growing moles and new lumps need to be reported and investigated as possible signs of skin or other cancers.

Frequently the faster a symptom becomes a problem the more urgent the problem. The occurrence of a new rash or a severely itchy rash should be reported. Often we know where the irritation comes from, a blister on a new shoe or a red mark from a brace. While these are small problems, they can be a big problem especially in persons with limited mobility or with other health conditions such as diabetes. Not knowing the source of a skin problem is much more serious.



Wounds include cuts, scrapes, scratches, and punctured skin.

- An abrasion is a wearing away of the upper layer of skin.

Cut refers to a skin wound with separation of the connective

tissue elements. Unlike an abrasion (a wound caused by

friction or scraping), none of the skin is missing the skin is

just separated. A cut is typically thought of as a wound

caused by a sharp object like a knife. The term **laceration**

implies a torn or jagged wound. Lacerations tend to be

caused by blunt trauma (such as a blow, fall, or collision). A

puncture wound doesn't usually cause excessive bleeding. Often the wound seems to close almost instantly. But a puncture wound can be dangerous because of the risk of infection.

When reporting breaks in the skin, include the following:

- Where is the break in the skin?
- Is it a scrape, a cut, or a puncture wound?
- How did it occur?
- What is the size?
- Is the wound jagged or does it gape open?
- Is it bleeding or oozing?
 - Does pressure stop the bleeding?

Wound Infection - When a break occurs in the skin some people will develop an infection. This can happen to anyone but it is more likely in persons with other health issues, the elderly, people with diabetes, people with limited mobility, and after hospitalization. These observations should be reported to a health care professional:

- Is there pain or swelling around the wound?
- Does the skin appear red or feel warm and/or tender?
- Is there pus - yellowish-white fluid coming from the wound?
- Does the person have an elevated temperature?



A red streak that travels up an extremity toward the heart should be reported immediately.

Animal or Human Bites - Animal bites rarely are life-threatening, but if they become infected, you can develop serious medical problems. Even if a bite does not break the skin, it may cause crushing and tearing injury to the underlying bone, muscles, tendons, ligaments, and nerves. Human bites carry a high risk for infection and should be reported. Because most pets in the US are vaccinated, most cases of rabies result from the bite of a wild animal, such as a skunk, bat, or raccoon.

- If an animal bit the person, what is the animal's immunization status?
- Do you see superficial scratches?
- Is there a jagged, tearing of the skin?
- Are there any small puncture wounds in the skin?
- Are there signs of infection?
- Is there sign of damage to tendons or nerves?
 - Is the person unable to bend or straighten the fingers?
 - Is there any loss of feeling?

Burns - Individuals with cognitive disabilities have an increased risk for injury due to burns for several reasons. Some medications increase sensitivity to the sun. Limit

exposure by using sun-screen, hats, and long sleeve light weight clothing. Some individuals also have a higher pain tolerance and/or an inability to sense temperature due to poor circulation. Direct support professions need to monitor the temperature of bath water and limit use of heating pads and other heat sources for at risk individuals.

Never use ointment to treat a burn unless directed to do so by a health professional. Answers to the following questions will assist the health professional in recommending treatment:

- Is the burned area red and painful (first degree burn/sunburn)?
- Is there a painful blistering of the skin, such as a burn from hot, scalding water or sunburn (second degree burn)?
- Is the burn severe, involving charred or crusted skin, which may or may not be painful?
- Did the burn occur from heat or chemicals (lye, acid, etc.)?

Chills/Cold Extremities - Chills refers to feeling cold after an exposure to a cold environment. It can also refer to an episode of shivering, accompanied by paleness and feeling cold. Chills may occur at the beginning of an infection and are usually associated with a fever. Chills are caused by rapid muscle contraction and relaxation, and are the body's way of generating heat when it feels that it is cold. Chills often predict the coming of a fever, or an increase in the body's core temperature. Important information to provide the health care professional can be gained by finding answers to the following observations:



- Is the person cold and shivering involuntarily?
- Did the chills happen only once or are there many separate occurrences?
- How long does each attack last?
- What color is the skin?
- How is the person dressed/positioned?
- What is the temperature of the surroundings?
- Does the person have an elevated temperature?
- Did the chills begin suddenly?
- What other symptoms are present?

Frostbite is damage to the skin and underlying tissues caused by extreme cold. Hands, feet, noses, and ears are most likely to be affected. Anyone exposed to freezing cold for a prolonged period of time is at risk for frostbite. However, people taking beta-blockers, smokers, and people with diabetes are more susceptible. Assess the following symptoms and report your findings:

- Is the skin red, warm, tender, swollen, and itchy?
- Was the condition caused by exposure to cold, windy weather?
- Is the skin white, firm, or waxy in appearance or are blisters present?
- Is the person complaining of numbness?

Heat - There are three types of heat-related emergencies. Heat cramps are the least severe. Heat exhaustion is an early indicator that the body's cooling system is becoming overwhelmed. Heat stroke is a later stage where the body systems are overwhelmed by heat and stop functioning. Observe for the following signs:

- Is the person experiencing painful muscle spasms of the legs and/or abdomen?
- Is the skin cool, moist, pale, ashen or flushed?
- Does the person have a headache, nausea/vomiting, or dizziness?
- Does the person complain of weakness or exhaustion?
- Is there an exceptionally warm area on the body? Where?
- Is the person sweating or not?
- Has the person's level of consciousness changed?*
- Is the skin red, hot, and dry?*
- Is there vomiting?*

The last three symptoms may signify a life-threatening condition. Follow your agency's recommendations.

Insect Bites and Stings - Most reactions to insect bites are not serious. The immediate reaction is generally an itching or stinging sensation and mild swelling. A delayed reaction might include a fever, hives, painful joints and swollen glands. Some people have a severe allergic reaction to insect bites and stings. This is a life-threatening allergic reaction and requires urgent emergency care. Severe reactions can affect the whole body and may occur very quickly, often within minutes. These severe reactions can be rapidly fatal if untreated. Call 911 if you are with someone who has difficulty breathing, swelling of the lips or throat, faintness, dizziness, confusion, hives, nausea, cramps, irritability and vomiting. While waiting for the ambulance, check for special medication that the person might be carrying to treat an allergic attack.

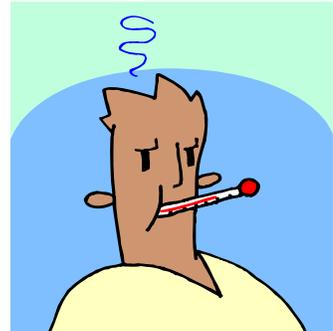


Rash - A rash is an area of irritated or swollen skin. It might be red and itchy, bumpy, scaly, crusty or blistered. Rashes are a symptom of many different medical conditions. Things that can cause a rash include other diseases, irritating substances, and allergies. Contact dermatitis is a common cause of rashes. It causes redness, itching and burning where you have touched an irritant, such as a chemical, or something you are allergic to, like poison ivy. Some rashes develop immediately. Others form over several days. If you scratch your rash, it might take longer to heal. The treatment for a rash usually depends on its cause. Rashes could be signs of

many things like, allergy to a medication or substance, a skin condition like eczema or a serious illness like chicken pox. Observations that will assist the medical professional in treating a rash include the following:

- Where is the rash located?
 - All over the body or confined to certain parts?
 - Is the rash confined to an area near a wound, insect bite?
- What is the color, height, diameter, and composition of the rash? (Red, pustules, etc.)
- Does the rash itch? Is it tender? Is there a discharge?
- How long has it been there?
 - Did it appear suddenly?
 - Did the rash start with a single scaly spot and within a few days increase in size or spread?
- Has the person recently started a new medication?
- Was the person exposed to new clothing, perfume, or is a new laundry detergent being used?

Fever - Normal body temperature can vary depending on the individual, the time of day, and even the weather. For most people, a temperature of 98.6°F is baseline. A fever is higher-than-normal body temperature. It is a symptom caused by a variety of illnesses. It is usually not harmful; a normal reaction to infection or inflammation. Infants and children tend to run higher temperatures when ill than adults do. When observing a person with a fever make the following observations:



- Does the person feel hot to the touch?
- Is the temperature elevated? How much?
- Is there any stiffness in the neck or shortness of breath?
- How long has the fever continued?
- Did the fever clear for more than one day and then recur?

Excessive Perspiration - Is the person sweating more or less than usual?

Skin Color Changes

- Is the skin a bluish color, especially on the lips and fingertips?
- Is the skin pale, yellow, red, gray, pink, flushed, or blotchy?
- Is there a change in the elasticity of the skin?
- Does the skin return to normal when pinched and released?

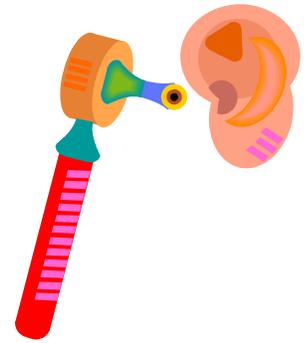
Other Skin Changes - Normally, skin cells grow and divide to form new cells. Every day skin cells grow old and die, and new cells take their place. Sometimes, this orderly process goes wrong. New cells form when the skin does not need them,

and old cells do not die when they should. These extra cells can form a mass of tissue called a growth or tumor. A change of the skin is the most common sign of skin cancer. This may be a new growth, a sore that doesn't heal or a change in an old growth. Sometimes skin cancer is painful, but usually it is not. Not all skin cancers look the same. Report anything new including the following:

- Is there a dark bump that may have started within a mole or blemish, or, is there a spot or mole anywhere on the person's skin that has changed in color, size, shape or is painful or itchy?
- Is there a fleshy, growing mass on or near the person's nose, eyes or other areas that have been exposed to the sun, such as the back or chest?
- Is there an unusual growth on the face, lip or chin that is red, scaly or crusted?
- Are there dark or black raised spots anywhere on that skin that keep growing or have appeared recently?
- Is there a sore that does not heal?

H. Sensory Organs

Vision and hearing are very important to a person's ability to be involved in and benefit from their daily activities. Many individuals with developmental disabilities have conditions that affect their vision and hearing. Aging causes some expected changes. Usually this happens gradually and we need to be very observant to notice changes. Any sudden change is an urgent situation.



Ears - A variety of conditions may affect your hearing or balance. Ear infections are the most common illness in infants and young children. Tinnitus, a ringing in your ears, can be the result of loud noises, medicines or a variety of other causes. Meniere's disease may be the result of fluid problems in your inner ear; its symptoms include tinnitus and dizziness. Some ear disorders can result in hearing disorders and deafness.

- Is there evidence of ear pain, such as a verbal report, pulling at ears, hitting head by ears, loud screaming, etc.?
- Is ear pain accompanied by fever?
- Does the pain last for more than one day?
- Does the person complain of ringing in his or her ear or that the ear itches or feels full?
- Is there redness and swelling of the outer ear and the surrounding skin?
- Is there discharge or draining from the ear? If so, what is the color, amount, odor?
- Does the person also have a headache?
- Is there redness behind the ear or tenderness when you touch the bone behind the ear?

- Does the person show signs that they are not able to hear (failure to follow directions that they previously could do; inappropriate responses to questions; volume turned up on the television; isolation)?
- Is the person dizzy or does he/she have trouble walking?



Eyes - Eye pain or redness and changes in vision may be signs of a problem that requires medical attention. Some eye problems are minor and fleeting. But some lead to a permanent loss of vision. Anyone may develop problems with their eyes or vision, but individuals who are aging and people with diabetes are at a greater risk. Diabetes is the number one cause of blindness in the United States. Seek medical attention right away if there is a sudden change in vision, eye pain, fluid coming from the eye and

inflammation. The medical professional will want to know:

- Are pupils constricted (like pin points), fixed and dilated (enlarged), unequal in size, or not reacting to light?
- Do eyes appear cloudy, red, pink?
- Are the eyes glazed, and is the person staring off in the distance?
- Is there excessive blinking, squinting, or difficulty in opening the eye?
- Is the person complaining of pain or discomfort in or around the eye?
- Is the white of the eye pink, red or irritated?
- Is there any discharge or matting of the eyelids?
- Is there excessive tearing or lack of tears/dry eyes?
- Is there any swelling?
- Does the person have thick nasal drainage and pain or pressure on the forehead and eyes?
- Does the person also have a fever?
- Is there a firm, painful lump in the eyelid or a tender "pimple" on the edge of the eyelid?
- Is the skin around the eye scaling?
- Did the person recently injure his or her eye?
- Does the person experience a headache as well as eye pain?

Vision - The best defense is to have regular checkups, because eye diseases do not always have symptoms. Early detection and treatment could prevent vision loss.

- Is there a reported change in the visual field?
- Is the person straining to see things further away or closer?
- Is he or she holding reading materials further away or closer?
- Are there complaints of visual difficulties, flashes of light, or blurred vision?
- Is the person sensitive to light?

Nose - The nose filters the air you breathe and warms and moistens the air to keep

your lungs from drying out. The nose contains the nerves that help your sense of smell. When there is a problem with your nose, your whole body can suffer. For example, the stuffy nose of the common cold can make it hard for you to breathe, sleep or get comfortable. The nose is vulnerable to injury, including fractures. Infections, nosebleeds, and polyps also can affect the nose. The mucous membrane of the nose may become inflamed. This inflammation may spread to the sinuses.

After age 50, the ability to smell and to taste gradually begins to decrease. The membranes lining the nose become thinner and drier, and the nerves involved in smell deteriorate. Older people can still detect strong smells, but detecting subtle smells are more difficult.

Runny Nose and Nasal Congestion - See page 16

Nosebleed -

- Is there blood coming from the nose?
- When is it happening? What is the amount? How long does bleeding continue?

Lesson 2: Feedback Exercises

1. For each body system, indicate the major organs and the primary function:

a. Respiratory/Circulatory System

Major organs:

Primary function:

b. Gastrointestinal System

Major organs:

Primary function:

c. Genitourinary System

Major organs:

Primary function:

d. Nervous System

Major organs:

Primary function:

e. Muscular/Skeletal System

Major organs:

Primary function:

f. Skin and Sensory Organs

Major organs:

Primary function:

2. Describe normal breathing:
3. If a person has a runny nose or nasal congestion, what questions should you find the answers for to include in your description of symptoms?
4. If a person has a cough, what characteristics should you describe to give the agency nurse the information he/she needs to provide or seek treatment?
5. List 5 symptoms combined with nasal congestion, sore throat or cough that might signal something more serious?
 - a.
 - b.
 - c.
 - d.
 - e.
6. List 5 symptoms of a severe allergic reaction/anaphylactic shock that signal a medical emergency:
 - a.
 - b.
 - c.
 - d.
 - e.
7. _____ is swelling caused by excess fluid trapped in body tissues. It can affect any part of the body. Direct support professions should report whether or not the swollen area remains _____ when pressed with the thumb.

8. Get immediate medical care if you have _____ pain that does not go away, crushing pain or pressure in the chest, or chest pain along with _____, sweating, dizziness or shortness of _____.
9. List four indicators of stroke as recommended by the American Red Cross:
 - a.
 - b.
 - c.
 - d.
10. What action should you take if you see signs that could indicate stroke?
11. List 3 signs/symptoms that may indicate possible head injury:
 - a.
 - b.
 - c.
12. What mouth and tooth symptoms should be reported to the nurse?
 - a.
 - b.
 - c.
13. If a person has heartburn, what characteristics should you describe to give the agency nurse the information he/she needs to provide or seek treatment?
14. Under what circumstances is nausea considered serious?
15. _____ is generally defined as loose, watery stools that occur more than three times in one day and are accompanied by a sense of urgency.
16. _____ are distended veins in the rectum and can be caused by constipation or straining.

17. _____ is a state of confusion accompanied by agitation and hallucinations (hearing, seeing, smelling, or feeling things that are not observed by others)?
18. The average adult has a daily intake of fluids equal to _____ quarts and eliminates about the same amount.
19. What are three signs of a urinary tract infection?
 - a.
 - b.
 - c.
20. What type of vaginal discharge should be reported?
21. _____ means that your body does not have as much water and fluids as it should.
22. What physical symptoms might indicate dehydration?
 - a.
 - b.
 - c.
 - d.
23. What conditions place a person at risk of dehydration?
24. How can one determine whether the person's injury is a sprain or fracture?
25. What are signs and symptoms of a possible fracture?
 - a.
 - b.
 - c.
 - d.
26. Frequently the faster a symptom becomes a problem the more _____ the problem.
27. A _____ wound doesn't usually cause excessive bleeding. Often the wound seems to close almost instantly. But this type of wound can be dangerous because of the risk of _____.

28. What symptom of infection is considered a medical emergency?
29. Why are individuals with cognitive disabilities at increased risk of injury due to burns?
 - a.
 - b.
 - c.
30. _____ are caused by rapid muscle contraction and relaxation, and are the body's way of generating heat when it feels that it is cold.
31. What are possible signs of frostbite?
32. If a person has a rash, what characteristics should you describe to the nurse to the information he/she needs to provide or seek treatment?
33. What changes in the skin need to be reported?
34. What are some nonverbal signs and physical signs that a person might be experiencing ear pain or other problems with the ear?
35. _____ is the number one cause of blindness in the United States.
36. What eye conditions require immediate medical attention?

True and False

- _____ 1. Common allergies include insect bites or stings, medications, certain foods, pollen, and latex.
- _____ 2. All heart attacks are sudden and intense.
- _____ 3. Call for emergency medical help if you observe a seizure in someone who has not been diagnosed with a seizure disorder.
- _____ 4. If a person faints and is not fully recovered within five minutes, contact emergency personnel or 911.
- _____ 5. A person who does not have a bowel movement every day is constipated.
- _____ 6. A change of two pounds in a month is considered significant and cause for concern in a healthy adult.
- _____ 7. A person's report of pain should always be taken seriously.
- _____ 8. Treat every possible fracture as a fracture until proven otherwise.

- _____9. Normal body temperature is 98.6 degrees for everyone.
- _____10. Direct support professionals need not report changes in moles as long as the person is not experiencing pain

Lesson 3: Reporting Emergency and Non-Emergency Health Conditions, and Pain Behaviors

Objectives: Upon completion of the lesson, direct support professionals will be able to:

- Identify emergency situations that require immediate medical intervention.
- Identify two methods individuals may use to show pain behavior.
- State the responsibilities of the team and the direct support professional when he or she suspects that an individual is using medical complaints as attention seeking behavior.

Reporting Life Threatening Situations

Most of the situations direct support professionals deal with will consist of monitoring changes that progress or evolve over time. There may be occasions when they will need to handle a health-related emergency. There are no strict rules about what constitutes an emergency, but some conditions will require emergency intervention.

If any of the following occur, you should seek immediate medical assistance:

- Bleeding excessively and uncontrollably
- Breathing that is obstructed or that has stopped
- Heart stopping
- Loss of consciousness (unrelated to a typical seizure activity for that person or isolated fainting episode)
- Severe injury from an accident
- Uncontrollable behavior that is a danger to the individual or others
- Deep burns
- Persistent pain in abdomen
- Vomiting and passing blood
- Head/neck/back injury
- Symptoms of poisoning
- Broken bone protruding through the skin
- Sudden severe headache
- Slurred speech



Emergency situations are considered to be life threatening. Your role is to seek immediate medical assistance to save someone's life. The 911 emergency number and any other relevant emergency numbers should be posted by all phones.

Be familiar with your program's policies and procedures for reporting emergencies (i.e., what, when, and how to document).

Reporting Health Threatening Situations

Other situations may not be considered life threatening but warrant contacting the supervisor and/or nurse. Whenever you have questions or concerns regarding someone's health, you should contact your program supervisor or nurse.

If you answered "yes" to questions posed in the signs and symptoms sections or find that standing order medications and normal comfort measures do not relieve symptoms (such as aspirin and rest relieving a headache), you should contact your supervisor and/or medical personnel. Be sure that you have gathered as much information as possible beforehand, so you can relate accurate information. Use the questions in the Signs and Symptoms chapter to identify important features of each symptom.

Be prepared to explain any interventions you have made and listen carefully for directions from the medical personnel. Follow up as instructed and continue to watch the person for any changes in the condition.

Common sense is the best guide as to when to act and how. Be thorough in examining changes which may suggest an illness or health condition. Remember, a person may not always be able to clearly report when there is something wrong.

If any of these emergency or nonemergency situations meet the definition of a "serious event" as described in the North Dakota abuse, neglect, and exploitation policy (DDD-PI-006), your agency is responsible for implementing risk management and contacting your regional Protection and Advocacy representative.

Review your program's policies and procedures for reporting non-emergency health situations including where and how to document observations, actions, and follow-up.

Paying Attention to What You See and Hear

Individuals will experience and report pain in as many different ways as there are people. Interpreting pain behavior may be especially challenging with people who have disabilities. There is a wide variation in how certain disabilities affect the way a person experiences pain. Also certain disabilities interfere with the person's ability to explain what is happening to them. You will need to be pay attention to changes in behavior and any observable signs of illness to compensate for sometimes unreliable



reporting by the people you support. Two areas to be aware of are pain thresholds and communicating pain.

Pain Thresholds

Pain is a subjective and personal experience. Each person's threshold for pain is different. Many people with disabilities (especially those with severe disabilities) do not respond to or express pain as you might expect. As a result, an injury or illness may become very serious before it is noticed by others. Direct support professionals need to carefully observe individuals for any signs of illness/injury and any change in what is typical for each person.

Less frequently, some individuals will express pain for something that would not necessarily be painful to most people. Some direct support professionals interpret this as an attention-seeking behavior. Be careful not to dismiss such a report simply because it may seem to be behavioral in nature. Ignoring complaints because we mistakenly think they are attention seeking could delay treatment, cause the person to needlessly suffer, and allow the condition to become more serious, even life threatening. If the individual is using medical complaints as attention seeking behavior, the team needs to conduct a functional analysis and determine the need for a teaching plan to assist the person to learn more appropriate ways to gain attention. A direct support professional's responsibility is to report what you see and hear, not make a determination about whether or not the complaint is valid.



Communicating Illness

Some individuals with disabilities will be able to let direct support professionals know when they are in pain. Others may feel something different or painful, but not know exactly what is happening or not be able to communicate it. Getting to know the people you work with is probably your best tool to understanding pain behavior in each person. Trust your instincts. If someone who typically is happy and responsive, is grumpy or listless, there may be something physically wrong. Likewise, if someone has a history of aggressive behavior by hitting the wall but all of a sudden starts hitting his head, there could be a medical concern. Just remember, when in doubt, probe a little further and ask more questions.

Report these changes in health status according to your agency policy. Some changes can be reported in writing, other changes require a phone call to the agency nurse for directions. Still others require emergency action by calling 911 and following the emergency first aid steps you have learned.

Lesson 3: Feedback Exercises

1. If any of the following occur, you should seek immediate medical assistance:
 - a. _____ excessively and uncontrollably
 - b. _____ that is obstructed or that has stopped
 - c. _____ stopping
 - d. Loss of _____ (unrelated to a typical seizure activity for that person or isolated fainting episode)
 - e. Severe _____ from an accident
 - f. Uncontrollable behavior that is a _____ to the individual or others
 - g. Deep _____
 - h. Persistent _____ in abdomen
 - i. Vomiting and passing _____
 - j. Head/neck/back _____
 - k. Symptoms of _____
 - l. Broken _____ protruding through the skin
 - m. Sudden severe _____
 - n. Slurred _____

2. Whenever you have questions regarding the health of an individual, which two persons should you contact?
 - a.
 - b.

3. List two ways in which you can identify that someone with a disability is experiencing pain.
 - a.
 - b.

4. If any of these emergency or nonemergency situations meet the definition of a _____ as described in the North Dakota abuse, neglect, and exploitation policy (DDD-PI-006), your agency is responsible for implementing risk management and contacting your regional _____ representative

5. What problems might occur if complaints of pain are ignored because staff think they are attention seeking behavior?

6. What should be done if it is believed that an individual is using medical complaints as attention seeking behavior? State what action the team should take and the action required of the direct support professional.

Lesson 4: Infection Control

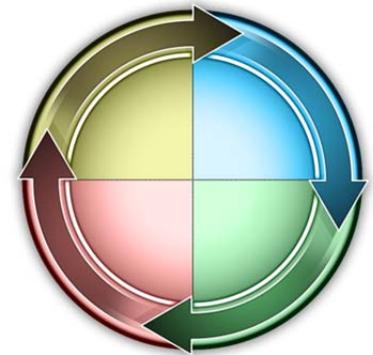
Objectives: Upon completion of the lesson, direct support professionals will be able to:

- Identify the four components of the infectious disease process.
- Identify what role prevention plays in infection control.
- Identify the importance of thorough hand hygiene, including the correct procedure and times when hands should be washed.
- Identify at least four body fluids to which standard precautions apply.
- Identify at least four body fluids to which standard precautions do not apply.
- Identify at least four general universal precautions.
- Identify the correct procedure to be used when cleaning and disinfecting contaminated surfaces.
- Identify the correct procedure for cleaning and disinfecting food contact surfaces.
- Identify the correct procedure for handling contaminated laundry.
- Identify the two main goals of infection control.
- Identify what steps should be taken in the event of an accidental exposure to someone's blood or body fluids.

The Infectious Process of Illness & Disease

Direct support professionals can prevent and/or minimize the risk of spreading illness and disease to themselves and others. The infectious process can be visualized like a continuous circle that has four main components which include:

- An invading organism that causes the illness/disease.
- The invading organism's host or place to live and grow.
- The invading organism's method of leaving the host.
- The invading organism's method of entering a new, susceptible host.



The Invading Organism

For an infectious process to begin and continue, there first has to be an “invading organism.” The organism that causes the illness can be a virus, bacteria, fungus, intestinal parasite or other small micro-organism. The type of organism causing the illness will determine what symptoms, illness, or reactions the infected person will display.

The Invading Organism's Host

The invading organism finds a "host", or place to live and multiply. The three general types of hosts are: human beings, animals, and non-human/non-animal sources. For example: the host for Lyme disease is the deer tick; the host for tetanus is contaminated dirt; and the host for chicken pox is a human being. For the invading organism to live and thrive, the "host" must be "invader friendly".

The Invading Organism's Method of Escape

For the invading infectious process to continue, it must have a way to leave the host and a means to enter a new host. Some of the paths that organisms leave the host are through the:

- Respiratory tract, responsible for breathing. In humans, this is how chicken pox and influenza are spread.
- Intestinal tract, responsible for elimination of waste. Illnesses spread this way include dysentery or hepatitis A.
- Genitourinary tract. Diseases like gonorrhea and syphilis can be spread through this path.
- Blood or specific bodily fluids. Hepatitis B and AIDS are spread this way.
- Breaks in the skin. An illness spread this way is tetanus.



Entry into New At-Risk Host

For the invading organism to continue to be dangerous it must find a new vulnerable host. Whether or not the person is susceptible to the invading organism depends on a number of factors including:

- The amount of the invading organism that is present at the time of exposure.
- The length of time the host is exposed to the organism.
- The person's overall physical and emotional health and their body's ability to fight off the infection.

Infection Control

Steps taken to protect others from infectious diseases are referred to as "infection control." The primary goal of infection control is to prevent illness or disease by preventing the infectious disease chain of events from continuing. The second major goal is to provide early detection, intervention and referral.

As a direct support professional you are responsible for implementing these procedures as well as teaching and assisting the people you support to follow them.

Prevention and Controlling the Transmission of Illness and Disease



The primary goal of infection control practices is to prevent illness or disease by stopping or preventing the infectious disease process from continuing. Infection control practices attempt to break the infectious cycle at each step.

Preventative methods include:

- A. Standard precautions
- B. Immunizations
- C. Early Detection, Intervention and Referral

A. Standard Precautions

Standard Precautions are a set of infection control practices that are used to reduce transmission of microorganisms. Standard Precautions protect *both* direct support professionals and the people they support. Standard precautions are applied to all people regardless of their diagnosis or and whether or not the person is known to have an infection. Standard Precautions should be used for all people, all the time.

Standard precautions consist of:

1. Using protective barriers when exposure to blood, body fluids, excretions, secretions (except sweat), mucous membranes, or non-intact skin is anticipated.
PPE includes:
 - Gloves – when hand contamination is anticipated.
 - Masks and eye protection – when splashes may occur.
 - Gowns – when soiling of skin or clothes may occur.
2. Hand hygiene (hand washing with soap and water or use of an alcohol-based hand sanitizer) before and after patient contact and after contact with the immediate patient care environment.
3. Avoiding accidental cuts.
4. Environmental controls

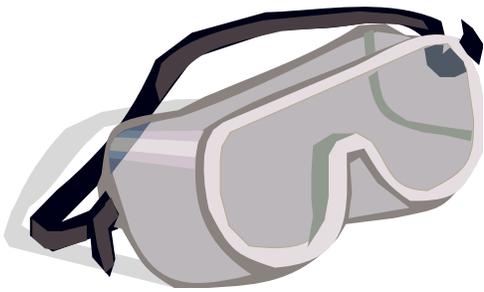
1. Protective Barriers

It is essential to wear protective barriers when it is likely that you will come in direct contact with blood or any of the identified body fluids to which universal precautions apply. Protective barriers include:

Gloves: You should use gloves when hands may become contaminated with blood, body fluids, excretions, or secretions **or** when touching mucous membranes or non-

intact skin, **or** contaminated surfaces or objects. The type of gloves can either be vinyl or latex (when providing direct care) or general purpose utility gloves for housekeeping tasks.

- Vinyl or latex gloves must be changed between person to person contact as well as when you change tasks in assisting the same person (i.e., change gloves after assisting the person with bathing before assisting him or her with tooth brushing or medication.)
- Latex and vinyl gloves should never be washed, they are intended as single-use gloves.
- General purpose utility gloves (rubber gloves) used for housekeeping tasks may be reused after they have been washed and disinfected. They should be checked to make sure that they are not cracked, peeling, or discolored and that they do not have holes or tears in them. They should be thrown away if any of these occur.
- Remember that hand washing should occur every time you remove gloves, regardless of whether you've handled blood or body fluids.



Protective face or eye wear: (These can include goggles, glasses, and/or disposable face masks.) The eyes and mucous membranes should be protected from splashes or sprays of blood or body fluids because of the risk of infection caused by possible exposure. **Eye wear is to be worn whenever splashes of blood or body fluids in the eyes are likely. Masks should be worn if it is likely that splashes of blood or body fluids in the mouth might occur.**

Gowns, aprons, or other protective clothing. The type of outer protective clothing that would need to be worn would depend on the procedure that was being performed and the degree of exposure that is anticipated. **They should be worn if soiling of your skin or clothing is likely. In most programs it is unlikely that gowns or aprons or other protective clothing would be necessary.**

Know your agency policy for protective measures when splashes on clothing, eyes, mouth, or skin is likely.

2. Hand Hygiene

Of all the infection control practices, the most important technique is thorough and frequent hand washing. It is also one of the cheapest and easiest to implement. For hand washing to be effective it must be done correctly and frequently. **To prevent the spread of illness it is important that both direct support professionals and individuals supported wash their hands.**



The critical steps of hand washing include:

- Turn on warm water (the temperature of the water used for hand washing isn't as important as the friction used).
- Wet the hands with water.
- Apply liquid soap to the hands.
- Rubbing the hands together vigorously to form a lather for at least 15-20 seconds. Be sure to apply friction to all the surfaces of the hands and fingers.
- Scrub nails by rubbing them against the palms of your hands.
- Rinse the hands with fresh water.
- Dry the hands with a single-use paper towel or air dryer. (For individuals using manual water controls: Turn off the water faucets with a clean paper towel to avoid re-contaminating hands.)

Alcohol-Based Handrubs

In some settings, alcohol-based handrubs are being used as a supplement or in place of handwashing. The North Dakota Department of Health recommends these products be used when access to hand washing is limited. Whenever the person's hands are visibly soiled, they should wash with soap and water. Follow your agency policy regarding the appropriate use of these products.



- When using an alcohol-based hand rub, apply the product to the palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry.
- Use enough rub to require at least 15 seconds to dry. Pay special attention to the fingertips and fingernails. Note that the volume needed to reduce the number of bacteria on hands varies by product.

The use of gloves does not eliminate the need for hand hygiene. Likewise, the use of hand hygiene does not eliminate the need for gloves. Gloves reduce hand contamination by 70 percent to 80 percent, prevent cross-contamination and protect patients and health care personnel from infection. Hand rubs should be used before and after each person just as gloves should be changed before and after each individual.

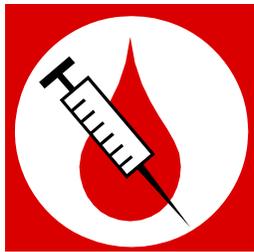
When to Implement Hand Hygiene

- After using the toilet, after assisting with toileting, or after assisting with incontinence protection (diapering).
- Between assisting two different individuals.
- Before and after preparing or eating a meal or snack.
- When cooking, before and after handling meat.
- After smoking or touching your face or hair.



- After removing gloves.
- When arriving at work and leaving work.
- Before and after medication administration.
- Immediately after contact with blood, body fluids visibly contaminated with blood, vaginal secretions, semen, urine, feces (stool/bowel movements), vomit, or discharge from the eyes or ears. Remember, even if you are wearing gloves you must wash your hands. Washing hands and wearing gloves are not substitutions for each other, they are meant to complement each other.

3. Avoiding Accidental Cuts



Prevent injury from accidental needle sticks or cuts by utilizing the following safety measures:

- Never recap a needle.
- Discard the needle or sharp medical object immediately in an appropriate puncture resistant container after its use. There are specific state rules that may also apply if a program is a generator of infectious waste. Check with your individual program coordinator/director as to specifics.

4. Environmental Controls

Our environment (house, refrigerator, car, etc.) can be a potential source of agents that can cause illness or disease. Usually, routine housekeeping procedures will prevent the spreading of infection and disease. In the event that an area becomes contaminated with blood, body fluids, or other infectious material, it needs special cleaning and disinfecting procedures immediately. Special laundry procedures must be followed for all contaminated laundry. The following environmental controls will stop the infectious process. **If the agency where you work uses “Spill Kits” for cleaning surfaces contaminated by body fluids, follow your agency policies and practices.**

Cleaning and Disinfecting Contaminated Surfaces. When cleaning a surface contaminated by body fluids:

- Wear gloves.
- Place paper towels over the spill and wipe it up. Place the used paper toweling in a securely closed, leak proof bag labeled with the type of contaminate.
- Using a fresh bleach solution (1/4 cup bleach to 1 gallon of water) or a hospital-grade disinfectant (tuberculocidal), vigorously clean, then rinse the contaminated area. (Friction from scrubbing the area helps remove the micro-organism). Manufactures' instructions for use of such products should be followed.
- Be sure to wash your hands thoroughly afterwards.

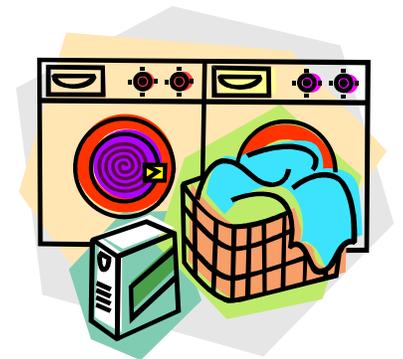
Cleaning and Disinfecting Food Contact Surfaces contaminated by body fluids.

Follow these procedures for cleaning and disinfecting surfaces that would come in contact with food or items that might be placed in the mouth:

- Wear gloves.
- Place disposable paper towels over the spill and then wipe it up. Place the used paper toweling in a securely closed, leak proof bag labeled with the type of contaminate.
- Using fresh water and detergent, vigorously clean then rinse the contaminated area. (Friction, from scrubbing, helps remove the micro-organism).
- Soak items in a freshly prepared solution of **1/4 cup bleach to 1 gallon of water for at least 1 minute**, and allow it to air dry. If it is a surface, saturate the area with the solution and allow it to air dry. (Or use another approved solution according to directions). (Note: For cleaning food contact surfaces which have not been contaminated with blood, body fluids, or other infectious material, a bleach concentration of 1 teaspoon bleach to 1 gallon of water is recommended.) Test strips, available from restaurant supply stores, are recommended to check the strength of the bleach solution.
- Wash hands thoroughly afterwards.

Procedures for Handling Contaminated Laundry. For cleaning and disinfecting laundry that has been contaminated with blood or body fluids follow these procedures:

- Wear household gloves and if necessary, a non leak-through gown or outer garment.
- Handle the contaminated laundry as little as possible.
- Do not mix contaminated laundry in with other laundry items.
- If the laundry item cannot be washed immediately, it should be bagged at its place of origin in a leak proof bag, labeled with the person's name and type of contaminate (i.e. blood, semen, etc.)
- Soak and/or wash the blood stained items in cold water in the washing machine before washing for 10 minutes to avoid setting the stain.
- Wash the clothing for 20 minutes using one of the following disinfecting procedures based on the item's care label:
 - a. Water temperature of 140 degrees (Hot setting)
 - b. Virucidal laundry detergent effective at lower water temperatures
 - c. Chlorine bleach added to the water.
- Dry the laundry in the dryer according to the manufacturer's instructions.



Protecting Against MRSA

MRSA has been featured in the news and on television programs a great deal recently. MRSA stands for Methicillin-resistant *Staphylococcus aureus*, a common bacterium that can be found on the skin, in the nose and in moist body areas. About one person in five usually is carrying MRSA at any given time and it usually doesn't make them ill. (NDDH, 2006). MRSA is sometimes referred to as a "super bug," meaning it is resistant to the most widely used antibiotics. However, this infection does still respond to certain medications.

MRSA is spread through direct contact with an infected person or by sharing personal items, such as towels or razors that have touched infected skin. It can also be spread by touching surfaces that have MRSA on them.

MRSA occurs most frequently among patients who undergo invasive medical procedures or who have weakened immune systems and are being treated in hospitals, nursing homes, and dialysis centers. In addition to healthcare associated infections, MRSA can also infect people in the community generally through skin infections that may look like pimples or boils and can be swollen, painful and have draining pus. These infections can occur among young people who have cuts or wounds and who have close contact with one another, such as members of sports teams.

What are the signs and symptoms of MRSA skin infections? Most staph skin infections, including MRSA, appear as a bump or infected area on the skin that may be:

- Red
- Swollen
- Painful
- Warm to the touch
- Full of pus or other drainage
- Accompanied by a fever

If you or someone you support experiences these signs and symptoms, cover the area with a bandage and contact the agency nurse. It is especially important to contact your nurse if signs and symptoms of an MRSA skin infection are accompanied by a fever.

According to the North Dakota Department of Health, proper hand hygiene is the key to preventing the spread of MRSA (2006). In addition to the standard precautions listed in this chapter, follow these additional procedures:

- Shower after participating in exercise or sports
- Clean sports equipment after each use.
- Frequently clean surfaces that may come in contact with



skin (chairs, tables, toilet seats, etc.)

- Frequently wipe down surfaces “high hand-touch” surfaces like door knobs, phones, keyboards, etc.
- Do not share personal hygiene items or clothing
- Avoid contact with other people’s skin infections
- Keep skin infections covered with clean, dry bandages taped on all four sides.
- Stay home from work/ school if you have draining infections that require bandage changes during work/school hours.

Accidental Exposure Incidents.

When we use the term "exposed" in a job setting, we're talking about an individual's blood or body fluids getting in the eyes, nose, or mouth of another person or on the skin where there is a wound or a break in the skin. In the event that you are exposed to someone's blood or body fluids, these procedures should be followed:

- For exposure of the eyes, nose, or mouth; immediately flush the exposed area with fresh water for 3-5 minutes.
- For a needle stick, or injury that results in a break of the skin; immediately wash the affected area well with soap and water for 3-5 minutes.
- Notify your primary physician, program nurse and administrator and follow any further instructions they may have.

B. Immunization

Another method of infection control practice, that provides resistance to specific diseases, occurs when people receive an immunization, or vaccine. When we use the word "vaccine", we are talking about a process that will render the person immune or resistant to a specific disease. People commonly receive vaccines to make them immune to the disease or illness. Some of the more common vaccines are:

- DPT vaccine or TD vaccine - (Diphtheria, Pertussis and Tetanus or Tetanus-Diphtheria)
- MMR vaccine - (Measles, Mumps and Rubella)
- Hepatitis B vaccine series
- Polio Vaccine



The Hepatitis B vaccine series is a vaccine that may be administered after someone has been exposed to the disease or to someone who works with a high risk population. Pre-exposure vaccination against Hepatitis B (HBV) is recommended for health care workers in contact with blood or blood products, direct support professionals and residents of institutions for people with cognitive disabilities, hemodialysis patients with clotting disorders, and inmates of long-term correctional facilities. Immunization for Hepatitis B consists of a series of three injections including an initial injection, the second dose (one month after the first), and the third dose (six

months after the initial dose). A person's chance of developing the disease may be reduced even after the first injection, or it may lessen the effects of the illness on the individual if they lack immunity or protection from the disease.

Direct support professionals should realize it is very important that they notify their program's nurse, and supervisor immediately if they ever have exposure to a person's blood or any of the other previously identified bodily fluids.

C. Infection Control Through Early Detection, Intervention and Referral

Often, direct support professionals may be the first to notice if there are any health problems or concerns with individuals. It is the direct support professional's responsibility to pass their concerns on to the nurse or their supervisor, who can do a more thorough assessment and if necessary, refer the person on to their physician. The agency's communication process for reporting medical concerns should be known and followed.

Early detection of an illness can result in early intervention and prompt treatment. By identifying the illness, you can also identify how it is transmitted to others and establish preventative measures to be followed that will decrease the likelihood of transmitting of the illness to other people.



Ongoing Tracking and Monitoring of Infection/Illness. All agencies serving individuals with disabilities are required to have an active program for prevention and control, as well as investigation of infectious and communicable diseases. They are also required to maintain a record of incidents and corrective actions taken as they relate to infections. Follow the agency's policy and procedures for infection control and.

Reportable Diseases. Certain medical illnesses/diseases are required to be reported to the North Dakota State Department of Health. The diseases that are included on the list on page 67 are typically diagnosed and reported to the North Dakota Health Department by the physician.

Summary

Infection control procedures when implemented properly help to prevent and/or dramatically control the spread of illness and disease in the educational environment. It is important to remember that constant awareness and implementation of the information reviewed in this module, will help direct support professionals, and the individuals they serve, maintain a healthy, low risk environment.

Lesson 4: Feedback Exercises

1. List the four components of the infectious process
 - a.
 - b.
 - c.
 - d.
2. What are the three general environments where an organism might live and thrive?
 - a.
 - b.
 - c.
3. List 3 ways an organism can leave the host organism to continue the infectious process.
 - a.
 - b.
 - c.
4. What is the primary goal of infection control practices?
5. List 3 methods of prevention for stopping the infectious disease chain.
 - a.
 - b.
 - c.
6. The most important technique for infection control is thorough and frequent _____.
7. Hand washing should occur for at least (How long) _____ minutes being sure to apply friction to all surfaces of the hands.

8. Standard precautions recommend using protective barriers when exposure to _____ is anticipated.
- a.
 - b.
 - c.
 - d.
 - e.
 - f.
9. List standard precautions.
- a.
 - b.
 - c.
 - d.
10. List the 3 main forms of protective barriers and personal protective equipment to utilize when you anticipate contact with blood or body fluids.
- a.
 - b.
 - c.
11. List the five step procedure to be used when disinfecting and cleaning a food contact surface contaminated with body fluids.
- a.
 - b.
 - c.
 - d.
 - e.
12. What is the purpose of a vaccine?
13. Who are the two parties that should be immediately notified if you come in contact with a persons' blood or body fluids?

14. What is the second goal of infection control procedures?
15. List the recommended procedures for accidental exposure to blood or body fluids in the following areas:
- a. Exposure to eyes, nose or mouth

 - b. Exposure by a needle stick or through a break in the skin:
16. In addition to the standard precautions what additional procedures are recommended to prevent the spread of MRSA?

True or False

- 1. T F For the invading organism to continue the infectious process, it must have a means of escape.
- 2. T F AIDS is spread through blood or specific body fluids.
- 3. T F A person's ability to fight invading organisms can depend on his or her emotional health, as well as their physical health.
- 4. T F If you wear gloves, hand washing is not necessary.
- 5. T F Standard precautions were established to decrease the possibility of exposure to blood-borne pathogens from individuals who are known to be infected.
- 6. T F The two main blood-borne pathogens are hemophilia and sickle cell anemia.
- 7. T F Standard precautions apply only to body fluids that are blood or blood stained.
- 8. T F Standard precautions are intended to supplement, not replace, routine infection control practices.
- 9. T F Vinyl, latex gloves must be changed between person to person contact, and should never be washed for reuse.
- 10. T F When using hand sanitizers, use enough rub to require at least 15 seconds to dry.
- 11. T F Whenever the person's hands are visibly soiled, hand sanitizer should be used for proper hand hygiene.
- 12. T F While MRSA is resistant to common antibiotics, this infection does still respond to certain medications.
- 13. T F Proper hand hygiene is the key to preventing the spread of MRSA.

Feedback Exercises: Answer Key

Lesson 1

1. more; physical; mental
2.
 - a. Nutrition
 - b. relationships
 - c. physical exercise
 - d. Hygiene
 - e. Stress
 - f. Health care
 - g. Public health policies
3. Many individuals with developmental disabilities are not able to tell us with words how they feel. Changes in the person's behavior may alert us to look for signs of illness .
4. Direct Support Professionals
5. Can be in any order
 - a. Visual - Observe or inspect the body and any part of the individual.
 - b. Auditory - Identify changes in sounds of the body, and listening to what they are telling you.
 - c. Smell - Identify unusual smells or odors.
 - d. Touch - Touch will help you confirm what your other senses tell you.
6. What is different from what I usually see?
7.
 - a. Yes – that is descriptive. It tells exactly what the temperature was, how long it has been a problem, and specific complaints that the person made. The staff described the comfort measures they took and the result.
 - b. Yes – specific symptoms are described without trying to diagnose the problem.
 - c. No, this is not descriptive language. It is open to interpretation. It is not clear what the staff person actually saw.
 - d. No, this is not descriptive language. It is open to interpretation. It is not clear what the staff person actually saw.
 - e. Yes, this is very specific.
 - f. Yes. Staff explained exactly what they saw and how long the symptom has been present.
 - g. No, staff made a diagnosis. They didn't describe symptoms.
8. There are many answers that would be correct. Some sample correct answers are listed below each sentence. Check with your trainer if you have questions.
 - a. Darren fell and I think he hurt his ankle.
Darren fell when he was getting out of the shower at 7:00 am this morning. I heard him fall, but he was up and walking to his bedroom by the time I got there. He said he

was OK but he was limping. Now his ankle is swollen. He said it hurts when he steps on it.

- b. Jeffery has a poor appetite.

Jeffery didn't eat any of his supper last night and we had chicken which is one of his favorites. He drank his milk and then went to bed. This morning, he said he didn't want any breakfast either. This is really unusual for Jeffery.

- c. Teresa was sure upset at work today. Watch out.

Teresa started yelling at Susan during afternoon break when Susan sat in the chair where Teresa usually sits. She stomped out of the break room and went back to her work area. She didn't work on her janitorial tasks the rest of the afternoon and just sat with her arms crossed. Whenever anyone tried to talk to her, she screamed at them

- d. Harold has that bug that everyone else had last week.

Harold complained that his throat hurt when he ate breakfast this morning. He said he was really tired and needed more sleep. I took his temperature and it read 102.6. He hasn't thrown up but he said he didn't want to eat because he was afraid he would throw up.

9. There are many possible correct answers including:

- a. Ask the person what time of day they prefer for the appointment, selecting the health care provider, and choosing who accompanies them to the appointment.
- b. Support the person in developing a method to keep track of and keep appointments
- c. Help the person arrange for transportation if you will not be providing it. Check on parking information and options for accessible parking if that
- d. Share information with the person about what to expect at the appointment.
- e. Support the person in thinking about questions and concerns he/she wants to ask at the appointment and collecting the information that will need to be shared with the health care provider.
- f. Make a pre-visit to the health care facility with the person so they have some experience and knowledge of the environment before the actual appointment.
- g. Be prepared for a lengthy waiting period before the appointment. Bring materials the person typically enjoys to help pass the time (i.e., portable game device, magazines, drawing supplies, etc.).
- h. Visit with the health care provider to find ways to minimize the wait, perhaps the first appointment of the day or calling before leaving to find out if appointments are running on schedule

- i. Introduce the person and yourself to the health care provider, if he or she doesn't take the lead on introductions.
 - j. Support the person in summarizing the concerns and questions generated prior to the appointment.
 - k. Encourage active participation by the person seeing the health care provider and facilitate active communication between the person and the provider.
 - l. Ask questions until all information is understood.
 - m. Restate the health care provider's assessment and treatment recommendations to ensure accuracy.
 - n. If additional tests are needed, find out as much as possible about the recommendations.
 - o. If future visits are recommended, find out what information the health care provider will want brought to the return visit, and what changes in the person's health status need to be reported before the next visit.
 - p. Document everything learned at the health care appointment as required by your agency policy. Work with the agency nurse and the individual's program coordinator to develop a plan to support the person
- 10. Five responsibilities:**
- a. Carrying out therapies and the use of adaptive equipment as defined in the person's plan.
 - b. Consult with your supervisor or the person's program coordinator if you encounter any barriers to meeting the person's support needs for therapy or adaptive equipment.
 - c. Documentation of therapies and the use of adaptive equipment and orthotics as prescribed in the plan.
 - d. Requesting training if on how to assist with adaptive equipment or carry out therapies.
 - e. Observing for changes and reporting them to the appropriate team member following the agency guidelines and timelines.

Lesson 2

1. For each body system, indicate the major organs and the primary function:
 - a. Respiratory/Circulatory System
Major organs: heart, lungs, and nose.
Primary function: transfer food and oxygen to cells throughout the body and remove waste products.
 - b. Gastrointestinal System -
Major organs: mouth, stomach, intestines, liver, and pancreas.
Primary function: breaking down food so it can be absorbed and used by the body.

- c. Genitorurinary System
Major organs: kidneys, ureters, bladder, and urethra . The organs in the reproductive system are the testes for males and the ovaries for females.
Primary function: The urinary system filters the blood and stores and eliminates urine from the body. Reproduction.
 - d. Nervous System
Major organs: brain, spinal cord, and nerves
Primary function: responsible for controlling and regulating all the other body systems.
 - e. Muscular/Skeletal System
Major organs: muscles, tendons, cartilage, bones, and connective tissue
Primary function: support and protect the organs. They also make movement possible
 - f. Skin and Sensory Organs
Major organs: The skin is the largest organ of the body and includes the hair and nails. sensory organs include the eyes, taste buds, and olfactory system (smell).
Primary function: Skin is the protective covering for the body. Sensory organs give us information.
2. Respirations in healthy adults are regular, even, and noiseless. An average adult breathes 16-20 times per minute. No unusual smells or sounds.
 3. What color is the discharge? Is it thick or watery? How long have these symptoms been present?
 4. Is there discharge when the person coughs? What color? What does the cough sound like (hacking, deep)?; Is it worse at night or with exertion? How long has it been present?
 5. Difficulty eating, swallowing, or breathing; chills or sweating, unusually sleepy, fever, nausea, vomiting, severe headache, ear, throat, or sinus pain, extended duration, chest pain, wheezing, blood in discharge; skin rash; stiff neck.
 6. If you observe these symptoms – report immediately according to agency policy.
 - a. Is there severe swelling, redness, or a rash on the skin?
 - b. Are hives present or is itching evident?
 - c. Does the person have difficulty breathing or is he or she wheezing?
 - d. Is there tightness in the chest or throat?
 - e. Is the person irritable, dizzy, or confused?
 - Is the person experiencing weakness, nausea, or low blood pressure?
 7. Edema; indented
 8. Chest; nausea; breath
 9. F. A. S. T.
Face- Weakness on one side of the face. Ask the person to smile; this will show if there is drooping or weakness in the muscles on one side of the face.
Arm – Weakness or numbness in one arm. Ask the person to raise both arms to find out if there is weakness in the limbs.

Speech – Slurred speech or trouble getting the words out. Ask the person to speak a simple sentence to listen for slurred or distorted speech.

Time – time to call 911 if you see any of these signs. Write down the time that the signals began and call 911 right away.

10. Call 911 and check the time that symptoms first appeared.
11.
 - a. Note the size and pattern of the pupils and their reaction to light. Is one pupil getting progressively larger than the other?
 - b. Is there repeated vomiting and is it projectile?
 - c. Is there a change in the person's level of awareness?
 - i. Is the person confused?
 - ii. Are there signs of drowsiness?
 - d. Does the person complain of a headache that is constant, or increases in intensity and gets worse with movement or straining?
 - e. Does the person have difficulty walking?
 - f. Is there bleeding or clear liquid drainage from the nose or ears?
12.
 - a. Mouth odor after proper tooth brushing,
 - b. Bleeding gums
 - c. Sensitivity to hot or cold.
13.
 - a. Is the pain in the upper stomach or behind the breastbone?
 - b. How often the symptoms are present; how long does each episode last; how long has it been occurring?
 - c. What foods if any foods make the heartburn worse?
 - d. Is the heartburn worse if the person lies down?
 - e. Does the person complain of acid-like taste in the mouth? Is he or she burping, and belching?
14. If the symptoms continue for days, they are severe, or if the person can't keep down any food or fluids. Also if the person vomits forcefully or there is evidence of blood. If the person is also experiencing chest pain.
15. Diarrhea
16. Hemorrhoids
17. Delirium
18. 3 ½
19.
 - a. strong, foul odor
 1. frequent urination
 2. burning during urination
 3. cloudy urine
 4. incontinence
 5. confusion in the elderly
20. An increase or change in the vaginal discharge, including gray, green, or yellow discharge should be reported
21. Dehydration
22.
 - a. dry, wrinkled, or loose skin and/or a dry, parched tongue or mouth
 6. decrease in the quantity and frequency of urination

- 7. dark urine with a strong odor
- 8. eyes that appear sunken
- 23. Diarrhea, dehydration, cognitive disability that impairs a person's capacity to drink and eat enough to stay hydrated.
- 24. X-Ray
- 25. a. Is there pain or tenderness at the site of the bone?
- 9. Is there swelling or bluish discoloration (bruising) of the skin after a fall/injury?
- 10. Is the person unable to move the injured body part?
- 11. Is there a false or unnatural movement, shape, or positioning of the limb?
- 26. Urgent
- 27. Puncture; infection
- 28. A red streak that travels up an extremity toward the heart should be reported immediately.
- 29. a. some medications increase sensitivity to sun
- 12. some people with cognitive disabilities have a higher pain tolerance
- 13. may not be able to sense temperature due to poor circulation
- 30. Chills
- 31. white, firm, or waxy skin; blisters; red, warm, tender, swollen, or itchy skin; numbness
- 32. Where is the rash located; what does it look like; does it itch or hurt; is there discharge; how long has it been there?
- 33. Report any change including new growths, sores that don't heal, changes in old growths.
- 34. Pulling at ears, hitting head by ears, loud screaming; fever, redness, discharge, swelling or tenderness of the outer ear or behind the ear; dizziness,
- 35. Diabetes
- 36. Seek medical attention right away if there is a sudden change in vision, eye pain, fluid coming from the eye and inflammation.

True and False

- 1. True
- 2. False
- 3. True
- 4. True
- 5. False
- 6. False
- 7. True
- 8. True
- 9. False
- 10. False

Lesson 3

1.
 - a. Bleeding
 - b. Breathing
 - c. Heart
 - d. consciousness
 - e. injury
 - f. danger
 - g. burns
 - h. pain
 - i. blood
 - j. back injury
 - k. poisoning
 - l. bone
 - m. headache
 - n. speech
2. You should contact: The supervisor and the agency nurse/physician.
3.
 - a. A change of disposition in the person.
 - b. A change in the behavior.
4. series event; Protection and Advocacy
5. Ignoring complaints could delay treatment, cause the person to needlessly suffer, and allow the condition to become more serious, even life threatening.
6. The team needs to conduct a functional analysis and determine the need for a teaching plan to assist the person to learn more appropriate ways to gain attention.
Direct support professionals should report what he/she sees and hears, not make a determination about whether or not the complaint is valid.

Lesson 4

1.
 - a) The invading organism
 - b) A host living environment
 - c) Method of the organism leaving the host
 - d) Method of organism entering a new host
2. Animal, human1 non-animal/non-human.
3. Participants may choose any three of the following:
The respiratory tract, intestinal bodily fluids, or break in the skin.
4. To prevent illness or disease by preventing the infectious disease chain of events from continuing.
- 5.

- D. Standard precautions
 - E. Immunizations
 - F. Early Detection, Intervention and Referral
6. Hand washing
 7. 15-20 seconds
 8.
 - a. blood
 - b. body fluids
 - c. excretions
 - d. secretions (except sweat)
 - e. mucous membranes,
 - f. non-intact skin.
 9. Participants can select any four of the following:
 - a) Protective barriers.
 - b) Hand Hygiene.
 - c) Avoiding accidental cuts.
 - d) Contaminated laundry procedures.
 10. Gloves, protective face or eye wear, protective clothing.
 11.
 - a) Wear rubber gloves.
 - b) Wipe up spill with paper towels and put towels in leak proof bag.
 - c) Scrub area with water detergent mixture, then rinse.
 - d) Saturate area with mixture of $\frac{1}{4}$ cup. Bleach 1 gallon water and let air dry.
 - e) Wash hands thoroughly after the procedure.
 12. The purpose of a vaccine is to make individuals immune to a disease or illness.
 13. Program nurse and program supervisor.
 14. To provide early detection, intervention, and referral.
 15.
 - a) For exposure to the eyes, nose, or mouth immediately flush the exposed area with fresh water for 3-5 minutes. Then notify your physician, program nurse, and administrator of the incident, and follow any further instructions.
 - b) For a needle stick, or injury through a break in the skin, immediately wash the affected area well with soap and water for 3-5 minutes, then notify physician or nurse and your supervisor and follow and further instructions.
 16. In addition to the standard precautions, follow these additional procedures:
 - Shower after participating in exercise or sports
 - Clean sports equipment after each use.
 - Frequently clean surfaces that may come in contact with skin (chairs, tables, toilet seats, etc.)

- Frequently wipe down surfaces “high hand-touch” surfaces like door knobs, phones, keyboards, etc.
- Do not share personal hygiene items or clothing
- Avoid contact with other people’s skin infections
- Keep skin infections covered with clean, dry bandages taped on all four sides.
- Stay home from work/school if you have draining infections that require bandage changes during work/school hours.

True and False

- 1.. True
2. True
3. True
4. False
5. False
6. False
7. False
8. True
9. True
10. True
11. False
12. True
13. True

**North Dakota Department of Health
Mandatory Reportable Conditions**

Report within 7 days unless otherwise specified

AIDS	Meningococcal disease (invasive)
Anthrax	Mumps
Arboviral Infection (specify etiology)	Nipah virus infections
Botulism	Nosocomial outbreaks in institutions
Brucellosis	Pertussis
Campylobacteriosis	Plague
Cancer (invasive and in-situ carcinomas)	Poliomyelitis
CD4 Test Results (any CD4 value)	Pregnancy in person infected with perinatally transmissible disease (such as hepatitis B, HIV, Group B strep, syphilis, etc.)
Chickenpox (varicella)	Psittacosis
Chlamydial infection	Q fever
Cholera	Rabies
Clostridium perfringens intoxication	Animal
Creutzfeldt-Jakob disease	Human
Cryptosporidiosis	Rocky Mountain spotted fever
Diphtheria	Rubella
Enteric <i>E. coli</i> infection	Salmonellosis
<i>E. coli</i> O157:H7	Scabies outbreaks in institutions
Enterohemorrhagic <i>E. coli</i>	Severe Acute Respiratory Syndrome (SARS)
Enteropathogenic <i>E. coli</i>	Shigellosis
Enteroinvasive <i>E. coli</i>	Smallpox
Enterococcus, Vancomycin-resistant (VRE)	<i>Staphylococcus aureus</i> :
Foodborne/waterborne outbreaks	Methicillin-resistant (MRSA) – invasive sites
Giardiasis	Vancomycin-resistant and intermediate resistant (VRSA and VISA) – any site
Glanders	Staphylococcus enterotoxin B intoxication
Gonorrhea	Streptococcal infection (invasive)
<i>Haemophilus influenza</i> (invasive)	Syphilis
Hantavirus	Tetanus
Hemolytic uremic syndrome	Tickborne encephalitis viruses
Hepatitis A	Tickborne hemorrhagic fevers
Hepatitis B	Toxic Shock Syndrome
Hepatitis C	Trichinosis
HIV infection (Tuberculosis
any HIV test confirmed by IFA,	Tularemia
Western blot or any HIV detection or isolation)	Tumors of the central nervous system
Influenza	Typhoid fever
Laboratory incidences with possible release of category A agents or novel influenza virus	Unexplained critical illness/death in otherwise healthy person
Lead level >10µg/dL	Unusual disease clusters
Legionellosis	Viral hemorrhagic fevers
Listeriosis	Weapons of Mass Destruction suspected event
Lyme disease	Yellow fever
Malaria	
Measles (rubeola)	
Melioidosis	
Meningitis (bacterial – specify etiology)	

Report Immediately: 1.800.472.2180 or 701.328.2378

Send isolate or sample to NDPHL
Possible Bioterrorism Agents (CDC classified A, B or C Agent)
North Dakota Administrative Code **33-06-01**
Statutory authority NDCC 23-07-01

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