

Introduction to Health Supports

895.50

THE NORTH DAKOTA STATEWIDE
DEVELOPMENTAL DISABILITIES
STAFF TRAINING PROGRAM

March, 2013



Introduction to Health Supports

This training manual was developed by the North Dakota Center for Persons with Disabilities to be used by North Dakota community provider agencies participating in the Community Staff Training Project through Minot State University. We encourage the use of this publication for not-for-profit organizations for educational and research purposes. We request that appropriate acknowledgment be given. Requests for use of this publication for any other purpose should be submitted to Minot State University, NDCPD, Community Staff Training Project, Box 36, Minot, ND 58707.

Suggested citation:

Horan, K & Mercer, M. (2012). *Introduction to Health Supports* Minot, ND: North Dakota Center for Persons with Disabilities, a University Center of Excellence at Minot State University.

Production of this publication was supported by funding from:

North Dakota Department of Human Services, Disabilities Service Division and the North Dakota Center for Persons with Disabilities at Minot State University.

COPYRIGHT 2012 by NORTH DAKOTA CENTER FOR PERSONS WITH DISABILITIES a University Center of Excellence on Developmental Disabilities at Minot State University.

Acknowledgements:

Thank you to the North Dakota Regional Staff Trainers, North Dakota Developmental Disabilities Nurses, Community Staff Training Advisory Committee, and Nan Olson, RD.

Table of Contents

Lesson 1:	Assessing vital signs, height, weight, intake, and output.....	4
Lesson 2:	Observing signs and symptoms of illness/injury	20
Lesson 3:	Infection control.....	34
Lesson 4:	Ambulation, positioning, turning and transporting.....	52
Lesson 5:	Personal hygiene and activities of daily living.....	64
Lesson 6:	Nutrition	82
Lesson 7:	Communicating for health.....	110
Lesson 8:	Understanding rights.....	121
Feedback Answer Key	128
Bibliography	139

Lesson 1: ASSESSING VITAL SIGNS, HEIGHT, WEIGHT, INTAKE, AND OUTPUT

Objectives: Upon completion of this lesson DSPs will be able to:

- Assess pulse, respiration, body temperature, and blood pressure.
- Measure height and weight.
- Record intake and output.

Vital Signs

Pulse, respiration, body temperature, and blood pressure are the four vital signs. When the body is not functioning normally, changes happen in the measurable rates of the vital signs. Vital signs show even minor changes in a person's condition. Direct Support Professionals (DSPs) may not routinely assess vital signs for every person receiving services in community programs. Some people, however, will need vitals monitored regularly. You may need to assess vital signs for others in case of illness or injury. DSPs who are delegated the task of taking and recording



information about vital signs must be very careful and accurate. Before these tasks are delegated, you will receive hands-on training from your agency nurse or other medical professional to enable you to correctly carry out the steps outlined in this lesson. Unless told otherwise, take vital signs with the person lying or sitting.

Vital signs are not isolated numbers. They reflect the function of three body processes essential for life: regulations of body temperature, breathing, and heart function. Keep the following guidelines in mind when assessing vital signs (Sorenson & Luckmann, 1986).

1. Know the normal range of each vital sign.

2. Know the baseline or normal data for each person.
3. Know the vital sign readings from the previous shift.
4. Know the person's medical diagnosis, treatment, and medications.

A. Pulse

Each time the heart beats, it pumps a certain amount of blood through the arteries. This causes the arteries to expand or get bigger. Between heartbeats, the arteries contract and return to their normal size. The heart pumps the blood in a steady rhythm. This rhythmic expansion and contraction of the arteries can be measured to show how fast the heart is beating. This is called the pulse. Measuring the pulse rate is counting the number of heartbeats or pulses felt in 1 minute. Counting the pulse rate is a simple method of learning something about how the circulatory system is functioning.



The pulse rate varies for each age group. The pulse rate is affected by many factors. They include: elevated body temperature (fever), exercise, fear, anger, anxiety, excitement, heat, position, and pain. These and other factors cause the heart to beat faster. Drugs can also increase or decrease the pulse rate.

The normal adult pulse rate is between 60 and 100 beats per minute. A rate of less than 60 (bradycardia) or more than 100 (tachycardia) is considered abnormal. The rhythm of the pulse should be regular, meaning the same time interval occurs between beats. An irregular pulse occurs when the beats are not evenly spaced or beats are skipped. Pulse strength is called force. A forceful pulse is easy to feel. It is described as strong, full or bounding. Hard-to-feel pulses are described as weak, thready, or feeble. Report abnormal rates, irregularities, or issues with pulse force to the nurse immediately.

There are several ways to take someone's pulse. Electronic blood pressure equipment will show both pulse rate and blood pressure but that may not

always be available. At certain places on the body the pulse can be felt easily with your fingers. One of the easiest places to feel the pulse is at the wrist. This is called the **radial pulse**. Find the radial pulse by putting the tips of two or three fingers on the wrist at the base of the thumb, directly next to the bone. Press lightly until you feel the beat. Notice if the beat is regular or irregular. If you press too hard, you may stop the flow of blood and eliminate the pulse. Your thumb has a pulse beat in it, so **never use your thumb** as you would be counting your pulse instead of the persons.

Count the pulse beats (what you feel) for 30 seconds. Multiply the number of beats by two. This is the number you record. For example, if you count 35 beats in 30 seconds, the pulse for a minute is 70. Some situations may require that the pulse be counted for the full 60 seconds. The agency nurse will advise staff if this is necessary.

Record the pulse count and any irregularities during the minute. DSPs should report: pulse rates over 100 beats per minute, pulse rates under 60 beats per minute, and irregularities in rhythm. Normal ranges of heart rates and respiratory rates for various ages are listed below.

Table 1: Pulse Ranges for Different Ages *

Age	Pulse Rates per Minute
Birth to 1 year	80-190
2 years	80-160
6 years	75-120
10 years	70-110
12 years and older	60-100

*Sorrentino, S. (2004). *Mosby's Textbook for Nursing Assistants*.

Staff should be familiar with the baseline rates for the person and report.

B. Respiration

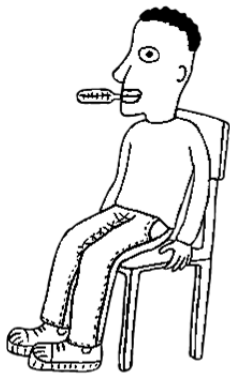
Respiration refers to how often a person breathes in and out, and how the breathing sounds. The main function of respiration is to supply the cells in the body with oxygen and to rid the body of excess carbon dioxide.

Breathing is involuntary, but it can also be influenced by a person's voluntary control and activities. Therefore, if possible, respirations should be counted without the person's awareness. You might count respirations before or after counting the radial pulse. Continue pressing on the pulse area while counting. Make other assessments while taking the temperature. Assess color, look for bluishness of fingertips or lips, regularity of respirations and depth, sweating, or pain indications. The rate of respiration is determined by counting the rise or fall of the chest for one minute with a watch equipped with a second hand. Count one inspiration and expiration as one respiration. The average rate for adults is 16-20 per minute. If the rate is more than 25 per minute or less than 12 per minute, it should be reported.

C. Temperature

Body temperature is a measurement of the amount of heat in the body. Body temperature is measured with an instrument called a thermometer. The normal adult body temperature is 98.6 degrees Fahrenheit.

It is a balance between the amount of heat produced and the amount lost by the body. Our bodies create heat in the process of changing food into energy. The body loses heat through perspiration, respiration, and excretion. Body temperature stays fairly stable. It is lower in the morning and higher in the afternoon and evening. Body temperature is affected by age, weather, exercise, emotions, stress, and illness. Pregnancy and the menstrual cycle are other factors.



A **fever** is conventionally defined as an elevation in body temperature beyond that which is usual for an individual. High temperatures increase metabolic rate and oxygen consumption. You may see an increased pulse rate and respiration.

Temperature Sites: Temperature sites are the mouth, rectum, ear (tympanic membrane), skin (forehead) and axilla (in the armpit). Each site has a normal range shown on the table below.

Table 2: Temperature*

Site	Baseline	Normal Range
Rectal	99.6 F	98.6 to 100.6 F
Oral	98.6 F	97.6 to 99.6 F
Tympanic membrane	98.6 F	98.6 F
Axillary	97.6 F	96.6 to 98.6 F
Temporal (over 18 years)	99.6 F**	Check manufacturer's specifications (99.4-100.2 F for Exergen Scanner)

Sources:

*Sorrentino, S. (2004). *Mosby's Textbook for Nursing Assistants*.

**Elsevier Advantage (2012) *Vital Signs*

Thermometers:

Most temperatures today are taken with electronic thermometers which are battery operated. They measure temperature in a few seconds. **For all electronic devices – follow the manufacturer's directions.**

The temperature is shown on the front of the device. The hand-held unit is kept in a battery charger when not in use. Electronic thermometers have oral and rectal probes. A disposable cover (sheath) covers the probe. The probe cover is discarded after use. This helps prevent the spread of infections.

Tympanic membrane thermometers measure temperature at the tympanic membrane in the ear. The covered probe is gently inserted into the ear. The temperature is measured in 1 to 3 seconds. Tympanic membrane thermometers are comfortable. They are not invasive like rectal thermometers. They are useful for children and others who may not understand why their temperature is being taken because of their speed and comfort.

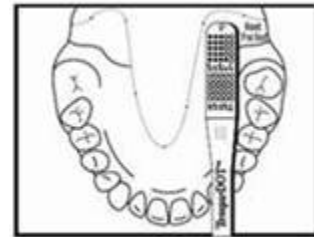




Digital thermometers show the temperature on the front of the thermometer. The temperature is measured in about 60 seconds. Some store and recall the last temperature taken. If battery-operated, the device shuts off in about 10 minutes or less.

Other types of thermometers are also used.

Follow the manufacturer's instructions. Disposable oral thermometers have small dots. The dots change color when heated. Each dot is heated to a certain temperature before it changes color. These thermometers are used once. They measure temperatures in 45 to 60 seconds.



Temperature-sensitive tape changes color in response to body heat. The tape is applied to the forehead or abdomen. The measurement takes about 15 seconds.

Taking Temperatures:

Oral temperatures are NOT taken if the person:

- Is an infant or a child younger than 6
- Is unconscious
- Has had surgery or an injury to the face, neck, nose, or mouth
- Is receiving oxygen
- Breathes through the mouth
- Has a nasogastric tube
- Is delirious, restless, confused or disoriented
- Is paralyzed on one side of the body

- Has a sore mouth
- Has a convulsive (seizure) disorder

A rectal thermometer is used to take a person's temperature by inserting the thermometer into the person's rectum.

It is our responsibility that the person is treated with respect during this and all medical procedures. Remember to provide privacy and address the person by name. Explain the procedure to the person. For an oral temperature, ask the person not to eat, drink, smoke or chew gum for at least 15 - 20 minutes.

1. Before beginning the process, collect the equipment you will need: gloves, thermometer, probe (blue for oral or axially, red for rectal), probe cover, toilet tissue (for rectal temperatures), water-soluble lubricant (rectal temperature), and towel (axillary temperature).
2. Plug the probe into the thermometer if needed.
3. No matter what type of thermometer, perform hand hygiene, put on gloves, and insert the probe into a probe cover.
4. Turn on the thermometer.

For an oral temperature:

- a. Ask the person to open their mouth and raise the tongue.
- b. Place the covered probe at the base of the tongue.
- c. Ask the person to lower the tongue and close the mouth.



For rectal temperature:

- a. Place some lubricant on toilet paper.
- b. Lubricate the end of the covered probe.
- c. Expose the anal area.
- d. Raise the upper buttock.
- e. Insert the probe 1/2 inch into the rectum.
- f. Hold the probe in place.

For an axillary temperature:

- a. Help person remove an arm from their clothing but ensure privacy.
- b. Dry the axilla with the towel.
- c. Place the covered probe in the axilla.
- d. Place the person's arm over the chest.
- e. Hold the probe in place.

For a tympanic membrane temperature:

- a. Ask person to turn their head so the ear is in front of you.
- b. For adults - Pull up and back on the ear to straighten ear canal.
For children - pull down and back on the ear so you can get the thermometer near the eardrum.
- c. Insert the covered probe gently.



For temporal artery thermometers simply swipe the thermometer from side to side on the person's forehead:

- a. Brush hair away if covering the forehead or ear.
 - b. Place probe FLUSH on center of forehead, depress button (keep depressed until you are done).
 - c. Slide straight across forehead to the hairline, not down the side of the face.
 - d. Lift probe from forehead and touch neck just behind the earlobe.
 - e. Release button, read and record temperature.
 - f. Cleanse the device with approved disinfectant.
5. Remove gloves and perform hand hygiene.

Notify the agency nurse per agency policy for elevated temperature.

D. Blood Pressure

Blood pressure is the force of the blood pushing against the walls of the blood vessels. When you take a person's blood pressure, you are measuring this force.



There is always a certain amount of pressure in the arteries. This is because the heart, by pumping, is constantly forcing blood to circulate. The blood goes first into the arteries. It then circulates through the whole body. The amount of pressure in the arteries depends on two things:

1. The rate of heartbeat.
2. How easily the blood flows through the blood vessels.

The heart contracts as it pumps the blood into the arteries. When the heart is contracting, the pressure is higher (this is called the **systolic** pressure). As the heart relaxes between each contraction, the pressure goes down. When the heart is most relaxed, the pressure is lowest (this is called the **diastolic** pressure). When you take a person's blood pressure, you are measuring these two rates: the systolic and the diastolic pressure.

In healthy adults, the normal blood pressure range is between 100 and 140 millimeters (mm) mercury (Hg) systolic pressure. It is between 60 and 90 millimeters (mm) mercury (HG) diastolic pressure.

The way these figures are written is:

$$120/80 \text{ or } \underline{120} = \text{systolic}$$
$$80 = \text{diastolic}$$

Notify the nurse if the individual's blood pressure is above 140/80 or per the nurse's /doctor's instructions.

When a person's blood pressure is higher than normal range for his age and condition, it is referred to as **high blood pressure** or **hypertension**. When a person's blood pressure is lower than normal range for his age and condition, it is referred to as **low blood pressure** or **hypotension**.

How to Take a Blood Pressure



1. Explain to the person that you are going to take their blood pressure.
2. Have him/her sit up in a chair with legs uncrossed. Act calmly to prevent apprehension.
3. Perform hand hygiene.
4. Place the person's arm palm-upward, supported on table or bed at heart level.
5. Roll sleeve up about 5 inches above elbow. Be sure it is not tight on the arm.
6. Apply cuff snugly and evenly 1-1/2 inches above the elbow. If the cuff is marked with an arrow, place the cuff so that the arrow points over the brachial artery. Be sure you are using a correctly sized cuff; larger arms require a larger cuff to get an accurate reading.
7. Apply stethoscope to brachial artery.
8. Inflate the bulb to about 20-30 mm Hg. above the person's average reading. You could also try to pump to 180 mm Hg.
9. Slowly release air in the cuff and watch the gauge.
10. Listen closely for the first heart beat heard. Record this number (systolic).
11. Keep deflating until the last heartbeat is heard (diastolic).
12. Rapidly deflate the cuff and remove, expel air from the cuff, and replace.
13. Clean earpieces and bell of stethoscope with antiseptic solution.

*If using an electronic blood pressure device, follow the manufacturer's directions.

E. Measuring Height and Weight

Measurements of weight and height must be accurately made and recorded according to agency policy because medications may be ordered according to the person's size. In addition, changes in weight are a frequent indicator of the person's condition.

After performing hand hygiene:

1. Be sure the weights are to the extreme left and the balance bar (bar with weight markings) hangs free.
 - The lower bar is marked in increments (amounts) of 50 pounds.
 - The upper bar is marked in increments of single pounds. Even number pounds are marked with numbers. The long line between even numbers indicates the odd-numbered pounds.
 - Each small line indicates one quarter of a pound.
2. Have the person remove their shoes. Assist the person if necessary to stand with both feet firmly on the scale. Hands should both be at his/her side.
3. Move the large weight to the closest estimated weight.
4. Move the small weight to the right until the balance bar hangs free, half-way between the upper and lower bar guides.
5. Add the two figures and record the total as the person's weight in pounds.
6. Have the person turn on the platform, so that they are facing away from it.
7. Raise the height bar until it is level with the top of the individual's head.
8. The reading is made at the movable point of the ruler. Record height.
9. Assist the person off the scale if necessary.
10. Perform hand hygiene and clean the scale according to agency policy.



A scale with a mechanical lift may be used for individuals who are not ambulatory. Individuals who use wheelchairs may be weighed using a wheelchair scale.

Do not place paper on digital scales before the person is weighed.

Measuring Someone Who is Unable to Stand

The height of a person who is not able to stand at the scale is measured by:

- positioning the person flat on his/her back with arms and legs straight.
- making small pencil marks on the sheet at the top of the person's head and at the bottom of his/her feet.
- measuring the distance between the two marks.

If the person is not able to straighten out due to contractures, measure the person in sections, following body curves.

F. Recording Intake and Output

Water is essential to human life. Next to oxygen, water is the most important thing the body takes in. A person can be starving, lose half of his/her body protein and almost half of his/her body weight, and still live. But losing only one-fifth of the body's fluid will result in death.



We take in approximately 2 1/2 - 3 1/2 quarts of fluid daily through liquids we drink and in foods with high water content (fruits and vegetables). Typical output is also about 2 1/2 - 3 1/2 quarts daily in the form of urine, perspiration, moisture from lungs and bowel. Generally the body regulates the delicate balance between the amount of fluid taken in and the amount that is lost.

Some health conditions may result in excessive fluid retention or **edema** (swelling). Inadequate fluid results in **dehydration**, or lack of sufficient fluid in body tissues. Records of input and output are typically kept when specifically ordered by the physician and when people are dehydrated, receive intravenous infusion, have recently had surgery, have a urinary catheter, are perspiring profusely or vomiting, or have a specific diagnosis such as congestive heart failure or renal disease.

Measuring and Recording Fluid Intake

To record intake, list all fluids taken in and how the fluids are taken in.

Total intake includes:

- The amount of liquid the person takes with meals.
- The amount of water and other liquids taken between meals.
- All other fluids given by mouth, intravenously, or by tube feeding.

When measuring fluid intake, you will have to note the difference between the amount the person takes or is served and the amount he leaves in the serving container. Record only what the person actually drinks. You may be required to convert amounts such as 1/2 bowl of soup, 1/2 glass of orange juice, 1/4 cup tea, 1/c cup ice cream (or any other food that is liquid at room temperature) to the metric system before recording them.

Approximate liquid amount of common servings are listed.

1 ounce = 30 ml/cc

1 cup (8 oz.) = 240 ml/cc

1 pint = 500 ml/cc

1 quart = 1000 ml/cc

Remember that sizes of containers vary. Learn the fluid content of the containers used by the person.

Measuring Fluid Output

Fluid output is the sum total of liquids that come out of the body. Records of fluid output are sometimes ordered by the physician. If ordered, every time the person uses the urinal, emesis (vomit) basin, or bedpan, the urine and other liquids must be measured. Note: If there is not a specific order, estimate the amount when documenting fluid output (i.e., approximately 1/2 cup emesis (vomit)).

When measuring output is ordered, tell the person his output is being measured and ask for their cooperation. Females must urinate in a bedpan or specipan (a disposable container that fits into the toilet bowl under the seat). Ask her not to place toilet paper in the bedpan or specipan. Provide a



wastepaper basket for her. Males should be instructed to use a urinal. Disposable gloves are worn during this procedure. Dispose of gloves properly after they are removed.



Pour the urine/emesis (vomit) from the container into a graduate (measuring cup). Place the graduate on a flat surface for accuracy when measuring. Look carefully at the graduate to see the number reached by the level of urine. Record the amount and the time. Disinfect and return the graduate. Remove gloves and perform hand hygiene.

Teaching Individuals to Assess Their Own Symptoms

In settings where individuals are learning to assess their own symptoms, the team may decide to teach the individual to report the following physical signs:

- Rapid or slow pulse which could cause the person to feel dizzy or lightheaded.
- An irregular heartbeat which may feel like a “flutter” in the chest.
- When the body/face feels warm, cheeks/ears appear flushed, one feels less energetic, or doesn’t feel like eating (fever).
- Dark colored urine and decreased frequency of using the bathroom.
- Increased frequency of using the bathroom.

Depending on the person’s health status and skills at monitoring their own health, more signs and symptoms from lesson 2 could be added to this list. The agency nurse can guide the team in selecting skills for training in this area.

Feedback Exercise Lesson 1

1. When assessing vital signs DSPs should know:
the _____ of each vital sign;
the _____ for each person;
the vital sign readings from the _____; and
the person's _____, _____, and _____.
2. Measuring the _____ is a simple method of learning something about how the circulatory system is working.
3. Describe where to place your fingers when taking a radial pulse.
4. What is the normal adult pulse rate?
5. Describe why respiration should be counted without the person's awareness.
6. What is the average rate of respiration for adults?
7. Explain the conventional definition of fever.
8. The normal range for: **oral** temperature is _____; **rectal** temperature is _____; **temporal artery** temperature is _____; and **axillary** temperature is _____.
9. Explain the difference between systolic and diastolic blood pressure readings.
10. Why is it so important to monitor intake and output for people with certain medical conditions?
11. When measuring fluid intake, DSPs must note the difference between the amount the person _____ and the amount he/ she _____.
12. When recording fluid output, every time the person uses the _____, _____, or _____, the urine and other liquids must be measured.

13. Who determines when it is appropriate to use an oral thermometer?
14. When monitoring vital signs, DSPs need to know the normal rates for people the same age, as well as the _____ rate for the person. All variations should be reported according to agency policy.
15. Name three types of electronic thermometers and where the temperature is taken using each one.

Lesson 2: OBSERVING SIGNS AND SYMPTOMS OF ILLNESS/INJURY

Objectives: Upon completion of this lesson, DSPs will be able to:

- Identify which senses are used in observing signs and symptoms of illness/injury.
- Identify five signs or symptoms of possible problems that may indicate the need for further medical follow-up for each of the body systems.
- List at least three emergency situations that require immediate medical intervention.
- Give two examples of behavioral observations that should alert DSPs to the possibility that the person is in pain.

Developing an Observational Mind Set

In your capacity of working with individuals with various disabilities, you will come to know them very well. In some cases, you will know more about them than anyone else does. Your observation on a day-to-day basis will be important in determining if something is physically wrong. Developing a keen observational sense will be a very important aspect of recognizing when something goes wrong. In this section, 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?

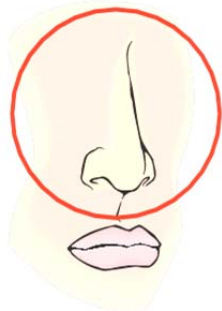
Your ability to observe clearly and pass on information in an objective and detailed manner is your best tool when assessing for signs and symptoms of an illness or injury. You'll use all your senses to describe what is occurring.

Visual: You will be using your eyes to 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 use 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.



Smell: Your sense of smell will be used to identify unusual smells or odors.

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

You will become, in a sense, the eyes, ears, and nose for the supervisor, nurse, and physician. Through you, health concerns regarding the person may first be recognized. Later, 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.

DSPs, for the most part, will be working with persons who are healthy. However, some signals may alert DSPs that there is something abnormal about how the person looks or acts. These changes may occur suddenly, or over the course of time.

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. It is part of your role to monitor individuals and inform the nurse in the event you identify any health concerns. These observations will assist health care professionals in their assessment of the person's condition. If you 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 their recovery.

Overview of Body Systems

This section will look at the body systems and signs or symptoms which suggest there may be a health-related concern or problem.

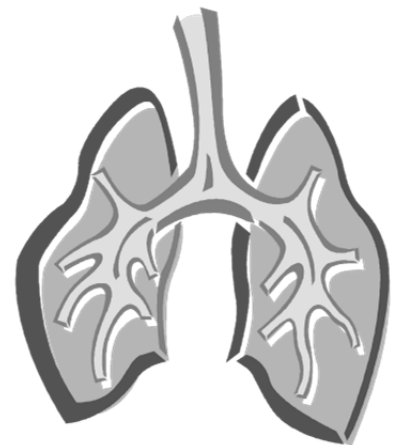
In describing and discussing health concerns according to body systems, it's important not to lose sight of the fact that the entire body is interrelated and interdependent. Each body system will be described as well as some symptoms which should alert DSPs to observe more carefully. In some situations, the person may not be able to describe the discomfort they are experiencing. We all have to watch for behavioral signs. Some behavioral signs are described below.

This is not intended to be a comprehensive list of symptoms for which to observe. If you note or question any change, report and document according to agency policy. In some situations you may need to take further action immediately.

1. Respiratory and Circulatory Systems

These two interrelated body systems include the essential organs of the heart, lungs, and nose. Their primary role is to transfer food and oxygen to cells throughout the body as well as to remove waste products. Signs and symptoms to watch for include:

- Breathing problems- Changes in the breathing pattern, difficulty breathing, unusual odor to breath, abnormal breathing sounds like wheezing or gurgling, bluish lips or fingernails.
- Chest pain.
- Sore throat could be displayed by loss of appetite, avoidance of swallowing, fever, and/or hoarse voice.



- Cold symptoms include sneezing, discharge from the nose, nasal congestion, sore throat, fever, and/or coughing.
- Fever could be displayed as flushing, loss of appetite, tiredness, and skin that feels warm to touch.
- Fainting.

2. Gastrointestinal System

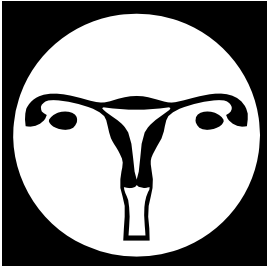
This system is involved in breaking down food so it can be absorbed and used by the body. The principle organs of this system include the mouth, stomach, intestines, liver, and pancreas. Signs or symptoms to be especially alert to in this body system include:



- Abdominal discomfort could be displayed by distended (bulging) stomach, abdomen that feels hard to the touch, or malaise (feeling of general discomfort).
- Change in appetite or loss of appetite. Could be displayed by weight change.
- Diarrhea symptoms include frequent use of the bathroom, foul odor to the stool, stomach cramps, loose/watery bowel movements, or abnormal color.
- Constipation could be displayed by loss of appetite, long periods in bathroom, or distended abdomen.
- Dehydration could be displayed by decrease in the quantity and frequency of urination; dry, wrinkled or loose skin; and/or a dry parched tongue or mouth.
- Nausea/Vomiting could be displayed by lack of appetite or frequent swallowing.
- Heartburn/gas may be indicated by burping and belching.
- Toothache could be displayed by holding one's cheek, change in eating habits, or swollen, or inflamed gums.

3. Genitourinary System

The genitourinary system deals primarily with the filtering of the blood and storage and elimination of urine from the body. The essential organs include the kidneys, ureters, bladder, and urethra.



The reproductive system is responsible for the continuation of the human race. The essential organs of this system are the testes for males and the ovaries and uterus for females. Signs and symptoms to watch for include:

- Discharge from a body opening that is not usual.
- Itching or scratching of the groin.
- Difficult or painful urination could be displayed by frequent urination in small amounts or absence of urination.
- Unusual color, odor and amount of urine.
- Unusual urinary accidents or incontinence.
- Menstrual cramping could be displayed as holding abdomen and bending over.
- Change in size of testicle(s); lumps or bumps on testicle or swelling of the scrotal area.
- Changes in menses including spotting, amount of flow, length of cycle, or discomfort.
- Changes in the breast including size, dimpling tissue, lumps or bumps, tenderness, or presence of discharge.

4. Nervous System

The essential organs of this system include the brain, spinal cord, and nerves. This system is primarily responsible for controlling and

regulating all the other systems of the body. Signs and symptoms to watch for include:

- Delirium.
- Dizziness could be displayed by signs of unsteadiness.
- Headache could be displayed as squinting, frowning, or irritability.
- Insomnia symptoms include trouble falling asleep or experience interrupted sleep.
- Change in the level of consciousness. The person may be disoriented to person, place, and time; unable to follow commands; or unaware or unresponsive to others and surroundings.
- Seizures.
- Paralysis.
- Tremors.



5. Muscular/Skeletal Systems

The muscles, tendons, cartilage, bones, and connective tissue make up these systems. They function together to provide support, protection, and movement for the body. Signs and symptoms to watch for include:

- Unusual gait (walking pattern).
- Change in muscle tone.
- Sprains or fractures could be displayed by pain or tenderness; swelling or bluish discoloration of the skin; difficulty walking or inability to move a body part; or a false or unnatural movement, shape, or positioning of the limb.



6. Skin and Sensory Organs

While not really a system, the skin is the largest organ of the body and includes the hair and nails. It provides the protective covering for the body. The eyes, taste buds, and olfactory system (sense of smell) are the sensory organs that complete the picture of the body in our categorization. Signs and symptoms to watch for include:



- Abrasions/scrapes.
- Pressure areas/blisters.
- Hives/rashes could be displayed as rubbing or scratching body area, restlessness, redness, or flushing.
- Burns are indicated by red or blistering skin. (If the person is not able to sense heat, there is a very serious potential for burns).
- Chills/cold extremities could be displayed by shivering involuntarily.
- Earache could be displayed as rubbing, itching, or pulling at ears; hitting head by ears; loud screaming; draining from the ear; fever; or change in hearing ability.
- Edema (swelling of the person's hands, feet, legs, face).
- Eye appearance/injuries. Watch for pupils that are constricted (like pin-points), fixed and dilated (enlarged), unequal in size, or not reacting to light; cloudy, red, pink, watery, or teary eyes; excessive blinking, squinting, or difficulty in opening the eye; discharge; or swelling of the eyelids.
- Frostbite- Could be displayed by red, warm, tender, swollen, and itchy skin; white, firm, waxy looking skin, possibly blisters; complaints of numbness. (If the person is not able to sense cold, there is a very serious potential for frostbite).
- Infection could be displayed by redness, swelling, tenderness, warmth, red streak that travels up an extremity toward the heart,

or purulent drainage (yellow or greenish). Dry or chapped skin needs attention to prevent potential sources of infection.

- Excessive perspiration.
- Skin color changes- Pale, yellow, red, gray, blue, flushed, or blotchy skin color.
- Visual difficulties, blurred vision, or changes in the visual field.
- Ingrown toenail-Could be displayed by redness, tenderness, drainage, or limping.



Reporting Life Threatening Situations

Most of the situations DSPs deal with will consist of monitoring changes that progress or evolve over time. However, 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 by calling 911:

- Bleeding excessively and uncontrollably.
- Breathing that is obstructed or that has stopped.
- Heart stopping.
- Loss of consciousness (unrelated to a known seizure disorder or isolated fainting episode).
- Severe injury from an accident.
- Uncontrollable behavior that is a danger to the individual or others.

Emergency situations are considered to be life threatening. Your role is to seek **immediate** medical assistance. Review your agency's policies and procedures for reporting emergencies. The 911 emergency number and any other relevant emergency numbers should be posted by all phones.

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 observed signs and symptoms of illness or injury or find that standing order medications and normal comfort measures do not relieve symptoms, you should contact your supervisor and/or medical professional.
- Be sure that you have gathered as much information as possible beforehand so you can relate accurate information. Be prepared to explain any interventions you have made and listen carefully for directions from the medical professional. 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. Examine 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.

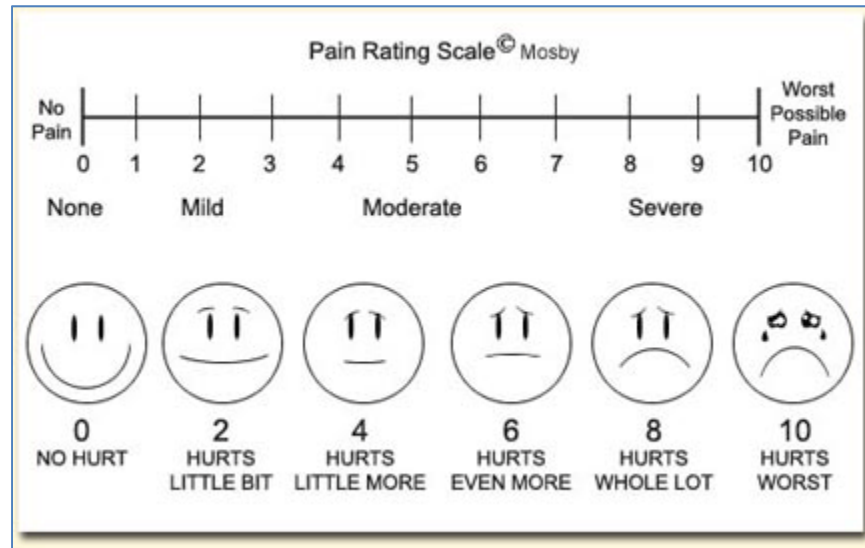
(Review your agency's policies and procedures for reporting non-emergency health situations including where and how to document observations, actions, and follow-up with Therap or other agency documentation as required).

Pain Behaviors

People will experience and report pain in many different ways. Interpreting pain behavior may be especially challenging with people who have intellectual disabilities, simply because they have a wide variation in both how they experience pain and in their ability to explain what is happening to them. The universal pain screening tool with a 0-10 pain intensity numeric rating scale has been widely used in health care settings. While these may be effective assessments in some people, they may or may

not be valid with specific individuals with intellectual disabilities. Pain assessments of individuals with intellectual disabilities need to include observational data from people who know the person well.

Figure 1



DSPs need to be especially observant in interpreting behavioral responses and any signs of illness they see. Two areas to be aware of are pain thresholds and communicating pain.

Pain Thresholds

Pain is a subjective and personal experience and everyone's threshold for pain is different. Many people with disabilities (especially those with severe disabilities) do not respond to or express pain as others would. As a result, an injury or illness may exist for some time and become more serious before it is identified. Because of this, DSPs need to carefully observe individuals for any signs of illness/injury. Never minimize someone's pain. The DSP's responsibility is to report the person's complaints and symptoms according to your agency policy so the person can be evaluated by a medical professional.

Communicating Pain

Some people have no problem letting staff 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 when it is expressed. Then, trust your intuition. If someone typically is happy and responsive, but on a given day seems 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, ask more questions, and report it to your supervisor or the nurse.

The intensity of pain can be affected by many factors including: past experiences, anxiety, lack of rest and sleep, loneliness, level of activities, excessive personal and family duties, and the age of the person experiencing the pain. In some cultures or religions, people may try to hide their pain because of their beliefs. People may appear stoic or indifferent to pain. In some cultures, pain may be severe before pain relief measures are requested. Showing emotion may be seen as a sign of weak character. In other cultures, pain is thought of as danger. People with these beliefs may not talk about pain or ask for relief from pain.

If the person you are supporting is experiencing pain and refusing pain relievers or pain medications are not indicated for that person, you can offer other comfort measures. Provide blankets so he/she doesn't become chilled. Give the person a back massage or lotion their feet or hands. Turn on soft music or provide a calm, quiet, darkened setting. Offer them reassurance and help them understand things are being done to help them feel better.

Feedback Exercise Lesson 2

1. List the four senses you will use to assess the signs and symptoms of an illness or injury, and name one way in which each is used for identification:
 - a.
 - b.
 - c.
 - d.

2. List five signs and symptoms of respiratory and circulatory problems:
 - a.
 - b.
 - c.
 - d.
 - e.

3. Describe three signs that might indicate that a person has a fever:
 - a.
 - b.
 - c.

4. Name three signs that might indicate that the person is suffering from a sore throat:
 - a.
 - b.
 - c.

5. List five signs/symptoms associated with the gastrointestinal system not functioning properly:
 - a.
 - b.
 - c.
 - d.
 - e.

6. Describe behavioral indicators and physical signs for the following health conditions:
 - a. Constipation
 - b. Dehydration
 - c. Toothache

7. List five signs/symptoms to note for problems in the genitourinary system:
 - a.
 - b.
 - c.
 - d.
 - e.

8. Signs/symptoms associated with the nervous system not functioning properly that should be noted by a staff member include:
 - a. _____.
 - b. _____. Could be displayed by signs of unsteadiness.
 - c. Headache. Could be displayed as _____, _____, _____.
 - d. _____. Could be displayed by difficulty falling asleep or waking too early.
 - e. Change in the level of _____.
 - f. _____.
 - g. _____.
 - i. _____.

9. Describe three indicators of a sprain or fracture:
 - a.
 - b.
 - c.

10. Describe behavioral indicators and physical signs for the following health conditions:
 - a. Earache
 - b. Frostbite
 - c. Infection

11. List four signs and symptoms to report related to the appearance of the individual's eyes:
 - a.
 - b.
 - c.
 - d.

12. List three situations in which DSPs should seek immediate medical assistance:
 - a.
 - b.
 - c.

13. Whenever you have questions regarding the health of an individual receiving service, whom should you contact in your agency?
 - a.
 - b.

14. List two ways in which you can identify that someone is experiencing pain, other than verbal reports:
 - a.
 - b.

Lesson 3: INFECTION CONTROL

Objectives: Upon completion of this lesson, DPSs 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 hand hygiene should be done.
- Identify at least four general standard 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 second main goal of infection control.
- Identify what steps should be taken in the event of an accidental exposure to someone's blood or body fluids.

I. The Infectious Process of Illness and Disease

It's important for everyone to understand the process of how illnesses and/or diseases are spread. By understanding the infectious process, we can prevent and/or minimize the risk or transmission of illnesses in ourselves and others.

The infectious process itself 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 living environment.
- The invading organism's method of leaving the original host.
- The invading organism's method of entering a new susceptible host.

A. The Invading Organism

The invading organism is what actually causes the initial illness or disease. It can be a virus, bacteria, fungus, intestinal parasite, or other small micro-organisms. The type of organism will determine the specific symptoms, illness, or reactions the infected person will display.

B. The Invading Organism's Host

The next step in the infectious process requires that the invading organism has a "host" or place to live and multiply. There are numerous environments where an organism might live and thrive.

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

C. The Invading Organism's Method of Escape

For the invading organism to continue the infectious process, it must have a method, or means, of leaving or escaping from the original host and a method of entering a new susceptible host.

Methods of escape can include:

- The respiratory tract by coughing, sneezing, or nasal discharge, which is how chicken pox and influenza are spread.
- The intestinal tract by stool, blood, or vomit, which is how illnesses like dysentery or hepatitis A are spread.
- Sexually transmitted diseases like gonorrhea, syphilis, and AIDS can be spread through the reproductive and urinary tracts.



- Contact with blood or bodily fluids are how hepatitis B and AIDS are spread.
- Breaks in the skin allow tetanus to spread.

D. Method of Transmission and Entry into New Susceptible Host

For the invading organism to continue to be dangerous, it must find its way to a new susceptible host. Whether or not the person is susceptible to the invading organism depends on a number of different criteria including:

- The amount of the invading organism that is present at the time of exposure.
- The length or amount of exposure time to the organism.
- The individual's overall physical and emotional health, as well as their body's ability to fight off the infection.



To recap, the infectious process components include:

- An invading organism.
- A "host" for the invading organism.
- A method of escape from the host.
- A method of entering a new susceptible host.

II. Goals of Infection Control

- Preventing and controlling the transmission of illness and disease.
- Providing early detection, intervention and referral.

A. Prevention and Controlling the Transmission of Illness and Disease

The primary goal of infection control practices is to **prevent** illness or disease by preventing the infectious disease chain of events from continuing.

The old saying, “an ounce of prevention is worth a pound of cure,” still holds true today. By implementing preventative infection control techniques, we can stop and/or prevent the infectious process cycle.

Specific infection control practices attempt to break the infectious cycle at each step. There are a number of preventative methods that are used including: **hand hygiene, standard precautions, environmental controls, and immunizations.**

1. Hand Hygiene:

Any healthcare worker, caregiver or person involved in direct or indirect care needs to be concerned about hand hygiene and should perform it correctly. Of all the infection control practices, the **most important** technique is thorough and frequent hand hygiene. It is also one of the cheapest and easiest to implement. For hand hygiene to be effective, it must be done correctly and frequently.

As of this writing (2009), the World Health Organization recommends the following hand hygiene practices

http://www.who.int/gpsc/5may/Hand_Hygiene_Why_How_and_When_Brochure.pdf :

- **HandRub.** Clean your hands by rubbing them with an alcohol-based sanitizer or cleanser, as the preferred means for routine hand hygiene **if hands are not visibly soiled.** It is faster, more effective, and better tolerated by your hands than washing with soap and water.
- **Wash your hands** with soap and water **when hands are visibly dirty or soiled** with blood or other body fluids or after using the toilet.
- If exposure to potential spore-forming pathogens (i.e., C-Diff) is strongly suspected or proven, hand washing with soap and water is the preferred means.

Figure 2: How to HANDRUB (WHO, 2009)

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

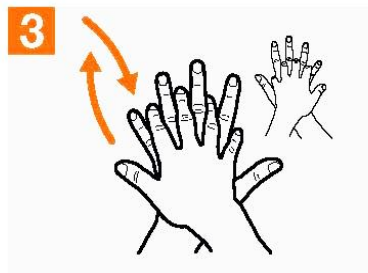
 **Duration of the entire procedure: 20-30 seconds**



Apply a palmful of the product in a cupped hand, covering all surfaces;



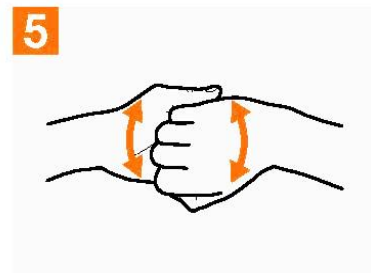
Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



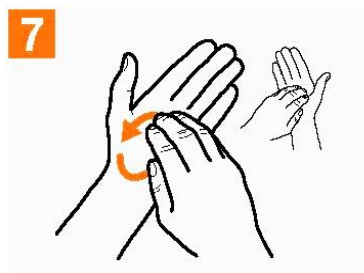
Palm to palm with fingers interlaced;



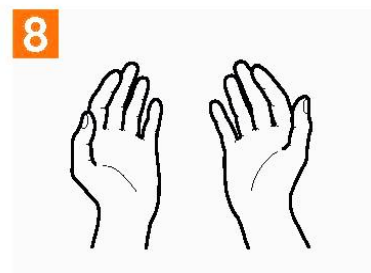
Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Once dry, your hands are safe.

Figure 3: How to HANDWASH (WHO, 2009)

HOW TO HANDWASH?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

🕒 Duration of the entire procedure: 40-60 seconds

0  Wet hands with water;	1  Apply enough soap to cover all hand surfaces;	2  Rub hands palm to palm;
3  Right palm over left dorsum with interlaced fingers and vice versa;	4  Palm to palm with fingers interlaced;	5  Backs of fingers to opposing palms with fingers interlocked;
6  Rotational rubbing of left thumb clasped in right palm and vice versa;	7  Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;	8  Rinse hands with water;
9  Dry hands thoroughly with a single use towel;	10  Use towel to turn off faucet;	11  Your hands are now safe.

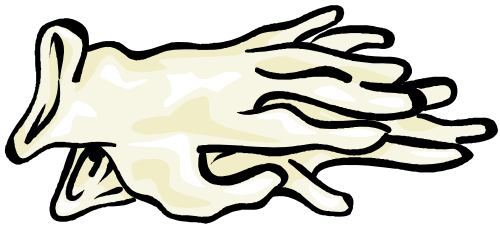
When to Implement Hand Hygiene

- After using the toilet, after assisting with toileting or after assisting with incontinence protection (briefs or pad).

- Before and after preparing or eating a meal or snack.
- Before and after medication administration.

Hand Washing

- Immediately after contact with blood, body fluids, vaginal secretions, semen, urine, feces (stool/bowel movements), vomit, or discharge from the eyes, nose, or ears.



Remember, even if you are wearing gloves, you must perform hand hygiene. Hand hygiene and wearing gloves are not substitutions for each other, they are meant to complement each other. Hand hygiene should be performed before putting on gloves and after removing gloves.

2. Standard Precautions

Standard Precautions synthesize the major features of Universal (Blood and Body Fluid) Precautions (designed to reduce the risk of transmission of disease) and applies them to all people regardless of their diagnosis or presumed infection status. Standard Precautions apply to (1) blood, (2) all body fluids, secretions, and excretions except sweat, regardless of whether they contain visible blood, (3) non-intact skin, and (4) mucous membranes. Standard Precautions are designed to reduce the risk of transmission from both recognized and unrecognized sources of infection.

The two main blood-borne illnesses that people are most concerned with today are HIV (Human Immunodeficiency Virus - which is the virus responsible for AIDS) and Hepatitis B virus. However, it is very important that standard precautions are used with everyone, regardless of what is known about their health status.

Protective Barriers

It is essential to wear protective barriers when it is likely that you will come in direct contact with blood or body fluids. Protective barriers include:

- a. **Gloves must be worn whenever** you anticipate having contact with blood or body fluids. The type of gloves can either be vinyl or latex, when providing direct care, or general purpose utility gloves for housekeeping tasks. It should be common knowledge among staff where the gloves are located.
- Gloves must be changed between person-to-person contacts.
 - Latex or vinyl gloves are single-use gloves and should never be washed.
 - 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. Discard gloves if any of these occur.
 - Remember that hand hygiene should occur every time you remove gloves.

- b. **Protective face or eye wear** can include goggles, glasses, and/or disposable face masks. The eyes and mucous membranes in the mouth should be protected from splashes or sprays of blood or body fluids because of the risk of infection. Protective 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.



- c. **Gowns, aprons, or other protective clothing.** The type of protective clothing that is needed depends on the procedure being performed and the degree of exposure that is anticipated. Protective clothing should be worn if soiling of your skin or clothing is possible. In most community programs, it is unlikely that gowns or aprons or other protective clothing would be necessary.

Hand Hygiene

Remember that cleaning your hands by washing or cleansing them with sanitizing rub is the most important procedure that can be done to prevent the spread of illness or disease.

Avoiding Accidental Cuts

Prevent injury from accidental needle sticks, broken glass, or other sharp medical objects (“sharps”) by utilizing the following safety measures:

- Never recap a needle.
- Discard the needle (“sharps”) 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 agency nurse for specifics.
- Use a broom or tongs to clean up broken glass and discard it in a puncture resistant container. **DO NOT DISCARD IN THE GARBAGE CAN.**



Cleaning and Disinfecting

Clean and disinfect surfaces contaminated with blood or any body fluids. (This will be addressed in the environmental control section to follow).

Contaminated Laundry Procedures

Follow special laundry handling procedures for all contaminated laundry. Remember to wear gloves **whenever** you are handling linens or clothing that have been contaminated with blood or any body fluids. These procedures will also be reviewed later.

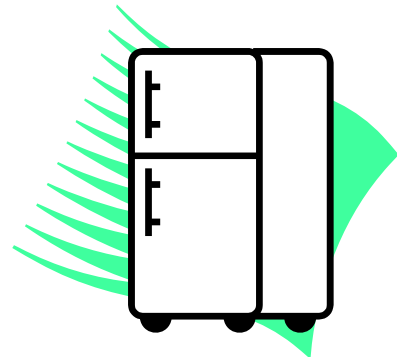
To review, standard precautions are implemented to minimize exposure to **anyone’s** blood or body fluids. This is done because we may not know which people carry blood-borne infectious diseases.

Standard precautions include:

- Use of protective barriers.
- Hand hygiene.
- Avoiding accidental needle sticks or cuts from broken glass or other “sharps”.
- Cleaning and disinfecting contaminated surfaces and equipment.
- Laundry procedures for contaminated laundry.

Environmental Controls

Another method used to prevent the spread of illness or disease is through “environmental controls.” Our environment (house, refrigerator, car, etc.) can be a potential source of micro-organisms which can cause illness or disease. For this reason, it’s important that we maintain a clean environment. Usually, routine housekeeping procedures are adequate for maintaining the overall cleanliness of the environment.



In the event that an area becomes contaminated with blood, body fluids, or other infectious material, immediate cleaning and disinfecting procedures are needed to prevent the infectious process from occurring.

a. Cleaning and Disinfecting Contaminated Surfaces. Follow these steps when cleaning a contaminated surface:

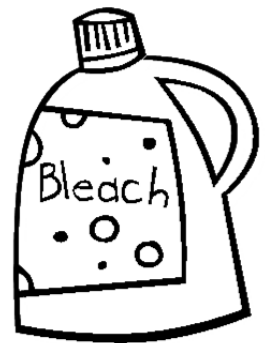
- Be sure to wear gloves.
- Place disposable paper towels over the spill and wipe it up. Place the used paper towels in a securely closed, leak-proof bag labeled with the type of contaminate.
- Use a fresh bleach solution (**1 part bleach to 10 parts water**) or a hospital-grade disinfectant (tuberculocidal), vigorously clean and rinse the contaminated area and allow it to air dry. (Friction from scrubbing the area helps remove the micro-organism).

Manufacturers' instructions for use of such products should be followed.

- Be sure to perform hand hygiene after removing gloves.

b. Cleaning and Disinfecting Food Contact Surfaces. The procedure for cleaning and disinfecting contaminated surfaces that would come in contact with food or items that might be placed in the mouth is similar to the one just described:

- Be sure to 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.)
- If the contaminated surface is an item that can be soaked in water, soak in a freshly prepared solution of **1/4 cup bleach to 1 gallon or 1 part bleach to 10 parts 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 verify the strength of the bleach solution.
- Follow the manufacturer's directions on the spill kits, if provided by your agency.
- Be sure to perform hand hygiene after removing gloves.



c. Procedure for Handling Contaminated Laundry

For cleaning and disinfecting laundry that has been contaminated with blood or body fluids, follow these procedures:

- Be sure to wear gloves and, if necessary, a non leak-through gown or outer garment.
- Handle contaminated laundry as little as possible to avoid exposure.
- 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.
- Soak and/or wash blood stained items in cold water in the washing machine for about 10 minutes, before washing, to avoid setting stains.
- Wash the clothing according to the manufacturer's instructions for 20 minutes using one of the following disinfecting procedures:
 - Water temperature of 140 degrees (Hot setting);
 - Virucidal laundry detergent effective at lower water temperatures; or
 - Chlorine bleach added to the water according to manufacturers' directions on the label.
- Dry the laundry in the dryer whenever possible, according to the manufacturer's instructions.



Immunization

Another method of preventative 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. Vaccines can be given orally, injected, or through nasal mists/sprays. Today people commonly receive vaccines to make them immune to disease or illness. Some of the more common vaccines are:

- DTaP (diphtheria, tetanus, and pertussis)
- MMR vaccine (Measles, Mumps and Rubella)
- Hepatitis B vaccine series
- Polio vaccine
- Influenza vaccine
- Shingles vaccine
- Pneumococcal Conjugate 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, residents and DSPs from institutions for people with intellectual or developmental disabilities, hemodialysis patients, heterosexuals with multiple sexual partners, homosexual males, illicit injectable drug users, household and sexual contacts of HBV carriers, patients with clotting disorders, and inmates of long-term correctional facilities. The vaccination process 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. By beginning the vaccination process, 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 if they lack immunity or protection from the disease.

DSPs should realize it is very important that they notify their program's nurse and/or supervisor immediately if they ever have exposure to a person's blood or any of the other previously identified bodily fluids. Always follow your agency's policy.

B. Infection Control through Early Detection, Intervention & Referral

A second goal of infection control is to provide early detection, intervention, and referral. Often, you may be the first to notice if there are any health problems or concerns with individuals receiving services. It is your responsibility to pass these concerns on to the nurse or supervisor who can do a more thorough assessment and if necessary, refer the person to their physician. The process for reporting medical concerns should be known and understood by everyone.

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 follow preventative measures to decrease the likelihood of transmitting the illness to other people.

1. Ongoing Tracking and Monitoring of Infection/Illness

All agencies serving individuals with disabilities are required to have an active program for the prevention and control, as well as the 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.



The agency's policy and procedures for infection control and tracking should be known and understood by each person, as well as who is responsible and the forms to utilize.

2. Reportable Diseases

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

3. Accidental Exposure Incidents

In the course of your job duties, you may be “exposed” to a person’s blood or body fluids. 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. As mentioned earlier, the two main blood-borne diseases that we are concerned with, that can be transmitted this way, are HBV (Hepatitis B virus) and HIV (Human Immunodeficiency Virus). In the event that you are ever 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 supervisor of the incident and follow any further instructions they may have. (Refer to agency policy)



To summarize, properly implemented infection control procedures help to prevent and/or dramatically control the spread of illness and disease across support environments. It is important to remember that constant awareness and implementation of the information reviewed in this module will help DSPs and the people they support maintain a healthy, low-risk environment.

Original Content for Lesson 3 was adapted from *Control of Infection and Communicable Disease* by Jan Martland, RN and Dorothy Wroble (1993).

Feedback Exercise Lesson 3

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 three 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 four methods of prevention for stopping the infectious disease chain.
 - a.
 - b.
 - c.
 - d.

6. The most important technique for infection control is thorough and frequent _____.

7. Hand washing should occur for at least (how long) _____, being sure to apply friction to all surfaces of the hands.

8. Standard Precautions apply to
 - a.
 - b.
 - c.
 - d.

9. List four of the five general standard precautions.
 - a.
 - b.
 - c.
 - d.

10. List the three main forms of protective barriers to utilize when you anticipate contact with blood or body fluids.
 - a.
 - b.
 - c.

11. What are the two blood-borne pathogens that people are most concerned with today?
 - a.
 - b.

12. List the **four** step procedure to be used when disinfecting and cleaning a contaminated surface.
 - a.
 - b.
 - c.
 - d.

13. What is the purpose of a vaccine?

14. Who are the two parties that should be immediately notified if you come in contact with a person's blood or body fluids?
 - a.
 - b.

15. What is the second goal of infection control procedures?

16. 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:

Lesson 4: AMBULATION, POSITIONING, TURNING AND TRANSPORTING

Objectives: Upon completion of this lesson, DSPs will be able to:

- List five reasons for changing a person's position.
- Describe three considerations when positioning a person.
- List three techniques to gain cooperation of the individual who needs assistance with transfers and positioning.
- List the five guidelines to consider when getting ready to lift or transfer a person.
- Demonstrate good body mechanics when lifting and transferring.
- Explain rules to follow when assisting with ambulation.
- Transport people safely and comfortably.

POSITIONING THE PERSON WITH PHYSICAL DISABILITIES

Reasons to Change Positions

There are physical health reasons and mental health reasons for changing the person with physical disabilities' position often.

Physical Health Reasons for Changing Positions

Changing a person's position helps to prevent harm to their bodies. If people's positions are not changed often enough, the following can develop:

- **Osteoporosis** - Bones can become brittle and break easily if they stay in one position too long.
- **Bedsore** or **Decubitus** - These sores develop when there is pressure on a certain part of the body. This pressure can cut off circulation and cause cells to die.
- **Contractures** - This means the arms and/or legs cannot stretch out or bend fully. Contractures are caused by shortening muscles and



tendons around a joint. Staying in the same position for long periods of time can cause this to happen.

Mental Health Reasons for Changing Positions

Changing position often helps to keep a person in contact with the environment.

- **Increase physical contact** - Touch received during position changes may reassure the person, help him or her to get to know all DSPs, and make the person feel comfortable with assistance.
- **Reduce boredom** - Staying in one place can be boring. Movement is stimulating and helps the individual become more alert and interested. Changing positions also promotes better blood circulation and better body awareness.

POSITIONING A PERSON

Considerations when positioning a person include:

- **Correct alignment** - Alignment means that the body is as straight as possible – with the head centered over the body and the spine straight.
- **Symmetry** - Symmetry is when the body is balanced on both sides, so both sides look the same.
- **Support for stability** - Support for stability means supporting to help the individual maintain the correct posture. This makes the person stable, so he or she is not likely to shift easily or fall off balance. This support is provided by pillows, sandbags, or pieces of adaptive equipment. Use firm materials like wedges, blanket rolls or sandbags, rather than sagging beds or beanbags. Seek advice from PT or OT about what to use.



Try a variety of positions. When you are not sure if a position is appropriate, contact a physical therapist or an occupational therapist. Change the person's position often. Use good handling techniques when repositioning.

- A person in a lying position should be repositioned at least every two hours during waking hours and while sleeping (per agency policy and the person's plan).
- A person who cannot maintain a correctly aligned position should be repositioned in a different position.
- A person's position should be appropriate for whatever task he or she needs to perform.
- A person's position should be adjusted if he or she expresses any discomfort.

GOOD HANDLING TECHNIQUES

How you touch a person with a physical disability, especially a person whose muscle tone is not normal, can affect how well the person responds during transfers and repositioning. Keep in mind:

- 1) the **individual's response** or how well they cooperate with you.
- 2) **safety**, both yours and theirs.

Individuals' Response: Principles for Optimal Response



Tell the person what you and she/he are going to do before you do it.

Touch the person firmly, not lightly (using a light touch can alarm a person). Move the person slowly. This prevents fear and increased tone, which feels like resistance to you.

Do not pull the individual by the hand or the foot. Instead, push at the elbow from the underside to straighten the arm and push at the knee from the back to straighten the leg.

Handling individuals well is important because it keeps them interested and willing to participate as much as possible. They must understand what is being done and why.

Safety: Your Safety and The Person's Safety

Use parts of the individual's body close to the midline of the body to move the person. This includes shoulders and hips when repositioning, rolling, lifting or assisting the person to sit up. This prevents fractures. Both the lifter and the person should move slowly. Roll the person side to side rather than trying to lift them at the buttocks, which is stressful to their joints and bad for your back. Also, the rolling action decreases tone.

BEFORE YOU TRANSFER A PERSON

This section will show how to safely move or transfer people. When we use the word **transfer**, we mean how a person gets from one place to another: bed to chair, chair to floor, wheelchair to toilet, or wheelchair to a car.

Before you transfer a person, learn the steps for correct transferring. Learning these steps will make the move safer for both the DSP and person being transferred. The steps are:

1. Getting ready.
2. Using good body mechanics.

GETTING READY

There are some basic things you need to think about before beginning a lift or a transfer:



Appraise your own capabilities and the ability of the person to assist - This means taking a good look at your size, strength, and skill at lifting and transferring as well as the size of the person that you must lift and their ability to assist with the lift. If you feel that you cannot lift alone, get help or use a mechanical lift. Know and follow your agency policies and professional recommendations for each person.

Talk to the person you are moving - One of the most

important things when transferring is to **talk to the person**. Tell the person what is going to happen. Let him or her have a chance to get ready, especially if he or she is going to help. Think about how you would feel if you had to be lifted by someone else. Wouldn't you wonder if they knew what they were doing or if they were really strong enough to lift you? If you were frightened, you might try to put out your arms to hold onto things to protect yourself.

Some people with disabilities do not or cannot protect themselves very well, so they can become very afraid and stiff, which makes a transfer more difficult.

It is usually a good idea to tell the person by using both words and gestures. Pointing to where you will transfer the person can be helpful, especially for someone who has I/DD, a hearing impairment, or is confused.

Make the distance to be traveled as short as possible - Once you have decided what you are able to do and have told the individual, the next step is to minimize the distance to be traveled during the transfer. This means if you are going to transfer a person from a wheelchair to a chair at a table, move the wheelchair as close as possible to the chair at the table. The shorter the distance you have to go with the person, the easier and safer the transfer. Move the person close to where you're going before you start. If possible, have the bed or chair at the same height as the wheelchair seat. It is also easier to transfer a person from higher to lower, versus lifting up from lower to higher. Do not use the lift to transport farther than bed to lift to chair. Lifts are not used to transport.

Stabilize all equipment to be used - Most objects in a room move - chairs, beds. Be sure to stabilize the equipment you will use. You must be careful about locking the wheelchair brakes, and make sure you lock the brakes of the bed you are going to use. If the bed brakes do not work well, secure the bed by pushing it up against the wall or piece of furniture and follow agency policy for reporting.

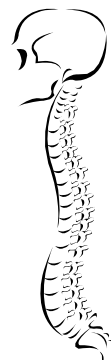


Clear the area for safety - It is easier to lift another person if there is nothing to trip over, or other objects in the way. Most wheelchairs come apart in a number of ways so you can transfer a person safely and more easily. The armrests come off completely. The leg rests usually swing out of the way and can also come off completely. The footrests and calf pads move out of the way. The seat belt has a buckle that is easily fastened or opened.

USING GOOD BODY MECHANICS

Once you have everything ready to go, you need to think about **good body mechanics**. This means maximizing use of the strongest areas of your body and minimizing use of the weaker ones. The strongest parts of your body are your legs. One of the weakest parts of your body is your back because it is supported by a series of small muscles.

Let's look at your back for a minute. It is a series of bones with shock absorbers in between, held together by tiny joints and surrounded by long, thin muscles that run up and down. Running down the center is the spinal cord. The spine gives us structure and protects the spinal cord. The spine works well for us when we're upright with our weight falling down between our feet. But it is very sensitive to strain. To protect the back from excessive strain while lifting, you must use good body mechanics.



Steps to Using Good Body Mechanics

Good body mechanics means using your legs to do most of the work during a transfer and keeping the weight off your back. There are three important ways to use good body mechanics.

1) **Get a good base of support** - A good base of support means four things:

- **Feet are comfortably apart** - Keep your feet shoulder-width apart to maintain good balance.
- **One foot is slightly in front of the other** - If your feet are side by side, your balance may be unsteady forward and back. You are much steadier if you are with one foot in front of the other.
- **Feet are flat on the ground** - Are you very steady when you stand on your toes? A good base of support also means keeping your feet flat on the ground. Stand up and try standing on your toes, then stand with feet flat and notice the difference in your steadiness.
- **Wear appropriate shoes** - Shoes help provide a good base of support, or they can be a safety hazard. A good shoe would be one that has a low heel and stays on well. Shoes that tie are good; sneakers are ideal. Sandals or shoes with high heels are not appropriate. Follow agency procedures on selecting appropriate shoes for work.



2) **Keep your back straight** - The 3 steps to keeping your back straight are important to follow each time you transfer a person.

Posterior pelvic tilt - We keep our backs straight with the abdominal muscles which surround our spines and with the muscles of our buttocks. Tighten them up-you'll find when you do this that the small of your back flattens out. This is called a **posterior pelvic tilt**. Another way to keep your back straight up and down is to **bend your knees**.

Center of gravity - To keep your back straight, you also need to hold the person close to you. Try holding a five pound bag of flour out in front of you. It starts feeling heavy very soon. Bring that extra weight close to your center of gravity, about stomach or waist level, and notice the difference. It feels much lighter when it is close to you.

Do not move your back or trunk - When transferring a person, your back, feet and trunk should all move together in the same direction, going to the same place. Avoid keeping your feet flat on the ground while twisting your body to move the person. Make sure you do not move your back or trunk without moving your feet too.

- 3) **Use your legs to lift** - The final step is **bend your knees to lift**. Squat down, bending your knees, and lift the person by straightening your knees on the way up. Remember, your legs are very strong and you should use your legs to do all heavy lifting.

STANDING AND WALKING

If the person is capable, it is best to encourage walking whenever possible, even if the person uses a wheelchair. In some cases you may be responsible to assist individuals with standing and walking. Some general rules to follow when assisting with ambulation (Hegner & Cladwell, 1992) include:



- Use a transfer (gait) belt if the person has problems with balance, coordination, or strength.
- If the person has balance problems, have another DSP assist you so counterbalance is provided.
- If the individual's endurance is limited, ask another DSP to follow with a wheelchair.
- Stand slightly behind the individual on the person's weaker side. Grasp the gait belt with one hand on the back using an underhand grasp and the other hand on the front of the person's closest shoulder or forearm.
- A cane is used by the person on their strongest side.
- When a walker is used, all four points of the walker should touch the floor at the same time.
- Never use a walker on stairs.

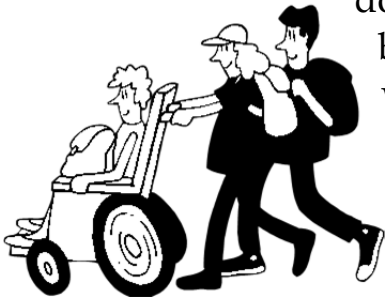
- When the individual sits, the chair should be touching the back of their legs. The person should place their hands on the arms of the chair to lower their body into the chair.

TRANSPORTING PEOPLE WHO USE WHEELCHAIRS

Wheelchairs may be used for either short-term or long-term transportation of individuals unable to ambulate independently, or for those for whom ambulation is medically inadvisable. Remember when speaking with anyone seated in a wheelchair to be at their eye level when talking to them. Consider the following guidelines about wheelchair use:

- **Self-mobilization:** Can the person move themselves? If yes, encourage them to transport themselves as much as possible.
- **Individual's sitting position:** Before starting check for the following:
 - Are the person's hips all the way back in the wheelchair?
 - Are the person's cloths smooth and wrinkle free?
 - Does the seat belt need to be attached?
 - Are footrests in place and are the person's feet on the footrests?
 - Are the individual's hands on the armrests or in his or her lap away from the wheels?
- **Brakes:** Make sure that brakes are locked prior to assisting a person into or out of a wheelchair.
- **Talk to the person prior to moving their wheelchair:** Always ask the person if they would like your assistance and explain what you are going to do before moving the wheelchair. This will avoid startling the person and give the individual more control over their environment and what happens to them.
- **Holding On:** Grasp both push handles on the wheelchair firmly.
- **Starting and stopping:** Always start and stop slowly, take corners slowly, and maintain a steady pace while moving. This is to avoid jostling the person or throwing him or her off balance.

- **Surface levels:** Be alert for changes in surface levels-for example, doorjambs or the floor of an elevator. Hitting a half inch rise at standard wheelchair speed can bend the front casters and pitch the person forward.
- **Opening Doors:** Never open doors by pushing with the front of a wheelchair. This can damage the wheelchair's footrests, the person's feet, or the door. Stop the wheelchair, open the door by hand or using an automatic door opener, and bring the wheelchair through. If the door does not stay open on its own, hold it with one hand or your backside. Do not let the door bang the side of the wheelchair.
- **Inclines and ramps:** The person's weight should always be pushing back toward you. Going uphill means pushing the person; to go downhill, turn the chair around and walk backwards. In this manner, the person's weight will be pushing back toward you.



- **Outdoor surfaces:** Be alert for anything that can trap front casters or cause the wheelchair to tilt, such as holes, cracks, stones, sand, or soft shoulders.
- **Curbs:**
 - **Up curbs** - Stop at the curb, raise the front casters by pressing down on the foot lever, roll the front onto the sidewalk, and roll the large wheels over the curb by lifting slightly on the push handles as you push forward.
 - **Down curbs** - Always come down curbs facing backwards with the large wheels coming first. Maintain some upward pressure on the push handles as you pull the wheelchair toward you.

Additional information on all of these topics may be found in the module, *Positioning, Turning & Transferring*.

The material in this chapter was adapted from *The Adult Human Services Curriculum* (1989) Eunice Kennedy Shriver Center.

Feedback Exercise Lesson 4

1. List five reasons for changing a person's position often.
 - a.
 - b.
 - c.
 - d.
 - e.

2. Describe three considerations for proper positioning.
 - a.
 - b.
 - c.

3. List three techniques to gain cooperation of the individual who needs assistance with transfers and positioning.
 - a.
 - b.
 - c.

4. List the five guidelines to consider when getting ready to lift or transfer a person.
 - a.
 - b.
 - c.
 - d.
 - e.

5. Describe good body mechanics for transfers.

6. List five rules to follow when assisting with ambulation.
 - a.
 - b.
 - c.
 - d.
 - e.

7. Describe precautions for wheelchair use in the following situations.
 - a. Starting and stopping
 - b. Opening doors
 - c. Inclines and ramps
 - d. Up curbs
 - e. Down curbs

8. Describe proper positioning for a person who will be transported in a wheelchair.

Lesson 5: PERSONAL HYGIENE AND ACTIVITIES OF DAILY LIVING

Objectives: Upon completion of this lesson, DSPs will be able to:

- Describe the importance of personal hygiene.
- Explain how DSPs can encourage independence and cooperation when assisting with activities of daily living and personal hygiene routines.
- Assist persons with disabilities with personal hygiene routines in a manner that protects safety and privacy and promotes health and independence.
- Describe plaque and its role in tooth decay and gum disease.
- Explain steps that DSPs can take to make dental visits a positive experience.

ACTIVITIES OF DAILY LIVING

You will be an active member of the team in assisting the people with whom you work to reach many goals. These goals represent large steps toward independence for the person. Each person must be given the opportunity to do as much as possible. They must be given the encouragement and opportunity to maintain skills they have acquired. It may take longer to wait for a person with intellectual or developmental



disabilities to perform the steps of an Activity of Daily Living (ADL), but avoid the temptation to do it for the person. Be sensitive to signs of frustration, fatigue or emotional upset. There are times when all of us need more help than other times.

DSPs are responsible for ensuring that the person's right to privacy is respected. Window coverings and doors in the bedroom and bathroom should be closed for personal care. You should knock and ask for permission before entering bathrooms and bedrooms. You may need to teach individual's receiving support how to exercise their right to privacy and also to respect the privacy of others.

PERSONAL HYGIENE

Habits of personal hygiene vary greatly, but a regular bath and care of hair and nails are important for everyone. Personal grooming tends to promote a more positive feeling about one's self and enhance self-esteem.

In addition to the emotional satisfactions related to personal hygiene, there are physical benefits. Bathing removes dirt and perspiration, increases circulation and provides passive or active exercise in a natural situation. The person feels clean, relaxed and refreshed.

The bath time provides an excellent opportunity to establish communication and to closely observe the person's skin condition (reddened areas, sores, etc.). Some people may be able to take tub baths or showers independently or with varying levels of assistance. Others may need total care and you will be assisting with the entire bath and the personal grooming which usually follows. Remember that, regardless of the level of assistance that is required, you should at all times emphasize teaching the person how to care for him or herself. When you are teaching a grooming skill, you should follow the same steps each time the procedure is done which will enhance the person's learning of the skill.

It is important to note that most articles used for personal hygiene (toothbrush, combs, etc.) are of a personal nature and each person should have their own. There should be some method of identification for each person's belongings if bathroom facilities are shared.

Baths



There are some safety measures which should be discussed prior to the actual procedures for assisting with baths. While privacy is stressed with any form of personal care, the team may recommend in the person's plan that the person not be left alone in a tub or shower (i.e., active seizure disorder).

Every effort must be made during the bathing process to ensure safety to the person as well emphasizing respect and privacy. DSPs need to follow the plan of care for individualized bathing methods and skin care plans identified through the Risk Assessment.

General rules for bathing include the following:

- Allow personal choice whenever possible.
- Follow Standard Precautions and the Bloodborne Pathogen Standard.
- Collect the items needed before starting.
- Provide for privacy by closing doors, shades and blinds, having the person wear clothing or a robe or covering them with towels.
- Assist the person to urinate before entering the bath since bathing stimulates the need to urinate.
- Guard against chilling by ensuring that the room is warm and free from drafts.
- Use good body mechanics at all times.
- Know what water temperature to use (see below).
- Keep the soap out of the water to avoid soapy water.
- Encourage the person to help as much as possible.
- Assist the person to wash the body systematically, starting with the cleanest part of the body. Perineal care should be done last with a separate cloth.
- Rinse the skin thoroughly.
- Pat the skin dry to avoid irritating or breaking the skin. Do not rub the skin.
- Dry under the breasts, between skin folds, in the perineal area and between the toes.
- Conduct a skin assessment looking for bruises and rashes, etc.

Whether a person is showering or taking a tub bath, safety is always a primary concern. The following safety measures are used for both:

- Clean the tub before and after use.

- Dry the tub or shower floor.
- Check safety equipment (handrails, grab bars, etc.).
- Place a bath mat in the tub or shower floor unless there are non-skid strips present.
- Place needed items within the person's reach.
- Have the person use grab bars when getting in or out of tub.
- Turn on cold water first, then hot. Turn hot off first, then cold.
- Adjust water temperature (see below). Do this before person enters shower.
- If shower chair is used, position it.
- Direct water away from person until it reaches the correct temperature.
- Fill tub before person gets in.
- Measure water temperature with digital display or arm. (Below should be incorporated).
- Keep water directed toward person during shower.
- Keep soap out of water between lathering.
- Avoid using bath oils which make the surfaces slippery.
- Do not leave weak or unsteady persons unattended.
- Stay within hearing distance of person; wait outside door or shower curtain.
- Drain the tub before the person gets out of tub.
- Cover person to avoid chilling.



The **temperature of the bath water** should be comfortable for the person and not over 110 degrees Fahrenheit (°F). Check the water temperatures for those people who are not able to correctly adjust the water temperature.

If a “bath thermometer” is not available, the best way to judge the temperature is with the inside of your forearm. Normal body temperature is 98.6° F; therefore, the water should feel fairly warm but not hot. People with certain neurological problems are not able to feel degrees of heat and cold. This can be dangerous because the person could be burned by hot water and not be able to feel it. Always be certain of the water temperature and take precautions against accidental burns.

Care should be taken when **cleansing the eyes and ears**. Wash from the inner corner of the eye to the outer using warm water and no soap. Later, assist the person to clean their glasses if necessary. Wash the outer ear. Never use a Q-tip to cleanse the inner ear canal.



Soap will have a drying effect on a person’s skin. Be sure that all soap is rinsed off and all body parts are dried very well, including between the toes. Use lotion after the bath for dry skin. Be sure all body folds are clean and dry.

Falls during a tub or shower bath can be very dangerous. Nonskid strips placed in the tub and on the floor of the shower and handrails secured to the walls may help prevent falls. Some individuals may need assistance in and out of the tub or shower stall. The level of assistance and monitoring needed during bathing/showering will be determined by the individual’s team. Stay within hearing distance if the person can be left alone. Wait outside the shower or bathroom door. Always drain the tub before the person gets out of the tub. The module on *Positioning, Turning and Transferring* can provide you with additional information to help prevent falls.

If you assist the person to wash their hair during a tub and/or shower bath, have the person hold a wash cloth over his/her eyes to prevent irritation from the soap. If hair washing isn’t possible or preferred at this time, it can be done as a separate procedure at a sink.

When getting ready for bathing, do not rush the person. Use a calm, pleasant voice when explaining the upcoming experience and divert the

person's attention if they are reluctant to bathe. If the person continues to resist bathing, readdress the issue later. Allowing the person to choose when they will bathe can make it a more pleasant experience.

Perineal Care

If a person is unable to cleanse the genital area adequately, DSPs should provide assistance. Use mild soap and warm water. For females, separate the labia and flush with warm water. Wash from front to back to avoid the possibility of transfer of any feces present.

Retract the foreskin for uncircumcised males and flush with warm water. Wash from the tip of the penis down. Be sure to remove smegma, a cheese-like substance secreted by sebaceous glands that collects under the foreskin. Failure to do so can result in irritation and odor due to bacterial growth. Rinse well after washing. Dry thoroughly. Pull the foreskin of uncircumcised males back into place. Do not use powder.

Hand and Foot Care

Care of the nails is an essential component of personal hygiene. Daily care will not only help prevent harboring of germs but will also help prevent people from injuring themselves or others by scratching. Nail care can be done at any time but the best time is right after the bath. During the bath, the person has soaked his hands and/or feet which makes the nails more pliable and easier to clean and groom.



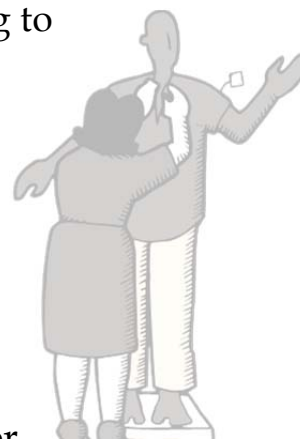
Fingernails should be cut and filed, following the contour of the fingertips. Care should be taken not to injure the corners of fingernails and toenails which is the biggest single cause of infections.

Toenails should be cut following the shape of the nail. A person with diabetes or a person with poor circulation may require a podiatrist (foot

doctor) for nail care. Individuals with diabetes must be especially careful at bath time to be sure that their feet are clean and dry between the toes.

Dressing

Much of our self-image is expressed in the clothing we select and wear. It is important that, no matter how much assistance is needed for dressing, the person you are assisting should choose what he/she is going to wear. If his/her experience in selecting clothing is limited, offering two choices of clothing appropriate for the weather and occasion will help him/her learn decision-making skills. If necessary, remind people to exercise their right to privacy when dressing and undressing by reminding them to close the window coverings and doors before undressing.



Encourage people to dress as independently as possible. Allow enough time for dressing and be sensitive to fatigue or frustration. The amount of assistance needed will vary depending on the type of clothing selected. Pull over shirts, elastic waist slacks, and velcro fasteners may be good choices if a person has difficulty dressing. Many assistive devices are available to support independent dressing skills. Many of these items can be located on the internet or through medical supply companies.

If a person is learning to become more independent in dressing, backward chaining skill sequences are generally successful.

For example: Teach Bill to put on his slacks by assisting him to put his slacks over his feet and pull them up to his hips. Ask Bill to finish putting on his slacks. Assist if needed, fading away assistance until Bill does the entire task independently.

Remember, undressing is easier than dressing for most people and we all have days that things just seem much harder than others. Remember, the people you assist with dressing may not be able to generalize what they know about one dressing task to a new task.

For example: If Fred is able to put on a t-shirt independently, that doesn't mean that he will also be able to put on a sweater or sweatshirt by himself. Fred may need your assistance to learn how to put on each different article of clothing.

If a person has one side more involved than the other (paralysis, contractures, or spasticity), assist the person to put the sleeve of the dress, shirt, coat, etc. on the more involved arm first. When undressing, assist the person to take the sleeve off the least involved arm first. This is also important for independent dressing and undressing.

Hair Care

Hair grooming and shampooing also contributes to our general state of health and sense of wellbeing. The person should be encouraged to complete this process as independently as possible. However, staff may need to assist with or completely do the procedure. The scalp should be massaged with the fingertips, not fingernails. Assist with rinsing if needed to prevent cradle cap and scalp irritation.

Good general health is important for attractive hair. Cleanliness helps keep it attractive. Hair is exposed to the same dirt and oil as the skin. It should be washed as often as necessary to keep it clean. A weekly shampoo is sufficient for some people, but more frequent shampooing may be indicated for others. Brushing helps keep hair clean and also distributes oil along each hair shaft. Most people will shampoo when in the shower or tub. Others will prefer to wash their hair at the sink.

Shaving

Shaving is another aspect of personal hygiene for both men and women. Shaving helps promote cleanliness but, more importantly, it improves morale and appearance. Electric razors should be used whenever possible as they are easier to use and facilitate independence. If a person has acne, shave around affected areas. Attempt to shave with the grain of the



beard. It is recommended to shave more frequently and less close. Dark-skinned people may prefer depilatory hair removal cream or wax to remove facial hair. Follow the directions for use on the container. Women who have excessive facial or body hair may also choose to use a depilatory.

Elimination Needs

When a person is unable to control bowel and/or bladder function, they are said to be **incontinent**. While a great deal of programming is directed to teaching bowel and bladder control, some people may still have an incontinence problem. People who are incontinent frequently and on a long-term basis, may require incontinence protection to preserve their personal dignity.

Some persons may be incontinent only on occasion. For these people, protective briefs should not be routinely used. When soiling occurs, DSPs should immediately assist the person to wash up and change their clothes. Soiled clothes should be washed as soon as possible. Use the procedures outlined earlier in this module.

Bear in mind that incontinence causes the person embarrassment and physical discomfort. DSPs can help minimize this by assisting, if necessary, to clean and change the person immediately after incontinence occurs. Completing this task will help maintain the person's dignity and keep the skin clean and dry which will help prevent redness and rashes from developing.

Individuals may also experience constipation. The cause is not always evident. Contributing factors include: improper diet, lack of exercise, certain medications, and inaccessibility of the lavatory. The most serious form of constipation results in **impaction**. The fecal mass gradually loses water if it is not eliminated from the bowel. When this occurs, some of the outer mass is dissolved by the mucus produced in the bowel and there is evidence of apparent diarrhea. Any time you note diarrhea in an elderly or bedridden person, impaction may be suspected. Impaction, as well as constipation, must be reported to your agency's nurse or supervisor.

ORAL HYGIENE AND DENTAL CARE

Oral hygiene and dental care can have a direct effect on a person's overall health status. If teeth or gums are not healthy, they may experience pain or discomfort. This can affect what and how well they eat. A person's ability to speak may also be affected by dental problems. It is vital to practice



good oral hygiene and to participate in a comprehensive regimen of dental care.

People with disabilities often have special concerns (health, physical, behavioral, etc.) which can complicate their oral hygiene and dental care. You may find that you need to integrate information from the person's dentist as well as your program's nurse, occupational or physical therapist, dietician or others involved in direct provision of services. Duties of DSPs in the area of dental hygiene may include brushing the person's teeth or instructing them in ways to independently complete these tasks.

The Role of Plaque

Before talking about the specifics of promoting good oral health, the major contributing factor to dental disease should be addressed. Plaque is a clear, sticky coating of bacteria and their by-products which forms on the teeth. It accumulates in the pits of the teeth, along the boundaries between the teeth and gums and in cracks, defects and rough surfaces. If plaque is not thoroughly removed every day, it can cause the two main enemies of good oral health: tooth decay and gum disease.

Tooth Decay

While people tend to associate tooth decay with children, it's important to understand that it isn't just a health problem of children. People of all ages are susceptible to decay.

Tooth decay occurs when the protective coating on our teeth, called enamel, breaks down. The culprits are foods containing



carbohydrates (sugar and starches). Plaque bacteria convert the sugar and starch into acid. Each acid attack may last twenty minutes or more and after many attacks, the tooth enamel breaks down resulting in a cavity.

Children are especially at risk because of the small pits and cracks on the chewing surfaces of their teeth. Some of these areas are so small that even a single toothbrush bristle cannot reach inside.

Adults, on the other hand, are more prone to decay around the roots of the teeth. This is because, as people age, their gums begin to recede, exposing the root of the tooth. Tooth roots are much softer and do not have the protection of enamel.

Gum Disease

Gum disease is an infection of the gums which is caused by a film of bacteria that coats everyone's teeth. Gum disease can occur at any age, but it is most common among adults.



In the early reversible stage of gum disease, called gingivitis, gums can become red, swollen and bleed easily. When the disease progresses to the bone which supports the teeth, it is called periodontitis and at that point can cause irreversible damage. In the advanced stage of the disease, the bone and soft tissues which support the teeth are destroyed and this may cause the teeth to become loose, fall out, or have to be removed by a dentist.

Gum disease is caused by bacteria that attach to the crown and root surfaces of the teeth. These bacteria organize to form a film called dental plaque. Because plaque is sticky and constantly forms on the teeth, it can continue to build up on the teeth and gums. If plaque is not removed through daily cleaning, it produces toxins or poisons that can irritate and inflame the gums. Eventually, these toxins destroy gum tissues causing the tissues to separate from the tooth and form deepened spaces called pockets. The pockets can then hold more bacteria and the process can progress so

that the gum tissues detach even further until the bone and other supporting tissues of the teeth are destroyed.

Oral Hygiene

The main components of oral hygiene are tooth brushing, flossing, and cleaning the tongue and other parts of the mouth. DSPs who work with individuals with disabilities may have numerous roles in assisting in the oral hygiene process. The degree of assistance you will need to provide is determined by the unique, individual needs of the person. Some people will be able to become independent in their own oral hygiene. Many others will need varying amounts of training and assistance in order to meet their oral hygiene needs; and some will need total care by personnel in order to maintain good dental health.



The individual's team will make decisions about the level of training and/or assistance he or she will need. In some cases, a person will not want assistance with oral hygiene. Sometimes, individuals will actively (even aggressively) resist oral hygiene. Information about how to deal with these situations will be discussed at the team meeting and addressed in the person's plan.

For those who require physical assistance during oral hygiene, proper positioning can often make the difference between a pleasant, efficient procedure and an uncomfortable, poorly done job. It is important to note that positioning must be individualized to the needs of every person. The following suggestions are fairly general and the individual you assist may have more specialized positioning procedures which you will need to follow. The module on *Oral Hygiene and Dental Care* can also supply more information. When in doubt, ask your agency nurse, physical therapist, or occupational therapist.

Dental Visits

Another major component of promoting good dental health is participating in a program of comprehensive dental care. The cornerstone of good dental care is making regular visits to a dentist. Dental visits should occur at least annually and more frequently if the individual's condition warrants.



It is important that the dentist be sensitive to the needs of persons with disabilities. DSPs can play an important role in familiarizing the dentist with the person's individual characteristics and needs. Depending on the individual's needs and feeling about dental visits, sometimes a telephone call or meeting in advance of the appointment can result in the dentist and office staff being more aware of how to best respond to the person and allow the time for both parties to work out how to accommodate any special needs. It is better to try to work out solutions to potential barriers or obstacles in advance of the visit, if possible.

When talking to the dentist or dental staff, provide a positive example by speaking in positive, people-first language and referring to the individual in an age-appropriate manner. When the person is present, speak to them directly or involve them in the conversation, as opposed to talking about them in the third person.

It is also very important to prepare the individual for their visit to the dental office. It is important to note that some may find this a threatening and even frightening experience. Work with the individual to make them as comfortable as possible and explain what is likely to happen during the visit in a way the individual can understand. Some who are very nervous about a visit to a new dentist or clinic may be comforted by visiting the office in advance of the visit.

ASSISTING INDIVIDUALS WITH PERSONAL HYGIENE OR MEDICAL NEEDS

Many things make a difference in a person's behavior and attitude toward those trying to help him/her with medical needs or personal hygiene. The person may be frightened, angry, uncomfortable, or in pain. Other factors that can make a difference are the person's previous illnesses and experience with health care workers. Your actions as a DSP also will have a dramatic effect on the individual's reaction toward medical assistance you are trying to provide. The following guidelines may be helpful in gaining cooperation as well as fostering independence in the people you are assisting.

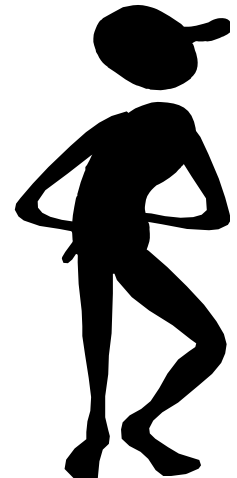
- Remember that each person is different in his/her reaction to pain, treatment, annoyances, and even kindness. Get to know each person that you will be assisting. Ask other DSPs what works for them. Always treat the person as an individual.
- Try to be understanding. When someone doesn't feel well, their problems are all important to them.
- Listen to the person's complaints and respond to his/her needs. Also, watch for and take appropriate action when you observe behavioral indicators of pain or illness.



- When communicating, show an interest in what the person is saying. Look at the person and let your face show that you are interested.
 - Talk with the person, not just to or at him/her. Find out what he/she likes and dislikes. Give the person choices whenever possible. Avoid ordering people to do things, acting bossy, or rushing the person.
- Speak clearly and slowly enough to be understood. Use a pleasant tone and words the person can understand. Hand movements (gestures), expressions on your face, and body movements may help the person understand what you are trying to communicate.

- When providing assistance that involves touching the person's body, be careful, firm, and gentle. Avoid rushed, jerking movements. Always tell the person what you are going to do before doing it. Encourage the person to help as much as possible.
- Respect the person's moods. Sometimes silence can help. Sometimes a pat on the shoulder or hand means more to a person than anything you might say.
- Respect the person's right to privacy when providing assistance. Always knock before entering a person's room or bathroom. Close the door and do not allow others to be present when helping with medical or personal hygiene needs.

Sometimes a person will refuse to cooperate with personal hygiene activities, medical therapies, or medication schedules. It is critical that DSPs do not force the issue in these situations. Rather, use the following approaches:



- Accept the refusal initially.
- Wait approximately 10 minutes to see if they will independently decide to allow you to assist him/her.
- Offer choices.

Example: "John do you want to take your bath now or after supper?"

- Repeat the offer of choices. Perhaps another DSP might have more success.
- Use the "sandwich technique" to suggest compliance. The sandwich technique involves giving a compliment, followed by an action needing to be done, followed by a beneficial effect if the action is completed.

Example: "Joe, it is good that you took your bath yesterday. If you continue to bathe regularly, people will enjoy being around you."

- Use the "Premack Principle" by stating what "liked" activity will follow after medications are taken.

Example: “After your bath, you can help me make popcorn.”

If the person continues to refuse, ask yourself why is he/she refusing? For control? As a means to assert independence? Are DSPs rushing the person? Did you tell the person what to do or make a request? Don't let these situations become a power struggle between you and the person receiving services - offer choices. Explain the importance of this medication or activity for the person and the purpose for which it was prescribed/recommended. Allow the person time to think about your request between repeated approaches with a choice.

Follow your agency procedures for notifying the nurse/supervisor when medication refusals continue past the time limit. Document that the medication was refused.

An isolated incident of refusing a particular personal hygiene activity should not be considered health threatening. There are days when everyone doesn't feel like shaving or taking a shower. Although the refusal may need to be documented according to agency guidelines, do not reinforce the behavior by giving a lot of attention for the refusal.

Repeated refusals are a reason to call a team meeting to address the refusals within the program plan. DSPs must work together using a consistent approach as defined by the team. Ensuring that the person has an opportunity to make choices and exercise control in other aspects of his/her life may take away the need to exert independence by refusing medication or activities.

Feedback Exercise Lesson 5

1. Describe the importance of personal hygiene.
2. Explain how staff can encourage independence when assisting with activities of daily living and personal hygiene routines.
3. Describe the correct procedure for cleansing the eyes and ears.
4. List three precautions to minimize dry skin problems associated with bathing.
 - a.
 - b.
 - c.
5. List two precautions for avoiding falls during a tub or shower bath.
 - a.
 - b.
6. Describe proper nail care.
7. Explain how plaque promotes tooth decay and gum disease.
8. List the main components of oral hygiene.
9. List five guidelines which may be helpful in gaining cooperation when assisting individuals with personal hygiene or medical needs.
 - a.
 - b.
 - c.
 - d.
 - e.

10. Describe three approaches to use when a person refuses to cooperate with personal hygiene activities, medical therapies, or medication schedules.
 - a.
 - b.
 - c.

11. What are DSPs' responsibilities if the person continues to refuse?

Lesson 6: NUTRITION

Objectives: Upon completion of this lesson, DSPs will be able to:

- Define good nutrition in simple terms, including the five food groups and the basic nutrients.
- Explain the MyPlate visual to a person with an intellectual disability.
- List the five food groups and the recommended range of servings.
- Support individuals with intellectual disabilities to adopt healthy eating habits.
- Assist individuals who are on a special ordered diet.
- List three of the factors which can affect nutritional status of people with disabilities.
- Describe methods to use at meal time which will promote a relaxed, healthy eating experience.
- Use food safety practices.

WHAT IS GOOD NUTRITION?

Good nutrition means eating a diet containing all the nutrients your body needs to provide energy for everyday activities as well as to maintain good health. Your body needs foods from a variety of sources to provide all the required nutrients.

A. MyPlate: Let's Eat for the Health of It

It is recommended that we eat foods from the basic five food groups each day. The foods in each group provide key nutrients which your body needs in order to maintain good health. To assist with this, the USDA has now added MyPlate, a familiar mealtime visual, a place setting, to remind us not only to include the five food groups, but what portion each of the food groups our plates should contain based on the 2010 Dietary Guidelines for Americans. The information in this section is from <http://www.choosemyplate.gov/>



Build a healthy plate. Before you eat, think about what goes on your plate or in your cup or bowl. Foods like vegetables, fruits, whole grains, low-fat

dairy products, and lean protein foods contain the nutrients you need without too many calories. Try some of these options:

- Make half your plate fruits and vegetables.
- Switch to skim or 1% milk.
- Make at least half your grains whole.
- Vary your protein food choices.
- Keep your food safe to eat - learn more at www.FoodSafety.gov.

Cut back on foods high in solid fats, added sugars, and salt. Many people eat foods with too much solid fats, added sugars, and salt (sodium). Added sugars and fats load foods with extra calories you don't need. Too much sodium may increase your blood pressure.



- Choose foods and drinks with little or no added sugars.
- Look out for salt (sodium) in foods you buy - it all adds up.
- Eat fewer foods that are high in solid fats.

Eat the right amount of calories for you. Everyone has a personal calorie limit. Staying within yours can help you get to or maintain a healthy weight. People who are successful at managing their weight have found ways to keep track of how much they eat in a day, even if they don't count every calorie.

- Enjoy your food, but eat less.
- Cook more often at home, where you are in control of what's in your food.
- When eating out, choose lower calorie menu options.
- Write down what you eat to keep track of how much you eat.
- If you drink alcoholic beverages, do so sensibly - limit to 1 drink a day for women or to 2 drinks a day for men.

Be physically active your way. Pick activities that you like and start by doing what you can, at least 10 minutes at a time. Every bit adds up, and the health benefits increase as you spend more time being active.

B. Five Food Groups

The food groups that should be included on our plates are:

- **Fruit** (2-4 servings per day). Any fruit or 100% fruit juice counts as part of the Fruit Group. Fruits may be fresh, canned, frozen, or dried, and may be whole, cut-up, or pureed.



MyPlate reminder: Make half your plate fruits and vegetables.

- **Vegetables** (3-5 servings per day). Any vegetable or 100% vegetable juice counts as a member of the Vegetable Group. Vegetables may be raw or cooked; fresh, frozen, canned, or dried/dehydrated; and may be whole, cut-up, or mashed. Vegetables are organized into 5 subgroups, based on their nutrient content.

MyPlate reminder: Make half your plate fruits and vegetables.

- **Grains** (6-11 servings per day). Any food made from wheat, rice, oats, cornmeal, barley or another cereal grain is a grain product. Bread, pasta, oatmeal, breakfast cereals, tortillas, and grits are examples of grain products. Grains are divided into 2 subgroups, whole grains and refined grains.
 - *Whole grains* contain the entire grain kernel — the bran, germ, and endosperm.
 - *Refined grains* have been milled, a process that removes the bran and germ. This is done to give grains a finer texture and improve their shelf life, but it also removes dietary fiber, iron, and many B vitamins. Most refined grains are enriched. This means certain B vitamins (thiamin, riboflavin, niacin, folic acid) and iron are added back after processing. Fiber is not added back to enriched grains. Check the ingredient list on refined grain products to make sure that the word "enriched" is included in the grain name.
 - Some food products are made from mixtures of whole grains and refined grains.

MyPlate reminder: Make at least half of your grains whole grains.



- **Protein foods** (2-3 servings per day). All foods made from meat, poultry, seafood, beans and peas, eggs, processed soy products, nuts, and seeds are considered part of the Protein Foods Group. Beans and peas are also part of the Vegetable Group. Select a variety of protein foods to improve nutrient intake and health benefits, including at least 8 ounces of cooked seafood per week. Young children need less, depending on their age and calorie needs. The advice to consume seafood does not apply to vegetarians. Vegetarian options in the Protein Foods Group include beans and peas, processed soy products, nuts, and seeds. Meat and poultry choices should be lean or low-fat.

MyPlate reminder: Amount of protein needed varies according to age, sex, activity, etc. Refer to MyPlate.gov for the chart listing amounts.

- **Dairy** (2-3 services per day). All fluid milk products and many foods made from milk are considered part of this food group. Most Dairy Group choices should be fat-free or low-fat. Foods made from milk that retain their calcium content are part of the group. Foods made from milk that have little to no calcium, such as cream cheese, cream, and butter, are not. Calcium-fortified soymilk (soy beverage) is also part of the Dairy Group.

MyPlate reminder: Switch to fat-free or low-fat (1%) milk.

Fats, Oils & Sweets (Use sparingly). In addition to these five basic groups, the following chart illustrates a category of other foods (fats, oils, and sweets) which may be used sparingly to add flavor to food.

C. The Ten Tips Nutrition Education Series provides consumers and professionals with high quality, easy-to-follow tips. These tips and ideas are a starting point toward a healthy diet. Read the following materials from the Ten Tips Nutrition Education Series:

- *Choose My Plate*
- *Build a Healthy Meal*
- *Focus on Fruits*
- *Add More Vegetables to Your Day*
- *Make Half Your Grains Whole*
- *Got Your Dairy Today*
- *With Protein Foods, Variety is Key*

More topics can be found online:

<http://www.choosemyplate.gov/healthy-eating-tips/ten-tips.html>

**10
tips**
Nutrition
Education Series

choose MyPlate

10 tips to a great plate



Making food choices for a healthy lifestyle can be as simple as using these 10 Tips.

Use the ideas in this list to *balance your calories*, to choose foods to *eat more often*, and to cut back on foods to *eat less often*.

1 balance calories

Find out how many calories YOU need for a day as a first step in managing your weight. Go to www.ChooseMyPlate.gov to find your calorie level. Being physically active also helps you balance calories.

2 enjoy your food, but eat less

Take the time to fully enjoy your food as you eat it. Eating too fast or when your attention is elsewhere may lead to eating too many calories. Pay attention to hunger and fullness cues before, during, and after meals. Use them to recognize when to eat and when you've had enough.



3 avoid oversized portions

Use a smaller plate, bowl, and glass. Portion out foods before you eat. When eating out, choose a smaller size option, share a dish, or take home part of your meal.

4 foods to eat more often

Eat more vegetables, fruits, whole grains, and fat-free or 1% milk and dairy products. These foods have the nutrients you need for health—including potassium, calcium, vitamin D, and fiber. Make them the basis for meals and snacks.



5 make half your plate fruits and vegetables

Choose red, orange, and dark-green vegetables like tomatoes, sweet potatoes, and broccoli, along with other vegetables for your meals. Add fruit to meals as part of main or side dishes or as dessert.

6 switch to fat-free or low-fat (1%) milk

They have the same amount of calcium and other essential nutrients as whole milk, but fewer calories and less saturated fat.



7 make half your grains whole grains

To eat more whole grains, substitute a whole-grain product for a refined product—such as eating whole-wheat bread instead of white bread or brown rice instead of white rice.

8 foods to eat less often

Cut back on foods high in solid fats, added sugars, and salt. They include cakes, cookies, ice cream, candies, sweetened drinks, pizza, and fatty meats like ribs, sausages, bacon, and hot dogs. Use these foods as occasional treats, not everyday foods.

9 compare sodium in foods

Use the Nutrition Facts label to choose lower sodium versions of foods like soup, bread, and frozen meals. Select canned foods labeled "low sodium," "reduced sodium," or "no salt added."



10 drink water instead of sugary drinks

Cut calories by drinking water or unsweetened beverages. Soda, energy drinks, and sports drinks are a major source of added sugar, and calories, in American diets.

10 tips
Nutrition
Education Series

build a healthy meal

10 tips for healthy meals



A healthy meal starts with more vegetables and fruits and smaller portions of protein and grains. Think about how you can adjust the portions on your plate to get more of what you need without too many calories. And don't forget dairy—make it the beverage with your meal or add fat-free or low-fat dairy products to your plate.

1 make half your plate veggies and fruits

Vegetables and fruits are full of nutrients and may help to promote good health. Choose red, orange, and dark-green vegetables such as tomatoes, sweet potatoes, and broccoli.

2 add lean protein

Choose protein foods, such as lean beef and pork, or chicken, turkey, beans, or tofu. Twice a week, make seafood the protein on your plate.



3 include whole grains

Aim to make at least half your grains whole grains. Look for the words "100% whole grain" or "100% whole wheat" on the food label. Whole grains provide more nutrients, like fiber, than refined grains.

4 don't forget the dairy

Pair your meal with a cup of fat-free or low-fat milk. They provide the same amount of calcium and other essential nutrients as whole milk, but less fat and calories. Don't drink milk? Try soy milk (soy beverage) as your beverage or include fat-free or low-fat yogurt in your meal.



5 avoid extra fat

Using heavy gravies or sauces will add fat and calories to otherwise healthy choices. For example, steamed broccoli is great, but avoid topping it with cheese sauce. Try other options, like a sprinkling of low-fat parmesan cheese or a squeeze of lemon.

6 take your time

Savor your food. Eat slowly, enjoy the taste and textures, and pay attention to how you feel. Be mindful. Eating very quickly may cause you to eat too much.

7 use a smaller plate

Use a smaller plate at meals to help with portion control. That way you can finish your entire plate and feel satisfied without overeating.

8 take control of your food

Eat at home more often so you know exactly what you are eating. If you eat out, check and compare the nutrition information. Choose healthier options such as baked instead of fried.

9 try new foods

Keep it interesting by picking out new foods you've never tried before, like mango, lentils, or kale. You may find a new favorite! Trade fun and tasty recipes with friends or find them online.



10 satisfy your sweet tooth in a healthy way

Indulge in a naturally sweet dessert dish—fruit! Serve a fresh fruit cocktail or a fruit parfait made with yogurt. For a hot dessert, bake apples and top with cinnamon.

10 tips
Nutrition
Education Series

focus on fruits

10 tips to help you eat more fruits



Eating fruit provides health benefits. People who eat more vegetables and fruits as part of an overall healthy diet are likely to have a reduced risk of some chronic diseases. Fruits provide nutrients vital for health, such as potassium, dietary fiber, vitamin C, and folate (folic acid). Most fruits are naturally low in fat, sodium, and calories. None have cholesterol. Any fruit or 100% fruit juice counts as a part of the Fruit Group. Fruits may be fresh, canned, frozen, or dried, and may be whole, cut-up, or pureed.

1 keep visible reminders

Keep a bowl of whole fruit on the table, counter, or in the refrigerator.



2 think about taste

Buy fresh fruits in season when they may be less expensive and at their peak flavor. Add fruits to sweeten a recipe.

3 think about variety

Buy fruits that are dried, frozen, and canned (in water or 100% juice) as well as fresh, so that you always have a supply on hand.



4 don't forget the fiber

Make most of your choices whole or cut-up fruit, rather than juice, for the benefits that dietary fiber provides.



5 be a good role model

Set a good example for children by eating fruit every day with meals or as snacks.

6 include fruit at breakfast

At breakfast, top your cereal with bananas, peaches, or strawberries; add blueberries to pancakes; drink 100% orange or grapefruit juice. Or, try a fruit mixed with fat-free or low-fat yogurt.



7 try fruit at lunch

At lunch, pack a tangerine, banana, or grapes to eat, or choose fruits from a salad bar. Individual containers of fruits like peaches or applesauce are easy and convenient.

8 experiment with fruit at dinner, too

At dinner, add crushed pineapple to coleslaw, or include orange sections, dried cranberries, or grapes in a tossed salad.

9 snack on fruits

Dried fruits make great snacks. They are easy to carry and store well.



10 keep fruits safe

Rinse fruits before preparing or eating them. Under clean, running water, rub fruits briskly to remove dirt and surface microorganisms. After rinsing, dry with a clean towel.



**10
tips**
*Nutrition
Education Series*

add more vegetables to your day



10 tips to help you eat more vegetables

It's easy to eat more vegetables! Eating vegetables is important because they provide vitamins and minerals and most are low in calories. To fit more vegetables in your meals, follow these simple tips. It is easier than you may think.

1 discover fast ways to cook
Cook fresh or frozen vegetables in the microwave for a quick-and-easy dish to add to any meal. Steam green beans, carrots, or broccoli in a bowl with a small amount of water in the microwave for a quick side dish.

2 be ahead of the game
Cut up a batch of bell peppers, carrots, or broccoli. Pre-package them to use when time is limited. You can enjoy them on a salad, with hummus, or in a veggie wrap.



3 choose vegetables rich in color
Brighten your plate with vegetables that are red, orange, or dark green. They are full of vitamins and minerals. Try acorn squash, cherry tomatoes, sweet potatoes, or collard greens. They not only taste great but also are good for you, too.

4 check the freezer aisle
Frozen vegetables are quick and easy to use and are just as nutritious as fresh veggies. Try adding frozen corn, peas, green beans, spinach, or sugar snap peas to some of your favorite dishes or eat as a side dish.

5 stock up on veggies
Canned vegetables are a great addition to any meal, so keep on hand canned tomatoes, kidney beans, garbanzo beans, mushrooms, and beets. Select those labeled as "reduced sodium," "low sodium," or "no salt added."



6 make your garden salad glow with color
Brighten your salad by using colorful vegetables such as black beans, sliced red bell peppers, shredded radishes, chopped red cabbage, or watercress. Your salad will not only look good but taste good, too.



7 sip on some vegetable soup
Heat it and eat it. Try tomato, butternut squash, or garden vegetable soup. Look for reduced- or low-sodium soups.

8 while you're out
If dinner is away from home, no need to worry. When ordering, ask for an extra side of vegetables or side salad instead of the typical fried side dish.

9 savor the flavor of seasonal vegetables
Buy vegetables that are in season for maximum flavor at a lower cost. Check your local supermarket specials for the best-in-season buys. Or visit your local farmer's market.



10 try something new
You never know what you may like. Choose a new vegetable—add it to your recipe or look up how to fix it online.

10 tips
Nutrition
Education Series

make half your grains whole



10 tips to help you eat whole grains

Any food made from wheat, rice, oats, cornmeal, barley, or another cereal grain is a grain product. Bread, pasta, oatmeal, breakfast cereals, tortillas, and grits are examples. Grains are divided into two subgroups, **whole grains** and **refined grains**. Whole grains contain the entire grain kernel—the bran, germ, and endosperm. People who eat whole grains as part of a healthy diet have a reduced risk of some chronic diseases.

1 make simple switches

To make half your grains whole grains, substitute a whole-grain product for a refined-grain product. For example, eat 100% whole-wheat bread or bagels instead of white bread or bagels, or brown rice instead of white rice.



2 whole grains can be healthy snacks

Popcorn, a whole grain, can be a healthy snack. Make it with little or no added salt or butter. Also, try 100% whole-wheat or rye crackers.



3 save some time

Cook extra bulgur or barley when you have time. Freeze half to heat and serve later as a quick side dish.

4 mix it up with whole grains

Use whole grains in mixed dishes, such as barley in vegetable soups or stews and bulgur wheat in casseroles or stir-fries. Try a quinoa salad or pilaf.

5 try whole-wheat versions

For a change, try brown rice or whole-wheat pasta. Try brown rice stuffing in baked green peppers or tomatoes, and whole-wheat macaroni in macaroni and cheese.



6 bake up some whole-grain goodness

Experiment by substituting buckwheat, millet, or oat flour for up to half of the flour in pancake, waffle, muffin, or other flour-based recipes. They may need a bit more leavening in order to rise.

7 be a good role model for children

Set a good example for children by serving and eating whole grains every day with meals or as snacks.

8 check the label for fiber

Use the Nutrition Facts label to check the fiber content of whole-grain foods. Good sources of fiber contain 10% to 19% of the Daily Value; excellent sources contain 20% or more.



9 know what to look for on the ingredients list

Read the ingredients list and choose products that name a whole-grain ingredient **first** on the list. Look for "whole wheat," "brown rice," "bulgur," "buckwheat," "oatmeal," "whole-grain cornmeal," "whole oats," "whole rye," or "wild rice."

10 be a smart shopper

The color of a food is not an indication that it is a whole-grain food. Foods labeled as "multi-grain," "stone-ground," "100% wheat," "cracked wheat," "seven-grain," or "bran" are usually not 100% whole-grain products, and may not contain **any** whole grain.



10 tips
Nutrition
Education Series

with protein foods, variety is key



10 tips for choosing protein

Protein foods include both animal (meat, poultry, seafood, and eggs) and plant (beans, peas, soy products, nuts, and seeds) sources. We all need protein—but most Americans eat enough, and some eat more than they need. How much is enough? Most people, ages 9 and older, should eat 5 to 7 ounces* of protein foods each day.

1 vary your protein food choices

Eat a variety of foods from the Protein Foods Group each week. Experiment with main dishes made with beans or peas, nuts, soy, and seafood.

2 choose seafood twice a week

Eat seafood in place of meat or poultry twice a week. Select a variety of seafood—include some that are higher in oils and low in mercury, such as salmon, trout, and herring.



3 make meat and poultry lean or low fat

Choose lean or low-fat cuts of meat like round or sirloin and ground beef that is at least 90% lean. Trim or drain fat from meat and remove poultry skin.

4 have an egg

One egg a day, on average, doesn't increase risk for heart disease, so make eggs part of your weekly choices. Only the egg yolk contains cholesterol and saturated fat, so have as many egg whites as you want.

5 eat plant protein foods more often

Try beans and peas (kidney, pinto, black, or white beans; split peas; chickpeas; hummus), soy products (tofu, tempeh, veggie burgers), nuts, and seeds. They are naturally low in saturated fat and high in fiber.



6 nuts and seeds

Choose unsalted nuts or seeds as a snack, on salads, or in main dishes to replace meat or poultry. Nuts and seeds are a concentrated source of calories, so eat small portions to keep calories in check.

7 keep it tasty and healthy

Try grilling, broiling, roasting, or baking—they don't add extra fat. Some lean meats need slow, moist cooking to be tender—try a slow cooker for them. Avoid breading meat or poultry, which adds calories.

8 make a healthy sandwich

Choose turkey, roast beef, canned tuna or salmon, or peanut butter for sandwiches. Many deli meats, such as regular bologna or salami, are high in fat and sodium—make them occasional treats only.



9 think small when it comes to meat portions

Get the flavor you crave but in a smaller portion. Make or order a smaller burger or a "petite" size steak.

10 check the sodium

Check the Nutrition Facts label to limit sodium. Salt is added to many canned foods—including beans and meats. Many processed meats—such as ham, sausage, and hot dogs—are high in sodium. Some fresh chicken, turkey, and pork are brined in a salt solution for flavor and tenderness.

* What counts as an ounce of protein foods? 1 ounce lean meat, poultry, or seafood; 1 egg; ¼ cup cooked beans or peas; ½ ounce nuts or seeds; or 1 tablespoon peanut butter.



Go to www.ChooseMyPlate.gov for more information.

DG TipSheet No. 6
June 2011
USDA is an equal opportunity
provider and employer.

10 tips
Nutrition
Education Series

got your dairy today?

10 tips to help you eat and drink more fat-free or low-fat dairy foods



The Dairy Group includes milk, yogurt, cheese, and fortified soymilk. They provide calcium, vitamin D, potassium, protein, and other nutrients needed for good health throughout life. Choices should be low-fat or fat-free—to cut calories and saturated fat. How much is needed? Older children, teens, and adults need 3 cups* a day, while children 4 to 8 years old need 2½ cups, and children 2 to 3 years old need 2 cups.

1 “skim” the fat

Drink fat-free (skim) or low-fat (1%) milk. If you currently drink whole milk, gradually switch to lower fat versions. This change cuts calories but doesn't reduce calcium or other essential nutrients.

2 boost potassium and vitamin D, and cut sodium

Choose fat-free or low-fat milk or yogurt more often than cheese. Milk and yogurt have more potassium and less sodium than most cheeses. Also, almost all milk and many yogurts are fortified with vitamin D.



3 top off your meals



Use fat-free or low-fat milk on cereal and oatmeal. Top fruit salads and baked potatoes with low-fat yogurt instead of higher fat toppings such as sour cream.

4 choose cheeses with less fat

Many cheeses are high in saturated fat. Look for “reduced-fat” or “low-fat” on the label. Try different brands or types to find the one that you like.

5 what about cream cheese?

Regular cream cheese, cream, and butter **are not** part of the dairy food group. They are high in saturated fat and have little or no calcium.

6 ingredient switches

When recipes such as dips call for sour cream, substitute plain yogurt. Use fat-free evaporated milk instead of cream, and try ricotta cheese as a substitute for cream cheese.

7 choose sweet dairy foods with care

Flavored milks, fruit yogurts, frozen yogurt, and puddings can contain a lot of added sugars. These added sugars are empty calories. You need the nutrients in dairy foods—not these empty calories.

8 caffeinating?

If so, get your calcium along with your morning caffeine boost. Make or order coffee, a latte, or cappuccino with fat-free or low-fat milk.

9 can't drink milk?

If you are lactose intolerant, try lactose-free milk, drink smaller amounts of milk at a time, or try soymilk (soy beverage). Check the Nutrition Facts label to be sure your soymilk has about 300 mg of calcium. Calcium in some leafy greens is well absorbed, but eating several cups each day to meet calcium needs may be unrealistic.

10 take care of yourself and your family

Parents who drink milk and eat dairy foods show their kids that it is important. Dairy foods are especially important to build the growing bones of kids and teens. Routinely include low-fat or fat-free dairy foods with meals and snacks—for everyone's benefit.



* What counts as a cup in the Dairy Group? 1 cup of milk or yogurt, 1½ ounces of natural cheese, or 2 ounces of processed cheese.



Go to www.ChooseMyPlate.gov for more information.

DG TipSheet No. 5
June 2011
USDA is an equal opportunity provider and employer.

D. Special Diets

Special diets eliminate foods that the person should not eat because of a specific condition or the discomfort they may cause. Doctors may order special diets for a nutritional deficiency or a disease. They also order them for weight control or to remove or decrease certain substances in the diet. Some of the most common include:

Mechanical Soft Diet

General information: This diet is designed for individuals whom have difficulty with chewing, gastrointestinal disorders, and infections. Foods hard to chew should be avoided. Foods allowed: Semi-solid foods that are easily digested; all liquids; eggs (not fried); broiled, baked, or roasted meat, fish, or poultry that is chopped or shredded; mild cheeses (American, Swiss, Cheddar, Cream, Cottage); refined bread (no crust) and crackers; cooked cereal; fruits; vegetables; pudding; plain cakes and soft cookies without fruit or nuts. Other foods may be allowed, based on the ability of the person to chew and/or swallow the food and how the food is prepared (i.e., some people are only allowed cooked or pureed vegetables and cooked or canned fruit without skin or seeds). Follow dietary orders for the individual.



Pureed Diet

General information: This diet provides foods that require no chewing and are easy to swallow and digest. It is utilized for people who have difficulties with the chewing or swallowing processes. Regular foods may be blended with liquids. Individual foods should be blended and served. Do not blend different food items together. Find creative ways to ensure that people can participate in inclusive meal experiences at restaurants and events by bringing along a battery-operated blender when necessary.

Fat-Restricted and/or Cholesterol-Restricted Diets

General information: Fat-restricted diets may be ordered for people with diseases of the liver, gallbladder, pancreas, or cardiovascular system or for

people who have difficulty absorbing nutrients. Intake of fat and cholesterol is controlled by: decreasing the amount of fat or oil used in cooking and on foods, limiting meat portions to 6 ounces per day, using low-fat dairy products, and increasing whole grains. Foods high in fat such as bacon, sausage, cream, whole milk, and high fat desserts, are restricted.



Foods allowed are foods low in fat and foods prepared without adding fat including: skim milk or buttermilk; lean meat, poultry, and fish (baked, broiled, or roasted); fruits; vegetables; beans; high-fiber grains and breads. When fat is permitted, healthy fats like olive oil are recommended.

Sodium Controlled Diet

General information: Sodium is a mineral that is found naturally in many foods. Foods that have excessively high sodium content are restricted (i.e., cheesy foods such as pizza; cured meats such as bacon, sausage, hot dogs, and deli/luncheon meats; and ready-to-eat foods like canned chili, ravioli, and soups). The doctor orders the amount of sodium restriction. Fresh or frozen fruits and vegetables and unsalted butter are allowed. Adding salt at the table is not allowed. Highly salted foods and foods high in sodium are not allowed, and the use of salt during cooking may be restricted. Choose more fat-free or low-fat milk and yogurt in place of cheese, which is higher in sodium. Choose fresh beef, pork, poultry, and seafood, rather than those with salt added. Deli or luncheon meats, sausages, and canned products like corned beef are higher in sodium. Choose unsalted nuts and seeds.

Diabetic Meal Planning

General information: A diabetic diet is prescribed for individuals with type I and type II Diabetes Mellitus. This diet is designed to achieve and maintain desirable body weight, to maintain normal glucose levels and appropriate blood lipid levels and to provide adequate nutrients in order to minimize complications frequently attributed to diabetes. It is planned to provide a balance of carbohydrate, protein and fat in the diet.

Consistency is key. Meals and snacks are eaten at the same time each day to maintain certain blood sugar levels. The foods allowed and the amounts are determined by a dietician based on the nutritional and energy

requirements of the individual. It may be necessary to document what the person does or doesn't eat. Follow dietary orders for the individual. DSPs working with individuals who have diabetes can study the aspects of the disease in the *Diabetes Management* Module.

Hypoglycemia

General information: This diet is planned for people that have hypoglycemic symptoms and/or a documented low blood glucose one to four hours after a meal or after an ingestion of large amounts of concentrated carbohydrates. The goal of treatment of hypoglycemia is to



slow down the absorption of food through the intestine. This is best done through changes in eating habits. The calories of this diet should be based on a person's normal requirements. A protein food should be included in each meal or snack to provide a gradual release of glucose to the blood stream. Fat also helps to delay the release of glucose into the blood stream in addition to providing energy.

High Fiber Diet

General information: The terms fiber and residue, although often used interchangeably, are not the same. **Fiber** refers to the skins, seeds and structural parts of plant foods and to the connective tissue fibers of meats. **Residue** refers to the volume of the materials remaining in the intestinal tract after the digestive processes have been completed. This diet is indicated for use for chronic constipation, diverticulosis and some cases of Irritable Bowel Syndrome. Dietary fiber is provided mainly in our diets from cereals, breads, fruits, nuts, vegetables and seeds. Select high fiber foods to ensure a daily intake of 25-50 grams of dietary fiber.

Individuals should be advised to increase their intake of dietary fiber gradually in order to minimize gastrointestinal discomforts. Adequate fluid intake (eight or more cups each day) is important in establishing better utilization of increased fiber consumption.

Nothing By Mouth

The person cannot eat or drink anything. NPO is the abbreviation for *non per os*. It means “nothing by mouth.” NPO often is ordered before and after surgery, before some laboratory tests and diagnostic procedures, and in treatment of certain illnesses. Frequent oral hygiene is needed, but the person must not swallow any fluid.

UNDERSTANDING FOOD ALLERGIES*

Food allergies can be challenging because of the variety of allergies, side effects, complications, signs, and symptoms that vary from person to person. A food allergy is an immune system response to a food that the body perceives as damaging, and then emits chemicals, such as histamine, to protect the body. Symptoms can affect the respiratory system, gastrointestinal tract, skin, or cardiovascular system, and can vary from tingling in the mouth to respiratory problems, loss of consciousness, and even death.

The U.S. Food and Drug Administration estimates that 2% of adults and 5% of infants and young children in the U.S. suffer from some food allergies. Though in many cases people can outgrow their food allergies, there is no “cure.” Epinephrine, also called “adrenaline,” is most commonly used to control a severe reaction. Avoidance is the best strategy to prevent a reaction. Consultation with a registered dietician may be necessary to avoid the negative nutritional consequences from removing foods from your diet.

Note that there is a difference between food allergy and food intolerance. Whereas a food allergy involves an immune system reaction to a food, food intolerance is a food-induced reaction not related to the immune system. For example, an individual with lactose intolerance is deficient in the enzyme needed to digest milk sugar, which may result in symptoms of gas, bloating, and abdominal pain when milk products are ingested.

Additionally, specific health conditions can require food avoidance. Celiac disease, for example, an immune-mediated disease that causes damage to the gastrointestinal tract, central nervous system and other organs, requires avoidance of all foods containing gluten. Look for foods that read “gluten-free” on the label.

Food allergies are based on common allergens, accounting for 90% of food allergies, and are found in food groups or as an ingredient derived from the following foods:

- egg
- milk
- fish
- Crustacean shellfish
- tree nuts
- wheat
- peanuts
- soy beans

Reading ingredient labels correctly is key to avoiding problematic foods. Inspect the list of ingredients for an allergen that can be listed in other terms, such as soybeans, which can be written as “soya” or “soy.” Review the manufacturer's statement to determine if the food had been exposed to an allergen during the packaging or preparation process.

Websites providing helpful information on food allergies and related conditions include:

- Allergy Support.org: www.allergysupport.org : Education and support for managing food allergies, including topics such as allergy testing, cross-contamination, eating out, school-based management, medications, and reading food labels.
- Food Allergy and Anaphylaxis Network: <http://www.foodallergy.org/default.htm>: Provides advocacy and education, and supports research for those affected by food allergies and anaphylaxis.
- Special Needs Family Fun Website: www.specialneedsfamilyfun.com : Family fun, family health, and special needs resources for families with disabilities.
- About Allergies: <http://allergies.about.com/cs/food> : Allergy information and articles.
- Baby & Kid Allergies.com: www.babyandkidallergies.com : A wealth of allergy-related information for the lay audience.
- Food You Can Eat.com: <http://www.foodyoucaneat.com/> : Free recipes, searchable by allergen.
- NoMilk.com - the No-Milk Page: <http://nomilk.com/> : An extensive list of web links for those with milk allergies or lactose intolerance.

•NoSoy (For the Soybean Challenged):

<http://www.geocities.com/HotSprings/4620/> : Information for persons with soy allergies.

•Enjoy Life – Eat Freely: www.enjoylifefoods.com : Food products without wheat, gluten, dairy, soy, peanuts, tree nuts, eggs, corn, or potatoes.

***Source:** Lawson, V. (2006) *Understanding Food Allergies*. National Center on Health, Physical Activity, and Disability.

[<http://www.ncpad.org/367/2061/Nutrition~Spotlight~~Understanding~Food~Allergies~~Celebrate~Food~Allergy~Awareness~Week~~May~14-May~20>]

FACTORS AFFECTING NUTRITIONAL NEEDS OF PEOPLE WITH INTELLECTUAL/ DEVELOPMENTAL DISABILITIES

People with disabilities frequently have special nutrition concerns which can result in a variety of outcomes such as disorders of growth and weight gain and which require special dietary planning and monitoring. Some of the factors affecting nutritional needs are:

- **Lack of movement due to physical disabilities-** increases the likelihood of constipation and/or obesity.
- **Behavioral issues-**rumination (bringing food up, chewing, and swallowing again), gagging, vomiting, and pica (eating inedibles). These behaviors can be dangerous to the health of the person.
- **Poor dental health-**poor dental hygiene can cause tooth and gum disease which leads to poor appetite or inability to eat. A person's oral health may contribute to various diseases and conditions including cardiovascular disease.
- **Oral motor problems-**the act of eating and swallowing is a complex physiological task. Some adults with cerebral palsy, especially those with severe impairments, experience great difficulties with this function. In these instances, they are also at risk for developing dental problems.



- **Eating and swallowing**-people with developmental disabilities may have mild to severe chewing, swallowing or choking problems. They may exhibit slow, delayed, or “unsafe” swallowing (or dysphagia), and may therefore choke or aspirate food or liquids. Problems with chewing and swallowing have an effect upon the type of food a person may choose to eat. These limited choices, in turn, may have an effect upon nutrition, weight maintenance, and overall health.
- **Dental problems/malocclusion**-Bruxism (or tooth grinding) can result in fractured teeth. Malocclusions (or problems with “bite”) are prevalent in adults with cerebral palsy due to abnormal muscle functioning, such as facial grimacing, abnormal chewing and swallowing patterns, and tongue thrusting.
- **Gastroesophageal reflux**-the backward flowing or return of the contents of the stomach into the esophagus. It can be painful and a cause of discomfort. It can cause esophagitis (i.e., heartburn), gastritis, and ulcers. These problems can be exacerbated by certain medications (i.e., particularly anti-seizure and anti-inflammatory medications). These reflux problems can often result in vomiting, poor general nutrition, and limited physical growth. One special problem related to gastroesophageal reflux is aspiration (which is fluid or food going into the airways). This can result in recurrent bouts with pneumonia, especially in persons with significant physical disabilities.
- **Constipation**-occurs when a person is unable to empty their lower bowel. It can result from not drinking enough fluid, not having enough fiber in the diet, not moving enough, medications, poor muscle tone, and inadequate function of nerve endings in the bowel which frequently affects people with cerebral palsy.
- **Osteoporosis**-several risk factors place people with disabilities at high risk for osteoporosis including: small physical frame; hypotonia



(low muscle tone), reduced mobility, vitamin D deficiency associated with anticonvulsant medication, and frequent falls.

- **Dehydration**-results from not drinking enough fluid and can occur when a person has difficulty swallowing. It affects electrolyte balance and other vital body functions. This is a very serious medical condition. Warning signs of dehydration include: thirst, loss of appetite, flushed skin, drowsiness, and increase in body temperature, pulse rate, and breathing rate. If you have reason to believe a person may be dehydrated, contact your program's nurse immediately.
- **Seizure medications and other drugs may affect nutrition**-antiepileptic drugs frequently affect people's appetites and can cause nausea/vomiting/constipation or gum overgrowth which makes eating difficult.
- **Cholesterol**-some drugs may cause elevated blood cholesterol. People with Down syndrome may have more predisposition to high cholesterol levels.
- **Gastrostomy/nasogastric tubes**-may be inserted as a result of chronic problems with eating orally which cause extreme nutritional or health concerns threatening the person's overall well-being. Tubes may be used to augment eating orally or may replace it altogether. Tube feedings require special training and support. Procedures vary by setting and person. If your program serves anyone with feeding tubes, you will be given special training on your role, if any, in that process. If the tube falls out, the opening may close within 20 minutes. It is critical that you know your agency protocol for this emergency. If you are providing support in the family home, the family will provide individualized training on how to support their family member and their wishes on family meal-time experience.
- **Other related disorders**-Prader-Willi syndrome is often accompanied by intellectual disabilities and results in the person developing an



almost insatiable appetite which can lead to obesity unless preventive measures are taken.

STATE AND FEDERAL REGULATIONS

In addition to the nutrition guidelines described earlier which all Americans are encouraged to follow, there are government regulations which affect nutrition services for group homes and other residential facilities. The federal regulations affect facilities certified as Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID). The North Dakota Department of Health sends a survey team to each program once a year to determine if the federal regulations are being followed.

HAND HYGEINE

Using good sanitation procedures before, during, and after meal times is essential in maintaining your own health as well as that of the individuals. It is important to make good sanitation a habit that becomes second nature. The following are some things to keep in mind:

- It is vitally important that hand hygiene be performed when moving between personal care assistance tasks (i.e., when going from assisting with toileting, going to the toilet yourself, assisting with dressing, or assisting with eating or food preparation).
- Hands need to be kept clean throughout food preparation, meal time, and cleanup.
- Cross-contamination in food handling refers to the transfer of bacteria from one food to another (such as from raw chicken to a salad when using the same cutting board without adequate washing) or from one person to another. Proper hand hygiene is the best way of avoiding cross-contamination.
- Some people are able to perform hand hygiene without assistance and only need to be reminded. It may be a good idea, however, to observe the person to ensure that proper technique is used. This can be done discreetly by asking the person to wash up in the kitchen sink

immediately prior to beginning the meal. If necessary, you can then prompt the person to do a more complete job.

- If you are assisting with eating, you must perform hand hygiene between assisting different people. If you are assisting one person and you need to briefly break away and help another, you should perform hand hygiene before and after helping the second person.

FOOD SAFETY*

*Source: Be Food Safe; 10 tips to reduce the risk of food borne illness:

<http://www.choosemyplate.gov/food-groups/downloads/TenTips/DGTipsheet23BeFoodSafe-BlkAndWht.pdf>

10 tips

Nutrition
Education Series

be food safe

10 tips to reduce the risk of foodborne illness



A critical part of healthy eating is keeping foods safe. Individuals in their own homes can reduce contaminants and keep food safe to eat by following safe food handling practices. Four basic food safety principles work together to reduce the risk of foodborne illness—**Clean, Separate, Cook, and Chill**. These four principles are the cornerstones of Fight BAC!®, a national public education campaign to promote food safety to consumers and educate them on how to handle and prepare food safely.

CLEAN

1 wash hands with soap and water

Wet hands with clean running water and apply soap. Use warm water if it is available. Rub hands together to make a lather and scrub all parts of the hand for 20 seconds. Rinse hands thoroughly and dry using a clean paper towel. If possible, use a paper towel to turn off the faucet.

2 sanitize surfaces

Surfaces should be washed with hot, soapy water. A solution of 1 tablespoon of unscented, liquid chlorine bleach per gallon of water can be used to sanitize surfaces.

3 clean sweep refrigerated foods once a week

At least once a week, throw out refrigerated foods that should no longer be eaten. Cooked leftovers should be discarded after 4 days; raw poultry and ground meats, 1 to 2 days.

4 keep appliances clean

Clean the inside and the outside of appliances. Pay particular attention to buttons and handles where cross-contamination to hands can occur.

5 rinse produce

Rinse fresh vegetables and fruits under running water just before eating, cutting, or cooking. Even if you plan to peel or cut the produce before eating, it is important to thoroughly rinse it first to prevent microbes from transferring from the outside to the inside of the produce.



SEPARATE

6 separate foods when shopping

Place raw seafood, meat, and poultry in plastic bags. Store them below ready-to-eat foods in your refrigerator.

7 separate foods when preparing and serving

Always use a clean cutting board for fresh produce and a separate one for raw seafood, meat, and poultry. Never place cooked food back on the same plate or cutting board that previously held raw food.

COOK AND CHILL

8 use a food thermometer when cooking

A food thermometer should be used to ensure that food is safely cooked and that cooked food is held at safe temperatures until eaten.



9 cook food to safe internal temperatures

One effective way to prevent illness is to check the internal temperature of seafood, meat, poultry, and egg dishes. Cook all raw beef, pork, lamb, and veal steaks, chops, and roasts to a safe minimum internal temperature of 145 °F. For safety and quality, allow meat to rest for at least 3 minutes before carving or eating. Cook all raw ground beef, pork, lamb, and veal to an internal temperature of 160 °F. Cook all poultry, including ground turkey and chicken, to an internal temperature of 165 °F (www.isitdoneyet.gov).

10 keep foods at safe temperatures

Hold cold foods at 40 °F or below. Keep hot foods at 140 °F or above. Foods are no longer safe to eat when they have been in the danger zone between 40-140 °F for more than 2 hours (1 hour if the temperature was above 90 °F).

USDA United States
Department of Agriculture
Center for Nutrition
Policy and Promotion

Go to www.ChooseMyPlate.gov for more information.
Go to www.fsis.usda.gov for food safety information.

DG TipSheet No. 23
October 2012
USDA is an equal opportunity
provider and employer.

Preventing Contamination from Bare Hands

Employees are the source of contamination in more than two-thirds of foodborne disease outbreaks reported in the US. Most outbreaks involve infected employees who touch their face, mouth or private areas and then handle food. Likewise, exposed cuts, burns, or boils can result in food contamination. Three factors help in a big way in preventing foodborne illness transmitted through the fecal-oral route. These include exclusion/limitations of ill food workers, hand hygiene, and no bare hand (skin) contact with ready-to-eat foods. To provide further safety when working with ready-to-eat food, use spatulas, tongs, deli papers, or single-use gloves. To minimize the risk of contaminating ready-to-eat foods with bare hands, DSPs must take the following precautions before, during, and after meal times:

1. Perform hand hygiene properly.
2. Perform hand hygiene often.
 - Before placing gloves on hands.
 - After touching human body parts.
 - After using the restroom, coughing, sneezing, blowing your nose, eating, using tobacco, or drinking.
 - Before and during food preparation when switching between raw food and ready-to-eat foods or as often as necessary to remove contamination and to prevent cross-contamination.
 - After engaging in any activity that contaminates the hands (taking out garbage, wiping counters or tables, handling chemicals, picking up dropped items, etc.).
3. Maintain short clean fingernails. No fingernail polish or artificial nails allowed when working with exposed foods.
4. Do not wear jewelry on arms and hands. A plain wedding band is allowed.
5. Follow good hygienic practices.
 - Wear clean clothes.
 - No eating, drinking, or tobacco in food prep areas.
 - Don't work in the kitchen if you have a runny nose or are sneezing or coughing.
 - Wear hair restraints.



ACTIVE TREATMENT AND DSPs ROLES AT MEAL TIME

Eating is one of the most basic human activities. We all have plenty of experience eating and it should be a fairly simple, natural process to assist people at meal time. As we have just discussed, however, there are a number of issues which can complicate matters. Dealing with the special needs of individuals as well as complying with all of the regulatory requirements can make meal time a hectic and stressful time for DSPs and individuals receiving services unless care is taken to avoid this.

In addition to providing our bodies with needed nutrition, meal times are supposed to be a time for socialization and relaxation. Meal times are also important times for implementing active treatment/teaching, whether through formal teaching plans or informal interaction with peers and DSPs. Even with all of this structure, it is important for you to realize that your place of work is the person's home. The following are some suggestions which should help you maintain the proper focus during meal times:

- Encourage family style dining.
- The hands of individuals receiving services and DSPs should be clean. Assist with hand hygiene if needed.
- Develop a pleasant atmosphere for meals-try to promote a calm, non-rushed eating experience.
 - Turn off television and loud music. Quiet music is preferable.
 - Prepare tables and serving dishes.
 - Have individuals receiving services do as much of this process as possible, assisting them to the degree needed.
 - Assist people in getting to the table if needed. Help individuals in wheelchairs into regular chairs if possible.
 - Ensure that people are properly positioned for the meal. People should be sitting upright when eating.
 - Use calm, quiet voices.
 - Make table conversation. Discuss what happened that day or plans for the evening, next day, next week, etc.



- Be aware the importance of food presentation. How food looks affects the person's acceptance.
- Keep your personal food preferences to yourself (e.g., if you hate peas or fish, don't share this information with others whom may be influenced by your preferences. This may have the effect of removing a choice or opportunity from the person).
- Practice meal-time conversation with everyone at the table (not only co-workers).
- Role model appropriate table manners at all times both at home and in the community (including use of napkins, condiments, passing, serving, etc.). DSPs should eat from the same menu in group settings where DSPs are expected to eat with the people supported. It is not respectful to order in fast food or bring in special food and eat it in front of others.
- Ensure that any meal-time teaching plans are carried out (e.g., ensure that you know meal-time programs, understand adaptive equipment used, are familiar with the individual's ability level and need for assistance, etc.).
- If you are assisting a person to eat, put yourself in their place to try to determine how they would like to be assisted (e.g., ensure that the person is positioned properly and can see the plate, tell him/her what's on the plate, give him/her choices about what to eat next, make sure you understand the person's way of communicating those choices, etc.).

Feedback Exercise Lesson 6

1. Define good nutrition.
2. Explain the MyPlate visual.
3. List the five food groups and the recommended range of servings from each group.

4. Fill in the blanks for 10 tips for a healthy plate .
 - a. Balance _____.
 - b. Enjoy your food but eat _____.
 - c. Avoid oversized _____.
 - d. Eat _____ vegetables, fruits, whole grains, and fat-free or 1% milk.
 - e. Make _____ your plate fruits and vegetables.
 - f. Switch to fat – free or low-fat _____.
 - g. Make half your grains _____ grains.
 - h. Compare _____ in foods.
 - i. Drink _____ instead of sugary drinks.
5. What kinds of protein are recommended?
6. Eating _____ may cause you to eat too much.
7. Why are whole or cut-up fruit better choices than juice?
8. Describe how to keep fruits safe.
9. What color vegetables are the richest sources of vitamins and minerals?
10. (Frozen/canned) vegetables are as nutritious as fresh veggies.

11. What should you look for on the label of canned vegetables?
12. Select products that name a whole-grain ingredient ____ on the list.
13. What terms indicate a whole grain:

____ multi-grain	____ wild rice
____ stone-ground	____ seven-grain
____ cracked wheat	____ bran
____ brown rice	____ oatmeal
____ whole-grain corn meal	____ 100% wheat
14. Good sources of fiber provide ____ to ____ of the Daily Value; excellent sources contain ____ or more.
15. Nuts and seeds are a concentrated source of _____, so eat small portions.
16. It is important to ____ the food sources from each food group.
17. Ground beef should be at least ____% lean.
18. Older children, teens, and adults need ____ cups of milk a day.
19. Why are special diets selected?
20. Pureed foods should be blended _____.
21. What foods are best for fat-restricted and or cholesterol-restricted diets?
22. What foods are generally restricted on low-sodium diets?
23. Why do people on a diabetic diet need to eat meals and snacks at the same time each day?

24. What foods provide dietary fiber?
25. What is the best way to avoid problematic foods for food allergies?
26. List three of the factors which can affect nutritional status of people with disabilities.
 - a.
 - b.
 - c.
27. Describe methods to use at meal time which will promote a relaxed healthy eating experience.
28. Explain the importance of hand hygiene.
29. What temperatures are safe for foods?
30. What causes most foodborne disease outbreaks?

Lesson 7: COMMUNICATING FOR HEALTH

Objectives: After completing this lesson DSPs will be able to:

- State the guiding principles and assumptions about health care.
- State the rights of each person.
- State the responsibilities of health care advocates.
- Know how to develop positive relationships with medical professionals.
- Know how to prepare people they support for their appointments and tests.
- Know the role of a specialist in medical care.
- Understand informed consent.

Health Care

For each person the following principles and assumptions about medical care apply:

1. Everyone should have access to quality health care. To obtain optimal health care, they must be active and informed consumers of services rather than passive recipients.
2. All persons with developmental disabilities should be encouraged and assisted to participate in and be as independent as possible in their own health care.
3. Every individual should have a primary health care provider—a “medical home” for stable primary care.
4. Each person should have an accessible and up-to-date record of personal health.
5. Optimal “health” care extends far beyond actual contact with health care providers.
6. All people have a right to have their medical information accorded the utmost confidentiality.



7. Adults with developmental disabilities will access health care in regular community settings that serve people without disabilities.

Besides the above guiding principles and assumptions, each person has rights as well as responsibilities. People have a right to:

1. As much information about his/her condition as he/she wishes.
2. Adequate time for questions and discussion.
3. Reasonable access to the health care provider.
4. Information about the health care provider's off-hour availability and provision for coverage of patients during those times.
5. Participate as much as possible in major decisions about his/her care.
6. Be seen within a reasonable amount of time of the scheduled appointments.
7. A specialist consultation or a second opinion from another health care provider.
8. Change health care providers and to have health care records transferred to the new provider.

When DSPs accompany a person to their medical appointments, they are acting as a health care advocate. People with disabilities with the assistance of their advocate have the following responsibilities:

1. Direct the health care provider to address questions to the person themselves if needed.
2. To disclose all information about the person's health to the health care provider.
3. To ask questions.
4. To plan the visit with the health care provider.
5. To stop the health care provider if you do not understand what he/she is saying.
6. To follow the advice of the health care provider and report quickly any adverse effects of therapy, complications from tests, or worsening symptoms.
7. To keep appointments with the health care provider or cancel them well in advance.
8. Ensure that the person brings their communication device with them.



9. Follow agency procedures for safe travel to and from the medical clinic/hospital whether using agency, personal, or public transportation. The focus should be getting safely to and from. This means no cell phone use, proper use of seat belts and chair tie downs, and following all traffic rules.

Health care providers also have responsibilities in providing care:

1. To discuss the evaluation, diagnosis, therapy and prognosis in nontechnical terms.
2. To present alternative approaches to therapy and evaluation.
3. To recommend what he/she considers the best approach and to explain why.
4. To ask for specialist consultation or a second opinion when uncertain about a diagnosis or treatment plan.
5. To allow reasonable time to answer questions and discuss concerns.
6. To keep complete health records.
7. To provide adequate follow-up and emergency care.
8. To assist in a smooth transition for the person to another health care provider when the relationship between a person and provider ends.

A good relationship with a medical provider will only develop through good communication. For anyone seeking a new medical provider, it is important for them to get suggestions, references and referrals from other people as well as medical organizations such as the state health department. Ask the provider if new patients are being accepted, types of payment that are accepted, which hospital the medical provider is affiliated with, and if the medical professional sees other patients with developmental disabilities. When the person has narrowed their selection down to a few candidates, a visit to each medical provider's office or clinic can help determine accessibility.



Once the medical provider has been selected, it is important to initiate positive interactions. During the first appointment, expectations of the health care professional should be positively stated. If the health care provider is in need of more information concerning a particular disability, follow up with the agency nurse to ensure that the provider has what

he/she needs to provide quality care. Sometimes there isn't a good match between health care providers and patients. If you or the person experience difficulties during the relationship with a health care professional, assist the individual to communicate these concerns to the agency nurse and program coordinator so the problem can be resolved.

Many individuals who have disabilities harbor fears about medical professionals, exams and tests. Some of these fears may be based on past medical experiences where the person experienced pain, lengthy waits, discourtesy or confusion about what was happening and going to happen. Think back to your visit with a new medical professional. You probably have to admit you had the same apprehension. These fears can often be eased through preparation before an appointment. Talk to co-workers and the person about past medical experiences to help understand their concerns. When possible, take the person to the clinic/hospital prior to the appointment so they can become familiar with the surroundings. Talk to the person about what to expect during the appointment. Explain that



there may be time to wait before the appointment and plan to take something of interest to help pass the time. Practice or role-play before the appointment to familiarize the person with what will happen. Practice conversations and questions that might take place between the person and medical professional. This investment of time before the appointment will help the person have a more positive experience as well as a larger role in their own health.

As the person who will be accompanying the person to their appointment, DSPs need to understand what their role will be during the actual visit. It is important to balance the need to communicate fully with the health care provider and the need to respect the person and their privacy. Whenever possible, the person should be given a choice about whether he/she wants you to be with him/her during the entire visit. Consider if it would be appropriate for you to attend the initial part of appointment, leave during the exam/s and return for the final portion of appointment to be a "second set of ears" to help with understanding of treatment/s.

If the person the DSP is accompanying needs assistance to explain the reason for the appointment, the DSP will need to provide the information. The following examples may be helpful:

Describing a Patient's Problem to a Health Care Provider*

Symptoms: Subjective feelings of illness that cannot be tested. Complaints made by the patients are symptoms. Examples: fatigue, pain, headache, dizziness, nausea and itching.

Signs: Objective, measurable or testable indications of an illness. Examples: pulse, blood pressure, temperature, reaction of pupils, swelling, drainage, redness, and x-ray.

Descriptions: The description of an illness might include:

1. Time Relationships
 - Was the onset of the problem abrupt or gradual?
 - What was the individual doing at the time of symptom onset?
 - How often do symptoms occur and how long do they last?
 - Are there times of the day when symptoms are better or worse?
2. Course of Illness or Problem
 - Are the symptoms constant or periodic?
 - Are the symptoms getting worse rapidly or slowly?
 - Has the individual ever had this symptom before?
 - Is anyone else living/working with this person having similar symptoms?
3. Location and Radiation
 - Where is the discomfort?
 - Has it spread? If so, where has it spread?
4. Character of Discomfort
 - What does discomfort feel like (i.e., sharp or dull, burning)?
 - How severe is the discomfort?
 - Mild – doesn't interfere with activities.
 - Moderate – interferes with work or exercise.
 - Severe or marked – completely incapacitated.
 - What do bowel movement, discharge, etc., look like (color, consistency, amount)?
5. Associated Factors
 - What additional medical problems does the person have?
 - Are there other symptoms associated with the major complaint (i.e., fever with cough, weight loss with diarrhea)?
6. Exacerbating Factors (things that make symptoms worse)
 - What activities or conditions appear to make symptoms worse?
7. Alleviating Factors (things that make the symptoms better)
 - What activities appear to make the symptoms better?
8. Effects of Medication
 - What medications are being taken?
 - When were the medications prescribed?
 - How often are they being taken?
 - Do the medications provide relief? If so, for how long?
 - Are there any side effects from the medications?

*Source: *Communicating for Health* by The Shriver Center, Waltham, MA.



You have a responsibility to share any concerns about problems that may develop when trying to provide the prescribed care and treatment in the person's home and vocational environments with the health care provider. It is essential that the patient and you do not leave the medical office without a clear understanding of the diagnosis, treatment plan and follow-up necessary for the situation. Since most DSPs are not medically trained, this may include asking for information to be repeated, clarification of unfamiliar terms and written information. Your willingness to continue asking until you understand will help insure quality health care for the person you support.

ASKING QUESTIONS:

George and a staff person from his residence, Alan, are completing a visit to George's primary health care provider. George has complained of a chronic headache and stuffy nose for the past week. The health care provider is explaining her diagnosis and prescribed treatment.

Health Care Provider: It seems George's headache is from sinus pressure. He probably has a slight cold.

DSP: Doctor, I'm not sure what you mean about sinuses.

Health Care Provider: Sinuses are hollow areas in your head, under the bones of your face that can build up with fluid. The fluid causes the pressure and pain. I will prescribe some medication. It will reduce the pressure, but it may also make him drowsy and slow him down.

DSP: George works in a mail room. Should he avoid taking the medication when he is there?

Health Care Provider: No, but make sure that his supervisor knows he is taking the medication and understands the potential side effects.

DSP: Let me see if I understand everything. George has a slight cold which causes fluid to build up in his sinuses. This causes his headaches. He can take the sinus medication for pain but it may make him drowsy and we should be careful when he takes it.

Health Care Provider: That's correct.

*Source: *Communicating for Health* by The Shriver Center, Waltham, MA.

When the primary health care provider is not able to accurately diagnose or feels the health situation warrants a second opinion, he/she may call in a specialist. A specialist is a health care provider who is particularly knowledgeable in a certain area of medicine. The list below shows the area of extra study and training for each specialist*.

Specialist	Physician	Other
Eyes/ Vision	Ophthalmologist	Optometrist
Ears/ Hearing	ENT (Otolaryngologist)	Audiologist
Nose & Throat	Otolaryngologist	
Nervous System	Neurologist	
Emotion/Behavior	Psychiatrist	Psychopharmacologist
	Behavioral Neurologist	Psychologists
		Psychiatric Nurse
		Social Worker
Heart	Cardiologist	
Stomach, Colon, Intestines	Gastroenterologist	
Skin	Dermatologist	Plastic Surgeon
Lungs / Chest	Pulmonary Specialist	Pulmonologist
Bones / Tendons	Orthopedist	Physiatrist

*Source: *Communicating for Health* by The Shriver Center, Waltham, MA.

A regular part of many appointments involves testing. Tests are ordered by healthcare providers to help make a diagnosis, establish a “baseline” of information on the patient, or monitor success or failure of a certain treatment.

When ordering tests, the health-care provider considers the pros and cons of each test (i.e., the risk of the testing in light of the information they will get by testing, whether a test is invasive (entering the body) or non-invasive). If the ordered tests will not be conducted in the doctor's office, the person should again be prepared for the upcoming situation. Medical personnel should also be encouraged to explain each step of the procedure as it is being done.

Preparing the Patient for the Medical Test*

Michael is a 21 year old man with autism. He has had a sore throat and is going to have a throat culture. His DSP is preparing him for the test.

DSP: Michael, in an hour we will be leaving for Dr. Farr's office. When we get there, we will have to wait in the waiting room before we can see the doctor or the nurse. Would you like to bring one of your books with you?

Michael: Yes

DSP: OK. When we get to the clinic, we will go into one of the smaller rooms. A nurse or doctor will come to do the test. First, she will look down your throat with a flashlight. Open your mouth and we will give that a try. (DSP looks down Michael's throat with a flashlight). Super. Next, they will use one of these cotton swabs (shows Michael) to touch the inside of your throat. Open your mouth wide for this. (Michael shows he can). Great. After this is done we may have to wait a little longer, but then we can leave and do some shopping. Do you have any questions?

*Source: *Communicating for Health* by The Shriver Center, Waltham, MA.

Before any tests or other medical treatment can be done, the person must give their consent. If the person has an appointed legal guardian in the medical area, the guardian must give their written consent. If the person doesn't have a guardian in the medical area, the person must give his/her consent. For that consent to be legal, the person must have had enough information to decide whether or not to have the medical treatment or a test. The information must have been presented by the health care provider in nontechnical terms so it can be understood by the person. The person can then voluntarily decide if they want the treatment and give their consent. More information on informed consent and guardianship is available in the module on *Legal Issues and Developmental Disabilities*.

Before leaving the healthcare provider's office, be sure you have the necessary written documents for review by the nurse, program supervisor, and co-workers who will also support the person.

After the person returns home and begins their treatment plan, the health issue they were experiencing should improve, stabilize or be fully resolved. If the person's health situation does not seem to be improving, the medical health professional must be contacted again for possible treatment changes.

If the treatment orders are being changed, remember those directions must be given to a nurse.

Family Communication

Family members are encouraged to contact the agency regarding programs, activities, and requests. Each agency designates staff within the agency who will serve as the primary contact for the family within the agency. You should be aware of the agency contact person for the family of each individual with whom you work. This contact person is generally the person who would speak to the family



regarding any medical concerns or decisions that must be made. However, DSPs are frequently called upon to answer routine inquiries from the family about how the person is doing. It is critical in these interactions that DSPs show respect to the family as well as the individual receiving services.

When a person served by the agency is their own guardian, information will be shared according to the desires of that person. If there is a guardian, advocate, or court order, information will be shared according to the limits set by the court. In addition, you have a responsibility to respect and protect the family's right to privacy by keeping information about them confidential.

The relationship formed between a DSP and the family is based upon mutual interest in the individual with a developmental disability. The interdisciplinary team process seeks the support of the family to the greatest extent possible in helping the person achieve his or her goals.

All agency staff should try to understand and respect the feelings, opinions and values of the family. Raising a family member with a developmental disability presents unique challenges and stresses to a family. However, it is important to remember that people with developmental disabilities and their families are more like others than they are different. They need understanding, success, choices, love, respect and dignity- just as we all do.

The families we visit with may be unfamiliar with many terms we commonly use. All staff should use honest, clear communication. Do not use jargon. Do not complain of job constraints, limits of programs or other problems. Focus on the strengths of the person and the family. If a family member confronts you with complaints, avoid becoming defensive. You might refer them to the appropriate agency person or reassure them that you will follow up on their concerns. Documentation of contacts with family, whether in person, over the phone, or through the mail, should be documented according to agency policy. See the *Working with Families* module in the Community Staff Training Program curriculum for more information.

Feedback Exercise Lesson 7

1. List three of the guiding principles of health care.
 - a.
 - b.
 - c.
2. List three patient rights.
 - a.
 - b.
 - c.
3. Who is a specialist and why would one become involved in patient care?
4. Describe what you can do to prepare a person for a medical test.
5. If you are unsure of an instruction or term used by the doctor during an appointment, what should you do?
6. Match the specialist with the body system/s they deal with.

Specialist	Body System
_____ 1. Psychiatrist	A. Heart
_____ 2. Neurologist	B. Skin
_____ 3. Cardiologist	C. Lungs/Chest
_____ 4. Dermatologist	D. Bones/Tendons
_____ 5. Pulmonary Specialist	E. Nervous System

Lesson 8: UNDERSTANDING RIGHTS

Objectives: After studying this lesson DSPs will be able to:

- Define the rights of people with disabilities.
- Define abuse, neglect, and exploitation.
- State their responsibility when discovering abuse, neglect or exploitation.

“I depend on you to keep me safe, to respect me, and preserve my rights and freedoms.”

In 1948, the United Nations adopted a “Universal Declaration of Human Rights”. One of the major goals of that action was to seek human rights for every citizen of every country. Although the United Nations has no legal authority to carry out this Declaration, it was adopted as a model and a moral framework for the rights of everyone.

Wolf Wolfensberger, a strong advocate of human rights for everyone, but in particular those with disabilities, espoused the belief that all persons have full and equal rights; that rights may only be restricted through law; laws may not discriminate except for legally relevant reasons; procedures for restricting rights must observe minimal fairness; and laws, practices, and means should be available to promote the exercise of rights.



In the U.S., these principles are reflected in the Constitution. Legal rights are rights which are established and enforced as law and they continue to change and evolve. Changes occur to expand rights to more and more people through constitutional amendments.

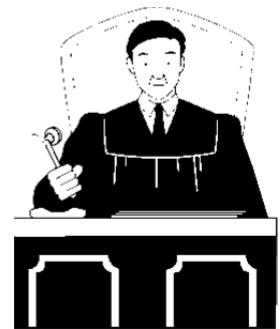
Historically, people with disabilities have been treated inhumanly simply because of their disabilities. Advocacy groups such as The Arc (formerly the Association of Retarded Citizens) and others began to form in the 1960s. These groups began exposing how citizens with disabilities were being treated and discriminated against. Changes began to take place. The changes toward equal treatment for citizens with

disabilities began to include alternatives to custodial care for those with disabilities and emphasis on equal protection, due process, and least restrictive alternative.

Equal protection or one set of laws being applied justly, fairly, and equally to all citizens under the law means no one can be excluded from legal justice, public services, or facilities because of their race, religion, sex, national origin, age or disability. Both the constitution of the United States and the state of North Dakota protect this concept.

Due process is also protected by the U. S. constitution and the constitution of North Dakota. Due process states none of our rights may be withheld without proof such action is necessary. This process prevents anyone (another person, agency or government body) from infringing on individual rights. Due process has four key components:

1. All laws are applied equally to all citizens.
2. People must have the opportunity to a fair hearing before an impartial decision maker.
3. The burden of proof falls on the entity that wishes to limit another's rights as opposed to persons already granted these legal rights.
4. The law must be clear if it is being used to deprive someone of their rights.



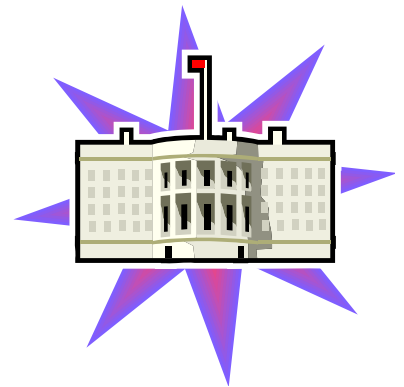
This right to due process mandates that if an individual's rights are restricted in any way, there must be due process (a hearing or committee hearing) which allows the person and/or their representatives (parents, advocate, guardian or others) to attend and participate. There must also be an appeals process for situations where the person and/or their representative/s disagree with the decision. Rights of an individual with disabilities may have their rights restricted only when it has been determined that without the restriction of rights, harm can be done to the person or to others or because of criminal action. There can be no other reason for the rights of a person with a disability to be restricted or denied.

Least restrictive alternative guarantees that when rights are restricted, it will be done in the least intrusive way. Any restriction of the person's rights must be reviewed and approved through the team process which includes consent of the person or their representative/guardian.

As with any group of laws and legal concepts, it is the responsibility of state and local governments to guarantee constitutional protections and safeguard these rights through development and implementation of policies and procedures. It is also the responsibility of agencies and their personnel to provide due process to everyone they support.

Changes mandated through court action in ND guaranteed these services to ND citizens with disabilities: trained, competent staff; psychological and psychiatric services; supported living options; respite care; restrictions on placements into long term care facilities; internal case management; individualized planning using the team process; prohibition of abuse; freedom from harm, seclusion, physical restraints, or medications; right to education; right to programming; medical/therapeutic services; right to religious worship, mail, telephone, visitation, clothing, personal property, voting; and confidentiality of personal records.

On July 26, 1990, Congress and President George Bush passed into law the **Americans with Disabilities Act of 1990**. This law, commonly referred to as the ADA, gives civil rights protection to individuals with disabilities in private sector employment, all public services, public accommodations, transportation, and telecommunications. This law defines a person with a disability as: (1) a person with a physical or mental impairment that substantially limits that person in some major life activity, (2) a person with a record of such a physical or mental impairment (such as a history of mental illness who is no longer impaired by the disease but is discriminated against because of the record of their impairment), or (3) a person who is regarded as having such an impairment (such as a person who has a significant burn on their face but doesn't limit them in any major life activity, but is discriminated against). This Act also includes coverage to people with AIDS, and drug and alcohol users (not currently using).



In addition to safeguarding rights of people with disabilities through equal protection, due process, and least restrictive alternative, all agency personnel must safeguard the confidentiality of the personal health information of everyone they support. Safeguarding this information comes from respecting the person and their personal situation as well as being required by the 1996 federal law **Health Insurance Portability and Accountability Act (HIPAA)**. The legal responsibilities of this Act include the following:



- Health information may not be revealed to anyone outside the facility without written permission.
- Knowing which records each team member can appropriately access.
- Saving information within the agency on a “need to know” basis only.
- Safeguarding records.
- Never sharing computer passwords.
- Ensuring faxes are received by the intended person.
- Following agency policies and procedures on disclosing personal health information.
- Following agency policies to report violations of the privacy rights of people receiving services.
- Contacting the agency's designated privacy officer with all questions.

Abuse, Neglect and Exploitation

Because people with disabilities may depend on others for a certain amount of support, they are sometimes vulnerable to others. This vulnerability increases their risk of abuse, neglect, and exploitation by others, including family, neighbors, support staff, acquaintances, or strangers.

To protect people with disabilities, the state of North Dakota has established statutes which specifically address abuse, neglect and exploitation and requirements for reporting alleged allegations. This law is

to provide a uniform set of rules which can be consistently implemented by everyone involved with the person with disabilities.

Within the definitions of this statute the term “**caretaker**” is used to designate a person, organization, association or facility that has assumed



the responsibility for the care of a person with a developmental disability or mental illness or the parent, spouse, sibling, other relative or person who has voluntarily assumed responsibility for care of the person with the disability.

Under North Dakota law, **abuse** of a person with a developmental disability or mental illness means:

1. Willful use of offensive, abusive, or demeaning language by a caretaker that causes mental anguish.
2. Knowing reckless or intentional acts or failure to act which causes injury or death or places that person at risk of injury or death.
3. Rape or sexual assault.
4. Corporal punishment or use of excessive force in placement of bodily restraints.
5. Use of bodily or chemical restraints which is not in compliance with federal or state laws and administrative programs.

Neglect of a person with a developmental disability or mental illness means:

1. Inability of the person to provide food, shelter, clothing, health care, or services necessary to maintain the mental and physical health of that person.
2. Failure by a caretaker to meet, either by commission (doing something) or omission (not doing something), any statutory obligations, court order, administrative rule or regulation, policy, procedure, or minimally accepted standard of care.
3. Negligent act or omission by any caretaker which causes injury or death or places that person at risk of injury of death.

4. Failure by any caretaker, who is required by law or administrative rule, to carry out an appropriate individual program or treatment plan for a person.
5. Failure by any caretaker to provide adequate nutrition, clothing, or health care.
6. Failure by any caretaker to provide a safe environment.
7. Failure by any caretaker to maintain adequate numbers of appropriately trained staff at a facility providing care and services.

Exploitation, when committed by a caretaker or relative of, or any person in a fiduciary (trust) relationship with the person with the developmental disability or mental illness means:

1. Taking or misuse of property or resources by means of undue influence, breach of fiduciary relationship, deception, harassment, criminal coercion, theft, or other unlawful or illegal means.
2. Use of the services without just compensation.
3. Use of person for entertainment or sexual gratification of others under circumstances that cause degradation, humiliation, or mental anguish.



Although these definitions give us a starting point of what constitutes violations, not every situation or behavior which constitutes a violation can be listed. It is the responsibility of all DSPs to report, following agency policies, any time they know or suspect abuse, neglect or exploitation. All personnel working for a facility within the state of North Dakota are mandated reports for abuse, neglect or exploitation.

Further information on legal issues may be found in the Legal Issues and Developmental Disabilities module.

Feedback Questions Lesson 8:

1. Give an example of abuse.
2. Give an example of neglect.
3. Define exploitation.
4. What is due process?
5. What is equal protection?
6. What is least restrictive alternative?
7. The ADA protects people with disabilities in which areas?
8. What is protected by HIPAA?
9. What is a caretaker?

Feedback Answer Key Lesson 1

1. Normal range; baseline data; previous shift; medical diagnosis, treatment, and medications.
2. Pulse.
3. Put the tips of two or three fingers on the wrist at the base of the thumb, directly next to the bone.
4. 60-80 beats per minute for adult males.
70-90 beats per minute for adult females.
5. While breathing is automatic and involuntary, it can be influenced by a person's voluntary control.
6. 16-20 respirations per minute.
7. Elevation in body temperature beyond that which is usual for an individual.
8. 97.6-99.4; 98.6-100.4; 99.4-100.2; 96.6-98.4 degrees F.
9. When the heart is contracting the pressure is higher, this is called the systolic pressure. Diastolic pressure is the reading between each contraction when the heart is most relaxed. The readings are reported with systolic reading on top and diastolic reading on the bottom.
10. Next to oxygen, water is the most important thing the body takes in. Losing one-fifth of the body's fluid will result in death.
11. Takes or is served; leaves in the serving container.
12. urinal; emesis basin; bedpan.
13. The agency nurse.
14. Baseline.
15. Tympanic membrane thermometer used in the ear, temporal artery thermometer used on the forehead skin, and oral thermometer used in the mouth.

Feedback Answer Key Lesson 2

1.
 - a. Vision: Observe or inspect the body and any part of the individual.
 - b. Hearing: 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.
2.
 - a. Breathing problems
 - b. Chest pain
 - c. Sore throat
 - d. Cold symptoms
 - e. Fever
 - f. Fainting
3. Flushing, loss of appetite, tiredness, skin warm to touch.
4. Loss of appetite, avoidance of swallowing, fever.
5.
 - a. Abdominal discomfort
 - b. Change in appetite
 - c. Diarrhea
 - d. Constipation

- e. Dehydration
 - Nausea/vomiting
 - Heartburn/gas
 - Toothache
- 6.
 - a. Loss of appetite, long periods in bathroom, distended abdomen.
 - b. Decrease in quantity and frequency of urination; dry, wrinkled or loose skin; and/or a dry parched tongue or mouth.
 - c. Holding cheek, change in eating habits.
- 7.
 - a. Discharge (drainage).
 - b. Itching.
 - c. Painful Urination.
 - d. Unusual color, odor and amount of urine.
 - e. Incontinence.
 - Menstrual cramping.
 - Changes in menses.
 - Changes in size of testicle; lumps or bumps on testicle; swelling of the scrotal area.
 - Changes in breast size, dimpling tissue, lumps or bumps, tenderness, or discharge.
- 8.
 - a. Delirium
 - b. Dizziness
 - c. Squinting, frowning, irritability
 - d. Insomnia
 - e. Consciousness
 - f. Seizures
 - g. Paralysis
 - i. Tremors
- 9.
 - a. Pain or tenderness.
 - b. Swelling or bluish discoloration of the skin.
 - c. Difficulty walking or inability to move a body part.
 - False or unnatural movement, shape or positioning of the limb.
- 10.
 - a. Rubbing, itching, or pulling at ears; hitting head by ears; loud screaming; draining from the ear; fever.
 - b. Red, warm, tender, swollen, and itching skin; white, firm, waxy looking skin, possibly blisters; complaints of numbness.
 - c. Redness, swelling, tenderness, warmth, red streak that travels up an extremity toward the heart, purulent drainage.
- 11.
 - a. Pupils that are constricted, fixed and dilated, unequal in size, or not reacting to light.
 - b. Cloudy, red, pink, watery, or teary eyes.
 - c. Excessive blinking, squinting, or difficulty in opening the eye.
 - d. Discharge or swelling of the eyelids.
- 12.
 - a. Excessive and/or uncontrollable bleeding.
 - b. Obstructed or stopped breathing.

- c. Heart stopping.
 - Loss of consciousness (unrelated to known seizure disorders).
 - Severe injury from an accident.
 - Uncontrollable behavior that is a danger to the individual or others.
- 13. The supervisor and the agency nurse/physician- Check agency policy.
- 14.
 - a. A change of temperament in the person.
 - b. A change in the specific expression of behavior.

Feedback Answer Key Lesson 3

1.
 - a. The invading organism.
 - b. A host or living environment.
 - c. Method of the organism leaving the host.
 - d. Method of the organism entering a new host.
2.
 - a. Animal.
 - b. Human.
 - c. Non-animal/non-human.
3.
 - a. The respiratory tract.
 - b. Intestinal tract.
 - c. Genitourinary tract.
 - Blood.
 - Bodily fluids.
 - Break in the skin.
4. To prevent illness or disease by preventing the infectious disease chain of events from continuing.
5.
 - a. Hand hygiene.
 - b. Practicing standard precautions.
 - c. Environmental controls.
 - d. Immunizations.
6. Hand hygiene.
7. 10-15 seconds.
8.
 - a. Blood.
 - b. All body fluids, secretions, and excretions except sweat, regardless of whether they contain visible blood.
 - c. Non-intact skin.
 - d. Mucous membranes.
9. Any **four** of the following:
 - a. Protective barriers.
 - b. Hand hygiene.
 - c. Avoiding accidental cuts.
 - d. Cleaning and disinfecting surfaces contaminated with blood or body fluids.
 - Contaminated laundry procedures.
10.
 - a. Gloves.
 - b. Protective face or eye wear.

- c. Protective clothing.
- 11. a. HIV (Human Immunodeficiency Virus).
b. HBV (Hepatitis B Virus).
- 12. a. Wear gloves.
b. Wipe up spill with paper towels and put towels in leak proof bag.
c. Using a fresh bleach solution (1/4 cup bleach to 1 gallon of water) or a hospital-grade disinfectant (tuberculocidal), vigorously clean and rinse the contaminated area. (Friction from scrubbing the area helps remove the micro-organism). Manufactures' instructions for use of such products should be followed.
d. Be sure to perform hand hygiene afterwards.
- 13. The purpose of a vaccine is to make individuals immune to a disease or illness. (see agency policy)
- 14. a. Program nurse.
b. Program supervisor.
- 15. To provide early detection, intervention, and referral.
- 16. 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 supervisor 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 any further instructions.

Feedback Answer Key Lesson 4

- 1. a. Preventing osteoporosis.
b. Preventing bedsores.
c. Preventing contractures.
d. Provide sensory stimulation through touch.
e. Promoted blood circulation.
- Reduce boredom.
- 2. a. Correct alignment - The body is as straight as possible with the head centered over the body and the spine straight.
b. Symmetry - The body is balanced on both sides.
c. Support for Stability - Supporting the person to maintain the correct position.
- 3. a. Tell the person what you and she/he are going to do before you do it.
b. Touch the person firmly, not lightly.
c. Move the person slowly.
- Push at the elbow to straighten the arm and push at the knee to straighten the leg.
- 4. a. Appraise your own capabilities and get help or use a mechanical lift if you need it.
b. Tell the person what is going to happen using both words and gestures.
c. Minimize the distance to be traveled during the transfer.
d. Stabilize all equipment to be used.

- e. Clear the area for safety.
5. Using good body mechanics means using the muscles in your legs to do a transfer and keeping the strain off your back. In order to do this, staff must get a good base of support with feet flat on the ground, comfortably apart, and one foot slightly in front of the other. Staff should also use a posterior pelvic tilt, bend at the knees, use the legs to lift, and keep the person close to them. Your back, feet, and trunk should all move together in the same direction, going to the same place.
6.
 - a. Use a transfer (gait) belt if needed.
 - b. If the person has balance problems, have another staff person assist you.
 - c. If the individual's endurance is limited, ask another staff person to follow with a wheelchair.
 - d. Stand slightly behind the individual on the person's weaker side. Grasp the gait belt with one hand on the back using an underhand grasp and the other hand on the front of the person's closest shoulder or forearm.
 - e. A cane is used by the person on their strongest side.
 - When a walker is used, all four points of the walker should touch the floor at the same time.
 - Never use a walker on stairs.
 - When the individual sits, the chair should be touching the back of their legs. The person should place their hands on the arms of the chair to lower their body into the chair.
7.
 - a. Start and stop slowly, take corners slowly, and maintain a steady pace while moving.
 - b. Stop the wheelchair, open the door by hand, and bring the wheelchair through. Do not let the door bang the side of the wheelchair.
 - c. Push the person uphill; to go downhill, turn the chair around and walk backwards.
 - d. Stop at the curb, raise the front casters by pressing down on the foot lever, roll the front casters on to the sidewalk, and roll the large wheels over the curb by lifting slightly on the push handles as you push forward.
 - e. Come down curbs facing backwards with the large wheels coming first. Maintain some upward pressure on the push handles as you pull the wheelchair toward you.
8. Staff should check the individual's sitting position to be sure that the individual's hips are all the way back in the wheelchair; the person's clothes are smooth and wrinkle free; the seat belt is buckled if needed; the person's feet are on the footrests; and his/her hands are on the armrests or lap away from the wheels.

Feedback Answer Key Lesson 5

1. Personal grooming promotes more positive feeling about one's self and enhances self-esteem. Bathing removes dirt and perspiration, increases circulation and provides passive or active exercise in a natural situation. The person feels clean, relaxed and refreshed.
2. Give encouragement and opportunity to practice; take the time necessary to allow the person to perform the steps; observe for signs of frustration, fatigue or emotional upset. Follow the same steps each time the procedure is done.
3. Use warm water and no soap and wash the eye from the inner corner to the outer corner. Wash the outer ear and never use a Q-tip in the inner canal.
4.
 - a. Be sure that all soap is rinsed off.
 - b. Dry all body parts well, including between the toes.
 - c. Use lotion after the bath.
5.
 - a. Use nonskid strips.
 - b. Use handrails.
 - Assist the person in and out, when necessary.
6. Perform nail care right after the bath. Care should be taken not to injure the corners of nails. Fingernails should be cut and filed, following the contour of the fingertips. Toenails should be cut straight across.
7. Plaque is a clear, sticky coating of bacteria that accumulates in the pits of the teeth, along the boundaries between the teeth and gums, and in cracks and rough surfaces. If not removed, the plaque bacteria converts the sugar and starch from food into acid. This acid attacks the enamel causing cavities. In adults, the plaque bacteria produces toxins or poisons that can irritate and inflame the gums, even destroy tissues and bones.
8. Tooth brushing; flossing; cleaning the tongue and other parts of the mouth; regular dental visits.
9.
 - a. Get to know each person that you will be assisting. Always treat the person as an individual.
 - b. Listen to the person's complaints and respond to his/her needs. Watch for and take action when you observe behavioral indicators of pain or illness.
 - c. Give the person choices whenever possible.
 - d. Speak clearly and slowly enough to be understood.
 - e. When providing assistance that involves touching the person's body, be careful, firm, and gentle. Avoid rushed, jerking movements.
 - Always tell the person what you are going to do before doing it.
 - Encourage the person to help as much as possible.
 - Respect the person's right to privacy when providing assistance.
10.
 - a. Do not force the issue.
 - b. Accept the refusal and wait to see if they will decide to allow you to assist them.
 - c. Repeat the offer of choices by another staff.
 - Use the "sandwich technique" (give a compliment, followed by an action needing to be done, followed by a beneficial effect if the action is completed.

- Use the “Premack Principle” by stating what “liked” activity will follow after medications are taken.
11. Follow agency procedures for notifying the nurse/supervisor and document in writing. Don’t reinforce the behavior. Work with the team to identify the reason for the refusal and to develop a plan for a consistent approach.

Feedback Answer Key Lesson 6

1. Eating a diet containing all the nutrients your body needs to provide energy for everyday activities as well as to maintain good health.
2. The plate includes all five food groups needed to be healthy and shows how much of each food group we should eat at each meal. ½ the plate should be fruits and vegetables; there should be a serving of grains and protein and some milk. The visual reminds us not only to include the five food groups, but what portion each of the food groups our plates should contain based on the 2010 Dietary Guidelines for Americans.
3. Grains group: 6-11 servings – at least ½ should be whole grains.
Vegetable group: 3-5 servings.
Fruit group: 2-4 servings.
Milk group: 2-3 servings.
Meat group: 2-3 servings (total 5-7 ounces).
Fats, Oils & Sweets should be used sparingly.
4.
 - a. calories.
 - b. less.
 - c. portions.
 - d. more.
 - e. ½
 - f. milk.
 - g. whole.
 - h. sodium.
 - i. water.
5. Lean protein such as lean beef and pork, chicken, turkey, beans, or tofu. Seafood twice a week.
6. Quickly.
7. Whole or cut up fruit provide dietary fiber not present in juice.
8. Rinse fruits before preparing or eating them. Under clean, running water, rub fruits briskly to remove dirt and surface microorganisms.
9. Red, orange or dark green.
10. Frozen.
11. “Reduced sodium,” “low sodium,” or “no salt added.”
12. First
13. Whole-grain cornmeal, wild rice, brown rice, oatmeal.
14. 10-19%; 20%
15. Calories.
16. Vary.

17. 90%
18. 3
19. Doctors may order special diets for a nutritional deficiency or a disease. They also order them for weight control or to removed or decrease certain substances in the diet.
20. Individually.
21. Foods low in fat and foods prepared without adding fat: skim milk or buttermilk; lean meat, poultry, and fish (baked, broiled, or roasted); fruits; vegetables; beans; high-fiber grains and breads. When fat is permitted, healthy fats like olive oil are recommended.
22. Foods that have excessively high sodium content are restricted (i.e., cheesy foods, such as pizza; cured meats, such as bacon, sausage, hot dogs, and deli/luncheon meats; and ready-to-eat foods, like canned chili, ravioli, and soups).
23. To maintain blood sugar levels.
24. Dietary fiber is provided mainly in our diets from cereals, breads, fruits, nuts, vegetables and seeds.
25. Reading ingredient labels correctly is key to avoiding problematic foods.
26.
 - a. Oral motor problems and difficult eating and swallowing.
 - b. Lack of movement due to physical disabilities.
 - c. Behavioral issues-rumination, gagging, vomiting, and pica.
 - Poor dental health.
 - Constipation.
 - Dehydration.
 - Seizure medications and other drugs may affect nutrition.
 - Cholesterol.
 - Gastroesophageal reflux.
 - Osteoporosis.
 - Gastrostomy/Nasogastric tubes.
 - Other related disorders (i.e. Prader-Willi syndrome).
27.
 - Turn off television and loud music.
 - Involve individuals receiving services in the preparation and serving as much as possible.
 - Help people in wheelchairs into regular chairs if possible.
 - Ensure that people are properly positioned for the meal.
 - Use calm, quiet voices.
 - Make table conversation with everyone at the table, not just co-workers-discuss what happened that day or plans for the evening, next day, next week, etc.
 - Be aware of the presentation of food, how its looks affects the person's acceptance.
 - Keep your personal food preferences to yourself.
 - Role model appropriate table manners at all times.

- Make sure that you know meal time programs, understand adaptive equipment used, are familiar with the individual's ability level and need for assistance, etc.
 - If you are assisting a person to eat, put yourself in their place to try to determine how they would like to be fed (i.e., make sure they are positioned properly and can see the plate, tell them what's on the plate, give them choices about what to eat next, make sure you understand their way of communicating those choices, etc.).
28. Hand hygiene is the best way to avoid cross contamination at meal preparation, meal time, and clean up. It is vitally important that hand hygiene be performed when moving between tasks of personal care assistance to assisting with eating or food preparation.
 29. Keep cold foods at 40 degrees F. Keep hot foods at 140 degrees or above. Dispose of foods that have been in the danger zone 40-140 degrees F for more than 2 hours. (1 hour if the temperature was above 90 degrees F).
 30. Most outbreaks involve employees who touch their face, mouth or private areas and then handle food.

Feedback Answer Key Lesson 7:

1.
 - Everyone should have access to quality health care. To obtain optimal health care, individuals must be active and informed consumers of services rather than passive recipients.
 - All persons with developmental disabilities should be encouraged and assisted to participate in, and be as independent as possible in their own health care.
 - Every individual should have a primary health care provider- a "medical home" for stable primary care.
 - Each individual should have an accessible and up-to-date record of personal health.
 - Optimal "health "care extends far beyond actual contact with health care providers.
 - All individuals have a right to have their medical information accorded the utmost confidentiality.
 - Adults with developmental disabilities shall have access to health care in regular community settings that serve people without disabilities.
2.
 - To have as much information about his condition as he wishes.
 - To have adequate time for questions and discussion.
 - To have reasonable access to the health care provider.
 - To know the health care provider's off-hour availability and provision for coverage of patients during those times.
 - To participate as much as possible in major decisions about his care.
 - To be seen within a reasonable amount of time of the scheduled appointments.
 - To ask for a specialist consultation or a second opinion from another health care provider.
 - To change health care providers and to have health care records transferred to the new provider.

3. A doctor who has done additional study in a particular area who may be called in to assist the primary care physician with diagnosis or treatment plan.
4. Explain to the person step by step what to expect including wait time, instruments and procedures to be used, time needed for test results and something positive that might happen after the appointment.
5. Question the medical care professional about all terms you do not understand, specifics of the medications being prescribed and any side effects the medication/s may cause, and how long before improvement may occur.
6.
 1. D
 2. E
 3. A
 4. B
 5. C

Feedback Answer Key Lesson 8:

1. Hitting, slapping, calling someone a derogatory name, burning, scalding someone with hot water, etc.
2. Not taking someone to the doctor when they need medical attention; not allowing someone access to their money; not helping someone cook; not helping someone with their budget; not doing someone's prescribed exercises, etc.
3.
 - a. Taking or misuse of property or resources by means of undue influence, breach of fiduciary relationship, deception, harassment, criminal coercion, theft, or other unlawful or illegal means.
 - b. Use of the services without just compensation.
 - c. Use of person for entertainment or sexual gratification of others under circumstances that cause degradation, humiliation, or mental anguish.
4.
 - a. All laws are applied equally to all citizens.
 - b. People must have the opportunity to a fair hearing before an impartial decision maker.
 - c. The burden of proof falls on the entity that wishes to limit another's rights as opposed to persons already granted these legal rights.
 - d. The law must be clear if it is being used to deprive someone of their rights.
5. Equal protection or one set of laws being applied justly, fairly and equally to all citizens under the law means no one can be excluded from legal justice, public services, or facilities because of their race, religion, sex, national origin, age or disability.
6. Least restrictive alternative guarantees that when rights are restricted, they will be done in the least intrusive way in the person's life. Any restriction of the person's rights must be reviewed and approved through the team process which includes consent of the person or their representative/guardian.
7. Gives civil rights protection to individuals with disabilities in private sector employment, all public services, public accommodations, transportation, and telecommunications.

8. The confidentiality of the personal health information of everyone they support.
9. A person or agency that has voluntarily taken on the responsibility for the care of a person with a disability or mental illness of a family member or other person who has voluntarily assumed that responsibility.

Bibliography

- 2010 Dietary Guidelines for Americans. <http://www.choosemyplate.gov/>
- Elsevier Advantage (2012) *Vital Signs*.
<http://www.elsevieradvantage.com/samplechapters/9781455701506/9781455701506.pdf>
- Hegner, B & Caldwell, E. (1992). *Nursing assistant: a nursing process approach*. Albany: Delmar Publications.
- Kozier, B., & Erb, G. (1987). *Fundamentals of nursing. Concepts and procedures*. Menlo Park, CA: Addison-Wesley Publishing Co.
- Lawson, V. (2006) *Understanding Food Allergies*. National Center on Health, Physical Activity, and Disability.
<http://www.ncpad.org/367/2061/Nutrition~Spotlight~Understanding~Food~Allergies~Celebrate~Food~Allergy~Awareness~Week~May~14~May~20>
- Schniedman, R., & Lambert, S. (1978). *Being a nursing aide*. Chicago: Hospital Research and Educational Trust (Bowie, MD: The Robert J. Brady Co.)
- Shriver Center (nd). *Communicating for Health*. Author: Waltham, MA.
- Sorenson, C. & Luckmann, J. (1986). *Basic nursing. A psychophysiological approach*. Philadelphia: W. B. Saunders Co.
- Sorrentino, S. (2004). *Mosby's textbook for nursing assistants*. St. Louis, MO: Mosby, Inc.