

Introduction to Health Supports

May 2024

895.50

The North Dakota Statewide
Developmental Disabilities
Community Staff Training Program



Introduction to Health Supports

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Suggested citation:

Schmidt, K; Baker, M; Sladek P. (2024). *Introduction to Health Supports*. (Rev. Ed). Minot, ND: North Dakota Center for Persons with Disabilities, a University Center of Excellence on Developmental Disabilities at Minot State University.

Production of this publication was supported by funding from the Developmental Disabilities Section within the North Dakota Department of Health and Human Services (DHHS).

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Acknowledgements:

Thank you to the regional staff trainers who reviewed the draft and provided feedback, specifically JoLynn Anderson-Lacis, Jerrienne Salvesson, Roberta Bennett, and Rebecca Andres. Thanks also to Christina Tosseth, DHHS, DD section; and DD provider nurses Kelli Bohlender, Kailey Pribula, and Amy Bullinger.

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Lesson 1: Health Assessments

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

- Measure vital signs.
- Measure fluid intake and output.
- Monitor blood sugar.
- Support self-reporting.

Assessment of Vital Signs

The four vital signs include pulse rate, respiration rate (rate of breathing), body temperature, and blood pressure. 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. Staff who are delegated the task of taking and recording information about vital signs must be careful and accurate. Before these tasks are delegated, staff should receive hands-on training from the agency nurse or other medical professional.

Vital signs reflect the function of three body processes essential for life: regulation of body temperature, breathing, and heart function. When assessing vital signs, it is important to know:

1. The normal range of each vital sign.
2. The baseline (what is normal) for each person.
3. The vital sign readings from the previous shift.
4. The person's medical diagnosis, treatment, and medications.

Pulse Rate

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 one minute. Counting the pulse rate is a simple method of learning about how the circulatory system is functioning.

The pulse rate varies for each age group and is affected by many factors including elevated body temperature (fever), exercise, fear, anger, anxiety, excitement, heat, body 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. Abnormal rates, irregularities, or issues with pulse force should be reported to the nurse or designee immediately.

There are several ways to check a pulse rate. Electronic blood pressure equipment will show both pulse rate and blood pressure, but this equipment 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 own pulse instead of the pulse of the other person.



Count the pulse beats (what you feel) for 30 seconds. Multiply the number of beats by two. This is the number to 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 to the nurse or designee and document per agency policy.

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. The rate of respiration is determined by counting the rise or fall of the chest for one minute. Count one inspiration and expiration as one respiration. The average rate for adults is 16-20 respirations per minute. If the rate is more than 25 per minute or less than 12 per minute, it should be reported to the nurse and documented per agency policy.

Temperature

Body temperature is a measurement of the amount of heat in the body. Body temperature is measured with 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, urine, and bowel movements. The body temperature usually 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, hormones, and illness.

In general, there are two types of thermometers. Touch, or contact, thermometers must touch the body in order to measure temperature. Remote, or no contact, thermometers can measure body temperature without touching the skin.

The most common kind of contact thermometer uses electronic heat sensors to record body temperature. These thermometers can be used on the forehead, mouth, armpit, or rectum. Most electronic thermometers have a digital display that shows you the temperature reading. Rectal temperatures provide the most-accurate readings for infants, especially those 3 months or younger, as well as children up to age 3. Temperatures taken from the armpit are usually the least accurate. For older children and adults, oral readings are usually accurate — as long as the mouth is closed while the thermometer is in place.



A remote thermometer doesn't require skin contact and allows people to remain further apart. Remote thermometers can be used on the forehead (temporal artery) or the ear (tympanic) (Mayo Clinic, 2023).

To begin 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). Plug the probe into the thermometer if needed. No matter what type of thermometer, wash your hands, put on gloves, and insert the thermometer probe into a probe cover. The chart below indicates steps to follow for each type of temperature taken. Also included are the normal ranges for each temperature site.

Method	Steps	Normal Range
Oral	<ol style="list-style-type: none"> 1. Ask the person to open their mouth and raise their tongue. 2. Place the covered probe at the base of the tongue. 3. Ask the person to lower the tongue and close the mouth. <p>For an oral temperature, ask the person not to eat, drink, smoke, or chew gum for at least 15-20 minutes before temperature is taken.</p> <p>Oral temperatures should not be taken if the person:</p> <ul style="list-style-type: none"> • Younger than 6 years old • Is receiving oxygen • Has a nasogastric tube • Is delirious, restless, confused or disoriented • Is paralyzed on one side of the body • Has a sore mouth 	97.6 to 99.6 F
Rectal	<ol style="list-style-type: none"> 1. Place lubricant on toilet paper or another sanitary surface. 2. Lubricate the end of the covered probe. 3. Expose the anal area. Have the person lay on their side, 	98.6 to 100.6 F

	bend the top leg at the knee and move that leg towards chest. 4. Raise the upper buttock. 5. Insert the probe ½ inch into the rectum. 6. Hold the probe in place for at least one minute.	
Axillary (armpit)	1. Help person remove an arm from their clothing sleeve but ensure privacy. 2. Dry the armpit area with a towel. 3. Place the covered probe in the armpit. 4. Place the person's arm over the chest. 5. Hold the probe in place about one minute or until the thermometer beeps.	96.6 to 98.6 F
Tympanic Membrane (ear)	1. Ask the person to turn their head so the ear is in front of you. 2. <u>For adults</u> - Pull up and back on the ear to straighten ear canal. <u>For children</u> - pull down and back on the ear so you can get the thermometer near the eardrum. 3. Insert the covered probe gently 2-3 seconds or until the thermometer beeps.	98.6 F
Temporal Artery (forehead)	1. Brush hair away if covering the forehead or ear. 2. Place probe FLUSH on against center of forehead, depress button (keep depressed until you are done). 3. Slide straight across forehead to the hairline, not down the side of the face. 4. Lift probe from forehead and touch neck just behind the earlobe. 5. Release button, read and record temperature.	Check manufacturer's specifications (99.4-100.2 F for Exergen Scanner)

A **fever** is an elevation in body temperature beyond what is usual for a person. High temperatures increase metabolic rate and oxygen consumption. Pulse rate and respiration may also increase. Notify the agency nurse per agency policy for elevated temperature.

Blood Pressure

Blood pressure is the force of the blood pushing against the walls of the blood vessels. When taking a person's blood pressure, it is this force that is measured.

There is always a certain amount of pressure in the arteries because the heart, by pumping, is constantly forcing blood to circulate. The blood goes first into the arteries, 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 the systolic and the diastolic pressure.

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

The way these figures are written is: 120/80

$$\frac{120}{80} = \text{systolic}$$

$$80 = \text{diastolic}$$

If a blood pressure is above 140/80, the nurse or designee should be notified per agency policy.

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

Steps for Measuring Blood Pressure

1. Explain to the person that you are going to take their blood pressure.
2. Have the person sit up in a chair with legs uncrossed.
3. Wash your hands.
4. Place the person's arm palm-up, 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 (in the upper arm). Be sure you are using the correct size 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 heartbeat. 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.
13. Clean earpieces and bell of stethoscope with an alcohol swab.

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

Measuring and Recording Fluid Intake and Output

Water is essential to human life. Next to oxygen, water is the most important thing the body takes in. 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.

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.

Fluid output is the total amount 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 ½ cup emesis (vomit)).

When measuring output is ordered, tell the person that output is being measured. Females urinate in a bedpan or specipan (a disposable container that fits into the toilet bowl under the seat – sometimes called a urine collection hat). Toilet paper should not be placed in the bedpan or specipan. Males should be instructed to use a urine cup. Disposable gloves are worn during this procedure and disposed of after they are removed.



After urine or emesis (vomit) is collected, it is then poured from the collection container into a measuring cup. Place the measuring cup on a flat surface for accuracy when measuring. Look carefully to see the number reached by the level of urine or vomit. Record the amount and the time. Disinfect the measuring cup after use. Remove gloves and wash hands.

Monitoring Blood Sugar

Blood sugar monitoring is an important part of diabetes care. It helps people who have diabetes manage their condition and prevent health problems. If you support people with diabetes you may

need to assist them to follow a specific diet or test their blood sugar to see if it is within their target range.

There are different ways to test blood sugar. Some people use a device that measures sugar levels throughout the day, while others test as needed using a small drop of blood and a blood sugar meter. A person's doctor or nurse will help to establish a plan on when and how often blood sugar should be measured, and what kind of device to use. For more information on diabetes management, see the Diabetes Management booklet with the Community Staff Training Program curriculum.

Self-Reporting

When people are able to report their own symptoms, they should be taught to report symptoms such as:

- 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 are flushed, feeling tired or less energy, or doesn't feel like eating.
- Dark colored urine.
- Increased or decreased frequency of using the bathroom.



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

Lesson One Feedback Exercise

1. The four vital signs include:
2. When assessing vital signs, it is important to know:
3. List three factors that can affect pulse rate.
4. List three factors that can affect body temperature.
5. What is the main function of respiration?
6. T/F Measuring the pulse rate is counting the number of heartbeats or pulses felt in one minute.
7. T/F The pulse rate varies for each age group.
8. T/F Next to oxygen, water is the most important thing the body takes in.
9. T/F The easiest place to feel the pulse is behind the knee.
10. T/F The rate of respiration is determined by counting the rise or fall of the chest for one minute.
11. T/F Blood pressure is the force of the blood pushing against the walls of the blood vessels. When taking a person's blood pressure, it is this force that is measured.
12. T/F Hypertension is when a person's blood pressure is lower than normal range for the age and condition.
13. The normal adult pulse rate is between _____ and _____ beats per minute.
14. The normal adult body temperature is _____ degrees Fahrenheit.
15. A _____ is an elevation in body temperature beyond what is usual for a person.
16. The heart contracts as it pumps the blood into the arteries. When the heart is contracting, the pressure is higher, this is called the _____ pressure. As the heart relaxes between each contraction, the pressure goes down, this is called the _____ pressure.
17. In healthy adults, the normal blood pressure range is between _____ and _____ for systolic pressure, and between _____ and _____ for diastolic pressure.

Lesson 2: Signs and Symptoms of Illness and Injury

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

- Use their senses to observe signs and symptoms of illness.
- Understand the general purpose of each body system.
- Identify signs and symptoms of problems within each body system.
- Identify life threatening situations.
- Identify health threatening situations.
- Identify behavior that may indicate pain.

As you support people with various disabilities, you will come to know them very well. In some cases, you may know more about them than anyone else does. Your observation on a day-to-day basis will be important in determining if a person is ill or injured. In this chapter, you will learn various signs and symptoms of an illness or injury that may require medical intervention. The first thing you will need to know is what the person is generally like. For example, what does the person usually look like, how do they usually smell, sound, feel, and react when in a normal or healthy state?

Health concerns regarding the person may first be recognized by staff. Observations and documentation will assist the nurse and physician in gathering significant information to make an accurate diagnosis and develop a plan of care.

Be Observant

Visual: Use your eyes to observe or look at the person or the affected part of their body. You may also observe behavior that may indicate pain.

Auditory: Use your hearing to identify changes in breathing patterns, bowel sounds, etc. Also, listen to what the person is 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, and nose describe.

Illness is considered the opposite of health and can affect the mind as well as the body. An illness may affect one localized area of the body, may cause problems within a larger body system, or affect the entire body. Changes may occur suddenly or gradually.

Overview of Body Systems

In describing and discussing health concerns according to body systems, it's important to know that the entire body is interrelated and interdependent. In the table below, body systems are described as well as symptoms which should alert staff to observe more carefully. This is not

intended to be a comprehensive list of symptoms. 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.

Body System	Purpose	Signs & Symptoms of Problems
Respiratory and Circulatory	These two interrelated systems include the heart, lungs, and nose. The primary role is to transfer nutrients, blood, and oxygen to cells throughout the body.	<ul style="list-style-type: none"> • Breathing problems - Changes in the breathing pattern, difficulty breathing, unusual breath odor, abnormal breathing sounds like wheezing or gurgling, bluish lips, or fingernails. • Chest pain. • Sore throat - loss of appetite, avoidance of swallowing, fever, and/or hoarse voice. • Cold symptoms - sneezing, discharge from the nose, nasal congestion, sore throat, fever, and/or coughing. • Fever - flushing, loss of appetite, tiredness, skin that feels warm to touch. • Fainting.
Gastrointestinal and Digestive	This system is involved in breaking down food so it can be absorbed and used by the body. This system includes the mouth, stomach, intestines, liver, and pancreas.	<ul style="list-style-type: none"> • Abdominal discomfort - distended (bulging) stomach, abdomen that feels hard to the touch, or general discomfort. • Change in appetite or loss of appetite - weight change. • Diarrhea - frequent use of the bathroom, foul odor to the stool, stomach cramps, loose/watery bowel movements, or abnormal color. • Constipation - loss of appetite, long periods in bathroom, distended abdomen. • Dehydration - decrease in the quantity and frequency of urination; dry, wrinkled, or loose skin; a dry parched tongue or mouth. • Nausea/vomiting - lack of appetite, frequent swallowing. • Heartburn/gas - burping and belching. • Toothache - holding one's cheek, change in eating habits, swollen or inflamed gums.
Genitourinary and Reproductive	The genitourinary system filters blood and stores and eliminates urine from the body. This system includes the kidneys, ureters,	<ul style="list-style-type: none"> • Unusual discharge from a body opening. • Itching or scratching of the groin. • Difficult or painful urination • Frequent urination in small amounts or absence of urination. • Unusual color, odor, and amount of urine.

	<p>bladder, and urethra.</p> <p>The reproductive system includes the testes for males and the ovaries and uterus for females.</p>	<ul style="list-style-type: none"> • Unusual urinary accidents or incontinence. • Menstrual cramping • Change in size of testicle, lumps, or bumps on testicle, swelling of the scrotal area. • Changes in menses - spotting, amount of flow, length of cycle, or discomfort. • Changes in breasts including size, dimpling tissue, lumps, tenderness, or discharge.
Nervous	<p>This system is responsible for controlling and regulating all the other systems of the body. It includes the brain, spinal cord, and nerves.</p>	<ul style="list-style-type: none"> • Dizziness • Headache • Insomnia - trouble falling asleep or experiencing interrupted sleep. • Change in the level of consciousness – disorientation to person, place, and time; unable to follow commands; or unaware or unresponsive to others and surroundings. • Seizures. • Paralysis. • Tremors.
Muscular/Skeletal	<p>Muscles, tendons, cartilage, bones, and connective tissue make up these systems. They function together to provide support, protection, and movement for the body.</p>	<ul style="list-style-type: none"> • Unusual gait (walking pattern). • Change in muscle tone. • Sprains or fractures - 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.
Skin and Sensory Organs	<p>The skin is the largest organ of the body and includes the hair and nails. It provides a protective covering for the body. The eyes, taste buds, and olfactory system (sense of smell) are included in this category,</p>	<ul style="list-style-type: none"> • Abrasions/scrapes. • Pressure areas/blisters. • Hives/rashes, rubbing or scratching body area, restlessness, redness, or flushing. • Burns, red or blistering skin. • Chills/cold extremities - shivering involuntarily. • Earache - rubbing, itching, or pulling at ears; hitting head by ears; screaming; draining from the ear; fever; change in hearing ability. • Edema - swelling of hands, feet, legs, face. • Eye injuries -pupils that are constricted (like pinpoints), 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

	<p>eyelids.</p> <ul style="list-style-type: none"> • Frostbite - red, warm, tender, swollen, and itchy skin; white, firm, waxy looking skin, blisters; complaints of numbness. • Infection - redness, swelling, tenderness, warmth, red streak that travels up an extremity toward the heart, or drainage (yellow or greenish). • Excessive perspiration. • Skin color changes- Pale, yellow, red, gray, blue, flushed, or blotchy skin color. • Visual difficulties - blurred vision or changes in vision. • Ingrown toenail - redness, tenderness, drainage, or limping.
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Life Threatening Situations

Most health situations will need monitoring for changes that progress or evolve over time. However, there may be health-related situations that constitute an emergency. Conditions that require emergency intervention (calling 911) include:

- Bleeding excessively and uncontrollably.
- Breathing that is obstructed or that has stopped.
- No heartbeat
- 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 person or others.

Emergency situations are considered to be life threatening and require staff 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.

Health Threatening Situations

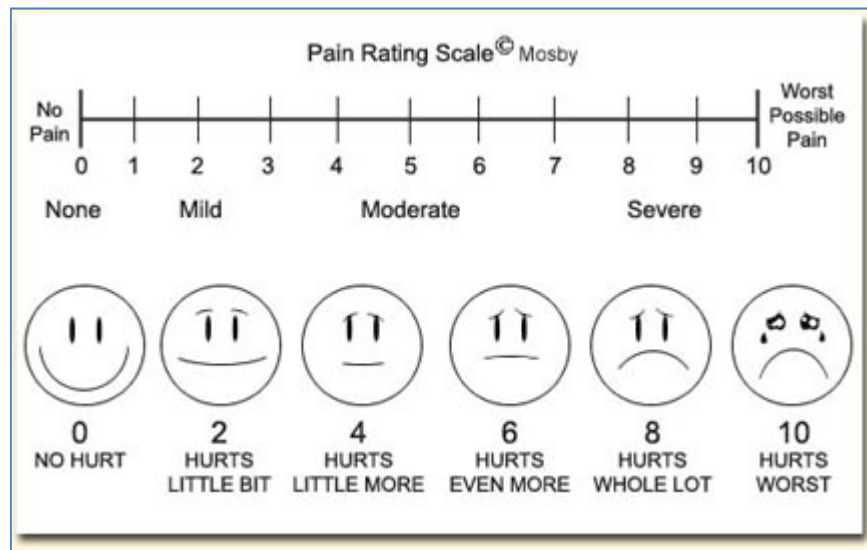
Other situations may not be considered life threatening but warrant contacting the supervisor and/or nurse. These include:

- Signs and symptoms of illness or injury that are not relieved by standing order medications and normal comfort measures.
- Be sure that you have gathered as much information as possible beforehand so you can give accurate information. Be prepared to explain any interventions you have done and document directions from the medical professional.
- Follow up as instructed and continue to monitor the person for any changes in the condition.

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 systems as required.

Behavior that may Indicate Pain

People will experience and report pain in many different ways. Interpreting behavior caused by pain may be challenging with people who have intellectual disabilities because they may not be able to explain what is happening using words. The universal pain screening tool with a 0-10 pain intensity rating scale, as shown below, is widely used in health care settings. This rating scale may not be effective with people who have intellectual disabilities. Pain assessments of people with intellectual disabilities need to include observational data from people who know the person well.



Two areas to be aware of are pain thresholds and communicating pain.

Pain Threshold

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, staff need to carefully observe people they support for any signs of illness/injury.

The intensity of pain can be affected by many factors including: past experiences, anxiety, lack of rest and sleep, loneliness, level of activity, 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 tolerant 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 may not ask for relief from pain.

If the person you are supporting is experiencing pain, refusing pain relievers, or pain medications are

not prescribed for that person, you can offer other comfort measures if further action is not needed. Provide blankets so he/she doesn't become chilled. Give the person a back rub or lotion their feet or hands. Turn on soft music or provide a calm, quiet setting. Offer reassurance and help them understand things are being done to help them feel better.

Communicating Pain

Some people being supported 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 using words. Getting to know the people you support is key to understanding pain behavior. If a person who is typically happy and responsive, but one day seems grumpy or listless, there may be something physically wrong. If a person with no history of self-injurious behavior hits his head on the wall repeatedly, there could be a medical concern. Examples of behavioral indicators of pain are indicated below:

Behavior Observed	Possible Problem
Holding or rubbing head; squinting, frowning; irritability; banging head on wall; hitting self in head	Headache
Rubbing, hitting, itching, or pulling ears; screaming while holding hands over ears; change in hearing	Earache
Holding stomach, leaning forward, moaning, yelling	Stomachache, menstrual cramping
Limping, moaning, holding leg, hitting leg, crying	Injury to leg

Never ignore or disregard someone's indication of pain or behavioral indications that something is wrong. It is the responsibility of staff to report the person's complaints and symptoms, whether or not the person communicates verbally, according to agency policy so the person can be evaluated by a medical professional.

Feedback Exercise Lesson 2

1. T/F Illness can affect the mind as well as the body.
2. T/F Difficulty walking or inability to move a body part is an indication of a problem with the muscular/skeletal system of the body.
3. T/F The universal pain screening tool with a 1-10 pain intensity scale is effective for people who have severe intellectual disabilities.
4. What are the four senses you will use to determine if a person is injured or ill?
5. What are four factors that can affect the intensity of pain?
6. What are four conditions that would require emergency intervention (calling 911)?
7. Give two examples of behavioral indicators of pain.
8. Matching
 - A. Respiratory & Circulatory
 - B. Gastrointestinal
 - C. Genitourinary and Reproductive
 - D. Nervous
 - E. Muscular/Skeletal
 - F. Skin and Sensory Organs

_____	Provides support, protection, and movement for the body.
_____	Breaks down food so it can be absorbed and used by the body.
_____	Filters blood and stores and eliminates urine from the body.
_____	Provides protective covering for the body.
_____	Transfers food and oxygen to cells throughout the body.
_____	Controls and regulates all the other systems of the body.

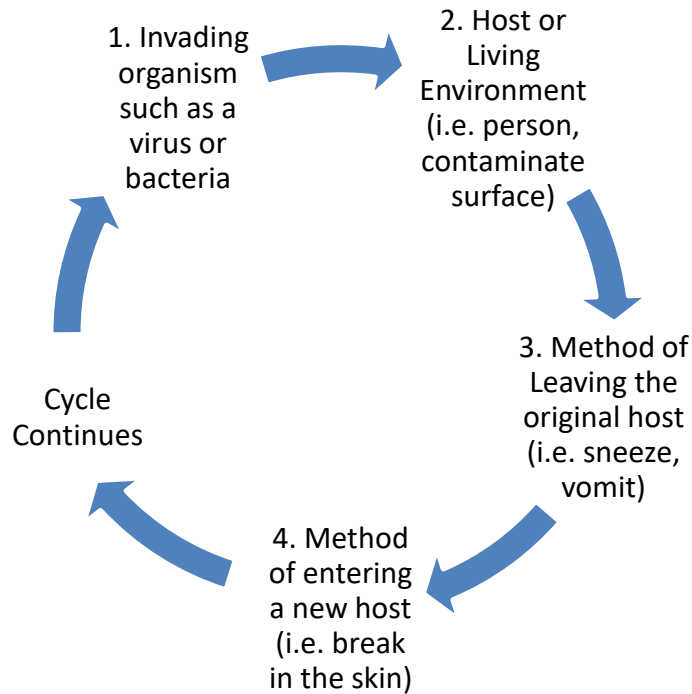
Lesson 3: Infection Control

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

- Identify the four components of the infectious disease process.
- Identify the two main goals of infection control.
- Understand and use four preventative control practices to break the infectious cycle.
- Use standards precautions for infection control.
- Prevent contamination of food.

The Infectious Disease Process

By understanding the infectious disease process, we can prevent and/or minimize the risk or transmission of illnesses in ourselves and others. The process itself can be visualized like a continuous circle that has four main components which include:



Goals of Infection Control

The primary goal of infection control practices is to prevent illness or disease by preventing the infectious disease chain of events from continuing. 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 including: hand hygiene, standard precautions, environmental controls, and immunizations.

Washing Hands:

Of all the infection control practices, the most important technique is thorough and frequent handwashing. For handwashing to be effective, it must be done correctly. According to the

Centers for Disease Control and Prevention (2020), the following steps should be followed:

1. Wet your hands with safe water (warm or cold) and apply soap.
2. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
4. Rinse your hands well under the water.
5. Dry your hands using a clean towel or air dry them.



Washing hands with soap and water is the best way to reduce the number of germs on them in most situations. If soap and water are not available, the CDC recommends using an alcohol-based hand sanitizer that contains at least 60% alcohol, and follow these steps:

1. Apply the product on the palm of one hand (read the label to learn the correct amount to use).
2. Rub your hands together.
3. Rub the product over all surfaces of your hands, including in between fingers.
4. Allow your hands to dry completely before touching anything.

Specific situations to wash hands include:

- After using the toilet
- When hands are visibly soiled.
- Before and after preparing or eating a meal or snack.
- Before and after medication administration.
- After coughing, sneezing, or blowing nose
- After contact with blood, body fluids, vaginal secretions, semen, urine, feces (bowel), vomit, or discharge from the eyes, nose, or ears.

Even if you are wearing gloves, you need to wash your hands after removing the gloves. Hand washing and wearing gloves are not substitutions for each other, they are meant to be used together. Hand sanitizers can reduce the number of germs on hands in many situations, but they do not eliminate all types of germs. Hand sanitizers can be an effective alternative to handwashing, but handwashing should always be the first choice if soap and water are available.

Standard Precautions

There are basic infection control guidelines designed to reduce the risk of transmission of disease. The guidelines are applied to all people and all situations regardless of people’s diagnosis or presumed infection status. Standard precautions are used any time there is blood; body fluids, secretions, and excretions (except sweat) regardless of whether blood is visible; non-intact skin, and mucous membranes. Standard precautions are outlined in the table below. You also need to follow your agency policies and procedures regarding infection control procedures.

Methods of Standard Precaution for Infection Control

Protective Barriers

Wear protective barriers when it is likely direct contact will be made with blood or body fluids

Types of Barriers:

Gloves: Gloves can be vinyl or latex when providing direct care, or general-purpose utility gloves for housekeeping tasks. Change gloves between person-to-person contacts.

- Latex and vinyl gloves are for single-use only and should never be washed or reused.
- General purpose utility gloves (rubber gloves) used for housekeeping tasks may be reused after they have been washed and disinfected. They should be checked for and discarded if cracks, holes, or tears are seen.
- Hand washing should occur every time gloves are removed.

Protective face or eye wear: These include goggles, glasses, and disposable face masks. These should be worn when it's possible for blood or body fluids to come into contact with the eyes or mouth.

Gowns, aprons, or other protective clothing: The type of protective clothing that is needed depends on the activity being done and the risk of exposure that is anticipated. Protective clothing should be worn if soiling skin or clothing is possible. In most community programs, it is unlikely that protective clothing would be necessary.

Avoiding Accidental Cuts

This standard precaution prevents injury from accidental needle sticks, broken glass, or other sharp medical objects ("sharps").

Steps to Follow:

- Never recap a needle.
- Discard needles immediately in a puncture-resistant container after 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 it in the garbage can that is regularly used in the home or work environment.

Cleaning and Disinfecting

Some methods used to prevent the spread of illness or disease are called environmental controls. Our environments (house, refrigerator, car, etc.) can be potential sources of micro-organisms which can cause illness or disease. Usually, routine housekeeping is adequate for maintaining a clean environment. If 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.

Follow your agency policy and program rules for cleaning and disinfection contaminated surfaces, food contact surfaces, and contaminated laundry.

Immunizations

Immunization or vaccine provides resistance to specific diseases. A vaccine refers to a process that will make the person immune or resistant to a specific disease. Some of the more common vaccines include influenza, shingles, hepatitis B, and COVID. People supported and/or their guardians have the right to decide whether or not to receive vaccinations.

Staff who are exposed to another person's blood or body fluids should follow their agency's policy which may include:

- 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 given.

A **second goal of infection control** is to provide early detection, intervention, and referral. Agency staff may be the first to notice if there are health problems or concerns with people 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. Identifying an illness also allows identification of *how* it is transmitted to others and preventative measures can be taken to decrease the likelihood of transmitting the illness to other people.

Ongoing Tracking and Monitoring of Infection/Illness

All agencies are required to have a policy 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 staff person.

Preventing Contamination of Food

Food contamination can involve infected employees who touch their face, mouth or private areas and then handle food. In addition, exposed cuts, burns, or sores can also result in food contamination.

To minimize the risk of contaminating foods , staff must take the following precautions:

1. Wash hands properly and in the following situations:
 - Before using and after removing gloves.
 - After touching human body parts.
 - After using the restroom.
 - After coughing, sneezing, or blowing your nose.
 - After eating or using tobacco products.

- Before and during food preparation when switching between raw food and ready-to-eat foods or as often as necessary to prevent cross-contamination. When working with ready-to-eat food, use spatulas, tongs, deli paper, or single-use gloves.
 - After doing any activity that contaminates the hands (taking out garbage, wiping counters or tables, handling chemicals, picking up items dropped on the floor, etc.).
2. Follow good personal hygiene.
- Wear clean clothes.
 - Maintain short, clean fingernails.
 - No eating, drinking, or tobacco use in food prep areas.
 - Don't work in the kitchen if you have a runny nose or are sneezing or coughing.
 - Wear hair covering or hair nets to cover hair (including facial hair). Tie back hair longer than shoulder length.

Two Goals of Infection Control:

1. Prevent and control the transmission of illness and disease.
2. Provide early detection, intervention, and referral.

Feedback Exercise Lesson 3

1. T/F If you are wearing gloves, you do not need to wash your hands after removing the gloves.
2. T/F Handwashing should always be chosen instead of hand sanitizer if soap and water are available.
3. T/F Standard precautions should be applied to all people and all situations regardless of people's diagnosis or presumed infection status.
4. T/F During handwashing, scrub your hands for 5 seconds.
5. T/F Latex and vinyl gloves are for single-use only and should never be washed or reused.
6. T/F Immunization or vaccine provides resistance to specific diseases.
7. T/F Specific infection control practices attempt to break the infectious cycle at each step.
8. T/F The agency decides whether or not people receiving services will receive vaccinations.
9. What are the four main components of the infectious disease process?
10. What are the two goals of infection control?
11. What are four preventative methods of infection control?
12. What are four methods of standard precaution for infection control?
13. Of all the infection control practices, the most important technique is _____.
14. What are four specific situations in which you should wash your hands?

Lesson 4: Supporting Movement

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

- Implement general rules to safely assist people with walking.
- Understand physical and mental health reasons for changing body positions throughout the day.
- Understand general considerations for positioning a person.
- Identify safety and comfort measures when turning or transferring a person.

This chapter will give an overview of ambulation, positioning, turning, and transporting people. For more specific information, refer to the Positioning, Turning and Transferring module within the Community Staff Training Program (CSTP) module curriculum.

Supporting Walking

If the person is capable, encourage walking whenever possible, even if the person uses a wheelchair. In some cases, you may be responsible to assist people with standing and walking. Whenever aids or equipment are being considered for use, an expert such as an OT or PT should be consulted for the most effective choices for each person, and for staff training. Some general rules to safely assist people with walking include:

- Use a transfer (gait) belt if the person has problems with balance, coordination, or strength. Stand slightly behind the person, on his/her weaker side. Grasp the gait belt with one hand on the back using an underhand grasp and place your other hand on the front of the person's closest shoulder or forearm.
- If the person has balance problems, have another staff person assist you so counterbalance is provided.
- If the individual's endurance is limited, ask another staff person to follow with a wheelchair.
- A cane is held by the person on their strongest side. The cane should be moved forward at the same time as the weaker leg.
- When a walker is used, all four points of the walker should touch the floor at the same time. The person should step forward with their weaker leg into the middle of the walker. If both legs have equal strength then it's up to the person which foot they step with first. The walker should be kept close to the body. Never use a walker on stairs.
- Before a person sits down, the chair should be touching the back of the legs. The person should place their hands on the arms of the chair to lower their body into the chair.



Positioning

Some people with physical disabilities are unable to reposition themselves. There are physical health reasons and mental health reasons for changing body positions throughout the day.

- Changing a person's position helps to prevent harm to their bodies. If people's positions

are not changed often enough, the following problems can develop:

- Osteoporosis - Bones can become brittle and break easily if they stay in one position too long.
- Bedsores or decubitus ulcer - 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.
- Changing position helps to keep a person in contact with the world around them.
 - 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 person become more alert and interested. Changing positions also promotes better blood circulation and better body awareness.
 - A variety of positions will assist people to enjoy and participate in functional activities.

A physical therapist (PT) or an occupational therapist (OT) can help person-centered planning teams develop a positioning schedule appropriate for each person. Considerations when positioning a person include:

- Correct alignment so that the person's body is as straight as possible with the head centered over the body and the spine straight.
- The body should be symmetrical; balanced on both sides, so both sides look the same.
- Support for stability to help the person 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.
- 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'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.

Turning

How you touch and interact with a person, especially a person whose muscle tone is not typical, can affect how well the person responds during repositioning. Safety and comfort are the key priorities. Follow these suggestions when positioning a person for turning or transfer purposes:

- Tell the person what you and she/he are going to do, and why, 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 can feel like resistance.
- Do not pull the person by their hand or 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.
- Support people in a way that makes them feel comfortable and safe. Always explain the process, people have the right to understand what is being done and why.
- Keep the person's limbs 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 being moved 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.

Transfers

When we use the word **transfer**, we mean how a person gets from one place to another, such as bed to chair, chair to floor, wheelchair to toilet, or wheelchair to a car. Know your agency's policy regarding methods of transfers. Some agencies use mechanical lifts, and some do not. Both manual transfers and transfers using a mechanical lift require training for staff. Before you transfer a person, learn the steps for correct transferring and use good body mechanics so the move will be safe for the person assisting and the person being transferred.

Prepare for the transfer:

- Ask/inform the person of what is going to happen so he or she has a chance to get ready, especially if he or she is going to help. If the person becomes afraid and stiff, this 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. This means if you are going to transfer a person from a wheelchair to a chair, move the wheelchair as close as possible to the chair. The shorter the distance you have to go with the person, the easier and safer the transfer. 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.
- Stabilize all equipment and objects that will be used. Lock the wheels on any devices that have wheels, such as a wheelchair or a bed.
- 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. 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.

Use Good Body Mechanics:

- Maximize use of the strongest areas of your body and minimize 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.
- 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 stand with one foot in front of the other.
 - Feet are flat on the ground - a good base of support means keeping your feet flat on the ground.
 - Footwear is safe – closed-toe 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.
- Keep your back straight and bend your knees – Use your legs muscles instead of your back.
- Your back, feet and trunk should all move together in the same direction, going to the same place.

There is much more to know about supporting movement. Additional information on positioning, turning, and transferring, including use of mechanical lifts, sliding board transfer, one and two-person transfers, positioning equipment, and positioning protocols can be found in the Community Staff Training module, *Positioning, Turning & Transferring*.

Feedback Exercise Lesson 4

1. T/F When a walker is being used, the back legs of the walker should touch down before the front legs of the walker.
2. T/F When positioning a person, the body should be symmetrical; balanced on both sides.
3. T/F When transferring a person, your back, feet, and trunk should all move together in the same direction, going to the same place.
4. T/F Repositioning time is for sleeping; you don't need to worry whether or not the person can do any functional activities while they are repositioning.
5. T/F When lifting, use your back muscles, instead of your legs.
6. A person's body should be repositioned at least every _____ hours.
7. List two physical health problems that can develop if people's body positions are not changed often enough.
8. List two mental health reasons for changing body positions throughout the day.
9. What are three guidelines to follow when turning a person for turning or transfer purposes?
10. What are three ways to prepare for a safe transfer?

Lesson 5: Health-Related Activities of Daily Living

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

- Support people to be actively engaged in their own lives.
- Observe and report changes in health while providing support during health-related activities.

As you support people to work toward their goals and be actively engaged in their own lives, some activities will be directly related to their health and well-being. Each person must be given the opportunity to do as much as possible. Using active support will give people the most opportunity for independence and control in their own lives.

Active support means making sure that people, including those with the most significant disabilities, have ongoing support to be engaged throughout their day. Active support is assisting **people to be actively, consistently, and meaningfully engaged in their own lives regardless of their support needs**. Being engaged means doing things, participating, spending time with others, making decisions, and making choices. This should happen each day, throughout the day, whenever there is an opportunity.

Many activities involving personal or health-related care must be done in private. Always knock before entering a room, and close doors to bathrooms and bedrooms if personal care is being done. Keep in mind people you support have the right to say no and refuse assistance. Frequent refusals that affect health should be brought to the attention of the nurse or planning team.

Personal Hygiene

Assisting with personal hygiene provides opportunities to observe and report many changes related to health conditions. There are many activities of daily living related to health, some of the areas common to most people are reviewed below.

Baths/Showers

Bath or shower time provides an excellent opportunity to closely observe the person's skin condition (reddened areas, sores, etc.). Some people may be able to take tub baths or showers independently while others need different levels of assistance. Regardless of the level of assistance that is required, you should support people to do as much as they can on their own. Using the same steps each time an activity is completed will help the person to learn the skill.

Safety measures should be discussed by the person-centered planning team prior to developing procedures for assisting with baths or showers. 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, unsteady). Every effort must be made during the bathing process to ensure safety to the person as well emphasizing respect and privacy. Staff need to follow the plan of care for individualized bathing methods and skin care plans identified through the risk assessment. General guidelines include:

- Allow personal choice whenever possible. Each person you support should choose if they take a bath or shower, when they will bathe or shower, what kind of shampoo and soap to use, etc.
- Check safety equipment (handrails, grab bars, etc.) before the person gets into the tub or shower stall. Place a bathmat in the tub or on the shower floor unless there are non-skid strips present. Place needed items within the person's reach.
- Provide privacy by closing doors, shades, and blinds. Assist the person to wear clothing, a robe or cover them with towels.
- Test the water temperature before the person gets into the bathtub or shower.
- Encourage the person to do as much on their own as possible.
- Pat the skin dry, rather than rubbing the towel over the skin, to avoid irritating or breaking the skin.
- Dry under the breasts, between skin folds, in the perineal area and between the toes.
- Assess the skin, looking for bruises, rashes, or other areas of concern.
- Be aware of safety precautions in the person's plan (i.e., do not leave unattended, stay within hearing distance of person; wait outside door or shower curtain).
- When cleansing the eyes wash from the inner corner of the eye to the outer using warm water and no soap. Wash the outer ear; never use a Q-tip to cleanse the inner ear canal.

Perineal Care

If a person is unable to cleanse the genital area adequately, staff will need to 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. Specific steps include:

- Separate the labia.
- Use water and a soapy washcloth.
- Clean one side of the labia from top to bottom.
- Using a clean portion of the first washcloth, clean the other side of the labia from top to bottom.
- Using a clean portion of the first washcloth, clean the vaginal area from top to bottom.
- Using the second clean washcloth, rinse one side of the labia from top to bottom.
- Using a clean portion of the second washcloth, rinse the other side of the labia from top to bottom.
- Using a clean portion of the second washcloth, rinse the vaginal area from top to bottom.

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 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 help prevent harboring of germs and 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 a bath or shower as the nails are softer and easier to trim. Fingernails should be cut and filed straight across. Care should be taken not to injure the corners of fingernails and toenails which can cause infection.

Toenails should be cut straight across. A person with diabetes or poor circulation may require a podiatrist (foot doctor) for nail care. People with diabetes must be especially careful to be sure that their feet are clean and dry between the toes after baths or showers. Check for skin breakdown and ulcers daily.

Hair Care

Hair maintenance contributes to our general state of health and sense of wellbeing. Hair is exposed to the same dirt and oil as the skin. It should be washed as often as necessary to keep it clean. Most people will shampoo when in the shower or tub. Others will prefer to wash their hair at the sink. The person should be encouraged to complete this process as independently as possible. However, staff may need to assist with or completely do the activity. The scalp should be massaged with the fingertips, not fingernails. Assist with rinsing if needed to prevent cradle cap and scalp irritation.

Shaving

Shaving is another aspect of personal hygiene for both men and women. Shaving helps promote cleanliness and can also improve self-confidence 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 hair.

Elimination Needs

Incontinence is when a person is unable to control bowel and/or bladder functions. Some people may experience incontinence despite a focus to teach bowel and bladder control. People who are incontinent only occasionally may need assistance from staff to immediately wash up and change clothes. 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. People who are incontinent frequently and on a long-term basis may need to wear disposable protective pads, briefs, or undergarments to preserve dignity and skin integrity. There are many products on the market to choose from. Disposable undergarments should be checked/changed at least every two hours. Skin should be cleaned and dried between the change from soiled to clean undergarments.

People who have difficulty passing bowel movements may experience constipation. The cause is not always known. Contributing factors include dehydration, improper diet, physical inactivity, and medication side effects. 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, impaction may be suspected. Impaction, as well as constipation, must be reported to your agency's nurse or supervisor.

Catheter Care

A urinary catheter is a hollow, partially flexible tube that collects urine from the bladder and leads to a drainage bag. They come in many sizes and types. A doctor may recommend a catheter if a person can't control when they urinate, have urinary incontinence, or have urinary retention (cannot empty their bladder). If the bladder isn't emptied, urine can build up and lead to pressure in the kidneys. The pressure can lead to kidney failure, which can be dangerous and result in permanent damage to the kidneys.

There are three main types of catheters:

- Indwelling catheters - A catheter that sits in the bladder. This type can be useful for short and long periods of time. A nurse usually inserts an indwelling catheter into the bladder through the urethra (Foley catheter) or a tiny hole in the abdomen (suprapubic catheter). A tiny balloon at the end of the catheter is inflated with water to prevent the tube from sliding out of the body. The balloon can then deflate when the catheter needs to be removed.
- External catheters - A condom catheter is a catheter placed outside the body. It's typically for males who don't have urinary retention problems but have serious functional or mental disabilities, such as dementia. A device that looks like a condom covers the penis head. Then, a tube leads from the condom device to a drainage bag. These catheters are generally more comfortable and carry a lower risk of infection than indwelling catheters. Condom catheters usually need to be changed daily, but some brands are designed for longer use. These can cause less skin irritation than condom catheters that require daily removal and reapplication.
- short-term catheters - In some cases, a person may only need a catheter for a short period of time after surgery until the bladder empties. Healthcare professionals refer to this as an in-and-out catheter. In a home setting, people are trained to apply the catheter themselves or with the help of a caregiver. It can be done through the urethra or through a hole created in the lower abdomen for catheterization. (NIH, 2023)

Staff responsible for catheter care would only assist to empty the bag and measure output, and staff would be specifically trained on these tasks. Anything beyond that is generally the responsibility of nursing staff.

Urinary catheters can cause urinary tract infections (UTIs), so it's important to routinely clean catheters to prevent infections, encourage the person to drink plenty of water, and monitor for symptoms of a UTI which may include:

- fever
- chills
- headache
- cloudy or discolored urine
- confusion
- weakness
- burning of the urethra or genital area
- leaking of urine out of the catheter
- blood in the urine
- foul-smelling urine
- low back pain and achiness

(NIH, 2023)

Oral Hygiene

Oral hygiene can have a direct effect on a person's overall health status. If teeth or gums are not healthy, it may cause pain, discomfort, or even disease. This can affect what and how well a person eats. A person's ability to speak may also be affected by dental problems. People may have physical or behavioral concerns which can complicate their oral hygiene and dental care.

For example, a person may not comply with brushing and flossing, or medications may cause gums to be sensitive or bleed during brushing. The team may need to seek recommendations from the agency nurse, occupational or physical therapist, dietician, or dentist. Staff may need to assist people they support to brush and floss their teeth or teach them ways to independently complete these tasks. The person-centered planning team should make recommendations for staff to follow. The Oral Hygiene module within the Community Staff Training Program module curriculum will provide more information on a variety of oral hygiene issues.

Taking Medication

People need different levels of support to take medications. Staff are required to be certified to give medications to people receiving services. The certification process includes passing a medication module test and practicum. The module and practicum are part of the Community Staff Training curriculum. Staff recertifications occur on an annual basis.

General Guidelines

Many things make a difference in a person's attitude toward assistance with activities related to health care. The person may be frightened, angry, uncomfortable, or in pain. The person may have had previous illnesses or unpleasant experiences with support staff or health care workers. The attitudes and actions of staff will affect a person's reaction toward assistance being provided. The following guidelines may be helpful in gaining cooperation as well as encouraging 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 supporting. Ask other staff what works for them. Always treat the person as an individual; what works for one doesn't work for all.
- Be understanding when a person doesn't feel well, realize their patience and tolerance may be limited.
- Listen to the person's complaints or concerns and respond to his/her needs. Take appropriate action when you observe behavioral indicators of pain or illness.
- When communicating, look at the person and let your face show that you are interested and understand. Talk *with* the person, not *at* him/her. Speak clearly and slowly 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.
- Give the person choices whenever possible. For example, ask the person if they want to shower before bed or in the morning. Let them choose the type of toothpaste they like, etc.



Sometimes a person will refuse to cooperate with personal hygiene activities, medical therapies, or medication schedules. People have the right to say no and should not be forced to cooperate. Try one of the following approaches:

Accept the refusal initially. Wait approximately 10 minutes to see if the person will independently decide to participate or allow you to assist him/her.
Offer choices. For example, “John do you want to take your bath now or after supper?”
Ask another staff to try, another person might have more success.
Use the “ sandwich technique ” to gain 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. For example, “Joe, it’s great that you took your bath yesterday. If you continue to look clean and smell good, people will enjoy being around you.”
Use the “ Premack Principle ” by stating what “liked” activity will follow the task or activity the person is refusing. For example, “After your bath, let’s make popcorn.”

If the person continues to refuse, try to determine the reason for the refusal. Don’t let situations become a power struggle between you and the person you are supporting. Remember that people you support have the right to say no. An isolated incident of refusing a particular personal hygiene activity should not be considered health threatening. There are days when a person may not feel like shaving or taking a shower. The refusal may need to be documented according to agency guidelines. Do not give the person attention for the refusal as this may reinforce the refusal. Do not make the person feel bad about their decision. Repeated refusals may need to be addressed by the person-centered planning team. Follow your agency procedures for notifying the nurse and or supervisor when refusals are health related.

Feedback Exercise Lesson 5

1. T/F People you support have the right to say no and refuse assistance.
2. T/F Toenails should be cut straight across.
3. T/F When it comes to health care activities, staff should do things for people and not worry about teaching independence.
4. T/F Hair is exposed to the same dirt and oil as the skin.
5. T/F Staff who pass the medication module test are qualified to administer medication.
6. Active support is assisting people to be _____, _____, and _____ engaged in their own lives regardless of their _____.
7. Disposable undergarments should be checked/changed at least every _____ hours.
8. What are four approaches you can try if someone is refusing to cooperate?
9. Give an example of the sandwich technique.
10. Give an example of the Premack Principle.
11. Give two examples of decisions a person can make regarding taking a bath or shower.

Lesson 6: Nutrition

Objectives: Upon completion of this lesson, staff will:

- Understand various types of special diets.
- Understand general food allergies.
- Identify factors that can affect nutritional needs.
- Identify ways to promote a social atmosphere during meals.

Good nutrition means eating a diet containing all the nutrients the body needs to provide energy for everyday activities and to maintain good health. Our bodies need food from a variety of sources to provide all the required nutrients.

Special Diets

Special diets may be ordered by a physician to assist people to stay in the best health possible. Some diets eliminate foods that the person should not eat because of a specific condition or the discomfort the foods may cause. Doctors may order special diets for a nutritional deficiency or a disease. There are also specific diets for weight control or to modify the texture/consistency in the diet. Some of the most commonly ordered diets include:

Mechanical Soft Diet

This diet is designed for people who have difficulty with chewing, gastro-intestinal disorders, and infections. Foods that are hard to chew should be avoided. Foods allowed include 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 orders specifically for each person.

Pureed Diet

This diet provides foods that require no chewing and are easy to swallow and digest. It is used for people who have difficulties with chewing or swallowing. Regular foods may be blended with liquids. Individual foods should be blended and served; different food items should not be blended together. Find creative ways to ensure that people can participate in inclusive meal experiences at restaurants and other community events

Fat-Restricted and/or Cholesterol-Restricted Diets

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 low in fat and 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

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 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. Choose unsalted nuts and seeds.

Diabetic Meal Planning

A diabetic diet is prescribed for people with type I and type II Diabetes Mellitus. This diet is designed to achieve and maintain desirable body weight, 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 carbohydrates, protein, and fat in the diet. Consistency is important. Meals and snacks should be 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 each person. It may be necessary to document what the person does or doesn't eat. More information can be found in the *Diabetes Management* Module.

Hypoglycemia

This diet is planned for people that have symptoms of hypoglycemia 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. Protein 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

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 used 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. Increase of dietary fiber should be done gradually in order to minimize gastrointestinal discomforts. Adequate fluid intake (eight or more cups each day) is important to establish better use of fiber that is consumed.

Tube Feeding

Tube feeding is a way of providing nutrition to people who cannot eat and drink enough for a period of time. Tube feeding products are liquid food, often called formula, which are given through a special tube to make sure a person gets the nutrition and water he or she needs. There are many different types of feeding tubes used to give tube feeding formula. And there are several different

places where these feeding tubes may be located in the body. Each of these places allows the nutrients in the formula to be used by the person's body, just like eating a regular meal.

- Nasogastric or 'NG-Tube': The feeding tube goes through the nose, down the esophagus or food tube, and ends in the stomach.
- Nasojejunal or 'NJ-Tube': The feeding tube goes through the nose, down the esophagus or food tube, continues through the stomach, and ends in the small intestine.
- Gastrostomy or 'G-Tube': The feeding tube goes through a small opening in the skin directly into the stomach.
- Jejunostomy or 'J-Tube': The feeding tube goes through a small opening in the skin into the jejunum or small intestine.

There are different ways to provide tube feeding. Tube Feedings may be timed or planned to be:

- Continuous: formula is flowing all the time or for many hours during the day and/or night
- Intermittent or Bolus: formula is given at mealtimes or with breaks during the day
- or a mix of these two

Depending on the tube feeding plan, the formula may be delivered by:

- A feeding pump (for continuous feeding and some intermittent feedings)
- Gravity (for intermittent feedings)
- Syringe (for bolus feeding)

(2015, Nestle Health Science)

Staff who support people who use tube feeding will be specifically trained on how to currently provide support.

Thickened Liquids

People who have difficulty swallowing thin liquids usually need to drink thickened liquids. Examples of thin liquids are water, coffee, milk, and broth. Drinking thickened liquid can help prevent choking and stop fluid from entering the lungs. Choosing the right thickener can make a big difference in the quality of life for those who experience swallowing difficulty. There are many products available, and one should be chosen based on taste and effectiveness for each person.

It is usually a speech pathologist who reviews the person's swallowing ability and recommends whether thickened liquids are needed. The Speech Pathologist will recommend one of three different thickness levels: the worse the swallowing problem, the thicker the drink. The three thicknesses are:

- Mildly Thick, also called nectar thick or cream thick, can be drunk out of a cup.
- Moderately Thick, also called honey thick, is similar to a milk shake, and pours slowly. Unlike real milk shakes, these do not get thinner as they melt. They are often eaten with a spoon, rather than drunk from a cup.
- Extremely Thick, also called Pudding Thick, Mousse, or extra thick, can't be poured and must be eaten with a spoon.

(2024, National Center for Health Research)

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

Food Allergies

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. Food allergies can be challenging because of the variety of allergies, side effects, complications, signs, and symptoms that vary from person to person.

In many cases people can outgrow their food allergies, but there is no “cure.” People can also develop allergies later in life. 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, a person 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, and are found in food groups or as an ingredient that comes from foods such as:

- egg
- milk
- fish
- Crustacean shellfish
- tree nuts
- wheat
- peanuts
- soybeans

Reading ingredient labels correctly is important in order to avoid problematic foods. Be aware that some ingredients may be listed in more than one term, 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.

Factors that can Affect Nutritional Needs

Research shows that a healthy diet would improve the quality and length of most people's lives. Poor diet is related to obesity and illnesses such as cardiovascular disease, cancer, diabetes mellitus, and hypertension. People with primary disabilities often experience "secondary conditions" – additional physical and psychological problems that limit a person's enjoyment of life and participation in activities. Health research conducted with adults who have I/DD shows that diet affects many of their most frequently reported secondary conditions, such as fatigue, weight problems, and constipation or diarrhea. Proper nutrition can increase quality of life by improving existing secondary conditions and preventing additional conditions from developing.

Nutrition research has shown that many people with ID, especially those with mild and moderate ID, become overweight with age and have several different conditions. There is a high level of under- or malnutrition in persons with profound or serious ID. (NIH, 2020)

Factors to be aware of include:

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).

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 people 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 difficulties - People with dysphagia, a swallowing disorder, also may have difficulty eating enough of the right foods to stay healthy or maintain an ideal weight. Individuals with dysphagia may also be unable to cough or clear their throats to remove food or liquid that accidentally enters their windpipes. If food or liquid enters the lungs, harmful bacteria may grow and cause aspiration pneumonia. A person with dysphagia needs a special diet of foods and beverages of a manageable consistency.

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 specific 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 people 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.

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.

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. Physicians or dietitians often prescribe therapeutic diets for people with Prader-Willi Syndrome. Most individuals with Prader-Willi Syndrome need support to know when they have eaten enough or when they need to eat more. Without appropriate support, people often overeat and gain an excessive amount of weight. A person with Prader-Willi Syndrome may need high quality, nutrient-dense foods, dietary supplements, and fewer calories in order to balance calories consumed with calories burned.

Adults with I/DD and person-centered planning teams should consult with a qualified nutrition professional as needed. The progression of disability and secondary conditions, age, and lifestyle choices can change nutrient needs. A qualified nutrition professional can review menus, suggest practical tips on improving diets, and screen for nutrition-related disease and secondary conditions.

In addition to providing our bodies with needed nutrition, mealtimes can be a time for socialization and relaxation. Mealtimes are also important times for using active support and teaching, whether through formal teaching plans or informal interaction with peers and staff. The

following suggestions can be used in home or community environments to promote an atmosphere to socialize:

- Encourage family style dining.
- promote a calm, relaxed eating experience.
- Turn off the television and loud music.
- Encourage people who live together to participate in preparing meals, setting the table, serving food, clearing dishes after eating, etc.
- Ensure that people are properly positioned for the meal. People should be sitting upright (90 degrees).
- Use calm, quiet voices.
- Engage people in conversation. Include everyone (this is not the time to chat only with your coworkers). 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 who may be influenced by your preferences. This may have the effect of removing a choice or opportunity from the person).
- Role model appropriate table manners including use of napkins, condiments, passing, serving, etc.
- Ensure that any meal-time teaching plans are carried out (e.g., ensure that you know meal-time programs, understand adaptive equipment needs, are familiar with each person's ability level and need for assistance, etc.).



Feedback Exercise Lesson 6

1. What are two reasons a doctor may order a special diet.
2. T/F A pureed diet provides foods that require no chewing and are easy to swallow and digest.
3. T/F Raw carrots would be included in a mechanical soft diet.
4. T/F Olive oil is considered a healthy fat.
5. T/F As part of diabetic meal planning, it is recommended that meals and snacks be eaten at the same time each day.
6. T/F A person who has chronic constipation would likely be recommended a high fiber diet.
7. T/F Symptoms of food allergy can vary from tingling in the mouth to respiratory problems, loss of consciousness, and even death.
8. T/F Tube feeding means a person sips all nutrients into their mouth through a straw.
9. T/F For people who have difficulty swallowing, drinking thickened liquid can help prevent choking and stop fluid from entering the lungs.
10. T/F A person's diet is not related to quality of life.
11. T/F Lack of movement due to physical disabilities increases the likelihood of constipation and/or obesity.
12. Give two examples of thin liquids.
13. What does an NPO medical order mean?
14. What is the difference between food allergy and food intolerance?
15. How can proper nutrition increase quality of life?
16. How could seizure medications, or other drugs, affect nutrition?
17. List four suggestions that can promote an atmosphere to socialize during meals.

Lesson 7: Staff Communication and Human Rights Issues

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

- Identify principles about medical care that apply to everyone.
- Understand the importance of good communication between each person, agency staff, and medical providers.
- Understand that consent is needed before medical tests or treatment can be done.
- Identify how to safeguard health information.
- Recognize all people have the right to be free from abuse, neglect, and exploitation.

Health Care

The following principles about medical care apply to everyone:

1. Everyone should have access to quality health care.
2. Everyone should be encouraged and assisted to participate in and be as independent as possible in their own health care.
3. Every person should have a primary health care provider
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 kept private.
7. Adults with developmental disabilities have the right to access health care in regular community settings that serve people with and without disabilities.

Many people have 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. These fears can often be eased by helping the person to prepare for an appointment. Talk to co-workers and the person about past medical experiences to help understand their concerns. If it would be helpful, 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 along 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.

If the person the DSP is accompanying needs assistance to explain the reason for the appointment, the DSP will need to provide the information. Some agencies send notes to the clinic written by the nurse or a supervisor. Information that is in the notes, and important to provide to the health care provider, often is given to the nurse or supervisor by the staff person who supports the person. This information might include complaints made by the person, observations made by the staff person, when the problem began, how often it occurs, and under what circumstances it occurs. Each agency has procedures to be followed by the staff person who is accompanying a person they support to health care appointment. Know and follow your agency's policies and procedures.

Good communication is important to establish a positive relationship with a medical provider, and for accurate exchange of information between the person, agency staff, and medical providers.

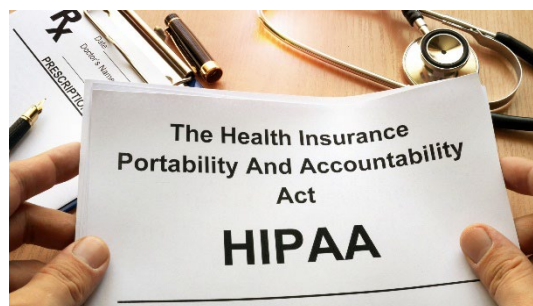
The person who will be accompanying someone to an appointment needs to understand what their role will be during the actual visit. Do not talk for the person. If needed, provide information to supplement what the person is telling the provider. As needed, redirect the medical provider to talk to and address questions to the person if they are talking to staff instead of the person. 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. For example, it might be appropriate for you to attend the initial part of the appointment, leave during the exam/s and return for the final portion of appointment to help with understanding of treatments and recommendations.

Before any tests or other medical treatment can be done, the person must give their consent. If the person has an appointed legal guardianship that includes medical care, the guardian must give their written or verbal 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 in a way that can be understood by the person. More information on informed consent and guardianship is available in the module on *Legal Issues and Developmental Disabilities* within the Community Staff Training Program curriculum.



Rights Issues

When a person receiving services represents their own rights, information will be shared according to how that person wants to share information and with whom. If there is a guardian, advocate, or court order, information will be shared according to the limits set by the court. In addition, staff have a responsibility to keep information confidential. Even between agency staff, information should only be shared on a need-to-know basis. Sometimes family members ask staff questions about health or other issues. Each agency designates staff within the agency who will serve as the primary contact for the family within the agency. Staff should encourage the family to contact the designated agency contact person if they have questions regarding health care or other services.



Safeguarding health information is 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.

All people have the right to be treated with dignity and respect, and to be free from abuse, neglect, and exploitation. Some people with disabilities may depend on others for support, which puts them at increased risk to experience abuse, neglect, and exploitation. 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. Within the definitions of this statute the term “caretaker” includes a person, organization, association, or facility that has assumed the responsibility for the care of a person with a developmental disability or mental illness.

Staff of ND DD provider agencies are required to receive training on abuse, neglect, and exploitation during their agency orientation and on an annual basis. More information on abuse, neglect, and exploitation, as well as other rights and legal issues may be found in the *Legal Issues and Developmental Disabilities* module within the Community Staff Training Program curriculum.

Feedback Exercise Lesson 7

1. T/F Staff should speak for the person during all medical appointments.
2. T/F Consent must be given prior to medical tests or treatment.
3. T/F Agency staff do not need to worry about breaching confidentiality amongst themselves.
4. T/F Agency staff at ND DD providers must receive training on abuse, neglect, and orientation every two years.
5. Within North Dakota statutes, who is considered a “caretaker”?
6. If a person represents their own rights, explain the process for determining how personal information will be shared and with whom?
7. Safeguarding health information is required by _____, a federal law established in 1996.

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Feedback Exercise Answer Key

Lesson One Feedback Exercise

1. The four vital signs include:
 - Pulse rate
 - Respiration rate (rate of breathing)
 - Body temperature
 - Blood pressure
2. When assessing vital signs, it is important to know:
 - The normal range of each vital sign.
 - The baseline (what is normal) for each person.
 - The vital sign readings from the previous shift.
 - The person's medical diagnosis, treatment, and medications.
3. List three factors that can affect pulse rate.
 - Elevated body temperature (fever)
 - Exercise
 - Fear
 - Anger
 - Anxiety
 - Excitement
 - Heat
 - Body position
 - Pain
 - Drugs
4. List three factors that can affect body temperature.
 - Age
 - Weather
 - Exercise
 - Emotions
 - Stress
 - Hormones
 - Illness
5. What is the main function of respiration?
To supply the cells in the body with oxygen and to rid the body of excess carbon dioxide.
6. T/F Measuring the pulse rate is counting the number of heartbeats or pulses felt in one minute.
7. T/F The pulse rate varies for each age group.
8. T/F Next to oxygen, water is the most important thing the body takes in.
9. T/F The easiest place to feel the pulse is behind the knee.
10. T/F The rate of respiration is determined by counting the rise or fall of the chest for one minute.
11. T/F Blood pressure is the force of the blood pushing against the walls of the blood vessels.
When taking a person's blood pressure, it is this force that is measured.
12. T/F Hypertension is when a person's blood pressure is lower than normal range for the age and condition.
13. The normal adult pulse rate is between 60 and 100 beats per minute.
14. The normal adult body temperature is 98.6 degrees Fahrenheit.
15. A fever is an elevation in body temperature beyond what is usual for a person.

16. 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, this is called the **diastolic** pressure.
17. In healthy adults, the normal blood pressure range is between **100 and 140** for systolic pressure, and between **60 and 90** for diastolic pressure.

Feedback Exercise Lesson 2

1. **T/F** Illness can affect the mind as well as the body.
2. **T/F** Difficulty walking or inability to move a body part is an indication of a problem with the muscular/skeletal system of the body.
3. **T/F** The universal pain screening tool with a 1-10 pain intensity scale is effective for people who have severe intellectual disabilities.
4. What are the four senses you will use to determine if a person is injured or ill?
 - Visual**
 - Auditory**
 - Smell**
 - Touch**
5. What are four factors that can affect the intensity of pain?
 - **Past experiences**
 - **Anxiety**
 - **Lack of rest and sleep**
 - **Loneliness**
 - **Level of activity, the age of the person**
6. What are four conditions that would require emergency intervention (calling 911)?
 - **Bleeding excessively and uncontrollable**
 - **Breathing that is obstructed or that has stopped.**
 - **No heartbeat**
 - **Loss of consciousness**
 - **Severe injury from an accident.**
 - **Uncontrollable behavior that is a danger to the person or others.**
7. Give two examples of behavioral indicators of pain.
There are many examples, in addition to the examples given within the chapter.
8. Matching
 - G. Respiratory & Circulatory
 - H. Gastrointestinal
 - I. Genitourinary and Reproductive
 - J. Nervous
 - K. Muscular/Skeletal
 - L. Skin and Sensory Organs
 - E** Provides support, protection, and movement for the body.
 - B** Breaks down food so it can be absorbed and used by the body.
 - C** Filters blood and stores and eliminates urine from the body.
 - F** Provides protective covering for the body.
 - A** Transfers food and oxygen to cells throughout the body.
 - D** Controls and regulates all the other systems of the body.

Feedback Exercise Lesson 3

1. T/F If you are wearing gloves, you do not need to wash your hands after removing the gloves.
2. T/F Handwashing should always be chosen instead of hand sanitizer if soap and water are available.
3. T/F Standard precautions should be applied to all people and all situations regardless of people's diagnosis or presumed infection status.
4. T/F During handwashing, scrub your hands for 5 seconds.
5. T/F Latex and vinyl gloves are for single use only and should never be washed or reused.
6. T/F Immunization or vaccine provides resistance to specific diseases.
7. T/F Specific infection control practices attempt to break the infectious cycle at each step.
8. T/F The agency decides whether or not people receiving services will receive vaccinations.
9. What are the four main components of the infectious disease process?

Invading organism

Host or living environment

Method of leaving the original host

Method of entering a new host

10. What are the two goals of infection control?
Prevent and control the transmission of illness and disease.
Provide early detection, intervention, and referral.
11. What are four preventative methods of infection control?
Hand hygiene
Standard precautions
Environmental controls
Immunizations
12. What are four methods of standard precaution for infection control?
Protective barriers
Avoiding accidental cuts
Cleaning and disinfecting
Immunizations
13. Of all the infection control practices, the most important technique is handwashing.
14. What are four specific situations in which you should wash your hands?
 - After using the toilet.
 - When hands are visibly soiled
 - Before and after preparing or eating food.
 - Before and after medication administration.
 - After coughing, sneezing, or blowing nose.
 - After contact with blood, body fluids, vaginal secretions, semen, urine, feces, vomit, or discharge from the eyes, nose, or ear.

Feedback Exercise Lesson 4

1. T/F When a walker is being used, the back legs of the walker should touch down before the front legs of the walker.
2. T/F When positioning a person, the body should be symmetrical; balanced on both sides.
3. T/F When transferring a person, your back, feet, and trunk should all move together in the same direction, going to the same place.
4. T/F Repositioning time is for sleeping; you don't need to worry whether or not the person can do any functional activities while they are repositioning.

5. T/F When lifting, use your back muscles, instead of your legs.
6. A person's body should be repositioned at least every 2 hours.
7. List two physical health problems that can develop if people's body positions are not changed often enough.
 - Osteoporosis
 - Bedsores or decubitus ulcers
 - Contractures
8. List two mental health reasons for changing body positions throughout the day.
 - Increase physical contact
 - Reduce boredom
 - Participate in functional activities
9. What are three guidelines to follow when turning a person for turning or transfer purposes?
 - Tell the person what is going to happen, and why, before you do it.
 - Push instead of pulling.
 - Support in a way that makes people feel comfortable and safe.
 - Keep the person's limbs close to the midline of the body.
 - Move slowly.
 - Roll the person side to side rather than lifting at buttocks
10. What are three ways to prepare for a safe transfer?
 - Tell the person what is going to happen.
 - Make the distance to be traveled as short as possible.
 - Stabilize all equipment and objects that will be used.
 - Clear the area for safety.
 - Remove or move wheelchair parts out of the way.

Feedback Exercise Lesson 5

1. T/F People you support have the right to say no and refuse assistance.
2. T/F Toenails should be cut straight across.
3. T/F When it comes to health care activities, staff should do things for people and not worry about teaching independence.
4. T/F Hair is exposed to the same dirt and oil as the skin.
5. T/F Staff who pass the medication module test are qualified to administer medication.
6. Active support is assisting people to be actively, consistently, and meaningfully engaged in their own lives regardless of their support needs.
7. Disposable undergarments should be checked/changed at least every two hours.
8. What are four approaches you can try if someone is refusing to cooperate?
 - Accept the initial refusal and see if the person decides to participate.
 - Ask another staff person to try.
 - Use the sandwich technique.
 - Use the Premack Principle.
9. Give an example of the sandwich technique.

“Joe, it's great that you took a bath yesterday. If you continue to look clean and smell good, people will enjoy being around you.”
10. Give an example of the Premack Principle.

“After your bath, let's make popcorn.”
11. Give two examples of decisions a person can make regarding taking a bath or shower.

- There are many correct answers, including:
- Decide whether to take a bath or shower.
- Decide when they will bathe or shower.
- Choose which kind of shampoo and soap to use.

Feedback Exercise Lesson 6

1. What are two reasons a doctor may order a special diet.
 - Nutritional deficiency
 - Disease
 - Weight control
 - To remove or decrease certain food or substances from the diet.
2. T/F A pureed diet provides foods that require no chewing and are easy to swallow and digest.
3. T/F Raw carrots would be included in a mechanical soft diet.
4. T/F Olive oil is considered a healthy fat.
5. T/F As part of diabetic meal planning, it is recommended that meals and snacks be eaten at the same time each day.
6. T/F A person who has chronic constipation would likely be recommended a high fiber diet.
7. T/F Symptoms of food allergy can vary from tingling in the mouth to respiratory problems, loss of consciousness, and even death.
8. T/F Tube feeding means a person sips all nutrients into their mouth through a straw.
9. T/F For people who have difficulty swallowing, drinking thickened liquid can help prevent choking and stop fluid from entering the lungs.
10. T/F A person's diet is not related to quality of life.
11. T/F Lack of movement due to physical disabilities increases the likelihood of constipation and/or obesity.
12. Give two examples of thin liquids.
 - Water
 - Coffee
 - Milk
 - Broth
13. What does an NPO medical order mean?
It means nothing by mouth. A person cannot eat or drink anything.
14. What is the difference between food allergy and food intolerance?
Food allergy involves an immune system reaction to a food. Food intolerance is a food-induced reaction not related to the immune system.
15. How can proper nutrition increase quality of life?
Proper nutrition can improve secondary conditions and prevent additional conditions from developing.
16. How could seizure medications, or other drugs, affect nutrition?
Medications can affect a person's appetite, cause nausea, vomiting, constipation, or gum overgrowth which makes eating difficult.
17. List four suggestions that can promote an atmosphere to socialize during meals.
 - Encourage family style dining.
 - Promote a calm, relaxed eating experience.
 - Turn off the television and loud music.
 - Encourage people who live together to participate in preparing meals, setting the table, serving

food, clearing dishes after eating, etc.

- Ensure that people are properly positioned for the meal. People should be sitting upright.
- Use calm, quiet voices.
- Engage people in conversation.
- Be aware of the importance of food presentation.
- Keep your personal food preferences to yourself.
- Role model appropriate table manners.

Feedback Exercise Lesson 7

1. T/F Staff should speak for the person during all medical appointments.
2. T/F Consent must be given prior to medical tests or treatment.
3. T/F Agency staff do not need to worry about breaching confidentiality amongst themselves.
4. T/F Agency staff at ND DD providers must receive training on abuse, neglect, and orientation every two years.
5. Within North Dakota statutes, who is considered a “caretaker”?
A caretaker includes a person, organization, association, or facility that has assumed the responsibility for the care of a person with a developmental disability or mental illness.
6. If a person represents their own rights, explain the process for determining how personal information will be shared and with whom?
Information should be shared according to that person’s preferences.
7. Safeguarding health information is required by HIPAA, a federal law established in 1996.