



Over 50 Years of Hope and Opportunity

**ANNUAL MANDATORY
MEDICAL TRAINING
YAI Residential Services**



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I. HEALTH OVERVIEW

A. Priority of the Agency

One of the most important functions we serve is to ensure the health and safety of all the individuals that we work with. This unit will teach and reinforce the most important functions that staff fulfills, ensuring health and safety. There may be specific illnesses in your program that will require further trainings. These trainings are provided regularly by the IDT.

B. Definition of Health

The World Health Association defines health as “the physical, emotional, and social well-being of a person.” In order for a person to fully function in society, they need to be as healthy as possible. In this unit, we will be concerned with the physical well being of our participants. It is important to take note that if you feel good physically, the chance of having social/emotional well being is enhanced.

C. How to Accomplish Health Goals for the Individuals we work with:

The key phrase is “team process” between all members of the staff, commonly called the interdisciplinary team (IDT). Particular importance is your role as a Direct Service Professional. You spend the most direct time with the individuals we serve and therefore have a very crucial role in ensuring their health. You, more than anyone else, can notice various signs and symptoms that signify illness

II. WHAT SIGNS AND SYMPTOMS INDICATE ILLNESS

Knowing the “whole” person is a key factor in evaluating for signs and symptoms of illness. All individuals should have their health “complaints” evaluated even if they have a history of hypochondria. To evaluate for signs and symptoms of illness, one should utilize the following 4-step approach:

1. Review the medical history.
 2. Review medications.
 3. Review past and present medical problems.
 4. Observe for physical/behavior changes.
- When reviewing all body symptoms, utilize a head to toe approach and take VITAL SIGNS. Be aware of symptoms that require emergency action.

III. EMERGENCIES- Calling 911

A. What is an emergency?

A medical emergency is an injury or illness that is acute and poses an immediate threat to a person's life or long term health. ...

In an emergency there is a need to render more extensive immediate care to an injured or ill individual. If one is in doubt as to whether extensive immediate care is appropriate, always call 911.

Examples of Life Threatening Emergencies:

Choking, Excessive Bleeding, Stroke, Heart Attacks, Poisoning

B. Staying Calm

Be aware of the methods that personally work for you in calming yourself and enabling you to function. These methods may include, but are not limited to, talking to oneself or taking a deep breath.

C. Calling 911

DO NOT LEAVE AN INJURED INDIVIDUAL ALONE!!!

When calling 911, listen carefully to the operator's instructions and be prepared to give the following information:

- **WHERE-** give complete address including apartment number and cross street.
- **PHONE-**the number where you are calling from (Residence, Cell, Business, etc).
- **NATURE OF EMERGENCY-**i.e. heart attack, fall, etc.
- **HOW MANY INJURED VICTIMS**
- **WHAT FIRST AID IS BEING GIVEN** and are there further first aid instructions.
- **ALWAYS HANG UP LAST**

IV. FIRST AID

A. What is first aid?

The key word to remember is "first." You are the first person on the scene of an accident, illness, or any other health or safety hazard. What you do can be crucial to insuring the health and safety and, perhaps, even saving a life. First Aid is the immediate care that is given to a person who has been injured or suddenly taken ill. It can include injury and sudden illness. It may require physical care, as well as compassion.

V. CHOKING

A. How do you know someone is choking?

Usually when someone is choking, they cannot talk. They tend to clutch their throat with their hands, (universal sign for choking). Their face may become bright red and eventually blue, and they tend to act in a panicky state.

B. When to do nothing

If a person can talk, that means air is still getting into the lungs, and therefore, no procedure should be administered. In addition, if a person is coughing, allow them to cough because it is nature's way of clearing the throat and is the most efficient way of removing whatever is blocking the trachea.

C. Prevention

The number of choking incidences can be reduced by following preventive measures.

1. Know the common foods/liquids that cause choking:
Hot dogs, Large Chunks of Meat, Alcohol, Nuts, Sticky foods, Hard sharp foods, etc.
2. Discourage talking, laughing and running while eating
3. Encourage slow eating patterns and proper chewing.
4. Consumers with dentures or who have problems with swallowing due to stroke or some other debilitating issue are more prone to choking.

D. The Heimlich Maneuver: Dealing with the conscious victim-.

A very simple, yet effective, method to prevent someone from choking to death is the Heimlich Maneuver. The instructor will demonstrate the maneuver and then have you practice. It is important to place your fist above the navel of the choking victim and below the rib cage so that you are pushing up towards to the diaphragm.

Dealing with unconscious choking victim.

If the victim is unconscious, (don't move a person with a spinal injury) roll them on their back, turn the head to the side so that whatever is caught in the mouth can drain out. Call 911 and follow the operator's instruction.

***If you have been trained in CPR and know how to dislodge a foreign object on an unconscious victim proceed accordingly.**

VI. SHOCK

A. Definition of shock:

A significant loss of blood or body fluids, or a decrease in temperature that will cause the heart to work harder to circulate the blood and oxygen to the brain and other organs of the body. This causes a depressed state of vital body functions and can be fatal.



B. The symptoms of shock are:

1. Agitation or confusion (person may lose consciousness)
2. Increased and weak pulse rate
3. Fall in blood pressure
4. Change in breathing pattern
5. Pale, cold clammy skin
6. Eyes may appear sunken
7. Facial and neck swelling (Anaphylactic Shock)

**C. Treatment for shock:**

1. Treat the cause of shock
2. **Call 911.** Have someone stay with the individual.
3. Keep individual lying down. Elevate the feet 10-12 inches if no head or neck injuries are suspected.
4. Keep the individual warm.
5. Do not give anything to eat nor drink... **under any circumstances.**
6. Do not move unconscious individual.
7. Give psychological support.
8. Have the individual transported to the hospital by ambulance.

VII. BLEEDING**A. Wound:**

A break in the continuity of a tissue, which may be internal or external.
 Serious complications of an open wound may be:

1. Rapid blood loss resulting in shock.
2. Contamination and infection of exposed tissue.

B. Types of Wounds:

1. Abrasion-Scraping of the skin. There is usually little bleeding.
2. Incision- A straight cut (i.e. knife, razor blade or other sharp object. Amount of blood depends on depth and extent of cut.
3. Laceration- Jagged cut. There is usually considerably bleeding.
4. Puncture- Produced by nails or pins. Usually little bleeding but a high risk of infection.
5. Avulsion- A forcible ripping of tissue. There is very heavy bleeding.

C. First Aid

When someone is bleeding, it is very important to get the bleeding to stop. This is especially important when the bleeding is excessive.

1. Minimal Bleeding (minor wounds) :

- a. Wash wound thoroughly with soap and water
- b. Observe for signs of infection, i.e. redness, swelling, drainage.
- c. Cover with band aid if necessary

2. Severe Bleeding:

- a. Have individual lay down.

- b. Apply direct pressure to the wound. Use sterile gauze, clean cloth, or other barrier while applying hand pressure. Elevate the wounded limb.
- c. Once bleeding is controlled, use a clean dressing to provide direct pressure over the wound.
- d. If bleeding cannot be controlled by direct pressure and elevation, apply pressure to the nearby above the wounded area.
- e. Call 911 and transport to the emergency room. THE HOSPITAL STAFF WILL WANT TO KNOW THE DATE OF THE PARTICIPANT'S LAST TETANUS INJECTION. A TETANUS BOOSTER WILL BE REQUIRED FOR A SEVERE CUT IF THE LAST TETANUS WAS MORE THAN FIVE YEARS.

3. Internal bleeding:

- a. Should be suspected if any serious injury to head, chest, abdomen or pelvic area or if The individual can be pale, restless and apprehensive. (Observe for symptoms of shock).
- b. Keep participant in a slightly reclined position.
- c. Give nothing by mouth.
- d. Treat for shock if necessary.
- e. Call 911 and transport by ambulance to hospital

VIII. NOSEBLEEDS

First Aid

- A. Keep the individual in a sitting position to prevent swallowing of blood.
- B. Apply a cold compress to forehead and nose.
- C. If nosebleed does not stop after treatment for 10 minutes, take the participant to the emergency room or call 911.
- D. **DO NOT pinch the individual's nose because** he/she may be in pain. If the individual is capable, allow the individual to apply pressure to the nostrils.

IX. HEART ATTACKS

A. Definition of Heart Attack:

A heart attack is a disruption in one of the blood vessels that supply the heart or irregular heartbeats, which causes the heart to stop pumping

B. Signs and symptoms (often different in men and woman)

1. Persistent chest pain- usually felt under the sternum (breastbone). The pain frequently radiates to the left shoulder and arm. The pain can also radiate to the jaw. The degree of pain is not always a good indication of the seriousness of the attack. Pain can be described like a severe pressure or minor like heartburn.
2. Abdominal discomfort & shortness of breath.
3. Change in pulse rate.
4. Pale or bluish discoloration of the lips, skin, or fingernails.
5. Extreme sweating.
6. Shock
7. Woman often complain of back pain

C. Treatment & First Aid for Heart Attack

- 1) Call 911
- 2) Place the victim in a comfortable position, usually sitting up, particularly if there is a shortness of breath.
- 3) Put a blanket around the victim to prevent shock.
- 4) If victim is not breathing, and you have been trained in the Race for Life, or CPR Course, then proceed accordingly.
- 5) Give medication if prescribed.

REMEMBER - DO NOT GIVE LIQUIDS TO UNCONCIOUS VICTIMS – FOR THEY CAN CHOKES. If unsure that the individual is having a heart attack it is better to have the ambulance called to evaluate then do nothing. The first hour is critical for treatment.

X. STROKE

A stroke usually involves a spontaneous rupture of a blood vessel in the brain or the formation of a clot that interferes with the circulation. It is caused by numerous illnesses.

Signs & symptoms of a major stroke:

1. Loss of consciousness
2. Change in mental status (disorientation)
3. Paralysis or weakness on one side of the body.

Signs & symptoms of mini-stroke (TIA's-Trans Ischemic Attack)

1. Dizziness
2. Confusion
3. Seizure-like symptoms
4. Memory loss

Call 911 if you believe someone is having/has had a stroke

XI. SEIZURES**A. Definition of Seizure**

Seizures (a temporary burst of abnormal electric activity in the brain) are expressed through altered control over a part or parts of the body. There are many kinds of seizures depending upon which part of the brain is the site of the abnormal electrical discharge, the number of brain cells involved and the length of the discharge.

Seizures vary in duration. Convulsions and other muscle spasms may occur, as well as behaviors that are random and seem strange. Seizures are generally time limited, lasting from a few seconds to several minutes.

Seizure may affect all people of all ages. It has nothing to do with insanity or intelligence. A person may have seizures the way another person has diabetes.

B. Causes of Seizures

Causes of seizure may include defects in the brain, injury before, during or after birth. Other causes may be head injuries that can occur at any age, chemical imbalance, poisons, including lead or alcohol, high fever, brain tumors and diseases such as measles or encephalitis, may also cause seizures.

In some instances, the cause of a seizure can be found, but in many cases it cannot. Heredity is not usually a direct factor in determining if someone will have seizures, but some kind of brain wave pattern associated with seizures may run in families.

Please note it is more important to be able to describe and document what happens during a seizure than to try to label the seizure. Leave diagnosing (the type) up to the physician once you have provided the information.

C. Types of Seizures**1. Grand Mal**

- a. Loss of Consciousness
- b. Body rigid, then jerky movements
- c. Possible loss of bladder or bowel control
- d. Irregular breathing
- e. After returning to consciousness the person may feel confused and sleepy
- f. May last one to several minutes
- g. May occur often, (more than once a day) or seldom, one every few years

2. Petit Mal

- a. Brief staring spells or unusual body movements
- b. Last only a few seconds
- c. Momentarily unaware of people and things around him/her but returns quickly to full consciousness without falling or loss of muscle control
- d. The person may appear to be inattentive or appear to be daydreaming

3. Psychomotor (Change in behavior)

- a. While seizure is occurring the person looks as though he /she is in a trance and goes through a series of movements over which he/she has no control
- b. A typical seizure of this type will start out with a strange sensation – Perhaps a feeling of fear, sudden sick feeling, or hearing something that is not really there.
- c. The person may make chewing movements with his/her mouth, pull at clothing, get up and walk around looking as though he/she is in a daze.
- d. The person having this kind of seizure may follow simple directions if they are given in a calm, friendly voice.

4. Focal (Change in Muscular Movements)

- a. The person knows what is going on during the seizure but cannot control his/her movements.
- b. Movements of body involve a trembling or jerking of arms or legs. For instance, the movements start in a finger, and then slowly move upward until the whole hand and arm are shaking.

5. Simple partial seizure

- a. Produces unusual feelings in the person who is having the seizure. Things may look strange. The person may “see” people or things that are not there. The person may hear strange sounds or have a feeling that what is happening around him or her has happened before.
- b. This kind of seizure activity is taking place in the part of the brain that controls seeing, hearing or memory.

D. First Aid for a Seizure

When someone has a Grand Mal seizure there are some basic things to do.

1. Stay calm, remove hazardous objects.
2. Do not restrain the person. If seated, ease him/her to the floor and loosen tight clothing.
3. Gently turn the person on his/her side so any fluid in the mouth can drain safely. Do not force mouth open.
4. Allow seizure to take its course. Continue talking to the person in a calm voice.
5. Document accurately, (this may be done by another staff because one person should always remain with the participant.)
Time how long the seizure lasted for.
6. A seizure is an emergency when:
 - a. It's the person's first seizure.
 - b. The person has one seizure after another without regaining consciousness.
 - c. Seizure lasts longer than 5 minutes (or longer than their normal seizure)
 - d. The person sustains an injury during the seizure requiring emergency care.

XII. FRACTURES

A. **Closed** - These fractures, which include hairline fractures, are one or more broken bones beneath the skin, which are often undetectable except by x-ray.

Signs and symptoms

1. Pain
2. Swelling
3. Deformity
4. Discoloration.

B. **Open** – An open fracture is a fracture associated with an open wound. The wound is usually caused by a broken bone that tears through the skin. These are generally more serious because of the possibility of tissue damage, bleeding, and the danger of infection. **Do not try to push the bone back.** This can cause further serious injury.

Treatment- It is important **not** to move the area where the break is suspected because you can cause further damage. In the case of a leg injury, you need to keep the person lying still while waiting for the ambulance. In the case of an arm or hand injury - if the bone is not sticking out and if possible, you can pack the arm in ice to keep the swelling down to a minimum. It is advisable to wait for an ambulance.

C. **Strains** – A strain is an injury associated with a muscle.

D. **Sprains** – A sprain is an injury associated with a joint.

Treatment – Apply cold compress to area until swelling goes away, then apply heat. Heat speeds up healing.

XIII. BURN

Many burns can be prevented. Use caution when handling cigarettes, matches, hot liquids, and when cooking. Never allow the person to enter the bathtub without first checking the water.

A. Types and treatment

1. **First degree burns** – usually result in a redness of the skin, maybe a mild swelling, some pain or discomfort, and is characterized by rapid healing. The treatment for first-degree burns is cold water, but no ice as that may injure the skin. You can use a dressing over the burn but usually it is not needed. **Do not** apply butter or ointment. If the person is complaining of much discomfort, then speak to the doctor or nurse.
2. **Second degree burns** – are marked by redness and blisters on the skin with possible considerable swelling and a wet appearance. It is usually very painful. The treatment for second-degree burns is cold water, which can either be directly applied, or if it is too painful, indirectly applied by using a clean towel. Let the skin dry, and protect it by using a sterile or clean dressing. Do not break blisters and **do not** apply butter or ointment. If the arms and legs are involved, elevate them. Notify your doctor or nurse of the burn, and they will give further instructions if necessary.
3. **Third degree burns** – **are considered medical emergencies** and are extremely serious and can cause disfigurement or even death. Third degree burns are characterized by deep tissue destruction and the loss of skin layer. **Call 911.** This is an emergency. **Do not put cold water on the burn.** Don't remove the charred clothes that are covering the burn. The skin is exposed. You may put a sterile dressing around the skin, which will help keep the fluid in the body. Try to keep the hands, legs, or feet elevated. If the person has Third Degree Burns in the face, have them sit upright to aid breathing. Again, **DO NOT APPLY COLD WATER**, as this can promote shock.
4. **Sunburns** - are preventable. **Always take the following precautions:**
 1. Use appropriate sun block, all year round
 2. Dress the person appropriately
 3. Plan activities according to the weather, that is, a 95-degree summer day is TOO HOT for the person to go to the beach

XIV. EYE INJURIES

- A. **Foreign Body** – sometimes an object may get into the eye (e.g. A sliver, or dust). Wash the eye with water, tilting the head towards the injured side, and allow the water to drain from the eye. If you notice that the foreign body is not easily removed from the eye, then contact a doctor or nurse.
- B. **Chemical Burns** – Irrigate the eye quickly for about 15 minutes while tilting the head towards the injured side and holding the eyelid open. Direct the water towards the inner corner of the eye and then towards the outer rim. **COVER BOTH EYES.** Take the person to the emergency room.
- C. **Blunt Injury** – When someone receives an injury to the eye, use an ice pack to reduce the swelling, and check for internal hemorrhaging (Dark red spots in the iris, bulging eye or

intense pain). Take the person to the emergency room. If hemorrhage is present, then cover both eyes.

D. Penetrating Injuries of the Eye – VERY IMPORTANT!!! DO NOT REMOVE THE OBJECT. IT WILL CAUSE FURTHER DAMAGE TO THE EYE. Cover both eyes if possible, call an ambulance.

XV. POISONING

A. Prevention: is the first and most important treatment. All poisons must be stored in locked, vented metal cabinets.

B. If you believe one of your consumers has swallowed poison, call Poison Control for Instructions. If possible, give them the name and amount of the ingested poison. Additionally, give participant's age, weight and have the person's medical information available.

Follow the instructions of the poison control center!!



To call poison control dial
1 800-222-1222
or **1 212-poisons (1 212-764-7667)**

***Syrup of Ipecac is used to induce vomiting. This should only be attempted with instructions from poison control.**

A. Inhaled poison: Remove victim from source of poison. Ventilate area and call poison control for treatment. It is advised to call an ambulance after speaking to the poison control center to save valuable time. If the participant recovers by the time the ambulance comes, it is still necessary to have the individual go to the Emergency Room for evaluation of respiratory status

XVI. COMMUNICABLE DISEASES

A. Definition:

Any disease that can be spread from one individual to another.

B. Hand Washing Demonstration and other precautions:

The most important method of preventing the spread of disease is through proper handwashing. Most of us obviously think we know how to wash our hands because we have

been doing it our whole lives. You are now working in an environment with many people and therefore the chance of spreading disease increases. Hence, we want to emphasize that **frequent handwashing is a must**. When you wash your hands, you must do it in a very thorough manner as shown by the instructor. Wash your hands when arriving at work and when leaving work, before and after rendering personal care to the participants or yourself, when handling food and whenever the need arises. Remember that handwashing is the best way to avoid, catching and spreading communicable diseases.

C. Film on Communicable Diseases

The YAI videotape demonstrates that poor health habits can spread communicable diseases. All staff must be conscious of their own personal habits when dealing with participants in order to protect their participants as well as themselves.

D. Types of Diseases

1. **Colds and flu:** when working in a setting with many people, it is much easier to catch a cold or flu. The cold virus is usually spread from your hand to your face. The flu virus is spread through airborne particles. It is very important to teach proper hygiene skills to our participants and to utilize these skills ourselves.

Symptoms of Colds

- a Congestion
- b Runny nose
- c Cough
- d Sneeze
- e Fever
- f Feeling lousy all over
- g Weakened sense of taste and smell
- h Scratchy throat

Treatment for Colds

- a Encourage fluids
- b Rest
- c Antibiotics **will not** cure a cold

Symptoms of the Flu

- a Temperature of 101 °F or higher
- b Cough
- c Muscle ache
- d Headache
- e Sore throat
- f Chills
- g tiredness

Treatment for the Flu

- a Antiviral medication
- b Antibiotics **will not cure** the flu

***Seek further medical attention if the participant is experiencing any of the following:**

- 1 Unusually severe cold symptoms
- 2 High fever
- 3 Ear pain
- 4 Sinus type headache
- 5 Cough that gets worse while other cold symptoms improve
- 6 Flare-up of any chronic lung problem, such as asthma

2. Hepatitis

- a. Definitions and Symptoms: Hepatitis is a disease caused by a virus that attacks the liver.

The symptoms are:

1. General fatigue
2. Muscle and joint pain
3. Loss of appetite
4. Nausea and vomiting
5. Diarrhea
6. Low grade fever
7. Jaundice (yellowing)
8. Weight loss

- b. Types of Hepatitis:

1. Many types, i.e. Hepatitis A, Hepatitis B, Hepatitis C, Hepatitis D, etc.
2. The participants are prone to Hepatitis B

- c. Types of Hepatitis B:

1. Active Hepatitis B: The participant has the disease and is exhibiting the symptoms
2. Hepatitis B Carrier: The participant appears healthy but in fact is able to spread the Hepatitis B virus

- d. Method of transmission of Hepatitis B virus is body fluids:

1. Blood (very contagious)
2. Semen (very contagious)
3. Saliva
4. Stool

- e. Prevention:

1. Hepatitis B vaccine: ask your physician if he/she thinks you need this vaccination.
2. The agency will assist you with payment for the vaccine.
3. If you do **NOT** receive the vaccine and you are directly exposed to the Hepatitis B virus (i.e. participant who is a Hepatitis B carrier bites you and breaks the skin), you need to receive an injection which will protect you against that particular exposure.

- f. Hepatitis B Precautions in the Residential Setting:

1. **Hand washing:** Proper hand washing is the key in preventing the spread of Hepatitis B and, in fact, preventing infection in general. All staff should have easy access to a staff bathroom. The bathroom must have soap via a dispenser, disposable paper towels, and a lined wastepaper basket.
2. **Laundry:** Hepatitis B carriers should have their laundry done separately in the hottest water possible considering the fabrics involved. Anti-microbial solution should be used whenever possible. The person handling the laundry should wear disposable gloves. Laundry should NOT be handled in the kitchen. Sheets and towels should NEVER be shared.
3. **Dishwashing:** All dishes, including Hepatitis carriers, should be washed in the dishwasher, providing the dishwasher's water is the correct temperature. All dishwashers must be capable of reaching a temperature of 150 – 180 degrees. A plumber can install, inexpensively, a device capable of heating the dishwasher without affecting the temperature of the water in other parts of the residence. If

the dishwasher is not functioning, Hepatitis B carriers' dishes and silverware must be kept separate. Paper plates can also be used. The water temperature of the dishwasher must be checked quarterly. A simple bath tub thermometer can be used.

- 4 **Disinfection of Surfaces:** The most effective disinfectant is an anti-microbial solution. Please ensure that the anti-microbial solution is available to clean all surfaces and any soiled items. This is the most effective method and should be used as needed, and as often as possible.
- 5 **Food Preparation:** Hepatitis B carriers can prepare food.
- 6 **Oral Hygiene and Menstrual Care:** Gloves MUST be worn when rendering oral hygiene or menstrual care to all participants. This protects against unknown infectious agents and eliminates the feeling of discrimination against the Hepatitis B carrier.
- 7 **Personal Toiletries:** Each participant must have his or her own personal toiletries. These items must NOT be shared i.e. deodorants, shaving articles, soap, tooth brush and toothpaste, etc.
- 8 **Personal Habits:** All staff must be made aware of their personal habits that can spread disease. DO NOT put pens or pencils in your mouth. Do NOT pick at your nails. DO think about what you do!

3. AIDS

A virus for which there is no known cure causes AIDS.

There is no risk of catching AIDS from casual contact.

There has been no evidence of transmission of the AIDS virus through every day contact even through family members who shared food, towels, cups, razors, even toothbrushes and kissed each other. Approximately 2,500 health workers who were caring for AIDS patients when they were at their sickest were carefully studied and tested for infection for the AIDS virus. These workers did not contract AIDS through casual contact. **The only way to catch AIDS is through intimate contact.** AIDS can be caught through mouth contact with the penis, vagina, or rectum or through any sexual activity where there is a cut or tear in the lining of the penis, vagina, or rectum. AIDS can be transmitted through improperly cleaned or sterilized needles or syringes, as well as blood transfusions from people who have the virus. **All people are at risk of catching AIDS if they do not take the proper precautions.** We are currently teaching our participants to utilize safer sex practices including the use of condoms when engaging in sexual activity.

XVII. VOMITING

- A. **Find the cause**
- B. **Treatment:** frequent small liquid feedings (not water) to prevent dehydration and plain, dry toast can be offered. Seek medical advice if situation worsens

XVIII. DIARRHEA

- A. **Find the cause**
- B. **Treatment:** large liquid feeding to prevent dehydration: progress to BRAT diet (bananas, rice, apples/applesauce toast and tea) seek medical advice if situation Worsens

XIX. DIABETES

- A. **Hyperglycemia:** results from **too much** sugar in the blood. This can occur with incorrect medication (i.e. too little insulin), overeating, infection. The blood sugar varies for each person and the range should be prominently posted.

1. **Symptoms:** Onset is gradual
 - a. Drowsiness
 - b. Headache
 - c. Thirst
 - d. Blurred vision
 - e. Vomiting
 - f. Rapid Breathing
 - g. Dry flushed skin
 - h. Fruity breath
2. **Treatment:**
 - a. EXERCISE (Increase activity will significantly decrease blood sugar.) i.e.: Walk around block, go up & down stairs, use of exercise equipment if available.
 - b. Increase WATER intake
 - c. Medication as prescribed
 - d. Follow individual protocol as ordered by MD
 - e. Medical attention if needed (Emergency Room or 911)

- B. **Hypoglycemia:** Results from **too little** sugar in the blood. This occurs when too much insulin is taken; diet exercise balance is disturbed or too little food intake.

1. **Symptoms:** Onset is sudden
 - a. Normal breath odor
 - b. Shallow breathing
 - c. Moist skin
 - d. No thirst
 - e. Coma
2. **Treatment:** If participant is alert, give sugar, e.g. orange juice, soda, etc. Seek medical attention.

XX. NUTRITION

- A. **Importance** – There is an old saying “you are what you eat”. If you eat unhealthy foods, there is a chance that you are unhealthy, and conversely if you eat healthy foods, there is a greater chance of being, both in a psychological and physiological manner.
- B. **Obesity** - Obesity is a very sensitive topic in our society. People are sometimes labeled obese when they are only a couple of pounds overweight because being thin is so stressed as an ideal. We do not want our staff to automatically place the participant on a diet because they think they are a little bit overweight. **Doctors should always be consulted when diets are begun.** Dieting by itself is not a normal healthy way of eating. Our participants should be taught proper everyday eating habits that will enable them to maintain a weight that is best determined to be healthy. Their diets should be carefully

monitored until they reach the required ideal weight as set forth by the doctor then they should be placed on a normal healthy eating program. Obesity does kill, but not every person who is a little overweight is obese. That is a doctor's determination.

The flip side of obesity is a participant who is too thin. Once again, a doctor should be consulted because there are many diseases that are attributed to being too underweight including malnutrition, anorexia nervosa, diabetes, etc. **Any sudden loss of weight can be considered serious and also require immediate doctor's guidance.** We stress in our programs good proper eating through nutritionally sound meals. That is the ideal for all our participants.

- C. **Special Diets** – some of our participants, due to varying conditions, require special diets (diabetes, hypertension, special medications, etc.) Certain disease can be held in check if the special diets are followed precisely. Therefore, you must quickly know which participants require special diets, be very familiar with what those diets are, and ensure that the participants are only eating those foods that are properly indicated.

XXI. EXERCISE

- A. **Importance** – Studies have shown that moderate exercise i.e. walking regularly for a total of 30 minutes a day (doesn't have to be consecutive nor strenuous), 5 days a week is the current recommendation to keep your heart fit. Try not to allow people to be either sedentary (no exercise) or over exercise.
- B. **Geared to ability and health of Participants** – When starting an exercise program for our participants, doctors should always be consulted. The participants vary as to their abilities to do exercise and their physical health at the time that the exercise program is initiated. Exercise can cause injuries, and therefore, any program must be carefully monitored and, as stated above, have the approval of a doctor.
- C. **Formal and informal opportunities to exercise** – All formal exercise programs should be approved by a doctor. In addition to formal exercise there are informal opportunities to exercise. This includes walking rather than using the van for short distance, dancing instead of watching TV, etc. Use your imagination.

XXII. DRESSING TO STAY HEALTHY

- A. **Appropriateness to weather** – Some of our participants have poor judgment as to the clothes to wear in a given weather situation. Therefore, it is important to monitor what our participants are wearing. Individuals who are capable of understanding staff's instruction should be taught how to dress appropriately for weather conditions.
- B. **Seasonal Checks** – Prior to a given season, the participants' clothes should be checked to ensure that they will dress according to upcoming weather conditions.

XXIII. ELDERLY (GERIATRIC)

- A. **Special Needs of Elderly** – Our senior citizens require certain care to ensure their health. For example, they may need more rest than their younger counterparts, and therefore, naps or rest periods need to be given periodically. Their ambulation may be more difficult and they may be more prone to accidents where they may inadvertently fall. Therefore, it is important to notice if they are in situations where they may need extra support (e.g. steep staircases). They might be more forgetful and therefore if they

have been travel trained a number of years ago, it might be important to re-assess them to make sure they still remember the route. Their limbs are not as limber as in years past, and there might be special exercises needed to maintain mobility or at least to decrease the loss of mobility. Their eyesight and hearing begins to fade, and thus they should be tested for glasses and hearing aids. The elderly can live a normal lifestyle, and respect should be given for their special needs.

- B. **Special Geriatric Problems of our population** – This population tends to age more rapidly than the typically able individual. However, studies seem to indicate that proper care and treatment will enable them to live a normal life span. Individuals with Down Syndrome, in particular, seem to age faster and are more prone to Alzheimer's Disease. Chronological age by itself cannot determine who should be classified as elderly, because some of our participants may age more rapidly. The cause of their aging more rapidly may be due to nutritional deprivation from past experiences and living in institutions.