



# Environmental And Individual Safety



## Module 6, Section 6

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## Injury Prevention Procedures

Some persons with developmental disabilities are more vulnerable to injuries than people in the general population. When necessary precautions are not taken, it can be devastating to the health and well-being of a person you support, for the home in which he/she lives, or for the agency that provides services. Each year, thousands of accidents occur, some fatal, that could have been prevented by taking specific precautions. It is the responsibility of the DSP to ensure that appropriate precautions are taken based upon the needs of the individual.



More people are injured at home than anywhere else. Most accidents can be prevented though. Taking basic precautions in the home and making sure people are aware of and follow safety procedures can prevent unnecessary risks and injuries.

The most common kinds of household accidents are:

- poisoning, suffocation, or choking from putting foreign items in mouth or nose;
- People falling or objects falling on them
- Misuse or carelessness with tools, knives or chemicals
- Scalds and burns from heat or fire

### Why accidents occur?

- People are stressed, hurried, or upset.
- People are distracted, absentminded or negligent.
- People are mentally incapacitated by illness, fatigue, drugs or alcohol, or disability.
- People with mental disabilities are unsupervised
- People are careless or irresponsible.

### Preventing Falls

- Make sure carpets and rugs are tacked down and secure.
- Make sure slick floors are dry. Attend quickly to leaks or spills that make floors slippery. Tack down safety mats in areas that are often wet and slippery, such as entry ways, kitchen and bathroom floors. When floors are waxed or mopped, make sure everyone knows.
- Make sure showers and bath tubs have safety mats and/or railings, especially for older adults and people with physical disabilities

- Make sure steps and sidewalks are routinely cleared and salted if you live in a climate where snow and ice are common in winter.
- Make sure you and the people to whom you provide supports use a safe stepladder instead of a chair or stool when getting items from high shelves or cupboards

### **Preventing Shocks and Electrocutation**

- Make sure the people to whom you provide supports are aware of potential dangers in using small and large electrical appliances. For example, they should know not to use radios or hair dryers near water, and not to use electric appliances with wet or damp switches, heating elements, or motors.

### **Preventing Burns and Scalds**

- Make sure heaters and radiators are never close to flammable objects such as draperies or bedclothes. Ensure that the people who live in the home and use space heaters or electric blankets are able to regulate temperatures and turn them off when they leave the room.
- Be certain that the water temperature in the house is at a safe level and that all of the people who live there can mix hot and cold water to the correct temperature. If they are unable to do so, then ensure that the water temperature does not exceed 110 degrees.

### **Preventing Poisoning or Chemical Accidents**

If anyone in the home where you work has specific behavioral characteristics that put them at risk of poisoning or accidental injury, make sure the home has a policy and procedure for keeping harmful chemicals (e.g., cleaning supplies, gasoline) and objects (e.g., knives, baseball bats, ladders) secure. Be certain that you know this procedure.

### **Preventing Injuries Caused by Tools and Household Items**

- Make sure people who use tools for any reason are aware of and follow good safety habits, such as wearing appropriate safety gear and goggles when necessary.
- Make sure tools are put away when not in use. This includes garden tools, mowers, and other items used outside.
- Make sure people who prepare their own food are aware of and follow good safety habits, such as using oven mitts, never leaving ovens or ranges unattended when they are on, keeping flammable items (including clothing) away from the range, and using appropriate cookware.
- Ensure that sharp objects such as knives, scissors, fireplace utensils and other potentially dangerous utensils are stored securely and used safely. If the people you support are considered at risk of hurting themselves or others with these items

they should be kept in a place where they are not readily accessible. However, remember that restricting access to these items should only occur if the individuals are clearly at risk of harm.

### **Know the Person's Risk Management Plan**

Be aware of all habits and potential behaviors of the adults or children in the home that can present dangers such as:

- Self abuse.
- Lighting fires.
- Throwing objects.

Ensure proper supervision is provided based on the needs of the people you support. Do not leave people unsupervised.

### **Teach Safety By:**

- Modeling appropriate and safe behavior
- Using every opportunity to show, tell and demonstrate to everyone in the household why something poses a risk and what they can and should do to prevent the risk.
- Providing positive feedback to people each time you observe them engaging in safe behavior.

## A Home Safety Check

Conduct a safety check at the home in which you work. You can do this by conducting an inventory of potential hazards and using the following information as a guide for safety precautions that should be present.

### Kitchen

- A smoke alarm with silence button
- A fire extinguisher
- Scatter rugs that have nonslip backings or that are attached with pads or double-faced tape
- Safety latches on cabinets that contain cleaning supplies
- Electrical outlets that are fitted with ground-fault circuit interrupters
- Individual shut-off valves for each gas appliance
- Short, heavy-duty extension cords for appliances
- A range hood or vent kept free of built-up grease
- Radios, televisions and small electric appliances located safely away from the sink
- A list of emergency numbers located prominently near the phone

### Living, Dining, and Family Rooms

- A carbon monoxide alarm
- Safety plugs on unused outlets
- Window treatments free of dangling cords
- Extension cords placed safely away from areas where they could be stepped on or tripped over

### Baths

- An up-to-date first-aid kit
- Anti-scald shower/tub water controls
- Grab bars within easy reach in each tub and shower stall
- Shatter-resistant faucet parts with no sharp edges
- A night light
- Safety latches on cabinets containing dangerous materials
- An electrical outlet positioned away from water fixtures and fitted with a ground-fault circuit interrupter

**Furnace Room**

- A smoke alarm.
- A carbon monoxide alarm at least 15 - 20 feet from furnace.
- A fire extinguisher.

**Bedrooms**

- A smoke alarm in every main hallway and every level of the home
- A carbon monoxide alarm in or near each bedroom
- A night light
- A fire-escape ladder if bedrooms are above main levels
- A fire extinguisher
- A list of emergency numbers posted near any telephones
- A rechargeable flashlight

Adapted from: [http://www.firstalert.com/safety\\_checklist.php](http://www.firstalert.com/safety_checklist.php)

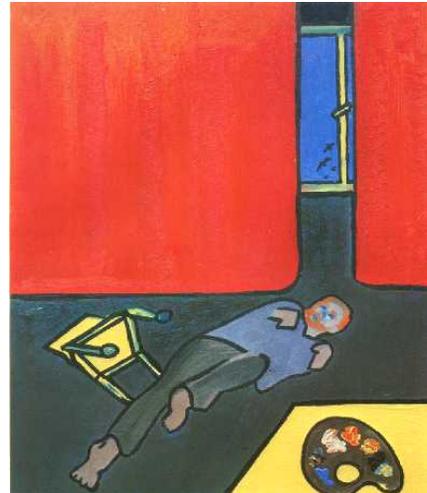
These prevention rules apply to everyone all of the time, however, when preparing a personal, individualized safety plan you should consider the specific habits and characteristics of the people you support as well as the unique physical characteristics of the home where you work.

## Safety Considerations for People With Poor Mobility or Epilepsy

The following are tips on how to make home environments safer for people with epilepsy or poor mobility:

### Houses

- Carpet the floors in your house or apartment with heavy pile and thick under padding.
- Pad sharp corners of tables and other furniture; look for rounded corners when you shop.
- Put guards around the fireplace or, preferably, close fireplace screens while a fire is burning.
- Don't smoke or light fires when you're by yourself.
- Don't carry hot fireplace ashes or lighted candles through the house.
- Avoid space heaters that can tip over.
- Use curling irons or clothing irons with automatic shut off switches to prevent burns.
- Select chairs with arms to prevent falling.
- Make sure motor-driven equipment, such as a lawn mower, has a "dead man's" handle or switch that will stop the machine if your hand releases normal pressure.



### Bathrooms

- Hang bathroom doors so they open outwards instead of inwards (so if someone falls against the door, it can still be opened).
- Put extra padding under carpeting in the bathroom.
- Hang an "Occupied" sign on the outside handle of the bathroom door instead of locking the door.
- Routinely check that the bathroom drain to make sure it works properly before taking a bath or shower.
- If a person falls frequently during seizures, consider using a shower or tub seat with a safety strap.
- Keep water levels in the tub low.
- Consider using a hand held shower nozzle while seated in tub or shower.

- Set water temperature low so that the person will not be scalded if you lose consciousness while hot water is running.
- Avoid using electrical appliances, such as a hair dryer or electric razor, in the bathroom or near water.

## **Kitchens**

- Slide containers of hot food along the counter instead of picking them up, or use a cart when taking hot foods or liquids from one room to another.
- Use plastic dishes and cups with lids (commuter cups) to prevent cuts or burns from spills.
- Use a microwave oven for cooking.
- When you use the stove, try to use the back burners as much as possible.
- Remove burner controls from gas or electric stoves when not in use.
- Use long, heavy duty oven mitts or holders when reaching into a hot oven.
- Wear rubber gloves when handling knives or washing dishes and glassware in the sink.
- Use plastic rather than glass containers as much as possible.

Adapted from: "Home Safety", Epilepsy Foundation  
Accessed 11/2/11 [www.epilepsyfoundation.org](http://www.epilepsyfoundation.org)



## Safe Food Handling

### The 10 Commandments of Safe Food Handling:

#### As a Food Handler I Will. . .

1. Refrigerate food properly!
2. Cook food or heat process it thoroughly!
3. Not handle food while ill or with infected wounds or cuts that transmit bacteria to foods!
4. Follow strict personal hygiene rules! Wash hands before, during and after handling food!
5. Use extreme care in storing and handling food prepared in advance.
6. Give special attention to preparation of raw ingredients which will be added to food when little or no further cooking will occur.
7. Keep foods at temperatures that are higher or lower than those that permit bacterial growth. Remember above 140 degrees Fahrenheit for hot foods and below 41 degrees Fahrenheit for cold foods.
8. Reheat leftovers quickly to 165 degrees Fahrenheit or higher. **Do NOT use crock pots to reheat foods!**
9. Avoid carrying contamination from raw to cooked and ready-to-serve foods via hands, equipment and utensils!
10. Always clean and sanitize food preparation and serving equipment.

## Refrigeration

Proper refrigeration of foods is one of the most important practices in sanitary food handling. To be a safe food handler . . . follow these procedures:

- Keep refrigerator air temperature at 37 degrees Fahrenheit or below
- Keep refrigerator doors and freezer units closed except when in actual use.
- Keep all frozen foods at 0 degrees F or below
- Defrost (thaw) foods at a temperature below 41 degrees Fahrenheit
- Keep all food items stored in refrigerator covered to help prevent food contamination
- Store food in refrigerator loosely stacked so air can circulate freely to insure proper temperature at 41 degrees Fahrenheit or below
- Keep all readily perishable foods refrigerated until ready to use and to avoid excessive growth of bacteria and food spoilage
- Keep milk and milk products covered and refrigerated to avoid spoilage.
- Label and date all foods which are prepared in advance and stored in the refrigerator.

## Food Preparation

Keep foods you are preparing safe from germs and bacteria by following these procedures:

- Do not contact exposed ready-to-eat food with bare hands. Use suitable utensils such as deli tissue, spatulas, tongs, or single-use gloves.
- Hold all cooked foods at temperatures of 149 degrees Fahrenheit or higher.
- Thoroughly rinse all fruits and vegetables before cooking or serving. This helps remove contaminants such as dirt, pesticides, insects, etc.
- Reheat leftovers rapidly to 165 degrees Fahrenheit or higher. Rapid reheating inhibits bacterial growth.
- Never dip fingers into food or use stirring spoon to taste. Use a separate spoon and wash it properly before you use it for tasting
- Always marinate food in the refrigerator.

## Thawing Potentially Hazardous Foods

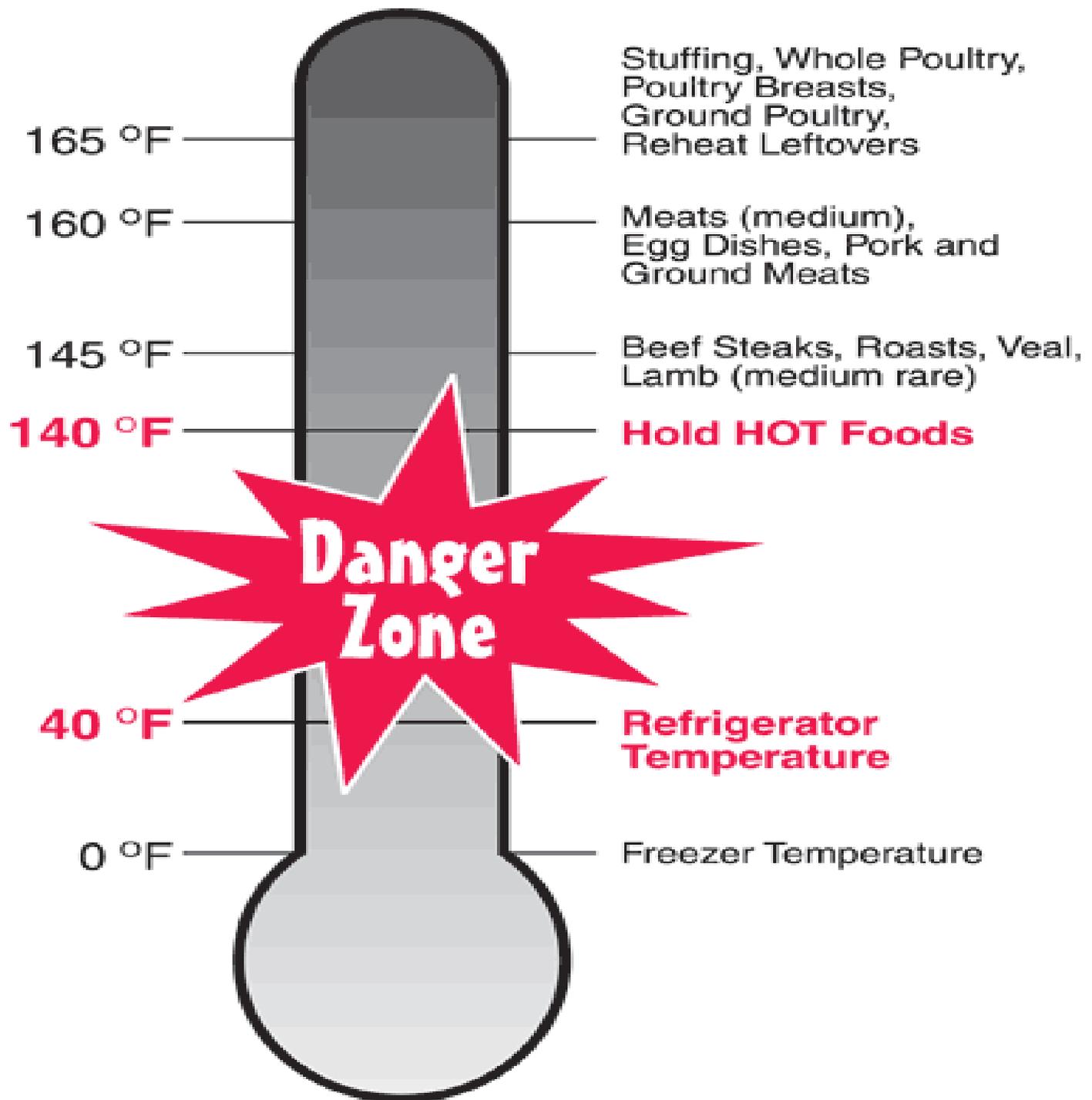
Never defrost food at room temperature. Food must be kept at a safe temperature during thawing. There are three safe ways to defrost food:

- In a refrigerator with food not exceeding 41 degrees Fahrenheit
- In a microwave oven – when food will be cooked immediately afterwards
- Under potable running water at a temperature of 70 degrees Fahrenheit or below for no more than two hours.

## Food Storage

Food storage is more than just keeping food. It's keeping food **safe**. To keep food safe, follow these procedures:

- Check food daily and throw away any of questionable quality. **“When in doubt, throw it out,”** also remember “first food in, first food out!”
- Store foods at temperatures that are higher or lower than those that permit bacteria growth - above 140 degrees Fahrenheit for hot foods and below 41 degrees Fahrenheit for cold foods
- Keep all foods covered and safe from contamination
- Store all cleaning, sanitizing, insect and rodent-killing powders and liquids away from foods and food preparation items
- Report all unsafe temperatures or faulty thermometers to your supervisor
- Never use utensils that contain toxic metals or covering acidic foods. Acid can cause the metal to leach out into the liquid and contaminate the food.
- Keep leftovers labeled as to time and date of preparation and rapidly cooled to an internal temperature of 41 degrees Fahrenheit or below. **Improper cooling of potentially hazardous foods is the #1 cause of foodborne illness.**
- Keep all floors and shelving of refrigeration cleaned and sanitized. This will prevent contamination of stored food.



## Small Group Activity - (Food Handling)

Your group home has decided to invite several people over for Thanksgiving dinner. You have a large kitchen and dining room so this will work out well. Including individuals, families, friends, and staff, there will be approximately 27 people at this get together. The individuals in your group home have chosen the following foods for the menu:

Turkey  
Stuffing  
Giblet gravy  
Ham  
Candied Sweet Potatoes  
Fresh Green Beans  
Cranberry Sauce  
Rice  
Hot Dinner Rolls  
Butter  
Iced Tea  
  
Banana Cream Pie  
Pumpkin Pie  
Coffee

Six people live in your group home and you will assist three of them in purchasing the foods while the other three will assist in food preparation.

Using the principles of food sanitation and safety, identify important principles in the preparation of this meal. Discuss food purchasing, preparation and storage of leftovers.

### Here are the facts which you need to consider in your groups:

You purchase frozen turkeys. Discuss storing and thawing as well as cooking the turkey you purchased.

1. John, who lives in the group home, is assisting with cooking the Thanksgiving dinner. He has cooked about three times the amount of rice needed. Discuss storage of the left over rice.
2. Martin lives in the group home and his mother has insisted on stuffing the turkey the night before. She always does that with her turkeys and bakes them early in the morning. That way, she says, the oven is free for other baking. She just called you and is on her way over to the group home to stuff the turkey. She won't take no for an answer. What would you recommend?
3. Instead of making iced tea as the dinner menu calls for, Bob decided to make

lemonade and he poured it into an unlined decorative copper pitcher rather than the plain glass pitcher which you had asked him to use.

4. The gravy was made two hours ago and left in a covered pot sitting on the kitchen cabinet. Is the gravy safe to serve?
5. Tim's aunt came for dinner and brought macaroni salad. She said that she came directly from her daughter's home where she was for about 3 hours and left the salad in her car feeling that it was cold enough. The high temperature today was 37 degrees Fahrenheit and it was very sunny. Should you serve the macaroni salad? You wonder did it get warmer than 37 degrees Fahrenheit in the car. You hate to hurt her feelings by not serving the salad.
6. Most of your dinner guests ate the pumpkin pie. By the time food was put away, that banana cream pie had been out of the refrigerator for 1½ hours. Do you think it will be safe to eat tomorrow?
7. You just noticed an empty, opened can of green beans in the wastebasket. The can is severely dented and soiled. You asked did someone just open the can and Harry says that he did and added the contents of the can to the fresh green beans because he didn't think there would be enough beans for all of the guests. Are the beans safe to eat?
8. The ham you purchased for the dinner is a canned ham and you bought it in the refrigerated section of the meat counter. The can says "refrigerate" till used. Unbeknownst to you, when Mark was unpacking the groceries, he put the ham on the pantry shelf. You went shopping two days ago. Is this ham going to be safe to use?

## Cleaning Products

It is staff's responsibility to keep surfaces clean and germ free. The most effective cleaner for killing germs, including MRSA, is a bleach solution. Agencies can also consider eco-friendly cleaning products such as vinegar, activated charcoal, etc. Visit the website that lists the Sixty Uses of Vinegar at <http://www.i4at.org/lib2/60vine.htm>

## Safety Data Sheets

DSPs should understand how to read the labels of cleaning products to determine which ones are dangerous if ingested. The way to find out information about any cleaning product is to look at the Safety Data Sheet (SDS). This is the information from the producer about the ingredients. Get to know where the SDS book is kept in the area where you are working!

Depending on the medical and behavioral considerations of the people you are supporting, **you may need to keep all cleaning products under lock and key.** Some people with developmental disabilities have died because they drank cleaning products.

## Poisoning

Accidental poisoning is something we all hope will never happen, but what if it does happen while you are at work? What would you do? Be sure to find out your agency's policy on accidental poisonings. Store cleaning supplies securely and well away from food and food preparation areas.

- Keep all products in original containers.
- Store pesticides, gasoline, turpentine, paint products, car products, and garage products out of reach and out of sight. Lock up these products.
- Keep paint in good condition.
- Always prepare and use products according to label directions.
- Never store food and household cleaners together.
- Never mix different household cleaners together
- Never transfer products like bleach, gasoline, insecticides or other cleaning agents to containers such as a soft drink bottle, cup or bowl.



**POISON CONTROL HOTLINE NUMBER  
1-800-222-1222**

## Fires



Fire is one of the leading causes of accidental deaths in the home. Besides practicing basic safety rules, you may also be called upon to act in the event of a fire. You should review your agency policies on fire drills and evacuations, including the maximum evacuation time, frequency of drills, times of day for drills, special procedures for blocked exits, individuals with special needs (wheelchair, autism, blindness, etc.). Fire prevention is everyone's responsibility. If you see any practices or situations that reduce fire protection for individuals or employees, report those problems immediately so they can be corrected.

**When an alarm sounds for a fire drill or a real fire, follow the instructions provided by your agency.** After a fire or evacuation drill, everyone's response to the fire drill must be reviewed and evaluated so improvements can be made in future drills or in the case of an actual fire.

### Remember to RACEE

If you smell smoke or discover a fire at your site, you should do the following in the order outlined:

- **R**emove/**R**escue the resident and anyone else in immediate danger.
- **A**lert the fire department by calling **911** (or local emergency number) from a phone out of harms way.
- **C**ontain the fire by closing the doors between you and the fire.
- **E**xtinguish the fire by using the proper type of fire extinguisher when appropriate or the fire is small and easy to contain.
- **E**vacuate (leave) the building immediately.

## In the Event of Fire:

### Using A Fire Extinguisher

To understand how employees are to react to fire, your agency should explain in advance, its policy regarding when employees should attempt to put out fires by using fire extinguishers and when fire extinguishing should be left to the firefighters. If your agency has a policy that says it is appropriate to try to put out certain types and sizes of fires using a fire extinguisher, DSPs should follow the agency's policy unless unsafe to do. If your agency does not allow it, employees should move directly to taking Evacuation steps.

Source: Illinois Department of Human Services, Bureau of Training and Development

## Fire Evacuation Considerations

- ✦ Always crawl or stoop low in leaving a smoky environment to stay below the heat and toxic gases.
- ✦ Keep doors and windows closed.
- ✦ When evacuating non-ambulatory persons, make sure their head is as low as possible.
- ✦ Smoke follows the path of least resistance. Know your building and predict where and how smoke will travel. Use this information in your evacuation plan.
- ✦ NEVER re-enter a burning building once you and others have made it outside.
- ✦ If trapped in a room, seal the doors and vents to prevent smoke from entering.
- ✦ If trapped in a room, hang a bed sheet or blanket from the window. This is the universal sign to request help.

## The Role of the DSP in Responding to Emergencies

In order to effectively handle emergencies, you will need to be prepared and informed. You may want to consider these steps:

Learn about the types of hazards that may affect your community (blizzards, tornadoes, floods, and so on). You can get more information at your local emergency management office. <http://www.state.il.us/iema/>

Find out what emergency plans are in place at your agency. Look over whether the plans meet your specific needs and the needs of the individuals you support.

Identify what the plan is for notifying people when a disaster may be on its way or is actually occurring.

Consider how a disaster might affect your daily routines and those of the people you support. Make a list of the specific needs before, during and after a disaster.

### Become Familiar with Your Agency Emergency Plans!

Don't wait for an emergency to happen to become familiar with these. Read them now so you are prepared to handle emergencies.

The National Organization on Disability has developed this checklist to create a 'go kit' containing most essential items to take with you if you must leave immediately. You can find this list at [www.nod.org/emergency](http://www.nod.org/emergency)

Also, be sure that you have plans for your children, pets or others at home if an emergency occurs while you are at work. The people you support may be at risk if you leave them unattended and this may be considered neglect.

Some types of emergencies that you may face as DSP include natural disasters such as tornadoes or flooding.

## Tornadoes

**Tornadoes** are violent storms with whirling winds up to 300 miles per hour. Following are some facts about tornadoes:

They may strike quickly, without warning. The average **forward** speed of a tornado is 30 MPH, but may vary from stationary to 70 MPH. In Illinois tornado season is March through June with the deadliest tornadoes occurring in March, April and May. Tornadoes are most likely to occur between 3 p.m. and 9 p.m.

Illinois ranks 6<sup>th</sup> in the nation for number of “killer” tornadoes and has an average of 27 tornadoes per year.

A **tornado watch** means conditions are favorable for tornadoes. Go to or stay in a safe area and listen for sirens, news reports on local television and radio stations, and keep the phone lines clear for emergency calls.

A **tornado warning** means a tornado has been spotted. Seek shelter immediately!

Thunderstorms often precede a tornado. Thunderstorms can have straight-line winds which may exceed 100 miles per hour. During a tornado or thunderstorm you should move into a building, preferable in the basement or lowest level or an interior room away from windows. Close the windows and stay away from doors. If you are outside during a tornado and are unable to find a sturdy building, seek shelter in a low lying ditch that is unlikely to flood. Do not stay in or near water.



**If you are under a tornado WARNING, seek shelter immediately!**

<b>If you are in:</b>	<b>Then:</b>
A structure (e.g. residence, small building, school, nursing home, hospital, factory, shopping center, high-rise building)	Go to a pre-designated shelter area such as a safe room, basement, storm cellar, or the lowest building level. If there is no basement, go to the center of an interior room on the lowest level (closet, interior hallway) away from corners, windows, doors, and outside walls. Put as many walls as possible between you and the outside. Get under a sturdy table and use your arms to protect your head and neck. Do not open windows.
A vehicle, trailer, or mobile home	Get out immediately and go to the lowest floor of a sturdy, nearby building or a storm shelter. Mobile homes, even if tied down, offer little protection from tornadoes.
The outside with no shelter	<p>Lie flat in a nearby ditch or depression and cover your head with your hands. Be aware of the potential for flooding.</p> <p>Do not get under an overpass or bridge. You are safer in a low, flat location.</p> <p>Never try to outrun a tornado in urban or congested areas in a car or truck. Instead, leave the vehicle immediately for safe shelter.</p> <p>Watch out for flying debris. Flying debris from tornadoes causes most fatalities and injuries.</p>

[http://www.fema.gov/hazard/tornado/to\\_during.shtm](http://www.fema.gov/hazard/tornado/to_during.shtm)

## Lightning

Lightening is the second most common weather condition that KILLS (floods are first). It is important to plan in advance your evacuation and safety measures. When you first see lightning or hear thunder, activate your emergency plan. Lightning often precedes rain, so don't wait for the rain to begin before suspending activities.

If outdoors, avoid water, high ground, open spaces and all metal objects. Unsafe places include underneath canopies, small picnic or rain shelters, or near trees. Where possible, find shelter in a substantial building or a fully enclosed metal vehicle such as a car, truck or van with the windows completely shut.

If lightning is striking nearby when you are outside, you should:

- ***Crouch down.*** Put feet together, place hands over ears to minimize hearing damage from thunder.
- ***Avoid proximity.*** Stay a minimum of 15 feet away from other people.

All outdoor activities should be suspended for 30 minutes after the last observed lightning or thunder.

If indoors, avoid water, stay away from doors and windows, do not use the telephone, take off head sets. Turn off, unplug, and stay away from appliances, computers, power tools, and TV sets. Lightning may strike exterior electric and phone lines sending electrical charge to inside equipment.

## **Flooding**

**Be aware of flood hazards.** Flooding is the weather condition that KILLS the most. Floods can roll boulders, tear out trees, destroy buildings and bridges, and scour out new channels. Flood waters can reach heights of 10 to 20 feet and often carry a deadly cargo of debris. Flood-producing rains can also trigger catastrophic debris slides.

Regardless of how a flood or flash flood occurs, the rule for being safe is simple: **head for higher ground and stay away from flood waters.** Even a shallow depth of fast-moving flood water produces more force than most people imagine. The most dangerous thing you can do is to try walking, swimming, or driving through flood waters. Two feet of water will carry away most automobiles.

## Preparation for Survival

### ***Know you agency's disaster preparation policies!***

Gather these things in a safe place off site to use in an emergency:

- Battery powered radio, flashlight and plenty of extra batteries
- First aid kit and book
- Adjustable wrench for turning off gas and water
- Bottled water (1 gallon per person)
- Non-electric can opener
- Extra set of keys
- Current Disaster Plan with information about relocation, poison control, physician names and phone numbers. All emergency numbers should be posted by the phone—large enough for everyone to read.

### **This information must be available for each individual:**

- List of current medications and prescribing physician
- A supply of currently prescribed medications
- Emergency information for each individual (date of birth, insurance/Medicaid number & card, food sensitivities, nearest relatives, guardians, or friends phone number)
- Signed consent for treatment form

**NOTE: All emergency numbers should be posted by the phone and be large enough for everyone to read easily.**

## Medication Safety: Storage and Summer Use

Some medications can become less effective when exposed to direct sunlight, heat, cold or moisture. Be especially careful during summer months to store medications properly.

### General Storage Guidelines:

- Store medications that do not need refrigeration at room temperature below 86 degrees Fahrenheit
- Avoid storing medication in moist, humid areas
- Keep medication away from direct sunlight
- Store medications in their original containers
- Discard expired medications according to your agency policy

### When in Doubt Throw it Out

- Medication may lose its potency because of improper storage or transport
- Medication should not be given when any of the following are observed:
  - A change in appearance or odor
  - A change in consistency (i.e. tablets that crumble easily or capsules that are stuck together or crack)
  - Liquid medications that become cloudy or thick or change from their initial appearance or consistency

## Medications, Activities and the Sun

Some medications can cause sensitivity to sunlight called **photosensitivity** which can result in:

- A rash-like condition
- Severe burns and skin cell damage
- Sunlight intolerance
- Eye pain

Every medication should be evaluated for possible sunlight intolerance.



**Prolonged exposure to the sun should be avoided by individuals with known sensitivity to the sun.** Protective clothes, hats, sunglasses and sunscreen should be used when outside. When photosensitivity is suspected, discuss a possible medication change with the doctor.

**Commonly Prescribed Medications that can Cause Sun Sensitivity**

(This is not an exhaustive list)

Benadryl

Elavil

Tegretol

Bactrim

Cipro

Haldol

Dilantin

Ibuprophen

Glucotrol

Capoten

Lasix

Claritin

**Remember. . .**

**During hot weather increased fluid intake may be needed. Sweating can cause some medications to become more concentrated in the body and become “toxic”.**

## EpiPens

Allergies are common phenomena that impact millions of Americans. Allergic reactions may be caused by many factors including environmental contaminants such as pollen, animal dander and dust mites or by specific foods, insect bites or medications. Most people with allergies experience minimal to moderate symptoms. However, some people are highly allergic to allergens that are difficult to avoid and may be life-threatening. In such cases, individuals must be followed closely by medical professionals who are familiar with these conditions. In most cases, certain medications will be prescribed for use in the event of a possible life-threatening exposure.



Injectable epinephrine, in a delivery system known as an “EpiPen” or epinephrine auto-injector”, is commonly prescribed to people with known serious and unavoidable allergic reactions. It is a first aid measure that can save a person’s life if given promptly when a person experiences a severe allergic reaction known as anaphylactic shock; also known as anaphylaxis. The EpiPen is a single dose closed system which, when engaged, delivers epinephrine as a first aid measure. For more information on the use of an EpiPen, go to [www.epipen.com](http://www.epipen.com) .

**Before using, DSPs must be trained in the proper use of EpiPens.**

## Seasonal Safety

### Summer Issues

#### Prevention tips to beat the heat:

**Drink more of fluids** regardless of your activity level. Do not wait until you're thirsty to drink. Make an extra effort to drink a minimum of six to eight 8 ounce glasses of cool fluids daily. During heavy exercise in a hot environment, drink two to four glasses of cool fluids each hour. Parents should be sure young children get sufficient fluids. If on a special fluid-restricted diet or taking diuretics, ask the physician about fluid intake during hot weather.



**Avoid liquids that contain caffeine, alcohol or large amounts of sugar** – these can cause one to lose more body fluid. Also, avoid very cold drinks because they can cause stomach cramps.

**Take cool showers, baths or sponge baths. These can reduce body temperatures.** In addition, wet clothing has a cooling effect.

**Protect your body.** Wear lightweight, light-colored, loose-fitting clothing. When spending time outdoors, avoid direct sunlight, wear a hat and use sunscreen with a sun protection factor (SPF) **greater than 15** to protect against sunburn.

**Never leave anyone, including pets, alone in a closed, parked vehicle.** The air temperature inside a car rises rapidly during hot weather and can lead to brain damage or death.

**Stay indoors and, if at all possible, stay in an air-conditioned place.** If your home does not have air conditioning, go to a public place that does have air conditioning.

**Seek out the nearest facility that is air conditioned,** such as a cooling shelter, a senior citizen center, a church, a mall, the local YMCA or other center designated by your community. Even a few hours spent in air conditioning can help your body stay cooler when you go back into the heat. Fans alone will not effectively cool an overheated person when air temperatures are above 90 degrees Fahrenheit.

**Heat Exhaustion** occurs when excessive perspiration leads to extreme loss of fluids and salt (electrolytes). **Symptoms** include dizziness, nausea, light-headedness, severe headache, cool clammy skin, heavy perspiration, shallow breathing, muscle tremors or

cramping. **Prevention:** drink extra liquids (no caffeine or alcohol), schedule strenuous activity during morning or evening hours, take frequent water breaks, and wear lightweight loose fitting clothing.

**Heatstroke** is caused by overexposure to direct sunlight. **Symptoms** include headache, red dry face, skin hot to the touch, body temperature dramatically elevated, strong pulse, loss of consciousness, seizures or irregular heartbeat. **Treatment:** place person in semi-sitting position in shady area or indoors, loosen tight clothing, flood the head and body with cold water or ice. Do not put anything in the mouth. Seek medical attention.

**Heat cramps** are muscle pains or spasms. Basically in the abdomen, arms or legs that affect people who sweat a lot during strenuous activity that depletes the body of salt and moisture. **Treatment:** stop all activity and sit quietly in a cool place, drink clear juice or sports beverage, do not return to strenuous activity for a few hours. Seek medical attention if cramps do not subside in one hour.

**Excessive sun exposure** can increase the risk of skin cancer. **Protection:** seek shade, cover up, wear a hat, sunglasses and rub on sunscreen. **Treatment:** Follow first aid procedures for 1<sup>st</sup>, 2<sup>nd</sup>, or 3<sup>rd</sup> degree burns.

**Tornados** are violent storms with whirling winds up to 300 miles per hour. For a **watch**, listen to local radio and TV stations and keep telephone lines clear for emergency calls. Report any funnel shaped clouds to the police. For a **warning**, take shelter immediately.

**Protect** yourself from being struck by falling objects, injured by flying debris or being blown away. The best shelter is underground. If at home, go to the basement or a corner of your home and take cover under a sturdy table. Do not stay in trailer or mobile home. If you are in open country, lie flat in the nearest depression and cover your head with your arms.

**Floods** can produce raging waters in just a few minutes. They can occur in very small streams, creeks, etc. **Protection** includes getting to higher ground, staying out of flooded areas, and abandoning stalled vehicles in flooded areas if you can do so safely. Try to take a flashlight with you to attract help.

## Winter Issues

**Preparing for severe weather.** Emergency supplies include: portable radios, flashlights, extra, fresh batteries, supplies of food that can be prepared without a stove, candles and matches, extra clothing, fire extinguishers, an ample supply of prescription medicines.



**Winter driving:** Equip your car with blankets, extra outer clothes, fresh batteries, flashlight, battery powered radio, sand and traction mats or old rugs, shovel, windshield scraper.

**Hypothermia** is a drop in body temperature to 95° Fahrenheit or less. It can be fatal if not detected promptly and treated properly. **Symptoms** include an attitude of not caring, forgetfulness, drowsiness, slurred speech, a change in appearance (such as puffy face), weak pulse, slow heartbeat, very slow shallow breathing, coma or death-like appearance. Other symptoms may include shivering, stumbling or falling, stiff muscles, respiratory arrest. People who are more **susceptible** include those with pre-existing and current health conditions, medications and intoxicants and compromised acute or chronic central nervous system impairments, and wetness. **Treatment:** Take the person's temperature. If a person's temperature is 95° Fahrenheit or below, call 911 or take the person to the hospital. If the person is alert, give small quantities of warm food or drink. Do not give alcoholic beverages.

**Frostbite** most often occurs to face, ears, wrists, hands and feet. Frostbitten skin is whitish and stiff and the area is painful. **Treatment** includes gradually warming the affected area, wrapping it in blankets, etc., or placing frostbitten hands under armpits. Seek medical attention immediately.



## Transportation

Another role you may have with individuals is transportation.

You will need to do/know the things described in the following pages every time you drive an individual.

### Review you agency's transportation policies regarding the following:

- ✓ Safe use of wheelchair lift (including inspection/maintenance).
- ✓ Proper wheelchair tie down procedures.
- ✓ Proper use of seatbelts
- ✓ Defensive driving techniques.
- ✓ Inspection of vehicles before using. (Gas level, oil, interior cleanliness, exterior cleanliness, damages, light & blinker functioning, first aid kit, etc.)
- ✓ Trip log.

- ✓ Counting individuals before leaving and after you get there.
- ✓ Information which should be carried regarding individuals being transported.
- ✓ Agency policy on smoking in vehicle.
- ✓ Handling medical emergencies while traveling.
- ✓ Assisting individuals with special needs. (Vision/hearing impaired, confusion, refusal to cooperate, autism, difficulty getting into and out of vehicle, balance problems, etc.)
- ✓ How to transport assistive devices (wheelchairs, talkers, walkers, etc.)
- ✓ What to do and not to do if there is an accident.
- ✓ What to do and not to do if there is a vehicle breakdown.
- ✓ Procedures for adverse weather. (flooding, tornado, torrential downpour, slippery roads, unplowed snow on roads, blowing snow, etc.)
- ✓ Vehicle inspection and log after trip is over.

### **Moving People in Wheelchairs Safely**

Wheelchair use presents special issues which must be addressed. There is a right way and a wrong way to transport people who need assistance using wheelchairs. Please keep the following guidelines in mind when you assist individuals in wheelchairs.

#### ***Review you agency's moving people safely policies!***

- ✓ Always **ask** the individual if he/she wants assistance.
- ✓ Encourage the individual to **self-transport** as much as possible.
- ✓ Make sure the individual's **hips** are all the way back in the wheelchair.
- ✓ Fasten **seatbelt. It's the law!**
- ✓ Verify that **footrests** are in place and the individual's feet are properly on them.
- ✓ Make sure **brakes** are locked before helping a person into or out of a wheelchair.
- ✓ Grasp both push handles on the chair firmly.
- ✓ Start and stop **slowly**; take corners slowly, and maintain a steady pace while moving. Avoid jostling the person or throwing him/her off balance.

- ✓ Be alert for **changes in surface levels** (door jams/elevator floor, etc.) Hitting a half-inch rise at standard wheelchair speed can bend the front casters and pitch to person forward.
- ✓ Don't **open doors** by pushing with the front of the wheelchair. This can damage the footrests, the person's feet or the door. Stop the wheelchair, open the door by hand, and bring the wheelchair through. If the door does not stay open on its own, hold it with one hand or your backside. Do not let the door bang the side of the wheelchair.
- ✓ Be sure the person's weight is **pushing back toward you** on inclines and ramps. Going uphill means pushing the person. To go downhill, turn the chair around and walk backwards. The person's weight will always be pushing back toward you.
- ✓ Be alert for anything that can **trap front casters** or cause the chair to tilt, such as holes, cracks, stones, sand or soft shoulders.
- ✓ To maneuver **up curbs**: stop at the curb, raise the front casters by pressing the foot lever, roll the front casters onto the sidewalk and roll the large wheels over the curb by lifting slightly on the push handles as you push forward.
- ✓ To maneuver **down curbs**: face backwards with the large wheels coming first. Maintain some upward pressure on the push handles as you pull the wheelchair toward you.

## Protect Your Back

### Lifting

- Most back injuries are the result of improper lifting. Before lifting anything, think about the lift. One of the most important things you need to remember is proper planning. Ask yourself, can I lift this safely? Do I need help? Plan every step before you do it physically.
- Get a wide base of support. Your feet should be about shoulder width.
- Bend at your knees, keeping your back straight
- Turn your body, don't twist it. Move your body as a single unit. Make turns with your feet, not your waist.
- Tighten your abdominal muscles to support your back when you lift.
- Lift with your legs. Let your powerful leg muscles do the lifting, not your weaker back muscles.
- Keep the load close to your body. The closer it is to your body, the less force it exerts on your back.



**Reaching**

- Reach only as high as your shoulders.
- Use a stool or stepladder if needed.
- Test the weight of the load by pushing up on a corner before lifting. If it is too heavy, get help.

**Bending**

- When bending down to reach or lift, move your whole body to protect your back.
- Bend your knees and hips, not your back.
- Kneel down on one knee, if necessary.
- Get as close to the object as you can so you won't have to reach with your arms.

**Pushing**

- Pulling large objects can be as hard on your back as lifting. Instead, push.
- Stay close to the load without leaning forward.
- Tighten your stomach muscles as you push.
- Push with both arms keeping your elbows bent.

**Turning**

For some tasks you may be tempted to twist your body. Instead:

- Get close to the object. You may need to kneel down on one knee.
- Position yourself so you're stable.
- Use your arms and legs to do the work...not just your back.

**Posture While Standing**

When you perform a task that requires prolonged standing, you may slouch and forget to maintain the natural curves of your back. Bad posture can cause muscle tension, stiffness, fatigue, backache, and neck ache. It also contributes to degeneration of disks and ligaments.

**To maintain good posture:**

- Stand close to the individual so you don't have to lean forward.
- Bend with your knees and maintain your back's natural curve.

## Prevention

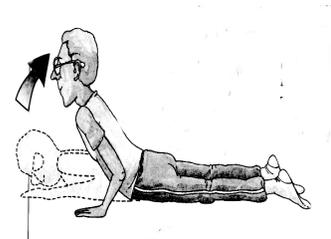
If you find that you do experience back pain, you may want to do some exercises to strengthen your back.

### Back Exercises

#### Press Up

Purpose: To increase flexibility of spine.

1. Lie on stomach and place hands on floor at sides of shoulders, elbows bent.
2. Keeping elbows bent, slowly push upper body off floor. Keep hips on floor. Relax. Repeat 10 times, lifting higher each time.



#### Standing Back Bend

Purpose: To increase flexibility of spine.

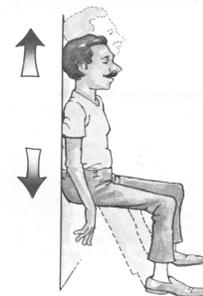
1. Stand.
2. Press palms against lower back.
3. Gently arch back.



#### Wall Slide

Purpose: To strengthen back, hip, and leg muscles.

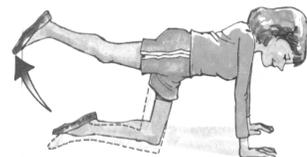
1. Stand with back against the wall and feet shoulder width apart. Find your position of comfort.
2. Slide down the wall. When hips and knees are bent to 80-90 degree angle, hold for a count of 5 and slowly slide back up. Repeat 5 times. Work up to 3 minute holds.



#### Arm and Leg Reach

Purpose: To strengthen muscles of back, buttocks and legs.

1. Start on hands and knees. Find your position of comfort.
2. Extend one arm straight out in front of you and hold it parallel to floor for a count of 5.
3. Then extend one leg straight out behind you and hold it parallel to the floor for a count of 5.
4. Don't let back, head, or stomach sag and try not to arch back. Return to starting position. Repeat 5 times, then switch arms and legs.



**More Exercises**

**Chin Tuck-** Purpose: To stretch chest, neck, and shoulder muscles.



Sit or stand upright.

Without lifting chin, glide head straight back. You know you're doing this right if it gives you the feeling of a double chin.

Hold for 20 counts and repeat 5-10 times.

**Range of Motion -** Purpose: To stretch and relax neck muscles.

Sit or stand upright.

Tilt head slowly toward one shoulder.

Relax and let gravity pull head down to stretch neck.

Hold for 10 counts, rest briefly, then switch sides.

Repeat 5-10 times on each side.



## OJT Practice Activity #58 - Bed to Wheelchair Transfer



**Attention:** When transferring an individual from bed to wheelchair, have the individual help by pushing with arms and extending legs.



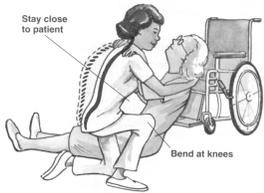
1. If possible, take advantage of aids like mechanical lifts to safely move individuals.
2. Use a transfer belt to help you move an individual safely and securely when doing a wheelchair transfer. Place hands on individual’s waist or transfer belt to prevent twisting and provide support.
3. If possible and necessary, teach individuals to assist moving themselves in bed and to give assistance during transfers

**Equipment needed:**

Bed/Wheelchair

Steps	Partner Check	Instructor Check
DSP appropriately identifies the individual.	<input type="checkbox"/>	<input type="checkbox"/>
DSP asked permission and explained what was going to be done.	<input type="checkbox"/>	<input type="checkbox"/>
DSP used transfer belt/mechanical lift properly.	<input type="checkbox"/>	<input type="checkbox"/>
DSP locked the wheelchair properly.	<input type="checkbox"/>	<input type="checkbox"/>
DSP removed wheelchair armrest nearest the bed.	<input type="checkbox"/>	<input type="checkbox"/>
DSP supported individual's knees between their legs.	<input type="checkbox"/>	<input type="checkbox"/>
DSP moved the individual correctly.	<input type="checkbox"/>	<input type="checkbox"/>
DSP lowered individual into wheelchair by bending knees.	<input type="checkbox"/>	<input type="checkbox"/>
DSP had the individual hold him/her at the waist.	<input type="checkbox"/>	<input type="checkbox"/>

## PRACTICE EXERCISE - Wheelchair to Toilet Transfer



**Attention:** A wheelchair to toilet transfer presents special problems because there is little room to maneuver in most bathrooms. The possibility of falling is increased.

**Equipment needed:**

- Chair (representing toilet)
- Wheelchair

Steps	Partner Check	Instructor Check
DSP appropriately identified individual.	<input type="checkbox"/>	<input type="checkbox"/>
DSP asked permission & explained what was to be done.	<input type="checkbox"/>	<input type="checkbox"/>
DSP washed his/her hands.	<input type="checkbox"/>	<input type="checkbox"/>
DSP positioned individual's stronger leg closest to toilet.	<input type="checkbox"/>	<input type="checkbox"/>
DSP locked the wheelchair.	<input type="checkbox"/>	<input type="checkbox"/>
DSP correctly had the individual use the grab bar and wheelchair arm for support.	<input type="checkbox"/>	<input type="checkbox"/>
DSP bent knees correctly.	<input type="checkbox"/>	<input type="checkbox"/>
DSP obtained additional help, if needed.	<input type="checkbox"/>	<input type="checkbox"/>
DSP washed his/her hands.	<input type="checkbox"/>	<input type="checkbox"/>

## PRACTICE EXERCISE - Wheelchair to Tub Transfer



**Attention:** Since your ability to maneuver may be hampered by working within a small space, do what you can to break up the steps and to enlist the individual's help. If the patient is fairly strong, one person can handle this move by grasping safety railings and taking some weight onto their arms.



### Equipment needed:

- Wheelchair
- Tub

Steps	Partner Check	Instructor Check
DSP appropriately identifies the individual.	<input type="checkbox"/>	<input type="checkbox"/>
DSP asked permission and explained what was going to be done.	<input type="checkbox"/>	<input type="checkbox"/>
DSP washed his/her hands.	<input type="checkbox"/>	<input type="checkbox"/>
DSP filled the tub with water not hotter than 110 degrees Fahrenheit.	<input type="checkbox"/>	<input type="checkbox"/>
DSP put the transfer belt on the individual, if needed.	<input type="checkbox"/>	<input type="checkbox"/>
DSP positioned the individual's legs directly underneath the wheelchair and gave support as needed.	<input type="checkbox"/>	<input type="checkbox"/>
DSP had the individual sit on the edge of the tub or transfer seat.	<input type="checkbox"/>	<input type="checkbox"/>
DSP moved the wheelchair out of the way.	<input type="checkbox"/>	<input type="checkbox"/>
DSP correctly helped the individual put his/her legs into the tub.	<input type="checkbox"/>	<input type="checkbox"/>
DSP let the water out and assisted with drying and putting clothes on, as needed.	<input type="checkbox"/>	<input type="checkbox"/>
DSP correctly used transfer belt, as needed, to lift individual out of the tub and into the wheelchair.	<input type="checkbox"/>	<input type="checkbox"/>