

MODULE 7



ENVIRONMENTAL, HEALTH & SAFETY

Table of Contents

| | |
|--|-----------|
| BACKGROUND READING | 5 |
| A QUALITY HOME | 6 |
| ACCOMMODATIONS | 7 |
| ROLES AND RESPONSIBILITIES | 8 |
| VISUAL/MENTAL CHECKS | 9 |
| UNIVERSAL SIGN FOR EMERGENCY | 10 |
| SAFETY CHECKLIST | 10 |
| MATERIAL SAFETY DATA SHEETS | 13 |
| HAZARDOUS HOUSEHOLD PRODUCTS | 14 |
| WHAT MAKES A HOUSEHOLD PRODUCT HAZARDOUS? | 14 |
| HOW DO YOU KNOW IF A PRODUCT IS HAZARDOUS? | 14 |
| LEVELS OF HAZARDS ARE IDENTIFIED THIS WAY: | 14 |
| SELECTION, USE AND STORAGE OF HAZARDOUS HOUSEHOLD PRODUCTS | 15 |
| POISONING..... | 17 |
| POISON HELP HOTLINE | 18 |
| IN SUMMARY | 18 |
| FOOD SAFETY GUIDELINES | 19 |
| COOKING AND FOOD TEMPERATURE | 20 |
| MICROWAVE COOKING..... | 21 |
| ADAPTIVE EQUIPMENT | 21 |
| NUTRITIONAL ASSESSMENT | 23 |
| WHAT IS INVOLVED IN SERVING FOODS TO PEOPLE WITH SPECIAL NEEDS? | 23 |
| OBESITY | 26 |
| DO NOT CROSS-CONTAMINATE | 27 |
| TOOLS FOR FOOD SAFETY..... | 27 |
| FIRE HAZARDS | 28 |
| FIRE AND EVACUATION DRILL STATUTORY REQUIREMENTS | 28 |
| CILA FIRE AND EVACUATION DRILL REQUIREMENTS INCLUDE THE FOLLOWING: | 28 |
| CARBON MONOXIDE DETECTORS | 29 |
| OTHER CILA STATUTORY REQUIREMENTS OF SAFETY AND BASIC COMFORT | 30 |
| DAY TRAINING | 30 |
| DHS SURVEYORS' RECOMMENDATIONS ON FIRE DRILLS | 31 |
| DOCUMENTATION OF A DISASTER DRILL SHOULD INCLUDE: | 31 |
| FIRE DRILLS | 32 |
| A GOOD (FREE) VIDEO | 32 |
| HOME ACCIDENT STATISTICS | 33 |

OTHER SAFETY CONCERNS: 33
PROTECTING OURSELVES FROM SLIPS, TRIPS AND FALLS 34
ELECTRICAL HAZARDS 35
KNOW THE PERSON'S RISK MANAGEMENT PLAN 36
RESPONDING TO RISK 38
DISASTER PREPAREDNESS RULES 39
APPLICATION EXERCISE ONE 40
APPLICATION EXERCISE TWO 41
APPLICATION EXERCISE THREE 42
APPLICATION EXERCISE FOUR 43
APPLICATION EXERCISE FIVE 44

Be the change you would like to see in the world.

Source: Mahatma Gandhi

To keep a lamp burning, we have to keep putting oil in it.

Source: Mother Teresa



Background Reading

Developing Staff Competencies for Supporting People with Developmental Disabilities,
by James F. Gardner. Chapter 16

A Quality Home

There are many things that make up a quality home. As a group, discuss the different characteristics of a quality home. You can use the space below to record your own thoughts and those of the group.



Accommodations

A quality home must be environmentally safe and appropriate to the needs of the individual. Due to the varying abilities of the individuals we serve, it may be necessary to make accommodations. Discuss, with your group, the types of accommodations that some individuals may require:

What may be safe for one individual, may not be safe for another. Environmental accommodations may be needed to make a living situation appropriate. List what accommodations might include:

❖

❖

❖

❖

❖

❖

❖

❖

❖

❖

Roles and Responsibilities

Every organization has its own process for repair and maintenance of their facilities. Spend some time reviewing your organization's policies & procedures concerning this issue.

Whether you are visiting a home or potential home or working on projects that affect homes for people with developmental disabilities, you must continue to ask yourselves:

- Is the living area safe & sanitary?
- Is it appropriate for the occupant?
- What is my responsibility in assuring that this individual lives in a quality home?



Visual/Mental Checks

Not all accommodations are needed for all individuals. However, when visiting a home, we should do a mental/visual check to make sure it meets the needs of the individual.

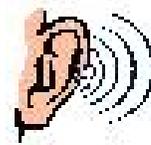
You need to be conscious of the environment where individuals with developmental disabilities live and are supported. This requires frequent visual/mental checks; for this, active observation is the key.

You should always do a visual/mental check when you are in an individual's home. This involves using your senses, including common sense!

- Sight



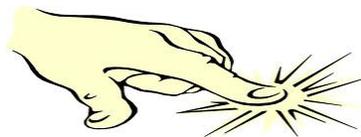
- Sound



- Smell



- Touch



Universal Sign for Emergency

For individuals who are deaf-blind, receipt of an emergency message often involves diverse communication needs. Communication with individuals who are deaf-blind can range from sign language near the person's face to sign language in the palm to words written on the palm with a finger.

The universal symbol for an emergency is a tactile symbol "X," "drawn" on the back of a person who is deaf-blind by an individual who is alerting him or her.

This symbol is understood to mean that an emergency has occurred and that it is imperative for the individual receiving the message to follow directions and not ask questions.



Safety Checklist

Directions: Use the following checklist as you are making a visual/mental check when you visit individuals' homes. It focuses on a number of potential hazards that we need to be aware of.

Place Y next to the question if the answer is yes and a N next to the question if the answer is no. Those questions answered no will require your attention or the attention of a professional. This section will deal with some of these potential hazards. Let us look first at fire as a potential hazard.

Fire Safety

- _____ Is there a means to exit?
- _____ Is the means of exit suitable for this individual?
- _____ Is there an escape plan suitable for the individual?
- _____ Does the individual know the escape plan?
- _____ Is there an alternate escape route?
- _____ Are there working smoke detectors?
- _____ Are they in appropriate locations?
- _____ Are there fire extinguishers?
- _____ Does someone know how to use the fire extinguishers?
- _____ Are flammables and combustibles stored in appropriate locations?
- _____ Is the individual a smoker?



Physical Hazards

- _____ Are there good housekeeping practices?
- _____ Are stairs free of obstacles?
- _____ Are the floors dry?
- _____ Are carpeting and rugs secure?



Chemical Hazards

- _____ Is the living area free from carbon monoxide?
- _____ Is the area free from radon?
- _____ Are cleaning compounds, pesticides and other chemicals properly stored?

Electrical Shock

_____ Is the living area free from potential electrical shocks (e.g. frayed cords, overloaded outlets, water near electrical equipment, etc.)?



Food Service Sanitation Hazards

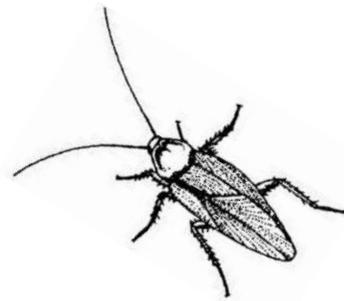
_____ Are individuals using proper personal hygiene?

_____ Are foods stored at safe temperatures?

_____ Are foods properly protected?

Pest Control Hazards

_____ Is the living area free from evidence of roaches, rodents, flies, fleas, etc.?



Water Supply & Sewage Disposal

_____ Is the water free from contamination?

_____ Does water drain freely from sinks, tubs, showers, stools, etc.?

_____ Is the septic system working?

_____ Is the living area free from the presence or smell of sewage?



Preventing Burns and Scalds

- Make sure heaters and radiators are never too 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.

Material Safety Data Sheets

A material safety data sheet (MSDS) is a form containing data regarding the properties of a particular substance. It is intended to provide workers and emergency personnel with procedures for handling or working with substances in a safe manner and includes information such as physical data (**melting point**, boiling point, flash point, etc.), toxicity, health effects, first aid, reactivity, storage, disposal, protective equipment, and spill-handling procedures, chemical compounds, and chemical mixtures. MSDS information may include instructions for the safe use and potential hazards associated with a particular material or product.

The Occupational Safety and Health Administration (OSHA) requires that material safety data sheet (**MSDS**) "**shall be maintained and kept in a readily accessible area**". That means that MSDSs for the hazardous substances should be available to all staff. Any MSDS sheets that you receive with shipments or that you receive separately should be placed in your MSDS binder or file.

Before you work with products or chemicals, you should familiarize yourself with their potential for flammability, corrosiveness, and toxicity, as well as storage and handling information. Also, it is vital that you are able to refer to that MSDS immediately in the event of an emergency such as a spill, fire, or physical contact with the chemical. So, the next time you receive an MSDS, remember that it provides important and necessary health and safety information.

Free MSDS can be found at:

<http://www.msds.com/>



Hazardous Household Products

Many of the products we use for housework, gardening, home improvement, or car maintenance contain hazardous materials that endanger our health as well as pollute the environment. The average house has an estimated three to 10 gallons of hazardous products. Collectively, these materials can contaminate our drinking water if they are not stored carefully and disposed of properly. In addition to poisoning our water, inappropriate use and disposal of hazardous household products can cause injuries, poisoning and air pollution.



What Makes A Household Product Hazardous?

Household products are hazardous if they are:

- **Ignitable** - capable of burning or causing a fire
- **Corrosive** - capable of eating away materials and destroying living tissue when contact occurs
- **Explosive and/or Reactive** - can cause an explosion or release poisonous fumes when exposed to air, water or other chemicals
- **Toxic** - poisonous, either immediately (acutely toxic) or over a long period of time (chronically toxic)
- **Radioactive** - can damage and destroy cells and chromosomal material (known to cause cancer, mutations and fetal harm)

How Do You Know If A Product is Hazardous?

The Federal Hazardous Substances Act of 1960 established labeling requirements for consumer products containing hazardous substances. If a product has a hazardous substance, the front label must include a warning and a description of the hazard.



Levels of hazards are identified this way:

DANGER - substances which are extremely flammable, corrosive or highly toxic.

POISON - substances which are highly toxic.

WARNING, or CAUTION - substances which are moderately or slightly toxic.

As a consumer you should make it a habit to read hazardous product labels.

These labels must include the following information:

- Brand Name
- Common and/or Chemical Name (Example: sodium hypochlorite or bleach)
- Amount of Contents (example: 16 oz.)
- Signal Word - Danger, Poison, Warning or Caution
- Instructions for Safe Handling and Use (example: recommended amount to use)
- Name and Address of Manufacturer, Distributor, Packer or Seller
- Description of Hazard and Precautions (example: Irritant to skin and eyes, harmful if swallowed)
- First Aid Instructions, when necessary or appropriate (example: If swallowed, feed milk).

Pesticides Are Different

Regulations concerning pesticides are different. On pesticides, the word "warning" means that the product is moderately toxic. This means that one teaspoon to one ounce can kill an average adult. The word "caution" means that the product is slightly toxic. It would take over one ounce to kill an average adult.



What Don't the Labels Tell?

There is no standardized list of chemical names. Many chemicals have numerous trade and/or scientific names. This makes it hard for you to compare products. Antidotes listed on the label may be incomplete, out-of-date, or even dangerously wrong.

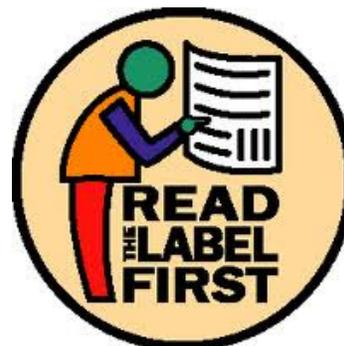
Also, many labels do not tell you how to dispose of a product safely. The use of the term "non-toxic" is for advertising only. It has no regulatory definition by the federal government.

Selection, Use and Storage Of Hazardous Household Products

Select the right product . . .

When you go shopping for products, your selection can be your first step toward minimizing danger. Follow these guidelines:

- Read the label. Make sure you want the product. Are the ingredients safe to use in and around your home?



- Make sure the product will do the job you need to have done.
- Buy the least hazardous product for the job. Let the signal words (Poison, Danger, Warning, Caution) be your guide.
- Check the label to see if a product has several uses. Then you can avoid buying a different product for each job.
- Avoid aerosol products. Aerosol products may contain hazardous or toxic propellants, and the fine mist that they produce may be more easily inhaled. Pressurized cans cause problems or explode when they are crushed, punctured or burned.
- Make sure you know how to properly dispose of the container.

Remember, the word "non-toxic" is for advertising only. It does not mean the product meets any federal regulations for non-toxicity.

Use it safely . . .

It may be impossible to totally eliminate hazardous products in your home. The following guidelines will help you when using hazardous products to keep your home and environment safe.

- Read the directions on the label and follow them. Twice as much doesn't mean twice the results.
- Use the product only for the tasks listed on the label.
- Wear protective equipment recommended by the manufacturer.
- Handle the product carefully to avoid spills and splashing. Close the lid as soon as the product is used. This will control vapors and reduce chances of spills. Secure lids tightly.
- Use products in well-ventilated areas to avoid inhaling fumes. Work outdoors if possible. When working indoors, open windows. Use a fan to circulate the air toward the outside. Take plenty of fresh-air breaks. If you feel dizzy, headachy or nauseous take a break and go outside.
- Do not eat, drink or smoke while using hazardous products. Traces of hazardous chemicals can be carried from hand to mouth. Smoking can start a fire if the product is flammable.
- Do not mix products unless directions indicate that you can safely do so. This can cause explosive or poisonous chemical reactions. Even different brands of the same product may contain incompatible ingredients.



- Use it all up.
- If pregnant, avoid toxic chemical exposure as much as possible. Many toxic products have not been tested for their effect on unborn infants.
- Avoid wearing soft contact lenses when working with solvents and pesticides. They can absorb vapors and hold the chemical near your eyes.
- Carefully and tightly seal products when you have finished. Escaping fumes can be harmful and spills can occur.
- Most important of all: Use common sense.
- Store it safely in your home . . .
- Follow label directions for proper storage conditions.
- Leave the product in its original container with original label attached.
- Never store hazardous products in food or beverage containers.
- Make sure lids and caps are tightly sealed.
- Store hazardous products on high shelves or in locked cabinets out of reach of children and animals.
- Store incompatibles separately.
- Keep flammables away from corrosives.
- Store volatile products—those that warn of vapors and fumes in a well-ventilated area, out of reach of children and pets.
- Keep containers dry to prevent corrosion.
- Store rags used with flammable products (furniture stripper, paint remover, etc.) in a sealed marked container.
- Keep flammable products away from heat, sparks or sources of anything that could ignite them.
- Know where flammable materials in your home are located and know how to extinguish them.

Poisoning

Accidental poisoning can be reduced by keeping all medicines, including nonprescription drugs, and other poisonous substances away from regular food and drink. Never store poisonous materials in unmarked or easily confused containers. 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. Make sure you have a list of antidotes for various poisons.

Poison Help Hotline 1-800-222-1222



In Summary

An astounding array of hazardous products can be found in and around our homes. They are in common, everyday household products as well as in pesticides. While we cannot eliminate all contact with toxic materials we can minimize the contact.

Make informed decisions about the selection, use and storage of hazardous products. Remember hazardous products may be: flammable, explosive/reactive, corrosive/caustic, toxic/poisonous or reactive.

Learn to read the labels. Look for the signal words. **POISON** means highly toxic. **DANGER** means extremely flammable or corrosive or highly toxic. **WARNING** or **CAUTION** means less toxic.

Lastly, use common sense when using and storing hazardous products to decrease the potential health hazards and pollution.

Food Safety Guidelines

The law requires that if you prepare and/or serve food as part of your job that you be trained and use proper care.

Careful shopping can help you avoid purchasing foods that are unsafe; or could become unsafe:

- Shop for shelf-stable items first (shelf-stable refers to unopened canned, bottled, or packaged food products that can be stored at room temperature before opening; the contents may require refrigeration after opening).
- Add the frozen and refrigerated foods to your cart last, especially during the summer months.
- Check "sell by" and "use by" dates on dairy products, eggs, cereals, canned foods and other goods. Select only the freshest products.
- Check packaging dates and "use by" dates on fresh meats, poultry and seafood. Do not purchase if they are outdated.
- Do not use damaged, swollen, rusted, or deeply dented cans. Check that packaged and boxed foods are properly sealed.
- Avoid unpasteurized juice (unless prepared at home with washed produce).
- Choose shelf-stable salsa rather than salsas found in the refrigerator section of the grocery store.
- Avoid unpasteurized milk, yogurt, cheese, and other unpasteurized milk products.
- Do not use foods with any mold present. Throw away the entire food packages or containers with any mold present, including yogurt, cheese, cottage cheese, fruits (especially berries), vegetables, jelly, bread, cereal and pastry products.
- Avoid unrefrigerated, cream and custard-filled pastry products such as fresh bakery items such as cream-filled doughnuts, cream pies, crème puffs, etc. Commercial, shelf-stable items are allowed.
- Avoid foods from "reach in" or "scoop" bulk food containers if it will not be cooked prior to consumption.
- Do not use cracked eggs.
- Place meat, poultry and fish in plastic bags. Ask to have these items placed in separate bags from the fresh produce and ready-to-eat foods when at the checkout stand.

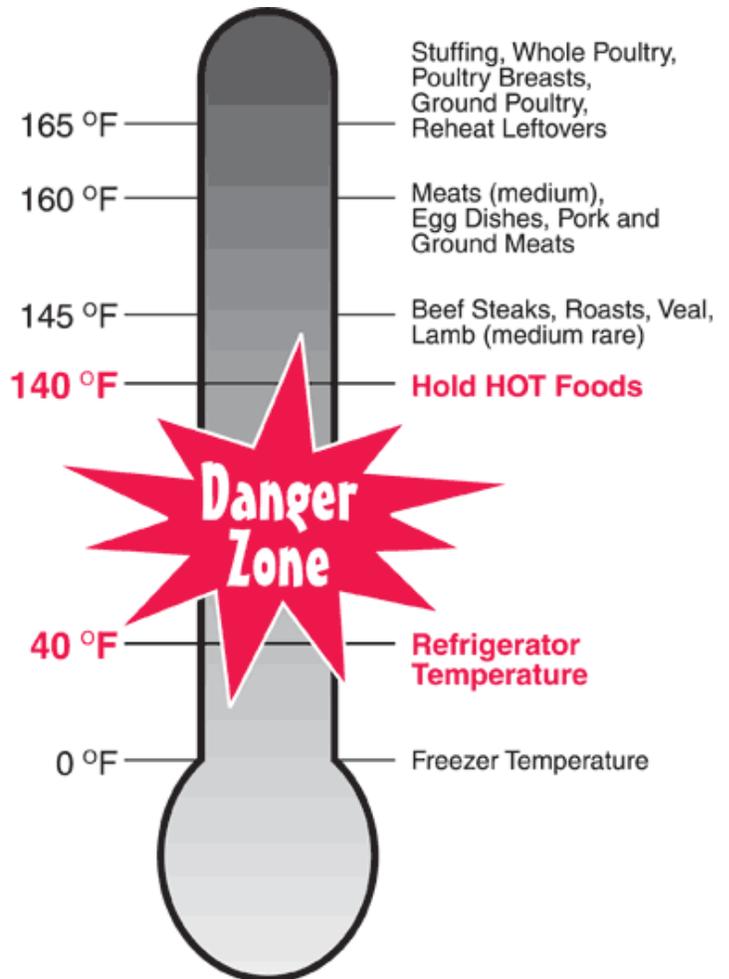


- Wash the tops of canned goods before opening. Clean the can opener after each use.

Cooking and Food Temperature

Cooks Foods Adequately:

- Insert the meat thermometer into the middle of the thickest part of the food to test for doneness. The entire part of the stem, from the dimple to the tip, must be inserted into the food. For thin foods, insert the thermometer sideways. (Also, follow the manufacturer's instructions.)
- Test a thermometer's accuracy by putting it in boiling water. It should read 212° F.
- A refrigerator thermometer should be placed on a shelf toward the back of the refrigerator. It should read 40° F.
- Cook meat until it is no longer pink and the juices run clear. These are signs that the meat may be cooked to a high enough temperature. However, the only way to be sure that the meat has been cooked to the proper temperature is to use a food thermometer (See Table 1 on the next page).
- Thoroughly heat hot dogs until steaming (165° F) before eating.
- Do not eat raw or lightly cooked eggs or soft boiled eggs
- Do not eat uncooked foods containing raw or undercooked eggs, such as raw cookie dough, cake batter or salad dressings containing raw or coddled eggs.
- Hold food at safe temperatures: hot food above 140° F.



Microwave Cooking

- Microwave cooking can leave cold spots in food where bacteria can survive. Rotate the dish a quarter turn once or twice during cooking if there is no turntable in the appliance.
- When heating leftovers, use a lid or vented plastic wrap to cover them. Stir several times during reheating. When the food is heated thoroughly (to a minimum of 165 o F) cover and let sit for 2 minutes before serving.
- Use caution when removing hot liquids from the microwave. According to General Electric, microwaved water and other liquids do not always bubble when they reach the boiling point. They can actually get superheated and not bubble at all. The superheated liquid will bubble up out of the cup (much like a carbonated liquid that has been shaken) when it is moved or when something like a spoon or tea bag is put into it. To prevent this from happening, do not heat any liquid more than two minutes per cup. After heating, let the cup stand in the microwave for thirty seconds before moving it or adding anything into it.

Adaptive Equipment

In some cases, meal intake and nutritional status can be improved through the use of adaptive feeding equipment (cups, utensils, and plates) that has been modified to allow for continued independent eating. An occupational therapist can decide which residents can benefit from adaptive feeding equipment. Once an order is written for adaptive equipment, it is the responsibility of the dietary department to assure that clean, sanitized equipment are placed on the resident's meal tray at each meal. Nursing staff must assure the equipment is returned to the kitchen after each meal for sanitizing.

Why use adaptive feeding equipment?

- To allow independent feeding as long as possible.
- To assure maximum comfort and dignity during meals.
- To maximize intake for residents who have trouble feeding themselves.

Types of equipment commonly used

- Scoop plate
- Plate guard or lipped plate (used in cases of weakness or poor hand coordination)
- Mugs with handles (used with tremors or weakness)

- Nose cut-out cup (used in patients with limited range-of-motion)
- Spout cup (used if resident needs to suck rather than drink, spills frequently, or has poor lip control)
- Cup with base and lid (used for a resident that has frequent spills, poor lip control, tremors, instability)
- Rocker knife (cuts by rocking rather than sawing). (Used for those with CVA (Cerebral Vascular Accident), those with use of only one hand, poor coordination, tremors).
- Weighted utensils (used for Parkinson's and other conditions resulting in tremors).
- Utensils with built-up handles (used for those with weak grip, arthritic hands, tremors)
- Non-slip handles (used for those with decreased fingertip sensation, poor grip)
Angled utensils (used for those with poor range of motion, or who are unable to get utensil to mouth).

Nutritional Assessment

Nutritional assessments are done upon admission to residential facilities and updated after 30 days, then annually or as needed. They are completed by a professional, certified nutritionist. This assessment will guide you in meal planning, preparation and serving.



Documentation is kept in the individual's clinical file that should include:

- an analysis of a person's nutritional condition which takes into account: general physical condition, age, lab results, medications, eating habits, and food preferences.
- recommendations on how the person can maintain a healthy diet and improve eating habits.
- recommendations to staff with ideas for nutritional goals.

What is Involved in Serving Foods to People with Special Needs?

Before the meal begins

- Make sure tables, chairs and wheelchair trays are clean
- Have person use the washroom to use toilet and/or wash hands
- Have adaptive equipment on hand and clean.

Serving the person

- Wash your hands
- Ensure that the food to be served adheres to the person's dietary requirement.
- Observe and provide assistance as needed

Allow for as much independence as possible. Let the person decide:

- How the food is seasoned
- What to eat first etc.

Alternate liquids and solids

Don't rush the person

Be aware of:

- food temperature
- size of bites
- the person's likes and dislikes

Abnormal eating movements with specific persons require specific feeding techniques

- Jaw thrust
- Tongue thrust
- Tonic bite
- Tongue retraction
- Sucking problems
- Swallowing problems
- Nasal regurgitation

Devices used in eating or food preparation:

- Oversized handles on utensils
- Dycem mats to prevent plates from slipping
- Curved ridges on plate rims
- Jar/bottle openers
- Picture recipes
- Switch adapted appliances
- Double handled cups

**Maintaining good body positioning:**

- Provides comfort
- Inhibits abnormal reflex patterns
- Decreases respiratory problems

Make sure individual:

- is relaxed
- fits the chair
- Sits upright as possible
- Head is not tipped back
- Feet are on floor or foot rest
- Does not slide or slouch down during the meal
- Stays as close to upright as possible for an hour after the meal

Meal time as social time:

- Communicate: make small talk and talk about the meal
- Set a pleasant mood

Obesity

Obesity is growing faster than any previous public health issue our nation has faced. The prevalence of overweight people has increased 50% since 1960. 31.3 percent of U.S. adults are obese. Illinois's obesity rate is slightly higher, coming in at 31.5%. A recent analysis of National Core Indicators data of the Body Mass Index (BMI) of people receiving DD services in Illinois indicates that the DD population's obesity rates mirror those of the general population.

As people with developmental disabilities have more choices, they need more information to make informed decisions concerning food choices and activity levels. QIDPs should:

- Promote increased participation in physical activities and promote exercise programs, including those with limited mobility.
- Ensure increased focus and monitoring by the person and his/her interdisciplinary team on healthy eating habits. The monitoring and supports can include:
 - ❖ visits with the person's doctor and/or a registered dietician to plan a safe and healthy diet and exercise program.
 - ❖ helping people choose foods and drinks with less calories (i.e. a salad with low calorie dressing instead of French fries); caffeine/sugar free drinks, etc.

Sources: <http://www.cdc.gov/obesity/index.html>, accessed Oct. 25, 2009; National Core Indicators

Personal Hygiene

Food borne illness is a disease that is carried or transmitted to people by food. Bacteria are the cause of food borne illness. Food borne illness is occurring with increasing frequency among the general population. A food borne illness is any illness caused by eating a food that is contaminated with a bacteria, virus, mold or parasite. Examples of organisms that can cause a food borne illness are E. coli, Salmonella, and Listeria. Sources of food borne illness or "food poisoning" may be the food handler, the environment (such as a contaminated work surface) or the food itself.

Wash hands

Everyone preparing food should wash their hands before handling food and after handling raw meat. Ensure that soap and paper towels are always available. Follow good hand washing procedures.



Do not Cross-Contaminate

- Use a clean knife for cutting different foods (for example, use different knives for cutting meat, produce and bread).
- During food preparation, do not taste the food with the same utensil used for stirring.
- In the refrigerator, store raw meat separately from ready-to-eat foods.
- When grilling, always use a clean plate for the cooked meat.

Tools for Food Safety

- Food and refrigerator thermometers
- Hand soap
- Clean towels (cloth or paper)
- Bleach solution* (for washing countertops, cutting boards and other items)

*Dilute Bleach Solution: Mix 1/3 cup unscented household bleach with 3 1/3 cups of water (This will make a total of 3 2/3 cups of bleach solution.)

Fire Hazards

Fire and Evacuation Drill Statutory Requirements

ICFDD disaster preparedness, fire and evacuation drill requirements include the following:

- **Fire drills shall be held at least quarterly** for each shift of facility personnel. Disaster drills for other than fire shall be held **twice annually** for each shift of facility personnel. Drills shall be held under varied conditions. . .
- Fire drills shall include simulation of evacuation of residents to safe areas during at least **one drill each year on each shift.**
- Each agency shall establish and implement policies and procedures in a written plan to provide for the health, safety, welfare and comfort of all residents when the heat index/apparent temperature, as established by the National Oceanic and Atmospheric Administration, inside the residents' living, dining activities, or sleeping areas of the facility exceeds a heat index/apparent temperature of 80 degrees F.

Source: JCAR Administrative Code, Title 77, Chapter I, Section 350.690 a) through j)

CILA fire and evacuation drill requirements include the following:

- Each living arrangement shall have a smoke detection system which complies with the Smoke Detector Act [425 ILCS 65].
- Every Illinois home is required to have at least one carbon monoxide alarm in an operating condition within 15 feet of every room used for sleeping purposes.
- There shall be documentation that living arrangements are inspected quarterly by the licensed CILA agency to insure safety, basic comfort and compliance with this Part.
- The agency shall develop, implement and maintain a disaster preparedness plan which shall be reviewed annually, revised as necessary and ensure that records and reports of fire and disaster training are maintained.
- **Evacuation drills are conducted at a frequency determined by the agency to be appropriate based on the needs and abilities of individuals served by the particular living arrangement but no less than on each shift annually.**

- Special provisions shall be made for those individuals who cannot evacuate the building without assistance, including those with physical disabilities and individuals who are deaf and/or blind.
- Evacuation drills shall include actual evacuation of individuals to safe areas.
- At least one approved fire extinguisher shall be available in the residence, inspected annually and recharged when necessary
- First aid kits shall be available and monitored regularly by the agency.

Source: JCAR Administrative Code, Title 59, Chapter I, Section 115.300 and Environmental Management of Living Arrangements, a) through e) and rules of the Office of the State Fire Marshal at 41 Ill. Adm. Code 100 and any local fire codes that are more stringent than the NFPA as enforced by local authorities or the Office of the State Fire Marshal.

Carbon Monoxide Detectors

Carbon monoxide detectors are true life savers. Carbon monoxide (CO) is:

- a colorless, odorless, and tasteless gas or liquid
- It results from incomplete oxidation of carbon in combustion.
- It burns with a violet flame.
- It is slightly soluble in water
- It is soluble in alcohol and benzene.

For more information on Illinois State Law and Carbon Monoxide detectors go to:
<http://www.idph.state.il.us/public/hb/hbcarbon.htm>

Other CILA Statutory Requirements of Safety and Basic Comfort

CILAS are also required to provide persons served with the following:

- **Bathrooms:** At least one bathroom shall be provided for each four individuals.
- **Bedrooms:** Each single individual bedroom shall have at least 75 square feet of net floor area, not including space for closets, bathroom and clearly definable entryway areas. Each multiple bedroom shall accommodate no more than two individuals and each bedroom for two individuals shall have at least 55 square feet of net floor area.
- A fire-graded mattress and box springs that is suitable to the size of the individual, if beds are provided by the agency.
- At least one outside window

Source: JCAR Administrative Code, Title 59, Chapter I, Section 115.300 Environmental Management of Living Arrangements, a) through e),

Day Training

Day training facilities' fire and evacuation drill requirements (in part) are as follows:

- Buildings used by the provider for the program shall conform with Chapters 28, 29 and 31 (specifically Section 31-1.1 through 31-1.6 of Chapter 31) of the NFPA 101, Life Safety Code (National Fire Protection Association, 1988)
- The provider shall develop, implement and maintain a disaster preparedness plan which shall be reviewed annually, revised as necessary and ensure that . . .
- A record of actions taken to correct noted deficiencies in disaster drills or inspections is maintained.
- Evacuation drills are conducted at a frequency determined by the provider based on the needs and abilities of the individuals served.
- Evacuation drills occur at least annually.
- Special provisions are made for those individuals who cannot evacuate the building without assistance, including those with physical disabilities and individuals who are deaf and/or blind.

Source: P JCAR Administrative Code, Title 59, Chapter I, Section 119.255 a) through e)

DHS Surveyors' Recommendations on Fire Drills

You are required by law and Rule(s) to practice fire drills at your agency. When conducting drills, remember:

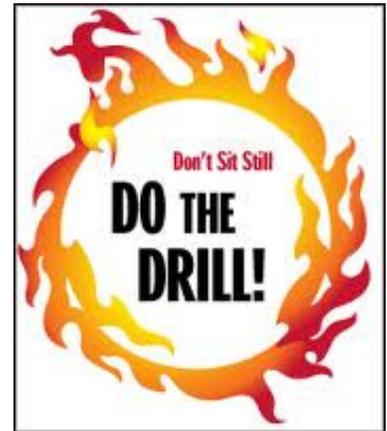
- During a drill, practice what is written in the evacuation procedures. If they don't result in a successful outcome, evaluate the reasons and amend the procedures.
- Record actual time of day the drill began, the length of time it took to clear the site, and the time it took for all individuals to reach the agreed upon meeting place.
- Be sure to document what was done to correct a problem, not just identify the problem in the follow up documentation.
- If multiple individuals at the site need physical assistance, how and/or in what order are staff to assist.
- When planning drills, not only should they be timed during different shifts, but also during various activities.
- If your agency changes a procedure in writing in order to correct a problem, you are responsible for implementing that change.
- You may want to incorporate rule language when writing policies and procedures.
- Whenever possible, teach individuals to use safety devices (drop down ladders, fire extinguishers, etc.) **IN CASE STAFF ARE UNABLE TO ASSIST THEM DURING AN EMERGENCY.**

Documentation of a disaster drill should include:

- What time of the day the drill occurred. Be sure and put PM or AM- and the specific time. Be precise about the shift.
- What activity was occurring at the time of the drill.
- How long it took to evacuate.
- Listing of who was present by name (staff and individuals).
- Citation of problems.
- Defining resolutions to problems.
- Weather conditions
- Exits purposely

Fire Drills

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



- Review agency policy and procedure on disaster drills to ensure compliance with rule requirements and agency philosophy.
- Write a drill schedule for the entire year, including the dates each type of drill should be run and on what shift it should occur.
- Ensure staff is following the drill schedule by checking documentation the following day.
- Follow up on any problems that may have occurred during the drill. Then check the documentation next month to see if they reoccur.
- If your system is hard wired to an alarm company, check with them for any reception problems.
- Run a surprise drill by not telling any staff or residents. If there are problems during this drill, it may be an indication that staff is not properly implementing fire & disaster drills.

REMEMBER – DO THE DRILL NO MATTER WHAT!

A good (free) video entitled *Get Out Alive* can be viewed at this site: www.firstalert.eu/create-a-safer-home/get-out-alive-video

This video dramatically illustrates the hazards associated with fire. As you watch it, think about those you support and the potential for fire in their homes.

Home Accident Statistics

According to the 2009 edition of Injury Facts (Copyright 2009, National Safety Council), an estimated 74,000 or 62% of all unintentional-injury deaths occurred in the home and community. Another 20,600,000 people suffered non-fatal disabling injuries. About 1 out of 15 people experienced an unintentional injury in the home and community and about 1 out of 4,100 people died from such an injury.

The five leading causes of unintentional-injury deaths in home and community are:

- Poisoning
- Falls
- Drowning
- Choking
- Fires/flames

25% of emergency room visits could be avoided if people knew basic first aid and CPR.

Other Safety concerns:

Radon

Radon is a colorless, odorless, tasteless, and chemically inert radioactive gas. The Surgeon General estimates that 21,000 lives are lost each year to radon-induced lung cancer. Radon can be found in all 50 states. Unless you test for it, there is no way of telling how much is present. For more information on how to test your home, contact the National Radon Hotline at 800-SOS-RADON (800-767-7236).

Lead Poisoning

Today there are still about 38 million homes that contain some lead paint—about 40% of all US housing. Leaded gasoline emissions that were deposited over the years in the soil near highways and busy roads continue to contaminate many yards. And thousands of old lead pipes that continue to serve as water service lines in many older US cities also continue to leach lead into drinking water. Also, many imported items such as toys have leaded paint. The good news is that lead poisoning is preventable. Families need to be informed about the various sources of lead and need to be vigilant in preventing exposure.

Sun Safety

With one in five Americans developing skin cancer, childhood education about sun safety is a vital step toward reducing risk and improving public health. Overexposure to the sun's ultraviolet (UV) rays seriously threatens human health. Besides the immediate effect of sunburn, over time excess UV radiation can cause skin cancer, eye damage, immune system suppression, and premature aging. About 23 percent of lifetime sun exposure occurs before the age of 18. Learning about sun safety and dangers of sunbeds is the key to reducing the risk of future health problems.

Protecting Ourselves from Slips, Trips and Falls

In 2007, more than 21,700 Americans died as a result of falls and more than 7.9 million were injured by a fall including over 1.8 million older adults who had a fall-related injury that resulted in an emergency room visit. Falls are the leading cause of injury-related deaths among older adults 73 and older and the second leading cause of death from ages 60-72. The links below can help you protect yourself and your loved ones from falls.

To prevent falls:

- Stay fit and flexible. Maintain your physical strength to improve your balance to prevent falling
- Remove tripping hazards from indoor and outdoor spaces
- Secure electrical cords and scatter rugs
- Check for slippery substances on walkways and stairs
- Make sure walkways are well lit and clutter-free

Electrical Hazards

Electrical Hazards Safety Suggestions:

- ❖ Have a licensed electrician install a safety switch inside the house to replace your external fuse box.
- ❖ Frayed, worn, or damaged cords and extension cords should not be repaired with tape—throw them out.
- ❖ Always turn an appliance off before unplugging it.
- ❖ When unplugging an appliance, make sure to hold the plug and not the cord.
- ❖ Turn small appliances off when not in use.
- ❖ Make sure outdoor appliances don't come into contact with pools or puddles of water.
- ❖ When using electricity in wet areas, always wear rubber sole shoes.
- ❖ Never touch appliances or switches with wet hands.
- ❖ Never fold or crumple an electric blanket.
- ❖ Call a licensed electrician for any repairs needed to switches, power points, or light fittings.
- ❖ Send faulty appliances to be repaired or throw them out. Don't attempt to repair them yourself unless you are qualified.
- ❖ Use plug-in covers to prevent children from poking objects into power points.
- ❖ Make sure to unplug electrical appliances after using them.



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
- Pica behavior
- Lighting fires
- History of aggressive/abusive behaviors

Develop a Risk Management Plan to assure there is proper supervision based on the needs of the individuals.

Knowing the risk management plan for potential behaviors would entail some form of a functional assessment to help understand the individual's behaviors. These behaviors maybe to escape, avoid, or to obtain something, most behavior intervention plans stem from the knowledge of why an individual misbehaves and should be based on a functional assessment.

These behaviors may be to:

- ❖ Escape
- ❖ Avoid
- ❖ Obtain something

Most behavior intervention plans stem from the knowledge of why an individual misbehaves and should be based on a functional assessment.

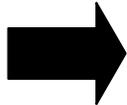
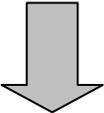
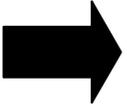
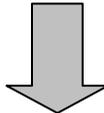
Risk assessment tools are used as a resource for planning purposes to ensure the health and safety of people supported as well as a tool to encourage individual choice and actions and to minimize occurrences of serious incidents.

Some general areas of potential risk that may be considered include:

- ❖ Community safety
- ❖ Health/Medical
- ❖ Sexuality/Relationships
- ❖ Abuse

- ❖ Financial exploitation
- ❖ Behaviors
- ❖ Home environment
- ❖ Fire safety
- ❖ Personal care/Daily living
- ❖ Mental health
- ❖ Police involvement
- ❖ Informed consent
- ❖ Support services
- ❖ Other

The information on the following page will help them stay safe.

| Responding to Risk | | | |
|--|--|---|---|
| <p>Is the problem real or immediate?</p> | <p>YES </p> <p>NO </p> | <p>Remove the individual(s) & notify the appropriate authorities. Know & follow your organization's policy & procedures.</p> | |
| | <p>Is there a potential risk?</p> | <p>YES </p> <p>NO </p> | <p>Report the problem and follow your organization's guidelines to see that the problem is corrected.</p> |
| | | <p>Continue to monitor the home to make sure environmental health and safety problems do not develop.</p> | |

Disaster Preparedness Rules

| TOPIC | CILA (Rule 115) | DT (Rule 119) | ICFDD (Rule 350,370) |
|--------------------------------------|---|--|--|
| Fire Extinguishers | At least one at each site which staff can locate and use. Inspected annually. | Same as Rule 115 | All personnel must be properly instructed in its use. Practice during drills. |
| Diagram of Evacuation Route | Same as Rule 119. | Special provisions for individuals who cannot evacuate without assistance. | Must be posted and made familiar to all personnel employed. |
| Severe Weather | Plan reviewed annually and revised as necessary. Staff knows how to react. Drills no less than annually on each shift. | Same as Rule 115. | Written plan developed. Drills held twice annually for each shift. Written evaluation of effectiveness. |
| Fire Drills | Plan reviewed annually and revised as necessary. Staff now how to react. Drills no less than annually on each shift. Drills (incl. actual evac) no less than annually on each shift. Plan of correction for inefficiency or problems. | Same as Rule 115. | Held at least quarterly on all shifts. Written evaluation of effectiveness. |
| Disaster Requiring Relocation | Disaster drills should include actual evacuation of individuals to safe areas. | Same as Rule 115 | Written plan for bedrooms below 55 degrees or over 80 degrees. Actual evacuation to safe areas at least once a year. |
| Training | Retain records and reports, including plan of correction. Staff and volunteers trained. Safety, fire, and disaster procedures. | Keep records of fire and disaster training. Safety, fire and disaster procedures. Must have CPR, Heimlich, and First Aid Training. | N/A |
| Emergency Phone numbers | Readily Available | Readily Available | N/A |
| Smoke Detectors | Must comply with Smoke Detector Act (425 ILCS 65) | N/A | N/A |
| Mattresses & Box Springs | Should be fire grade. | N/A | N/A |
| First Aid Kits | Available and monitored regularly | First Aid kit should be equivalent to the American Red Cross First Aid Kit | N/A |
| Buildings | Same as Rule 119 | Conform with NFPA, Life Safety Code | Conform with NFPA, Life Safety Code |
| Disaster Plan | Must be reviewed annually | Same as Rule 115 | Must evaluate for effectiveness. |

On the following pages are five application exercises that will help you apply the information we have discussed in this module:

Application Exercise One

Jack Paulis, FSIQ 40, has spent the majority of his 54 years in state facilities and a community ICFDD. He has uncontrolled seizures, is non-verbal, has an unsteady gait and becomes combative when upset. His medications include Risperdal, Tegretol. He also takes Inderal for blood pressure.

Consider the needs of this individual and describe the type of accommodations that should be present to make the environment safe and appropriate.

- ❖
- ❖
- ❖
- ❖
- ❖
- ❖
- ❖
- ❖
- ❖
- ❖

Choose a spokesperson from your group to present your case.

Application Exercise Two

Wilma Miller is 55, FSIQ 55, requires daily breathing treatments and uses an inhaler due to chronic upper respiratory problems, chronic bronchitis and lung congestion. She weighs 95 pounds, is non-ambulatory, has cerebral palsy, contractures, and is paralyzed from the waist down. She uses a communication board to communicate.

Consider the needs of this individual and describe the type of accommodations that should be present to make it safe and appropriate.



Choose a spokesperson from your group to present your case.

Application Exercise Three

Jeremy Johnson, 35, is 5'8" and weighs 310 pounds. His FSIQ is 40. Jeremy is insulin dependent due to diabetes, has congestive heart failure, varicose veins and uses a diuretic. He uses a wheel chair at all times but is very slow.

Consider the needs of this individual and describe the type of accommodations that should be present to make it safe and appropriate.



Choose a spokesperson from your group to present your case.

Application Exercise Four

Robin Harris is 22, FSIQ 65, and communicates by sign language because of deafness. She also has a secondary diagnosis of schizophrenia which is treated with Seroquel.

Consider the needs of this individual and describe the type of accommodations that should be present to make it safe and appropriate.



Choose a spokesperson from your group to present your case.

Application Exercise Five

Jeff Knox is 34 and has a FSIQ of 10. He is non-verbal and dependent on others for adaptive activities of daily living. He frequently walks away. He does not take any medications.

Consider the needs of this individual and describe the type of accommodations that should be present to make it safe and appropriate.



Choose a spokesperson from your group to present your case.