Visions Training Series
State of Hawai'i Developmental Disabilities Division

Overview of Disability Supports
COURSE WORKBOOK

OVERVIEW
OF DISABILITY
SUPPORTS

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Course Overview

People with disabilities are the nation's largest minority group. This minority group (often called people with disabilities) is the only one ANY person can join at any time. A disability can be present from birth or can occur at some point later in life. Disabilities can impact physical, mental, sensory (sight, hearing), and intellectual abilities. Chronic diseases such as diabetes and cancer can also be considered a disability.

Disability may be defined in a number of ways. It is important to understand that definitions of disability, especially when defined in state or federal laws, are used to determine who may be eligible to receive government funded services. Definitions of disability often do not reflect the culture and values of people with disabilities.

Over time, society has had different views about disability. Similar to other social issues addressing equality, ideas about what it means to have a disability have evolved. Disability can be used by people to describe a culture or identity. Understanding how perspectives have shifted around what it means to have a disability improves our ability to provide effective support.

We will use this course to understand shifting views of supports for persons with disabilities and how this impacts the supports for persons with developmental disabilities today and in the future.

Course Objectives:

At the end of the course, you will:

❏ Distinguish between the medical and social models of disability.

❏ Describe the progress from institutions to Home and Community-Based Services (HCBS).

❏ Identify relevant laws, rules, and acts for persons with developmental disabilities and the people who support them.

❏ Identify the rights of persons with developmental disabilities.

Lesson 1: Introduction to Disability

Traditional View of Disability

Traditional definitions of disability focus on conditions that impair, interfere with, or limit a person's abilities. Historically, the word "disability" was considered the same as "inability" or it was used to limit a person's _____ and powers.

Medical Model

The medical model views disability as a lack of ability and emphasizes what a person _____ do. The medical model is based on the idea that disabilities are _____ and the person needs to be cured. This model views medical professionals as the experts who can "_____" the individual with the disability.

The medical model is _____-centered.

Social Model

The social model sees disability as a _____ part of life. The social model says that society (the barriers in the _____, _____, and organizations) creates the experience of disability as a problem.

The social model emphasizes _____ _____ instead of inability and focuses on what people _____ do. It views the person with a disability as a person who might need an _____ or _____ instead of a person with a condition, impairment, or "problem." This model also considers the individual with the disability as the _____ in how they want to be supported and shifts expertise away from medical professionals. **The focus is then about how to support the individual as opposed to trying to fix them.**

The social model is _____-centered.

Lesson 2: Shifting Views on Disability Supports

The shift from the medical model (_____-centered) to the social model (_____-centered) did not happen overnight. It was a gradual process and involved many people advocating for better treatment. The evolution of the civil rights of people with disabilities includes an overview of how services and supports for individuals with intellectual and developmental disabilities (I/DD) has evolved in the State of Hawaii Developmental Disabilities Division (DDD). It shows the progress from institutions to _____ and _____ - Based Services (HCBS) in the shift from a _____ model to the _____ model.

Home and Community Based Services:

Timeline

Date	Event	Description
1800s	Cure the Sick	
1921	Waimano Home for the Feeble Minded Opened	
1965	Medicaid Program	

1965	Voting Rights Act	
1973	Rehabilitation Act	
1975	IDEA	
1981	1915(c) Waiver	
1984	DD Act	
1987	Act 341	

1990	ADA	
1995	Act 133	
1999	Act 189	
1999	Olmstead Act	
2010	Rosa's Law	
2014	CMS Final Rule	

Lesson 3: Supporting the Rights of People with DD

People with disabilities were not always treated with _____ and _____ . People with disabilities were _____ because society viewed disability as unnatural and believed they needed to be locked up in a hospital so they could be fixed. As societal views shifted, people began to recognize that disability is a _____ part of the human experience that does not diminish the right of individuals with developmental disabilities to enjoy the opportunity to live _____, to exert _____ and _____ over their own lives, and to fully participate in and contribute to their communities.

In order to effectively support an individual with intellectual and/or developmental disabilities, it is critical that you honor and respect their rights.

People with Developmental Disabilities have a right to:
1.
2.
3.   a.   b.   c.

4.	
5.	
6.	
7.	
8.	
9.	

As an AFH caregiver for someone with a developmental disability, it is essential that you respect the rights of the people you support.

Lesson 6: Summary

The purpose of this course is to give you a foundational introduction to disability. You learned about the shift from the medical model to the social model, and you learned about relevant events for persons with disabilities. Most notably, you were introduced to the rights of persons with developmental disabilities.

> **Main Takeaway:** The social model emphasizes different abilities instead of inability and focuses on what people *can* do. The focus is on how to support the individual as opposed to trying to fix them.

Visions Training Series
State of Hawai'i Developmental Disabilities Division

Developmental Disabilities
COURSE WORKBOOK

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Course Overview

This course discusses specific disabilities. The purpose of learning the names and descriptions of the disabilities is not meant to stereotype or confine a participant. Understanding the names and descriptions of different disabilities can help you support a participant based on their individualized needs.

Developmental disabilities are often caused by a complex combination of biological and environmental risk factors. The disabilities often classified as developmental disabilities include Intellectual Disability, Cerebral Palsy, Autism Spectrum Disorder, Down Syndrome, and Epilepsy. The information provided about the various disabilities is an overview and should not replace the advice and recommendations of a participant's Circle of Support or medical professionals. The disabilities included in this course are developmental disabilities typical with participants receiving services from DDD but do not determine eligibility.

Course Objectives:

At the end of the course, you will:

❏ Identify characteristics of the following disabilities: Intellectual Disability, Epilepsy, Down Syndrome, Autism Spectrum Disorders, and Cerebral Palsy.

Lesson 1

_____ _____ (ID): A disability characterized by significant limitations in both intellectual functioning and adaptive behavior, which covers many everyday social and practical skills. ID must originate before the age of 18.

Intellectual functioning refers to general mental capacity, such as learning, problem solving, and reasoning. An IQ test is one way to measure intellectual functioning.

Classification	IQ Score Ranges:
Mild	
Moderate	
Severe	
Profound	

_____ _____: The collection of conceptual, social, and practical skills learned and performed by people in everyday life.

Types of Adaptive Behaviors:

- _____ _____: Language and literacy; money, time, and number concepts; and self-direction.
- _____ _____: Interpersonal skills, social responsibility, self-esteem, gullibility, social problem solving, and the ability to follow rules.
- _____ _____: Activities of daily living, job skills, healthcare, travel or transportation, schedules or routines, safety, use of money, etc.

Lesson 2

_____ (EP): A brain disorder that causes a person to have recurring seizures.

Your brain is the control center of your body. Seizures happen because of abnormal electrical activity in the brain. A seizure is like a storm in the brain where too many electrical signals are firing at the same time.

There are two types of seizures: Generalized and Partial/Focal.

_____ _____: Uncontrolled electrical activity in the whole brain. These seizures may cause the person to lose consciousness, fall, have muscle spasms, have jerking muscles all over the body, or stare into space.

There are two types of common generalized seizures:

1. _____ _____/_____ **Seizures**: _____

   _____

2. _____ _____/_____ _____ **Seizures**: _____

   _____

_____ **/** _____ _____: Seizures that impact one part of the brain.

There are two types of common partial seizures:

1. _____ _____: _____

2. _____ _____: _____

Lesson 3

_____ _____: A condition in which a person is born with an extra copy of chromosome 21.

This extra copy changes how the baby's body and brain develops, which can have physical impacts and intellectual disabilities. Persons with Down Syndrome often share common physical features, such as flattened nose, almond-shaped eyes that slant up, a short neck, and small ears. Common health issues that affect persons with Down Syndrome include heart defects, obstructive sleep apnea, hearing loss, ear infections, and eye diseases.

Generally, persons with Down Syndrome reach key developmental milestones later than average. The degree of intellectual disability varies but is usually _____ to _____. Each person has different abilities and strengths.

Lesson 4

_____ _____ _____ (ASD): A neurological and developmental disorder that begins in childhood and lasts throughout a person's life.

ASD is characterized by difficulties with:	
1.	
2.	
3.	
4.	

ASD affects how a person acts around and interacts with others, communicates, and learns. ASD is called a "spectrum" disorder because people with ASD can have a range of symptoms.

Autism Spectrum Disorder Includes:
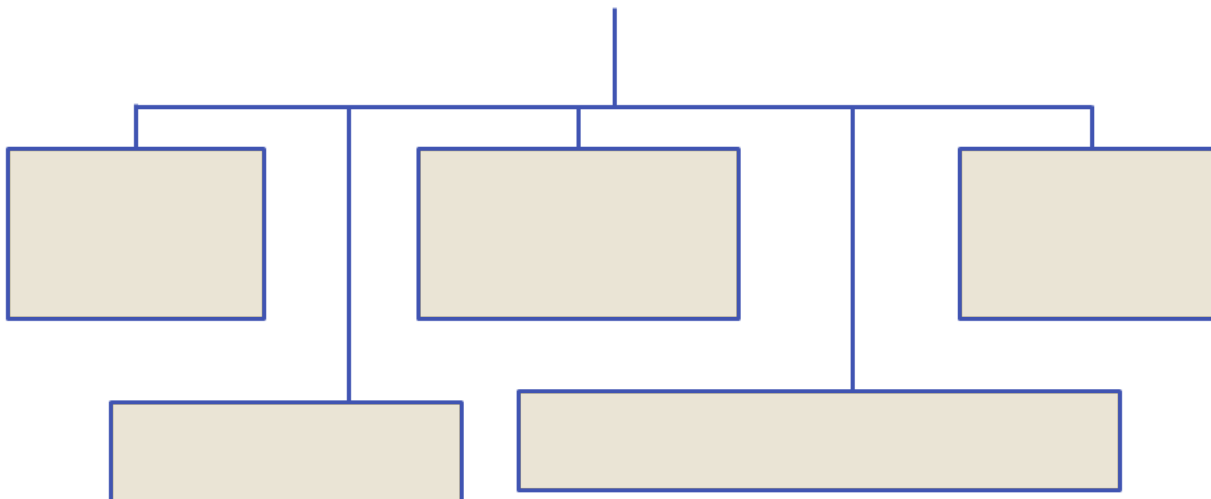
Lesson 5

_____ _____: A group of disorders that affect the ability to move and maintain balance and posture.

Cerebral palsy happens when the areas of the brain that control movement and posture do not develop correctly or get damaged. This may cause a person with cerebral palsy to have movement disorders that may include _____ muscles (spasticity), _____ movements (dyskinesia), and/or poor _____ and _____ (ataxia).

The disorders appear in the first few years of life and although the brain condition causing cerebral palsy does not get worse, often manifestations such as muscle spasticity often become worse over time. People with cerebral palsy may have difficulty walking. They may also have trouble with tasks such as writing or using scissors. Some people with cerebral palsy have other medical conditions, including seizure disorders or intellectual disability.

Classification	Description
	Appears clumsy.
	May have a limp or use a leg brace or cane.
	Uses assistive equipment with symptoms or other conditions.

Activity: Specific Disabilities

Let's practice now. Fill in the blanks.

_____ is a brain disorder that can cause a person to have recurring seizures.

_____ _____ is a condition in which a person is born with an extra copy of chromosome 21 and can have physical and intellectual disabilities.

_____ _____ is characterized by significant limitations in both intellectual functioning and adaptive behavior.

_____ _____ is a group of disorders that affect the ability to move and maintain balance and posture.

_____ _____ _____ is a neurological and developmental disorder that begins in childhood and lasts throughout life.

Lesson 6: Summary

The specific disabilities described in this course includes Intellectual Disability, Epilepsy, Down Syndrome, Autism Spectrum Disorder, and Cerebral Palsy.

> **Main Takeaway:** Understanding the disability a person has does not mean you know the person. All people have unique needs and personalities. The description of the disability is not meant to define who they are, and supports and care should be based on a participant's choices and individualized needs and interests.

Visions Training Series
State of Hawai'i Developmental Disabilities Division

Person-Centered Supports
COURSE WORKBOOK

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Course Overview

All people have the right to live, love, work, play, and pursue their dreams in their community. People with Intellectual and Developmental Disabilities (I/DD or "participant(s)") have the same universal wants, needs, desires, and values as everyone else, including love, companionship and self-fulfillment. Every person will express their values in different ways, but each person's values should be recognized and honored.

Person-centered supports focuses on a participant's right to choice, direction, and control. It is the person's right to identify and pursue what is important to them. Self-determination generally means that people have authority over their lives. It means that people have control of the resources needed for their support, as well as responsibility for their decisions and actions.

Everyone wants a good life. Each person will define their good life in their own, unique way. In this course, you will start thinking about what it means to have a good life. You will do many activities in this course to reflect on what a good life means to you. The person-centered tools and activities introduced in this course will help you identify your strengths, the things important to you, and how to best support you. You will practice using these tools on yourself to learn how to use these tools with others. As you become comfortable using person-centered tools, you will develop the skills necessary to support someone to reach their good life.

Course Objectives:

At the end of the course, you will:

Lesson 1:

- ❏ Identify the principles of person-centered supports.
- ❏ Describe self-determination as a concept and how applying the concepts of self-determination can support a participant to live their good life.
- ❏ Demonstrate proper use of person-first language.

Lesson 2:

- ❏ Define "trajectory" and describe how it can be used to identify your vision of a good life.
- ❏ Practice and understand the purposes of the Person-Centered Worksheets: Life Trajectory, Important To - Important For, One Page Profile, Good Day - Bad Day, What's Working - What's Not Working, and 4+1.
- ❏ Distinguish between "Important To" and "Important For."

Lesson 1: Person-Centered Supports

Person-centered supports puts the person at the _____ of their own decision-making.

With community inclusion, all people have the right to _____, _____, _____, _____ and pursue their _____ in their community. Community inclusion occurs when persons with disabilities live in the community like everyone else, and they fully participate in their preferred activities, events, organizations, and groups.

The _____ of _____ includes family, friends, and other persons identified by the participant as being key to the planning process. Each person within the Circle of Support has a significant role and function to support a participant to live a good life.

Topic 1: Principles of Person-Centered Supports

What are Person-Centered Supports?

Person-centered supports puts the person at the _____ of their own decision-making. With person-centered supports, a participant identifies and pursues what they think is most important in their life.

"Person-centered" is the opposite of "service-centered."

- _____-centered supports focuses on the person's goals, needs, and priorities.
- _____-centered supports, on the other hand, focuses on the service provider's goals, needs, and priorities.

Supports for individuals with I/DD should always be person-centered and not service-centered. Services are provided to support people to pursue what is important to and for them.

10 Principles of Person-Centered Supports

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Person-Centered Supports are Individualized and Strengths-Based

_____ means specific to the person, instead of a one size fits all approach.

_____-_____ (1) focuses on a person's abilities and positive characteristics, and (2) identifies what a person is good at and can do before focusing on the supports that are needed.

Self-Determination

Self-determination is another way of saying _____. It is a fundamental _____ _____. It means that people have _____ over their lives. It means that people have control of the resources needed for their support, as well as responsibility for their _____ and _____. The following includes various aspects of self-determination and what it means in practice for a person.

Self-Determination means the person:
•
•
•
•
•
•
•

Overall, self-determination means that people have the right to choose how they live their life and what their good life looks like. Whether the choices an individual makes are good or bad, they can learn from them. The person's support network may have input about what is important for someone, but person-centered supports should always consider what is important to the person. It is ultimately the individual's choice or decision that will be considered. The following compares what self-determination is not compared to what it is:

Self-Determination

What it is not:	What it is:
•	•
•	•
•	•
•	•

Person-First Language

Person-first language:

1. Communicates _____-_____.

2. Puts the person _____ the disability.

3. Considers disability a _____ condition, not a primary identifier.

4. Emphasizes _____, not limitations.

The left column lists examples of what you should avoid saying (disability-first language) and the right column displays what you should say instead (person-first language).

Disability-First Language (Do not say this)	Person-First Language (Instead, say this)
• Wheelchair bound • Disabled • Autistic • Suffers from… • Cripple • Is a victim of… • Mute • Blind • Handicapped	• • • • • • • • •

Topic 2: Responsibilities of Person-Centered Supports

Community Inclusion

The Centers for Medicaid and Medicare Services (CMS) Final Rule says that a plan and supports will assist a participant:

1.

2.

3.

> ✈ _____ _____ is living in the community like everyone else and includes full participation in a person's preferred activities, events, organizations, and groups.

Community inclusion, like person-centeredness, recognizes people as having _____ and _____ regardless of disability. Inclusion breaks down barriers often faced by people with _____ backgrounds such as disability status, race and ethnicity, sexual orientation, gender identity, socioeconomic status, age, and family structure.

Exclusion, Segregation, Integration, and Inclusion

Create a graphic in the space below to illustrate the differences between Exclusion, Segregation, Integration, and Inclusion.

With _____, people with disabilities are scattered outside of the "mainstream" circle and not allowed in.

With _____, people with disabilities have their own circle, but they are separated from people without disabilities.

With _____, people with disabilities are still grouped with other people with disabilities even though they are included with people without disabilities. They are still seen as a different and separate group.

With _____, people with disabilities are mixed in with people without disabilities, and there is no separation. People with and without disabilities are seen as equal and are not grouped or treated differently.

Full community inclusion supports participants to make choices and have supports that are personal and individualized. With inclusion, participants can enjoy the positive outcomes of community inclusion.

Positive Outcomes of Community Inclusion
1.
2.
3.
4.

How to Increase Community Inclusion

To increase community inclusion:

1. A person's disability should not define or confine them because

    _____.

2. _____.

    The problem typically comes from the community's or society's negative

    attitudes and actions towards the person with disabilities.

3. Disability should be considered a _____ part of the human

    experience (Rehabilitation Act).

4. People should understand that people with disabilities are _____

    _____ people without disabilities than they are _____.

5. Every person should be considered to have unique _____ and

    _____ and can contribute to their community.

6. All communities should have great _____ and _____

    to both include and support all people.

Tips for Community Inclusion

1.

2.

3.

4.

5.

6.

Least Restrictive Environment

> _____ _____ _____ means that a person with disabilities should, to the greatest extent possible, live in the community and make choices with the least restriction possible.

According to the Developmental Disabilities Hawai'i Revised Statutes Chapter 333F...

A participant has the right to:
1.   2.   3.   a.   b.   c.

Least restrictive environments are a core principle of _____ _____.

Topic 3: Roles within Person-Centered Supports

Circle of Support

Every person has a _____ of people in their lives. The people in your support network can include friends and family, neighbors, and other community members. The people in your support network can range from being very close to you or an acquaintance, but these are the people you value in your life. You can count on them and rely on them. These people know what is important to you and provide a positive support system to help you realize and accomplish your goals. This support network or group of people is called a _____ of _____. The participant is always at the _____ of their Circle of Support.

Teamwork

A critical aspect of person-centered supports is _____. Teamwork is especially critical within the Circle of Support. Teamwork is not only used to work together towards a _____, but it is also used to determine what is working and what is not working when issues arise. Different _____ from the team members can be compared and contrasted to see where there is agreement or disagreement and why.

Supports and Barriers to Teamwork

Supports	Barriers
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

Lesson 2: Vision for a Good Life

_____ usually refers to seeing, but vision can also refer to a thought or imagination. It can also include _____, thinking about the _____, _____, _____, and _____.

A participant should have as much say as possible in the direction of their own life, and person-centered tools can help them get there.

A _____ is the path your life takes towards the future. This path can change based on the choices you make, other people's actions, and events that might be out of your control. The goal is to identify the good life and create a _____ towards it. The life trajectory below helps to identify what a "good life" means. The vision for a good life can be compared to what a good life does not mean.

Examples of what a good life includes might be friends, family, a job, fun things to do, independence, and happiness. Examples of things you do not want are typically opposite of a good life and might include being alone, not having a job, being dependent, or being sad.

> *Draw out the trajectory showing an arrow towards a good life and an arrow showing the things you do not want.*

Be sure to print out two copies of the Person-Centered Supports Toolkit!
One toolkit will be for you to fill out for yourself. The second toolkit will be for you to fill out with a participant.

#1 Life Trajectory Worksheet

The trajectory gets us thinking about how we can support the person towards their
_____ life and how to _____ what they do not want.

Fill it out for yourself.

Using the Life Trajectory Worksheet, reflect on what your vision of a good life means and write it in the box. Then think about what you do not want in life and list it in the second box. You will use this activity to practice using the tool so that you can use this tool with a participant.

Fill it out with a participant.

Fill out the Life Trajectory Worksheet with a participant. Reflect on what their vision of a good life means and write it in the box. Then list what the person does not want in life in the second box.

#2 Important To – Important For Worksheet

"Important _____" is about what really matters to the person, from their perspective. Examples of what might be important to the person can include the important people, places, things, habits, routines, faith, culture, interests, hobbies, work, etc. These things that are "important to" the person makes the person who they are. These are the things that make the person _____ and _____.

On the other hand, things that are "Important _____" a person include the help or support needed to stay safe, healthy, and well. Basically, these are the things that make the person _____ and _____.

Additional questions that are useful to find out what is important to and important for a person include:

- What are you telling me is important to you? What matters to you based on your words or behaviors?

- How do you let me know what is important to you?

- What do we need to learn more about?

Supports or services are often very good at addressing the things that are "Important For" the person but they might be missing the things that are "Important To" the person. By balancing out what is important to and for the person, the person will feel better supported and in ways that make sense to them, they will have more opportunities to develop fuller and richer lives, and they will still feel healthy, safe, and well.

People need to have both what is important to them and important for them in order to have a good life. It is not about being happy OR healthy and satisfied OR safe. It is about being happy AND healthy and satisfied AND safe. People do not do what is important for them unless it is important to them.

Fill it out for yourself.

Reflect on what really matters to you. Who are the important people in your life? What are the places, things, habits, routines, practices, interests, and hobbies that are important to you? These are the things that make you who you are and will go in the "Important To" column. What are the things that you need in order to be safe, healthy, and well? Those are things you will list in the "Important For" column. Once you've filled out the two columns, try to dig a little deeper and ask some further questions to clarify what you meant, or how you can be supported better.

Fill it out with a participant.

Reflect on what really matters to the person. Who are the important people in their life? What are the places, things, habits, routines, practices, interests, and hobbies that are important to the person? These are the things that make the person who they are and will go in the "Important To" column. What are the things that the person needs in order to be safe, healthy, and well? Those are the things listed in the "Important For" column. Once two columns are filled out, try to dig a little deeper and ask some further questions to clarify what the person means, or how the person can be supported better.

#3 One Page Profile

You can use the information gathered on the "_____"
worksheet to generate a One Page Profile. A One Page Profile captures all the
important information about a person on a single sheet of paper under four
sections:

1.

2.

3.

4.

The One Page Profile is a tool used to support people better by:

- Helping to understand what matters to the person and the supports the
  person needs to live the life they want.

- Creating a resource for people and teams to best support the person across
  service _____ and _____ supports.

- Updating the One Page Profile regularly to address changing _____
  and _____.

- Being regularly updated to reflect people's changing _____ and
  _____.

Fill it out for yourself.

Identify important information about yourself on a single sheet using the One Page
Profile. Reflect on what people like about you, what is important to and for you, and
how you want to be supported.

Fill it out with a participant.

Identify important information about a participant on a single sheet using the One
Page Profile. Reflect on what people like about the person, what is important to and
for the person, and how they want to be supported.

#4 Good Day - Bad Day

The Good Day - Bad Day tool can be used to talk about what a good day is like. What does a good morning look like? What does a good afternoon and night look like? By reviewing a good day, it will show a person's _____, _____, and the _____ things that they enjoy. The tool also does the same thing for a bad day. This tool is useful in finding out more about what is important to the person. The tool is also helpful in figuring out the supports a person needs to have a good day and to _____ a bad day.

Fill it out for yourself.

The Good Day – Bad Day Worksheet captures important information about the things that happen to result in a good day in the left column, and the things that happen to result in a bad day in the right column. Complete this worksheet for yourself to determine how to increase good days and decrease bad days.

Fill it out with a participant.

Use the Good Day - Bad Day Worksheet to identify the important information about the things that happen to result in the person having a good day in the left column, and the things that happen to result in the person having a bad day in the right column. Use these two columns to determine how to increase their good days and decrease their bad days.

#5 What's Working – What's Not Working?

The What's Working - What's Not Working tool can be used to figure out what a person is _____ with and what they would want to _____ if they could. It lists what is working and what is not working from their own perspective and from the perspective of others. It is also a tool that can further explain what is important to them and areas needed for _____. This tool can also compare and contrast what is working and not working from different _____ to see if there is agreement or disagreement and why.

The main benefits of the What's Working – What's Not Working tool include:

- Highlights the _____ and the _____.

- Provides insights into how _____ can be made.

- Considers different _____.

- Provides more _____ information.

Fill it out for yourself.

Fill out the What's Working – What's Not Working Worksheet based on a situation where you needed to address something as a team. You will identify the things that are working versus what is not working. This can help to highlight things that are important and additional areas for support.

Fill it out with a participant.

Fill out the What's Working – What's Not Working Worksheet based on a situation where you needed to address something as a team with a participant. This tool can help to capture important information from different perspectives by identifying the things that are working for a particular situation versus what is not working. It can also help to point out things that are important to the person and additional areas for support.

#6 4+1

The worksheet has four main questions:

1. What have we _____?

2. What have we _____?

3. What are we _____ about?

4. What are we _____ about?

The follow-up question to those four questions is the +1:

_____?

This worksheet helps a team to work together to address a specific challenge by gathering information from different perspectives. The information gathered on the 4 + 1 Worksheet can be used to update the _____.

Fill it out for yourself.

The 4 + 1 Worksheet is a collaborative tool to identify what was tried, what was learned, what the team is pleased about, and what the team is concerned about. Fill out the 4 + 1 Worksheet based on an experience you had in the past where you needed to address the situation with a team.

Fill it out with a participant.

The 4 + 1 Worksheet captures important information from the first four questions in order to answer the + 1 question of "What do we need to do next?" Fill out the 4 + 1 Worksheet with a participant based on a situation addressed by a team.

Lesson 5: Summary

Person-centered supports focus on a participant's right to choice, direction, and control, and a participant has the right to identify and pursue what is important to them. In this course, you learned that self-determination generally means authority over one's own life. It means that people have control of the resources needed for their support, as well as responsibility for their decisions and actions.

> **Main Takeaway:** Everyone wants a good life. Each person will define their good life in their own, unique way.

Visions Training Series
State of Hawai'i Developmental Disabilities Division

Person-Centered Planning
COURSE WORKBOOK

PERSON-
CENTERED
PLANNING

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Course Overview

In this course, you will learn about the principles of person-centered planning and key concepts to consider when developing a person-centered plan, including how to plan throughout the life stages and across the various life domains. You will also learn how self-direction is used in person-centered planning, how to plan for integrated supports, and how to implement a person-centered plan.

Course Objectives:

At the end of this course, you will be able to:

❏ Identify the principles of person-centered planning.

❏ Apply the LifeCourse Framework to person-centered planning including planning across the life stages, across life domains, and for integrated supports.

❏ Understand what an individual supports budget is.

❏ Demonstrate how to develop goals, objectives, and outcomes.

Lesson 1: Principles of Person-Centered Planning

Person-centered planning is an approach used to assist people to plan for their life and any supports they may receive. Person-centered planning is a way for a participant to identify and pursue the things that are important to and for them.

The following are key principles of person-centered planning:

1. **Person-centered plans are written from the individual's** _____. The person must be treated as the _____ of their own life throughout the _____ **process.** What is important _____ and important _____ the person are the driving forces of a person-centered plan.

2. **People should have the authority to make** _____ **about their lives.** Believing the person should have _____ over their life is a core principle of person-centered supports. The individual is the driver of the person-centered planning process.

3. **Person-centered plans should reflect individual** _____, _____, **and** _____. Person-centered plans are _____-_____ and recognize everyone has unique talents and abilities. A well-written plan will support the person to pursue their interests and have choices about what they want to do. Using the Good Day-Bad Day tool can help identify the elements of a person's routine that are important to them and develop an effective support plan that promotes _____-_____ and expands the person's interests.

4. **The person-centered planning process is also** _____-_____. The planning process should also consider the roles loved ones play in influencing the person's life trajectory. Families, whether they are the ones we are born into or others we select, are critical members of the _____ of _____ and assist individuals to work towards their good life.

5. **Person-centered planning requires** _____ **and** _____. Person-centered planning respects and values the person's choices and opinions while using the input and assistance of _____, _____, and direct service personnel who know the person. The participant, their family, and other members of the Circle of Support should make sincere efforts to work together and develop positive, supportive _____. Together everyone achieves more.

6. **Person-centered plans should support** _____. Plans should be based on person-centered values and support people with disabilities to have _____ participation in their communities.

7. **Person-centered plans should look at the** _____ _____. This includes recognizing that people should be supported across all of life's domains. Plans should not focus on a _____ _____ of the person or address what is important for the person without considering what is important to them. A well crafted person-centered plan considers the whole person and addresses various life domains including: daily life, employment, community living, socialization, spirituality, healthy living, safety, security, citizenship, and _____.

8. **Person-centered planning considers all of the** _____ **available to the person.** Planning should connect people to the supports they need while effectively utilizing the supports that are available to them. Using different kinds of support helps people to work towards their good life in _____ ways.

9. **Person-centered planning is a** _____ **process.** Learning should be ongoing and plans should be updated as the person discovers new things that are important to them and the Circle of Support learns more about how to effectively _____ them.

The development of the person-centered plan should not be the focus. The intent of having a person-centered plan is to make a positive difference in the person's life and to support an individual to have their vision of a good life.

Lesson 2: Charting the LifeCourse

The **LifeCourse Framework** was developed to help individuals and families of all abilities and at any age or stage of life develop a vision for a good life.

	The LifeCourse Framework helps people think about their life including:
1.	
2.	
3.	

Even though the framework was originally developed for people with disabilities, it is designed _____, and can be used by any family making a life plan, whether they have a member with a disability or not.

Planning Across the Life Stages

The person-centered planning process often focuses on the individual's current situation and stage of life. One of the key principles of person-centered planning is that it is a _____ _____. We plan differently as we go through different life stages to ensure the supports we plan for are based on our current wants and needs since they may have changed over time. For example, our wants and needs are often very different at age 7 than at age 17 or at age 70.

Individuals and families may also find it helpful to look ahead to start thinking about life experiences now that will help move them toward an inclusive, productive life in the future. _____ and _____ life stages and experiences will impact and influence a person's life trajectory. It is important to have a vision for a good, quality life, and have opportunities, experiences and support to move the life trajectory in a positive direction.

Planning Across Life Stages

Planning across the life stages helps us to anticipate needs that may arise in the future and changes to the family based on the natural process of aging.

Six Life Stages	
	1.
	2.
	3.
	4.
	5.
	6.

Planning Across Life Domains

Person-centered planning should look at the individual's _____ _____. People's lives are made up of connected and integrated life domains that are important for a good quality of life. Planning across the different life domains allows us to explore various areas of personal interest and needs. The life domains should be considered and discussed during the person-centered planning process.

	Six Life Domains
	1.
	2.
	3.
	4.
	5.
	6.

Planning for Integrated Supports

Individuals and families should focus on _____ _____ that point the trajectory toward a good quality of life. Person-centered planning should focus on life _____, not just services.

Planning should connect people to the _____ they need while effectively utilizing the natural supports that are available to them. Using different kinds of support helps people to work towards their good life in integrated ways.

Planning for integrated supports allows individuals and families to use an array of supports to achieve their good life.

Use the space below to draw and describe the integrated supports star:

Lesson 3: Self-Direction and Supports Budgets

Self-Determination and Self-Direction

Self-determination is a core concept of person-centered thinking. It is the attitude and belief that all people should have authority over their own lives. Self-determination is rooted in the principle that people control their own destiny to live their good life and should be empowered to set personal goals and take action to achieve these goals.

Self-Determination is about:

(1)

(2)

(3)

(4)

Self-determination can also be described by these **four words**:

1._____ 2._____ 3._____ 4._____

_____ - _____ **:** involves shifting the authority and control of resources to the person being supported (or their designated representative) to maximize their independence and self-sufficiency.

Self-direction also requires problem solving and effectively managing your resources to meet your needs.

Supports Budgets in Person-Centered Planning

Self-direction usually involves a _____ _____. An individual supports budget is based on an assessment of the person's support needs. The individual supports budget is the amount of money that is available to meet the needs of the individual in dollar terms. When self-direction is used in person-centered planning, the _____ _____ how their budget will be used and controls the resources needed for their support.

The person-centered planning process is used to assist the person to develop a plan for how they would like to use their resources. It may be referred to as a _____ _____, a supports budget, or a service plan.

A key point to remember is that the person remains _____ to the entire planning process. Whether self-directed options or supports budgets are involved, a person-centered plan should identify the types of support a person needs, integrate different types of support, incorporate the individual's strengths and preferences, and help the individual to work towards their _____ _____.

Lesson 4: Components of a Person-Centered Plan

Positive Personal Profiles

With One-Page Profiles, you need to know what is important _____ and _____ the individual, their _____ and _____, and how they want to be supported in order to provide effective person-centered supports.

The One-Page Profile provides this information at a glance in an easy to read summary. A good person-centered plan helps to tell the life-story of the individual and include the information needed to develop a meaningful One-Page Profile.

A person-centered plan may also help identify the _____ past experiences that can help create building blocks to support the individual to achieve their good life as well as the _____ past experiences that should be avoided as they plan for the future.

Goals, Objectives, and Outcomes

Person-centered plans should be written from the perspective of the _____. Having conversations with the person and the people important to them will help you get to know the person and how they want to be supported in their journey toward their good life. The planning process, when used to plan for paid services and supports, will usually involve the development of measurable goals and outcomes (often required by program and/or funding).

Goal Setting

Setting _____ as part of the planning process helps us to develop a clear process of how the person wants to be supported to achieve their good life. If you start with the _____ in mind, you might first ask what is the person's vision for a good life and what steps could they take to get there?

Using the tools from the Person-Centered Toolkit (Person-Centered Supports Course), think about what's working and what's not working for the individual. You can use the person's _____ and build upon their positive past experiences to create manageable steps towards their vision of a good life. You can also evaluate what's not working to identify things that should be _____.

It is important to remember that goals are the long term vision and it is a good thing to dream big. Goals may seem difficult to reach when they seem too big or far away. Therefore, it is helpful to have a plan with specific steps on how to achieve your goal so it doesn't seem impossible to get there. The steps we identify to get us to our goal are often referred to as _____.

_____: can be thought of as stepping stones or building blocks towards your goal.

Having clear objectives will help you think through the steps you need to take to reach your good life. As you work towards a goal, it is important to know when you have accomplished each step so you can move on to the next one.

_____: are the expected results of the activities you are doing to reach your goal.

Having clear outcome statements allows you to measure your progress and make adjustments to the process if needed.

Roles and Responsibilities

Having a _____ _____ of _____ is a key component of a good person-centered plan. Another key element of the plan is knowing who is responsible for implementing the plan.

A well written person-centered plan:	
1.	
2.	
3.	
4.	

Lesson 5: Summary

Person-centered planning is an approach used to assist people to plan for their life and any supports they may receive. The intent of having a person-centered plan is to make a positive difference in the person's life and to support an individual to have their vision of a good life. Person-centered plans should consider the life stages and life domains as well as integrated supports as the Circle of Support helps the individual identify their specific goals, objectives, and outcomes.

Main Takeaway: Person-centered planning is a way for a participant to identify and pursue the things that are important to and for them.

Visions Training Series
State of Hawai'i Developmental Disabilities Division

Positive Behavior Supports
COURSE WORKBOOK

POSITIVE
BEHAVIOR
SUPPORTS

Table of Contents

Course Overview

Providing person-centered support involves understanding both what is important to and important for the person. This may be challenging when the person has different communication abilities and has difficulty expressing their wants and needs.

How effective we are in supporting others depends on: (1) How clearly we understand what the other person is communicating to us; and (2) How well we communicate our wants and needs to others.

Communication is very complex. It is more than just the words we speak and what we hear from others. Our behavior communicates or expresses something, whether it is done intentionally or unintentionally. Everything we say and do is a form of communication. Sometimes, a participant might engage in challenging behaviors to communicate they want or need something or someone. They may also be communicating they are trying to avoid or escape something or someone.

Challenging behaviors often result from having unmet needs. Having effective communication skills enables us to better meet the needs of others. When people feel understood, it enables them to improve their quality of life and increase their community involvement. When people are able to effectively communicate with those around them, they are empowered to live their good life. Being understood also allows us to stay socially connected, be supported with what is important to and important for us, and live healthier and happier lives.

Course Objectives:

At the end of the course, you will:

Lesson 1: Behavior as Communication

- ❏ Describe verbal and nonverbal communication methods.

- ❏ Demonstrate respect and dignity when communicating.

- ❏ Understand that the challenging behaviors a participant may display are used to communicate a message.

- ❏ Identify possible reasons why the person may engage in challenging behaviors.

- ❏ Identify how environmental factors and the person's quality of life may influence their behavior.

Lesson 2: Supporting Effective Communication

- ❏ Describe skills to support effective communication such as overcoming barriers, creating positive environments, and using active listening.

Lesson 3: Positive Behavior Supports

- ❏ Use Positive Behavior Supports to help the person replace challenging behaviors.

- ❏ Develop and use appropriate, individualized strategies and supports to help the person replace challenging behaviors with positive replacement behaviors.

Lesson 4: Positive Behavior Support Plans

- ❏ Understand the six elements of a Behavior Support Plan and how to use the information to support the person.

- ❏ Identify and understand the A-B-C (Antecedents - Behaviors - Consequences) Data to assess the person's challenging behavior.

Lesson 1: Behavior as Communication

Topic 1: What is Communication?

Communication is a process where information is exchanged between individuals through a common system of _____, _____, or _____.

Verbal and Nonverbal Communication

Communication generally involves both verbal and nonverbal _____.

Verbal Communication	Nonverbal Communication
1. 2.	1. 2. 3.

Types of Nonverbal Communication

Nonverbal communication can express our thoughts and emotions much more effectively than the _____ we _____. We often find more meaning in nonverbal messages.

Understanding nonverbal communication follows the same basic principles of _____ - _____ planning - communication styles and preferences will depend on what is important _____ and important _____ the individual.

Communication styles and preferences depend on what is important to and important for the individual. How we communicate is also impacted by a person's _____, _____, _____, and _____.

The following includes types of nonverbal communication and a description for each:

Type	Description
	Expression of the face and eyes.
	Posture, gestures, head and body movements, and other ways a person carries oneself.
	Pronunciation, tone, volume, vocal rate, pitch, and emphasis. Voice can give the same words different meanings.
	How a person handles time can convey messages to others, whether it is intentional or unintentional.
	Physical contact can be very positive. However, reading visual cues is critical to ensure contact is appropriate.
	Physical orientation to others, concept of personal space.

Nonverbal Scenarios

Nonverbal messages can emphasize but sometimes contradict verbal messages. The following are scenarios that involve nonverbal messages between a care provider (Jen) and a participant (Kory).

1. Jen always stands while she talks to Kory, who uses a wheelchair. **What message(s) do you think Jen is conveying to Kory? What is an alternative choice Jen could make?**

2. Jen is watching Kory complete his daily chores, and she is walking around with her arms crossed in front of her. **What message(s) do you think Jen is conveying to Kory? What is an alternative choice Jen could make?**

Principles of Communication

Communication has many characteristics and is described in the following principles.

Communication is:

_____: When people communicate, they create meaning through their interactions with one another. Communication is something we do with others, not something we do to others.

_____: Whether it is intentional or unintentional, all behavior communicates something to others. Regardless of what you do, you constantly convey some type of message to others. We communicate through words, gestures, tone, posture, facial expressions, etc.

_____: When you communicate, you cannot unsay or undo something. Once someone receives a message, you cannot take it back and you cannot reverse the effects.

_____: The way we communicate depends on the way participants relate to and feel about one another.

Topic 2: Personal Space in Communication

Personal space is a significant factor in how comfortable we feel in interpersonal communication. How much _____ distance or personal space we have between ourselves and others can impact how we feel. It may also communicate _____ messages to the person we are interacting with. People have different _____, _____, and _____ levels with how much physical space is needed in specific situations.

Do you like a lot of space between you and the person you are interacting with (larger personal bubble), or are you comfortable being very close to the person you are speaking to (smaller personal bubble)? A person's personal bubble also varies in size based on _____ and _____. There are four distances to reflect the space we put between us and others.

Distance Type	Description
	Less than 1.5 feet. This is as close as skin contact and is only used with persons we feel very emotionally close and comfortable with. When a person invades this space, it can be very threatening.
	1.5 feet - 4 feet. This distance allows for close proximity but is much less intimate. Examples: friends; co-workers.
	4 feet - 12 feet. This distance may be used when you are less familiar with the person you are interacting with or do not feel comfortable being close to the person. Examples: acquaintances; strangers.
	12 feet - 25 feet. This is the amount of space you would give a lecturer, for example. Breaking that distance barrier has negative implications because it can disrupt and take away full attention from the person speaking.

Topic 3: What is Behavior?

Behavior involves the way in which someone conducts oneself; anything that an organism does involving action and response to stimulation; and the way in which something functions or operates. Behavior is _____ you do and _____ you do it. Behavior is influenced by social norms, personality, laws, and culture. Basically, all behavior has purpose and meaning.

Challenging Behavior

_____ _____: A term often used to describe behaviors outside of cultural norms or considered socially unacceptable.

Behavior may be challenging because it is undesired or potentially dangerous to the person or others around them. Examples include behaviors that are: _____, _____, or _____ - _____. A challenging behavior makes sense to the individual and has _____ and _____. The behavior is often a _____ form of communication. For example, the behavior may be: (1) A source of _____; (2) The only form of communication a person has learned; (3) Related to their _____ environment; or (4) Resulting from _____ and _____.

Function of Behavior

The function or reason why a person may engage in a challenging behavior typically falls into four categories:

1. To get _____ to something.

2. To obtain the _____ of others.

3. To avoid or _____ something or someone.

4. To obtain something that may be internally reinforced to receive an automatic reinforcement.

Activity: Function of the Challenging Behavior

Let's practice now. This activity has examples of different challenging behaviors. Identify the likely function of the behavior by writing in A, B, C, D, or E.

A: To get access to something.

B: To obtain the attention of others.

C: To avoid or escape something or someone.

D: To obtain something that may be internally reinforcing.

E: To indicate pain or discomfort due to a medical problem.

1. ____ Brad sticks his fingers down his throat and induces vomit several times a day.

2. ____ Jake likes to be in charge of giving out the mail to the others at his work. If anyone else is asked to do this task, Jake hits that person.

3. ____ Mila likes to be involved in different activities and work with others. When she is not asked to be involved and is left alone, Mila will often sit down and rock back and forth.

4. ____ Tim shouts and hits whenever he is asked to do tasks that require fine motor skills.

5. ____ Fred started to bang the left side of his head on the wall about a month ago. He also hits that side of his head with closed and open fists.

6. ____ Tina yells and refuses to cooperate every time the group visits a bowling alley or goes to a fireworks show.

7. ____ Mark shouts and yells if he does not get the attention he wants in the evening.

8. ____ Janey will stand in front of the TV and hit her head until someone turns it on.

9. ____ Kanani flaps her hands daily, and it is unclear why she does it.

Challenging Behavior as Communication

Every behavior communicates something and has a _____ or _____.
Challenging behaviors are usually a person's way of communicating _____ needs.
Try to understand what the person is expressing to you and _____ appropriately.

When a person has challenging behaviors, it often means the person is trying to convey something to you but does not have a better way of expressing it in the moment. Think about what is important to and important for the person and try to understand what they are attempting to communicate to you.

Remember, the focus must be on the _____, not on the _____.
A challenging behavior should not be viewed as a problem for you to deal with. Instead, it should be approached as something the individual needs support with. Each person is different, so a strategy or response that works for one person will not work for everyone.

When you figure out the communicative _____ behind challenging behaviors, you can provide positive support to teach the person alternative strategies to get the same result.

_____ _____ _____ is a strategy used to support a person to effectively communicate with others in order to get what is important to and important for them. Without a positive replacement behavior, the person will continue to use challenging behaviors.

Activity: Behavior as Communication

Behavior is a means of communication. Using the situation and behavior, write in the possible message(s) the person is communicating.

Situation: Dressing
Behavior: Ali is being dressed by her care provider and pulls off all her clothes.

What are the possible messages that Ali is conveying with her behavior?

Situation: Going to work
Behavior: Tua slams the door every morning when he goes to work.

What is the possible message that Tua is conveying with his behavior?

Situation: Watching TV
Behavior: Nainoa yawns loudly and leaves the room when certain shows are on TV.

What is the possible message that Nainoa is conveying with his behavior?

Situation: Meal time
Behavior: Raney keeps the rice on her plate and throws the rest of her food away.

What is the possible message that Raney is conveying with her behavior?

Other Causes of Behavior

Behavior as an Indication of Trauma

Behavior, as a form of communication, may also help us to know when something is wrong. Someone with limited language may use behavior to let you know that they have been hurt or need help. Individuals with intellectual/developmental disabilities (IDD) are at increased risk for experiencing various types of _____ including physical and emotional neglect and physical and sexual abuse. They are also at greater risk of bullying and are more vulnerable to exploitation. Communicating effectively and getting to know what is important to and important for a person helps to establish _____, _____ relationships. When a person feels _____, they are more likely to trust you and share with you when something bad is happening to them.

Participants may also experience trauma as a result of a disruption to their support systems. Examples include changes in family situations, loss of their favorite direct support worker, and having to move to a new foster home. It is important to remember that behavior is always communicating something. A person may have challenging behaviors when they are unhappy with their situation and feel their needs are not being met.

You can help ensure people are supported to live their good life by intervening quickly when someone is being abused, neglected, exploited, or otherwise mistreated. When you understand what a person's behavior is communicating, you can be a more effective member of the person's Circle of Support. If a person seems withdrawn, shows developmental regression (i.e., loss of skill or ability), has increased dysregulated behavior, aggression, or self-injury this may be a behavioral indication the person has experienced trauma. A participant should be surrounded by a safe environment and feel safe.

Medical Considerations for Behaviors

Individuals with IDD, particularly those with more severe disabilities, often have chronic and comorbid conditions that may require surgeries, invasive procedures, and frequent healthcare appointments. As a result, they are more likely to experience a higher number of health related procedures and are at higher risk for experiencing medical _____.

When an individual has challenging behaviors such as _____, they are often taken for psychiatric care and evaluation instead of going to their primary care physician. This may result in the individual being _____ or under-treated for medical conditions. Understanding the cause of the behavior is a vital requirement in accurate diagnosis and treatment of people with IDD. Examples include: biting of the hand, head banging, and head whipping.

Establishment of a behavior plan that seeks to modify a behavior may mask or unintentionally inhibit communication of an underlying medical or dental condition. Consider medical problems as a cause of behavior early in the assessment. Furthermore, the challenging behavior often does not resolve until the medical condition is identified during a comprehensive medical or dental evaluation process, and effectively treated. Seek medical care from providers with experience in evaluating individuals with IDD.

Lesson 2: Supporting Effective Communication

Topic 1: Overcoming Communication Barriers

Communication Aids

Use of communication aids are a strategy for overcoming communication barriers.

Augmentative and Alternative Communication (AAC) devices and **Assistive Technology** (AT) can support and improve a participant's communication.

The use of AAC and AT helps minimize or remove _____ to the individual's communication abilities.

> _____ _____: Involves communication using one's own body and does not require an additional device. Examples: gestures, body languages, and signing.

> _____ _____: Involves using a device, tool, or equipment in addition to one's own body. Examples: communication boards, computer-based electronic systems, paper and pencil, communication books, and boards and devices that generate voice or written output.

Assistive Technology

Assistive technology may include very simple, "_____ tech" objects or complex, "_____ tech" devices.

Low-Tech Device Example: "Reacher" that a person might use to retrieve a snack from a high shelf in the kitchen.

High-Tech Device Example: Motorized wheelchairs and scooters that provide mobility to persons who could otherwise not get around. This can also include computers, iPods, cell phones, tablets, and other electronic devices now readily available.

Communicating with Persons with Communication Aids

You should consult with the participant to ensure that these supports are individualized to their specific needs. Additionally, consulting with specialists in the field of IDD to assist with choosing a developmentally appropriate device and with reasonable goals will help with successful implementation.

As with other accommodations, these communicative supports may need to be adjusted over time or adapted to fit specific settings and changes.

1. _____: Check the seating and postural supports to ensure that position and space allow for functional movement of hands and arms to operate the selected aid. Remember to be at eye level to receive all other communicative messages.

2. _____: The time needed for a person using a communication aid to complete a message will vary, depending on the person's physical mobility and the complexity of the message.

3. _____ _____: You should position yourself to look directly at the speaker with ease.

4. _____: Communication between family, friends, and others should be enjoyable. Depending on a person's skill level, playing games on a computer is an opportunity to practice and use communication aids.

5. _____ - _____ and Back Up: The communication aids will occasionally need repair. You need a backup plan to continue communication during times when the communication aids are not available.

6. Providing _____ Access: The aids should be available beyond the home. You may need to have two systems in place: one portable and the other for home.

7. Community _____: As the care provider, it is important to use communication aids to increase personal contacts in a variety of settings based on the participant's interests and goals.

Activity: Reflection from Example of AAC

Malia lives with a care provider and goes to a day program three times per week. She also utilizes community learning service (CLS) services to access activities in the community three times per week. Malia uses a manual wheelchair that she can propel with her left foot. She needs some assistance with daily living skills and getting in and out of the wheelchair. Malia also has some difficulty communicating, so she has a communication aid with pictures and large keys fitted to her wheelchair. The communication aid also has synthesized speech and several words chosen by Malia, her family and friends to help her to greet people, answer questions, make choices and communicate to others.

#1. After learning how to use the communication aid, Malia wants to communicate more often at home. How can Malia's Circle of Support encourage this activity?

#2. Malia is an eager learner and wants to use the communication aid in the community. What additional words and skills would help Malia communicate?

#3. Malia's communication aid is a substitute for her "voice." However, the communication aid often requires repairs that can take months. What type of backup communication aid could be used for Malia?

Topic 2: Positive Environments

Person-Centered Supports in the Physical and Social Environment

It is important to establish and maintain a _____ environment as part of providing person-centered support. An individual may display challenging behaviors due to their environment. Challenging behaviors may occur to get one's needs met and are a way to communicate to others. A person may exhibit challenging behaviors to express their unhappiness with the _____ environment (weather, noise, smells, etc.) or _____ environment (who is around them, how they are being treated). A _____ environment impacts everyone, including yourself and the participants you support. Ensuring a positive environment is one way of supporting the person's quality of life and helping them to live their good life.

Activity: Quality of Life

Use the space below to describe characteristics of quality of life:

Positive Environment Checklist

_____ _____ _____ (PEC): can assess if a participant's challenging behaviors are due to something in their environment.

The PEC is divided into five areas: (1) Physical Setting, (2) Social Setting, (3) Activities, (4) Scheduling, and (5) Communication.

To use the PEC tool, check off one environment you are evaluating (or fill in the blank), and complete the PEC based on that setting to determine whether the specific environment is generally positive for the person.

Environment:

- ❏ Home
- ❏ Family Home
- ❏ Day Program
- ❏ School
- ❏ Workplace
- ❏ Other: _____

Section 1: Physical Setting	Yes	No	Unclear
(1) Is the person comfortable with the temperature?			
(2) Is the person comfortable with the lighting?			
(3) Is the person comfortable with the smell?			
(4) Is it easy for the person to move around?			
(5) Are there materials or items that the person enjoys?			
(6) Does the physical setting support interactions with others?			
Section 2: Social Setting	Yes	No	Unclear
(1) Is the person comfortable with the number of people?			
(2) Does the person get along with the other people?			
(3) Do others try to build and support positive relationships?			
Section 3: Activities	Yes	No	Unclear
(1) Are there opportunities to participate in various activities?			
(2) Is the person taught skills that are meaningful and useful?			
(3) Are the activities individualized to the person's needs?			
(4) Are the activities based on the person's preferences?			
Section 4: Scheduling	Yes	No	Unclear
(1) Is there a system or strategy in place to schedule activities?			
(2) Is there a way to find out if the activity/event is cancelled?			
(3) Does the person know what they will be doing and when?			
(4) Does the person generally choose what they will do?			
Section 5: Communication	Yes	No	Unclear
(1) Does the person have an appropriate way to communicate?			
(2) Is the person encouraged to communicate with others?			
(3) Is the person respected when they communicate?			

Activity: Positive Environment Checklist and Reflection

Fill out the PEC with a participant, friend, or family member then reflect on the answers.

1. Based on the PEC, do you think the person generally experiences a positive environment for the particular setting?

   ❏   Yes

   ❏   No

2. Choose an item that you indicated as "**No**" or "**Unclear**," and reflect on one way you can support the person to enjoy a more positive environment.

   Section #: _____   Item #: _____   ❏ No   ❏ Unclear

   What is one way you can support the participant to enjoy a more positive environment?

3. Choose an item that you indicated as "**No**" or "**Unclear**," and reflect on one way you can support the person to enjoy a more positive environment.

   Section #: _____   Item #: _____   ❏ No   ❏ Unclear

   What is one way you can support the participant to enjoy a more positive environment?

4. Choose an item that you indicated as "**No**" or "**Unclear**," and reflect on one way you can support the person to enjoy a more positive environment.

Section #: _____ Item #: _____ ❑ No ❑ Unclear

What is one way you can support the participant to enjoy a more positive environment?

Understanding that a person's environment can influence behavior is a core concept to understanding behavior as a form of communication. You can support participants with IDD by helping to create positive environments for them. Positive environments reduce the need for challenging behaviors and improve participants' quality of life.

Topic 3: Active Listening

[Active listening is a useful strategy for getting to know people, learning what is important to them, and understanding their vision for a good life.]

Active listening uses _____, helps you to understand, and build and maintain _____. It is more than just listening or hearing what is being communicated verbally.

Hearing occurs when sound waves strike your eardrums, causing vibrations to be transmitted to the brain. Listening is the process of understanding what someone else says. Listening is not automatic. We often hear but do not listen.

Characteristics of Active Listening

Use the spaces below to describe each characteristic of active listening.

Showing Empathy

Asking for Clarification and Details Without Judgment

Providing Feedback

Active Listening Example

The following is an example of how a participant might react if you actively listen. Active listening is active participation and interaction with the person speaking. The bolded sections highlight various forms of active listening.

"**You accept my _____ to feel the way I do** without saying I should feel differently. You hear what I have to say while **looking in my _____ and looking like you _____**. **You don't give me advice** when I tell you about something I'm worried about; instead, you wait for me to ask you for advice. **You try to help me _____ to do something** instead of telling me you'll just do it yourself. **You always wait until I _____ what I want to say** before you tell me what you think about what I'm trying to tell you. **You seem interested in what I have to say** and you even smile or laugh at my attempts to tell a joke or a funny story. **You tell me when you don't understand what I've said and ask me questions**, so I can say it again in another way. **You can _____ what I've said to you** or that I asked you to help me the next time I see you. **You care about me** when I'm trying to share something with you and you show me that **you _____ my willingness to want to communicate with you**. You don't finish my sentences for me."

Active Listening Tools and Strategies

Active listening often uses specific responses to demonstrate empathy, provide feedback, and communicate without judgment.

Type	Examples and/or Description
Noncommittal	
Inviting	
Asking for Clarification	
Asking for an Example	
Asking for More Information	
Asking Questions	
Just Listen	
Reflecting	
Eye Contact and Attention	
Summarizing	

Similarly, while specific responses can help build trust and allow the person to feel respected and understood, other responses may be "roadblocks" to active listening which can distract and get in the way of a person's self-exploration.

10 Roadblocks to Active Listening

1. Ordering, Directing, Advising, or Commanding

> *Exampes:*

2. Warning, Cautioning or Threatening

> *Exampes:*

3. Making Suggestions or Providing a Solution

> *Exampes:*

4. Disagreeing, Judging, Criticizing, or Blaming

> *Exampes:*

5. Agreeing, Approving or Praising

> *Exampes:*

6. Shaming, Ridiculing or Labeling

> *Exampes:*

7. Interpreting or Analyzing

> *Exampes:*

8. Reassuring, Sympathizing or Consoling

> *Exampes:*

9. Questioning or Probing

> *Exampes:*

10. Withdrawing, Distracting, Humoring or Changing the Subject

> *Exampes:*

Activity: Active Listening

Scenario #1: Olivia appears to be stressed, frustrated, and fearful. You know she is having a difficult time at her day program, but you are trying to get dinner on the table. She interrupts you and says, "I don't like it. I don't even know anyone there."

Generate a response demonstrating each of the three active listening tips:

#1 Shows Empathy:

#2 Seeks Clarification:

#3 Provides Feedback:

Scenario #2: Tucker just came back from a self-advocate meeting. He appears agitated and his voice is loud and strained. He says, "I'm supposed to be working with four other people on this new project, but they never listen to my ideas!"

Generate a response demonstrating each of the three active listening tips:

#1 Shows Empathy:

#2 Seeks Clarification:

#3 Provides Feedback:

Scenario #3: Mike comes home, and he politely asks if he can talk to you and sits down. He seems calm and does not look angry. Then he says, "I'm always late to the day program, and it's your fault!"

Generate a response demonstrating each of the three active listening tips:

#1 Shows Empathy:

#2 Seeks Clarification:

#3 Provides Feedback:

Lesson 3: Positive Behavior Supports

Topic 1: ABCs of Behavior

Positive Behavior Supports

There is a function or reason behind every behavior, and you can use _____ _____ _____ (PBS) to assist people when they engage in challenging behaviors. PBS is a system used in response to an individual's inappropriate or challenging behaviors which involves working with and supporting the individual. PBS models approach behavior from the perspective of supporting a person with something they are experiencing challenges with. This shifts the focus from thinking about behaviors as problems needing to be managed.

PBS strategies can help the person avoid challenging behaviors and instead use _____ _____. The goal is to teach the person an acceptable replacement behavior that will take the place of the challenging behavior. One way to teach the replacement behavior is to _____ the environment to encourage the positive behavior. With PBS, it is important to assess the participant's quality of life and to identify possible environmental factors that may increase the likelihood that the person engages in challenging behaviors.

	Behavior Management: "Behavior Problems"	*Positive Behavior Supports: "Challenging Behaviors"*
Behavior as:		
Focus is on the:		
Challenging behavior as:		
Your role:		

ABCs of Behavior

The A-B-C Data (Antecedents - Behavior - Consequences) will help you develop a Behavior Support Plan.

Data	Description and Questions to Ask
Antecedents	
Behavior	
Consequences	

Every behavior has _____ (what happens before the behavior) and _____ (what happens after the behavior).

Activity: Identifying A-B-C Data

Read **Part 1** of Tim's Story to practice identifying A-B-C Data.

Tim uses gestures to communicate and has severe developmental disabilities. He can communicate "yes" and "no" audibly and otherwise does not speak. Tim has a habit of smacking his lips and plopping down in front of the refrigerator when he wants something to eat.

He often gets in the way of his care provider (Malia) when she is trying to cook. Tim typically refuses to get out of the way, preventing Malia from opening the refrigerator. Also, Tim often hurts himself when he plops himself down on the floor. Malia would give him food after he plopped down because he would make happy-sounding noises.

Complete the following:

1. Identify the antecedents. There are three.

2. Identify the behavior.

3. Identify the consequences. There are two.

Topic 2: Behavior Principles

Defining Desired and Replacement Behaviors

After going through the A-B-C Data, the next step is to teach the person a replacement behavior based on the person's preferred learning style.

A replacement behavior is a _____ and functional (reaching the same results) alternative to the challenging behavior. When the person learns the replacement behavior, the challenging behaviors become unnecessary. The focus should be on teaching the positive replacement behavior instead of trying to reduce or eliminate the challenging behavior.

Examples of replacement behaviors include: communication, social skills, coping strategies, problem-solving skills, self-care, and relaxation skills.

A replacement behavior should:

1.

2.

3.

4.

Read **Part 2** of Tim's Story where Malia, Tim's care provider, incorporates replacement behaviors.

After going through the A-B-C Data, Tim's care provider (Malia) decided that giving Tim food in front of the refrigerator was just encouraging him to repeat his behavior (i.e., plopping in front of the refrigerator to communicate his hunger or thirst). Malia decides that an appropriate replacement behavior is to teach Tim to use gestures for "eat" and "drink" and to only offer Tim food or a beverage at the table after he uses the respective gesture.

Topic 3: Reinforcement

> _____: any consequence that follows a behavior that increases the likelihood that the behavior will be repeated.

The most effective way to determine which behavior you are reinforcing is to observe the effects of the reinforcement on the person's later behavior.

Reinforcers

_____ reinforcements (or reinforcers) are consequences that strengthen a person's future behavior. For example, if a positive replacement behavior is used, a reinforcer supports the person to do the positive replacement behavior more often.

Use the space below to write down the guidelines for reinforcers.

Read **Part 3** of Tim's Story to discover how only offering food at the table strengthened the replacement behavior over time.

It took a while to replace the behavior of sitting in front of the refrigerator because Tim would use both behaviors (plopping down in front of the refrigerator and the gestures) at the same time. Since the food was only offered at the table however, he gradually began going to the table and using the appropriate gesture to tell Malia (the care provider) what he wanted.

Topic 4: Problems with Punishment

_____ is used when you are trying to increase the likelihood of a desired behavior, to help a person develop new, desirable behaviors. Punishment, on the other hand, does not teach a new skill and does not result in positive, long-lasting changes. Instead, use positive reinforcements with the person.

Reinforcement versus Punishment:

- With **reinforcement**, you are trying to increase the likelihood of a desired behavior, to help a person develop new, desirable behaviors.

- With **punishment**, the consequence that follows a behavior is intended to decrease the likelihood that the behavior will occur.

Activity: Avoiding Punishment

Use the space below to describe why punishment should be avoided:

Activity: Reinforcement or Punishment?

Part 1:

For each of the following, decide if the care provider's response is an example of reinforcement or punishment. In each example, the care provider is named Laura, and the participant is Tucker.

Write R for reinforcement or P for punishment.

1. **Situation**:
   Tucker sometimes gets too close to other people and flaps his hands. When this happens, Laura makes him sit in the corner for five minutes with his hands on his lap. This results in Tucker not flapping his hands anymore.

   Is this an example of reinforcement or punishment? ____

2. **Situation**:
   Tucker is learning to wipe his mouth and chin so his drooling is not as noticeable. Laura provides praise when Tucker wipes each time, but Tucker is also wiping his mouth and chin less and less.

   Is this an example of reinforcement or punishment? ____

3. **Situation**:
   Tucker earns points if he stays by Laura when shopping. He can use these points to rent a movie. Now Tucker constantly stays near Laura.

   Is this an example of reinforcement or punishment? ____

Part 2:

Return to the example of punishment (hint: there is one). Create an alternative, more positive approach that the care provider can use.

Return to the examples of reinforcement (hint: there are two). Identify other positive reinforcement(s) the care provider (Laura) can use to support desired behaviors for the participant (Tucker)?

Lesson 4: Positive Behavior Support Plans

Topic 1: Components

Behavior Support Plans

> _____ _____ _____ _____ (PBSP): An individualized plan that examines the person's behavior as a whole and determines a specific course of action when challenging behaviors occur.

PBSPs offer strategies to _____ the environment and interactions in order to _____ the occurrence of challenging behaviors.

There are six elements of a PBSP:

PBSP Element	Description
#1	Identify the "triggers" and other factors that happen before the challenging behavior occurs.
#2	Identify and describe the specific challenging behavior using data.
#3	Identify what happens after the behavior occurs.
#4	Identify the replacement behaviors that the person can engage in instead of the challenging behavior.
#5	Match your teaching style to the person's learning style to be most effective. Teach to the person's strengths.
#6	Use in response to the person's replacement behavior to increase the likelihood the behavior will be repeated.

Components of a Positive Behavior Support Plan

Positive Behavior Support Plans (PBSPs) are generally made up of two separate sections: Functional Behavior Assessment and Intervention Strategies.

Functional Behavior Assessment

The _____ _____ _____ (FBA) focuses on defining the behavior and identifying the functions that it serves. A behavior must be _____ and _____ (e.g., hitting, swearing, running away). This allows us to take accurate data and design appropriate and effective interventions.

Once the behavior is clearly defined, the Functional Behavior Assessment uses A-B-C Data to identify the function of the behavior. The FBA process collects data to identify patterns of behavior to develop a hypothesis of conditions that trigger and/or maintain the behavior. Remember, the person is using the behavior to communicate something and is likely trying to express what is important to them. By identifying antecedents and consequences to the behavior, we are able to evaluate what happens before and after the behavior occurs and assess what needs are being met through the behavior.

Intervention Strategies

When we know why a behavior is occurring and what it is communicating, we can design appropriate intervention strategies. The Positive Behavior Support Plan will outline intervention strategies which include techniques and methods to promote the sustainability of the behavioral change.

Describe possible intervention strategies below:

Interventions also refers to the strategies we use to teach replacement behaviors and should be based on the person's individual learning style. Some common strategies available to support the person's learning include:

1. _____ _____: In the natural environment, there are cues or bits of information that can help a person decide how to behave or manage particular situations.

2. _____: A prompt is given to show a person what needs to be done to complete an activity or task. Prompts include gestures, verbal instructions, pictures, modeling, and physical assistance.

3. _____ _____: Some tasks or skills involve several steps, so it may be beneficial to break them down into individual steps. There can be successes along the way to achieving the intended goal. To increase the likelihood of success that the person will learn to use the replacement behavior instead of the challenging behavior, you should support and teach the person based on their preferred learning style. Some people learn best through modeling, visual cues, listening, reading, or practicing.

Whatever the person's preferred style of learning is, you can improve your teaching abilities. Use the space below to write out the guidelines on teaching abilities:

Examining Challenging Behaviors

Lisa, a participant, engages in a challenging behavior **to avoid or escape something**.

Going through the elements of a Behavior Support Plan for this type of challenging behavior can often be more difficult because you need to understand:

1. What is the person trying to avoid or escape?

2. How do you replace the challenging behavior with a replacement behavior?

3. How do you reinforce the positive replacement behavior?

4. How do you support the participant to confront what they are attempting to avoid or escape?

[Note: #4 is only applicable when the person is trying to avoid or escape an activity, event, or person that supports the participant's quality of life, such as positive community or day program events.]

Step #1: Challenging Behaviors

Lisa typically gets out of bed, gets ready to go to her day program, and gets on the van to go to her day program independently. On Mondays, however, she cries and does not want to get out of bed. She refuses to go through her morning routine and tries to stall and miss her van ride to the day program.

Step #2: Antecedents

Antecedents: Possible reasons why Mondays are difficult for Lisa.

- Does Lisa stay up too late on weekends? If so, what is keeping her up?

- Is there something at the day program on Mondays that Lisa is avoiding, such as a different activity or staff member?

- Is there something at the day program on the other days that is more enjoyable for Lisa, such as community activities or different staff members?

- Is there something related to the van on Mondays that Lisa is avoiding, such as a different driver or passenger?

- Is Lisa's room messy because of the weekend?

- Does Lisa need to set out clothes on Sunday to make Mondays less overwhelming?

- Does Lisa have difficulty waking up early on Mondays because she can wake up on her own on the weekend?

- Is there something that occurs at home on Mondays that is more enjoyable than the day program?

Step #3: Consequences

Lisa often stays home and does not attend her day program on Mondays. Lisa's care provider uses A-B-C Data to figure out the following:

- **Antecedents**: Lisa's room is messy because of the weekend and she feels overwhelmed with the mess and her morning routine when she wakes up on Monday.

- **Behavior**: On Mondays Lisa cries and does not want to get out of bed. She refuses to go through her morning routine and tries to stall and miss her van ride to the day program.

- **Consequence**: Lisa often stays home and does not attend her day program on Mondays.

Step #4: Replacement Behaviors

Lisa can ask her care provider to help her clean her room on Sunday evening before dinner instead of leaving her room messy for Monday morning. The replacement behavior must get the same result (e.g., a clean room and reducing the stress of Monday morning) and working together to clean her room on Sunday is an opportunity for Lisa to receive positive reinforcement and recognition from her care provider.

Step #5: Learning Styles

Lisa's care provider knows that Lisa learns best with (1) task analysis and (2) modeling. Lisa needs to learn how to clean her room and set out clothes for the next morning.

- **Task Analysis**: Breaking down the steps Lisa can take to clean her room and pick and set out her clothes for Monday.

- **Modeling**: The care provider will model or show Lisa how to clean her room and pick and set out her clothes for Monday.

Step #6: Reinforcement

These consequences will provide Lisa with motivation to perform the replacement behavior instead of using the challenging behavior. Lisa really enjoys her care provider's help and support to clean her room.

- At the beginning, the care provider will help Lisa the whole time until she learns how to go through the steps independently and provides her with positive reinforcement for cleaning and being organized.

- The next week, the care provider will help Lisa clean and will provide her with positive reinforcement for doing it well, but she will not help her set out her clothes.

- The following week, she will let Lisa do most of the cleaning and provide her with positive reinforcement for doing it well.

- Eventually, the amount of support Lisa needs to clean her room is minimal, and she gets up and gets ready to go on Mondays without any issues.

Activity: Challenging Behavior Analysis

Choose a different "antecedent" and complete the six elements of the PBSP.

1. **Challenging Behavior**: Lisa typically gets out of bed, gets ready to go to her day program, and gets on the van to go to her day program independently. On Mondays, however, she cries and does not want to get out of bed. She refuses to go through her morning routine and tries to stall and miss her van ride to the day program.

2. Antecedents

3. Consequences

4. Replacement Behaviors

5. Learning Style

6. Reinforcement

Prohibited Interventions

Appropriate intervention strategies not only promote the sustainability of behavior change, they also ensure the safety and rights of the individual. The techniques and methods we use to support participants should not limit or infringe on their personal freedoms.

The following are restrictive interventions that are not allowed:

Restrictive Intervention (Not Allowed)	Example
	Keeping the person isolated from others as a method of controlling behavior.
	Using techniques that are unpleasant or painful to manage behavior.
	Using a device, procedure, or medication which restricts a person's ability to move.
	Whether verbal, physical, psychological, mental, or emotional harm including intimidation and harassment.
	Examples: Denial of food, beverages, shelter, sleep, restrooms, communication devices.
	Taking away an activity earned through positive behaviors.

Sometimes the individuals we support have more serious behaviors and may pose an imminent risk of harm to themselves and/or others. In these situations, when someone has dangerous, aggressive, or harmful behaviors, you should make all efforts to explore positive behavior approaches to reduce and/or replace the challenging behavior. If the less restrictive interventions are not effective it may be necessary to use a restrictive approach to prevent harm to the person or others.

_____ _____ are only meant to address situations of imminent risk of harm. They should never be used long term or for the convenience of others. The restrictive intervention strategy should be terminated when there is no longer a threat of _____ harm, or when a less restrictive approach (such as those described in Intervention Strategies) would achieve a similar _____ or serve the same _____.

Topic 2: Development

Seven Questions to Guide the Development of a PBS Plan

Ask the following questions in developing a person-centered Positive Behavior Support Plan (PBSP):

1. How can we help the person to expand and _____ their relationships?

2. How can we help the person to achieve a sense of _____ and well-being?

3. How can we help the person to have more fun in ordinary, everyday _____ places?

4. How can we help the person to have more _____?

5. How can we help the person to make a _____ to others?

6. How can we help the person learn valued _____?

7. How can we help the person's supporters to get the support they need?

PBSPs are often developed by qualified _____ (e.g., licensed psychologists, behavior analysts) and should be implemented according to the instructions specified.

Topic 3: Implementation

Individualized Approach

Positive Behavior Support Plans (PBSPs) clearly identify the primary strategies to be used when supporting a participant. Likewise, the plan also includes detailed procedures about how to implement the strategies and collect _____, so the PBSP can be _____ for effectiveness. Data collection generally includes _____ observations about responses to the interventions by measuring the occurrence of _____ _____ and _____ skills.

Remember that _____ _____ _____ follow person-centered principles and are individualized to meet the needs of the specific person being supported. PBSPs are not meant to be used from one person to another; the strategies that work for one participant may not work for another. Proper implementation of a PBSP supports the person to live their _____ _____ by focusing on what is important to them and helping them communicate more effectively.

Lesson 5: Summary

Providing **person-centered support** involves understanding both what is important to and important for the person. However, this may be challenging if the person has different communication abilities resulting in difficulty expressing their wants and needs. How effective we are in supporting another person depends on:

1. How clearly we understand what the person is communicating to us; and
2. How well we communicate our wants and needs to others.

Challenging behaviors often result from having unmet needs. Having effective communication skills and strategies enables us to better meet the needs of others, and when a person feels understood, it enables them to improve their quality of life and increase their community involvement. When people are able to effectively communicate with those around them, they are empowered to live their good life. Being understood also allows us to stay socially connected, be supported with what is important to and important for us, and live healthier and happier lives.

You also learned about specific strategies such as active listening and using **A-B-C Data** (antecedents, behavior, consequences) to develop and implement a **Positive Behavior Support Plan** (PBSP). The PBSP is an individualized plan that examines the person's behavior as a whole and determines a specific course of action when challenging behaviors occur and generally includes six elements: (1) Challenging Behaviors, (2) Antecedents, (3) Consequences, (4) Replacement Behaviors, (5) Learning Style, and (6) Reinforcement.

> **Main Takeaway:** Having effective communication skills and strategies enables us to better meet the needs of others, and when a person feels understood, it enables them to improve their quality of life and increase their community involvement.

Visions Training Series
State of Hawai'i Developmental Disabilities Division

Staying Healthy and Safe
COURSE WORKBOOK

STAYING

HEALTHY
& SAFE

Table of Contents

Course Overview

In this course, you will learn how to support a participant to stay both healthy and safe. The Visions courses so far emphasized choice and surrounding an individual with what is important to them. The Staying Healthy and Safe course focuses on ensuring that what is important for the participant is addressed.

In order to stay healthy and safe, we must first understand what good health looks like and how to stay healthy. This also includes avoiding preventable deaths by recognizing the causes and risk factors. You will also learn what to do when faced with an emergency.

The overarching goals for this course are as follows:

1. Supporting a participant to stay healthy and safe by:
    a. **Recognizing factors** that could potentially cause illness or injury, and
    b. **Preventing** illness and injury.
2. Avoiding preventable deaths by:
    a. Knowing the **causes**,
    b. Knowing the **risk factors**, and
    c. Knowing what to do in an **emergency**.

Due to the length of this course, the lessons are split up into four modules: (1) What is Good Health, (2) Supporting Good Health, (3) Fatal Five, and (4) Documentation and Record Keeping.

Course Objectives:

Module 1: What is Good Health?

At the end of the module, you will:

Lesson 1: Health Indicators

- ❏ Identify and describe the health indicators that are used to monitor health status.
- ❏ Identify if a participant is experiencing changes in a health indicator.

Lesson 2: Vitals

- ❏ Describe the vital signs: body temperature, pulse, respiration, and blood pressure.
- ❏ Identify the factors that can impact the four vital signs.
- ❏ Identify the normal ranges of each vital sign.
- ❏ Describe pulse.
- ❏ Identify the factors that can impact a person's pulse rate.
- ❏ Identify the normal ranges of pulse rate.

Lesson 3: Baselines

- ❏ Identify a participant's baseline using daily observations and documentation.
- ❏ Recognize changes to a participant's health status based on their baseline.

Module 2: Supporting Good Health

At the end of the module, you will:

Lesson 4: Monitoring for Good Health

- ❏ Describe the requirements of the Physician's Evaluation Form.
- ❏ Understand your responsibilities regarding documentation for examinations, evaluations, progress notes, and other applicable health care documents.
- ❏ Define "baseline."
- ❏ Identify the actions required when there are significant changes in a participant's baseline.
- ❏ Recognize the signs of a heart attack and stroke and when to call 911.

Lesson 5: Supporting Good Personal Hygiene

- ❏ Identify the difference between a routine and a ritual.
- ❏ Identify the difference between Important To and Important For.
- ❏ Define the three types of infection (viral, bacterial, and fungal).
- ❏ Describe reinfection, cross infection, universal precautions, disinfection, and sterilization.
- ❏ Describe the links involved in breaking the chain of infection.
- ❏ Describe recommendations for preventing infection.
- ❏ Describe the steps of proper hand washing.

Lesson 6: Personal Care and Safety

- ❏ Identify the strengths and abilities that should be considered when providing personal care.
- ❏ Describe the guidelines and tips for safe lifting and transferring.
- ❏ Describe and give details for the three common transfer techniques.
- ❏ Describe the five troublesome areas for wheelchairs and the recommendations for safe transport of the participant for each: (1) up curbs, (2) down curbs, (3) stairs and steps, (4) slopes, ramps and hills and (5) uneven ground.
- ❏ Identify the recommendations for specialized equipment.

Module 3: Fatal Five (Preventable Causes of Death)

At the end of the module, you will:

Lesson 7: Fatal Five

- ❏ Identify what aspiration is and the possible signs of aspiration.
- ❏ Identify what dysphagia is and the possible signs of dysphagia.
- ❏ Identify the risk factors of aspiration and dysphagia.
- ❏ Identify "what to do" and when to call 911 if a person is actively aspirating.
- ❏ Use the Aspiration Screening Tool.
- ❏ Identify what dehydration is.
- ❏ Identify the symptoms of dehydration.
- ❏ Identify "what to do" if a participant is dehydrated.
- ❏ Identify the risk factors of dehydration and how to prevent dehydration.
- ❏ Identify what a bowel obstruction is.
- ❏ Identify the symptoms and risk factors of bowel obstruction.
- ❏ Identify "what to do" if a participant has a bowel obstruction and when to call 911.
- ❏ Identify what a bowel obstruction is.
- ❏ Identify the symptoms and risk factors of bowel obstruction.
- ❏ Identify "what to do" if a participant has a bowel obstruction and when to call 911.
- ❏ Identify the condition of gastroesophageal reflux disease (GERD).
- ❏ Identify the signs and symptoms of GERD.
- ❏ Identify the risk factors and prevention recommendations of GERD.
- ❏ Identify "what to do" if a participant has signs and symptoms of GERD.

Module 4: Documentation and Record Keeping

At the end of the module, you will:

Lesson 8: Required Documentation

- ❏ Identify the information that caregivers are responsible for updating and maintaining.
- ❏ Identify what should be included in a DAP (Data, Assessment, Plannote).

Lesson 9: Nurse delegation: What is it?

- ❏ Identify the components of a nurse delegation plan.

Module 1: What is Good Health?

Lesson 1: Health Indicators

The purpose of doing observations of _____ _____ is to monitor if a person is in good health and to detect any _____ of _____.

Health indicators are a guide to determine changes in a participant's health status. Consult with a healthcare provider to identify if there are specific observations to be aware of that are relevant to the participant's situation.

If a participant experiences changes in any of the following, use the additional questions to gather more information.

Eight Health Indicators

#1 Mental state and behavior

A person's _____ _____ includes a person's level of alertness, orientation, and state of confusion. _____ includes how a person conducts themselves and relates to others.

Here are the things to look for with mental state and behavior:

1. Is the person _____ to people and to the environment?

2. Is there a change in the person's state of _____?

3. Is the person aware of _____ they are, _____ they are, and _____ is happening?

4. Is the person _____?

5. Does the person appear restless, _____, depressed, afraid, or nervous?

#2 Skin

_____ is the tissue that covers a person's body. The three areas to look for with the skin include the _____, _____, and _____:

1. Condition: Look at the integrity of the skin and ask the following questions:

    - Is the skin _____?

    - Are there _____ of the skin?

    - Are there _____?

    - Are there areas of _____?

    - Is the skin _____?

2. Color: What is the tone and complexion of the skin? Is there a difference in the person's skin color using the following examples?

    - _____: Very little color; may be white.

    - _____: Bluish or grayish because not enough oxygen is reaching the skin and tissues.

    - _____: Yellow, usually because the liver is not working well.

    - _____: Red or pink, often when body temperature is high.

3. _____: Does the skin feel hot to touch? Is there a fever? Is the skin cool to the touch?

#3 Eyes

_____: Organs that enable a person to see. Do the eyes have the following characteristics?

1. _____: Are the pupils _____ or constricted? Are there any _____ or sores noted?

2. _____: Are the eyes shiny and do they look alert?

3. _____: Are the whites of the eyes yellow (i.e., jaundiced) or bloodshot?

#4 Sleep

_____: The mind and body at rest.

1. Did the person sleep well all night, or did they wake up throughout the night?

2. Did the person awake _____ or _____?

3. Did the person have difficulty falling asleep or _____ asleep?

#5 Meal pattern

_____ _____: The foods eaten at regular times.

1. Is there a difference in the person's eating patterns?

2. Did the person eat well (i.e., the usual amount), fair, poorly or refuse to eat?

3. What was eaten? Were certain foods avoided?

#6 Bowel Movements

_____ _____: The discharge of feces. Is there a difference in the following characteristics?

1. _____: Large, moderate or small.

2. _____: Is the texture of the stool hard like marbles, loose and watery, soft or thin like a pencil? Does it have undigested food in it?

3. _____: Can you describe it as clay, brown, grayish or tarry?

#7 Urine

_____: The watery discharge from the bladder. Is there a difference in the following characteristics?

1. _____: Is there a lot at a time or only a small amount? How often is this person going within a 24 hour period?

2. _____: Light or dark, yellow, pink or bloody. If the urine is cloudy instead of clear, there may be a bladder or kidney infection.

3. _____: Is the smell very offensive or foul?

#8 Pain

_____: Discomfort and might even include suffering if extreme. Is there evidence of pain? If so, try to find answers to the following questions:

1. How does a participant _____ their pain on a scale from 0-10 (0 being "No Pain" and 10 being "Worst Pain")?

2. _____ is the pain? Does it _____ from one part of the body to another?

3. _____ does it hurt? How long has it been hurting? Does it hurt all the time or does it come and go? Does it start suddenly? Does it hurt more when moving? What makes the pain go away? Does rest help?

4. What kind? Is the pain severe, slight, sharp, dull, throbbing, burning, or radiating?

5. Are there _____-_____ actions? Examples include guarding part of the body, squirming, change in behavior, etc.

Lesson 2: Vitals

Topic 1: Temperature

> Normal body _____ is the typical temperature range found in humans.

A person's body temperature varies based on:

1.

2.

3.

4.

Temperature Ranges Based on Measurement

The temperature may vary depending on how the measurement is taken.

Oral: _____°F - _____°F

Average: _____°F

Rectal: __°F + _____

Axillary: __°F - _____

The temperature may vary based on the time of day the measurement is taken.

- A person's temperature is _____ in the evening between 4 PM – 6 PM.

- A person's temperature is _____ in the morning between 2 AM – 6 AM.

Other Factors that Impact Temperature

Factors that Decrease Temperature	Factors that Increase Temperature
1. 2. 3. 4. 5. 6. 7.	1. 2. 3. 4. 5. 6. 7. 8. 9.

Topic 2: Pulse

_____ , or heart rate, is the number of heartbeats per minute.

A person's pulse represents the beating of the heart. Pulse rate, which is often called "heart rate," is the number of times the heart beats each minute (BPM). Your pulse rate changes from minute to minute.

Normal Pulse Ranges

Normal ranges of pulse in beats per minute (BPM):

Infants: _____ - _____

Children: _____ - _____

Adolescents: _____ - _____

Adults: _____ - _____

Regularly Check Pulse

Pulse should be regularly checked to see how well the heart is working.

When checking the pulse, note the:

- _____: Number of beats per minute.

- _____: Time in between beats.

- _____: Force of the pulse.

Factors that Lower or Raise Pulse

Factors that Decrease Pulse	Factors that Increase Pulse
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
	8.

Topic 3: Respiration

_____, or breathing, is the process of moving air in and out of the lungs.

Respirations, like pulse, go up and down quickly as the body's condition changes. When more _____ is needed, respirations get faster and deeper. The normal adult respiration rate is _____ - _____ respirations per minute, where one respiration is breathing in and breathing out once.

Normal Respiration Ranges

Infants: _____ - _____

Children: _____ - _____

Adults: _____ - _____

Regularly Check Respiration

Note the following when checking respiration.

- _____: Respirations per minute

- _____: Bluish or grey skin coloration due to lack of oxygen

- _____ it takes to breathe

- _____ that breathing causes

- Position of the participant's body while breathing

- Sounds that accompany breathing

Factors that Lower or Raise Respiration

Factors that Decrease Respiration	Factors that Increase Respiration
1.	1.
2.	2.
3.	3.
	4.
	5.
	6.

Counting Respirations

Since respirations can be _____, be aware that the participant might alter respirations _____ or _____.

It is best to not inform the participant that you are checking their respiration rate. You can count respirations after taking the participant's pulse.

Steps to count respirations:

- Look at the person's _____ rise and fall.

- A rise and fall of the chest is counted as one breath.

- Count the number of respirations for _____ seconds, and then multiply the count by two to get the number of respirations per minute.

- To check the result, count the respirations for another 30 seconds. If the respirations are irregular, count the respirations for a full minute.

- After counting the respirations, listen to them for a few moments and watch the person's face.

- Note if the breathing is noisy or labored.

Topic 4: Blood Pressure

> _____ _____ is the force of blood against the walls of blood vessels (arteries).

Blood pressure (BP) is recorded as two numbers:

1. Upper number: _____ pressure (as the heart _____)

2. Lower number: _____ pressure (as the heart _____ between contractions)

Category	Systolic mm Hg		Diastolic mm Hg
Normal	Less than _____	and	Less than _____
Elevated	_____ - _____	and	Less than _____
High BP (_____) Stage One	_____ - _____	or	_____ - _____
High BP (_____) Stage Two	_____ or higher	or	_____ or higher

A hypertensive crisis is when systolic is higher than 180 and or the diastolic is higher than 120. A doctor should be consulted immediately.

Factors that Decrease or Increase Blood Pressure

Factors that Decrease Blood Pressure	Factors that Increase Blood Pressure
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
	7.

Blood Pressure: High and Low

High Blood Pressure

High blood pressure is referred to as _____. When blood pressure is very high (above 140/90), the heart has to work hard and this increases the chance that a blood vessel will be damaged.

High blood pressure can damage the:

- _____ – Leading to Stroke

- _____ – Leading to kidney failure

- _____ – Leading to heart attack

- _____ – Leading to blindness

Low Blood Pressure

When blood pressure is very low, the brain and other body tissues may not get enough blood and oxygen. If a participant experiences nausea, lightheadedness, or dizziness, consult with a healthcare provider.

Lesson 3: Baselines

Identify the Participant's Baseline

It is important to become familiar with the baseline _____ for a participant.

The _____ refers to the daily observations that are typical and usual for a person.

Remember that every participant is _____. Even if two participants may have the same diagnosis, do not assume that their baselines will be the same. Take the time to become familiar with the participant in order to get an accurate baseline.

When you are familiar with the participant's baseline, you will be able to notice when changes to the participant's health status occur.

Module 2: Supporting Good Health

Lesson 4: Monitoring for Good Health

Topic 1: Routine Medical Care

Regular Physical Exams

All persons should have regular physical _____ and health _____ performed by a healthcare provider to monitor their health status. Physical examinations include an evaluation of all _____ systems; _____ signs; height, weight, and other conditions as indicated. Additional health screening may also be ordered on a routine basis, depending on the person's age, medical history and health.

The records you are asked to keep on health issues include: menstrual cycles, immunizations, and medications, and some information about certain conditions like seizures. These records help keep healthcare providers up-to-date on a participant's health status. You may be asked to provide this information and other written records to the healthcare provider as additional supplementation to the participant's electronic _____ _____.

Annual Physical Exam Requirement

Physician's Evaluation Form – Annually for Adult Foster Homes

The _____ _____ (PE) Form shall be completed by the participant's licensed healthcare provider during the annual physical examination visit. The form includes the participant's health status, communication, and behavior, and additional information related to the person's health.

The caregiver will keep the _____ PE form in the participant's chart and give a copy to the participant's case manager.

Record of Medical/Dental Visits – for Adult Foster Homes

The Record of _____/_____ Visits form tracks the participant's medical and dental visits. The Record of Medical/Dental Visits should be updated to reflect all of the medical and dental appointments and recommendations made at the visit.

Topic 2: Observe for Changes

Changes to your _____ daily observations could be a sign that there is a change in a participant's health. If you detect any _____ changes in the participant's health status, it is important to _____ and _____ with a healthcare provider.

Example #1

A participant's baseline is to communicate with speech. More specifically, this participant speaks fast but with clear words. If one day you notice that the participant is speaking slower and the speech is slurred, this is an important observation to be aware of.

Example #2

A participant's baseline is to use gestures for communication. The participant typically uses full range of motion in both hands to make gestures. If one day you notice that the participant has decreased strength and decreased range of motion in one of the hands, this is an important observation to be aware of.

Be Aware

Be especially aware of changes that are _____ and occur _____. Sudden and severe changes are important and _____ signs that mean the person may need immediate medical attention.

Topic 3: Emergencies

When to Call 911

These observations may be signs that a person is having a heart attack, cardiac arrest, or stroke, and requires immediate medical attention.

If you observe any of the following signs, call 911:

- If there is _____ of breath or the person _____ breathing

- If the participant turns _____ (cyanotic)

- If the participant is not _____

- If the person's _____ suddenly is blurred or the person suddenly cannot see

- If there is _____ pain more than a couple minutes, even if it goes away and comes back

- If there is sudden _____ or _____, especially if it is on one side of the body

- If the participant stops breathing or is having a really difficult time breathing

- If the person suddenly has difficulty walking, loss of balance, or coordination

Common Heart Attack Warning Signs:

1. _____

2. _____

3. _____

4. _____

5. _____

Spot a Stroke:

F

A

S

T

Notify appropriate personnel and take action as needed as soon as possible or in a timely manner when needed. Make sure all necessary paperwork and _____ is completed when there is a change in the individual's status.

Lesson 5: Supporting Good Personal Hygiene

Topic 1: Important To – Important For

> A _____ is a set of actions done consistently in a specific order.

Everyone has a routine, whether or not we are aware of it. Think about when you first wake up in the morning and the steps you normally take to get ready. Those steps make up your morning routine.

> A _____ is a set of actions in a preferred sequence. The order of the steps holds meaning to the person.

"_____ _____" is about what really matters to the person, from their perspective. These things that are "important to" the person makes the person who they are. These are the things that make the person _____ and _____.

Examples of what might be important to the person can include:

-
-
-
-
-

-
-
-
-
-

Things that are "_____ _____" a person includes the help or support needed to stay safe, healthy, and well. These are the things that make the person _____ and _____.

Important To	Important For

When supporting a participant, find out what the participant's positive _____ and _____ are. Knowing the preferred rituals for the person can have a positive impact on the participant because it will make the participant feel more _____.

Keep in mind that creating positive rituals are not only applicable to morning routines but also applies to how they like to get ready for bed, their afternoon rituals, how they prefer to eat, bathing, etc.

Topic 2: Preventing and Controlling Infections

Key Terms

An important role you have as the care provider is to control the _____ and _____ of infections.

The following are key terms related to controlling infections.

_____: Bacteria, viruses, fungi, or other very tiny germs. Some microorganisms are harmless and some cause disease.

_____: Caused by a microorganism and may be in all or part of the body.

- _____: Caused by a microorganism that cannot be treated with antibiotics, including chicken pox, cold, flu, hepatitis, herpes and gastroenteritis.

- _____: Caused by bacteria, including tuberculosis, strep throat and impetigo.

- _____: Caused by fungi, including ringworm and thrush.

_____: When a person gets the same infection again.

_____ _____: When a person passes an infection from one person to another.

_____ _____: Prevents the spread of germs from the body and body fluids, including the use of gloves, a mask, goggles and a gown if needed.

_____: Includes the removal of germs that cause disease but leaving the germs that do not.

_____: Removes all the microorganisms that cause disease or infection as well as those that do not.

Breaking the Chain of Infection

To prevent the spread of germs from one person to another, a recommendation is to _____ the _____ of _____. The six points or "links" where the chain can be broken and a germ can be stopped include:

- _____ _____: The pathogen (germ) that causes diseases

- _____: Places in the environment where the pathogen lives

- _____ of _____: The way the infectious agent leaves the reservoir

- _____ of _____: The way the infectious agent can be passed on

- _____ of _____: The way the infectious agent can enter a new host

- _____ _____: Any person

Preventing Infections

Recommendations to prevent infections from occurring and spreading:

- Wash your _____ well and often

- Keep clean items _____ from dirty items

- Clean any _____ between procedures

- Clean from the _____ area to the dirtiest

- Maintain a clean environment

- Dispose of _____ properly (for example, you should use two bags if disposing bandages)

- Disposing _____ napkins and any other soiled material. Wrap and promptly discard soiled material in plastic bags and place in containers outside of the house.

- Sneeze and cough into disposable _____

- Keep all _____ current

- Stay healthy by eating _____ foods

- Get an adequate amount of _____ and relaxation

- Regularly _____, wash hair, and brush teeth

- Wash all dishes and glasses thoroughly and when possible, use a _____

- Do not share _____ care items such as toothbrushes and towels

- Wash fresh fruits and vegetables thoroughly

- Wash cutting boards and knives well after each use

- Do not cut _____ and vegetables on the same cutting board

- Use _____ cutting boards only for cutting fruit and vegetable

Keeping Surfaces Clean

The cleanliness of surfaces such as doorknobs and countertops should be maintained with the following methods:

1. _____ the area with bleach or disinfectant. Mix one cup of bleach with one gallon of water. This mixture should be prepared each time it is used. It is effective for 24 hours. The process is most effective if the disinfectant can be left on the wiped area for 30 minutes before rinsing.
2. _____ infected clothing and other items for 15 minutes.
3. Wear _____.
4. _____ sanitary napkins and any other soiled material. Wrap and promptly discard soiled material in plastic bags and place them in containers outside of the home.
5. _____ should be washed in hot water and detergent.

Washing Your Hands

_____ _____ are the single most effective aid to preventing infection.

How to wash your hands

- Wet your hands with _____, running water (warm or cold), turn off the tap, and apply _____.

- Lather your hands by rubbing them together with the soap. Lather the _____ of your hands, _____ your fingers, and under your _____.

- Scrub your hands for at least ____ seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.

- _____ your hands well under clean, running water.

- _____ your hands using a clean towel or air dry them.

You should wash your hands **before**:

- Performing _____ signs

- Preparing and eating _____

- Providing any _____ _____ to the participant

You should wash your hands **after**:

- Using the _____

- Changing tampons, pads, or incontinence briefs (ICPs)

- Coughing, sneezing, or blowing your _____

- Changing _____

- Leaving places at _____ risk of germs

- Pushing a _____ cart

- Touching a person with an _____

- Touching _____

- Using a _____ computer or phone

- Removing _____

Lesson 6: Personal Care and Safety

Topic 1: Providing Personal Care

Some individuals have more intense support needs and require assistance with completing their _____ of _____ _____ (ADLs) such as bathing, dressing, and toileting.

It is important to consider both what is important for and important to a person when supporting them with their personal care needs. Additionally, personal care should be provided based on an _____ approach which considers the participant's _____ and _____ in self-care and personal hygiene. People should be supported to increase their _____, maintain current _____ levels, or to develop new _____.

The following are strengths and abilities that should be considered when providing personal care:

- The _____ (e.g., sitting or standing) the participant is most stable in or most comfortable with

- The positions in which the participant can use their arms and hands for _____ - _____

- The items the participant can _____ (e.g., a large toothbrush)

- The ways the participant _____ their needs and wants

- The participant's _____ _____ (e.g., written, oral, visual, modeling, etc.)

- The participant's _____ and individual _____ in personal hygiene

Topic 2: Positioning

Certain positions are helpful in preventing conditions such as respiratory infections, complications due to osteoporosis, and choking and feeding problems. For participants with abnormal muscle tone, proper _____ is extremely important for good health and safety. Additionally, certain positions can also make it easier for the participant to engage in functional activities. For example, some participants can use their hands more easily from a side lying position rather than from a sitting position. Certain positions encourage and support _____ and social _____, which should be promoted.

Why is repositioning important?

Support the participant to use these positions and consider these precautions:

- Even when the participant is sitting or lying comfortably, they may adjust positions frequently because remaining in one position too long becomes _____.

- For those who have difficulty moving, remaining in one position too long can cause _____ breakdown leading to _____.

- A person may prefer a certain body position. This should be respected whenever possible.

- Some positions are more _____ and _____ appropriate and should be used accordingly.

- Before being left in any position, a person should always be given a _____ or _____ system for signaling when assistance is needed.

General Guidelines for Positioning

- Change a person's position at least once every _____ to _____ hours. To avoid _____ _____, change positions more often if any areas of skin remain _____ for 20 minutes. These areas are likely to occur over _____ areas like the hips, knees, and elbows.

- When a new or different position is introduced, _____ time increments are necessary to ensure the person's comfort and the appropriateness of the position.

- It is generally a good idea to position the participant so that both arms are in the _____ position and both legs are in the _____ position. This makes the body _____. Be sure to ask the participant if this position is best for them.

- Select positions that allow the participant to engage in desirable activities such as watching TV, reading, or eating.

- Encourage positions that keep the head in the _____, instead of off to one side.

- Make sure the body rests on a good _____ of _____, rather than on one arm or leg.

- Align the body from the _____ out, beginning first with the trunk and hips, then head, shoulders, arms, legs, and feet.

Five Positions for a Participant

#1: Supine (Back Lying) Position

This position is good for sleeping and resting, but is generally avoided at other times. It is difficult to use one's hands and interact with others from this position. When used for a limited time, the back lying position may help maintain the trunk's alignment. The time spent in this position should be agreed on before leaving the person in this position, and a bell or call system should be provided if necessary.

Checklist for positioning the participant in the supine (back lying) position:

- Is the trunk _____?

- Is the _____ back supported?

- Is the head in the _____?

- Is there redness that lasts longer than _____ minutes?

- Are the knees _____?

- Are the knees slightly bent and supported?

- Are the shoulders and arms _____ and comfortably positioned?

#2: Prone (Stomach Lying) Position

The prone (stomach lying) position can maintain the trunk's alignment and help a person with hip or knee flexion contractures. Make sure the person's head can turn to one side to remain in this position comfortably. This position should not be used after a person eats, except in very specific instances.

Checklist for positioning the participant in the prone (stomach lying) position:

- Is the trunk _____?

- Is the _____ to one side?

- Is there _____ that lasts longer than 20 minutes?

- Are the _____ out from under the body?

- Are the _____ supported on the surface?

- Are the _____ separated?

- Are the _____ protected and not pointed into the surface?

#3: Prone on Forearms Position

The prone on forearms position can help improve flexibility at the shoulders, elbows, hips, knees and spine. This position can also help improve upper trunk and head control, shoulder stability and muscle strength. While a person is in this position, use an activity such as watching TV to help pass the time.

Checklist for positioning the participant in the prone on forearms position:

- Is the trunk _____?

- Is there redness that lasts longer than _____ minutes?

- Are the _____ on the mat?

- Are the _____ supported on the surface?

- Are the _____ separated?

- Are the _____ protected and not pointed into the surface?

- Are the _____ over the edge of the wedge, if a wedge is used?

#4: Side Lying Position

Side lying is a good position to allow the body to relax because this position often helps decrease muscle tension. Side lying makes it easy to freely move the head and arms. If there is a problem with a curved spine (e.g., scoliosis), side lying helps align the trunk and stretch shortened muscles. Abnormal reflexes are frequently not as strong in the side lying position and activities such as dressing, changing an ICP and bathing may be easier to perform in this position. This position can be different for every person. Please note that some may not find this position relaxing, so be sure to communicate with the participant.

Checklist for positioning the participant in the side lying position:

- Is the _____ supported and aligned with the trunk?

- Is the _____ leg straight?

- Is the _____ leg bent and

supported so that it is in line with the trunk?

- Is there _____ that lasts longer than 20 minutes?

In the sitting position, the hips should be positioned so that weight is distributed and balanced equally on both buttocks. Proper positioning in sitting allows the participant to use their arms and hands freely. Restraints to keep the participant upright should only be used with a physician's order.

Checklist for positioning the participant in the sitting position:

- Is the trunk _____?

- Is the _____ aligned with the trunk?

- Is there _____ that lasts longer than 20 minutes?

- Are the _____ firmly back in the chair?

- Are the hip _____ level with each other OR with one another?

- Are the _____ positioned so that they are flat on the surface?

Equipment for Positioning

Various pieces of equipment can be used to help position the participant such as armrests, wheel locks, wheel and hand rims, casters, seat and back upholstery, and footplates. The participant may need certain pieces of equipment for support to comfortably remain in the positions described above.

Topic 3: Safe Lifting and Transferring

Guidelines and Tips for Safe Lifting

1. Stand _____ to what you are about to lift and make sure you have _____ _____.

2. Keep your legs _____, with one foot forward when possible.

3. Bend your _____, keep your back _____ and avoid bending at the waist.

4. Tense your _____ and _____ muscles just before you lift.

5. Use your _____ muscles for the actual lift and straighten your legs slowly.

6. Always hold the person or object you are lifting _____ to your body.

7. "_____ up the _____" before attempting to lift or move a person or object – this means looking at the person or object and figuring out if and how you can safely lift the person or object.

8. Get _____ when needed.

9. Whenever possible, slide, roll, or push instead of lifting an object.

10. Know where you are going and clear a path to your destination before you lift something.

11. Use smooth, _____ movements and avoid jerky, sudden movements.

Guidelines for Safe Transferring

1. Prepare the _____ (e.g., unobstructed, dry floor) and any _____ (e.g., bed, wheelchair or toilet) before you transfer the participant.

2. Before you provide any _____ assistance, review with the participant what you will be doing and what the participant will be doing including: what is to be done, how it will be done, where they will be moving to, and how they can help.

3. Encourage the participant to _____ as much as possible while providing them with as much support as needed.

4. Give the greatest support at the _____ of the body (e.g., trunk, shoulders or hips), rather than at the legs and arms and use a firm touch with good contact.

5. Do not wear _____ or _____ that may scratch or pinch the participant.

6. Move _____ and _____.

Transferring Techniques

The three common transfer techniques include:

1.

2.

3.

Topic 4: Safe Transporting Using a Wheelchair

You may be responsible for transporting the participant in a _____.
Good _____ of a wheelchair is important for the safety and comfort
of the participant. General knowledge of the parts of a wheelchair and how to
efficiently use a wheelchair are equally important.

Guidelines to Assist the Participant Using a Wheelchair

- Make sure the participant is sitting as far _____ as possible in the chair and
  that the seat _____ is securely fastened around the participant's ____ bones.

- Make sure all positioning equipment is _____.

- Before you provide any physical assistance, review with the participant what
  you will be doing and what the participant will be doing.

- Push _____. Do not start _____ and do not stop
  _____. A _____ walking rate is the recommended speed
  when transporting the participant in a wheelchair.

- Always look to use _____ areas. Avoid _____ and _____ in the
  sidewalks and inclined surfaces at driveways. Sudden jolts and the sensation
  of tipping can startle and possibly cause the participant pain.

Troublesome Areas for Wheelchairs and Recommendations

#1: Up Curbs

Fortunately, most cities have installed _____ _____ (i.e., curb ramps) at the corners of sidewalks. Look for them before you go over a curb.

If you must go up a curb, tell the person what you will do before you do it and follow these steps:

- _____ the wheelchair backwards so the front wheels are off the ground.

- Slowly push forward so the _____ wheels are on the curb.

- Push until the _____ wheels touch the curb.

- Push and lift the _____ wheels onto the curb.

#2: Down Curbs

Look for curb _____ before you go down over a curb.

If you must go down a curb because you cannot find a nearby curb ramp, tell the person what you will do before you do it and follow these steps:

- Turn the wheelchair so the _____ is to the curb.

- Slowly pull the chair toward you and lower the _____ wheels over the curb so that the chair tilts backwards.

- Pull and slowly lower the _____ wheels.

#3: Stairs and Steps

Look for an available _____ because you will need two strong people to carry a wheelchair up stairs or steps. Many buildings have ramps or lifts for wheelchairs, and some businesses and homes with a single step at the entrance provide a mobility ramp. You can also ask the building _____ staff for available equipment and assistance if needed.

#4: Slopes, Ramps, and Hills

The _____ with _____ Act (ADA) of 1990 defined and regulated "_____ _____" as having a rise or drop of approximately ____ inches vertically for every ____ feet of horizontal movement to ensure a safe and gradual slope.

However, you will sometimes have to go up or down a steeper slope. Remember that a wheelchair with an adult can be very heavy and if you have any doubt that you can physically handle the slope, take a detour or ask for help.

#5: Uneven Ground

Go _____ and _____. Anticipate holes, sticks, rocks and other obstacles. Sometimes on grass or gravel, pulling the wheelchair backward is safer and easier than pushing it forward.

Topic 5: Specialized Equipment

You may be responsible for caring from someone that uses specialized equipment and supplies specific to the participant's support needs. Specialized equipment can help the participant with _____ or interact better with the person's _____ and _____. Each participant's support level may be unique but here is some general basic information regarding some specialized equipment you may see.

General Guidelines and Safety Tips for Lifts

Keep in mind, there are many different _____ of lifts. To be sure you are using the lift appropriately, read the manufacturer's instruction and manual to ensure proper operation for the participant's specific lift.

General guidelines to safely transfer a participant with a lift:

- Check your _____ and ensure that the path is clear and dry, with an even surface.

- Before doing any _____, explain to the participant what is going to happen before lifting.

- Check the maximum weight _____ of the lift and do not go above the limit.

- If transferring to a wheelchair, put on the _____ and remove the foot rests.

- Always keep the weight of the participant _____ over the base to keep lift stable.

- Keep the participant facing the person working the lift.

- Check that the equipment is in good working condition and does not have defects prior to lifting the participant.

- Do not push or pull the boom.

- Before making the transfer, check to ensure the wheelchair or bed has the brake locks _____.

- Do not use lift if the participant is restless, combative, or agitated.

- Never leave the participant _____ in the lift.

Walkers

A _____ is a special equipment that supports a person to ambulate (i.e. walk). A walker may be used when the participant is still able to walk but may need some additional support to maintain their _____ and _____.

Walkers come with _____ legs on the bottom. A walker may have no wheels. Other walkers may come with two wheels on the front two legs and rubber tips or glides in the back, or wheels on all four legs. Walkers with wheels on all four legs are used when the person does not have to lean on the walker. Some walkers may have a seat that can be used as a chair. On the top of the walker, there will be _____ with hand grips on the sides. When walking, the participant will walk in the _____ of the handles with their hands placed on the hand grips.

Before using the walker, adjust to the proper _____ for the participant. Move the hand grips until they are lined up with the participant's wrist. The elbows should be in a comfortable, slightly bent position when they hold the grips.

General Guidelines and Safety Tips for Walkers

Keep in mind, there are many different manufacturers of walkers. Listed below are some general guidelines to safely transfer the participant with a walker:

- Check the walker for any _____ before use. If there are defects, do not use a walker until it is fixed.

- Adjust the walker for the participant's _____.

- Check your surroundings to ensure the path is clear and dry with an even surface.

- Ensure an _____ position when using the walker, leaning too forward may cause the participant to lose balance or hurt their back.

- Ensure the walker is used in _____ of the person and walking forward. Do not use the walker backwards or with the walker behind the person.

- Encourage the participant to use a _____ that is comfortable for them and to take their time. Use _____ steps during use. Rushing and going too fast may cause the person to lose balance and fall.

Module 3: Fatal Five (Preventable Causes of Death)

Lesson 7: Fatal Five

The "_____ _____" are the top five preventable causes of death for individuals with intellectual/developmental disabilities.

_____: occurs when oral or stomach contents enter a person's airway and are taken into the lungs instead of the stomach.

_____: occurs when the body does not have enough fluid.

_____ _____: is the hardness of a bowel movement, difficulty passing stool, infrequency of passing a stool, or no bowel movement within 72 hours.

_____: are sudden, excessive and disorderly electrical discharges in an apparently healthy brain.

_____ _____ _____: is the backing up of stomach contents into the esophagus.

Topic 1: Aspiration

> _____: occurs when liquids, foods, or stomach contents enter the airway and go into the lungs instead of the stomach.

What is it?

Aspiration is a problem because a person could potentially _____ on the foreign materials that accidentally goes into the _____. Sometimes, aspiration could even cause an _____ of the lungs.

Aspiration can happen when:

- Something is inhaled into the _____ or _____

- Something is going down or is on the way up from the stomach (_____)

- A person is _____, taking _____, or brushing _____

- The person is _____ _____, _____, or during a _____.

Aspiration and Dysphagia

> _____: is when a person has difficulties and problems with swallowing.

Dysphagia is related to aspiration because if a person has a difficult time swallowing, this may increase the risk for aspiration.

The possible signs of dysphagia include:

- Inability to handle secretions (_____)

- Increased _____

- Decreased cough productivity

- Changes in _____ signs (temperature, respiration, pulse, blood pressure)

- Weak, gurgly, or moist _____ after eating

- Less interest or desire to eat (poor _____)

- Weight loss without trying

- Difficulty _____ certain foods, liquids, or medications

- Choking on food or _____ when eating

- Food going down the wrong _____

- History of respiratory infections or _____

Risk Factors for Dysphagia and Aspiration

- Muscle _____

- _____

- Scoliosis

- _____

- Severe _____

- Genetic conditions

- Lung Disease

- _____ Disease

- _____ side effects

- Altered _____ status (anticonvulsants, benzodiazepines, analgesics, psychotropics)

- Lack of ability to communicate

- Poor oral _____ care and _____

- Improper _____ during and after meal

Additional Risk Factors for Aspiration

- Being less _____ due to medicines, illness, or other reasons

- _____

- Drinking large amounts of _____

- Receiving _____ to put you into a deep sleep for surgery (general anesthesia)

- _____ age

- Poor _____ reflex in people who are not alert after a stroke or brain injury

Screening Tool for Aspiration

If the participant may be at risk for aspiration, use the screening tool. If the answer to any of the questions is "YES" or you recognize the signs and risk factors of aspiration, contact a healthcare provider for further evaluation.

Yes / No   *Does the individual ever choke or cough when eating solid foods or swallowing liquids?*

Yes / No   *Does the individual enjoy eating less than they used to?*

Yes / No   *Has the individual lost weight?*

Yes / No   *Does the individual drool or have difficulty managing secretions?*

Yes / No   *Does the individual have difficulty swallowing certain foods?*

Yes / No   *Does the individual ever act like they have food stuck in their throat?*

Yes / No   *Does the individual ever complain about food going down the wrong pipe?*

Yes / No   *Does the individual's voice sound weak, wet, or "gurgly" after they eat?*

Yes / No   *Does the individual have a history of repeated respiratory illness or pneumonia?*

Yes / No   *Does the individual ever have trouble swallowing medications?*

What to Do

If you feel that the participant is at risk for aspiration, but there are no protocols currently in place, inform and discuss with the healthcare provider what the appropriate care may be for the participant. If there are doctor's orders and protocols in place, follow the orders and protocols accordingly.

- If any risk factors or signs of aspiration or dysphagia are observed, refer the participant for _____ from a healthcare provider

- Follow food _____ (e.g. pureed, soft) as ordered by healthcare provider

- Maintain an _____ _____ position when eating meals

- Avoid laying down for at least _____ hours after meals

- If a participant needs supports to eat meals: (1) Be sure that the participant is wide _____ when eating, avoid eating when _____; (2) Feed _____ and allow enough time for the participant to eat safely

The caregiver must also notify the _____ _____ to ensure that the ISP is updated and supports are in place to address the risk of aspiration.

Active Aspiration

If you notice that the person is actively aspirating and choking:

- Ensure that the participant stops _____ or _____, and/or stop the ___-_____ feeding,

- Keep the participant _____ and encourage coughing, and

- Notify the healthcare _____.

Call 911 if the person:

- Is _____ and not breathing or has difficulty breathing

- Appears gravely _____ and their immediate health is at risk

Topic 2: Dehydration

_____: occurs when the body does not have enough fluids. This can occur when the fluids going out of the body is more than the fluids going in.

Fluids Going In (_____)	Fluids Going Out (_____)

When can dehydration happen?

Dehydration can occur in a matter of _____ or _____ depending on the circumstances.

What are the impacts?

Dehydration can adversely affect an individual and can potentially cause _____, _____, bowel obstruction, medication _____, _____ and in extreme cases, _____ and _____. Also check with the doctor before giving additional fluids if the individual has heart or kidney disease.

Symptoms of Dehydration

Be aware of the symptoms of dehydration. Symptoms of dehydration include:

- Extreme _____

- Dry sticky _____

- Lightheaded, tiredness, or _____

- Decreased _____ with a dark color and concentrated smell

- No urination for one or more _____ hour periods per day

- Change in the level of _____, _____, functioning, personality, or

- _____, _____, or lethargy

- Dry skin, poor skin elasticity, dry cracked _____, dry tongue with cracking

- Heart rate _____ than normal without exertion

- Blood pressure _____ than normal

- Problems with _____ obstruction

What to Do

If a participant is dehydrated, lost fluids and electrolytes need to be replaced with water or a liquid with electrolytes such as a sports drink. If a participant is severely dehydrated, the individual may require emergency medical attention.

Risk Factors

The following are some of the risk factors of dehydration:

- People that rely on or need supports to _____ or drink

- Someone that has diarrhea, vomiting, or a high fever

- Older adults and young children

- Exposure to really hot

- temperatures that causes excessive _____

- People that may have fluid _____

- People with chronic disease or illness

Drinking fluids every day helps to _____ dehydration. For people that are in good health, drinking fluids with each meal and when thirsty is enough to keep a person hydrated. Generally speaking, a goal of drinking _____ liters for women (ages 19 and older) and _____ liters for men (ages 19 and older) of water daily is adequate.

Provide extra fluids if _____ or _____ has occurred, _____ is present, the weather is _____ and, the person is _____.

_____ is a great choice for fluids because it has _____ calories and no sugar. Other types of drinks can count towards fluid intake as well, such as juices, lemonades, and sports drinks. Be sure to read the food labels of drinks and choose drinks that are low in _____ and _____. Drinks are not the only way to incorporate fluids. There are some foods that have a high water content. Some examples of those foods include lettuce, watermelon, broccoli, grapefruit, carrots, and apples.

For participants that may have difficulties communicating when they are thirsty, or for those that require physical support to drink or eat, be especially mindful of the fluid intake. Remember to offer fluids with each meal and throughout the day. Be on the lookout for signs of dehydration because it may be a sign that the person is not receiving enough fluids.

Topic 3: Seizures

_____: a sudden, excessive and disorderly electrical discharge in an apparently healthy brain. It may be caused by conditions such as medications, electrolyte imbalance or fever.

_____: a condition with sudden, recurrent, unprovoked seizures that occur in the brain that has an injury. It is also known as a seizure disorder.

When seizure activity does not stop:

When seizure activity does not stop, it can lead to the following life threatening outcomes:

- Lack of _____
- Falls resulting in _____ or _____ damage
- _____
- _____ which may also result in pneumonia
- High _____
- _____ arrest

Even if the individual survives, there may be significant injury. Brain or lung damage is possible.

What to Do

If you see someone having a seizure, remain calm and do the following:

- Roll the person on the side to prevent _____

- _____ the person's head and remove any dangerous objects the person might hit

- Loosen any tight clothing around the neck

- Keep the _____ clear

- Do not restrict the person from _____, unless they are in danger

- Do not put anything into the person's _____ and remember that a person cannot swallow their own tongue during a seizure

- Note how long the seizure lasts and how it progresses so you can tell others if needed

- _____ with the person until the seizure ends

Call 911 if:

- A seizure lasts for more than _____ minutes, unless the seizure protocol states otherwise

- _____ or more seizures occur without full recovery of consciousness between seizures

- Breathing does not resume after a seizure - proceed with _____ breathing

- It is the _____ seizure for an individual

- The person may have taken _____ into the lungs

Remember: You need to be familiar with and know the _____ _____ in the participant's seizure _____.

Topic 4: Bowel Obstruction

_____ _____: includes the hardness of a bowel movement, difficulty passing stool or infrequency of passing a stool or no bowel movement within 72 hours.

Every person has their own normal bowel movement _____. What is _____ for you might not be typical for the participant.

Symptoms and Risk Factors

A person may be at _____ if they have had trouble with moving the bowels, complained of _____ during a bowel movement, or had a bowel movement that was _____ and _____.

An individual is considered to have a bowel obstruction problem when the person:

- Spends a lot of _____ to produce a bowel movement with a lot of pushing and is either not producing or is only producing small hard _____.

- Routinely takes bowel _____.

- Requires a _____ or enema for bowel obstruction.

You need to have an understanding of the participant's normal _____, _____, _____, and toilet _____ and observe variations from what is normal for the participant. If the participant has mobility issues (e.g., uses a wheelchair or remains in bed) they may be at risk for bowel obstruction.

What to Do

It is always better to be cautious. Bowel obstruction can progress into an emergency situation and can be life threatening.

You need to be watchful if:

- A routine bowel medication is _____.

- A _____ medication is started, especially those with bowel obstruction as a common side effect.

- Pain medications are started, such as after surgery, even if the person has no _____ of bowel obstruction.

- New medications for bowel obstruction are _____ (and can cause loose stools).

_____ alone does not mean that a support intervention or additional protocol addressing bowel obstruction is not needed. Fiber given to a patient that is already significantly constipated often does not relieve the bowel obstruction.

When to call 911:

Call 911 if or when the participant:

- Is _____ material that smells like bowel movement

- Has a very hard, protruding _____

- Has severe abdominal _____

- Exhibits decreased _____ or loss of _____

Topic 5: GERD

> _____ _____ _____: is a chronic condition that occurs when stomach contents flow back up into the esophagus. GERD can sometimes cause a burning feeling in the chest and heartburn.

Signs and Symptoms:

- _____, burning in chest, chest pain

- Refusing _____

- Pain and difficulty _____

- Decay in _____

- Severe bad _____ in the morning

- _____ one to three hours after meals

- Chronic coughing

- _____, asthma, hoarse voice

- Self-injurious behavior, screaming and/or aggression

Risk Factors

- Being _____ and obese

- A diet high in _____

- People taking certain kinds of _____ such as calcium channel blockers,

- antihistamines, or antidepressants

- Cerebral palsy

- _____ of the spine

What to Do

Observe the participant for signs and symptoms of GERD. If not treated, GERD can potentially cause severe health problems. If someone has heartburn for two weeks or more, a healthcare provider should be consulted.

Prevention

- Position when upright, at least _____ to _____ degrees, during meals

- Remain upright at least _____ to _____ hours after eating

- Elevate head of bed

- Keep a _____ _____

- Avoid _____, _____, _____ foods, and _____

- Eat slow and avoid _____

- Ensure that medication is taken as _____

Module 4: Documentation and Record Keeping

Lesson 8: Required Documentation

Caregivers are responsible for maintaining updated _____ regarding the participant's _____. Maintaining accurate and current documentation is key because it ensures that important information regarding a person's health is communicated to the participant's _____ of _____.

Caregivers are responsible for updating and maintaining the following information:

- _____ and _____ _____ of the participant

- Name of primary care _____, including the physician's address and telephone number

- Emergency contact information for the participant

- Adult Foster Home _____ and _____ dates

- _____ and _____ Chart at least monthly or more frequently if the healthcare provider advises

- Monthly _____ Drill Report

- Documentation of administration of medications of the _____ _____ _____

Caregivers are responsible for keeping copies of any medical records. Updated copies of documents from medical appointments help to ensure that important information regarding the participant's health status, medications, and treatments is communicated in a timely manner. This includes: (1) Physician signed orders for all medications and treatments, including supplements and diet; and (2) Medical _____.

In addition to keeping records listed above, the caregiver will be responsible to write about observations in the _____ _____. It is required to update the notes with observations of the participant at least _____ a month but more often as appropriate.

Written observations to be included are:

- Participant's _____ to medication and treatments

- Use of any restraints or _____ intervention

- Participant's diet and plan of care

- Any changes in the participant's _____

- Indications of _____ or _____

Components of Good Documentation

Your written observations are crucial because it provides important information regarding the participant's health information.

> _____: provides relevant information about the participant and the occurrences of the day. It tells the story of what happened. The information included in this section can be either subjective and/or objective information.

_____ information refers to a participant's personal experience.

This could include any:

-
-
-

In short, subjective data is what the participant or someone in the circle of support _____ with you. If you are writing verbatim a person's response, put quotes on the exact verbiage (e.g. "I'm tired").

Examples:

- Damon told me that he feels great and happy today.

- Jane said, "I'm feeling tired."

- Bob told me, "My head hurts."

- Susan stated she was shivering and felt cold.

_____ information is your observation of the participant. These are the factual observations that you make. Objective data is what you (as the caregiver) observe, such as what you are able to _____, _____, and _____.

Objective data also includes the results of laboratory results (e.g. complete blood count test) or measurable observations (e.g. body temperature).

Examples:

- Kai's temperature was 99.1°F at 8am and his skin felt warm to touch.

- Steve broke out with a red rash on his left cheek at about 4:30pm.

- The doctor said Molly's A1c level was normal at 5%.

_____: describing what you think is going on in the situation.

This is not referring to a medical assessment completed by a healthcare professional. A medical assessment with a diagnosis completed by a doctor, nurse, or any other licensed healthcare professional, is a task that cannot be delegated to another unlicensed person. Your assessment should be related to your observed subjective and objective data in that particular entry.

Example:

Damon said he felt happy and energetic this morning (_____ data).

He had his annual physical examination with his primary care doctor, Dr. O today. At the appointment, Dr. O stated all his vital signs and blood test results were normal (_____ data).

Damon was in good spirits today and the appointment went well, with no complications (_____).

_____: what your plan of action or response is based on your data and assessment.

The plan should relate to the data and assessment for that particular entry. Your plan should include the relevant steps you have completed and include any required follow-up actions. If there were any ordered changes to a participant's treatment or medications, be sure to follow the order and document this in the plan accordingly.

Example

Damon said he felt happy and energetic this morning (_____ data).

He had his annual physical examination with his primary care doctor, Dr. O today. At the appointment, Dr. O stated all his vital signs and blood test results were normal (_____ data).

Damon was in good spirits today and his normal happy-go-lucky guy. The appointment went well with no concerns expressed by the doctor (_____).

Dr. O stated there are no changes to his current Metformin medication and to call him if Damon starts to experience any side effects, such as nausea, diarrhea, or weakness. I went to Longs to pick up the Metformin refill after the appointment. The hardcopy of the renewed medication order and laboratory results were filed in the chart. I will continue to observe for any of the mentioned side effects to the medications and call Dr. O if needed (_____).

Tying it All Together

A well written observation is _____ and _____. If anyone reads your entry, they will have a clear understanding of what occurred for the day and if there is any follow-up needed. The DAP note should be cohesive in that the data, assessment, and plan portions of your DAP note will _____ to each other. It does not have to be long but it should be informative and make sense.

Additional tips for your written observation include:

- Writing with a _____ pen that is not erasable

- Ensure your _____ is clear and legible

- Use clear and concise _____

- If a mistake is made, do not white it out. Instead, _____ out the documentation mistake, write "error," and initial.

Lesson 9: Nurse delegation: What is it?

Some participants may need supports that require completing _____ tasks.

Examples of nursing tasks:

-
-
-
-

When a participant's support includes a nursing task, a nurse delegation _____ is needed before the caregiver performs the nursing task.

Nurse delegation occurs when a _____ nurse (RN) _____ a caregiver without a nursing license to complete a nursing task. There should be a _____ plan for each nursing task. Additionally, a nurse delegation plan is specific to each _____ caregiver.

If a participant requires medication administration and a G-tube feeding, there should be a nurse delegation plan for _____ of the nursing tasks and for _____ individual caregiver. For example, both the primary and the substitute caregiver will have two nurse delegation plans for each of them. One will be for _____ _____ and the other for the _____ _____.

Caregiver #1:

- Nurse Delegation Plan needed for medication administration
- Nurse Delegation Plan needed for G-tube feeding

Caregiver #2:

- Nurse Delegation Plan needed for medication administration
- Nurse Delegation Plan needed for G-tube feeding

During the nurse delegation process, the RN will educate and train the caregiver how to safely complete the nursing task.

The nurse delegation plan will include:

- Identifying the nursing task to be delegated

- Listing the _____ needed

- Description of each _____ to complete the task

- Review of the expected _____ of the task

- Review of the possible _____ _____ to the task

- Specify a clear _____ plan that includes: (1) who to call with the number and backup numbers, and (2) when to initiate Emergency Medical Service (EMS), call 911.

- _____ the task and observations noted

Each nursing task needs a delegation plan which will be signed both by the delegating RN and the caregiver completing the task. The signed plan should be kept in the caregiver's chart.

The RN will be able to rescind _____ to complete the nursing task at any time, if the RN determines that the caregiver is no longer available to or unable to complete the nursing task as trained. Therefore, it is important for the participant's health and safety that the caregiver take due diligence to complete the task as they were trained.

Module 5: Summary

Lesson 10: Summary

In this course, we discussed what it takes to support a participant to stay healthy and safe. You learned what good health looks like (e.g. normal vital signs) but also that your everyday supports for a person's daily hygiene activities plays a vital role in keeping the participant healthy. There are common causes of preventable deaths for people living with IDD and how to look out for those Fatal Five causes. Finally, proper documentation helps to ensure that we can maintain an updated record of a person's medical history and treatment. As we learned in previous courses, it is not just about looking at the "important for" components of health. We also need to consider things that are important to the person such as their daily routines and rituals.

> **Main Takeaway:** The balance of important for and the important to activities helps to support a participant to be both happy and safe.

Visions Training Series
State of Hawai'i Developmental Disabilities Division

Medications
COURSE WORKBOOK

Table of Contents

Course Overview

Medication administration and management is a key component to a participant's health and safety. This course will cover common medication terminology, the recommended practices with management and administration, and documentation on the Medication Administration Record. The overall goal of the course is to decrease the chance of a medication error.

Proper medication management includes:

1. Medication administration,
2. Monitoring a participant to observe the effectiveness of the medication,
3. Monitoring and reporting any possible side effects of the medication,
4. Preparing, storing, and disposing of medications, and
5. Documenting completely and accurately in the Medication Administration Record (MAR).

Documentation includes the physician's orders, the MAR, the caregiver notes, and the Adverse Event Report (AER). The AER is used if and when a medication error occurs. Documentation is critical because it shows what medication was given and when it was given. Documentation shows that you followed the physician's orders. Medication errors often occur when documentation is inaccurate or incomplete. For example, if the documentation is not done properly, it could possibly lead to a medication error. For example, failure to document could possibly lead to accidentally giving a double dose. Remember, if you did not document, the medication is considered to have not been given.

Course Objectives:

At the end of the course, you will:

Lesson 1:

- ❏ Identify basic medication terminology in order to handle and make medications available to a participant.

- ❏ Distinguish between the different types, forms, and routes of medications.

- ❏ Identify common medication measurements, time schedules, and abbreviations.

- ❏ Understand that it is always your responsibility to clarify any medication orders or documentation you do not understand.

Lesson 2:

- ❏ Identify the requirements for a physician's order and understand your responsibility to verify and clarify the information from the physician.

- ❏ Identify the recommendations for medication procurement (how medications are obtained).

- ❏ Locate and describe the information on a medication label and warning label.

- ❏ Identify how to store medications properly and safely.

- ❏ Identify how to dispose of medications properly and safely.

Lesson 3:

- ❏ Describe the three medication support strategies: self-administration, medication assistance, and medication administration.
- ❏ Identify and apply the basic principles of medication administration.
- ❏ Identify and apply the "Three Checks" and "Eight Rights" of medication administration.
- ❏ Follow and apply the medication administration checklist and the medication administration process.

Lesson 4:

- ❏ Identify your responsibilities for administering and managing a participant's medications correctly and accurately.
- ❏ Understand and apply how to manage medications with the Circle of Support in different locations and times.
- ❏ Identify what a medication error is and how to report when a medication error occurs.

Lesson 5:

- ❏ Access and complete the medication log.
- ❏ Fill out a Medication Administration Record based on the physician's orders.
- ❏ Identify when and how to fill out an Adverse Event Report (AER).

Lesson 1: Medication Basics

Topic 1: Terminology

1. **Brand Name**:

2. **Dosage:**

3. **Generic Name**:

4. **Medication/Drug**:

5. **Medication (Drug) Interaction**:

6. **Over-The-Counter (OTC) Medication**:

7. **Pharmacist**:

8. **Physician/Doctor**:

9. **Prescription Medications**:

10. **Route**:

11. **Schedule**:

12. **Side (Adverse) Effect**:

Topic 2: Types, Forms, and Routes

Types of Medications

_____ are used to kill and prevent bacteria from growing.

_____ are used to treat pain.

_____ are used to affect the mind, emotions, or behavior. Psychotropic medications include antipsychotics, stimulants, mood stabilizers, antidepressants, antianxiety agents, anti-obsessive agents.

_____ are used to prevent seizures.

Forms of Medications

1. **Capsules:**

2. **Drops/Sprays:**

3. **Implants/Patches:**

4. **Inhalers:**

5. **Injections:**

6. **Liquid Suspensions:**

7. **Lotions, Ointments, or Creams:**

8. **Suppositories:**

9. **Tablets:**

Routes of Medications

1. **Buccal:**

2. **Intramuscular:**

3. **Nasal:**

4. **Ophthalmic:**

5. **Oral:**

6. **Otic:**

7. **Rectal:**

8. **Respiratory Inhalation:**

9. **Subcutaneous:**

10. **Sublingual:**

11. **Topical:**

12. **Transdermal:**

Topic 3: Measurements, Time Schedules, and Abbreviations

It is important to know the difference between the units of measurement because it affects the amount of medication you are taking/giving. Some medications are poisonous in large amounts, but in small, prescribed amounts, they are effective and can relieve symptoms and treat health conditions. Other medications are useless unless taken in large amounts. It is essential for a person's safety to take medications in the quantity that is prescribed.

Measurements and Equivalents:

Teaspoon (tsp)	Milliliter (ml)	Tablespoon (tbsp)	Ounces (oz)	Cup (c)	Quart (qt)
	5				
	15				
	30				
	120				
	240				
	1000				
	2000				

Time Schedules

Medications are ordered to be taken at specific _____. Medications should be taken at consistent _____ for each dose. A person's medication schedule is specific to that individual and should accommodate what is important _____ and _____ them.

General Examples

The table below presents general examples of when to give medications based on whether it is taken once or multiple times daily. Keep in mind they are just examples. If you are unsure of the times that are best for the participant, discuss it with the participant and physician to find times which suit the activities in the participant's schedule, and also allows the medication to work effectively.

Frequency	Example 1	Example 2
	8 am	8pm
	5:30 am and 4 pm	7:30 am and 8 pm
	5:30 am, 3 pm, and 8 pm	6 am, 12 pm, and 6 pm
	5:30 am, 11:30 am, 3:30 pm, and 7:30 pm	6 am, 12 pm, 4 pm, and 8 pm

Abbreviations

Abbreviations include _____ or _____ that are used in place of writing a word or a group of words related to your participant's medication administration and management. Medical terms and abbreviations are often used by physicians and healthcare professionals when prescribing medications.

Abbreviations may also be used to document medication administration and a participant's response to the medications. Only use standardized medical terms, words, symbols or abbreviations. Remember it is always your responsibility to clarify any medication orders or documentation you do not understand.

Lesson 2: Medication Management

Topic 1: Medication Orders

Physician's Orders

Each medication you manage for a participant must be prescribed by a

_____ or healthcare professional with _____ _____. All

physician's orders must be signed by the physician in order to be considered

_____. Examples of a physician's order include a prescription note given

to the pharmacist or a medication listed on the physician's notes. You must have a

_____ _____ _____ of all medication orders. If a physician's office

sends a medication order directly to the pharmacy, it is your responsibility to

ensure you have a hard copy to keep on file.

When receiving medication orders from the physician, it is advised that you request

to have the _____ of the medication included on the prescription. This

will help to clarify what the medication is prescribed for, especially since many

medications have _____ _____.

You must verify that the information on the physician's order is _____ for

the _____. For example, if you know that the participant cannot take

medication by mouth, but the medication is labeled "orally" or "PO," get clarification

from the physician. You are responsible for providing _____ and

_____ care. It is always best to ask for clarification when you are unsure.

This protects the individual from any medication errors. Clarifying medication

orders you are not clear about is also a way of _____ _____ so

you are not held _____ or _____ for a medication error you

could have prevented.

Physician's orders come in many different formats. Many physicians use their own form to prescribe medications. Orders may look different from one doctor's office to another; regardless of what the order looks like, all prescriptions must include specific information.

It is essential to review all medication orders for completeness.

The physician's order must include:
•
•
•
•
•
•
○
○

Do not be afraid to ask for written clarification on the physician's orders regarding the purpose/reason for the medication. If you do not know why a medication is prescribed, it is your responsibility to ask questions and understand the orders before you give the medication.

Topic 2: Medication Procurement, Labels, and Storage

Medication Procurement

_____ refers to how medications are obtained. It is advised that you obtain all prescriptions from a single pharmacy to reduce the risk of _____ _____ or _____ _____. Pharmacies keep profiles on each person's filled prescriptions and have systems that alert the pharmacist to _____ _____. If a medication needs to be filled through another pharmacy, the reason should be documented in the person's record since the _____ _____ cannot be followed.

Medications must be labeled by the dispensing pharmacy, manufacturer or prescribing physician.

Medication Labels

The _____ _____ must be accurate and should match the information on the physician's order exactly. When picking up medication from the pharmacy, check the _____ on the container for _____ before leaving. Double check to make sure you have the correct medication and the _____ , _____, and _____ indicated on the label match up with the physician's orders. If it is the wrong medication or you find _____, seek clarification from the pharmacy. Remember, it is your responsibility to keep a copy of the physician's order and ensure the medications you receive from the pharmacy _____ the _____ from the physician.

Warning Labels

Medication containers may have separate warning labels provided by the pharmacy which include additional information on the use of medication. You must follow the additional instructions provided unless otherwise directed by the physician. For example, a warning label may say "medication should be taken with food."

The following are additional examples of warning labels:

- "For _____ use only."

- "Finish all medication unless otherwise _____ by the prescriber."

- "May cause _____ or _____."

- "May cause _____ of the urine or feces."

- "Do not take with dairy products, _____ or iron supplements within one hour of this medication."

- "Take medication on an _____ _____, one hour before or two hours after a meal, unless otherwise directed by your doctor."

- "It may be advisable to drink a full glass of _____ _____ or eat a banana daily."

Storage

Medications must be stored properly in order to ensure health and safety.

The following are requirements for medication storage:
1.
2.
3.

Topic 3: Medication Disposal

Expired, unwanted, or unused medications should be disposed of promptly to reduce the risk of others accidentally taking or intentionally misusing the medicine, and to help reduce drugs from entering the environment.

Dispose of medications when the medication is:
1.
2.
3.
4.
5.
6.

Your best choices for disposal of unused or expired medicines are:
1.
2.
3.

For proper disposal, follow the disposal instructions on the label, and do not flush unless the label instructs you to do so. Medication take back options are the preferred method to safely dispose of unneeded medications. Sometimes the pharmacy where you purchased the medications will let you return them for disposal. Periodically, there may be community take-back programs that allow the public to bring unused medications to a central location for proper disposal.

Lesson 3: Medication Administration

Topic 1: Levels of Medication Support

Participants may need varying degrees of support with medications. Medication support is generally divided into three support categories:

> _____-_____: The participant does not require assistance with their medications and takes their medication independently.

> _____ _____: The participant is unable to take their medications independently and requires assistance (e.g. prompts to take the medication, placing medications in their hand).

> _____ _____: The participant is dependent on others for their medication (e.g. placing the medication into their mouth, medication given via gastrostomy tube).

Medication support should be provided at levels appropriate to the participant's needs and allow participants to remain as independent as possible. Remember, how a medication is given should reflect what is important to and for the individual taking the medication. Medication administration should not be based on what is convenient for the person administering the medication. As with all other person-centered support, participants' choices and preferences with medication administration should be respected. For example, you could give the person the option to take the medication now or you can ask if they would like to take the medication in 10 minutes instead.

Topic 2: Principles of Medication Administration

When administering medications to a participant, there are basic principles that must be followed.

1. _____. The participant should know what medications are being given and why. It is important to talk to the person and explain what you are doing before you give the medication. You should answer any questions the person may have.

2. _____. Support the individual to participate in the process to the extent they are able (e.g. putting the medication in their own mouth).

3. _____. Some medication administration routes may require exposing areas of the body the individual may not be comfortable with others seeing. Administering medications in private ensures the dignity of the individual is respected.

4. _____. Practicing good hygiene and using basic infection control techniques such as handwashing assure the health and safety of both you and the participant. You must wash your hands both before AND after giving medications.

5. _____. You should be free from distractions in order to prevent medication errors. Giving medications in a quiet area minimizes the risk of making mistakes. Additionally, you may never leave medication unattended.

6. _____. Medication errors pose dangerous risks for the individual and it is critical that medications be administered correctly. Following the tips and guidelines for ensuring accuracy will decrease the possibility for error.

Topic 3: Tips and Guidelines for Ensuring Accuracy

There are three checks and eight rights that should be followed each time you administer a medication to ensure the individual's health and safety.

Three Checks

The "Three Checks" are three opportunities to verify the correct medication information and help ensure the participant's safety. Following these guidelines assures that you are triple checking for accuracy.

CHECK:
1.   2.   3.

Eight Rights

The "Eight Rights" outline best practices to assure the health and safety of a participant and avoid medication management mistakes. If medication errors are made, it can result in life threatening consequences.

Make sure you use/have the RIGHT:

1. _____: The correct medication should be made available to the participant. Contact the physician or pharmacist if you have any questions about the medication.

2. _____:Look for the participant's name on the medication container before making the medication available to the person.

3. _____: If you have any questions about the amount of medication to administer, call the physician or pharmacist.

4. _____: The route of the medication should match the physician's order. For example, oral medications should be taken orally and sublingual medications should be taken under the tongue.

5. _____: Many medications are most effective when the correct time interval is kept. Generally, medications should be administered within one hour before or after the scheduled time. Some medications such as insulin and anticonvulsants are more time-sensitive than other medications. Consult the prescribing physician about the proper timing of each medication.

6. _____. Document the medication administration immediately AFTER giving the ordered or over-the counter medication. Chart the time, route, and any other specific information as necessary.

7. _____: If you are unsure about the purpose of the medication, be sure to discuss with the physician or pharmacist before administering the medication. Some helpful questions to ask include the following questions: What is the person's medical history? Why is the person taking this medication? If long-term use is applicable, what are the reasons for long-term medication use?

8. _____:Make sure that the medication led to the desired effect (e.g. medications for fever lowered the participant's temperature). Be sure to observe and document if the participant had an adverse reaction to the medication. If the medication does not seem to be working or the participant has an allergic reaction, inform the physician right away.

Other Tips and Guidelines for Ensuring Medication Accuracy

1. Never administer medication from a container that has no label! Stop if at any time you discover that the information does not match the MAR.

If the container has no label or the label is illegible, you might:
1.
2.
3.
4.
5.

   Think through each of these possibilities and decide what to do. If you are unsure, call the participant's healthcare provider.

2. Never leave the medication container unattended or give it to someone else to return to the locked storage container or medication drawer.

3. When using other medications such as topical creams and ointments, ear drops, nose drops and eye drops, consult with the participant's healthcare provider for specific procedures for self-administration of the medication.

4. Don't be afraid to ask questions. If you have any doubt about whether the medication is in the correct form as ordered, or whether you can assist the participant with self-administration as directed, ask the participant's healthcare provider.

Topic 4: Medication Administration Checklist

Being knowledgeable about medications is critical to prevent errors, to prevent the misuse of medications, and to monitor the effects of medications. In order to assure you are able to correctly follow the 3 Checks and 8 Rights, you should be able to answer the following ten questions before you make any medication(s) available to a participant:

1. _____: What is the name of the medication? This will be either a brand name or generic name.

2. _____: What is the purpose of the medication and what are the desired effects of the medication?

3. _____: How long will it take before the desired effect occurs? The amount of time needed for a medication to take effect varies with the particular medication and the method of administration. Approximate time ranges include: Oral: 30 to 60 minutes; Sublingual: Several minutes; Rectal: 15 to 30 minutes; and Topical: Within 60 minutes.

4. _____: What are the possible side effects of the medication? Side effects are other possible effects of the medication besides the main effect(s) and are generally expected to occur when taking the medication. Examples include dizziness, nausea, and fatigue.

5. _____: What are the possible toxic effects of the medication? Toxic effects are other outcomes of the medication besides the main effect and may be harmful and unpredictable. Examples of toxic effects include bleeding and high blood pressure.

6. _____: How much of the medication is to be made available? This is called the dose or dosage.

7. _____: What time(s) must the medication be made available?

8. _____: How is the medication to be taken? The form of a medication often affects the route that it is administered. For example,

capsule medications can be taken orally, suppositories are administered through the rectum, liquids are needed for injection, and lotions are administered topically to the skin.

9. _____: Are there foods and beverages that should be avoided? Some foods and beverages can alter the effects of certain medications. For example, acidic foods like tomatoes and beverages like orange juice should be avoided when taking antibiotics. This information is included with the medication label warnings.

10. _____: Are there special procedures to conduct before the medication is taken? PRN medications (given as needed) often have special procedures that are to be followed as part of the specific guidelines of when it is appropriate to administer them. For example, a physician may want the participant's blood pressure checked before providing particular medications.

Topic 5: Medication Administration Process

1. Wash your hands using _____ _____.

2. Inform the participant that it is time to take their medication.

3. Unlock the cabinet or drawer that contains the medications.

4. Complete **First CHECK** while retrieving the appropriate medications. Read the medication label to ensure all the information is correct. The label must match up with both the MAR and the _____ _____.

5. Review the appropriate **RIGHTS of Medication** (Right Person, Right Medication, Right Dose, Right Time, Right Route, Right Reason).

6. Complete **Second CHECK** while preparing the medication. Remove the cap. Read the label again.

7. Place the correct amount of medication into a paper cup. Liquid medications should be properly measured with a calibrated spoon or cup. Make sure that the medication does not touch your hands.

8. Complete **Third CHECK** immediately before giving the medication to the participant. Check the medication label against the Medication Administration Record (MAR) again.

9. Administer medication to the participant.

10. Document on the MAR _____ after giving the medication. This is the "**RIGHT Documentation.**"

11. Check for the "**RIGHT Response**" of the medication for the participant. Follow proper protocol if participant has adverse reactions.

12. Properly return medications to the _____ and _____ storage.

Lesson 4: Medication Responsibilities

You are responsible for administering and managing a participant's medications correctly and accurately to ensure the health and safety of the individual.

You are responsible for:

1. Ensuring the safety of the participant through proper _____ _____ _____.

2. Ensuring participants take their medications as ordered by the physician.

3. Encouraging and supporting participants to be responsible for taking their own medications whenever possible.

4. _____, _____, and _____ any effects of the medication including both desired and undesired effects. Undesired effects include side effects and toxic effects.

5. Communicating with the participant, nurses, physicians, case managers, and the Circle of Support about the medications prescribed.

6. Maintaining _____ and _____ _____ of all medication related activities.

Topic 1: Observation and Monitoring

Triple checking for _____ and understanding how to properly administer medications is a critical part of ensuring the health and safety of the participant. Do not forget the Eight Rights of Medication Administration. Right _____ (Right #8) requires you to observe the individual after administering the medication to ensure the participant did not have an adverse reaction to the medication. If the medication does not seem to be working or the participant has an allergic reaction, you must inform the physician right away.

The following are examples of what observations to make:

1.

2.

3.

4.

You should always monitor for any _____ or _____ changes, especially after giving a new medication. Examples of physical changes to health include hives or itching, trouble breathing, and sweating. Examples of behavioral changes include unexpected changes to a person's level of awareness or an increase in aggression. Physical and behavioral changes may indicate an adverse or allergic reaction to a medication.

A participant may refuse medications. You should use _____ and _____ to help discern why the person does not want to take medications as prescribed. A person may not want to take a particular medication because of difficulty swallowing, for example. Perhaps a participant would like more choice with their medication administration. Use person-centered approaches to find out what is working and not working with medication administration.

Topic 2: Managing Medications within the Circle of Support

As a licensed or certified caregiver, you are responsible for supporting the individual to take their medications according to the prescribed medication schedule as ordered by the physician. This may sometimes mean the individual will self administer or have their medication administered by someone else while he/she is not in your home or is receiving services elsewhere (e.g. other waiver services such as Adult Day Health, Individual Employment Supports, Community Learning Service). When medication is given at the day program or workplace, you must work together to ensure the health and safety of the participant. Remember the day program or workplace also has regulations to follow.

If possible, work with the participant's physician to avoid medication administration during day program or work hours. Minimizing the number of medications taken outside the home will reduce the likelihood of medication errors or missed doses.

If medications are administered outside of the home, you must:
1.
2.
3.

Topic 3: Proper Documentation and Reporting Medication Errors

Maintaining Proper Documentation

You are required to document all medication administration activities. The MAR is the primary tool used by caregivers and service providers to fulfill medication documentation requirements. The MAR includes key information about the participant's medication and is considered a legal document. It is used to demonstrate the physician's orders were followed. Remember, a medication will not be considered administered unless it is documented.

Reporting Medication Errors

Preventing medication errors is a top priority.

You have learned the best way to help the participant take medications safely and to reduce the risk of errors, but even in the best of situations, errors may occur. When they do, you need to know what to do.

Remember that a medication error occurs when any of the following happens:

1. **Wrong** _____

2. **Wrong** _____

3. **Wrong** _____

4. **Wrong** _____

5. **Wrong** _____

6. **Wrong** _____

7. **Wrong** _____

8. **Wrong** _____

Lesson 5: Documentation

Topic 1: Medication Log

Accurate documentation begins before writing the MAR itself. The MAR is just one part of having accurate documentation. Before even preparing the MAR, make sure that there are: (1) physician's order and (2) accurate medication label. A MAR can only be accurate if the medication label and the information transcribed on the MAR matches the physician's order exactly.

Medication Log

Keeping a log of all the medications is helpful to track all the medications for a participant. Participants may have multiple medications and it can be difficult to remember all of the medications. The medication log can assist you in keeping accurate records of all the medications for the participant.

Some participants may also have different healthcare providers that prescribe various medications. The doctors may not necessarily be aware of the other medications that are being prescribed. Keeping track of all the medications and sharing that information with the various physicians during visits, can help the physician from ordering a medication that is contraindicated with other medications the participant may be currently taking.

The Medication Log includes the following:

1. _____ _____
2. _____ _____
3. _____ _____/ _____
4. Physician/Nurse Practitioner (NP)'s Name and Phone number
5. Notes

Topic 2: Medication Administration Record (MAR)

The MAR includes key information about the person's _____, including the name of the medication, the dose and the time(s) and the way the medication is to be taken. If available, premade medication labels from the pharmacy can be placed on the MAR. When possible, include the manufacturer's or pharmacy's additional instructions on how to take the medication.

Use the following guidelines to maintain and update the MAR:

1. Reference the physician's order when preparing the MAR. The information on the MAR should match the _____ _____ accurately.

2. Whenever a prescription is changed, the MAR must be updated. Update the _____ _____ with the changes as well.

3. To document that a medication has been taken, you must write down the _____ and _____ in the place provided and initial for each dose of medication. This must be done at the time the medication is taken by the person, not before and not hours later. Document immediately after administering the medication to avoid medication errors.

4. When assisting the participant, read the information on the medication label and compare it to the information on the MAR. Do this _____ times before your participant takes the medication. By checking this way, you ensure that you are assisting the right person with the right medication and dose at the right time with the right route.

Preparing the MAR

Carefully prepare and document the medication administration process in your participant's MAR.

You will record the following in the MAR:

1. Record the participant's name, the current month and year, birthdate, as well as any allergies or whether they have a history of medication reactions. If there are no known allergies, write "no known allergies."

2. Record the name of the medication, the dosage, the number of capsules or tablets, or the amount of liquid, the number of times per day it is to be given (frequency), the specific time the medication is to be given and the mode or route by which it is to be given. Remember to reference the physician's order and check that the information written on the MAR matches the order accurately.

3. Record your full signature along with your initials.

Documenting on the MAR

When and why you must document on your participant's MAR:

1. _____

   - Immediately initial the square for the correct date, time, and medication
   - Always check to make sure your full signature is on the MAR

2. _____

   - Initial the box for the correct medication, date and time

   - Circle your initials that are in the box. This matches the legend on the MAR.

   - If the participant did not receive a prescribed dose of medication, this is considered a missed dose. Anytime that a participant misses a dose, notify the prescribing physician and follow the physician's instructions regarding the appropriate action to take. Write an explanation as to why the medication was not given on the caregiver's notes and file an AER. Include the physician's instructions on the notes.

3. _____

   - Write in large letters "DISCONTINUE" or the abbreviation "DISC" or "DC," followed by the date, and your initials.
   - Remove the medication from the cabinet and properly dispose of the discontinued medication.

4. _____

   Regardless of the reason for disposing the medication (refer to section above explaining situations that you would dispose of medication), document in the caregiver's notes MAR when a medication is discarded.

5. _____

Time limited medication should be recorded on the MAR like all other medications. Also include:

- The date and time the medication is to start

- The number of days or doses to be given

- The date and time the medication is to be stopped and your initials

- Line out the days the medication is NOT to be given

6. _____

PRN is the abbreviation of Pro re nata, Latin for as the circumstance arises.

- Check to be sure there is a current signed order for the PRN medication

- Administer the medication and document the reason the medication was given

- Later, document on the back of the MAR the effectiveness of the medication, and inform the physician if the medication is not effective for the individual

7. _____

Use an abbreviation or code with a definition for medications administered at the day program or workplace on the MAR.

8. _____

- Assess the situation. Is individual not feeling well? Can we try offering in a few minutes?

- Write "R" for Refused

- Document in the MAR, Caregiver Notes, and file AER (Missed Dose).

- Notify the physician, case manager, and RN service supervisor if there is one.

Topic 3: Adverse Event Reports (AER)

An Adverse Event Report (AER) must be filed any time a medication _____ occurs. A medication error occurs when the right medication is not taken as prescribed. Be aware that every and any medication error is serious and could be life threatening for the participant. Your job is to safely assist the participant by properly _____ and _____ the medication to ensure that the person receives the benefits of the medications. If a medication error is made, document it in the MAR, the caregiver notes, and file an Adverse Event Report.

The record should include the date and time, the _____ involved, a description of what happened, who was _____, the physician's name, the _____ given, and the _____ taken.

For specific information on DDD's policy on medication errors and the AER, see Policy #3.07: Adverse Event Report for Participants.

Lesson 6: MAR Practice Examples

Documentation Importance

The _____ of the documentation is key. Initial immediately after giving the medication. To ensure individual safety, make sure it is not before or too long after.

If you do not document that the medication was given, there is no way to prove the medication was actually given. Remember that _____ or _____ documentation may lead to a medication error.

With that said, we will now practice to ensure you understand how to fill out MARs based on specific situations. Note that we are using the same participant name and caregiver name in all of these examples, but the combination and frequency of the medications is intended for practice purposes for this online module, not practical use.

Practice Example #1

In this example, the physician indicated that the medication can be given at 8am. Note: This first example will give you step-by-step instructions on how to fill out the MAR.

Patient Name: Brian Cays
Address: _____ Date: 2/1/20

R_x

Furosemide 20 MG for high blood pressure.

Take 1 tablet, PO QD

Start medication February 3, 2020.

Dr. Carmen Dales
MD: _____
Signature: Carmen Dales

Take the following steps using the MAR:

1. Write the participant's name at the top left of the MAR: ***Brian Cays***
2. Below the participant's name, indicate if the person has any allergies or a history of medication reactions. If there are no known allergies, write "none" or "no known allergies": ***No known allergies***
3. Write the appropriate month and year on the line indicated "Month/Year": ***February 2020***
4. Write the person's birth date: ***02/02/1982***
5. Copy the medication, dose, frequency (e.g. once a day), and purpose in the "Medication/Dosage" column on the MAR. This information should match the physician's order accurately: ***Medication - Furosemide. Dose - 20 mg. Frequency - QD (once a day). Purpose - High blood pressure (hypertension).***
6. Write the mode (route) of the medication in the "Mode" column: ***Mouth.***
7. Write the time of the medication indicated by the physician in the "Time" column: ***8am***
8. Refer to the effective date of the medication on the physician's order and cross out dates that have passed, if applicable. ***Effective date is Feb. 3, 2020.***
9. Initial in the appropriate column immediately after giving the participant the first dose of the medication.

Additional Notes

- Check that you wrote "February 2020" at the top of the MAR, based on the order. The numbers at the top of the MAR refer to the dates of the current month and year. Because this order starts on February 3, you will look for the column that has "3" (referring to the 3rd day of the month).
- Note that this person is taking furosemide for high blood pressure. Furosemide may also be used for edema, so it is important to write in the purpose of the medication that is being prescribed.

Medication Record

Month/Year: _____

Medication/Dosage	Mode	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Legend:

+	-	Bowel Movement	H - Hospital
DP	-	Day Program	O - Not Given
HL	-	Home Leave	R - Refused; See Caregiver's Notes

Completed MAR: Example #1

MONTH/YEAR: February 2020

Birth Date: 02/02/1982

MEDICATION RECORD Brian Cays
No known allergies

MEDICATION/DOSAGE	MODE	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Furosemide 20 MG. Take 1 tablet. Once a day. For high blood pressure.	Mouth	8 AM			BC																													

LEGEND:

+ - Bowel Movement   H - Hospital
DP - Day Program   O - Not Given
HL - Home Leave   R - Refused; See Caregiver's Notes

Practice Example #2:

Follow the prescription and fill out the MAR based on the following information:

- The physician indicated that the medication can be given at 8am.

- This is the third day Metformin has been given, and the caregiver administered and documented the medication daily.

Patient Name: **Brian Cays**
Address:_____ Date:**2/1/20**

R_x

Metformin

850mg PO for diabetes

1 tab QD

Start medication on February 17, 2020

MD:_____**Dr. Carmen Dales**_____
Signature:_____*Carmen Dales*_____

Additional Notes:

Metformin may also be used for polycystic ovary syndrome. Ensure that you specify that the medication is being used for diabetes.

Medication Record

MONTH/YEAR: _____

Medication/Dosage	Mode	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

LEGEND:

+	-	Bowel Movement	H	-	Hospital
DP	-	Day Program	O	-	Not Given
HL	-	Home Leave	R	-	Refused; See Caregiver's Notes

Completed MAR: Example #2

MEDICATION RECORD **Brian Cays**
No known allergies

MONTH/YEAR: **February 2020**
Birth Date: **02/02/1982**

MEDICATION/DOSAGE	MODE	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Metformin 850 mg PO for diabetes. 1 tab QD.	Mouth	8 AM																	AB,AB,AB																

LEGEND:
+ - Bowel Movement   H - Hospital
DP - Day Program   O - Not Given
HL - Home Leave   R - Refused; See Caregiver's Notes

Practice Example #3:

Follow the prescription and fill out the MAR based on the following information:

- The physician indicated that the medication can be given twice per day at 6am and 6pm.

- This is the second day Latanoprost Ophthalmic Solution has been given.

- The caregiver administered and documented on the first day for both doses.

- On the second day, the caregiver documented that the dose was not given in the morning.

- On the second day in the evening, the dose was administered at the day program.

Patient Name: **Brian Cays**
Address: _____ Date: **2/1/20**

Rx

Latanoprost Ophthalmic Solution 0.005%.

One GTTS in each eye, BID for glaucoma.

Start medication on February 23, 2020

MD: **Dr. Carmen Dales**
Signature: *Carmen Dales*

Medication Record

MONTH/YEAR: _____

Medication/Dosage	Mode	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

LEGEND:

+ - Bowel Movement   H - Hospital
DP - Day Program   O - Not Given
HL - Home Leave   R - Refused; See Caregiver's Notes

Completed MAR: Example #3

MEDICATION RECORD **Brian Cays**
No known allergies

MONTH/YEAR: February 2020
Birth Date: 02/02/1982

MEDICATION/DOSAGE	MODE	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Latanoprost Ophthalmic Solution 0.005%. One GTTS in each eye, BID for glaucoma	Mouth	6 AM																								AB								
		6 PM																							AB AP									

LEGEND:
+ - Bowel Movement
DP - Day Program
HL - Home Leave

H - Hospital
O - Not Given
R - Refused; See Caregiver's Notes

Practice Example #4:

The following is an example of a PRN medication for fever. When administering a PRN medication, double check to see if there is a current signed physician's order. Verify that it is within the parameters of the physician's order and if it is appropriate to administer the medication.

Follow the prescription and fill out the MAR based on the following information:

- The parameters are to give acetaminophen if a fever is over 100°F.

- Document that the medication was given at 7am and at 5pm on February 10.

Patient Name: **Brian Cays**
Address: _____ Date: **2/1/20**

R x

Acetaminophen 325 mg

1 Tablet PO

Q 4 hours PRN for fever
over 100°F

MD: **Dr. Carmen Dales**
Signature: *Carmen Dales*

Medication Record

MONTH/YEAR: _____

Medication/Dossage	Mode	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

LEGEND:
+ - Bowel Movement H - Hospital
DP - Day Program O - Not Given
HL - Home Leave R - Refused; See Caregiver's Notes

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Completed MAR: Example #4

MEDICATION RECORD   **Brian Cays**

No known allergies

MONTH/YEAR: February 2020

Birth Date: 02/02/1982

MEDICATION/DOSAGE	MODE	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Acetaminophen 325 mg. Take 1 tablet every 4 hours as needed for fever over 100°F	Mouth	7 AM									QB																								
		5 PM									QB																								

LEGEND:

+ -   Bowel Movement   H -   Hospital

DP -   Day Program   O -   Not Given

HL -   Home Leave   R -   Refused; See Caregiver's Notes

Caregiver Notes

The following is an example of what Alena wrote in the Caregiver Notes form. It is recommended to provide the reason why the medication was given (e.g. participant had a fever over 100°F) and if the expected outcome was achieved (e.g. the fever decreased to lower than 100°F) or if there were any adverse reactions.

Caregiver Notes:

2/10/2020

Brian had a fever of 100.8°F at 6:50AM. 1 tablet Acetaminophen given per PRN orders. At 8am, Brian's temperature was 98.9°F. Brian stated he felt "a lot better." Initialed AB. Took Brian's temperature every hour since first administration, and temperatures did not go above 100°F. At 4:45 PM, Brian complained he "wasn't feel too good again." Brian's temperature was 100.2°F at 4:50PM. Gave Brian 1 tablet at 5PM. Called Dr. Dales at 5:30PM to inform her about Brian's fever. Dr. Dales said to continue to follow the PRN Acetaminophen orders on file for fever, and to call her tomorrow morning if the fever persists. At 6PM, Brian's temperature was at 98.6°F. Initialed AB.

Practice Example #5

Follow the prescription and fill out the MAR based on the following information:

- The times the medication is to be given are: 6am, 12pm, and 6pm.

- The order was received in the morning and the physician instructed to give the first dose on the 2nd at 12pm.

Patient Name: **Brian Cays**
Address: _____ Date: **2/1/20**

R_X

Amoxicillin 250 mg capsules for pharyngitis.

Take 1 capsule PO

TID for 7 days

Start medication on February 2, 2020

MD: **Dr. Carmen Dales**
Signature: *Carmen Dales*

Additional Information:

- The MAR documents the first two does on that day.

- Note where the spaces are crossed out after seven days to help track how many more days the medication needs to be given.

- It is always critical to administer all of the doses as ordered by the physician.

Medication Record

Month/Year: _____

Medication/Dosage	Mode	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Legend:
+ - Bowel Movement
DP - Day Program
HL - Home Leave

H - Hospital
O - Not Given
R - Refused; See Caregiver's Notes

Completed MAR: Example #5

MEDICATION RECORD Brian Cays
No known allergies

MONTH/YEAR: February 2020
Birth Date: 02/02/1982

MEDICATION/DOSAGE	MODE	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Amoxicillin 250 mg cap. 1 capsule. 3 times a day for 7 days for pharyngitis	Mouth	6 AM																																
		12 PM		AB																														
		6 PM		AB																														

LEGEND:
+ - Bowel Movement
DP - Day Program
HL - Home Leave
H - Hospital
O - Not Given
R - Refused; See Caregiver's Notes

Practice Example #6

When a medication is discontinued, document the discontinuation of the medication on the MAR by taking the following steps:

1. On the MAR, write "DISCONTINUED" or "DISC" or "DC" next to the specific medication the physician is discontinuing, followed by the date, time, and your initials.

2. Draw a line on the remaining days of the month to indicate that the medication will no longer be administered.

3. Remove the medication from the cabinet and properly dispose of it.

4. Document the disposal of the discontinued medication.

When there is a change in dose for a medication, document the discontinuation of the older dose by using the steps above first. Then write the updated dose as a new entry in a different box under the "Medication/Dose" column.

Follow the prescription and fill out the MAR based on the following information:

- The physician indicated that medication can be given at 8am and 8pm.

- First, document the discontinuation of the carbamazepine 200 mg on the MAR.

- Next, write the new order of the increased dose of 400mg as a new entry.

- Document that you administered both the morning and evening dose of the carbamazepine 400mg on 2/23/20.

Patient Name: Brian Cays
Address: _____ **Date:** 2/16/20

R̵x

Carbamazepine

200mg for seizures

Take 1 tablet PO BID

Start this medication
February 16, 2020.

MD: Dr. Carmen Dales
Signature: *Carmen Dales*

Patient Name: Brian Cays
Address: _____ **Date:** 2/23/20

R̵x

DISCONTINUE Carbamazepine,
200mg for seizures effective
2/23/20

Start increased dose of
Carbamazepine 400mg, 1 tab PO
BID effective 2/23/20

MD: Dr. Carmen Dales
Signature: *Carmen Dales*

Medication Record

MONTH/YEAR: _____

MEDICATION/DOSAGE	MODE	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

LEGEND:
+ - Bowel Movement
DP - Day Program
HL - Home Leave
H - Hospital
O - Not Given
R - Refused; See Caregiver's Notes

Completed MAR: Example #6

MONTH/YEAR: January 2020

MEDICATION RECORD Brian Cays
No known allergies

Birth Date: 02/02/1982

MEDICATION/DOSAGE	MODE	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Carbamazepine 200mg for seizures. Take 1 tablet BID DISC 02/23/2020 AB	Mouth	8 AM																					AB	AB	AB	AB	AB	AB							
		8 PM																					AB	AB	AB	AB	AB	DISCONTINUE 02/23/2020 AB							
Carbamazepine 400mg for seizures. Take 1 tablet BID	Mouth	8 AM																							AB										
		8 PM																							AB										

LEGEND:
+ - Bowel Movement H - Hospital
DP - Day Program O - Not Given
HL - Home Leave R - Refused; See Caregiver's Notes

Lesson 7: Summary

Documentation includes the physician's orders, the MAR, the caregiver notes and the Adverse Event Report (AER), if and when a medication error occurs. Documentation is important because it shows what medication was given and when it was given. It shows that the care provider followed the physician's orders. Medication errors often occur when a care provider fails to document and additional doses are administered to the participant. Remember, if you did not document it, the medication is considered not have been given.

The MAR includes key information about the person's medications, including the name of the medication, the dose and the times and way the medication is to be taken. To avoid errors, premade medication labels from the pharmacy can be placed on the MAR. When possible, include the manufacturer's or pharmacy's additional instructions on how to take the medication.

The following are guidelines for medication procurement and storage.

- Medication must be kept in a secured locked container, including refrigerated medications

- Medications need to be stored based on the manufacturer's instructions

- If your participant uses self-administration, they must make sure the medications are not available to others and stored based on the manufacturer's instructions

- Best practice is to store oral and external medications separately

- Keep the medication storage area clean and orderly

When you dispose medication, both prescription and non-prescription, you cannot just throw it away or flush it down the toilet. All unused, discontinued, outdated, recalled and contaminated medications must be disposed of properly. Medications

in containers that have worn, illegible or missing labels must also be disposed of. Regardless of the reason for disposing the medication, you must document in the MAR when a medication is discarded.

To properly dispose of medication, crush all pills and mix the crushed pills with an absorbent material (e.g., cat litter, sawdust or used coffee grounds). Dispose the mixture into a plastic bag and secure it tightly. For liquid medications, fill a plastic bag with absorbent material, then pour the liquid in and tie the bag shut. Wrap the plastic bag in another bag and put it into the garbage bag. For more information, call Honolulu's Office of Household Hazardous Waste at (808) 768-3201.

A medication error occurs when the right medication is not taken as prescribed. Be aware that every and any medication error is serious and could be life threatening for your participant. Your job is to safely assist your participant by properly managing and administering the medication to ensure that the person receives the benefits of the medications. Preventing medication errors is a top priority.

You have learned the best way to help your participant take medications safely and to reduce the risk of errors, but even in the best of situations, errors may occur. When they do, you need to know what to do.

Remember that a medication error occurs when any of the following happens:

- The wrong person takes the medication

- The person takes the wrong medication

- The wrong dosage was taken

- The medication was taken at the wrong time

- The medication was taken by the wrong route

- The medication was not taken

If an error occurs, it must be reported immediately to the participant's physician. Follow the physician's instructions. The error must be recorded either in the MAR or, if applicable, another document specific to your agency. The record should include the date and time, the medication involved, a description of what happened, who was notified, the physician's name, the instructions given and the action taken.

Remember that preventing errors is the #1 priority. You will need to report all medication errors on the Adverse Event Report (AER) form.

Take these precautions to prevent errors:

- Stay alert

- Follow the "Eight Rights"

- Avoid distractions

- Know your participant and their specific medications

- Ask your participant's physician if you are unsure about any step in preparing, assisting or documenting medications

Visions Training Series
State of Hawai'i Developmental Disabilities Division

Nutrition
COURSE WORKBOOK

Table of Contents

Course Overview

In this course, you will learn about the general recommendations from *United States Dietary Guidelines for Americans* and *MyPlate*. These resources provide guidance on supporting a healthy lifestyle and reducing the risk of major chronic disease. In addition to these sweeping recommendations, this course discusses balancing choice and safety for participants when it comes to nutrition. A person's food and beverage choices are impacted by their culture and values, environment, and personal preferences. Additionally, a person may require a specific diet for a therapeutic purpose. For example, a participant may need a modified carbohydrate diet for diabetes or a low potassium diet for kidney disease. A participant may also need a modification diet, which includes adapted food and liquid textures and consistencies for the person to safely eat.

Course Objectives:

At the end of the course, you will:

Lesson 1: Nutrition Basics

- ❏ Identify the general recommendations of the *US Dietary Guidelines for Americans* and *MyPlate*.
- ❏ Distinguish between portion and serving.
- ❏ Identify the five essential nutrients and describe the main function of each.
- ❏ Classify food items as either carbohydrates; protein; saturated fat; polyunsaturated and monounsaturated fat; and vitamins and minerals.
- ❏ Identify the main function of cholesterol, sodium, and dietary fiber.
- ❏ Identify and describe the recommendations for clean, separate, cook, and chill.

Lesson 2: Balancing Important To (Choice) and Important For

- ❏ Describe the importance of offering choice for participants with their food and beverage choices.
- ❏ Identify factors that may impact a person's food and beverage choices and physical activity levels.

Lesson 3: Food Safety and Types of Diets

- ❏ Understand why a person's diet needs to be safe, adequate, individualized, and healthy.
- ❏ Describe a therapeutic diet and identify examples of typical therapeutic diets.
- ❏ Understand how a modification diet increases food safety for those who have difficulty swallowing.
- ❏ Recognize ways in which a person might describe how they experience an allergic reaction.

Lesson 4: Enteral and Parenteral Nutrition

- ❏ Distinguish between enteral nutrition and parenteral nutrition.
- ❏ Identify the different types of feeding tubes.
- ❏ Distinguish between the two types of feeding methods.

Lesson 1: Nutrition Basics

Topic 1: Dietary Guidelines and MyPlate

Dietary Guidelines

Every five years, the United States Department of Agriculture (USDA) and the Department of Health and Human Services (HHS) develop dietary guidelines for Americans. The guidelines include nutrition and physical activity recommendations to support a healthy lifestyle and reduce the risk of major chronic diseases.

The guidelines recommend:

1. Focusing on _____, _____, and _____;
2. Choosing foods and beverages with less saturated fat, _____, and added _____;
3. Starting with _____ changes to build healthier eating styles; and
4. Supporting healthy eating for _____.

MyPlate

In addition to the dietary guidelines, *MyPlate* is a simple reminder that everything you eat and drink matters. *MyPlate* is an update to the _____ _____.
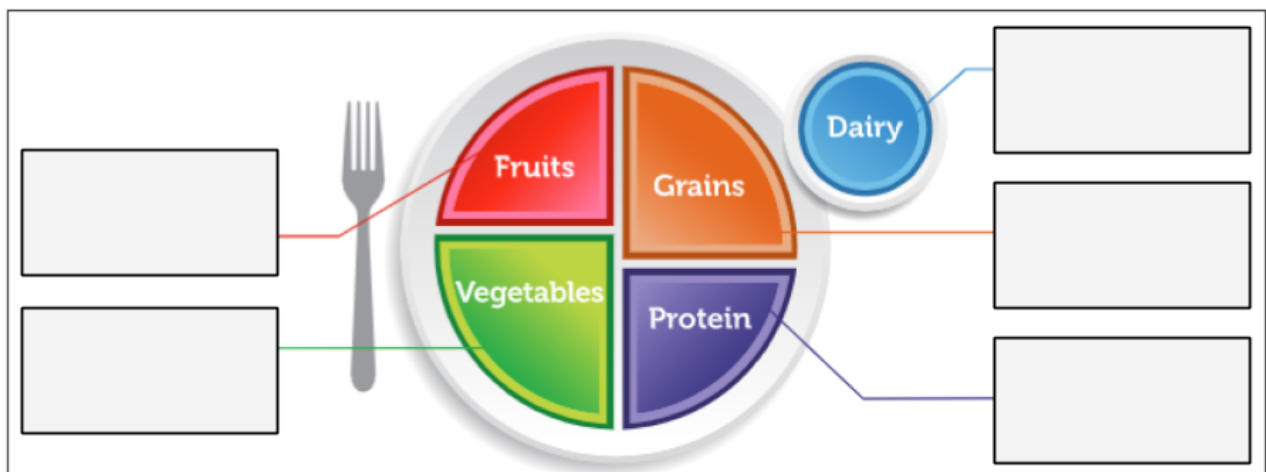
Daily Food Group Targets - Based on a 2,000 Calorie Plan

1. **Fruits**: Focus on _____ fruits and select _____ fruit juice when choosing juices. Buy fruits that are dried, frozen, canned, or fresh, so that you can always have a supply on hand.

2. **Vegetables**: Eat a _____ of vegetables and add them to mixed dishes like casseroles, sandwiches, and wraps. Fresh, frozen, and canned count, too. Look for "reduced _____" or "no-salt-added" on the label.

3. **Grains**: Choose _____ - _____ versions of common foods such as bread, pasta, and tortillas. If you are not sure if it's whole grain, check the ingredients list for the words "whole" or "whole grain."

4. **Dairy**: Choose low-fat (____) or fat-free (_____) dairy. Get the same amount of _____ and other nutrients as whole milk, but with less saturated fat and calories. Lactose intolerant? Try lactose-free milk or fortified soy milk.

5. **Protein**: Eat a variety of protein foods such as beans, soy, seafood, lean meats, poultry, and unsalted nuts and seeds. Select seafood _____ a week. Choose _____ cuts of meat and ground beef that is at least _____ lean.

Additional *MyPlate* Recommendations:

1. **Drink _____ instead of sugary drinks.** Regular soda, energy or sports drinks, and other sweet drinks usually contain a lot of _____ sugar, which provides more _____ than needed.

2. Don't forget physical activity! Being active can help prevent _____ and manage _____ . Adults should exercise at least ____ minutes per week.

Activity: *MyPlate*

Let's practice now. Fill in the blanks.

Everything you eat and drink over time matters and can help you be healthier now and in the future.

The following are some of the recommendations from *MyPlate*.

Focus on _____ fruits.

Vary your veggies and vary your _____ routine.

Make _____ of your grains whole grains.

For dairy, move to low-fat or fat-free milk or yogurt.

Drink _____ instead of sugary drinks.

Don't forget about physical activity. It is recommended to exercise at least _____ minutes per week.

Daily food group targets are based on a _____ calorie diet.

Topic 2: Nutrition Facts

Nutrition Facts Label

_____ _____ is based on the **amount of food that is customarily eaten** at one time. All of the nutrition information listed on the Nutrition Facts Label is based on **one serving** of the food.

The serving size is shown as a common household measure that is appropriate to the food (such as cup, tablespoon, piece, slice, or jar), followed by the metric amount in _____ (g). When comparing calories and nutrients in different foods, check the serving size in order to make an accurate comparison.

_____ _____ _____ shows the **total number of servings** in the entire food package or container. It is common for one package of food to contain more than one serving.

The information listed on the Nutrition Facts Label is based on **one serving**. So, if a package contains two servings and you eat the entire package, you have consumed twice the amount of _____ and _____ listed on the label.

_____ refers to the **total number of calories**, or "energy," supplied from all sources (fat, carbohydrate, protein, and alcohol) in one serving of the food.

To achieve or maintain a healthy body weight, balance the number of calories you _____ and _____ with the number of calories you _____ during physical activity and through your body's metabolic processes.

As a **general rule**: 100 calories per serving is _____. 400 calories per serving is _____.

_____ _____ _____ are *not* additional calories, but are **fat's contribution to the total number of calories in one serving of the food**.

The Nutrition Facts Label lists the calories from fat because fat has more than twice the number of calories per gram than carbohydrate or protein. For example, if the Nutrition Facts Label says one serving of food contains 150 calories and 100 calories from fat, the remaining 50 calories comes from carbohydrate, protein, and/or alcohol.

_____ _____ _____ (%DV) shows how much of a nutrient is in one serving of the food.

The %DVs are based on the Daily Values for key nutrients, which are the amounts of nutrients recommended per day for Americans 4 years of age and older. The %DV column doesn't add up vertically to 100%. Instead, the %DV is the percentage of the Daily Value for each nutrient in one serving of the food.

For example, the Daily Value for saturated fat is 20 grams (g), which equals 100% DV. If the Nutrition Facts Label says one serving of a food contains 1.5 g of saturated fat, then the %DV for saturated fat for this specific food is 8%. That means the food contains 8% of the maximum amount of saturated fat that an average person should eat in an entire day.

The _____ _____ shows each ingredient in a food by its common or usual name in descending order by weight.

The ingredient with the greatest contribution to the product weight is listed first, and the ingredient contributing the least by weight is listed last. The ingredient list is usually located below the Nutrition Facts Label.

Serving Size and Portion Size

A _____ is the amount of food that you choose to eat. The amount can be large or small. A _____ is a measured amount of food or drink. This could be one slice of bread or eight ounces of milk.

Portion sizes have **increased** over time and has resulted in _____ _____. This occurs when a person thinks a "normal" portion is much larger than the recommended portion for a particular item.

To overcome portion distortion, it is recommended to:
1.
2.

Topic 3: Five Essential Nutrients & Other Food Components

Five Essential Nutrients

All foods are comprised of _____ essential nutrients, in addition to water.

1. **Carbohydrates**: _____

   _____

2. **Protein**: _____

   _____

3. **Fat**: _____

   _____

   - Saturated Fat: _____

   - Polyunsaturated Fat: _____

   - Monounsaturated Fat: _____

4. **Vitamins**: _____

   _____

5. **Minerals**: _____

   _____

Other Food Components

Food also contains cholesterol, sodium, and dietary fiber.

1. **Cholesterol** is found in all food from _____ sources. Our liver produces all of the cholesterol our bodies need, so we do not need it from food.

2. **Sodium** is a mineral essential to the body in _____ amounts, but too much sodium can cause _____ blood pressure and can make many medical problems worse.

3. **Dietary fiber** helps prevent _____. It also helps lower blood _____ thereby reducing the risk of heart disease.

Topic 4: Preventing Cross Contamination: Food Safety

1. **Clean** includes washing hands with _____ and _____, cleaning _____, and rinsing _____.

2. **Separate** includes separating foods that are ready-to-eat from _____ foods or foods that might contain harmful microbes that can cause _____ _____ in order to prevent _____-_____.

3. **Cook** includes cooking foods to the recommended safe _____.

4. **Chill** includes keeping home refrigerators at _____°F or below, refrigerating foods within _____ hours, and _____ foods properly.

Lesson 2: Balancing Important To and Important For

The Importance of Choice

Having opportunities to exercise your _____-_____ and make _____ that are meaningful to you is a critical component of living your good life. As you learned in Course 3: Person-Centered Supports and Planning, a good life includes things that are important to you as well as important for you. Remember, we often do what is important _____ us (e.g. what we need to be healthy and safe) when we are motivated by what is important _____ us (i.e. the people, interests, etc. that really matter to us). Being able to choose what we do, where we go, and when we do things are just some of the choices we make every day which we often take for granted.

Offering Choice

Many factors may impact a person's food and beverage choices as well as their physical activity levels. A person's _____ and _____, _____, and _____ _____ are various aspects of what is important to them and affect the choices they make. The choices a person makes based on what is important to them has a direct impact on their health outcomes and what is important for them to be healthy and safe.

1. **Culture and Values**: A person will often make food choices based on their _____ _____, _____, _____, and _____ _____.

2. **Environment**: A person's environment includes the home, school, workplace, restaurants, recreational facilities, and other community places. A person's _____, _____, and _____ _____ in various settings can influence a person's food and drink choices based on what is _____ and _____.

3. **Individual Preference**: All people have their own unique food and drink preferences. The food choices we make are usually based on our specific _____ and _____.

Lesson 3: Types of Diets

A person's diet should be _____, _____, _____, and
_____.

1. **Safe**: Food choices align with _____ _____ and the food is
   _____ and _____ safely.

2. **Adequate**: Foods are adequate in _____ and _____.

3. **Individualized**: Encourages _____ and specific _____ and
   manages medical conditions and other needs.

4. **Healthy**: Includes a variety of _____, _____, and
   _____ _____.

A therapeutic diet is a _____-_____ diet that contains certain
nutrients and eliminates other nutrients that are problematic to the participant
because of a health condition. A therapeutic diet is similar to taking medications -
both are prescribed by the doctor and can result in severe _____
_____ if not followed as recommended.

Therapeutic Diets

The following are examples of therapeutic diets and conditions they are
recommended for:

1. Modified _____ diet - Diabetes

2. Low fat and low _____ diet - Heart problems

3. Low _____ - Kidney Disease

4. High _____ - Bowel Health

5. _____ and _____ modification - Food Intolerance

6. Elimination of peanuts, soy, and fish - _____ _____

7. High _____ - Epilepsy and Neurological Conditions

Modification Diets

A modified diet may include changes to food and liquid _____ for individuals who have difficulty swallowing (_____). Modifications are vital to ensure that these individuals:

  1.
  2.

Types of Textured Diets:

  1. **Soft Chopped Diet**: food cut by hand into even "_____ _____" pieces or as prescribed by a Primary Care Physician. Food must be _____ throughout and cannot include any food that is _____, _____, or _____.

  2. **Ground Diet**: food that is moist,_____-_____, and easily formed into a rounded _____ in the mouth. Meats are ground or minced into pieces no larger than a quarter inch; all pieces are moist, and stick together slightly. A small amount of starch such as _____ or _____ added to ground foods will help to make the food stick together slightly. Ground food is moist throughout but is not _____.

  3. **Pureed Diet**: Food with a very _____ consistency or foods that have been well-processed in a _____ _____ or _____ to a very smooth consistency or texture. No solid pieces or parts can be noticed in the food. Pureed food has no lumps and feels very soft and smooth in the mouth.

Liquid Consistencies

When modified liquid food texture is prescribed, the food texture should not be thinner than the prescribed liquid consistency.

There are four types of consistencies:

1. **Thin**: Liquids and beverages served _____ _____.

2. **Nectar**: Apricot or tomato juice consistency; most liquids will require a thickening agent to reach this consistency. Food runs freely off the spoon but leaves a _____ _____ on the spoon.

3. **Honey**: Liquids can be _____ but are very slow. Liquids will require a thickening agent to reach this consistency. Food slowly _____ in dollops (or blobs) off of the end of the spoon.

4. **Pudding**: Liquids are spoonable but when a spoon is placed upright, it will not stay upright. Liquids will require a thickening agent to reach this consistency. Food sits on the spoon and does not _____ off of it.

Food Allergies

A participant may have dietary restrictions based on a _____ _____. An allergy is _____ to a certain substance that can cause mild to moderate or severe to life-threatening _____. Mild to moderate reactions can include stomach ache, diarrhea, hives, itchy and watery eyes, or a runny nose. A severe to life-threatening reaction can be _____ _____, a life-threatening event that can cause an individual's breathing to stop if emergency medical treatment is not immediately available.

Almost any food can cause an allergic reaction, but only _____ foods account for ____% of all food-related allergic reactions in the U.S. and include: peanuts, tree nuts, milk, eggs, wheat, soy, fish, and shellfish. Sesame allergies are also a growing concern.

Lesson 4: Enteral and Parenteral Nutrition

Some people are unable to receive nutrition through their mouth due to difficulties with _____, _____ disorders, or other conditions.

> _____ _____ generally refers to the use of the gastrointestinal (GI) tract via tube, catheter, or surgically made hole to deliver part or all of a person's caloric requirements.

> _____ _____ refers to the delivery of calories and nutrients into a vein.

_____ nutrition is preferred whenever possible. However, _____ nutrition may be needed when the person's caloric and nutrient needs cannot be met by the current level of functioning of their GI tract or use of the GI tract is difficult or unsafe.

Participants who receive enteral or parenteral nutrition must be under the care of a licensed physician and must have specific, individualized orders for their nutritional care.

Type of Feeding Tubes

The following are the different types of feeding tubes:

1. **Nasal Tubes**: Nasal tubes are non-surgical and _____ tubes placed through the _____ (nasal) and into the _____ or _____ (abdominal). Types of nasal tubes include: Nasogastric (NG) Tubes, Nasoduodenal (ND) Tubes, Nasojejunal (NJ) Tubes

2. **Gastric or Gastrostomy (G) Tubes**: A gastrostomy tube (___-_____) is a tube inserted through the abdomen that delivers nutrition directly to the _____.

3. **Gastrojejunostomy (GJ) or Transjejunal Tubes**: Gastrojejunostomy tubes (___-_____) are placed in the stomach just like G-tubes, but a thin, long tube is threaded into the jejunal (J) portion of the small intestine. The GJ-tube is a single tube that passes through the abdominal surface, into the stomach, and down into the second part of the small intestine (the jejunum).

4. **Jejunostomy (J) Tubes**: A jejunostomy tube (___-_____) is a soft, plastic tube placed through the skin of the abdomen into the midsection of the small intestine. A J tube is placed when the stomach must be bypassed entirely.

Feeding Methods

Two types of feeding methods include:

1. Bolus (feeding all at once), gravity, intermittent feeding: Nutrition is delivered several times throughout the day over short periods of time. This may be done by gravity (formula drips in) or via pump.

2. Continuous feeding: Nutrition is delivered slowly over the course of the day via a feeding pump. This method may be used when the stomach empties slowly.

Lesson 5: Summary

The guidelines and recommendations on nutrition and food safety are essential to ensuring people have what is important for their health and safety. The main take away for the Nutrition course is to emphasize the need to find a balance between what is important to and important for a person. People usually do not do what is important for them unless it is also important to them. No one should have to choose between health or happiness. Instead, people should be supported to be both happy and healthy. Ideally, the more a person knows and understands about what is important for their health, the more they will make healthier choices and find a balance between what is important to and important for them.

> **Main Takeaway:** Support participants to balance what is important to and important for the person with their food and drink choices.

Visions Training Series
State of Hawai'i Developmental Disabilities Division

Dental & Oral Care
COURSE WORKBOOK

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Course Overview

Prevention of dental disease is key to overall health! When we talk about prevention, we are talking about stopping something from happening. We want to stop dental diseases such as tooth decay and gingivitis from happening. Every participant should have an oral health champion, and you can be that person!

You may be responsible for overseeing or providing the daily oral care for a participant. A participant may be at particular high risk of dental disease. For example, persons with developmental disabilities often have genetic disorders that increase their risk of dental disease. Therefore, daily mouth care MUST be a priority.

Maintaining dental health means that the participant will avoid cavities, gum infections, pain, and loss of teeth. This course will cover proper oral and dental care and how to support a participant to overcome any barriers that may stand in the way of their good oral health. This might include teaching a participant about their daily oral health routine, using appropriate adaptations, and using positive behavior support strategies such as desensitization and shaping.

Dentists and dental hygienists know how to prevent cavities and gum infections, but daily oral care practices and monitoring are critical. Early detection of dental problems at home is the most effective way to address dental needs. Providing daily oral care and monitoring dental health can help to prevent toothaches, dental and other health emergencies, aspiration pneumonia, and in rare cases, death. In this course, you will learn to recognize early signs and symptoms of tooth decay and gingivitis. You will learn how to develop an Oral Health Care Plan with a participant by planning and working together with the dentist or dental hygienist and the participant's Circle of Support.

Course Objectives:

At the end of the course, you will:

Lesson 1: Keeping a Healthy Mouth

- ❏ Identify the difference between a healthy mouth and an unhealthy mouth.
- ❏ Recognize the link between general health and oral health.
- ❏ Identify and describe the four factors that influence oral health: genetic conditions, medications, physical limitations, and special diets.
- ❏ Describe the food and drink choices that can positively impact good oral health and the protective factors that help to maintain a healthy environment in the mouth.
- ❏ Describe what plaque is and how it leads to tooth decay.
- ❏ Describe gingivitis, periodontitis, and dental abscess and how these conditions can lead to other medical problems.

Lesson 2: Oral Hygiene Session

- ❏ Identify the areas in the mouth where plaque is found.
- ❏ Identify the best practices for basic oral hygiene daily care.
- ❏ Describe what to brush and how to brush.
- ❏ Describe how to remove plaque from between the teeth.

Lesson 3: Positive Behavior Support Strategies

- ❏ Identify and describe the four recommended steps when using positive behavior support strategies.
- ❏ Identify the common causes of irritation, avoidance, or refusal that may occur during an oral hygiene session.
- ❏ Describe the two specific positive behavior support strategies: desensitization and shaping.

Lesson 4: Oral Health Care Plan

- ❏ Describe the purpose of the Oral Hygiene Skill Survey and Oral Health Care Plan.
- ❏ Identify the scoring system of the Oral Hygiene Skill Survey.

Lesson 1: Keeping a Healthy Mouth

Topic 1: Oral Health = General Health

Your mouth communicates with your body. The National Institute of Dental and Craniofacial Research report says, "Oral health is integral to general health. You cannot be healthy without [good] oral health."

The first step in determining whether or not a person has good oral health is by comparing the characteristics of a healthy mouth to an unhealthy mouth.

Healthy Mouth Characteristics	Unhealthy Mouth Characteristics
1. 2. 3. 4.	1. 2. 3. 4. 5. 6.

If you notice that the mouth shows characteristics of an unhealthy mouth, speak with the dentist or case manager. It is not normal or healthy to have any of the characteristics or signs of an unhealthy mouth such as difficulty eating or chewing because of pain, poorly fitting dentures with sores on the gums, and red or white spots, sores, or cracks on gums or corners of the mouth.

Topic 2: Factors that Influence Oral Health

Four Factors that Influence Oral Health

Awareness of the different factors that influence a participant's oral health can help you speak to the dentist about proper oral care for a participant. The four factors that influence oral health include (1) _____ _____,(2) _____, (3) _____ _____, and (4) _____ _____.

Food and Drink Choices to Decrease Dental Problems

Making good choices regarding food and drinks can have a positive impact on a person's oral health. Generally speaking, it is helpful to choose food and drinks that are low in sugar and acid. However, any sugar will expose the mouth to bacteria and acid.

Any gum, mints, and candies should be _____-_____.

Have _____ _____ and _____.

Eat _____-_____ _____ _____ such as meats, eggs, cheese, fish, beans, & legumes.

Eat _____-_____ , _____-_____ breads and cereals.

Space frequency of food and beverage intake at least ____ _____ apart.

Select _____ , _____ , _____ _____ to stimulate salivary output.

_____ _____ _____ for a brief period immediately after a meal or snack.

Guidelines about food containing sugar to keep your TEETH HEALTHY!

1.

2.

3.

4.

5.

6.

7.

_____ _____: Practices that keep teeth and gums healthy to maintain a healthy mouth environment.

Here are some tips!

Have _____ on the teeth daily.

Use _____ _____ and _____, as needed.

Reduce _____ _____ on the teeth.

Adopt a _____ _____ low in sugar.

Keep a _____ _____ _____ with hydration.

Minimize the amount of time _____ is in the mouth.

Professional _____ and _____.

Topic 3: Preventing Gingivitis and Tooth Decay

_____: A soft, sticky film of bacteria (also called biofilm) that grows on the teeth everyday.

Plaque is invisible but can be felt if the teeth are not brushed. Plaque is mostly found along the _____, but plaque can grow everywhere including between the _____, on the _____, and on _____. If plaque is not removed, it can cause serious tooth decay and gum infections that can spread to other parts of the body.

_____ _____: The breakdown of the tooth enamel most commonly caused by bacterial plaque.

How tooth decay happens:

1. When we eat foods with _____, the bacteria combines with the sugar and makes a sticky film (plaque) and acids.

2. The plaque holds the acids against the surface of the teeth.

3. For about _____ minutes after sugar is eaten, the acids produced by the bacteria can attack the teeth.

4. If the plaque is not removed and the acid attack continues, the tooth enamel breaks down and forms a _____.

_____ _____: A boil of the gum that is full of pus. If tooth decay is left untreated, bacteria collects inside the tooth and may infect deep into the bone.

Some people may experience a lot of pain, while others may not feel pain at all.

Usually, there is no fever at the beginning of an abscess. If not treated, the swelling may spread to the jaw and the side of the face where the infected tooth is located. Infection can also spread to the brain, lungs, and heart. A dental abscess is an _____, and if the dentist is not available, the person should immediately see their primary care doctor, or they should go to the emergency room of a hospital.

_____: Inflammation of the gums. This condition can occur when plaque causes the gums to become red and swollen and will bleed easily.

Gingivitis can be _____, and gums can remain healthy with daily _____ of plaque. If plaque is allowed to stay on the teeth, it will destroy the gum fibers that hold the gum tightly to the teeth.

_____: A condition that occurs when the break down of gum fibers allows "pockets" to form around the tooth.

The pockets collect more plaque, and the teeth will become loose when the bone supporting the roots of the teeth are destroyed. Eventually, the tooth may need to be removed.

Activity: Preventing Gingivitis & Tooth Decay

Let's practice now. Fill in the blanks.

_____ is also called biofilm. It is a soft, sticky film of bacteria that grows on the teeth everyday.

If plaque is not removed, it can cause serious tooth _____ and gum infections that can spread to other parts of the body.

An example of a gum infection is a dental _____, which is a boil full of pus on the gum.

_____ is another gum condition caused by plaque and is characterized by red and swollen gums that bleed easily.

A more advanced form of gingivitis is _____ and includes the break down of gum fibers that form pockets around the tooth.

Lesson 2: Oral Hygiene Session

A daily routine should include an oral hygiene session. An oral hygiene session includes cleaning the mouth and the teeth. It is recommended to complete _____ oral hygiene sessions per day. The goals of an oral hygiene session are to keep the mouth _____ and to prevent _____ of the gums and teeth. With proper cleaning, care, and regular visits to the dentist, a person's teeth can last a lifetime. Following a daily routine of proper oral hygiene results in chewing food better, avoiding pain, and enjoying a clean feeling in the mouth.

Finding Plaque

Good oral hygiene includes the removal of plaque. Removing plaque greatly reduces the bacteria and the acids in the mouth. The plaque must be broken up at least once every _____ hours by brushing the teeth and cleaning between the teeth.

> **Dentists Recommend** brushing at least twice a day with a toothpaste containing fluoride. Plaque is sticky and is removed by brushing and flossing, not by water or mouthwash alone.

Where Bacterial Plaque is Found:

1. On the _____ surfaces of the teeth.

2. On the _____ or tongue side.

3. Along the _____ _____ where the tooth and gum meet.

4. _____ the teeth.

5. On the _____ or cheek side.

Using Disclosing Solutions

Plaque is tooth-colored and very hard to see, but you can color plaque using disclosing tablets or liquids. Below are the steps on using disclosing solutions:

1. Read the _____ on the packet.

2. Inform the person about the _____ of coloring the plaque on the teeth.

3. Have the person _____ half of the tablet or paint the coloring liquid on their teeth, as directed.

4. Ask the person to rinse with water and spit. _____ _____ _____ _____ ____ _____.

5. Wipe the lips.

6. Look at the teeth in a bright light to see the colored areas on the teeth. This will show _____ _____ _____ ____ _____.

7. Have the person _____ _____ _____ _____ with a toothbrush or help them to do so.

8. Use the disclosing solution every other day until you both know which places are usually _____ _____ _____.

9. _____ ___ _____, color the plaque to check on brushing.

Basic Oral Hygiene Session

The following are the best practices for basic oral hygiene daily care:

- Brush twice a day for _____ minutes each session

- Use a _____ size amount of toothpaste with Xylitol and fluoride

- Clean _____ the teeth

- Use _____ without alcohol to help relieve dry mouth

Brushing Teeth to Remove Plaque

Toothbrush Selection. A good toothbrush has soft, flexible bristles with rounded polished ends. Toothbrushes should be replaced when the bristles become bent or frayed - typically every _____ to _____ months. Selection of toothbrush should be based on the needs and preferences of the person.

What to Brush. Think of the teeth as several small blocks sitting in a row. Each block, or tooth, has _____ sides to be cleaned.

Removing Plaque Between Teeth. A toothbrush will not be able to reach between the teeth and at the gumline. _____ is the gap between teeth and is occupied by the gums. Flossing is the most common method. Special floss, floss holders, or _____ are alternatives to flossing.

Products To Help Prevent Tooth Decay

It is critical to maintain an environment in the mouth where the positive protective factors are in place as many hours a day and night as possible. When daily mouth care does not stop cavities, consult with the dentist to recommend alternative products.

Lesson 3: Positive Behavior Support Strategies

A person may need positive behavior support strategies to establish a good oral health routine. You may notice that the person is fine with the oral health routine up to a certain point. For example, the person may not like the way you floss their teeth. It may be painful, and the person might start showing signs of distress as you get ready to floss their teeth, or they might refuse to open their mouth. Or, a participant might do their own oral health routine, but you notice plaque build up. You may need to help by brushing after they finish brushing to remove plaque that is still there. When creating a strategy with a participant, be sure that the person is participating as much as possible in the process. This is referred to as _____ _____.

The following provides steps to develop a strategy that you can use with a participant. Following these steps requires patience and persistence. The outcomes of the steps can lead to an environment for success where a participant can enjoy a proper oral health care routine and better health outcomes overall. The steps include:

1. _____

2. _____

3. _____

4. _____

Step #1: Assess the Situation

Figure out the nature of the situation and establish a _____. This means observing for a few days during the oral hygiene session to see the person's _____ and what they are trying to _____ to you. By identifying what happens just _____ the person shows signs of irritation or avoidance, you can figure out how to change the _____ or _____ to make it more suitable and pleasant.

Common Disruptions:

1. Changes in routine: _____

   _____

2. Wrong time of day: _____

   _____

3. Boredom: _____

   _____

4. Unpleasant associations: _____

   _____

5. Distractions: _____

   _____

6. Nagging: _____

   _____

7. Interruptions: _____

   _____

Step #2: Plan the Strategy

Two positive behavior support strategies include desensitization and shaping.

Desensitization

Desensitization is a slow, gradual approach to create positive _____ and to overcome _____. The individual is gradually introduced to increasingly _____ situations. With gradual steps, the person can feel more comfortable and can learn to accept each situation. Their fears will decrease over time, and you can raise _____ as you go. Desensitization can be used with each step of the oral hygiene session based on the cause of the person's irritation or distress.

Shaping

Shaping is using positive _____ to guide the individual through a series of small steps to achieve a bigger _____. Positive reinforcement increases the likelihood that a desired behavior will increase or reoccur. Examples include:

1. _____ Rewards: Providing attention and praise.

2. _____ Rewards: A smile, high five, or a soft pat on the shoulder.

3. _____ Rewards: Doing something the person likes to do or receiving a small token.

> **Shaping Tips:**
> - Have a clear idea of the desired behavior you want to reinforce
> - Give rewards only after a desired behavior is performed
> - Reinforcement should be provided immediately following the desired behavior
> - Be specific when recognizing the desired behavior
> - Avoid reinforcing unwanted behavior

Step #3: Individualize with Adaptations

In addition to using positive behavior supports, you may need to use adaptations such as a modified toothbrush, or you may need to find the best physical position for brushing.

_____ of oral hygiene tools can either make the oral hygiene routine possible, or they can support a participant to brush or floss on their own. A participant's dentist can provide suggestions and should be made aware of any changes to the oral hygiene routine.

Toothbrush Adaptations:

Two simple toothbrush adaptations include:

1. Enlarging the brush handle with a sponge, rubber ball, or bicycle handle grip.
2. Lengthening the handle of the toothbrush with a piece of wood or plastic, such as a ruler or wooden tongue blade.

Sometimes a foam prop is used for a participant who has trouble keeping their mouth open. **Note**: The use of a mouth prop requires a written order and training from a dental professional.

Proper Location & Positioning:

If a participant needs only a little help, the oral hygiene session can be completed in the bathroom. However, the bathroom may not be a good place for the oral hygiene session if more help is required. Poor lighting in the bathroom can make seeing all areas of the mouth difficult.

Additionally, you might not be able to keep the mouth open or get to all areas in the mouth. If a participant needs a lot of help, you can help more easily if you perform the oral hygiene session somewhere else such as a wheelchair, a bed, or a couch.

Step #4: Implement with Small Steps

After you have assessed the situation and have developed a positive behavior support strategy, you are ready to implement the strategy. You should use small steps.

Remember, implementation typically requires _____ and _____. The positive behavior support strategy should include a clear, step-by-step process to be implemented one step at a time.

Give one instruction at a time and implement at a pace the participant is comfortable with. If a person shows irritation or distress, the steps may need to be broken down into smaller, more manageable steps. Be sure to _____ each step to track progress.

Lesson 4: Oral Health Care Plan

The Oral Hygiene Skill Survey is used to determine the oral hygiene skill level of a participant for each step of both tooth brushing and flossing. The information gathered on the Oral Hygiene Skill Survey can help to create and update the Oral Health Care Plan. The Oral Hygiene Skills Survey can also be used as a checklist for the steps of the oral hygiene session. With frequent use of the Oral Hygiene Skill Surveys and Oral Health Care Plan, a participant can be supported to be as independent as possible in their oral health.

Oral Hygiene Skill Survey

The information from the Oral Hygiene Skill Survey can help to create and update the Oral Health Care Plan. The Oral Hygiene Skill Survey determines a participant's _____ and is used to track their _____ over time. The participant's baseline is their current skill level. It represents where they are in each step of the toothbrushing and flossing session. A person's _____ level can be based on their level of participation.

If a person completes a step completely independently, this is called "_____ _____." A person may be able to complete certain steps or tasks completely independently or require prompting. Prompting includes _____ (pointing), _____ prompts (reminders), or _____ hand-over-hand support (guiding touch). If the person completes some of a task, it is called "_____ _____." If the person does not complete the step at all and requires someone else to do it, this is an indication that person does not participate at all. Each time the survey is completed, the person's improvements are tracked.

Scoring System

The Oral Hygiene Skill Survey uses a simple scoring system for each step in a tooth brushing and flossing session. By scoring each step, it identifies what a participant can do independently, what they can do with assistance or prompts, and what you do for them. The survey can also determine if a participant can learn the next step in the oral hygiene session with additional supports or coaching.

> ____: The person does not perform the step or is unable to complete the step.

> ____: You perform the step or assist the person to complete the step.

> ____: The person performs the step following verbal or physical prompts.

> ____: The person performs the step independently.

Oral Health Care Plan

The Oral Health Care Plan should be completed after the Oral Hygiene Skill Survey. The Oral Health Care Plan is part of a participant's overall health plan. It should be updated _____ and used as a tool to communicate with their Circle of Support. The sections of the Oral Health Care Plan includes:

Oral Health Status

- Does the person have natural teeth or dentures? If the person has dentures, do they have full or partial dentures?

- List any current and previous oral health concerns. For example, list concerns related to gingivitis, dental caries, or calculus build up.

- List the medications and products the participant uses as ordered by the dentist, if applicable.

Oral Hygiene Session

- How many sessions are completed per day?

- _____ – Who is the preferred person to assist the participant with their oral hygiene sessions?

- _____ – What is/are the best position(s) to complete the session in?

- _____ – When is/are the best time(s) of day to complete the session?

Tools and Equipment

- _____ – What type of toothbrush is used?

- _____ (between the teeth) – What tool(s) are used to clean between the teeth?

- Other Aids – Are there any other aids used?

Physical and Behavior Plan

- Level of _____ – Does the person use full participation (independence), partial participation (completes some tasks), or none?

- _____ Used – What types of prompts are used to support the participant? Examples include physical, pointing, verbal, or other prompts.

- Oral Hygiene Skill Survey – After completing the Oral Hygiene Skill Survey, list the date(s) completed, the scores for tooth brushing, flossing, and the total score for each completed survey. Additional comments can be included.

- Support Strategies – List the step(s) from the tooth brushing and/or flossing sessions that the participant is currently focusing on and the strategies used to support the person. These strategies can include rewards, shaping, etc.

Professional Dental Care Plan

- When was the last dental appointment?

- What is the recommended frequency of check-up appointments?

- When is the next appointment date?

- What is the dental provider's name, phone number, and email address?

- What type of dental setting does the participant go to?

Lesson 5: Summary

Prevention of dental diseases is key! Prevention means stopping something from happening, and in this case, we want to prevent dental diseases such as tooth decay and gingivitis.

You may be responsible for overseeing or providing the daily oral care for a participant. Because persons with developmental disabilities are at higher risk for dental diseases, daily mouth care MUST be a priority. Maintaining good dental health means that the participant avoids cavities, gum infections, pain, and loss of teeth. To accomplish this, this course covered the steps of the oral hygiene session for both tooth brushing and flossing, adaptations that can be used and individualized, and the positive behavior support strategies of shaping and desensitization.

Dentists and dental hygienists know how to prevent cavities and gum infections, but daily oral care practices and monitoring are critical because early detection of dental problems at home is the most effective way to address dental needs. You can also monitor a participant's oral health and their oral hygiene routine over time by establishing their baseline and tracking any changes that occur using the Oral Hygiene Skill Survey and the Oral Health Care Plan.

> **Main Takeaway:** The prevention of dental diseases is key.