DSP Core Competencies - Tier 1

DSP 101 provides instruction for using the online modules and is omitted from the PDF version. Learners must complete module 101 when accessing the online courses in the state learning management system. Other modules not included in this document are “local training” provided by your agency, such as DSP 102 and DSP 107. Refer to the DSP Core Competency Learner Guide for descriptions of local training.

Hint: Click on the module title to navigate to the module.

Contents

DSP Core Competencies - Tier 1 1

DSP 103: Basic Civil and Human Rights 3

DSP 104: Confidentiality Standards 20

DSP 105: Complaints 43

DSP 106: Dignity, Respect, and Person Centered Language 61

DSP 108: Understanding Common, Serious Health Risks 142

DSP 109: Adaptive Equipment 193

DSP 110: Required Infection Control Techniques 205

DSP 111: Medication Administration and Documentation 220

DSP 113: Methods of Support and Non-Physical Intervention 238

DSP 115: Safely Handling, Preparing, and Storing Food 294

DSP 118: Managing Hazardous Chemicals Safely in the Work Environment 314

DSP 119: Responding to Emergency Situations 324

DSP 120: Basic Components of an ISP 349

DSP 123: Guardianship and Health Care Advocates 399

DSP 127: Incident Report Requirements 425

DSP 103: Basic Civil and Human Rights

1. DSP-Rights 2-3

1.1 Rights

Rights

People with disabilities have the same civil and human rights as any American. As a DSP, you have an important role to ensure the people you support are empowered to exercise their rights to make informed choices; be free from abuse, neglect or exploitation; and be treated with dignity and respect.

Basic Civil and Human Rights

Tier 1: Before working unassisted
and within 2 months of start date

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1.2 In this course…

In this course…

- Basic rights of United States citizens
- The rights of the people you support
- Circumstances which may limit a person's rights

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1.3 At your organization

At your organization

Talk with your supervisor and/or training department, to ensure that you:

- Understand your organization's policies and procedures to support each person's rights.

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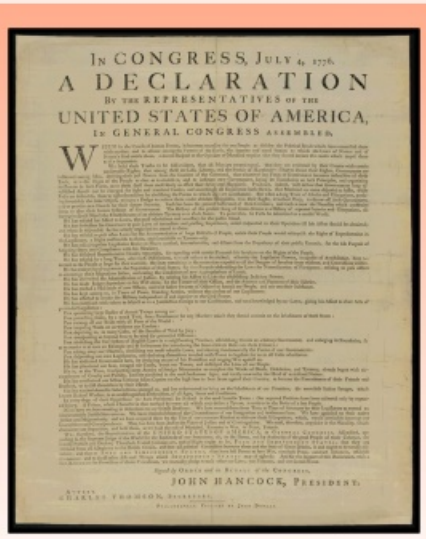
1.4 Basic rights beginning

We have basic rights as United States citizens.

"We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain inalienable Rights, that among these are Life, Liberty and the pursuit of Happiness."

U.S. Declaration of Independence (1776)


IN CONGRESS, JULY 4, 1776.
A DECLARATION
BY THE REPRESENTATIVES OF THE
UNITED STATES OF AMERICA,
IN GENERAL CONGRESS ASSEMBLED.

JOHN HANCOCK, PRESIDENT.

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1.5 Definition of civil rights

Civil Rights defined:

The rights belonging to an individual by virtue of citizenship, especially the fundamental freedoms and privileges guaranteed by the 13th and 14th Amendments to the US Constitution and by subsequent acts of Congress, including civil liberties, due process, equal protection of the laws, and freedom from discrimination.

American Heritage Dictionary

In other words, everyone has the right to receive equal treatment in any setting--including education, employment, housing and others.

More information in the Resource tab.

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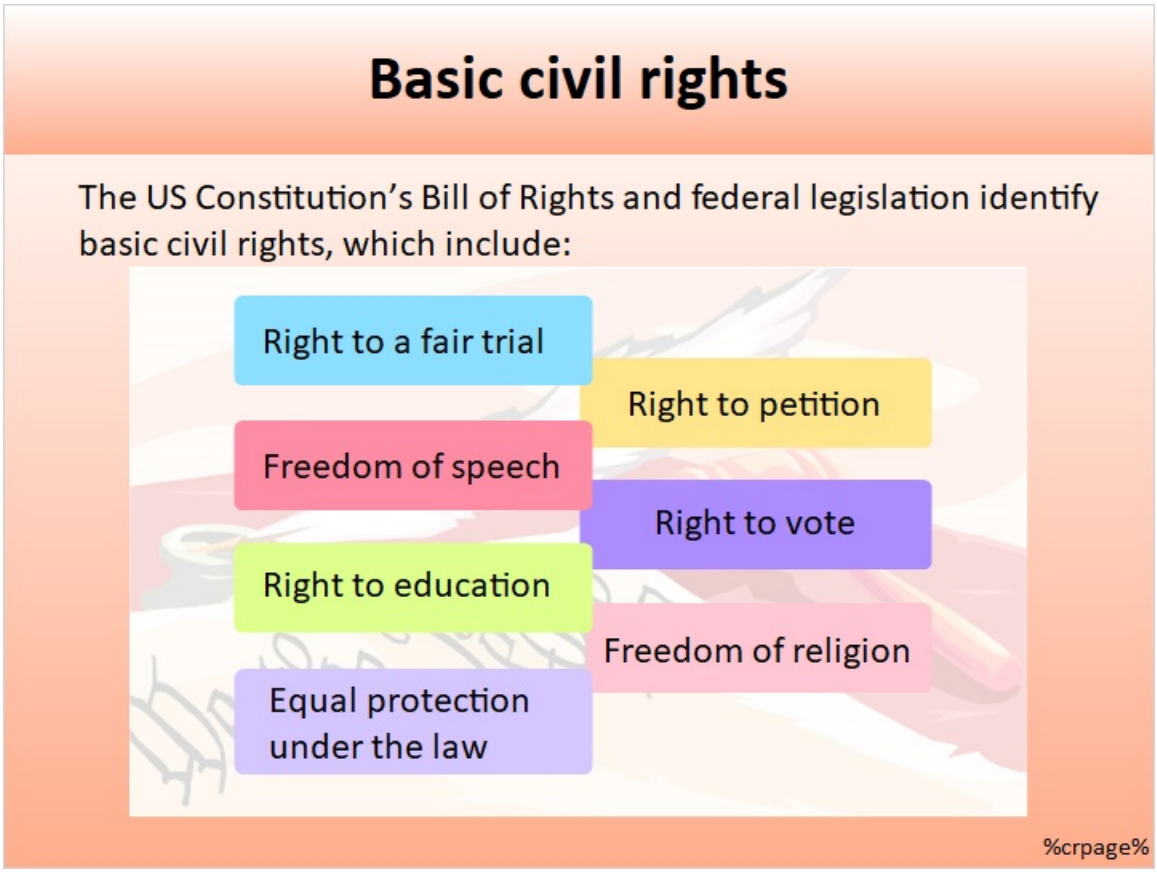
1.6 Basic civil rights



1.7 Our rights are the same

Our rights are the same

The people you support have the same rights you have unless guardianship or other court action limits their rights.

Please note:

Guardianships do not eliminate all of an individual's civil rights.

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1.8 Rights limited due to age

Rights limited on the basis of age

The rights of children under 18 are restricted for their safety.

Children, irregardless of ability, have limited rights based on their age. Some activities restricted by age:

- smoking
- drinking
- voting
- owning a weapon
- signing contracts
- etc.

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1.9 Laws that protect people with disabilities

Several federal laws exist to protect the rights of people with disabilities.

The Rehabilitation Act of 1973

- Prohibits discrimination on the basis of disability and created equal employment and education opportunities

Individuals with Disabilities Education Act (IDEA), originally enacted in 1975

- Establishes that children with disabilities have free access to an appropriate education

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1.10 Laws that protect people with disabilities (continued)

Americans with Disability Act (ADA) of 1990

The ADA ensures that people's rights are maintained in several key areas.

- Employment
- Transportation
- State and local government
- Public accommodations
- Commercial facilities

People with disabilities were often denied education and employment before these laws were enacted.

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1.11 Rights limitations

An individual's rights may be limited

Judicial decisions may impact one's rights, examples include:

Psychiatric Security Review Board (PSRB)

Parole or probation

Civil proceedings

- Guardianship (the most prominent way in which a person's rights can be limited)
- Conservatorship

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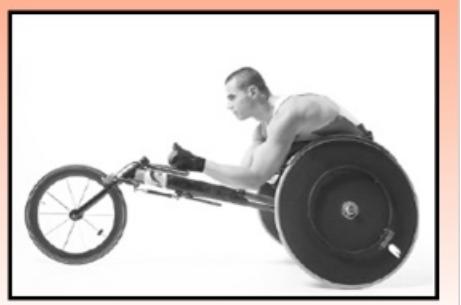
1.12 Rights are not limited by disability

Disability does **not** limit a person's rights.

Support individual's rights…

- Don't assume that a physical support need will limit rights.
- Don't assume that limited verbal communication will limit rights.



Help honor an individual's rights by not assuming that their rights are limited due to a disability.

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1.13 Rights we sometimes forget

Remember: the people you support have the **same rights** you have, such as:

- Visits to and from family, friends and advocates
- Confidentiality of personal information
- Consent to or refusal of medication(s) and/or treatment(s)
- Access to community resources
- Private communication (including personal mail and access to a telephone)

1.14 Rights we sometimes forget

Remember: the people you support have the **same rights** you have, such as:

- Expression of sexuality
- Protection from abuse and neglect
- Opportunity to be productive
- Fostering of personal control and freedom regarding personal property

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1.15 Rights within the law

State statutes and Oregon Administrative Rules (OAR) also include rights

- A state statute is a **law** created by state legislators.
- The only way to change a right defined in a state statute is through the state legislative process.
- Our statues include civil rights, voter rights, victim's rights, etc.

See resources for additional information

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1.16 Rights within rules and policies

Provider organization policies must be in alignment with Statue and OAR

- OAR are established by rule advisory committees, not by the state legislature.
- Rules and policies are not legislated.
- Provider organizations in Oregon must have policies that support the rights of people with disabilities.

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1.17 Beyond basic rights

Beyond basic rights

The people you support receive Intellectual/Developmental Disability (I/DD) services through a **provider organization**, and therefore have the following rights:

- To receive adequate food, housing, clothing, medical care
- To access training
- Transfer within programs
- To receive appropriate services that promote independence

Your work supports individual's rights.

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DSP 104: Confidentiality Standards

1. DSP-Rights4-Confidentiality-FINAL

1.1 Rights

Rights	*People with disabilities have the same civil and human rights as any American. As a DSP, you have an important role to assure the people you support are empowered to exercise their rights to make informed choices; be free from abuse, neglect or exploitation; and be treated with dignity and respect.*

Confidentiality Standards

Tier 1: Before working unassisted
and within 2 months of start date

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1.2 In this course…

In this course…

- Direct Support Professionals' (DSP) responsibility is to follow confidentiality standards.
- Types of information DSP's are required to keep confidential.
- HIPAA (Health Insurance Portability and Accountability Act) requirements around Protected Health Information (PHI).
- Ways to prevent the release of confidential information.

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1.3 At your organization

At your organization

Talk with your supervisor and/or training department in order to:

- Locate and familiarize yourself with your organization's policies and procedures that ensure the maintenance of confidentiality for all people it supports.

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1.4 At your organization

At your organization

- Identify methods of preventing the release of confidential information used in your program, including the procedure for safeguarding confidential documents in the event that they must be transported.

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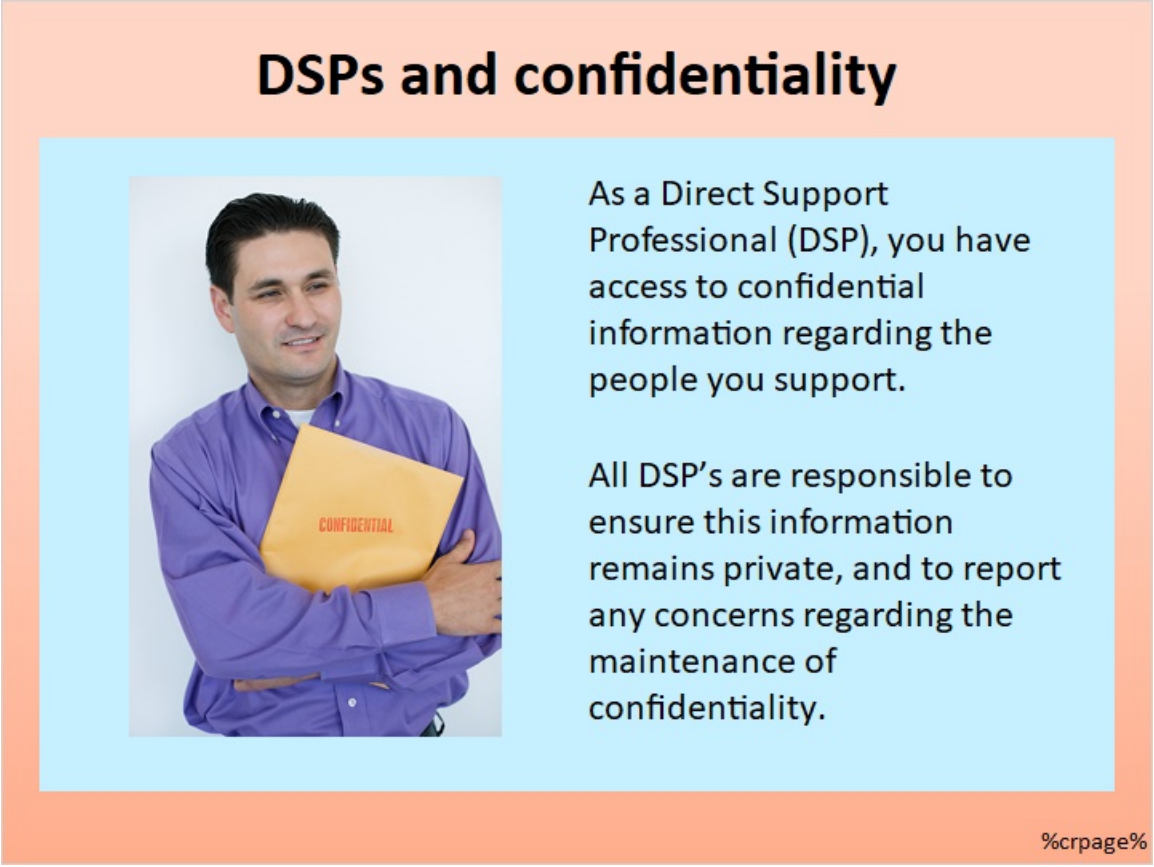
1.5 DSPs and confidentiality



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1.7 Your Responsibility

Your responsibility

Safeguard and respect the confidentiality and privacy of the people you support by:

- Knowing your organization's process for securing personal information when not in use or unattended.
- Understanding your responsibility in releasing information.
- Asking your supervisor whenever you are unsure if a person has a right to access records.

For more information select the Resources tab.

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1.8 Your Responsibility

Your responsibility

Safeguard and respect the confidentiality and privacy of the people you support by:

- Seeking information directly from those you support regarding her wishes in how, when, and with whom privileged information should be shared.
- Seeking out a qualified individual who can help clarify situations where the correct course of action is not clear.

For more information select the Resources tab.

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1.9 What is confidential information?

What is confidential information?

Examples of personal information that should be kept confidential:

- finances
- medical diagnosis
- investigations
- medications
- beneficiaries
- insurance documents
- social security numbers
- Medicaid prime number

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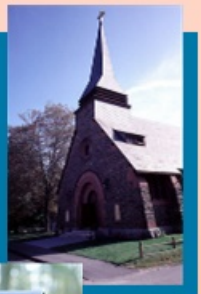
1.10 What is confidential information? (continued)

More examples of personal information that should be kept confidential:

bank records
internal grievance documents
school records
family history
religion
mail
name and address
anything else the person has requested to be confidential



Bill Williams
1167 Turner Ave
Pawnee, IN
67011

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1.11 Protect and honor privacy

Protect and honor privacy

Protect and honor the privacy of the people you support by:

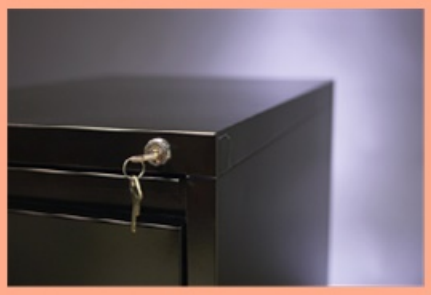
- Knocking on doors before entering
- Ensuring conversations regarding private issues cannot be overheard by checking around corners and nearby areas before talking
- Not participating in gossip

1.12 Protect and honor privacy

Protect and honor privacy

Continued…

- Keeping written personal information safe, out of plain sight, and locked in a file cabinet or office.
- If you receive an outside request for records (without sharing further information), ask your supervisor what to do, or direct person to your supervisor.
- Staying informed of all laws and regulations regarding the handling of personal information.



1.13 Confidentiality

Confidentiality

Confidentiality agreements with individuals should only be broken if there is imminent harm to the person you support or others.

Examples of when confidentiality can be broken:

- Maurice, a person you support, is injured and Emergency Medical Services (EMS) is needed. When the medical technician arrives, you can give them Maurice's name and any information necessary for immediate care.

1.14 Confidentiality

- When police arrive at a group home stating there is a neighborhood emergency requiring evacuation, support professionals may inform law enforcement about the specific assistance people need in order to evacuate the home.

1.15 Confidentiality Violations

Confidentiality violations

Examples of confidentiality violations:

- Going home and discussing a person you support with your spouse.
- Discussing a person in a place where you could be overheard, such as over lunch or in an elevator.
- Discussing a person you support in the presence of another person you support.

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1.16 What is HIPAA?

What is HIPAA?

The **Health Insurance Portability and Accountability Act** of 1996

HIPAA is designed to :

- Give people the right to access their own medical records.
- Prevent the unauthorized use and release of protected health information (PHI).
- Limit most disclosures of health information to the minimum necessary for the intended purpose.

For more information select the Resources tab.

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1.17 HIPAA Implications

HIPAA implications

HIPAA makes it illegal to release health information to inappropriate parties, or fail to adequately protect health information (PHI) from release.

There are both civil and criminal penalties for breaking this law.

- Each person you support and his legal guardian(s) has a right to know with whom information about him is being shared.
- Each person may review his own records.

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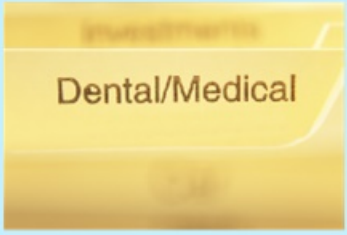
1.18 What is PHI?

What is Protected Health Information?



Confidential information covered by HIPAA is called **protected health information (PHI)**. PHI is just one type of confidential information.

PHI includes but is not limited to: paper records, labeled prescription bottles, hospital identification bracelets, and PHI on electronic media.

PHI is *individually identifiable health information*.

For more information select the Resources tab.

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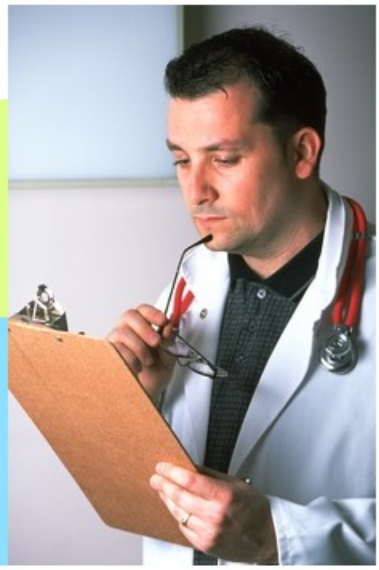
1.19 What is Individually Identifiable Health Information?

What is individually identifiable health information?

Individually identifiable health information…

Includes demographic information which identifies the person.

Is created or received by a health care provider, health plan, employer, or health care clearinghouse.



For more information select the Resources tab.

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1.20 Individually Identifiable Health Information

Individually identifiable health information

Relates to:

- The past, present, or future physical/mental health of a person.
- The provision of health care to a person.
- The past, present, or future payment for the provision of health care to a person.

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1.21 Disposing of PHI

Disposing of PHI

Proper disposal methods of PHI:

- Never throw papers away in the trash can or recycling bin.
  - Shred or otherwise destroy PHI in paper records prior to placing it in a trash receptacle.
  - Know whose responsibility it is to shred information; this might not be your role.

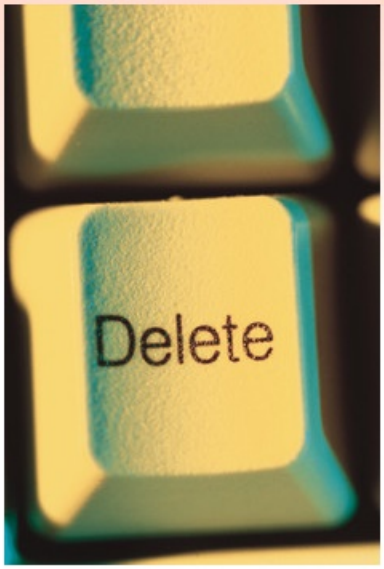
For more information select the Resources tab.

1.22 Disposing of PHI (continued)

Disposing of PHI

Proper disposal methods of PHI:

- For PHI on electronic media: clear, purge, or destroy the media as necessary.
  - Remember, it is important to know who is responsible at your organization. If you do not know, ask your supervisor.



1.23 Need-to-know

Need-to-know

There are three types of circumstances when you are allowed and/or required to release health care information regarding people you support without specific consent:

1. Reporting certain communicable diseases to State health agencies
2. In the case of suspected abuse
3. Emergency personnel (e.g. Emergency Medical Technician-EMT)

1.24 Your responsibilities in an emergency

Your responsibilities in an emergency

In an emergency, you are responsible to:

- ✓ Release information pertinent to treating or maintaining the safety of the person to first responders/emergency personnel.
- ✓ Release information only to those who have a legitimate need to know the information.
- ✓ Release the minimum amount of information necessary based on the situation.

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DSP 105: Complaints

1.1 Rights

Rights	*People with disabilities have the same civil and human rights as any American. As a DSP, you have an important role to assure the people you support are empowered to exercise their rights to make informed choices; be free from abuse, neglect or exploitation; and be treated with dignity and respect.*

Complaints

Tier 1: Before working unassisted
and within 2 months of start date

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1.2 In this course…

In this course…

- Complaint processes used in the Oregon Intellectual/ Developmental Disabilities (I/DD) system
- Your role in assisting a person to make a complaint

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1.3 At your organization

1.4 Expected reading

1.5 What is a complaint?

What is a complaint?

A **complaint** is an oral or written expression of dissatisfaction with a developmental disability service or service provider.

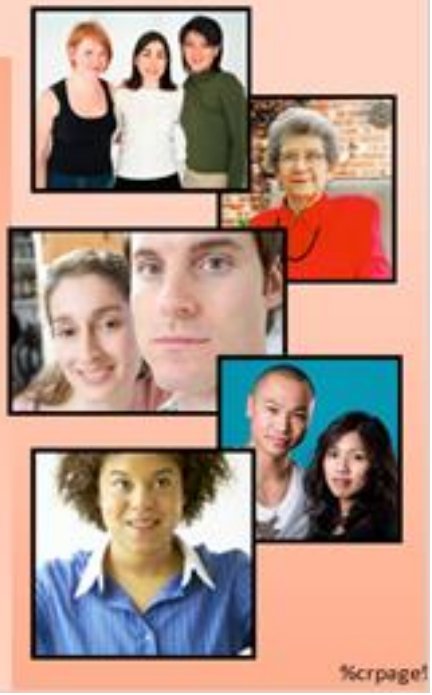
A complaint may include, but is not limited to:

- An expression of dissatisfaction with a developmental disability service.
- An allegation of circumstances or events that are contrary to law, rule, policy, or otherwise adverse to the interests of a person.

1.6 Who can file a complaint?

Who can file a complaint?

- Someone who receives supports
- The guardian or legal representative of someone who receives supports
- An employee of the provider organization
  - Anyone, at any level of the organization, can file a complaint on behalf of a person and/or his guardian.



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1.7 Why do we have complaint procedures?

1.8 Why do we have complaint procedures?

1.11 Informal complaints

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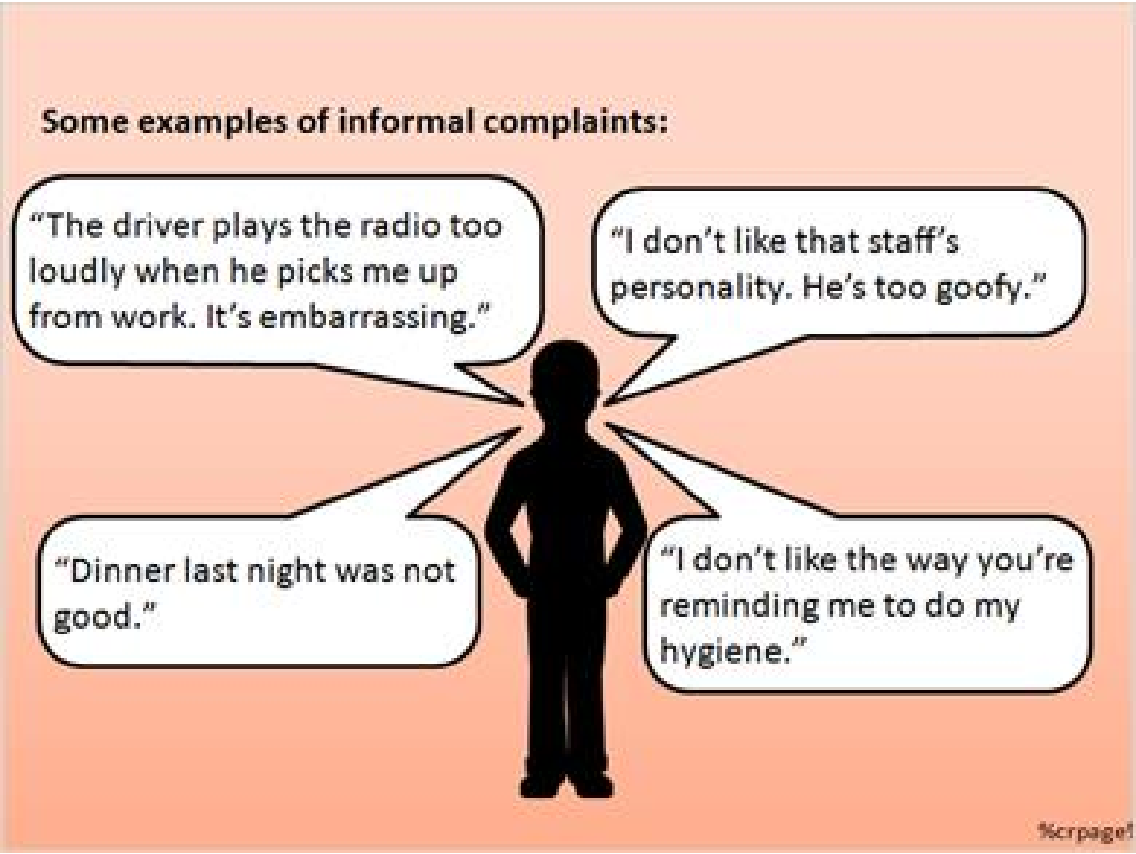

1.13 Formal complaints

Formal complaints

A person may file a **formal complaint** for any reason or concern she has.

People typically file formal complaints when an informal complaint has gone unresolved, or if the situation requires more than a simple fix.

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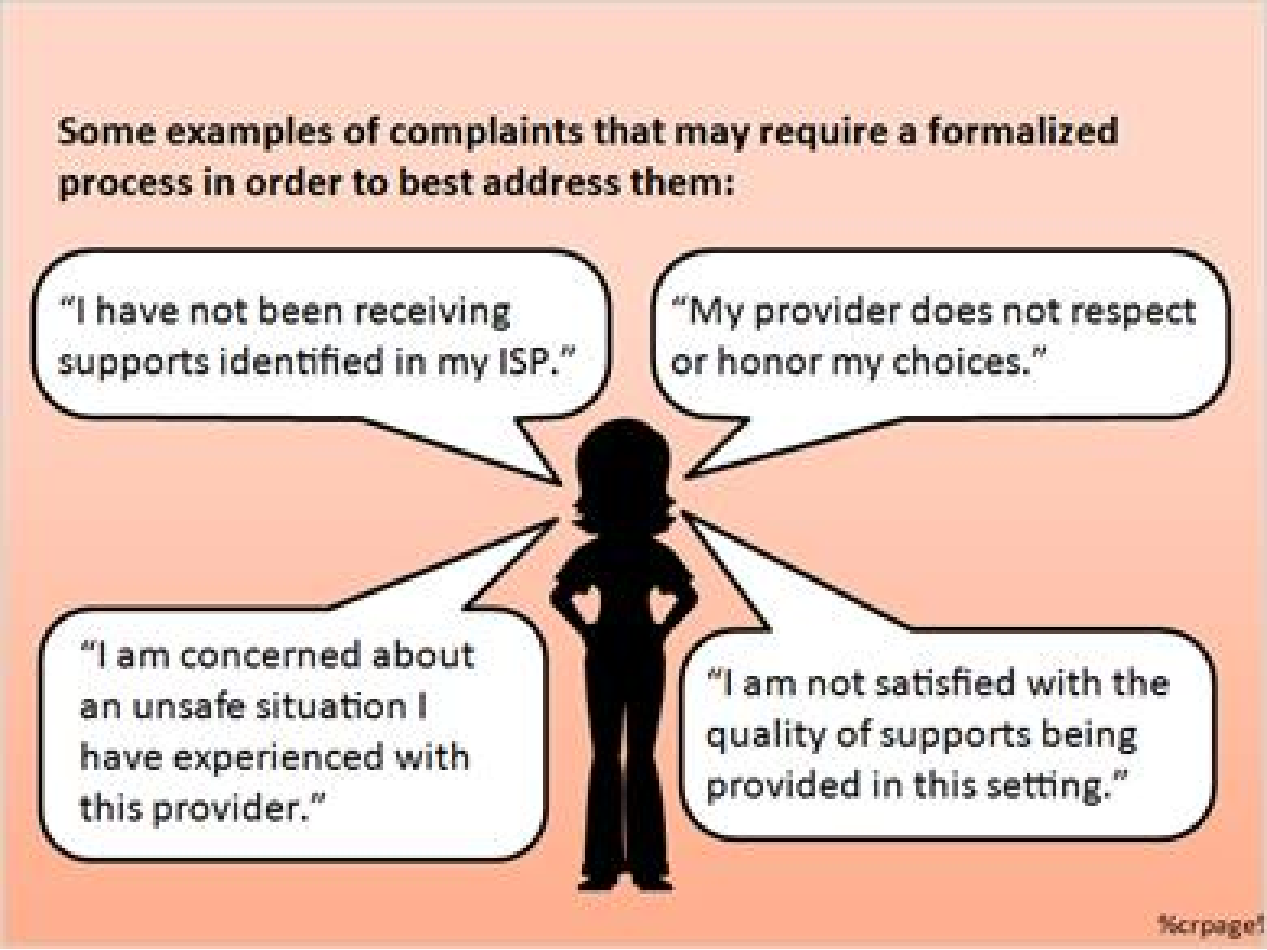

1.15 When should we use a formalized complaint process?

When should we use a formalized complaint process?

- The person has already made an informal complaint and it has not been addressed.
- The complaint relates to something that happened or is happening that is against a law, policy, or rule.
- The person wants different supports or a different amount of support.
- The person and/or his representative feels that support needs are not being met adequately.

Remember, you are a mandatory abuse reporter. *If you suspect abuse, follow mandatory abuse reporting requirements.*

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1.16 All organizations providing services must keep complaint logs

1.17 Complaint resolution musts

1.18 Complaint resolution timelines

Complaint resolution timelines

An informal discussion must occur within 10 days of the written acknowledgement of the complaint.

If the issue is resolved through informal conversation, the individual must receive a letter with a description of the resolution within 10 working days of that discussion.

- A copy of the outcome must be maintained in the person's main file.

With a more formalized complaint, you must follow the steps and timelines of the process detailed in your organization's policy.

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1.19 Provide quality services

Provide quality services

As a DSP, you can reduce or even prevent complaints by doing the following:

- ✓ Get to know the people you support and how they most like to be supported.
- ✓ Follow each person's Individual Support Plan (ISP).

If you are asked by someone to help make a complaint, make sure you follow the correct process.

1.20 Remain professional

Remain professional

When someone has filed a complaint:

- ✓ Respect the person's right to voice dissatisfaction with something.
- ✓ Do NOT gossip with your co-workers or others about the situation.
- ✓ Maintain professional boundaries and continue to treat the person with dignity and respect, even if you are the subject of the complaint.

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DSP 106: Dignity, Respect, and Person Centered Language

1.1 Demonstrate dignity and respect to all people supported, and use person centered language in all interactions.

Values

All DSPs share a common set of values: we strive to treat everyone with dignity and respect and support people to have the life they choose in their own communities.

Dignity, Respect, and Person Centered Language

Tier 1: Before working unassisted and within 2 months of start date

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1.2 In this course …

In this course…

The importance of:

- treating people with respect regardless of their disability.
- talking about people and their abilities rather than disabilities.
- using positive techniques while communicating with someone.

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1.3 In this course …

In this course…

The importance of:

- not labeling people as part of a disability group.
- understanding how your mood, attitude, and actions affects people you support.
- encouraging people you support to speak for themselves.

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1.4 At your organization

At your organization

Talk with your supervisor and/or training department to ensure you understand:

- your responsibilities regarding using person centered language.
- how to demonstrate treating and speaking with people as an equal.

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1.5 At your organization

At your organization

Talk with your supervisor and/or training department to ensure you understand:

- how to listen and respond with empathy
- how to get to know the people you support
- strategies to support inclusion

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1.6 Dignity and respect

Dignity and respect

It is important to treat everyone with dignity and respect.

Assisting someone to have the life she wants starts with understanding her terms…not the terms of people supporting her.

- How does she want her life?

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1.7 The person

Dignity and respect: the person

By showing people dignity and respect, you are showing the person is:

- Important.
- An equal.
- A person of value and worth.

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1.8 Demonstrate dignity and respect

Demonstrate dignity and respect

What can you do?

- ✓ Be polite
- ✓ Be thoughtful
- ✓ Keep people informed
- ✓ Meet someone's needs
- ✓ Ensure privacy, when needed
- ✓ Smile
- ✓ Ask if someone needs help, don't just help

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1.9 Assume competence

1.10 VIDEO: Typical considerations

1.11 Talking with a person

Talking with a person

To show dignity and respect in your communication with a person, ensure to…

- ✓ Address a person by his name whenever possible.
- ✓ Take time to talk with a person and have eye contact, as he desires.

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1.12 Quote slide-George Orwell

"If thought corrupts language, language can also corrupt thought."

~George Orwell

Quote-"Politics and the English Language." First published: *Horizon*. GB, **London. April 1946.**

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1.13 Untitled Slide

Confidentiality is necessary.

Talk with your supervisor about the specific techniques used to address individual confidentiality requirements.

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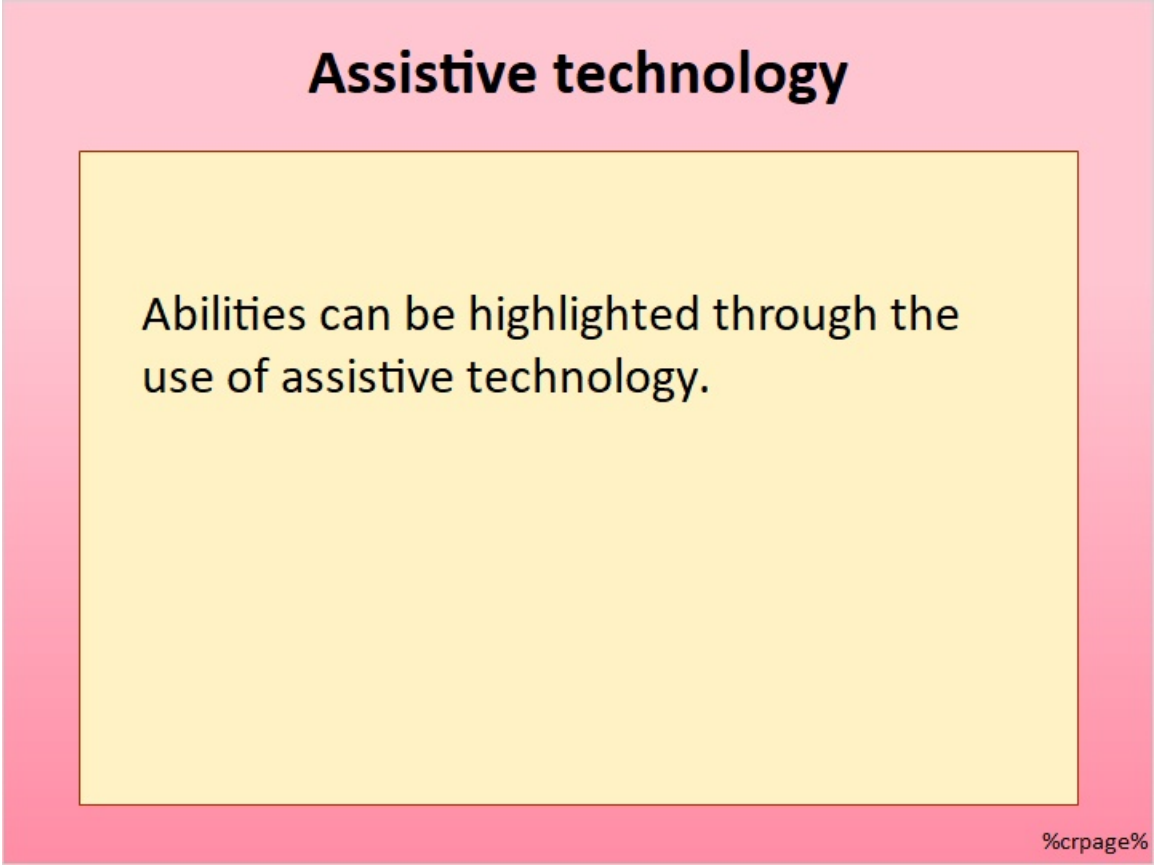
1.14 Individualized supports

1.15 Assistive technology



1.16 Assistive technology examples

Examples of assistive technology:

- An adjustable chair or one with arms can be used for someone who is known to easily fall.
- Kitchen utensils that are adaptable to hand size or skill level.
  - If you are left handed, can you use right handed scissors?

For more information select the Resources tab.

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1.17 Get to know the person

Get to know the person:

- Engage with the person as he desires.
- Take time to get to know who a person is.

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1.18 Preferences and needs

Preferences and needs:

Show the person his supports will be provided in a way he wants and needs, and are not a burden to others.

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1.19 VIDEO slide removed

1.20 Communication

Communication

This is an individualized support!

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1.21 Communication

Communication

Always talk with people and use their communication style when possible.

For example,

- If a person is deaf, use sign language.
- Interact using his communication device.

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1.22 Communication is unique

Communication is unique

There is no such thing as someone "who doesn't communicate."

- Every living creature communicates in some way.
- Figuring this out may take time.

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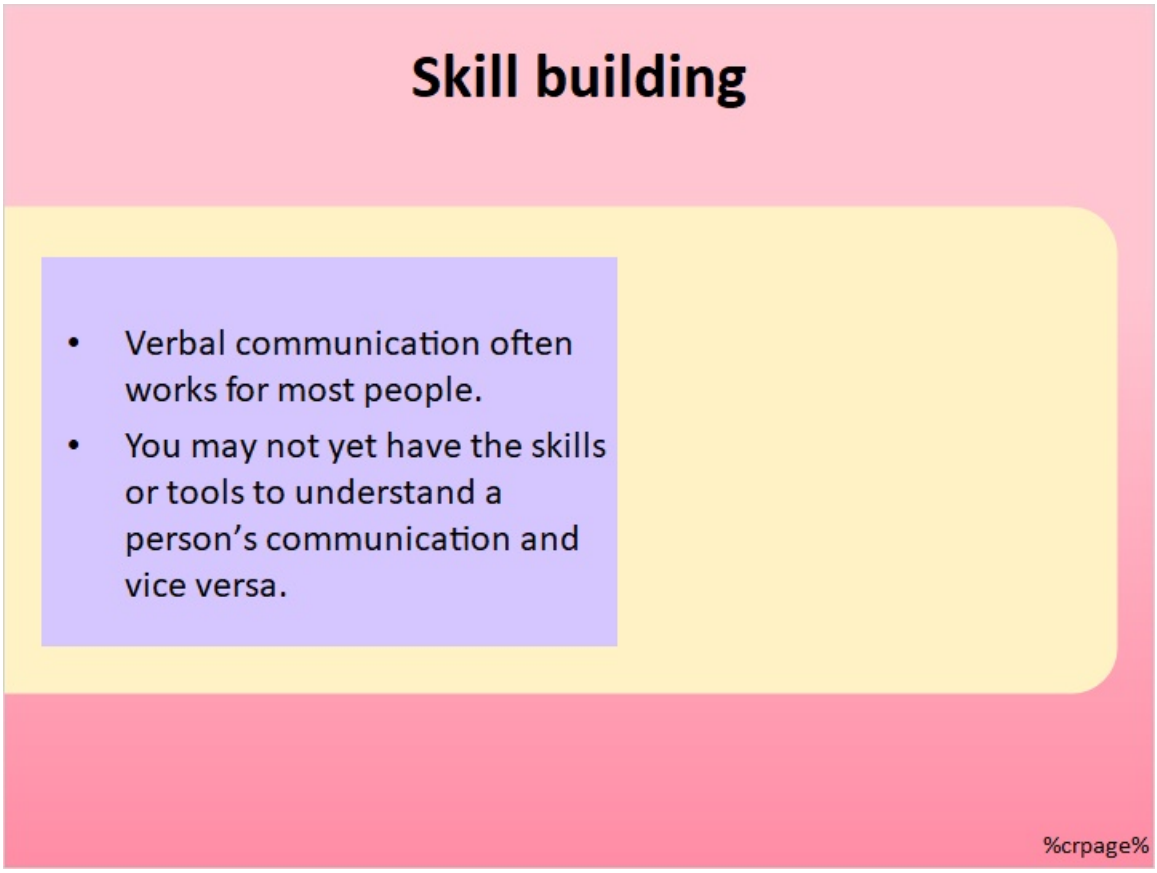
1.23 Skill building



1.24 Avoid assumptions

Avoid assumptions

When people do not use words to communicate, or use unique methods, so often people believe a person does not **understand** what is being said.

This is not true.

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1.25 Communication supports

Communication supports

When we need to communicate in a different way

the Individual Support Plan (ISP) should guide you to the current support document with the person's preferred communication methods.

Communication Chart

Joe does....	We Think This Means	And We Should Respond...
He points or knocks on the kitchen cupboard	He is hungry and wants to choose something to eat	Open the cupboard and ask him to point to what food item he would like

This document could be a:

- person centered plan,
- behavior support plan, or
- communication chart.

The **Communication Chart** includes person centered concepts, principles and materials used with permission from The Learning Community for Person Centered Practices. Find out more at www.learningcommunity.us.

1.26 Respectful communication

Respectful communication

In your role:

- ✓ take time to listen to what she is saying, either by her words or actions.
- ✓ take the time to know what she is communicating.
- ✓ help her have the life she wants.
- ✓ respond with empathy.

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1.27 Responding with empathy

Responding with empathy

First, listen to the person.

- Avoid fidgeting with your cell phone or looking around.
- Listen without judgment.

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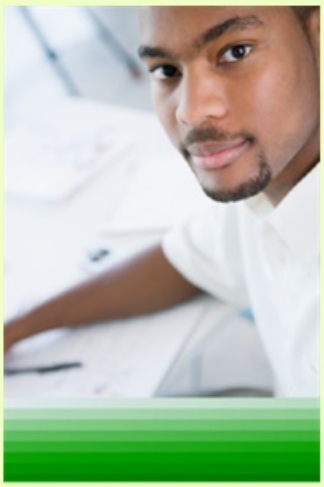
1.28 Responding with empathy

Respond to people with empathy

Second, look at the person.

- Some people like having eye contact and others do not; never force someone to have eye contact.
- Focus on the person.



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1.29 Do not patronize

Do not patronize

Patronizing is "to talk to [someone] in a way that shows that you believe you are more intelligent or better than other people."

Avoid this by talking to a person in the way which works best for her.

See the Resources tab for the definition of patronize.

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1.30 Avoid being disrespectful

Avoid being disrespectful

It is disrespectful to:

- Talk about Yvonne in front of someone else.
- Talk about Yvonne in front of Yvonne.

What to do?

Talk with her, or if necessary, go to another private area to discuss a situation.

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1.31 Spoken words have deeper meaning

"Words mean more than what is set down on paper. It takes the human voice to infuse them with deeper meaning."

~Maya Angelou

From I Know Why the Caged Bird Sings, Chapter 15, by Maya Angelou

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1.32 Person centered language

Person centered language

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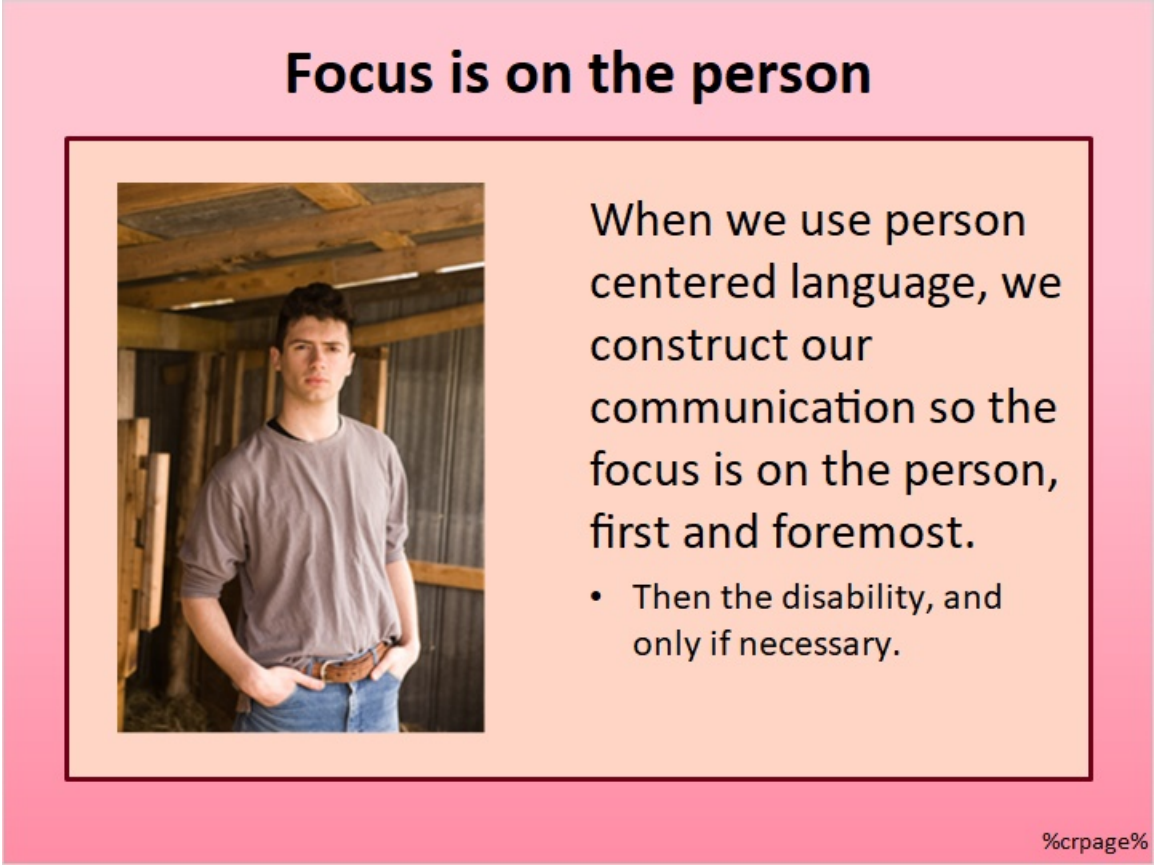
1.33 Focus is on the person



1.34 Focus on characteristics

Focus on characteristics

In other words, refer to a person's other characteristics first, such as:

- interests
- achievements
- personality

1.35 Speaking of disability

Speaking of disability

In many instances, it is not necessary to speak of a person's disability.

If you do need to speak of someone's disability, make sure you -

- have specific permission to do so.
- only reveal what is absolutely necessary.
- frame it in a support-focused way.
- are respectful.

1.36 VIDEO: Finding out who Adam is

Adam is a young man who works at McMenamins. He talks about what makes him happy.

Select the Resources tab to read Adam's one page profile.

To read a transcription of this video select the Transcripts tab.

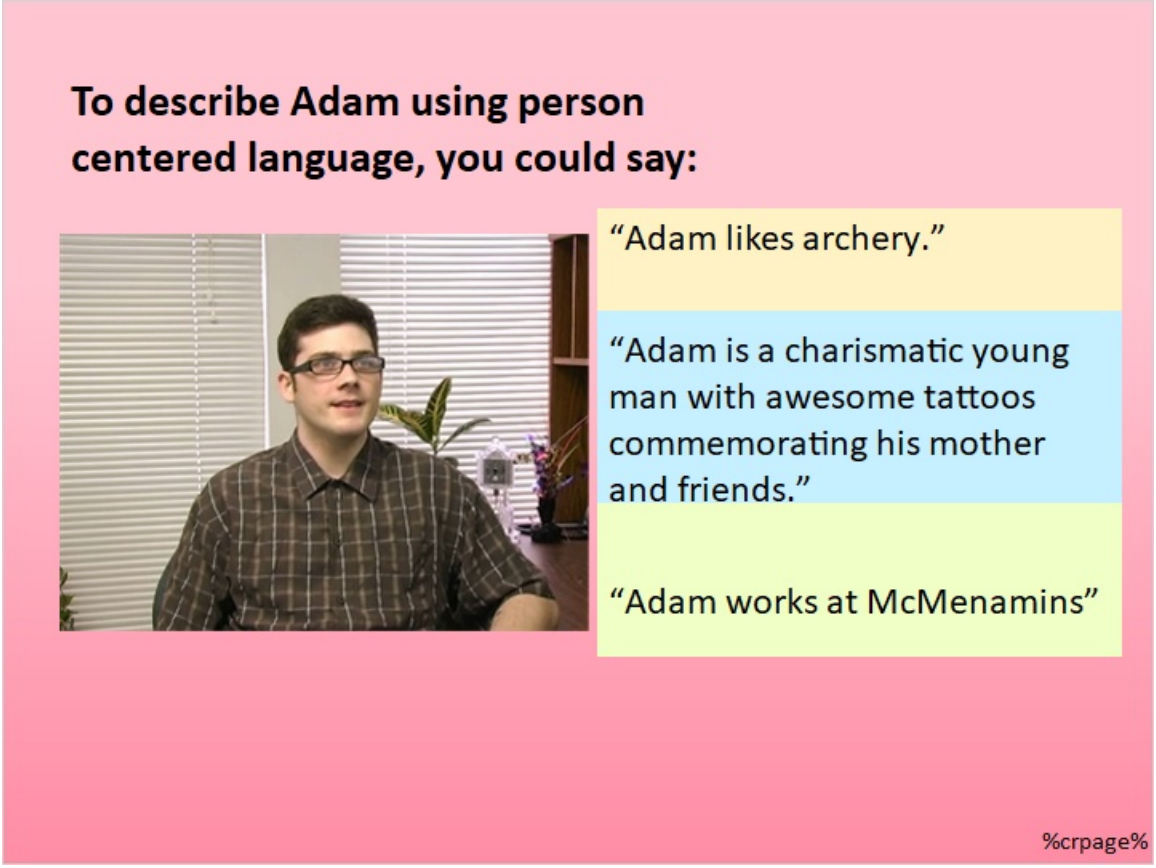
1.37 VIDEO: Adam talks about some of his favorite things

Adam talks about fun things he likes to do as well as his hobbies. Listen to what Adam says about his hobbies.

Select the Resources tab to read Adam's one page profile.

To read a transcription of this video select the Transcripts tab.

1.38 Describing Adam

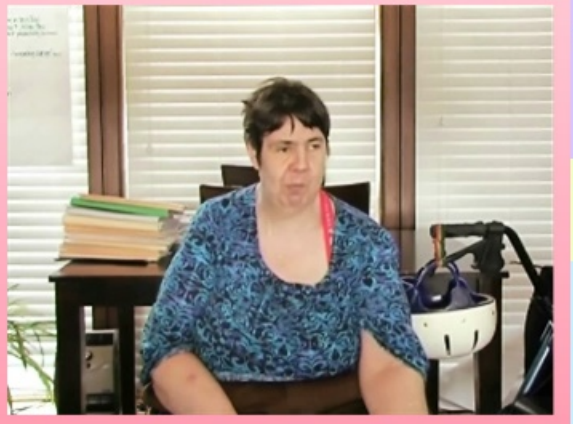


1.39 VIDEO removed

1.40 VIDEO: removed

1.41 Describing Tracy

To describe Tracy using person centered language, you could say:



"Tracy encourages other to ask for help when they need."

"Tracy is shy until she gets to know someone."

"Tracy likes to visit with friends and play Bingo and Dominoes."

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1.42 Using person centered language

"Different, not less."

~Dr. Temple Grandin

When we speak of a person's disability first, we can inflict **harm** by creating:

- labels
- assumptions
- additional barriers for the person to overcome

%crpage%

1.43 Avoid: Speaking of disability first

If you speak of a person's disability first…

It can unintentionally prevent or complicate a person's attempts to:

- get a job,
- a new place to live,
- meet new people,

  or

- try new things.

1.44 Avoid: Level of functioning

Avoid: Level of functioning

When we speak of someone's "level of functioning," we create:

- Assumptions that the person can only achieve a certain level or amount of things. This is known as a glass ceiling.
- Additional barriers for the person to overcome.
  - "She can throw really *well—for a girl…*"
  - "He's a good cook—*for a boy…*"

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1.45 Creating false imagery

Creating false imagery

When we speak of someone's "level of functioning," we can also create false or confusing imagery of a person's age and ability.

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1.46 Change what we say

Have you ever heard someone say?

"She is mentally 6 years old, so she cannot chose the restaurant she wants to go to."—**She is really 45 years old and has 45 years of experiences,** which a 6 year old could not have.

1.47 Change what we say

Have you ever heard someone say?

"He is a high functioning person with Autism, so he can take the bus alone."
—This creates overall assumptions about skills when he may need additional support in other areas.

1.48 Opportunities to build capacity

1.49 Going back to dignity and respect

Going back to dignity and respect

Person centered language has its foundation in **dignity** and **respect**.

- How would you feel if you were referred to as "my guys," "got toileted," or "got transported"?
- "Being transported" is degrading.

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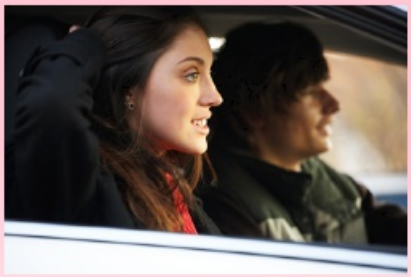
1.50 Language to think about

Words affect how we treat people.

- When a person needs a ride somewhere, <u>you gave her a ride</u>. You did not transport her.
- Talking about "my guys" is possessive. You <u>do not own</u> the people you support.
- Saying you bathed John, speaks of John as if he is an object.
  - It's better to say "I assisted John with taking a bath." …no matter the level of support.



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1.51 Conversation and documentation

Conversation and documentation

Remember…	Rephrase…
She is not "your" person.	She is "a person you support…"
Instead of saying "client," "consumer," "patient," "resident," etc.	Use the person's name.
The person does not belong to you and they are not "our guys."	They are "everyone who lives here;" "the people I support;" or "people who work here."

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1.52 Using person centered language

Always make sure you have **permission** to share information before you do so.

When talking about someone you are **paid** to support, refer to the person by his name, and ask him what else he wants to be called.

- Does he use a nickname?
- Does he like a different name used at different places?

"Friends are not paid."

~Marie Cushman

%crpage%

1.53 Communication with people you support

Communication with people you support

Making an effort to learn someone's communication is crucial.

- Support that person's dignity.
- Ensure the person's voice is sought and used in planning together.

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1.54 Understand how a person communicates

Understand how a person communicates

Often, a person has great insight on what others can do to help understand her.

If you are not sure how to communicate with a person, you can:

- ✓ Ask the person how best to communicate with her.

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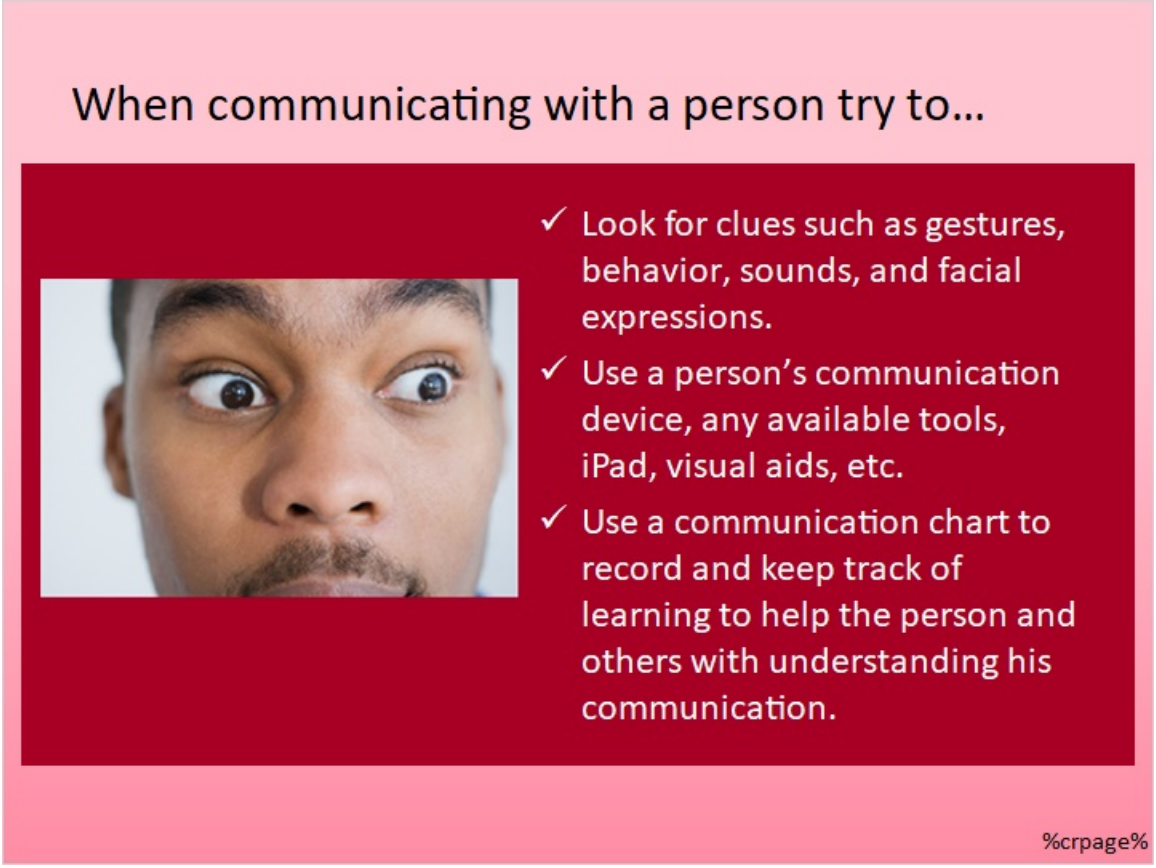
1.55 Communicating with a person



1.56 VIDEO: Importance of making eye contact

1.57 VIDEO removed

1.58 History of people with disabilities

History of people with disabilities

People with disabilities historically were disregarded as non-productive citizens.

%crpage%

1.59 Shifting values drive changes

Shifting values drive changes

Shifting values influence the treatment of United States citizens who experience disabilities.

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1.60 Shifting values drive changes

This "values shift" shows in attitudes towards people:

- A push to no longer accept inhumane **treatment** of people.
- Shifting from isolation towards **inclusion** and integration.
- Move towards **self-determination.**
- Moving away from devaluing **language.**
- **Employment** options for anyone who wants to work.

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1.61 Institutions' role in Oregon

Institutions' role in Oregon

At one time, physicians guided parents who had a child with Intellectual/Developmental Disabilities (I/DD) to "place" their child in an institution.

Families often felt this was their only option for their child to receive the care needed.

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1.62 The impact of institutions on people

The impact of institutions on people

Placing people in institutions and away from their families resulted in…

- Children were not a part of the larger community.
- Ties with family members were often severed.
- People were devalued, labeled, and dismissed as citizens.

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1.63 Past and present

Past and present

Fairview and Eastern Oregon Training Center

These Oregon state institutions no longer exist.

Oregon has no institutions for people with I/DD.

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1.64 Language reflects changing times

Language reflects changing times

Due to the impact of history on people who experience disabilities, **people-first language** was recommended to be used by advocacy groups in about 1988.

For more information, select the Resources tab.

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1.65 Person centered and person-first language

Person centered and person-first language

It's about people!

People-first language means you talk about the **person** before their disability.

Person centered language is about all language, not just when talking with people you support.

Use person centered language in all interactions.

For more information, select the Resources tab.

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1.66 Person centered and people-first language

People-first language and person centered language work together.

They show that typical, non-discriminating, and supportive language is important to anyone.

For more information, select the Resources tab.

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1.67 Avoid labeling people

Avoid labeling people

Some examples of how to communicate using person-first language:

- **Sarah has Down's Syndrome** vs. Down's Syndrome girl or Down's girl.
- **John uses a wheelchair** vs. Handicapped man or confined to wheelchair.
- **Elise needs support understanding her finances** vs. She's I/DD.

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1.68 VIDEO removed

1.69 The value of being person centered

The value of being person centered

As a saying goes: "If you have met one person with Autism, you met one person with Autism."

It is important to remember that a person with a specific disability is not like the next person with the same disability.

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1.70 People are people before disability

All people are people before their disability.

Knowing how to support someone is easier when you get to know the person.

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1.71 Did you know?

The basics

People you support receive services through the Office of Developmental Disability Services (ODDS).

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1.72 Emphasize abilities

Emphasize abilities

Each person's capabilities vary.

- People do have limitations, but these are not the focal point for direct support professionals.
- Everyone needs support in some way throughout their life.

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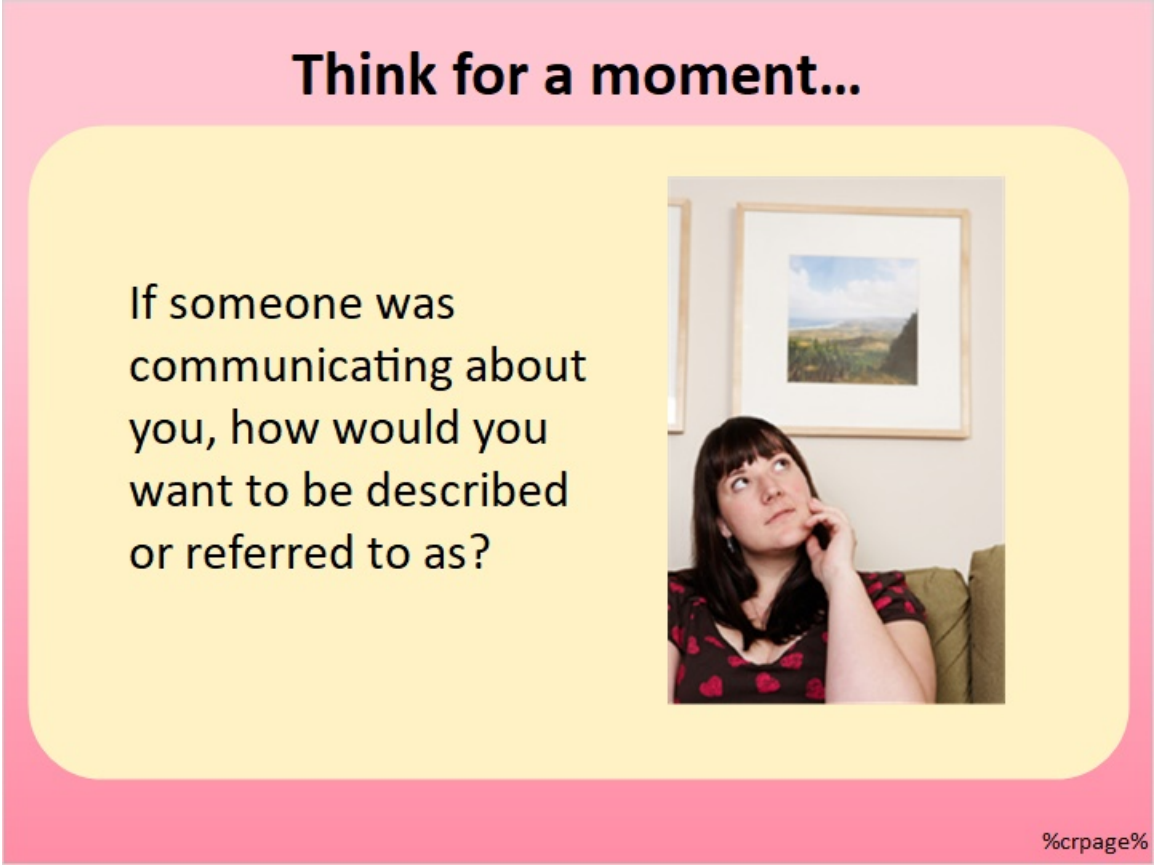
1.73 VIDEO slide removed

1.74 Think for a moment…



1.75 Describing a person

Now, think of the person for whom you are providing support.

- How would you describe them?
  - Remember to emphasize a person's abilities, achievements, interests, or positive traits **first**.

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1.76 Keep it simple and avoid jargon

Keep it simple.

Sometimes, the most effective way to use person centered language is to keep it simple.

Use everyday words instead of jargon:

- **Smiling** vs. bright affect
- **Friends** vs. social interactions
- **Going out** vs. community outing
- **Fun** vs. preferred activity
- **Job** vs. community employment

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1.77 Encourage communication

Encourage communication

Do not assume people you work with are able to easily speak for themselves.

Consider the amount of time a person may need to communicate.

- When someone does not use words to communicate, it can take longer for a person to tell you what he wants.
- It may take time to listen carefully to his words or actions.

1.78 Speaking for self

To help someone speak for himself:

- You need to know him.
- Remember the person you support knows himself.

"No one knows you best than yourself… Whether you've got the words to express yourself or are reliant on actions alone or others to interpret."

~Disability Scoop 7/21/09

For more information select the Resources tab.

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1.79 Speak for self

Some things to think about:

- Do you talk a lot or rarely?
- Do you like to be center of attention or are you a wall flower?

People you support are the same way; he may talk a lot or may be a person of few words.

Everyone is different and will take a different approach to speaking up for himself.

1.80 Your mood and attitude

Your mood and attitude

As a DSP, remember:

- ✓ When coming to work, be prepared to work.
- ✓ Understand your own mood and actions impact others.
- ✓ If you come to work with a bad attitude it can impact others negatively, and you are teaching unacceptable behavior.

1.81 Untitled Slide

When you treat people with dignity and respect:

This can build confidence and help with having a more **meaningful life**.

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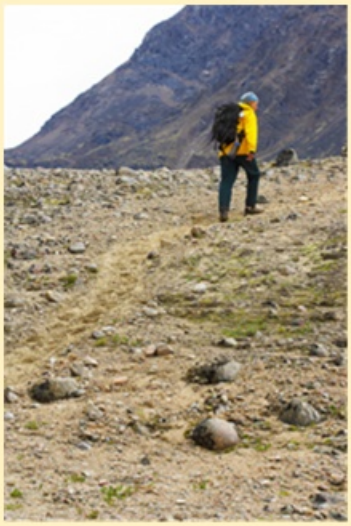
1.82 Support a meaningful life

Support a meaningful life



Be careful to not put your views and values on others.

- Figure out what a person wants to do and help him achieve it!
- Understanding what is **important To** a person is essential.

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1.83 Meaningful life

Meaningful life

Having what is important To a person addressed lends itself to a meaningful life.

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1.84 Important To a person…

Important To a person:

Includes those things in life which helps this particular person be:

- satisfied,
- content,
- comforted,
- fulfilled,

  and
- happy.

For more information select the Resources tab.

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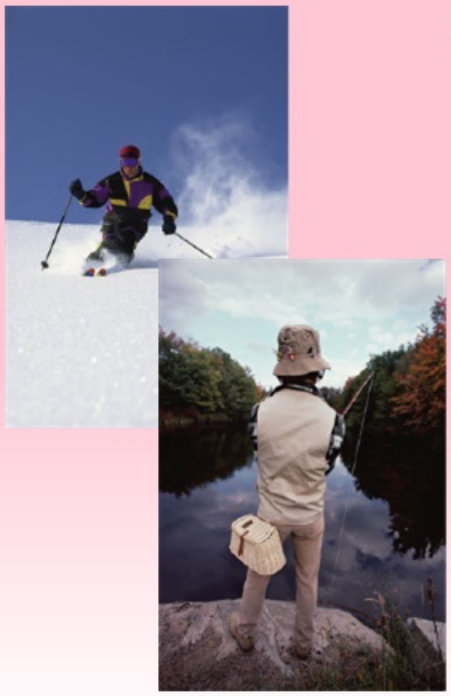
1.85 Important To a person…

Things **important To** a person include:

- ✓ **Choosing friends and relationships to have.**
- ✓ Things to do and **places** to go.
- ✓ **Routines** or rituals during the day or year.
- ✓ The rhythm or **pace of life.**
- ✓ **Status** and control.
- ✓ **Things** to have.

Important To includes person centered concepts, principles and materials used with permission from The Learning Community for Person Centered Practices. Find out more at www.learningcommunity.us.

1.86 Important To includes



Important To includes:

- what matters the most to the person –**his own definition of quality of life.**
- things that might be *illegal* or are *unsafe*.
  - When words and actions (behaviors) are in conflict, pay attention to the behaviors (and ask, why?).

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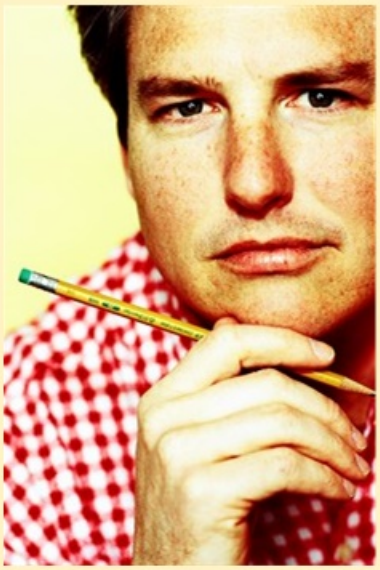
1.87 Addressing illegal and unsafe

When addressing **important To**,

this is <u>not</u> the place to address **important For** a person.

- Important For addresses health and safety issues.
- It also addresses being a valued member of the community.

When someone talks about things that are illegal or unsafe, supports typically are in place to address them.



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1.88 Examples

Click on the text to see the difference between Important TO and Important FOR.

Jason likes to smoke cigarettes but he's only 16 and it's illegal.

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1.89 Examples

Click on the text to see the difference between Important TO and Important FOR.

Jane likes to pick up sticks on her walk and they might be in the street or people's yard but she doesn't look both ways and her neighbors hate people walking on their grass.

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DSP 108: Understanding Common, Serious Health Risks

1. DSP-Health 2-Serious Risks

1.1 Demonstrate an Understanding of Common, Serious Health Risks

Health

Health issues have a direct impact on happiness and quality of life. It is important for you to understand basic health supports and provide the supports that are directed by the person and his/her support team.

Understanding Common, Serious Health Risks

Tier 1: Before working unassisted and within 2 months of start date

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1.2 In this course

In this course…

- Serious high-risk issues that are common in this field
  - The "fatal four" (aspiration/choking, constipation, dehydration and seizures) as well as diabetes, pica and other issues
- General preventative measures for these high-risk issues
- How to respond when a serious high-risk issue occurs

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1.3 <BLANK>

1.4 At your organization

At your organization

- Talk with your supervisor and/or training department to ensure that you understand your responsibilities related to understanding serious health risks.

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1.5 The people you support may have serious health risks

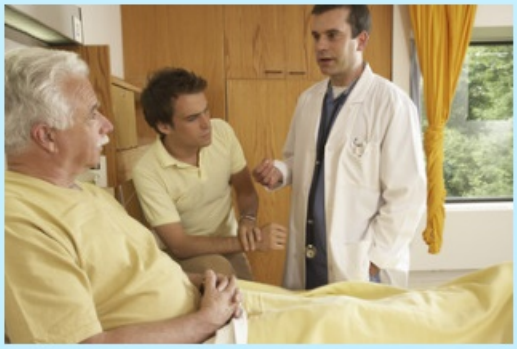
The people you support may have serious health risks

The **"fatal four"** risks as they are known in Oregon are serious health risks that, if unnoticed, can cause death.

Fatal 4: constipation, dehydration, aspiration, seizures

- Additionally, diabetes and pica (ingesting inedible objects) are serious health risks.
- When we know that a person has any of these health risks, we follow individualized formal support guidelines which address them.

1.6 You are responsible to know the health risks of the people you support



It is your responsibility to get to know the people you support who have serious health risks and individualized supports.

- Some people acquire risks throughout their lifetime.
- Others have long-term or chronic health issues.

1.7 Support documents address health risks

Support documents address health risks

- Support documents outline instructions for supporting a person in regards to a specific health risk.
- Support documents have a variety of titles. They are frequently named "protocols" or "plans".

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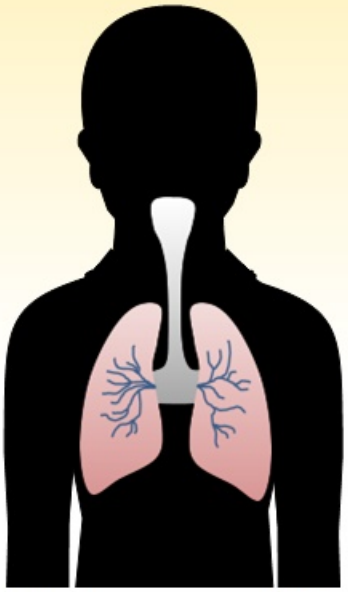
2. The Fatal Four

2.1 The Fatal FOUR

2.2 Aspiration is inhaling food or fluid



Aspiration can cause choking and/or pneumonia.

Aspiration is the breathing of food, fluid, saliva, medication or other material into the trachea (airway) and lungs during or after swallowing.

Aspiration is often referred to as something "going down the wrong pipe."

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2.3 Some people have

A person may be more at risk for aspiration if he…

Mark receives assistance from his staff to eat. He therefore has a high risk of aspiration.

- receives assistance with eating;
- requires special positioning when eating;
- has a history of choking, coughing or gagging while eating;
- eats food that is modified for safe consumption; or
- takes medication that may decrease voluntary muscle coordination or cause drowsiness.

2.4 You are responsible to help prevent aspiration

Ways to decrease risk of aspiration:

- ✓ Follow guidelines around specific diet textures and consistency.
- ✓ Support people to pace their eating and drinking.
- ✓ Measure bite and sip sizes as instructed.
- ✓ Utilize positioning to enhance swallowing as instructed.
- ✓ Follow guidelines regarding how long the person must remain upright after meals.

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2.5 – 2.7 <Quiz slides removed>

2.8 Choking is when something blocks the flow of air from the entering into the lungs

Breathing can be partially or completely blocked when a person is choking.

Choking is when something blocks the flow of air from entering into the lungs.

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2.9 Some people have a higher risk of choking

People who have a higher risk of choking

- Children under 4
- People who have difficulty chewing and/or swallowing

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2.10 Many conditions increase choking risk

Risk factors for choking:

- Eating or drinking too quickly; insufficient chewing
- Inattention to eating while doing so
- Laughing, talking, walking, playing, or running while eating (or with utensil in mouth)
- Placing inedible objects in mouth or swallowing them
- Placing too much food in one's mouth

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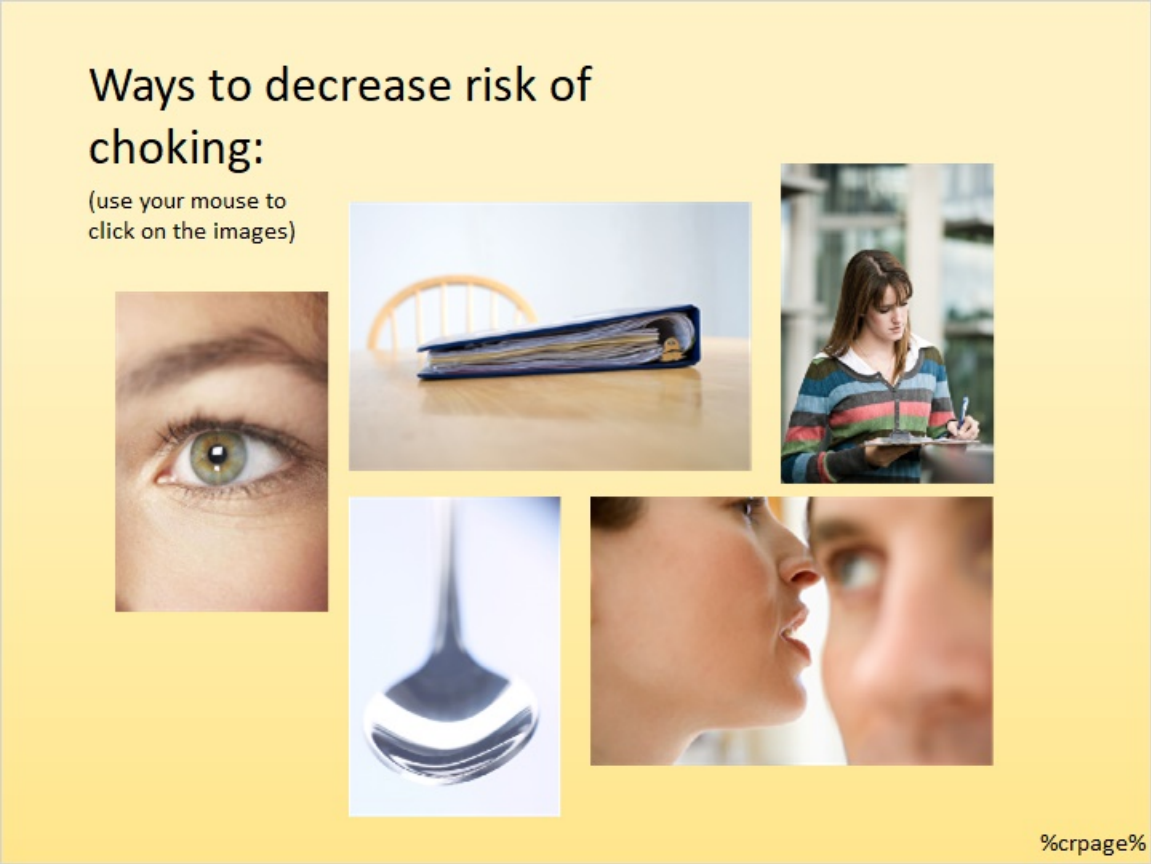
2.11 Many conditions increase choking risk

Risk factors for choking:

- Liquid or food items not prepared according to prescribed diet texture
- Combining textures within bites (e.g. cereal and milk)
- Having no or only a few teeth
- Toothaches
- Poorly-fitting dentures
- Poor assisted eating techniques
- Poor positioning while eating or drinking

2.12 You are responsible to help prevent choking



2.13 Signs of choking are observable

Warning signs of choking:

- Inability to talk
- Wide-eyed panicked look on face
- Difficulty breathing or noisy breathing
- Inability to cough forcefully
- Skin, lips, or nails turning blue
- Holding throat while above signs are happening
- Loss of consciousness

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2.14 Act immediately if someone is choking

Act immediately if someone is choking

Someone who is unable to cough forcefully, unable to speak, or **noticeably struggling to breathe** may be choking.

- ✓ Call 911 immediately.
- ✓ Follow protocol, if applicable.
- ✓ Follow First Aid and CPR training.
- ✓ After the emergency is under control, follow your organization's notification procedures.

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2.15 -2.17 <Quiz slides removed>>

2.18 Constipation is difficulty having a bowel movement

Chloe feels uncomfortable due to constipation and seems very agitated today.

Constipation is difficulty having a bowel movement.

- The typical frequency of bowel movements varies from person, but regular bowel activity is important for good health.
- The danger of constipation is often underestimated; it can cause death.

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2.19 Many conditions increase risk of constipation

Risk factors for constipation:

- Dehydration
- Insufficient fiber in diet
- Insufficient physical activity
- Taking certain medications
- Muscle weakness
- Presence of neuromuscular degenerative disorders such as Multiple Sclerosis or Huntington's disease
- Presence of aspiration risk due to poor swallowing skills

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2.20 You are responsible to help prevent constipation

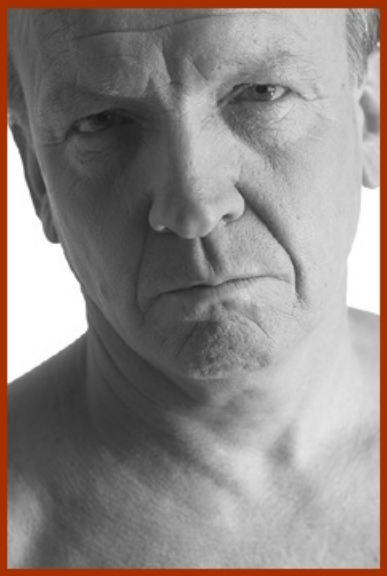
Ways to decrease risk of constipation:

- ✓ Follow proactive guidelines in protocols and other support documents.
- ✓ Be aware of medication side effects.
- ✓ Support adequate fluid intake and a healthy diet.
- ✓ Encourage physical activity.

2.21 Many signs of constipation are observable

Signs of constipation

- gas
- hard or small stools
- fewer bowel movements than usual
- difficulty or straining during bowel movements
- many attempts to go with little success
- a hard lower belly
- breath that smells like feces
- vomiting



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2.22 Some signs may be difficult to detect

Some signs may be difficult to detect

The following may be less obvious signs of constipation, especially if the person does not articulate well with words:

- Abdominal discomfort
- Sense of incomplete bowel movement
- Bloating
- Fatigue
- Achiness
- Irritability
- Lack of energy

2.23 Act immediately when someone shows signs of constipation

Responding to constipation

Constipation is often underestimated and can result in death.

- ✓ Follow the person's protocol if he has one.
- ✓ Inform your supervisor immediately.
- ✓ Find out when his last bowel movement was, either by asking him or checking documentation.
- ✓ Address the person's discomfort and/or pain as directed.
- ✓ **Do not hesitate to call 911** if the person appears gravely ill or you are concerned about his immediate health and safety.

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2.24-2.25 <Quiz slides removed>

2.27 Dehydration occurs when the body loses more fluid than it takes in

Your body needs fluids for temperature control, chemical balance, and for cells to make energy and get rid of waste.

Dehydration means a person's body does not have enough fluids.

Dehydration occurs when the amount of fluid lost through physical activity or bodily functions exceeds the amount taken in by drinking water or other fluids.

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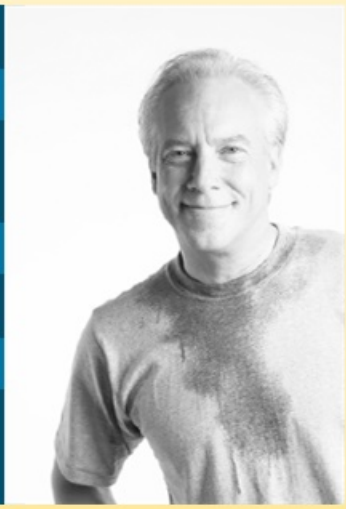
2.28 Some people have a higher risk of dehydration

Risk factors of dehydration:

- Inability to access fluids without help
- Needing assistance with drinking
- Difficulty with swallowing or a tendency to cough or choke during meals
- Frequent refusal of food and/or drinks
- Sweating a lot
- Having a fever
- Taking medications that increase the risk of dehydration



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2.29 You are responsible to help prevent dehydration

Ways to decrease risk of dehydration:

- ✓ Follow proactive guidelines in protocols and other support documents.
- ✓ Monitor fluid intake as instructed.
- ✓ In general, encourage people to drink 8-10 glasses of fluid every day--more if active or in extreme heat.
  - If a person is reluctant to drink fluids, try offering foods high in fluid content such as juicy fruits.

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2.30 Many signs of dehydration are observable

Signs of mild to moderate dehydration:

- Thirst
- Dry or sticky mouth
- Not urinating much
- Darker yellow urine
- Dry, cool skin
- Headache, or complaining of one
- Muscle cramps

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2.31 Many signs of dehydration are observable

Signs of severe dehydration:

- Not urinating, or very dark yellow or amber-colored urine
- Irritability or confusion
- Dizziness or lightheadedness
- Rapid heartbeat
- Breathing rapidly
- Sunken eyes
- Shock
- Unconsciousness

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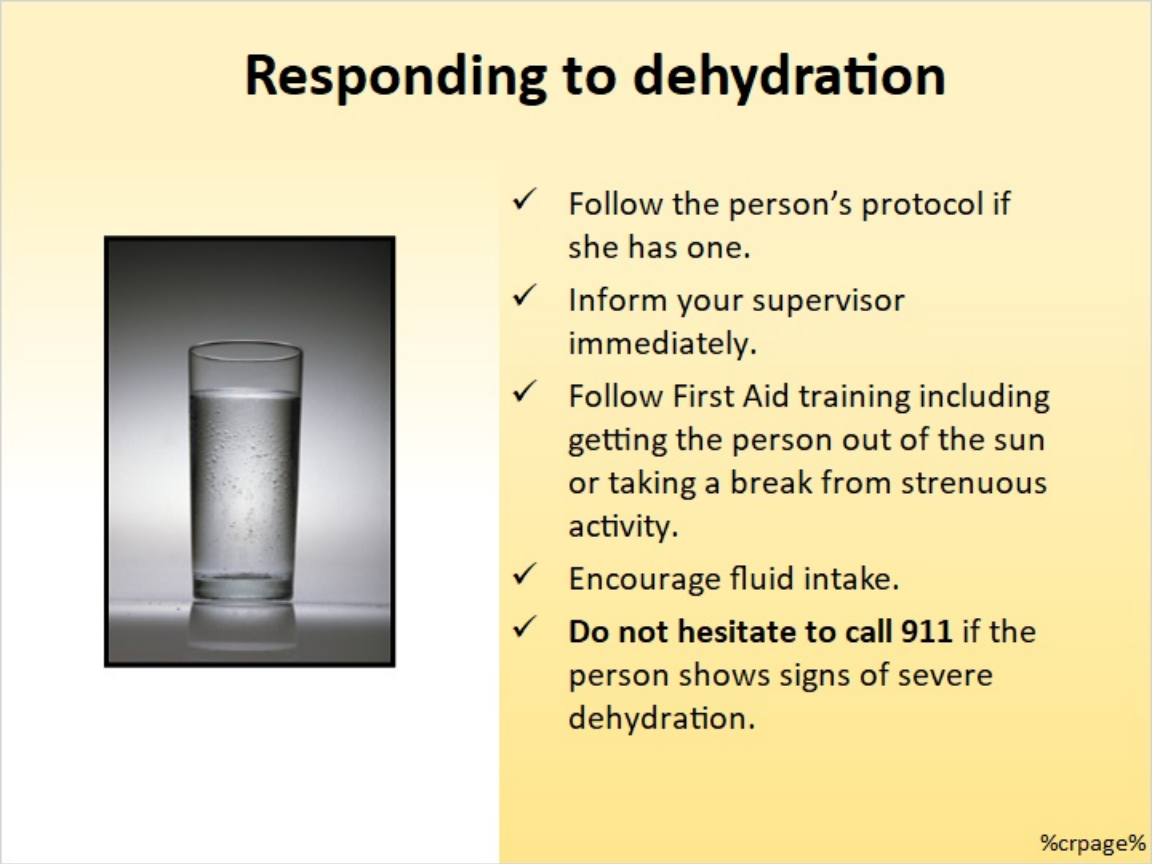
2.32 Act immediately when someone shows signs of dehydration



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2.38 A seizure is uncontrolled electrical activity in the brain

A **seizure** is uncontrolled electrical activity in the brain, which may produce convulsions, minor physical signs, thought disturbances, or a combination of symptoms.

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2.39 “Epilepsy” = “seizure disorder”

“Epilepsy” = “seizure disorder”

Epilepsy is a spectrum condition with a wide range of seizure types varying from person to person.

Epilepsy is a common neurological disorder and affects people of all ages.

A serious medical incident such as a head injury, stroke, heart attack, or poisoning can also trigger seizure activity, even if the person has no history of seizures.

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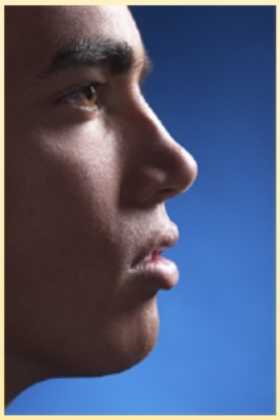
2.40 Seizure types vary, as well as the reasons for them

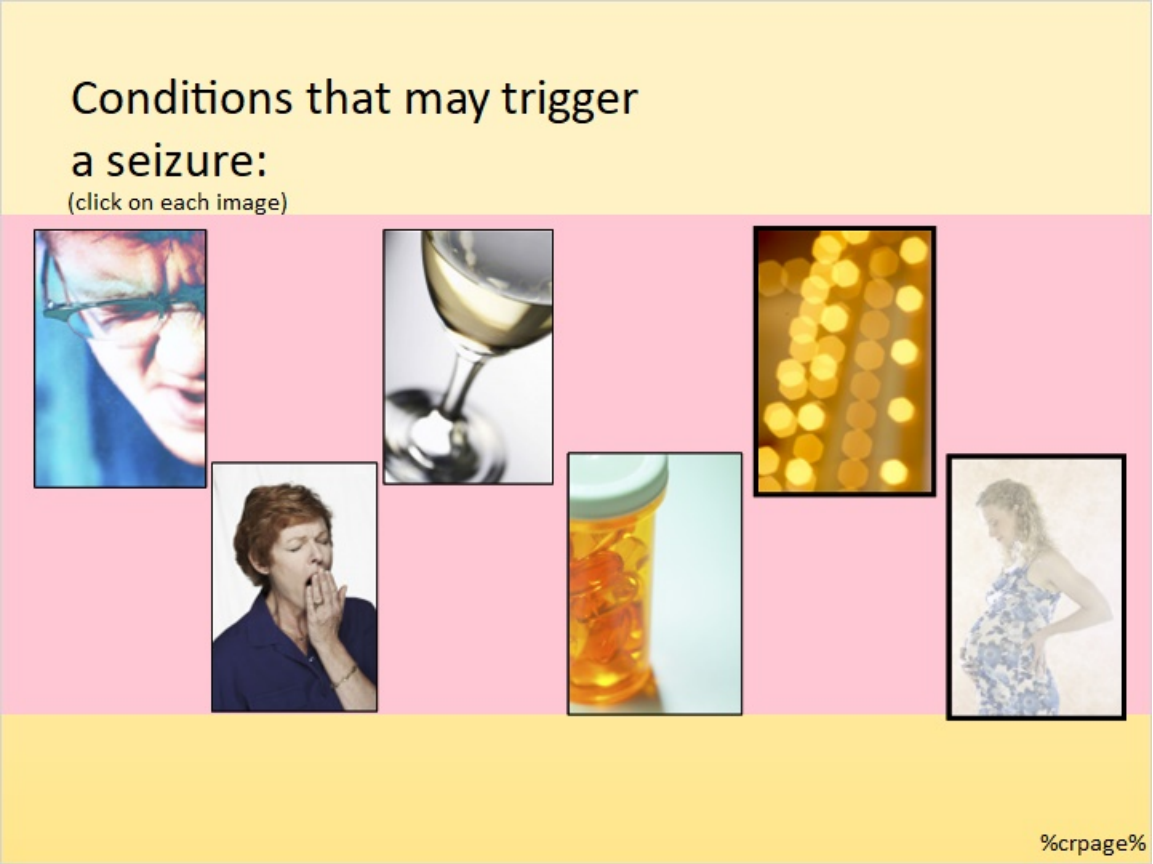
Seizure types vary widely

One person may fall to the ground, another may walk around, another mumbles under her breath, while yet another stares off in the distance.



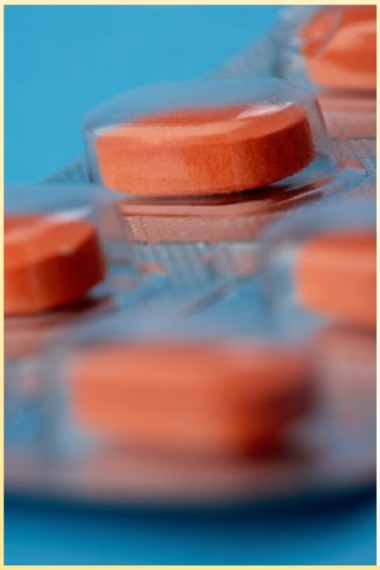
If someone you support has a history of seizure activity, she will have a protocol which describes the seizures she is known to have.

2.41 Seizures are often associated with particular triggers



2.42 You are responsible to help prevent seizures when possible

Ways to minimize risks associated with seizures:



- ✓ Follow proactive/preventative measures identified in the person's seizure protocol.
- ✓ Avoid known stressors such as a sudden changes in routine.
- ✓ Follow medication administration instructions carefully (as always).
- ✓ Inform your supervisor of any triggers you notice.

2.43 Many signs of a seizure are observable

2.44 Some signs may be difficult to detect

Signs of seizure activity that may be easy to miss

- Odd, often indescribable feelings (e.g. Déjà vu)
- Headaches
- Tingling, numbness or feelings of electricity in part of the body
- Unusual smells or tastes
- Feeling out of sorts or confused
- Periods of forgetfulness or memory lapses
- "Daydreaming" episodes that are not typical for the person

2.45 Act immediately when someone shows signs of a possible seizure

Responding to signs of a seizure

- ✓ Follow the person's seizure protocol if she has one.
- ✓ Provide safe support for a fall if necessary.
- ✓ Tell someone else what is happening in case you need help.
- ✓ Keep track of the time.

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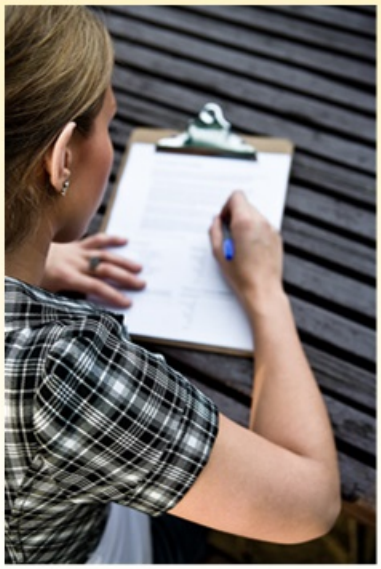
2.46 Act immediately when someone shows signs of a possible seizure

Responding to signs of a seizure



- ✓ Document observable signs.
- ✓ Call 911 if the person does not have a history of seizures.
- ✓ Be aware if the person has:
  - a Vagus Nerve Stimulator (VNS); or
  - any PRN (as needed) medication.

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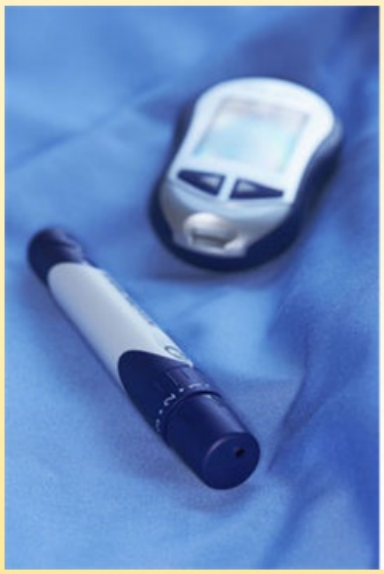
4. Other serious health risks

4.1 Diabetes is a disease with serious health risks



Diabetes is a serious metabolic disease in which the pancreas is unable to produce enough insulin to control the amount of sugar in the bloodstream.

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4.2 You are responsible

An individualized diabetic diet and active lifestyle can help manage blood sugar.

Follow the person's support document related to this serious health risk.

4.3 You are responsible

Be familiar with the level of assistance a person may need to manage his diabetes, including:

- monitoring blood sugar levels
- taking medication, including insulin
- diet
- contact with physician or nurse

4.4 There are many signs that a person could be having a diabetic reaction

Signs of a diabetic reaction

(click on the picture to see the signs)

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4.5 Act immediately when someone shows signs of a diabetic reaction

Responding to signs of a diabetic reaction

- ✓ Follow any support document(s) for a person with diabetes.
- ✓ Inform your supervisor if you notice any of the previously described signs, or other signs of concern.
- ✓ Do not hesitate to call 911 at any time you feel a person has an immediate health risk.

4.6 Pica is a disorder in which a person ingests inedible objects

The word "pica" is Latin for magpie: a bird that has a reputation for taking shiny objects.

Pica is a diagnosed disorder in which a person **ingests inedible (non-food) items**.

Some examples include clay, chalk, crayons, dirt, rocks, cigarette butts, paper, string, laundry detergent, sand, or small toys.

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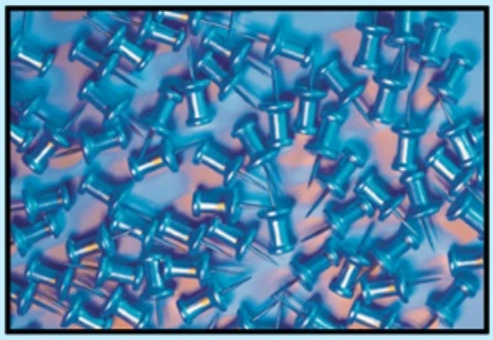
4.7 Pica is dangerous and can be fatal

Pica is dangerous and can be fatal

Eating or attempting to eat non-food items can cause serious health problems, such as:

- poisoning,
- aspiration,
- choking, or
- a life-threatening bowl obstruction.



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4.8 You are responsible to help prevent pica

Ways to decrease risk of pica or ingesting inedible objects:

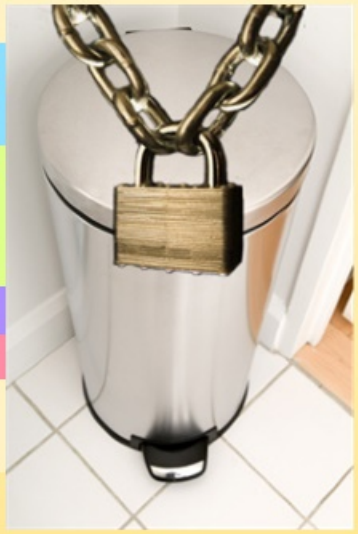
Follow proactive guidelines in protocols and other support documents.

Remove objects that could be ingested from areas such as the living room, bedroom, or the floor where the person works.

Do routine "sweeps" of the areas.

Use garbage cans that can be secured.

Assist the person to have a fulfilling day without a pica event.



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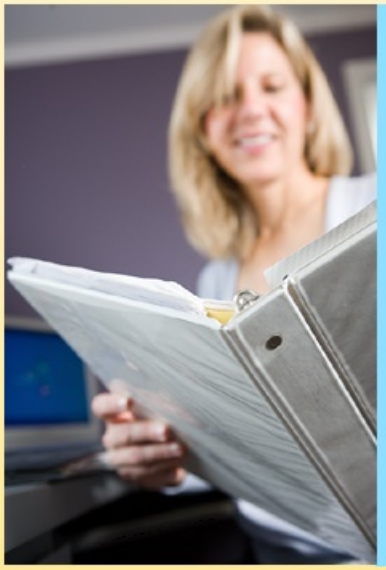
4.12 Other serious health risks are common

4.13 The ISP identifies health risks

Health risks and the ISP



- When someone has a serious health risk that requires support, her ISP identifies the risk and describes the supports needed.
- A support document describes strategies in place to minimize the risk.
- New health risks might emerge at any time. *Always be prepared.*

4.14 We must use a person-centered approach in supporting people around health risks

Use person-centered approaches to support people with health risks

Not everyone wants or needs the same degree of support for serious health risks.

It is important to know people well so you can tell when a serious risk arises.

Each person must have his own support document(s) that address his risks.

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4.15 We must use a person-centered approach in supporting people around health risks

Use person-centered approaches to support people with health risks

If you feel someone needs a support document, talk with your supervisor.

Do not implement your own document and do not follow another person's protocol for the same risk. Doing so could be dangerous!

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4.16 DO NOT HESTIATE TO CALL 911

DO NOT HESTIATE TO CALL 911

Remember: Serious health risks can be FATAL if not addressed.

Call 911 if you feel a person is gravely ill or you are concerned about his or her immediate health.

DSP 109: Adaptive Equipment

1. DSP-Health3-Adaptive Equipment

1.1 Demonstrate awareness of and understand how to use and maintain any adaptive equipment used by each person you support.

Health	*Health issues have a direct impact on happiness and quality of life. It is important for you to understand basic health supports and provide the supports that are directed by the person and his/her support team.*

Adaptive Equipment

Tier 1: Before working unassisted
and within 2 months of start date

1.2 In this course…

In this course…

- What "adaptive equipment" is and how it may benefit a person
- Examples of adaptive equipment
- How to use and maintain adaptive equipment

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1.3 At your organization

At your organization

Talk with your supervisor and/or training department, to ensure that you:

- Understand your organization's training requirements, policies, and procedures for handling adaptive equipment.
- Know where each person's adaptive equipment is kept and who to contact for maintenance, maintenance schedule, or repair.
- Know what documentation to complete and who to talk to for assistance.

1.4 What is adaptive equipment?

What is adaptive equipment?

Adaptive equipment are devices a person uses to **increase his ability to do everyday activities more independently**.

These activities include:

- Getting out of bed
- Making breakfast
- Getting dressed
- Doing work tasks
- Anything related to our activities we do throughout our day

1.5 What does adaptive equipment do?

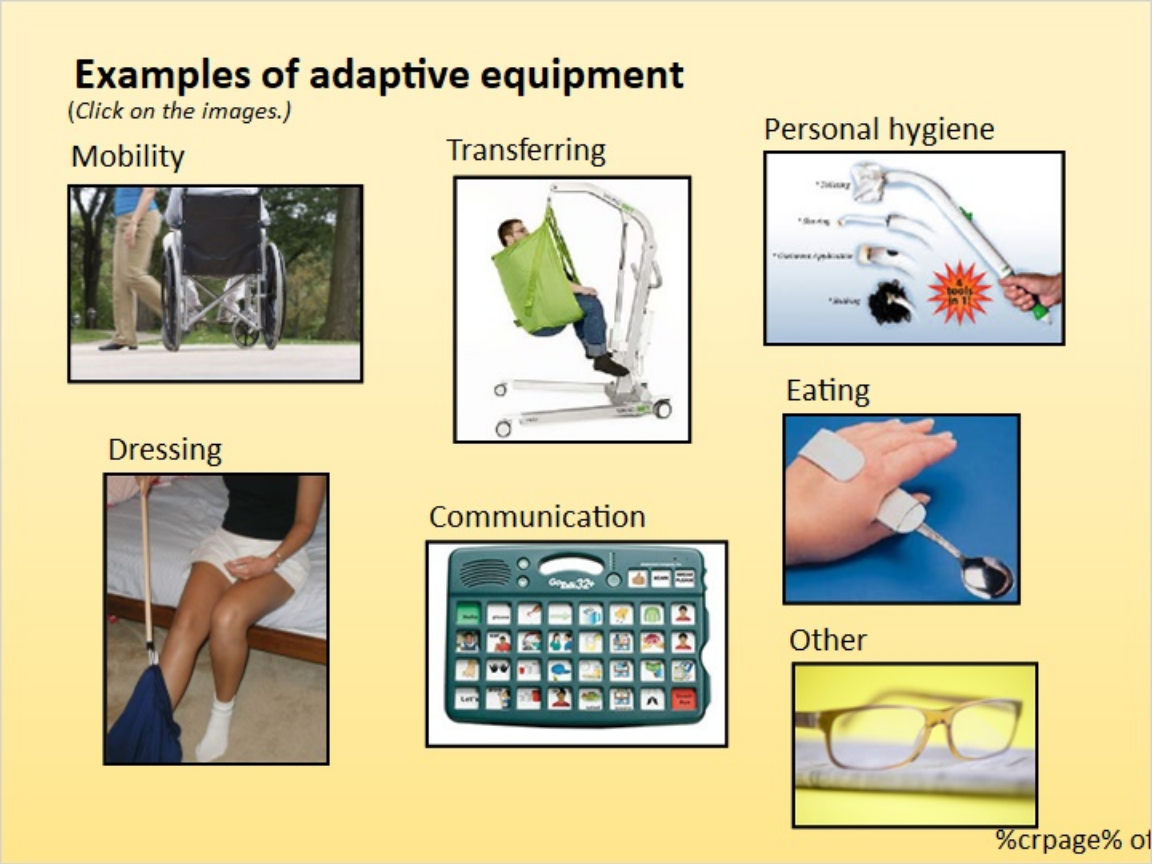
1.6 Benefits of adaptive equipment

Benefits of adaptive equipment

Adaptive equipment can…

- Promote and maintain independence and productivity
- Help a person remain healthy and safe
- Assist a person to do her activities of daily living (ADLs) or instrumental activities of daily living (IADLs)
- Improve a person's physical and/or mental well-being
- Enhance a person's overall quality of life

1.7 Examples of adaptive equipment



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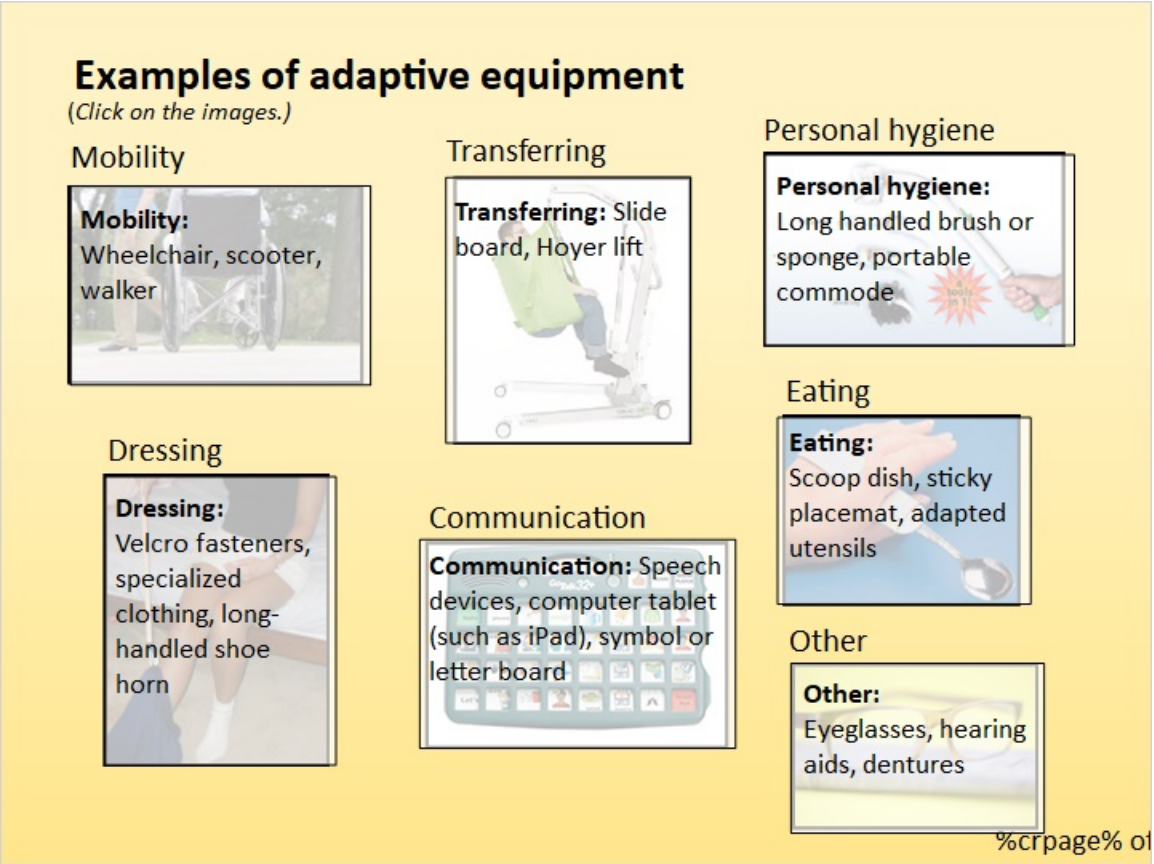


1.8 Personal adaptive equipment

Personal adaptive equipment

- Some people you support will not have any adaptive equipment, while others may have many items.
- A person's adaptive equipment is a **personal item**, and it is not interchangeable with another person's, as this could be dangerous.
- In some cases, a person may consider the equipment an extension of her body.

1.9 Adaptive equipment musts

Adaptive equipment *musts*

- ✓ Know what equipment each person you support uses.
- ✓ Learn each item's intended use and the reason for it – even if the equipment is familiar to you, such as eyeglasses or a wheelchair.
- ✓ Know the circumstances when the person does or does not need to use an item.

1.10 Adaptive equipment musts

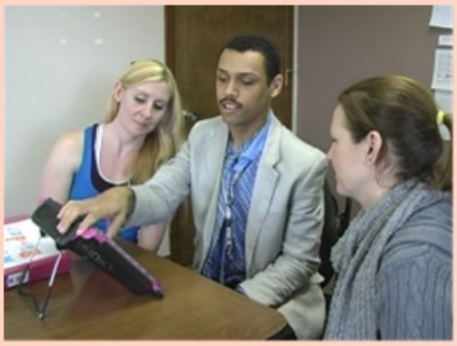
Adaptive equipment *musts*

- ✓ Understand your role in supporting each person to use and maintain her equipment.
- ✓ Know what to do if a person's equipment breaks or stops working.
  - Neglecting this could result in a protective services investigation.
- ✓ Contact your supervisor if you do not know how to find a solution to a problem with a person's adaptive equipment.

1.11 Handling adaptive equipment

Handling adaptive equipment

- Always ask before touching or handling a person's adaptive equipment.
- Never move, adjust or alter a person's equipment without her knowledge and permission.
  - Adjustments are typically made by a professional.



- Never use adaptive equipment for anything other than its intended purpose.
- Keep all adaptive equipment clean, available, well-maintained and in working order.

DSP 110: Required Infection Control Techniques

1. DSP-Health4-Bloodborne Pathogens

1.1 Recognize the risks associated with contact with blood and other body fluids, and be able to use required infection control techniques.

Health

Health issues have a direct impact on happiness and quality of life. It is important for you to understand basic health supports and provide the supports that are directed by the person and his/her support team.

Required Infection Control Techniques

Tier 1: Before working unassisted and within 2 months of start date

1.2 In this course…

In this course…

- When to use bloodborne pathogen (BBP) procedures
- Proper techniques and procedures when dealing with blood or other bodily fluids
- Reporting and addressing exposure incidents

1.3 At your organization

At your organization

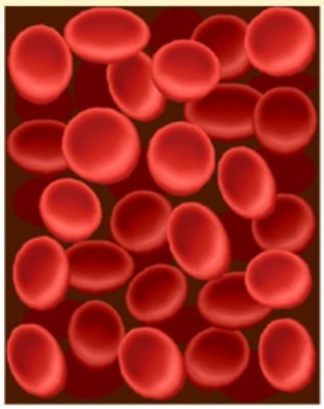
- Understand your organization's training requirements, policies, and procedures related to bloodborne pathogens.
- Learn the locations, contents, and maintenance requirements of all bloodborne pathogen kits in your workplace.
- Demonstrate proper glove removal.

1.4 Risks of exposure to blood and body fluids

Risks of exposure to blood and bodily fluids

Bodily fluids can potentially transmit infectious diseases such as the hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

This is especially true for bodily fluids that contain blood.



1.5 Dealing with blood and other body fluids

Dealing with blood and other bodily fluids

Universal precautions is an approach to infection control to treat all blood and certain bodily fluids as if they were known to be infectious for HIV, HBV and other bloodborne pathogens.

Always use universal precautions.

- Treat all blood and other bodily fluids as if they are contaminated.
- Properly clean and decontaminate the area.

1.6 Body fluids to avoid contact with

Bodily fluids to avoid contact with

Bloodborne pathogens may exist in all bodily fluids:

- Blood – including exposed broken skin, open sores, scabs, and menstrual blood
- Saliva
- Vomit
- Urine
- Semen
- Vaginal secretions
- Feces
- Any other fluid excreted or secreted from inside a person's body

See resource tab for additional information on body fluid exposures.

1.7 Actions that require use of bloodborne pathogen (BBP) procedures

Actions that require use of bloodborne pathogen (BBP) procedures

Use BBP procedures if a potential exposure to blood or other bodily fluids:

(Click on each image.)

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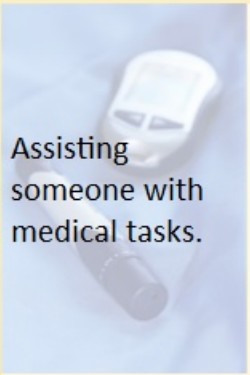
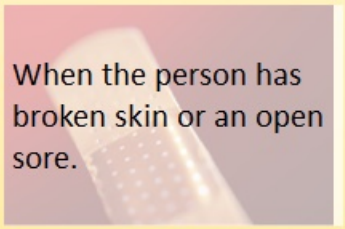
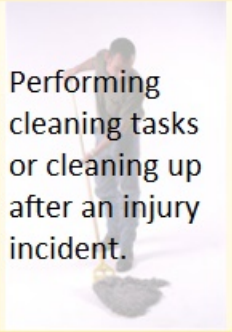
Actions that require use of bloodborne pathogen (BBP) procedures

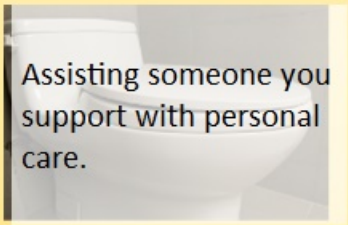
Use BBP procedures if a potential exposure to blood or other bodily fluids:

(Click on each image.)









1.8 Protections when handling blood and body fluids

Protections when handling blood and bodily fluids

- ✓ Wear latex or approved disposable gloves.
- ✓ Properly dispose of sharps in approved containers.
- ✓ In certain situations, wearing Personal Protective Equipment (PPE) such as protective clothing or eye/face protection may be part of a plan to avoid exposure.

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1.10 Decontamination procedures

Decontamination procedures

- ✓ Wear protective gloves.
- ✓ Use the disinfectant or cleaner in your organization's bloodborne pathogen kit to thoroughly clean all contaminated surfaces.
  - ¼ cup bleach or more in a gallon of water is a disinfecting solution**; this solution has a 24-hour shelf life**.
  - There are other disinfecting solutions that might be used.

1.11 Decontamination procedures

Decontamination procedures

- ✓ Dispose of all contaminated protective equipment, clothing, rags, towels, etc.
- ✓ Provide bathing assistance for the person you are supporting if needed, and use protective equipment as necessary.
- ✓ Thoroughly wash hands afterwards.

1.12 How to dispose of contaminated materials

How to dispose of contaminated materials

- Place contaminated material into a plastic garbage bag.
- Tie or otherwise secure the bag closed.
- Place the bag into a lidded, secure trash container immediately.

1.13 How to dispose of contaminated materials

How to dispose of contaminated materials

Follow your organization's instructions on the disposal of contaminated materials in your work area.

- Use approved sharps containers and biohazard receptacles if medical waste is involved.
  - *Medical waste must be put into a container (or bag) labeled "Biohazard," or that is red-tinted.*

1.14 Medical waste

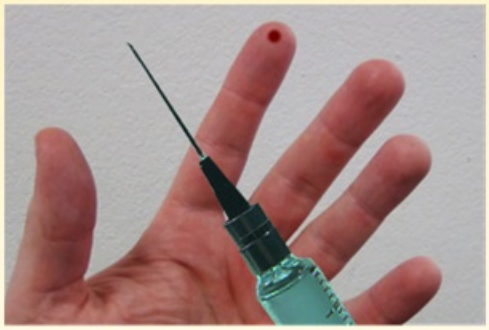
Medical waste

This includes but is not limited to:

- blood-soaked bandages
- discarded gloves
- discarded needles (e.g., sharps)
- discarded lancets

1.15 Exposure incidents

Exposure incidents



An exposure incident is a specific incident of contact between the potentially infectious bodily fluid of one person with another person's mucous membranes, or open skin surfaces.

If an exposure incident occurs…

- Report all incidents involving blood or bodily fluids per your organization's reporting policies.
- Follow your organization's documentation requirements for exposure incidents.
- Seek a post-exposure medical evaluation for yourself, if desired, or anyone who has been exposed.

DSP 111: Medication Administration and Documentation

1.1 Demonstrate accurate medication administration and documentation.

Health

Health issues have a direct impact on happiness and quality of life. It is important for you to understand basic health supports and provide the supports that are directed by the person and his/her support team.

Medication Administration and Documentation

Tier 1: Before working unassisted and within 2 months of start date

1.2 In this course…

In this course…

Basic information about

- Administering medications
- Recording medication administration

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1.3 At your organization

At your organization

- Know your role in administering medications.
- Demonstrate the ability to appropriately and accurately administer and document medications.
- Understand your organization's policies and procedures for administering medication.

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1.5 Assisting people with medications

Assisting people with medications

As a Direct Support Professional (DSP), your role will differ when assisting people with their medications.

- Some people take medication(s) daily, and others do not.
- People need varying levels of assistance in taking their medications, depending on their current skills.

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1.6 Organizational policies

Organizational policies

Your organization has its own policy for medication administration as well as:

- Medication storage
- Disposal of medication
- Nursing service provisions, if applicable
- Responding to emergency medical situations

You must receive training on these policies and procedures.

1.7 Universal medication musts

Universal medication *musts*

Medications must have an **order** by a physician prior to administration.

A medication that requires refrigeration must be kept in a secure, locked container inside the refrigerator.

Medications must also be…

- kept in original containers
- labeled by the dispensing pharmacy
- stored in a secured, locked container
- stored as the manufacturer requires

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1.8 Medication administration musts

Medication administration *musts*

The Medication Administration Record (MAR) states what time to administer each medication.

Typically, the person can take the medication within the hour before or after that time.

Know your organization's policy regarding medication administration time frames and what each physician's order states.

1.9 Medication administration musts

Medication administration *musts*

You must review the MAR each time you administer a medication to ensure that you give the **correct medication and dose** at the **correct time**.

Medications, doses and times can change – sometimes frequently, sometimes only occasionally.

If you ever have a question about medication, ask your supervisor.

1.10 Medication administration musts

Medication administration *musts*

Each person you support has unique medication needs.

You *must*:

- ✓ Understand the purpose for each specific medication.
- ✓ Be aware of the side effects of each medication so you can recognize them.
- ✓ Know the timeframes allowed for administering each medication.

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1.11 Medication administration musts

Medication administration *musts*

As a rule, psychotropic medications are not used for an "as needed" (PRN) medication.

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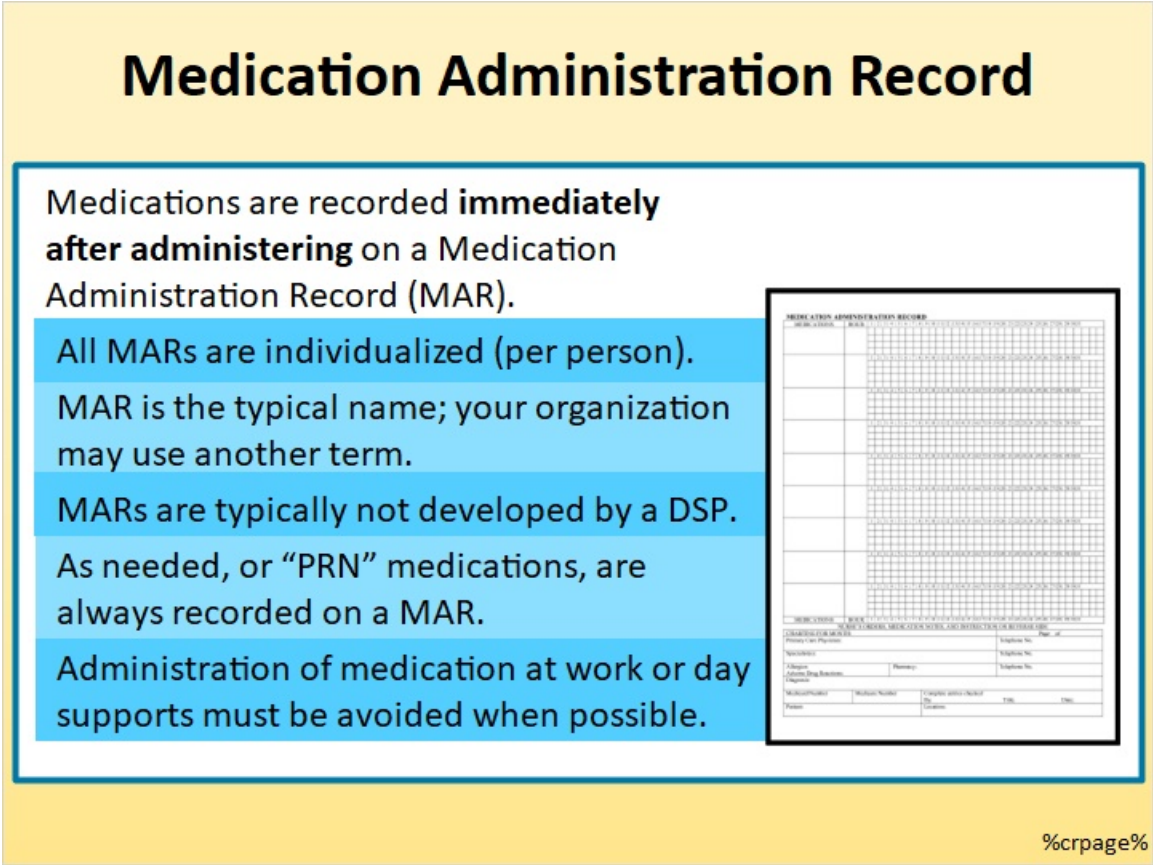
1.13 Recording medications 101



1.14 Self-administration

Self-administration

Taking medication "on your own" is also known as *self-administration.*

Each person who self-administers has an individualized plan which describes the support the person needs for doing so.

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1.15 Using empathy to assist with medications

Using empathy to assist with medications

Empathy is the ability to understand and share the feelings of another.

Have you ever not taken a medication as prescribed? Why not? Concern about its effects? Maybe you had an upset stomach?

A person may not like the act of taking medications, or she may not like how a medication makes her feel.

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1.16 Acting with empathy

Acting with empathy

A person may want you to use a different approach or communication style when administering his medications.

If a person does not want to take a medication, consider what might not be working for him.

1.17 Acting with empathy

- ✓ You can change your approach as long as you continue to follow physician's orders regarding the administration of the medication.
- ✓ Listen to what the person is telling you through his words or actions.

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1.18 Acting with empathy

- ✓ If you think the problem is with how, when, or where the medication is given, ask your supervisor to discuss this with the person and his physician, in order to come up with a solution.

1.19 Supportive medication administration

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1.26 What to watch for

What to watch for

Always be on the lookout for observable physical or behavioral side effects.

Watch for changes in:

- Behavior
- Affect or skin color
- Sleep patterns or amount
- Appetite or thirst

Inform your supervisor or the person's physician **immediately** upon noticing any such changes!

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DSP 113: Methods of Support and Non-Physical Intervention

1. DSP-Safety 2-Nonphysical intervention

1.1 Identify methods of support and non-physical intervention to use with all people supported.

Safety

DSPs provide person centered, proactive safety supports and try to prevent emergency situations. DSPs need to be aware of common safety issues and know how to respond in an emergency situation to promote the safety of the people they support.

Methods of Support and Non-Physical Intervention

Tier 1: Before working unassisted and within 2 months of start date

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1.2 In this course

In this course…

- Your responsibility to follow proactive procedures as instructed
- Environmental behavior supports
- Recognizing and responding to signs of distress
- Identifying situations as potentially harmful

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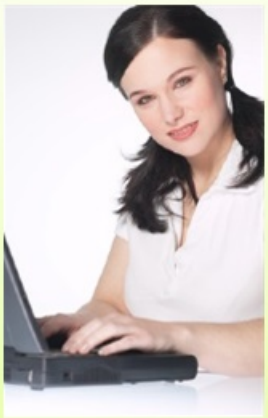
1.3 At your organization



At your organization

Talk with your supervisor and/or training department to ensure that you can:

- Identify the proactive measures, procedures, and protocols present for each person you support.
- Discuss specific environmental needs and supports for each person you support.
- Identify all of the known signs of distress in each person you support.
- Discuss how successful supports rely on understanding how a person communicates.

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1.4 Proactive supports minimize risks

Proactive supports exist in order to prevent or prepare for challenging situations by minimizing risks.

Each person you support…

- Has specific needs
- Has an Individual Support Plan (ISP)
- May have established protocols and support documents for you to follow

KEEP CALM
and be
PROACTIVE

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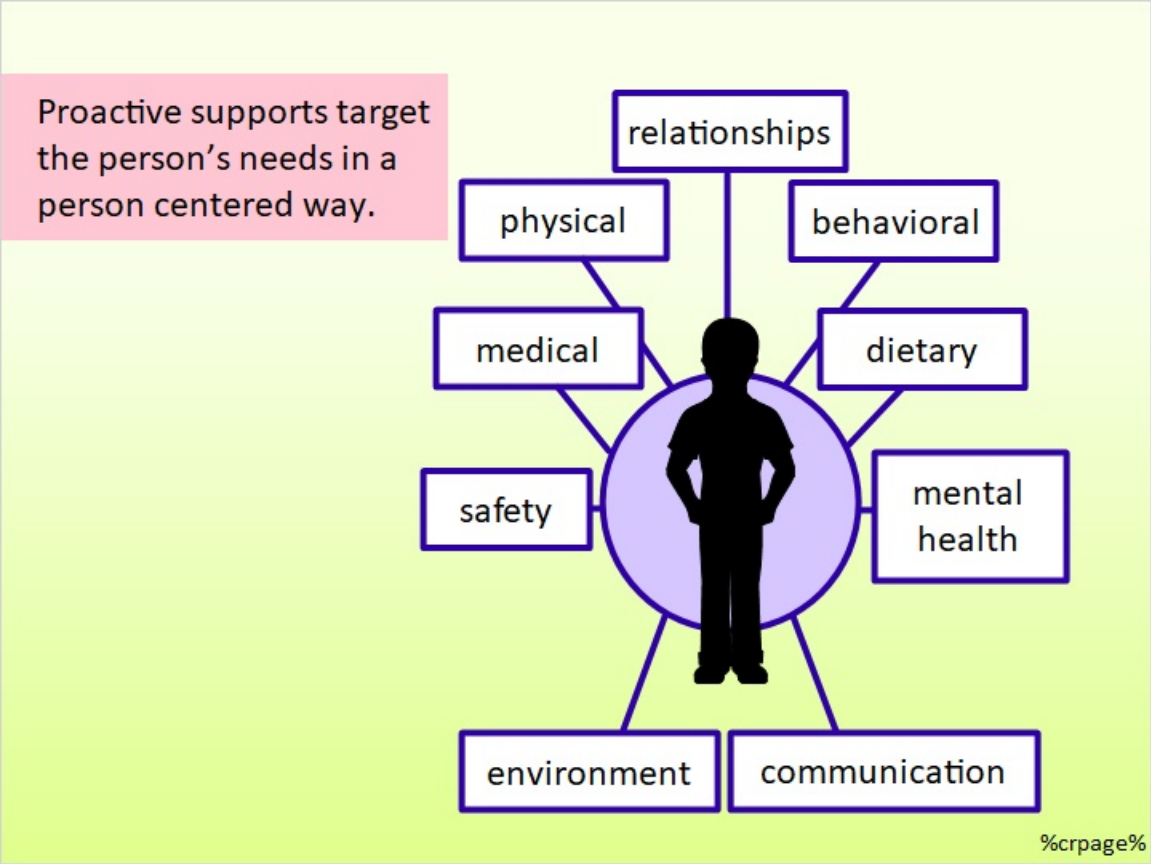
1.5 Proactive supports are person-centered



1.6 Proactive support documents address individual needs and risks

Proactive support documents address individual needs and risks

Individualized documents outline important proactive supports and instructions for performing them.

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1.7 Untitled Slide

Examples of proactive support documents: Click on each

- Safety plans
- Protocols
- Medical support documents
- Charting instructions
- Physician's orders and medication administration records
- Behavior support plans

safety plans (Slide Layer)

Examples of proactive support documents: Click on each

- Safety plans
- Protocols
- Medical support documents
- Charting instructions
- Physician's orders and medication administration records
- Behavior support plans

Safety plans identify a person's individual needs for support around things like supervision, vehicle safety, water safety, street safety, etc. and list proactive measures to address them.

%crpage%

protocols (Slide Layer)

Examples of proactive support documents: Click on each

- Safety plans
- Protocols
- Medical support documents
- Charting instructions
- Physician's orders and medication administration records
- Behavior support plans

Protocols for mitigating risks such as aspiration, dehydration, constipation, or seizures include proactive measures to prevent incidents of these potentially fatal health risks.

Medical support documents (Slide Layer)

Examples of proactive support documents: Click on each

- Safety plans
- Protocols
- Medical support documents
- Charting instructions
- Physician's orders and medication administration records
- Behavior support plans

Medical support documents provide instructions for supporting a person around needs such as a specialized diet or treating a chronic skin condition.

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Charting instructions (Slide Layer)

Examples of proactive support documents: Click on each

- Safety plans
- Protocols
- Medical support documents
- Charting instructions
- Physician's orders and medication administration records
- Behavior support plans

You may need to track things like bowel movements, fluid intake, blood pressure, or sleep. This information helps a doctor or nurse to determine support needs in ongoing areas and adjust supports.

You will receive training on special charting instructions for anyone you support.

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Pysician's orders (Slide Layer)

Examples of proactive support documents: Click on each

- Safety plans
- Protocols
- Medical support documents
- Charting instructions
- Physician's orders and medication administration records
- Behavior support plans

Sometimes proactive support instructions are included on the person's medication administration record (MAR).

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BSPs (Slide Layer)

Examples of proactive support documents: Click on each

- Safety plans
- Protocols
- Medical support documents
- Charting instructions
- Physician's orders and medication administration records
- Behavior support plans

A positive behavior support plan (PBSP) is a document that provides **instructions for supporting a person who engages in challenging or dangerous behaviors.**

Every BSP has a proactive section with strategies to help the person to be successful without needing to engage in the behaviors of concern identified in the document.

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1.8 You are responsible to follow proactive measures

As a DSP, you are responsible to implement the proactive measures in place for each person you support.

- ✓ Follow instructions exactly as they are written for each person.
- ✓ Seek clarification from your supervisor if instructions are not clear.
- ✓ Do *not* use another person's plan for reference or as a substitute. This could be dangerous!

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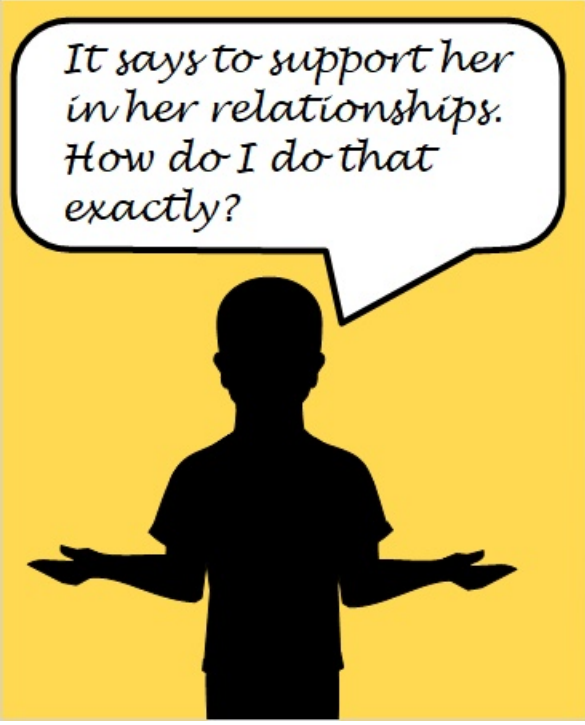
1.9 Stick to the plan but speak up

Stick to the plan but speak up



If you feel a plan or protocol does not work or is not necessary, discuss your concerns with your supervisor.

Your feedback could initiate a change in the support strategy, however you must **follow the plan as it is written**, until you receive training on an updated support document.

1.10 Proactive supports can be environmental

Craig's DSP offers him assistance when he is walking on an uneven surface.

The people you support often need environmental types of support to stay safe.

For example:

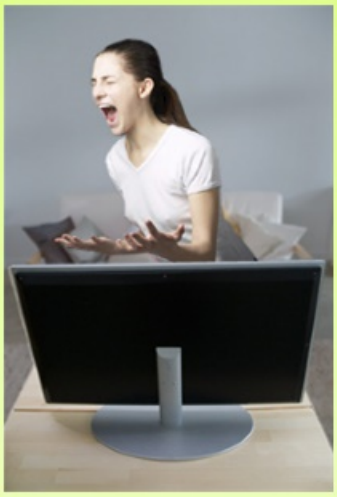
- Heather's DSP stays between Heather and the road on walks.
- Michael's group home has non-slip floors and hand rails affixed to walls.
- Jamie's staff are always quiet when she returns home from work in the afternoon and needs her downtime.

1.11 Environmental factors impact behavior

Environmental factors impact behavior

A person's environment has a direct effect on her level of stress, which can influence her behavior.

Factors in the immediate environment can increase or decrease a person's stress, which directly impacts behavior.



Lisa experiences stress when the television volume is too loud.

1.12 You can change the person's environment

Staff are mindful to turn down the volume on the television when Lisa is in the room.

Part of your job is to help minimize stressors in the environment.

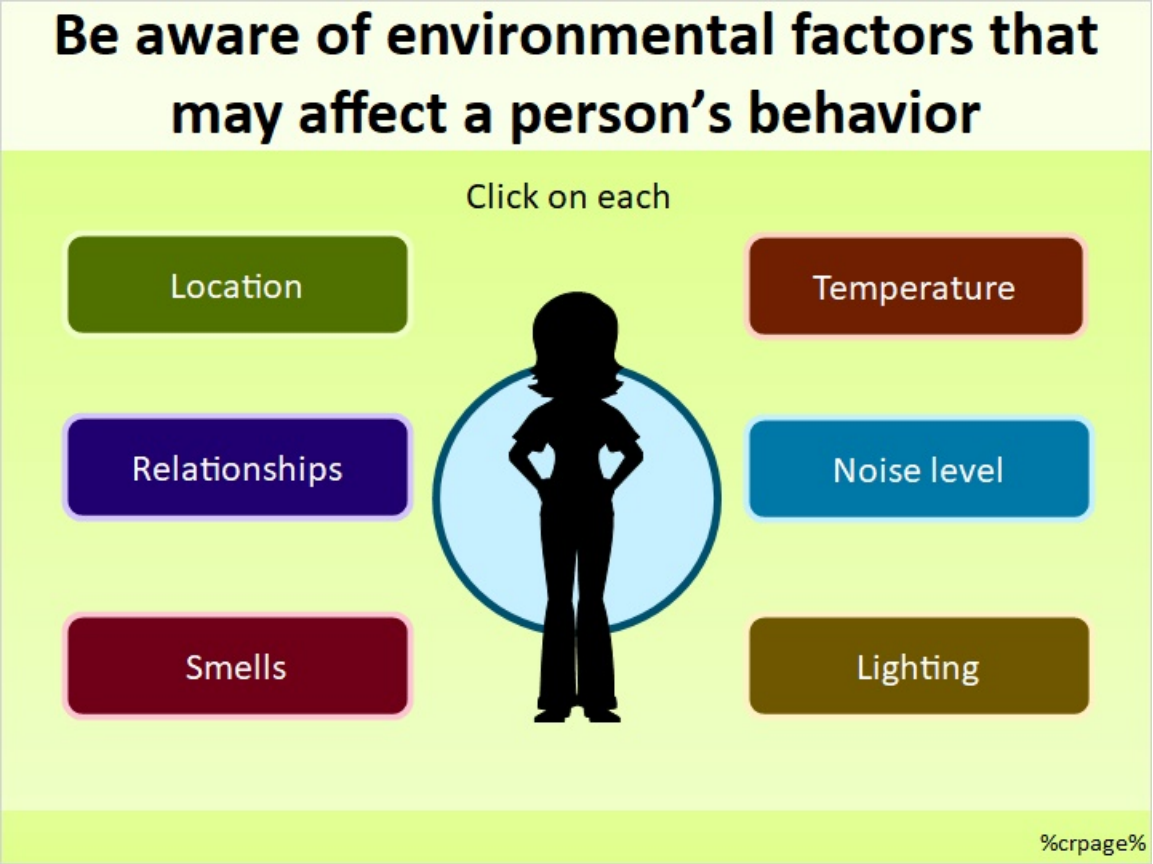
In each environment you must consider many things based on the individual needs of each person.

1.13 Know what environmental support you can provide proactively

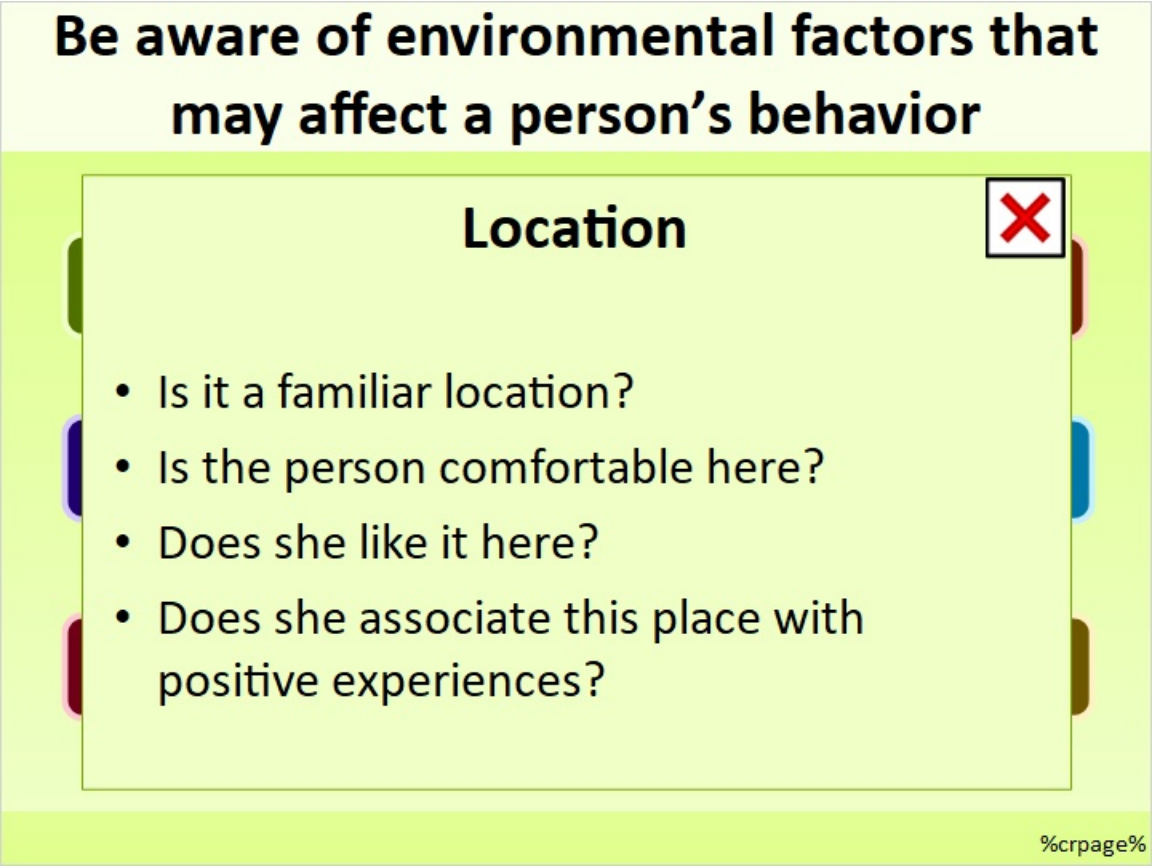
It is important to know what works and does not work for each person you support so that you can be proactive in providing environmental support.

- ✓ Know each person's preferences and needs, and how to support them in various settings.
- ✓ Know what types of situations tend to be stressful for each person and how to avoid them or support the person in them.
- ✓ Be aware of potential safety hazards in every environment and make adjustments in order to avoid them.

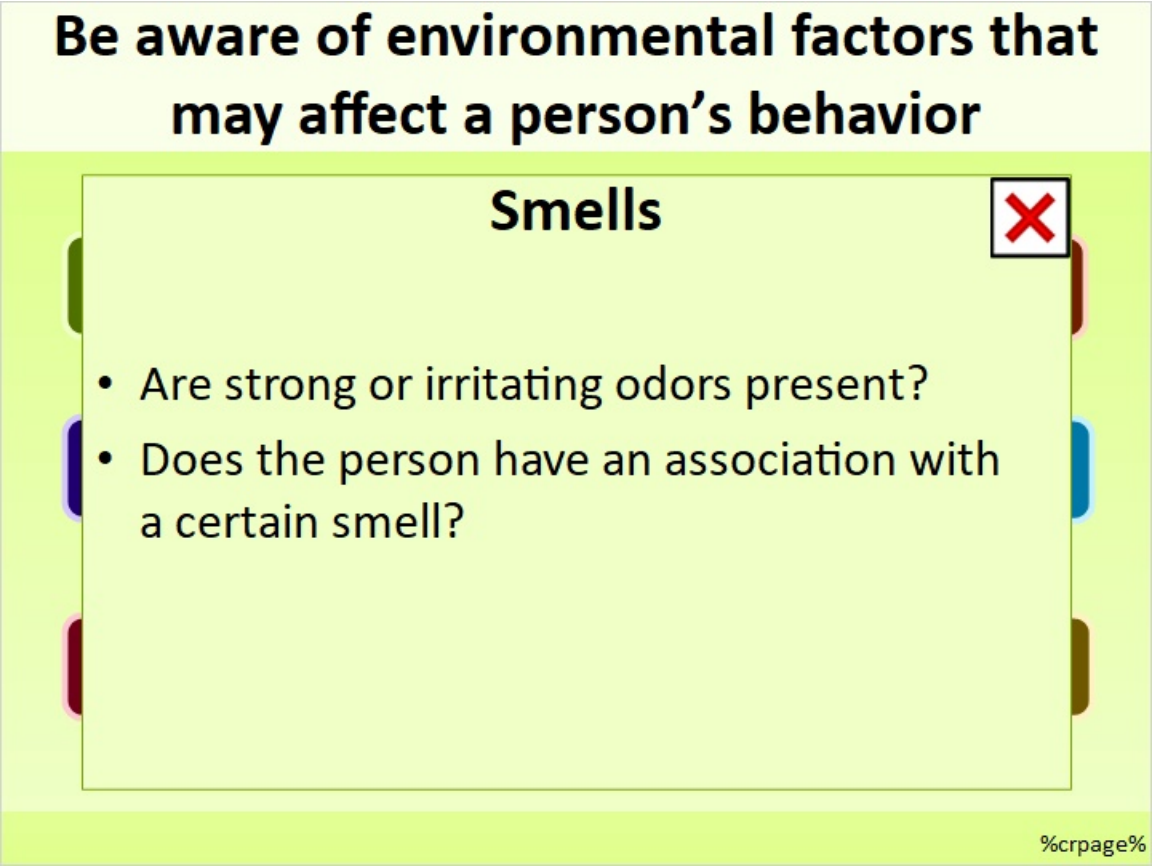
1.14 Consider a range of environmental factors



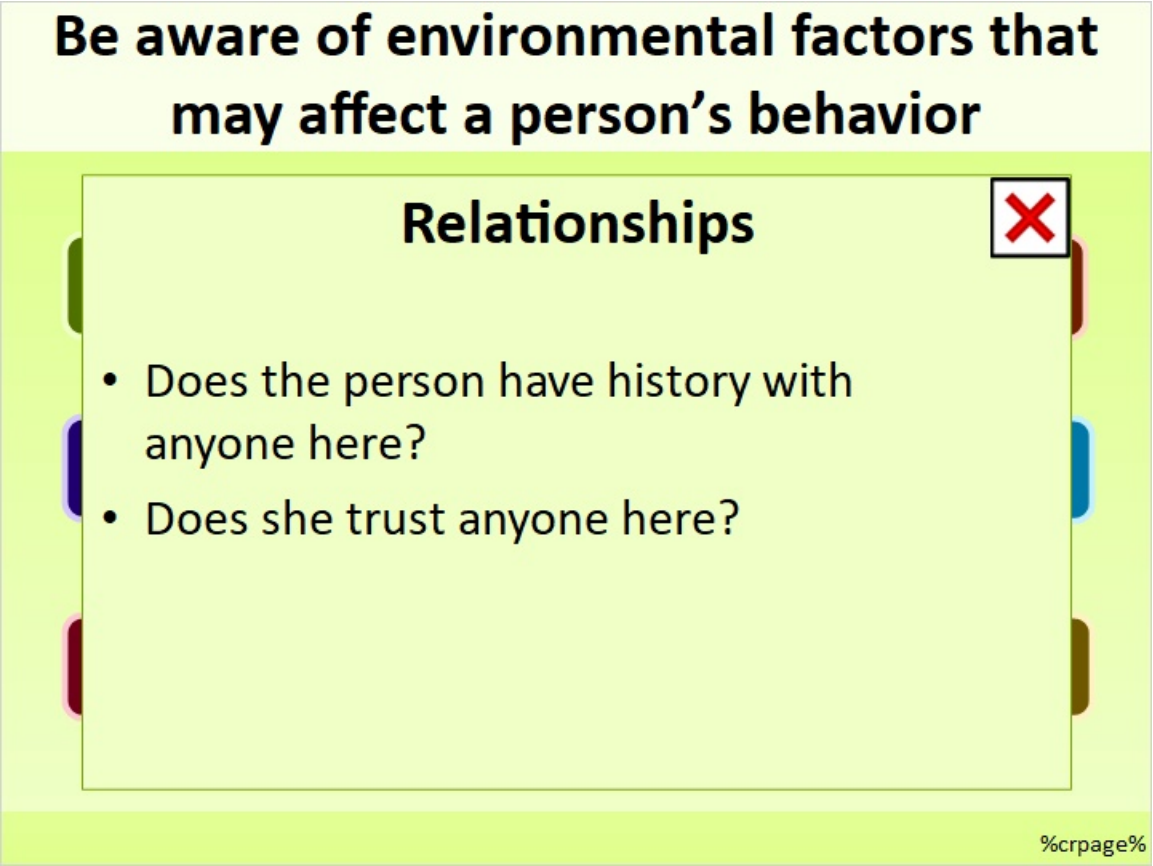
Location (Slide Layer)



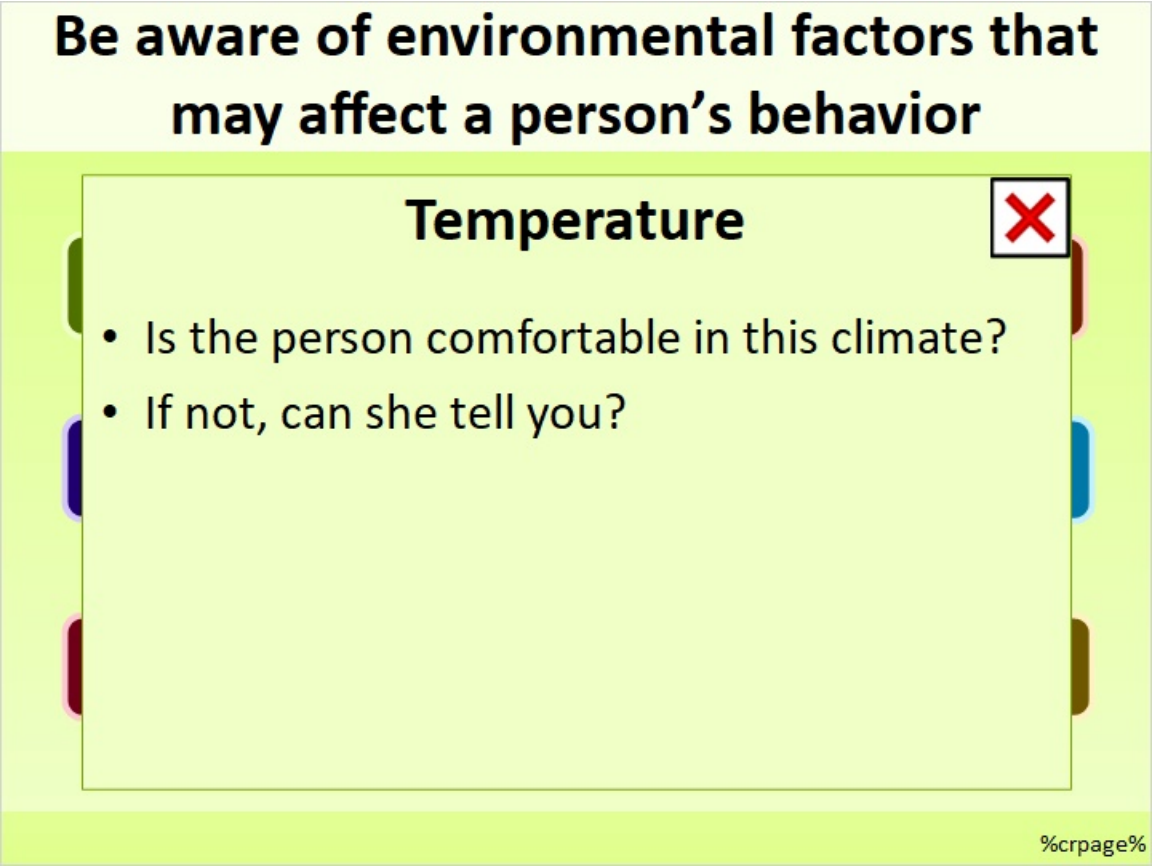
Smells (Slide Layer)



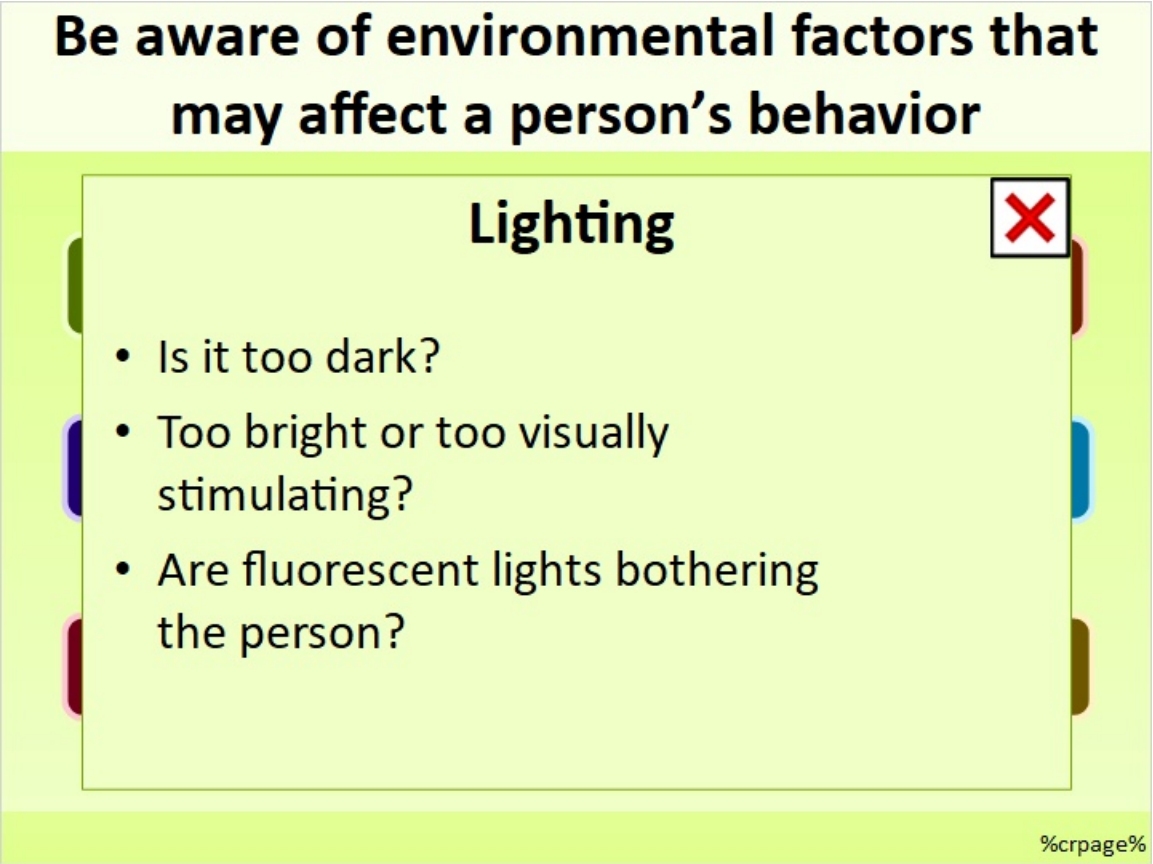
Relationships (Slide Layer)



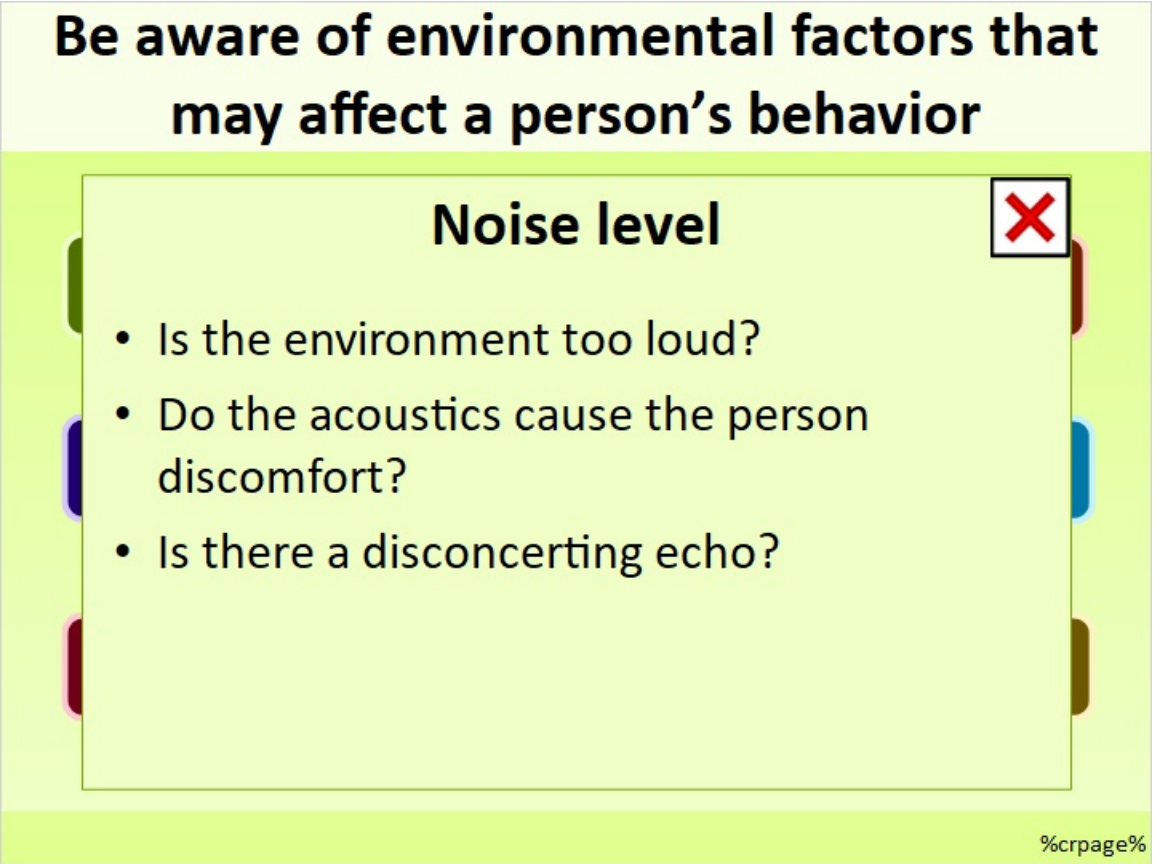
Temperature (Slide Layer)



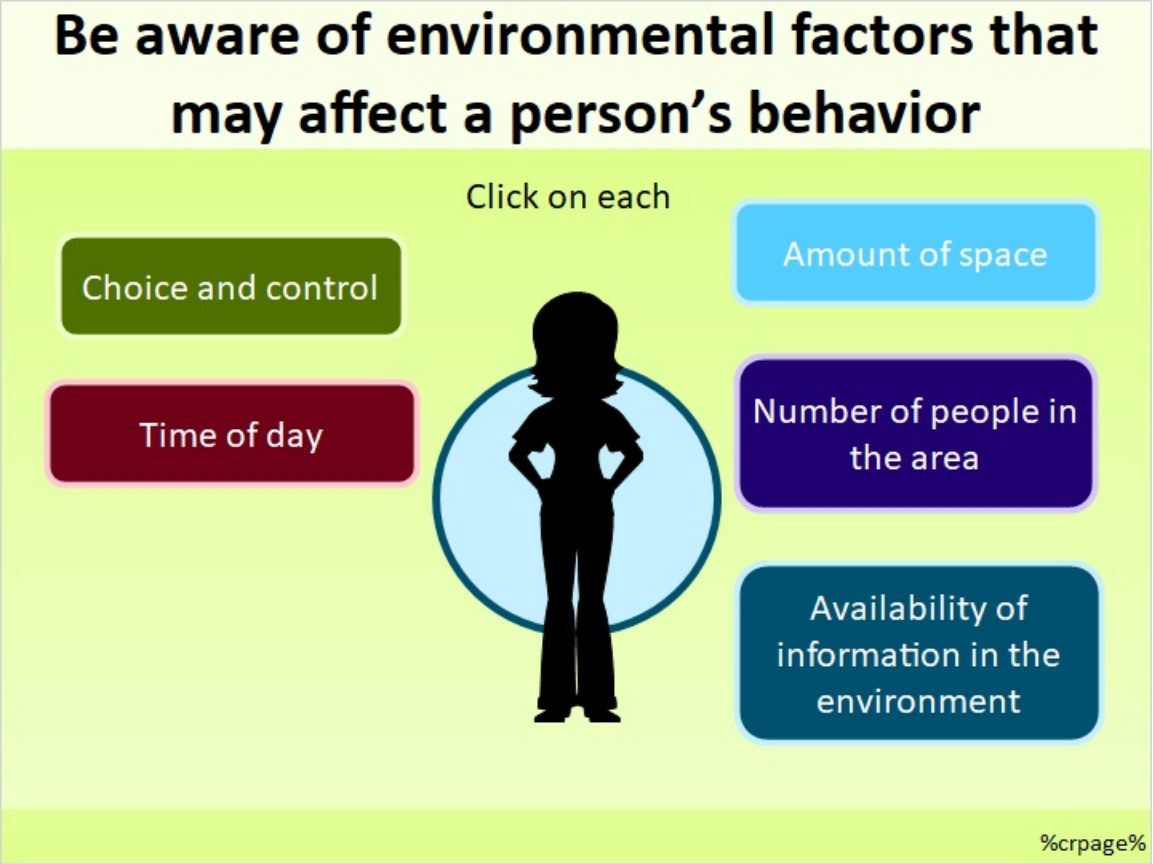
Lighting (Slide Layer)



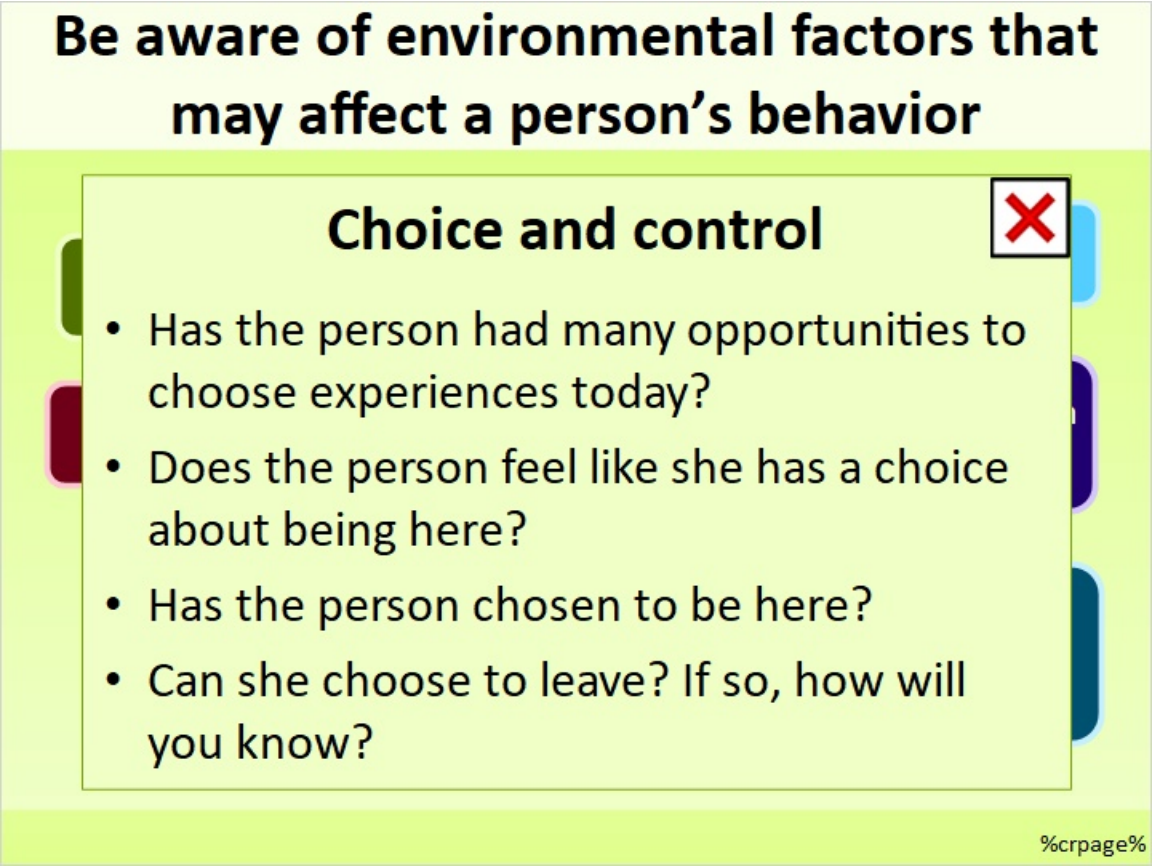
Noise level (Slide Layer)



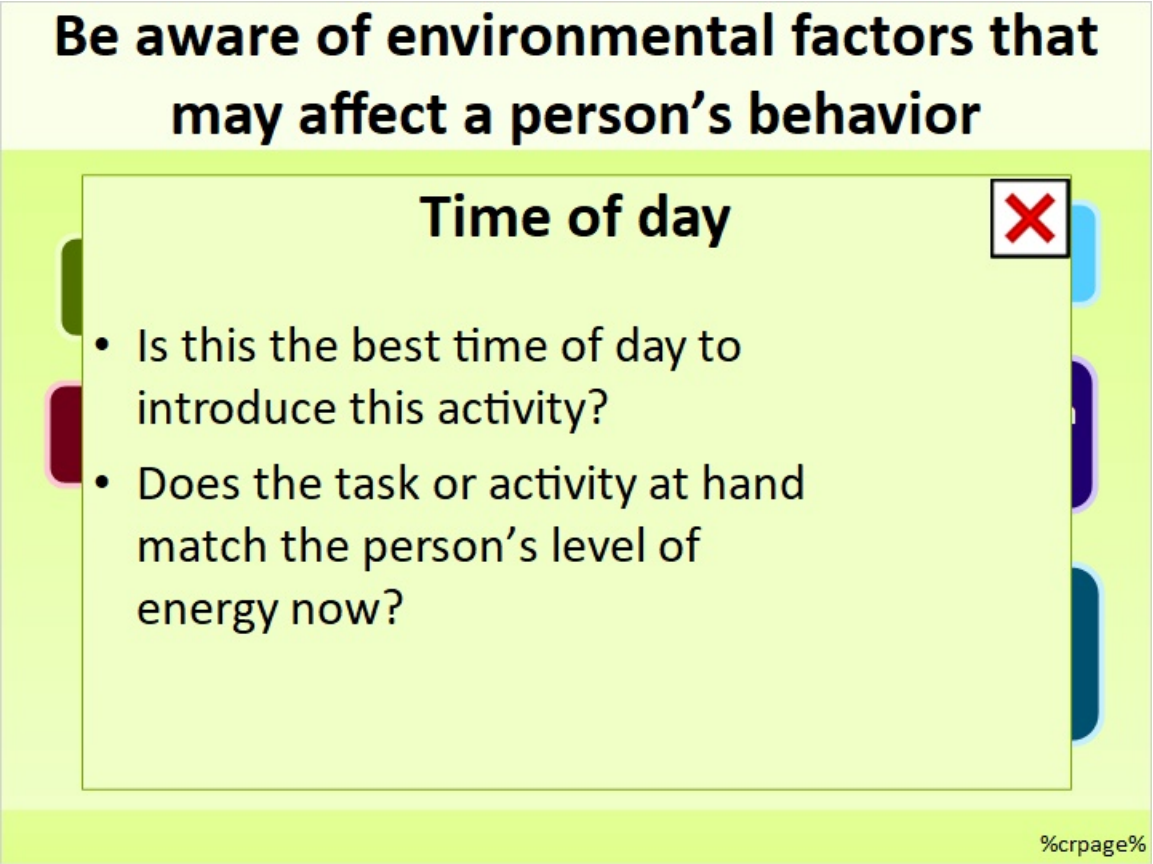
1.15 Consider a range of environmental factors



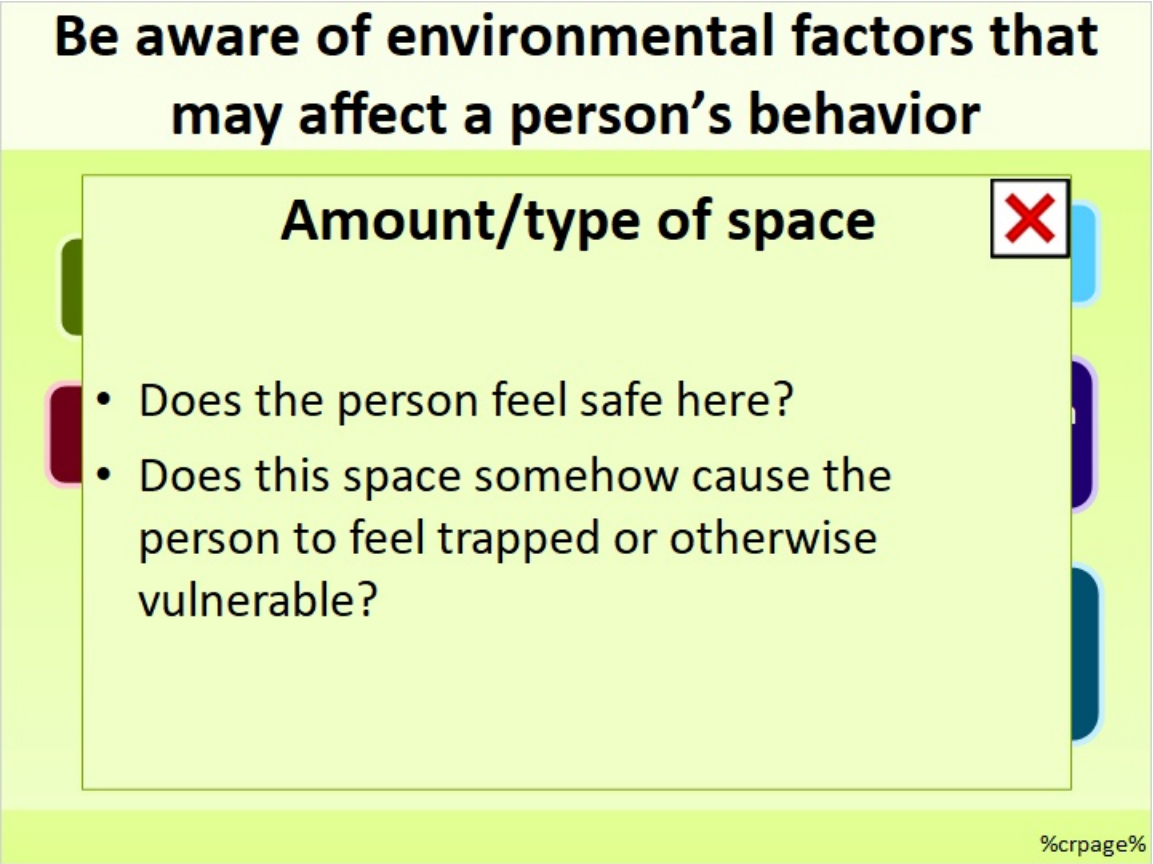
Choice and control (Slide Layer)



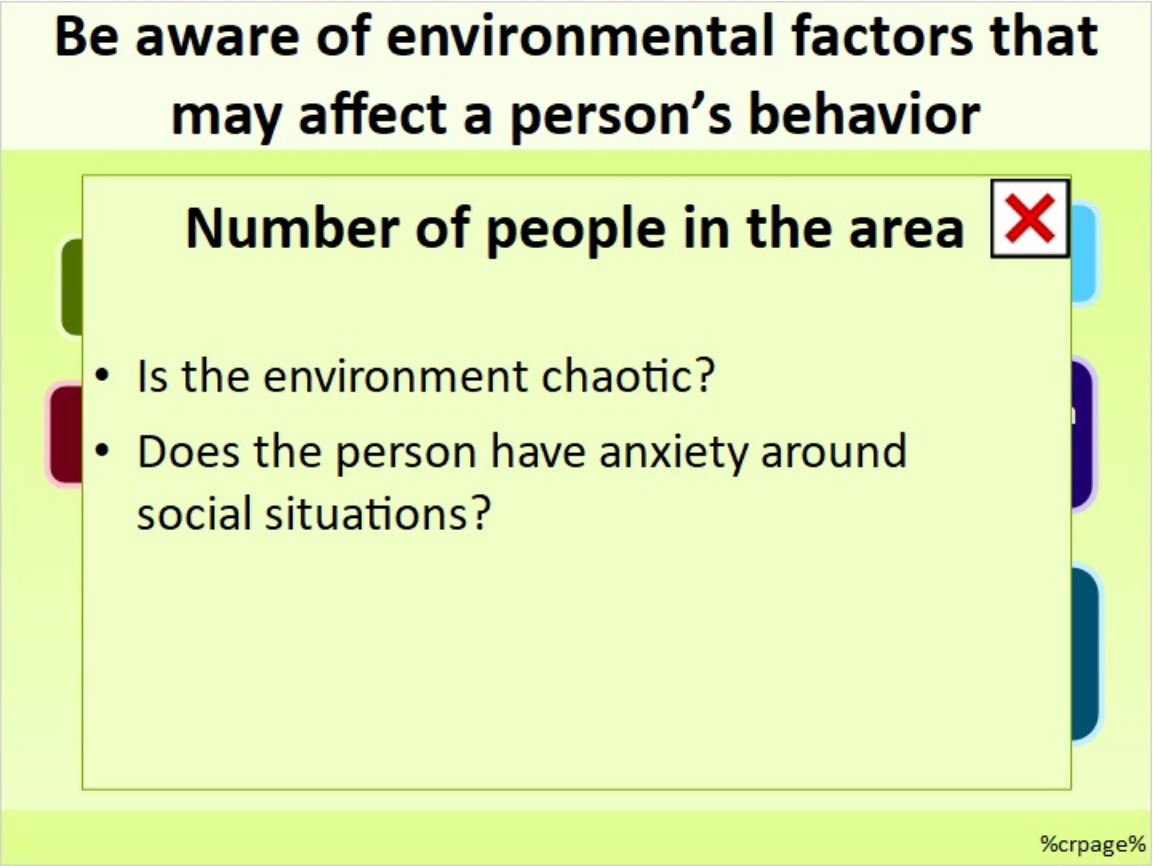
Time of day (Slide Layer)



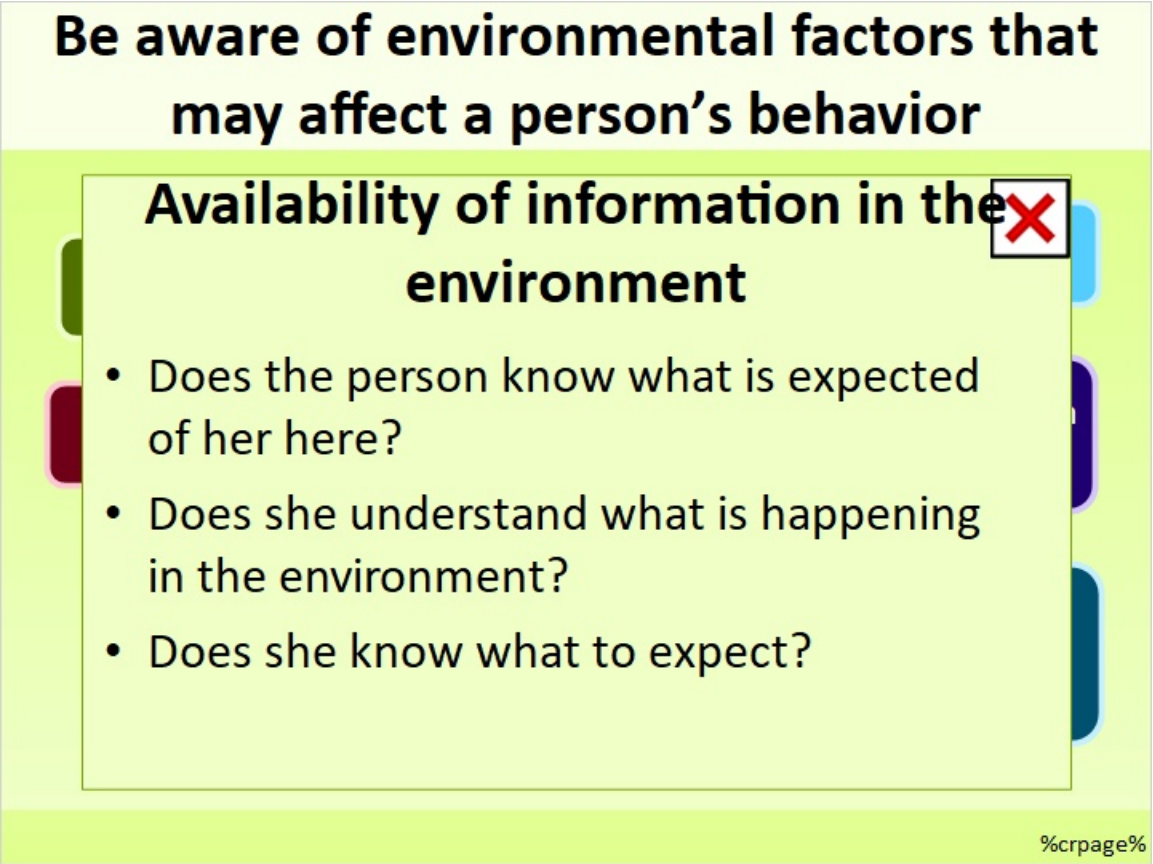
Amount of space (Slide Layer)



Number of people (Slide Layer)



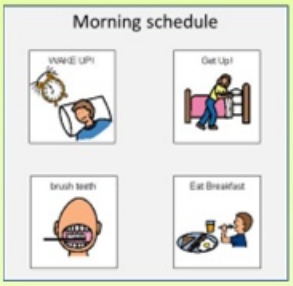
Availability of info (Slide Layer)



1.16 More excellent examples of proactive environmental supports

More excellent examples of proactive environmental supports

(Use your mouse to click on each image.)



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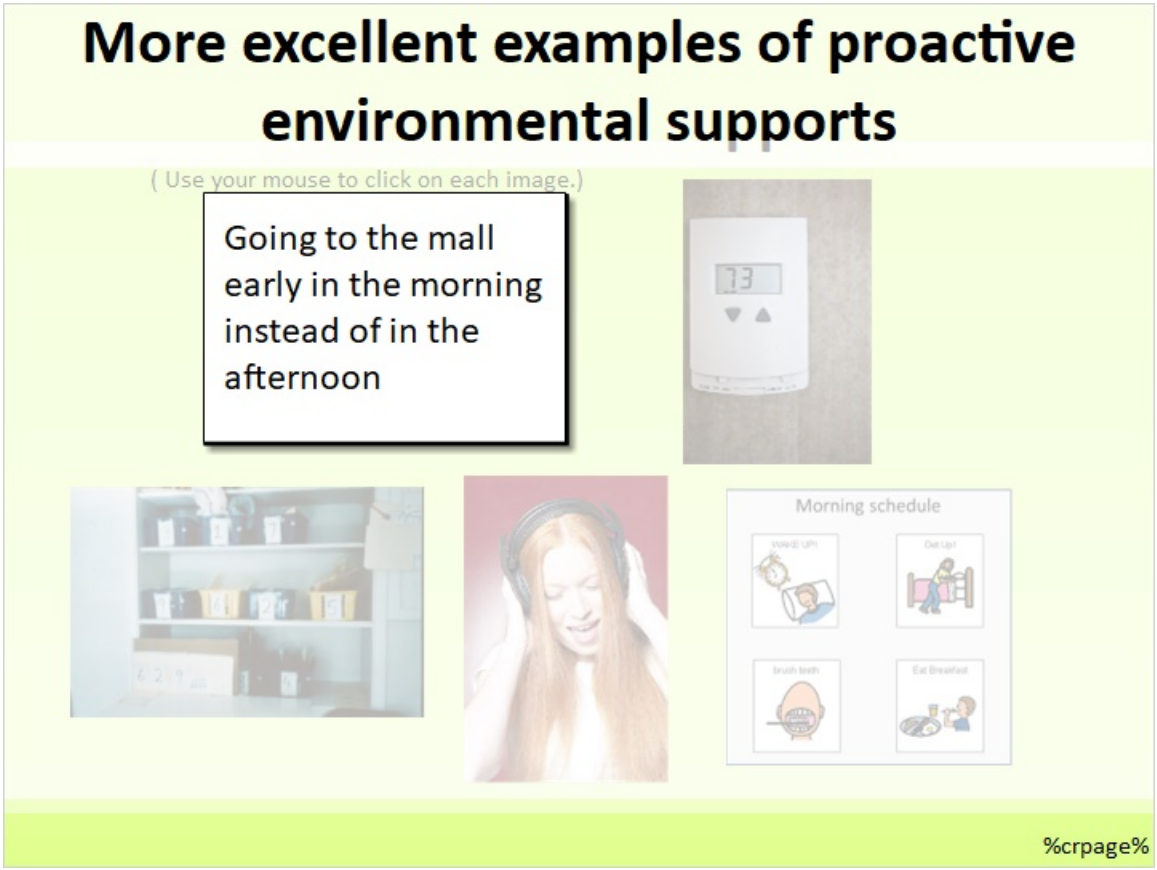
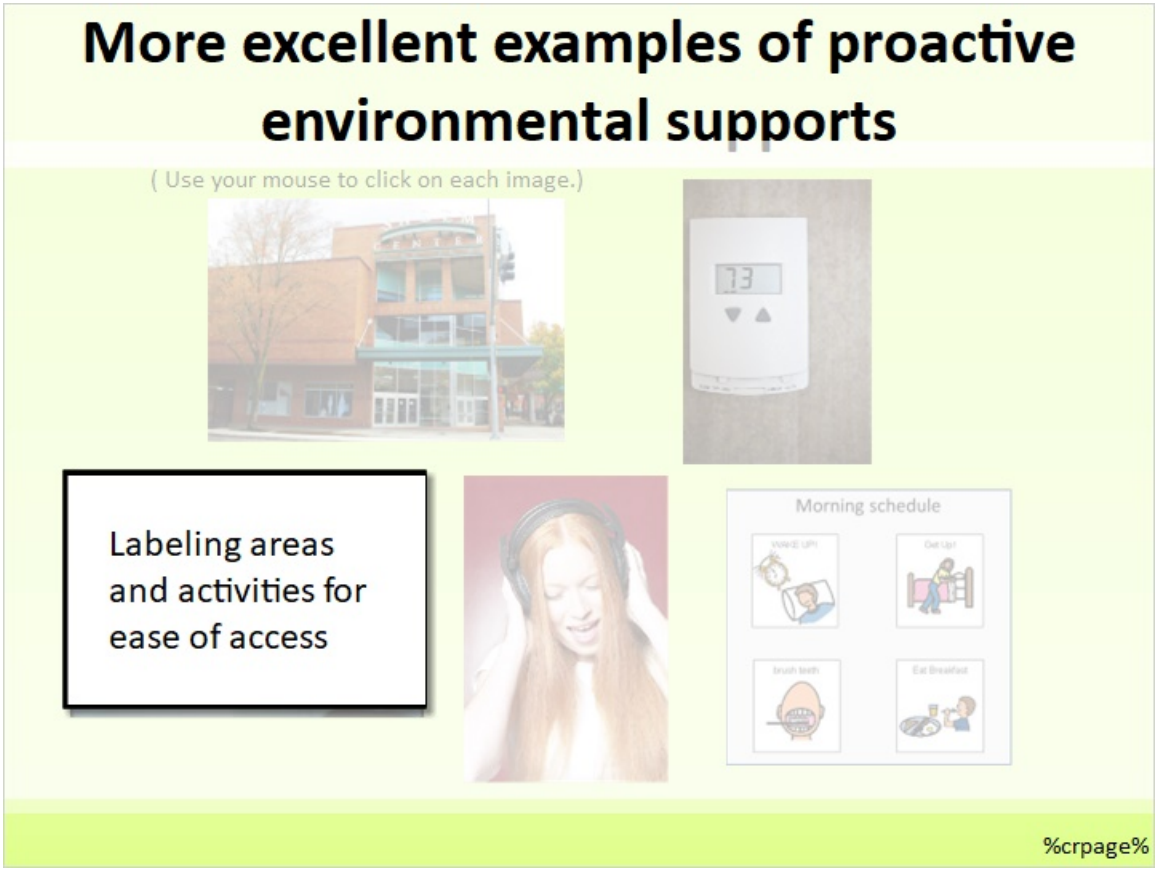
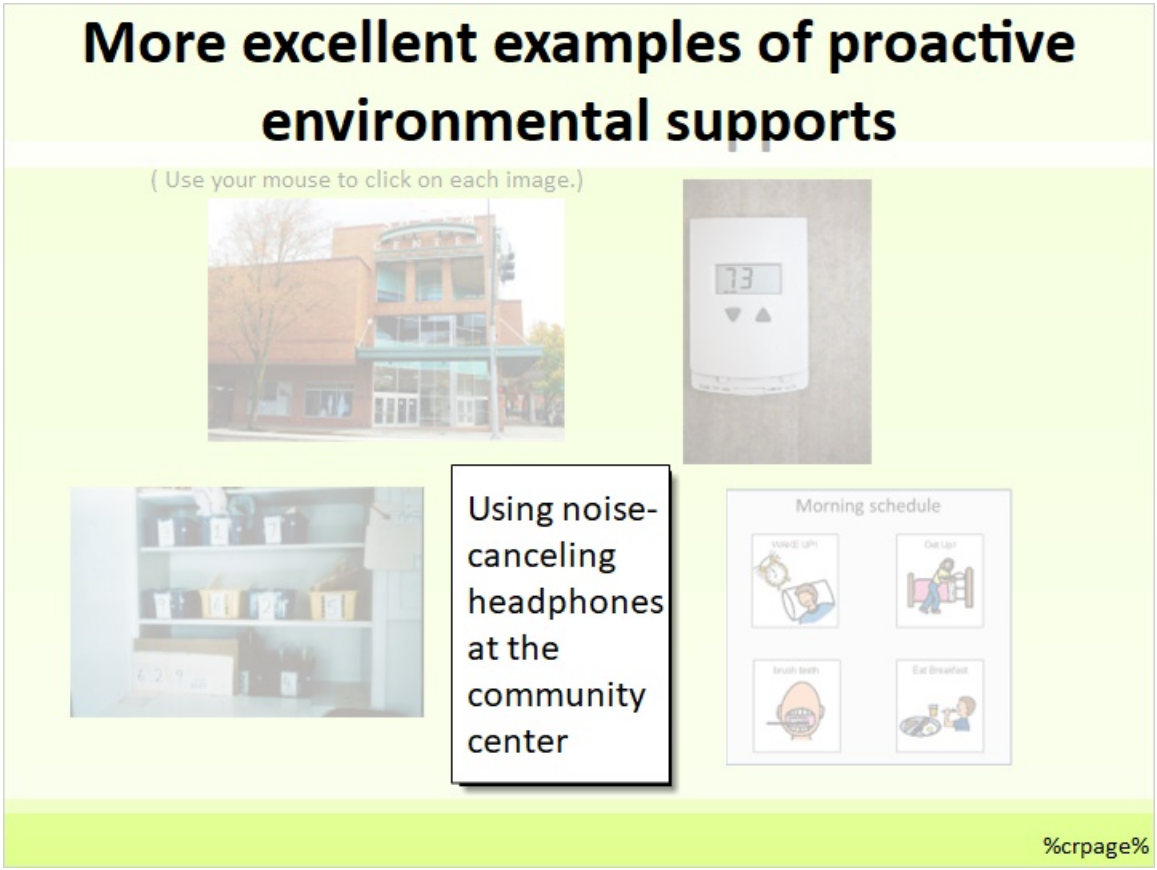
mall (Slide Layer)



labeling (Slide Layer)



noise (Slide Layer)

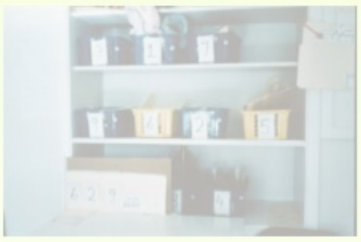


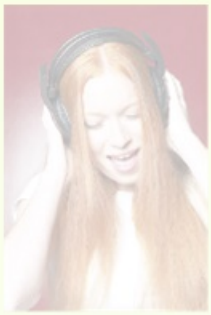
temperature (Slide Layer)

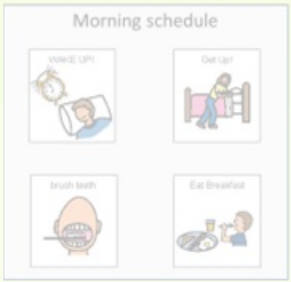
More excellent examples of proactive environmental supports

(Use your mouse to click on each image.)

Ensuring the person's bedroom is a comfortable temperature for sleep or for getting dressed in the morning







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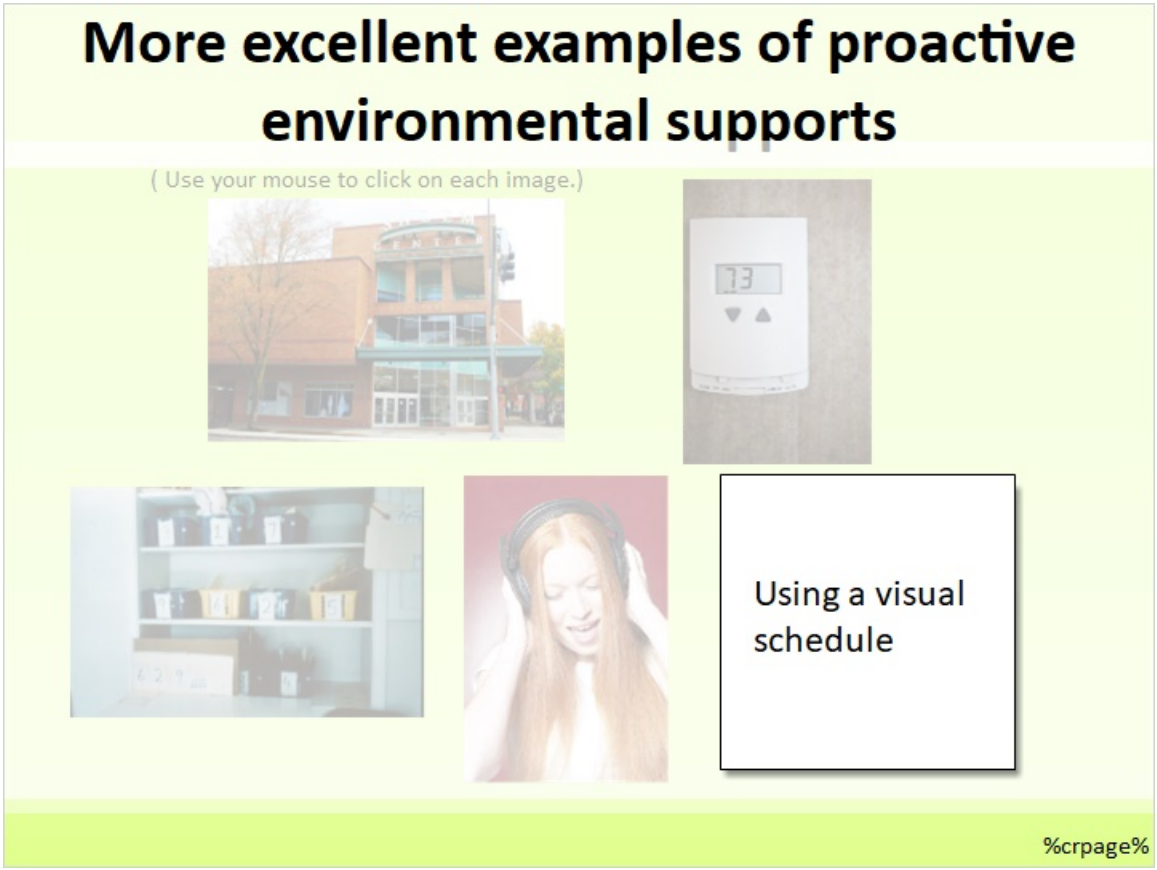
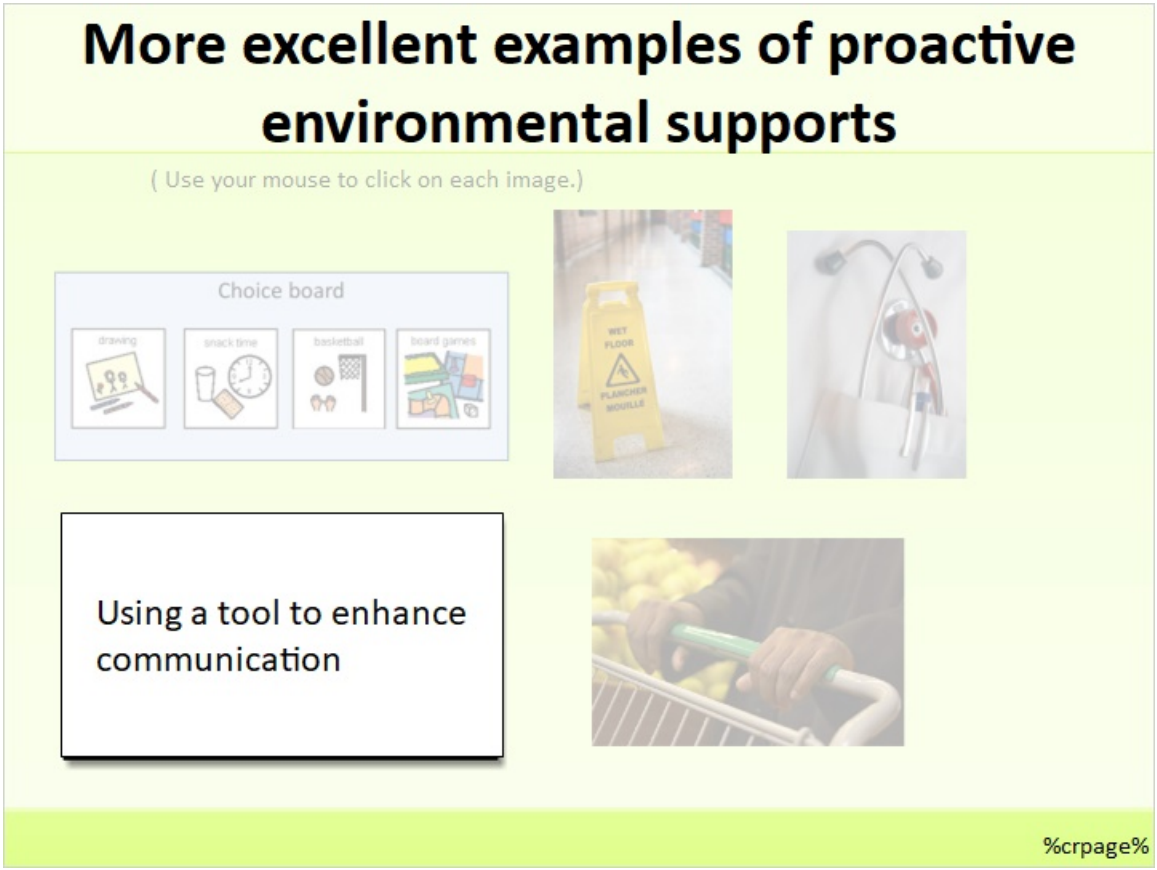
schedule (Slide Layer)



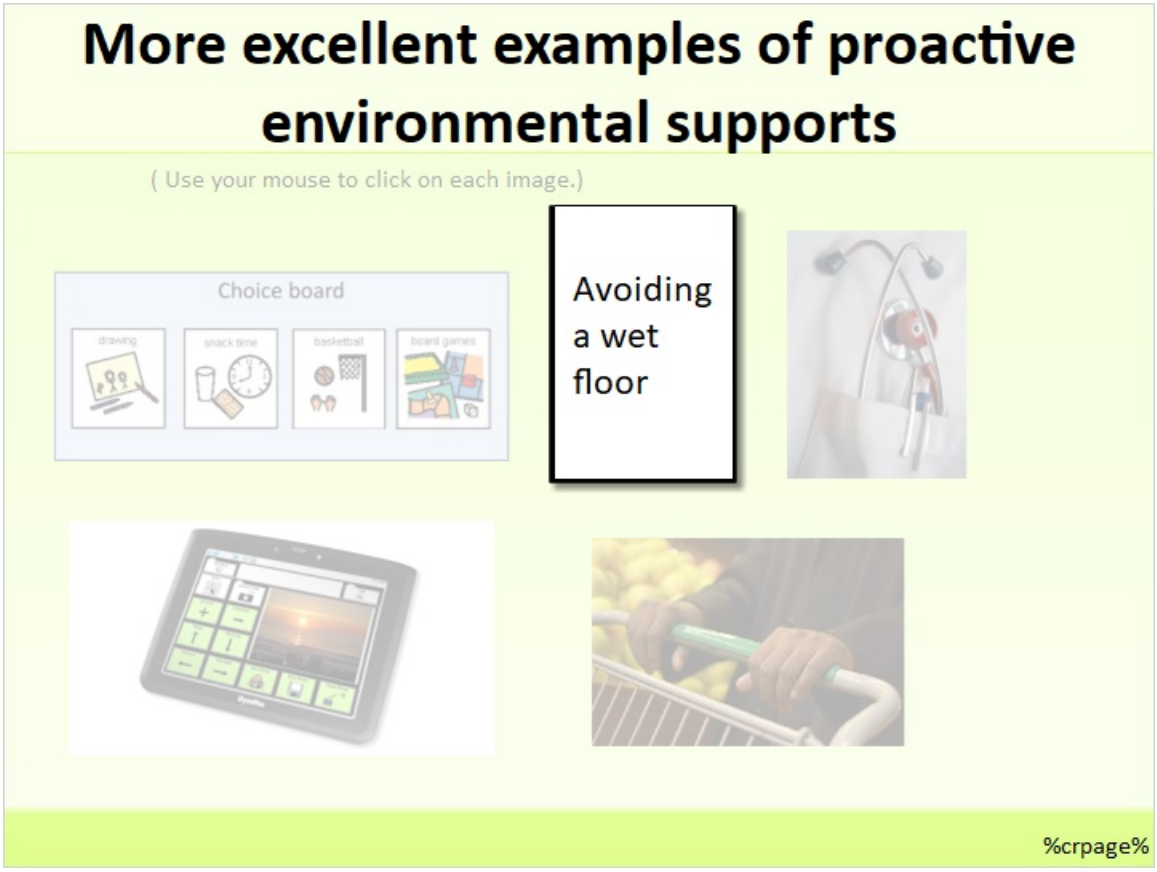
1.17 More excellent examples of proactive environmental supports

choice board (Slide Layer)

communication (Slide Layer)



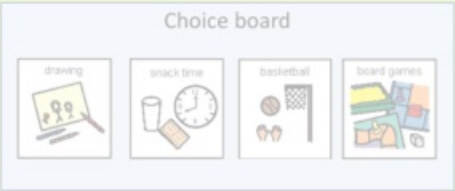
wet floor (Slide Layer)



grocery (Slide Layer)

More excellent examples of proactive environmental supports

(Use your mouse to click on each image.)



Going to the grocery store when the person's favorite cashier is working

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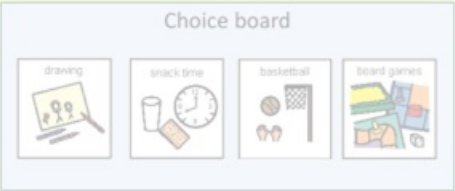
blood test (Slide Layer)

More excellent examples of proactive environmental supports

(Use your mouse to click on each image.)



Pairing the person with a trusted DSP for a medical appointment

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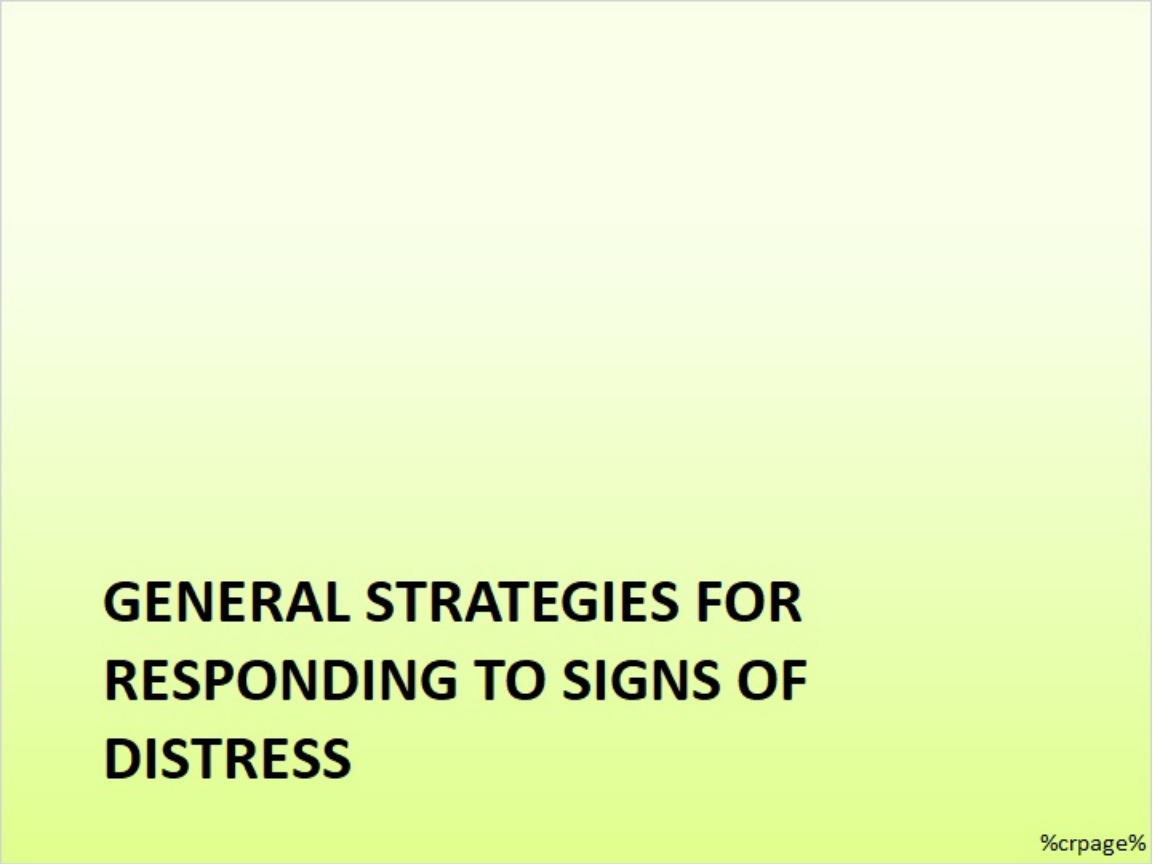
1.18 Respond to signs of distress

Despite our best proactive efforts, the person you support may experience agitation or distress.

- ✓ Be able to identify and respond to the person's signs of distress.
- ✓ Respond immediately by eliminating stressors in the environment when possible.

2. General Strategies for respending to signs of Distress

2.1 General strategies for responding to SIGNS OF DISTRESS



2.2 Be calm and helpful

2.3 Focus on the person

2.4 Focus on your approach

Focus on your approach.

- ✓ Use a soft tone of voice.
- ✓ Decrease or suspend demands.
- ✓ Help the person identify the feelings she is having, without judgment.
- ✓ Offer comfort, such as a something to eat or drink, quiet time, or a bath.

%crpage%

2.5 Consider unmet basic needs

2.6 Consider the environment

Consider stressors in the environment and try to eliminate them.

Try things like:

- Decreasing verbal interactions
- Giving space, asking others to leave, or helping the person find a quiet area
- Turning on soothing music
- Opening or closing a window
- Dimming the lights

2.7 Redirect if needed

Offer a break or another activity.

The person may want to do a calming activity on her own, such as listening to music, drawing, reading, or laying down.

Or she might prefer to do an activity with your support.

✓ Make sure the person has the ability to leave the area safely and does not feel trapped.

2.8 Problem-solve together

Problem solving together helps to avoid power struggles.

- ✓ Help the person resolve the issue.
- ✓ Ask for her ideas and try one, or ask if you may offer a solution.
- ✓ Always aim for a “win-win” solution.

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2.9 Identify potentially harmful situations

Identify potentially harmful situations

Always identify whether a situation is potentially harmful.

Consider:

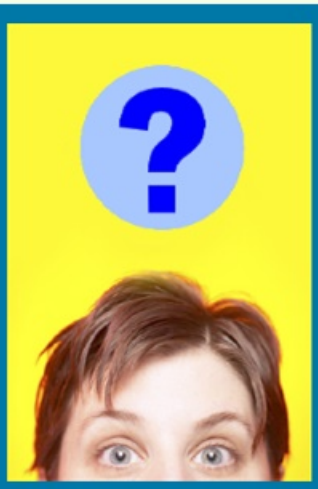
- ✓ Likelihood of someone being injured
- ✓ Whether anyone is potentially at risk
- ✓ Intensity of the situation
- ✓ Possible outcomes of the situation
- ✓ What you have been trained to do and what instructions to follow
- ✓ Who should respond
- ✓ What kind of response is needed to keep people safe

2.10 Ask for help if you need it

Ask for help if you need it

You are responsible to ask questions if you are unsure of any of the following:

- How to keep the person or others safe
- What the person's behavior means
- How to communicate with the person
- How to assist the person
- How to follow a protocol or implement a support
- How to help the person to calm down



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2.11 When must you ask for help?

When *must* you ask for help?

Seek assistance from others anytime you do not feel you can maintain the safety of a person you are supporting, yourself, or others.

During a medical or safety emergency, **call 911**. Do not hesitate to call for help. **You do not need permission to call 911.**

DSP 115: Safely Handling, Preparing, and Storing Food

1. DSP-Safety-Food handling

1.1

1.2 In this course ….

In this course…

- Safe food handling procedures
- Food storage techniques
- Safe food preparation techniques
- When and how to dispose of food

%crpage%

1.3 At your organization

At your organization

Talk with your supervisor and/or training department to ensure that you know all procedures for safe food handling where you work.

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1.4 The importance of food safety

The importance of food safety

Proper safe handling techniques are essential to assuring safe food in any environment.

Food poisoning can be very serious, causing long-term health consequences!

Foodborne illnesses are common but you can avoid them.

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1.5 Food safety 101

Food Safety 101

Four steps will help keep you and the people you support safe from food poisoning or foodborne illnesses:

1. Clean
2. Separate
3. Cook
4. Chill

See the Resources tab for Oregon Health Authority (OHA) food safety tips.

%crpage%

1.6 Step One: Clean

Step one: Clean

Hands, utensils, and surfaces must be washed **often and correctly** to avoid spreading bacteria.

Water alone will not stop bacteria from spreading.

- ✓ Wash hands for 20 seconds with soap and warm running water, scrubbing the backs of your hands, between your fingers, and under your nails.
- ✓ Wash surfaces and utensils after each use with hot, soapy water.
- ✓ Wash counters and cutting boards with a **fresh** bleach or other sanitizing solution.

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1.7 Step One: Clean

Step one: Clean

- ✓ Wash fruits and vegetables, even if peeling them.
- ✓ Do not wash meat, poultry, or eggs.

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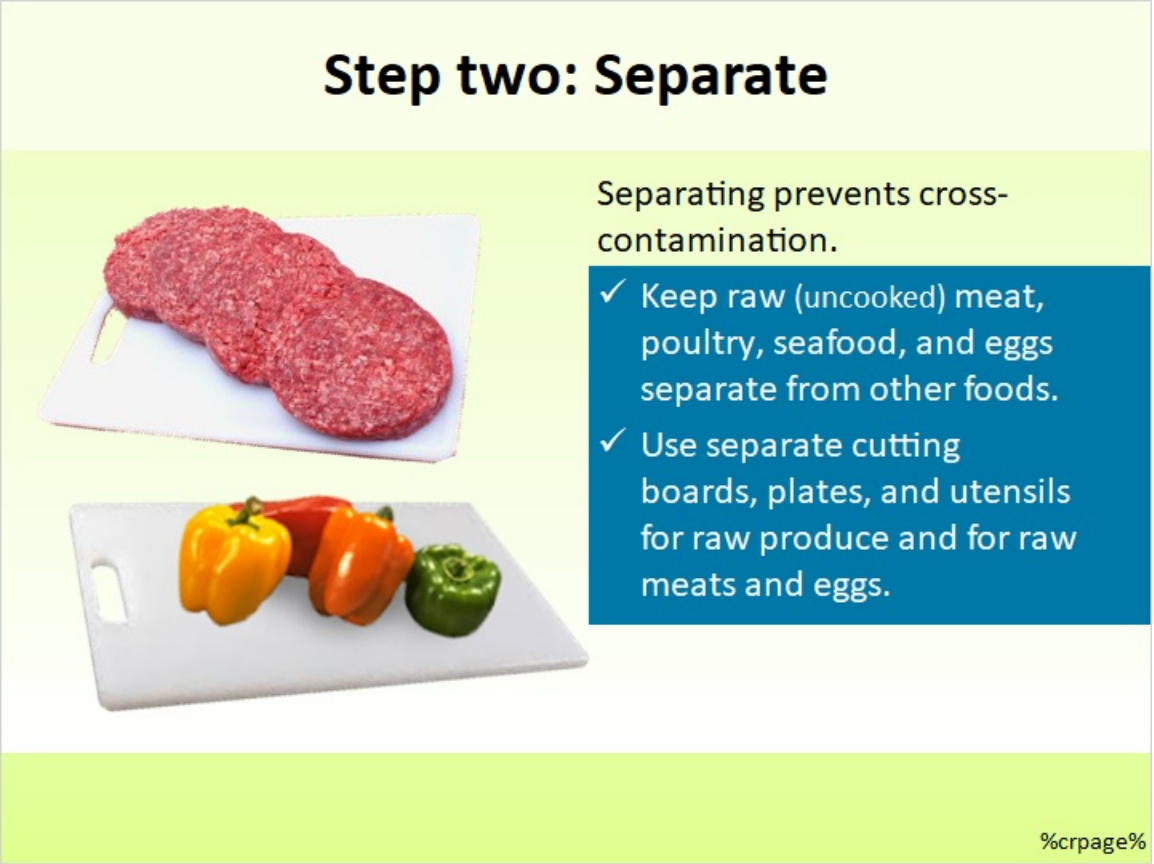
1.8 Step Two: Separate



1.9 Step Two: Separate

Step two: Separate

- ✓ If grocery shopping is part of your job, keep meat, poultry, seafood, and eggs separate from all other foods while shopping.
- ✓ Store meat, poultry, seafood, and eggs separate from all other foods in a refrigerator.

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1.10 Step Three: Cook

Step three: Cook

Cooking meats and eggs to the proper temperature is essential for food safety.

Foods are properly cooked when they are heated long enough to kill harmful bacteria.

Use a **thermometer** to ensure meat has been cooked to the proper temperature.

See the Resources tab for a printable PDF of required cooking temperatures.

%crpage%

1.11 Step Three: Cook

Step three: Cook

- Many thermometers have specific internal temperatures listed on them.
- Microwaved food must be cooked to 165° F.
- Serve food while it is hot (140F or above).
  - A person's preference should be taken into account when serving food.

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1.12 Step Four: Chill

Step four: Chill

Cooked food must be refrigerated promptly to prevent illness-causing bacteria from growing.

Fruits, vegetables, milk, eggs, and meats tend to spoil quickly.

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1.13 Step Four: Chill

Step four: Chill

- ✓ Refrigerate foods within two hours, and within one hour in very warm conditions.
- ✓ Thaw or marinate food in the **refrigerator**, in the **microwave**, or in **cold water**.
- ✓ Do not thaw or marinate food on the counter or in the kitchen sink.
- ✓ Use an insulated lunchbox or frozen pack to **keep lunches cool**. Most lunch sandwiches require refrigeration.

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1.14 Using cold water for thawing

Cold water thawing method

This is one way to safely thaw frozen foods.

1. Seal frozen food in a plastic bag.
2. Submerge bag in the cold water.
3. Change the cold water every 30 minutes.
4. Cook food immediately upon thawing.

%crpage%

1.15 Food safety 101

Food Safety 101

Remember the four steps to handling food safely:

- ✓ Clean
- ✓ Separate
- ✓ Cook
- ✓ Chill

See the Resources tab for Oregon Health Authority (OHA) food safety tips.

%crpage%

1.16 Be aware of the rules in your workplace

Be aware of the rules in your workplace

Some service settings have rules about food packaging and/or origin.

- For example, home-canned food items are not allowed in group homes.

%crpage%

1.17 Be aware of the rules in your workplace

Be aware of the rules in your workplace

Never serve foods that contain raw eggs, such as cookie dough.

- Although rare, raw eggs may be contaminated with Salmonella and could have a serious adverse effect on someone's health.

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1.18 Food disposal timelines

Food disposal timelines

Click on the images to learn food storage times.

You can't tell whether harmful bacteria is forming in food by looking at it or smelling it.

For information on food storage times see the Resources tab.

%crpage%

Untitled Layer 1 (Slide Layer)

Food disposal timelines

Click on the images to learn food storage times.

You can't tell whether harmful bacteria is forming in food by looking at it or smelling it.

Fresh poultry, such as a whole chicken or turkey, can be stored in the refrigerator for i-2 days

Leftovers, such as cooked meat or pizza, can be stored in the refrigerator for 3-4 days.

Lunch meat, opened package or deli sliced, can be stored in the refrigerator for 3-5 days

For information on food storage times see the Resources tab.

%crpage%

1.19 Labeling leftovers

Label leftovers

Typical guidelines include dating each container of food with the date opened as well as the date to discard.

Always put leftovers into a clean container.

Your organization has its own procedures for labeling leftovers.

%crpage%

DSP 118: Managing Hazardous Chemicals Safely in the Work Environment

1. DSP-Safety7-EnviroModification-FINAL2

1.1 Identify specific environmental modifications in place for safety.

Safety

DSPs provide person centered, proactive safety supports and try to prevent emergency situations. DSPs need to be aware of common safety issues and know how to respond in an emergency situation to promote the safety of the people they support.

Managing Hazardous Chemicals Safely in the Work Environment

Tier 1: Before working unassisted and within 2 months of start date

%crpage%

1.2 In this course …

In this course…

Basic information about managing hazardous chemicals

- Importance of a safe working environment
- Handling chemicals and cleaners safely and storing them properly

%crpage%

1.3 At your organization

At your organization

Work with your supervisor and/or training department to ensure that you review the following:

- Areas and/or situations unique to the setting that could jeopardize a person's safety, as well as the measures in place to maintain safety.
- Who to notify in case of a safety risk in the program environment and where contact information is listed.

1.4 At your organization

At your organization

Work with your supervisor and/or training department to review what chemicals/cleaners are commonly used in your program and where to store them.

Also keep in mind additional types of environmental hazards such as the following:

- Where sharps are stored and disposed of (if applicable).
- Protocol for power outages.
- What to do if you find a physical hazard such as a loose floorboard or exposed wires while you are working.

1.5 Keep it safe for people

Keep it safe

Keep the environment you work in hazard free.

Some people you support might:

Have a risk of falling due to physical or medical conditions.

Not understand the dangers associated with chemicals, cleaners, or other potentially hazardous objects.

%crpage%

1.6 Clearly mark containers

Clearly mark containers

Store chemicals in clearly marked containers.

Sometimes concentrated chemicals and cleaners must be mixed with water in another container for use.

- If you use chemicals and cleaners in this manner, ensure that the bottle is clearly labeled with the contents.
- If you find a bottle that is not labeled, dispose of it.

1.7 Keep them separated

1.8 Separate chemicals from edibles

Separate chemicals from edibles

Never store chemicals near edible items or medicines.

This is to ensure:

- Chemicals are not confused for something edible.
- Chemicals do not contaminate food or medicines.

%crpage%

1.9 Lock chemicals

Lock chemicals

Keep chemicals locked.

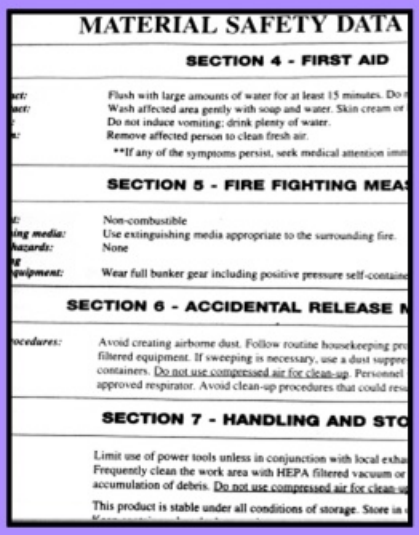
This is to prevent:

- Risk of accidental ingestion (i.e. mistaking chemicals for food or drink)
- Risk of purposeful ingestion (e.g. to use as a mind-altering substance, to hurt oneself, or due to extreme liquid-seeking behavior or pica)

%crpage%

1.10 Follow MSDS guidelines

Follow MSDS guidelines


MATERIAL SAFETY DATA

SECTION 4 - FIRST AID

Flush with large amounts of water for at least 15 minutes. Do
Wash affected area gently with soap and water. Skin cream or
Do not induce vomiting; drink plenty of water.
Remove affected person to clean fresh air.
**If any of the symptoms persist, seek medical attention imm

SECTION 5 - FIRE FIGHTING MEA

Non-combustible
Use extinguishing media appropriate to the surrounding fire.
None
Wear full bunker gear including positive pressure self-contain

SECTION 6 - ACCIDENTAL RELEASE M

Avoid creating airborne dust. Follow routine housekeeping pr
filtered equipment. If sweeping is necessary, use a dust suppre
containers. Do not use compressed air for clean-up. Personnel
approved respirator. Avoid clean-up procedures that could res

SECTION 7 - HANDLING AND STO

Limit use of power tools unless in conjunction with local exha
Frequently clean the work area with HEPA filtered vacuum or
accumulation of debris. Do not use compressed air for clean-u
This product is stable under all conditions of storage. Store in

Follow the guidelines of the Material Safety Data Sheet (MSDS) provided at your organization.

- Each MSDS provides an overview of the chemical/cleaner and instructions for safe use.
- They also provide information about required personal protective equipment (e.g. rubber gloves, masks, or safety glasses) and safe storage information.

DSP 119: Responding to Emergency Situations

1. DSP-Safety-Respond Emergency

1.1 Demonstrate ability to properly respond to emergency situations.

Safety

DSPs provide person centered, proactive safety supports and try to prevent emergency situations. DSPs need to be aware of common safety issues and know how to respond in an emergency situation to promote the safety of the people they support.

Responding to Emergency Situations

Tier 1: Before working unassisted and within 2 months of start date

1.2 In this course …

In this course…

- Who to call for help in an emergency and where to find contact information
- Evacuation and "sheltering-in-place"
- Emergency exits and staging areas
- Emergency notification information

1.3 At your organization

At your organization

Talk with your supervisor and/or training department to ensure that you understand the following:

- Information about emergency preparedness plans.
- What constitutes an emergency for each person you support and how to respond.

1.4 Notifications in an emergency

Notifications in an emergency

You will need to know:

- Who to call for assistance according to the situation.
- Where to find emergency contact information.
- Your physical location or address (in order to communicate it to responders).
- Correct notification procedures following an emergency.

1.5 Emergency contact information

Emergency contact information

- Is located in close proximity to all business phones used by DSPs.
- Includes telephone numbers of all local fire, police department, and ambulance services if not served by 911 emergency service.

1.6 Emergency contact information

Emergency contact information

- Includes telephone number of the provider's Executive Director, emergency physician, and additional people to be contacted in the case of an emergency.

1.7 Emergency contact information

Emergency contact information

- For each person, it is located on his or her **Individual Summary Sheet** (ISS).
  - Other important information is located in each person's **Emergency Information** document.

1.8 Emergency information documents

Emergency information documents

This information includes:

- The person's name
- The service provider's name, address, and telephone number
- The address and telephone number of the home where the person lives
- The person's physical description

Individual Summary Sheet

Date of entry:	6/30/1998			
Name:	Jane Doe			
Current address:	123 Oak Street	Springfield	Oregon	97477
Provider address:	789 Pine Street	Springfield	Oregon	97477
Gender:	Female		**DOB:**	May 18, 1973
Marital status:	Single		**Religious preference:**	Protestant

Emergency Information

Description of **Jane**:	Jane is 5 foot 3 inches and wears glasses. She has brown hair, usually above her shoulders. She always wears Converse tennis shoes (in a variety of colors).
How **Jane** communicates:	Jane uses words to communicate. When she is scared, she only uses single words and less sentences, or she stops talking and looks around a lot.
Preferred language:	☒ English ☐ Spanish ☐ Russian ☐ Other: Click here to enter text.
Bodily functions:	☒ No assistance needed ☐ Some assistance needed ☐ Full assistance / Additional information: Click here to enter text.
Self-care:	☒ Does most things for self / List things person can do: Jane can read a list to do any task. She does not need help to get up in the morning. She needs support to know when she needs to buy more bath products. ☐ Needs assistance/ List things person can do: Click here to enter text. ☐ Does no self-care / List things person can do: Click here to enter text.

1.9 Emergency information documents

Emergency information documents

- How the person communicates
- The language the person uses or understands
- The ability of the person to know and take care of bodily functions
- Any information that may assist someone to understand what the person may do for him or herself

Individual Summary Sheet

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1.10 At your organization

At your organization

Your supervisor or trainer will assist you to locate and understand:

Emergency contact information for the program	
Individual Summary Sheet (ISS) for each person	
Emergency Information for each person	

1.11 Evacuating and sheltering in place

EVACUATING AND SHELTERING IN PLACE

1.12 Evacuating

Evacuating

Emergency evacuation is the immediate and urgent movement of people away from the threat or actual occurrence of a hazard.

Examples:

- Small scale evacuation of a building due to a fire
- Large scale evacuation of a neighborhood because of a flood, approaching weather system, or a situation involving hazardous materials or possible contamination

For more information see the Resources tab.

1.13 Possible evacuation situations

Evacuations may be carried out before, during, or after natural disasters such as:

- Volcanic eruption
- Cyclone
- Flood
- Hurricane
- Earthquake
- Tsunami
- Wildfire

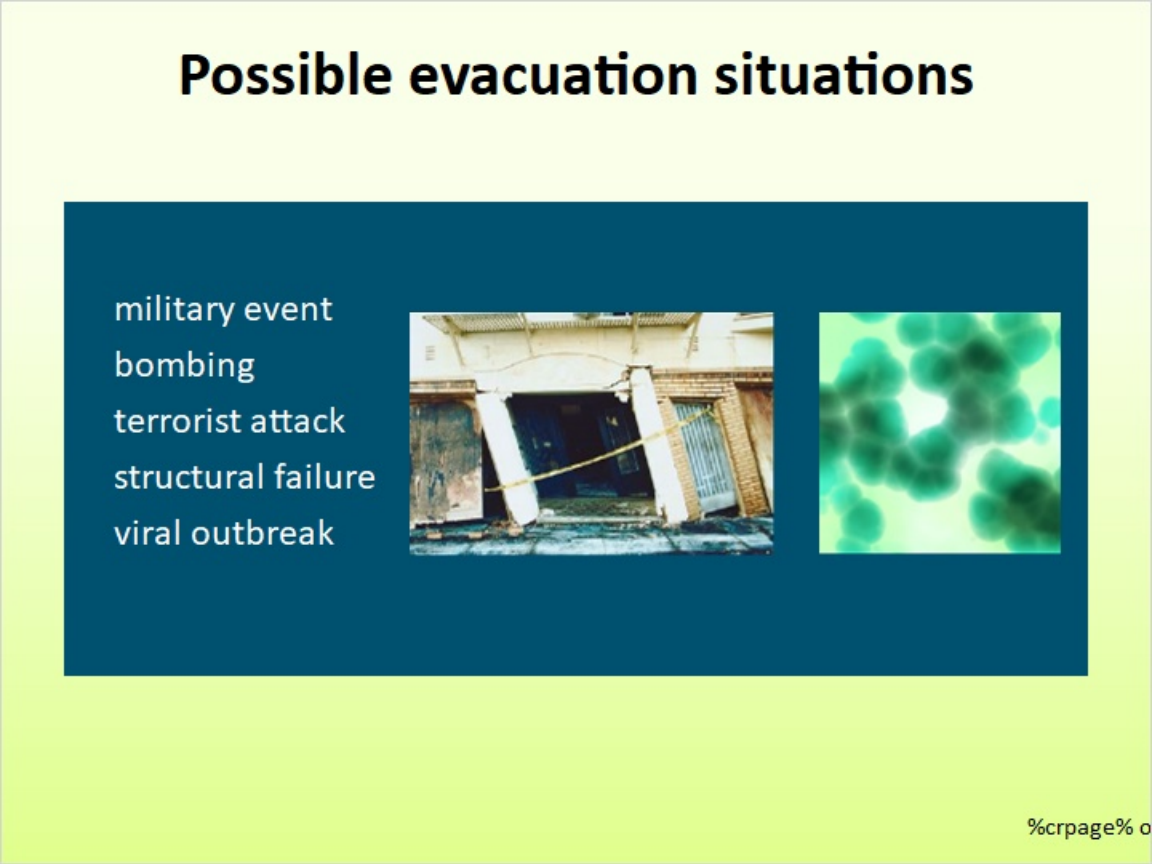
1.14 Possible evacuation situations

Possible evacuation situations

Evacuations may be carried out before, during, or after human-caused disasters such as:

- industrial accident
- chemical spill
- nuclear accident
- traffic accident, including train or aviation accident
- fire

1.15 Possible evacuation situations



1.16 Sheltering in place

Sheltering in place

Shelter-in-place means to take immediate shelter where you are.

This does take some judgment. If the building structure appears to be stable and safe, then shelter-in-place.

If the structure has been compromised such as after an earthquake, adjustments will need to be made.

Ask your supervisor about options before a situation occurs.

See Resource tab for more information on sheltering in place.

1.17 Sheltering in place

Sheltering in place

Local authorities may instruct you to shelter-in-place if chemical or radiological contaminants are released into the environment.

You may also be instructed to "seal the room". In other words, take steps to prevent outside air from coming in.

Talk with your supervisor about this before a situation occurs.

1.18 How will you know when to shelter-in-place or evacuate?

How will you know when to shelter-in-place or evacuate?

- ✓ Listen to the media (television, radio, internet) to understand whether the authorities wish you to remain indoors or to take additional steps to protect yourself and the people you support.
- ✓ Follow any additional instructions from your manager or designee.
- ✓ Stay calm.

1.19 Warning procedures

Warning procedures

Local fire and police departments have warning procedures. These can include:

- "All-Call" telephoning - an automated system for sending recorded messages, sometimes called "reverse 9-1-1."
- Emergency Alert System (EAS) broadcasts on the radio or television.
- Outdoor warning sirens, or horns.
- News media sources - radio, television, cable, internet, social media, etc.

1.20 Warning procedures

Warning procedures

- NOAA (National Oceanic and Atmospheric Administration) Weather Radio alerts
- Residential route alerting - messages announced to neighborhoods from vehicles equipped with public address systems
- Sirens and other warning systems such as flash warning lights (required to cover a 10-mile area around facilities that handle potentially dangerous materials, like nuclear power plants)

1.21 At your organization

At your organization

Your supervisor will keep you informed of what natural and human-caused events, such as earthquakes, pandemics, or chemical spills, have been identified as a significant risk in your area and for the people you support.

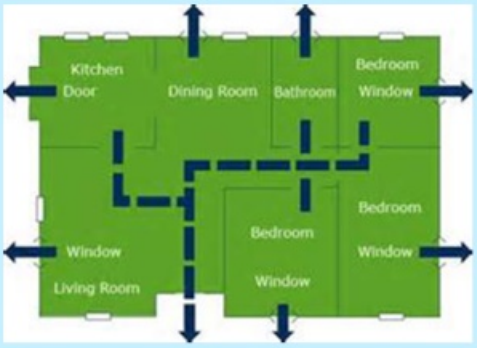
- You will need to know any in-house warning procedures such as a phone tree within the organization, or ways of communicating to various work locations.

1.22 Emergency exits and staging areas

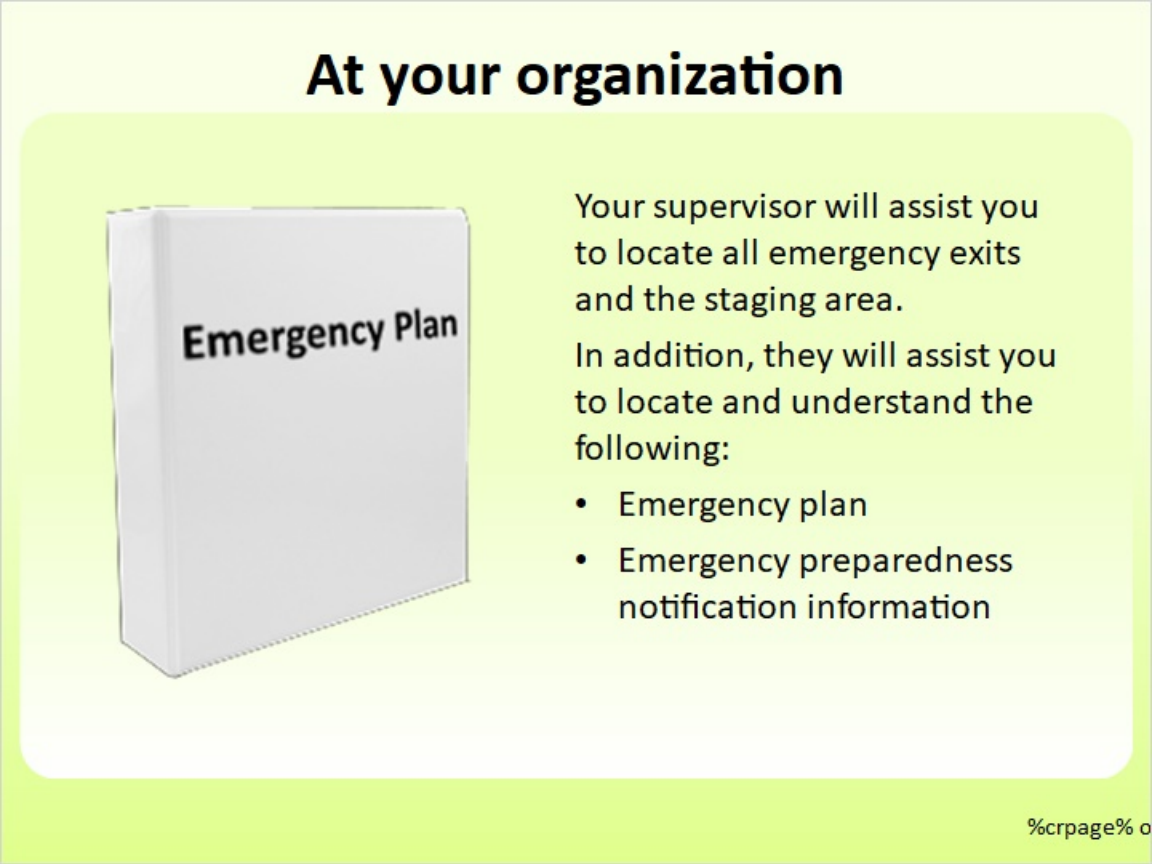
Emergency exits and staging areas

A **staging area** is a designated meeting place located at a safe distance from the scene of the emergency.

In case of danger within the program environment, you must be aware of routes to the emergency exits and the staging area at all times.



1.23 At your organization



1.24 Emergency procedures

Emergency procedures

You must know…

- what types of situations constitute emergencies for the people you support
- what procedures to follow
- who to call in the event of an emergency

1.25 At your organization

At your organization

Your supervisor or trainer will assist you to:

- Identify what constitutes an emergency for each person you support.
- Locate and understand protocols for responding to known safety and medical risks.
- Locate and understand Individual Fire Evacuation Plans (if applicable).
- Locate and understand the notification instructions within each protocol.

DSP 120: Basic Components of an ISP

1. DSP-Planning-1-FINALa-b

1.1 The purpose and basic components of an Individual Support Plan (ISP) and the role of the ISP team

Planning

Planning starts with listening closely to the person's perspective and to the perspective of others who know and care about the person. It is important for you to be familiar with any plans in place for the people you support. As a DSP, you have a key role in contributing to planning and in following the plans that are in place.

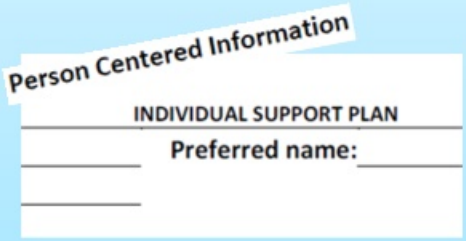
Basic Components of an ISP

Tier 1: Before working unassisted
and within 2 months of start date

1.2 In this course

In this course…

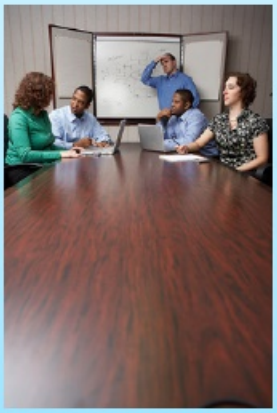
- Basic components of the Individual Support Plan (ISP)
- Your role in gathering information and implementing an ISP
- Basic documentation requirements



1.3 In this course

In this course…

- The role of an ISP team
- The importance of
  - including people you support in decisions about their life
  - providing information about people you support



1.4 At your organization

At your organization

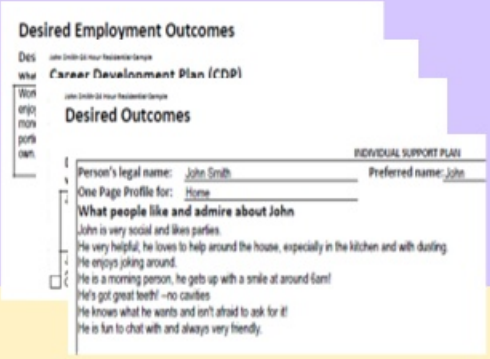
Talk with your supervisor and/or training department to ensure that you understand your specific role with contributing to and carrying out the ISP for the people you support.

1.5 ISP Overview

ISP Overview

What is an Individual Support Plan (ISP)?

A planning document for people who receive intellectual/ developmental disability (I/DD) services. The ISP is completed at least annually and can be revised as needed.


Desired Employment Outcomes

Career Development Plan (CDP)

Desired Outcomes

INDIVIDUAL SUPPORT PLAN

Person's legal name: John Smith Preferred name: John

One Page Profile for: Home

What people like and admire about John

John is very social and likes parties.

He very helpful, he loves to help around the house, especially in the kitchen and with dusting.

He enjoys joking around.

He is a morning person, he gets up with a smile at around 6am!

He's got great teeth! –no cavities

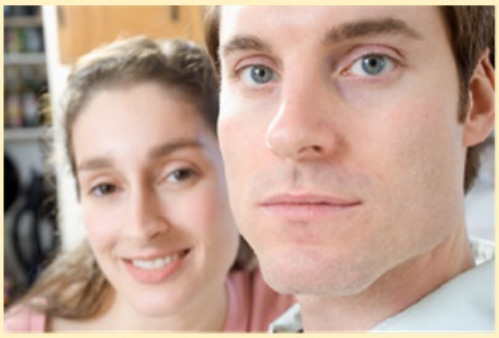
He knows what he wants and isn't afraid to ask for it!

He is fun to chat with and always very friendly.

A unique process developed by Oregon's Office of Developmental Disability Services (ODDS).

1.6 Your role in the ISP process

Your role in the ISP process



Many people contribute to the information within an ISP.

- Your role will vary depending on your position as well as the type of service you provide.

1.7 Your role in the ISP process

Your role…

- You may provide information about a person prior to the annual plan development.
  - When you notice something that is **not working or needs a change**, talk with your supervisor.

1.8 What does an ISP contain?

What does an ISP contain?

An ISP includes **an outline of**:

- Who **the person** is.
- What **Desired Outcomes** a person has regarding his life, including his chosen career path.

1.9 What does an ISP contain?

An ISP includes an outline of:

- What **supports** the person needs to address identified serious **risks**.
- What **services a person chooses** to meet his needs.
- Who will **provide those services**.

Risk
Aspiration
Dehydration
Injury Due to Falling
Congestive Heart Failure
Fire Evacuation Safety
Household Chemical Safety
Vehicle Safety

Desired Outcomes

Desired Outcome What is the desired result?	Key steps to work toward the outcome
John takes his annual trip to Hawaii.	John continues to save money, budget with staff, and get help from family.

Who is responsible?	Timelines Frequency or by when?	Where to record progress	Note if written implementation strategies are expected
John, PDQ Residential Services staff, and Family	By August 2015	PDQ Activity Tracking Sheet	PDQ Action Plan to be developed by 5/10/2015

1.10 How is an ISP developed?

How is an ISP developed?

An ISP is developed through a person centered process.

This includes a **needs** assessment, identification of serious **risks**, and gathering information from the person's perspective about **what is important To her**.

- A person's needs are assessed by someone outside of your organization.

1.11 Who is involved in developing an ISP?

Who is involved in developing an ISP?

An ISP is developed with a team of people who know and care about the person.

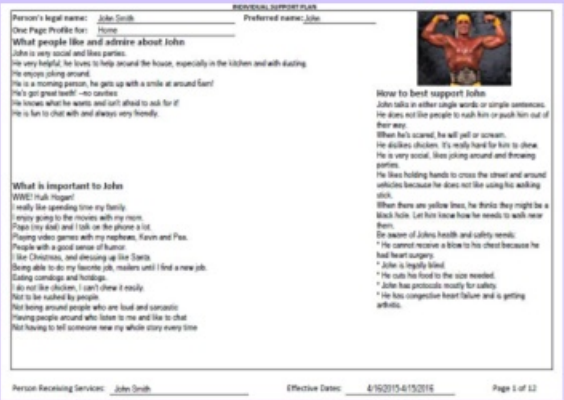
- This varies for each person because…
  - Each person you support has **different people** in his or her life.
  - Each person receives **individualized services**.

1.12 Once an ISP is developed…

Once an ISP is developed…

Your role is **to know the plan** and provide support to the person

- to meet his **goals and outcomes.**
- to support a person with things that are **important to him.**
- to prevent **serious risks.**



INDIVIDUAL SUPPORT PLAN

Person's legal name: John Smith Preferred name: John

One Page Profile for: Home

What people like and admire about John

John is very social and likes parties.
He very helpful, he loves to help around the house, especially in the kitchen and with dusting.
He enjoys joking around.
He is a morning person, he gets up with a smile at around 6am!
He's got great teeth! –no cavities
He knows what he wants and isn't afraid to ask for it!
He is fun to chat with and always very friendly.

What is important to John

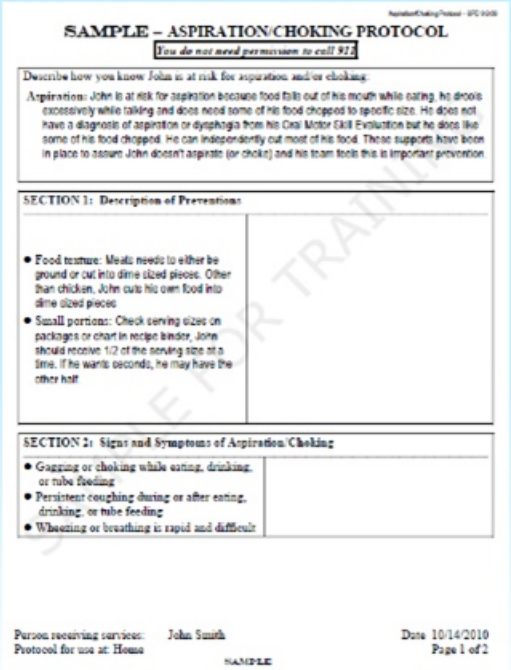
WWE! Hulk Hogan!
I really like spending time my family.
I enjoy going to the movies with my mom.
Papa (my dad) and I talk on the phone a lot.
Playing video games with my nephews, Kevin and Pax.
People with a good sense of humor.
I like Christmas, and dressing up like Santa.
Being able to do my favorite job, mailers until I find a new job.
Eating corndogs and hotdogs.
I do not like chicken, I can't chew it easily.
Not to be rushed by people.
Not being around people who are loud and sarcastic
Having people around who listen to me and like to chat
Not having to tell someone new my whole story every time

How to best support John

John talks in either single words or single sentences.
He does not like people to rush him or push him out of their way.
When he's scared, he will yell or scream.
He dislikes chicken. It's really hard for him to chew.
He is very social, likes joking around and throwing parties.
He likes holding hands to cross the street and around vehicles because he does not like using his walking stick.
When there are yellow lines, he thinks they might be a black hole. Let him know how he needs to walk near them.
Be aware of Johns health and safety needs:
* He cannot receive a blow to his chest because he had heart surgery.
* John is legally blind.
* He cuts his food to the size needed.
* John has protocols mostly for safety.
* He has congestive heart failure and is getting arthritis.

Person Receiving Services: John Smith Effective Dates: 4/10/2015-4/15/2016 Page 1 of 12

1.13 Once an ISP is developed…



SAMPLE – ASPIRATION/CHOKING PROTOCOL

You do not need permission to call 911

Describe how you know John is at risk for aspiration and/or choking:

Aspiration: John is at risk for aspiration because food falls out of his mouth while eating, he drools excessively while talking and does need some of his food chopped to specific size. He does not have a diagnosis of aspiration or dysphagia from his Oral Motor Skill Evaluation but he does like some of his food chopped. He can independently cut most of his food. These supports have been in place to assure John doesn't aspirate (or choke) and his team feels this is important prevention

SECTION 1: Description of Prevention:

- Food texture: Meats needs to either be ground or cut into dime sized pieces. Other than chicken, John cuts his own food into dime sized pieces
- Small portions: Check serving sizes on packages or chart in recipe binder, John should receive 1/2 of the serving size at a time. If he wants seconds, he may have the other half

SECTION 2: Signs and Symptoms of Aspiration/Choking

- Gagging or choking while eating, drinking, or tube feeding
- Persistent coughing during or after eating, drinking, or tube feeding
- Wheezing or breathing is rapid and difficult

Person receiving services: John Smith
Protocol for use at: Home

Date 10/14/2010
Page 1 of 2

SAMPLE

Follow each person's ISP and support documents carefully, as instructed by your organization.

Your role is to know the plan and provide support to a person.

%crpage% o

1.14 VIDEO: The importance of following a person's plan

00:00 / 00:42

Tim's support staff talks about Tim sharing information with all staff about what he wants to do for the year. These include Tim's goals and aspirations.

Select the Resources tab to read Tim's one page profile.
To read a transcription of this video select the Transcripts tab.

1.15 Building relationships

Building relationships

People you support may need assistance to build relationships with you as well as with others.

1.16 Building relationships

Building relationships

Relationships are important.

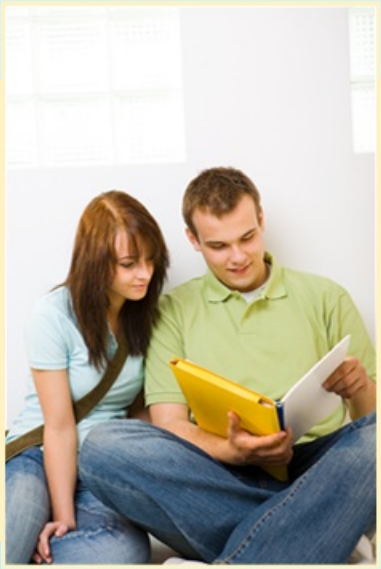
Getting to know a person and establishing a trusting relationship is vital to becoming a part of the person's life.

This is an important part of your job.

1.17 Building relationships

How do you get to know a person?

- **Read** information
- **Observe** a person (usually while shadowing a more senior employee)
- **Talk with others** who support the person
- **Spend time** with the person



1.18 As you get to know the person…

As you get to know the person…

Document information you learn about a person.

- This can give others information about **what is important To** a person and contribute to the **development of the person's ISP**.
- Ask your supervisor where (and how often) to document this information.

1.19 Information about a person in the ISP

Information about a person in the ISP

An ISP will include:

- What **others like and admire** about the person.
- What is **important To** the person.
- What others **need to know or do** to support a person. (This is also referred to as important For.)

1.20 Information about a person in the ISP

Other information included is:

- Identification of the supports for known **serious risks**.
- What the person's **Desired Outcomes** are.
- Who provides necessary **supports and services**.

Risk Management Plan

Emergency preparedness (natural disasters, power outages, community disasters, etc.)

Preventing abuse (physical, emotional, financial, sexual, neglect)

Risk	How is the risk addressed?

Does this person have a Nursing Care Plan? ☐ No ☐ Needed ☐ Yes, where found: Home: _____ Work: _____

Back-up Plans, in the event that primary support is not available

Home	
Work/School/Day Supports	
Other:	
Other:	

Person Receiving Services: _____ Plan Effective Dates: _____ - _____

Page 5 of 12

1.21 Identifying what others like and admire about a person

Identifying what others like and admire about a person

How do you know what **others like and admire** about someone?

- Think about…
  - what you have **learned from the person**
  - what a person is **good at**
  - the **unique qualities** of a person
  - what **others** might **say**

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1.22 Identifying what others like and admire about a person

What others like and admire:

These are **always** positive statements such as:

"Jeff has a great personality and is genuine."

"He has the courage to face challenges."

"Jeff is easy to get along with."

What people like and admire about Jeff

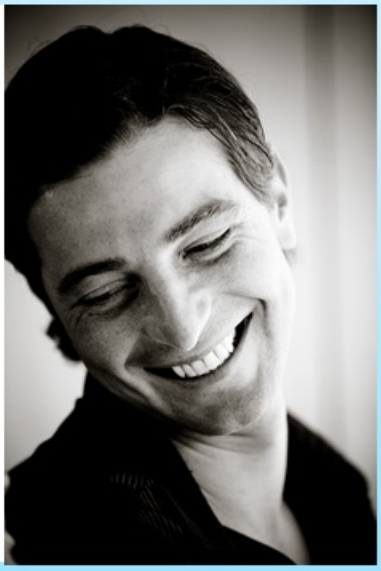
- Jeff has a great personality
- Jeff is very helpful around the house
- He has the courage to face challenges
- Jeff is easy to get along with
- He is fun to talk with and is always very friendly
- He starts each day with a smile
- Jeff enjoys joking around
- He knows what he wants and is not afraid to ask for it

1.23 What does important To mean?

What does important To mean?

What is important To a person includes elements in his life which helps him to be satisfied, content, comforted, fulfilled, and happy.

This information comes from the **person's perspective**.



Important To includes person centered concepts, principles and materials used with permission from The Learning Community for Person Centered Practices. Find out more at www.learningcommunity.us.

1.24 What does important To mean?

What does important To mean?

This information comes from the person's perspective.

It includes:

- People to be with, or not be with, and **relationships.**
- Things **to do**, and places **to go.**
- **Routines** and rituals that must be in his life.
- The **pace of life.**
- The **status** and control he needs.
- Things he **wants** to have.

1.25 When gathering information about what is important To a person

When gathering information about what is important To a person

Sometimes a person says something but it conflicts with what he is doing.

In other words, he may be *showing* you something different with his actions than what he is telling you.

1.26 When gathering information about what is important To a person

When he **shows** you something different…

What do you do?

- Pay attention to those actions or behaviors.
- When there is a conflict, it is important to ask and figure out **why there is a conflict**.

This will take time.

1.27 What do other people need to know to support someone?

What do other people need to know to support someone?

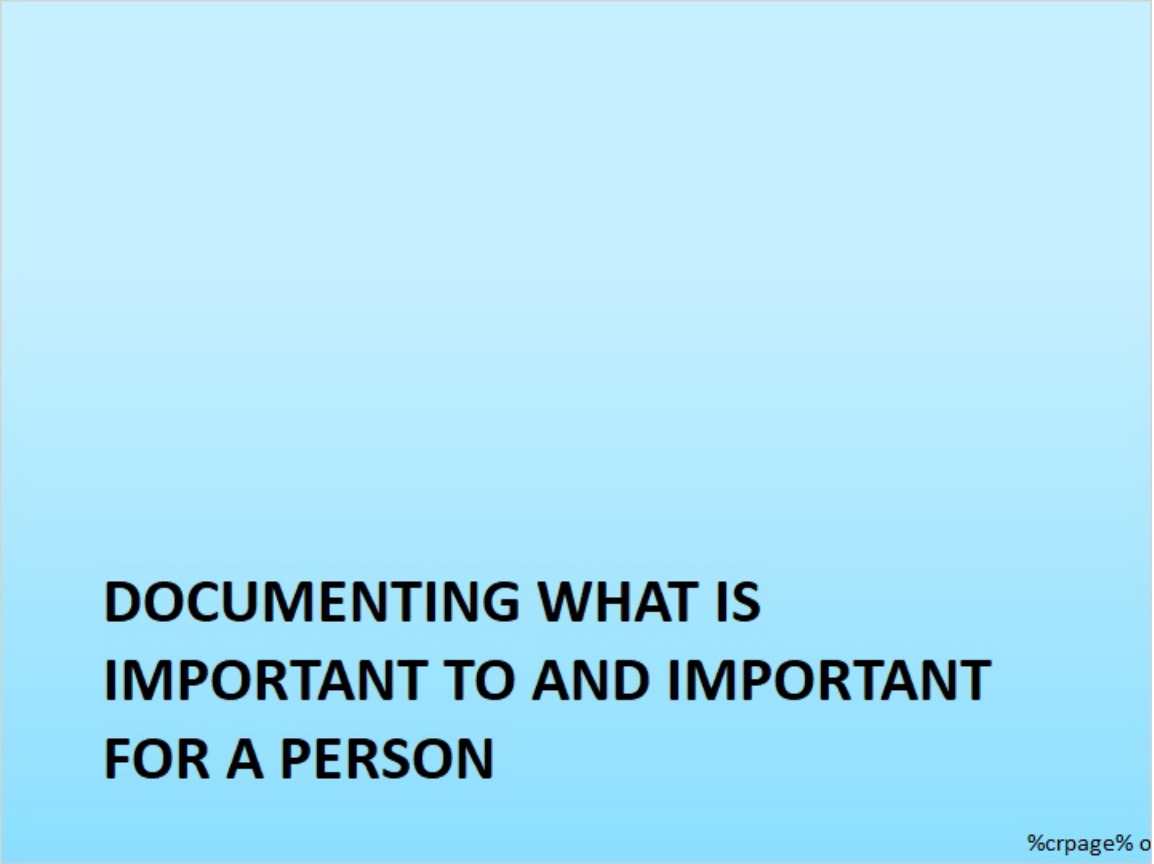
This is called: What is important For a person.

This includes information about:

- Issues of **health and wellness.**
- Issues of **safety** (for self and others).
- What others see as necessary to help the person be **valued**, and be a **contributing member of his community**.

Important For includes person centered concepts, principles and materials used with permission from The Learning Community for Person Centered Practices. Find out more at www.learningcommunity.us.

1.28 Documenting what is important To and important For a person



1.29 Documenting what is important To and important For a person

Important To a person:

This is the **person's perspective**—even if …

you do not agree; it is *illegal*; or it is *unsafe*.

"He loves to go for walks alone."

"She loves ice cream for any meal."

- These are **important To** statements.

1.30 Documenting what is important To and important For a person

What others need to know to support a person? (**Important For**)

This information comes from **other's perspective**, and occasionally from the person's perspective.

- This is where the information about **health and safety concerns** is recorded, such as
  - *"He loves to go for walks alone, **but**… the person is not safe to cross the street."*
  - *"She loves ice cream, **but**… the person has a doctor's order restricting her favorite food."*

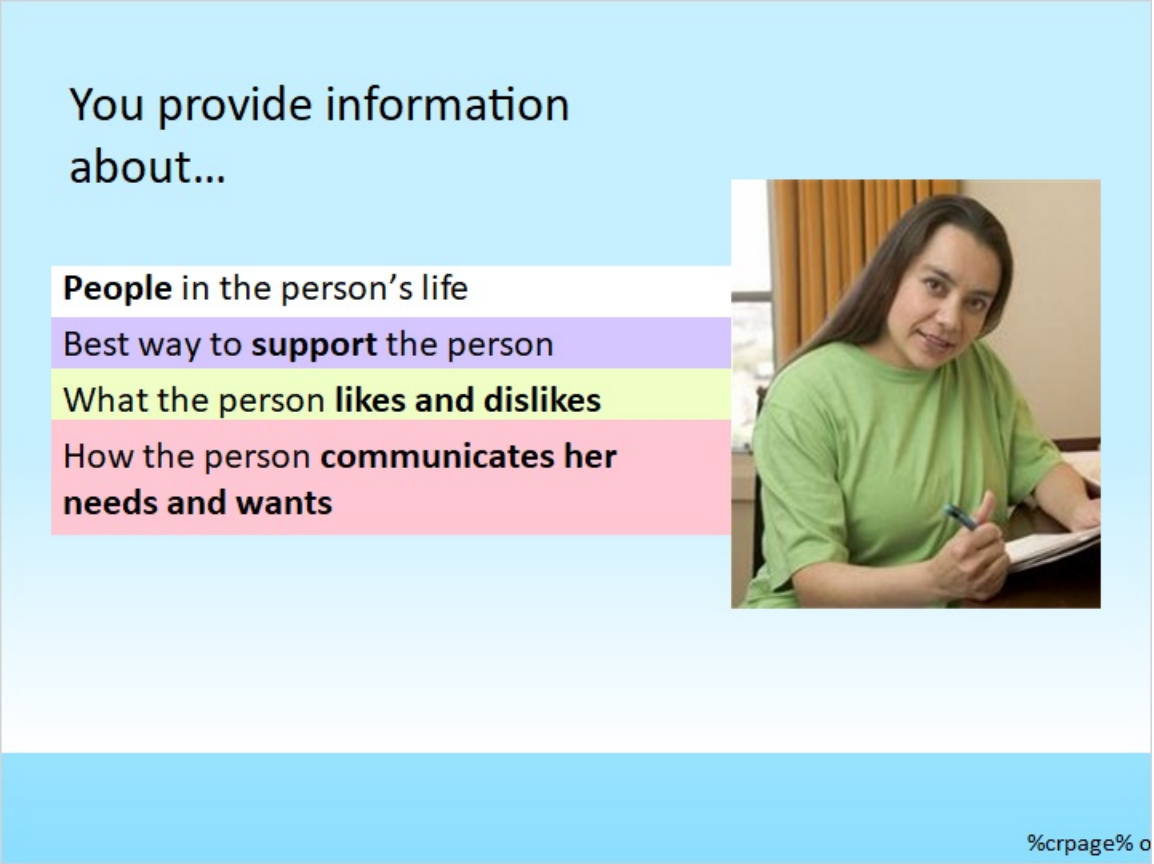
1.31 Your role in the ISP process before plan development

Your role in the ISP process before plan development

Gathering information prior to a planning meeting.

Your role is primarily to provide information about a person prior to the annual planning meeting.

1.32 Your role in the ISP process before plan development



1.33 Your role with gathering information

Your role with gathering information

The ISP belongs to the person, and her contribution to the information is imperative.

- Your role may be to gather information from the person's perspective.
- At minimum, share information about the person with your supervisor.

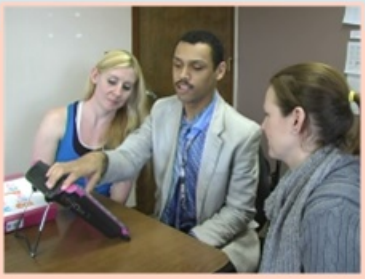
1.34 Gathering information

Gathering information does take time.

Everyone you support communicates their needs and wants.

This occurs through **words**, **actions**, a **communication device**, **sign language**, or other methods.

Everyone does this in a different way.



1.35 VIDEO: Adam gives advice

Adam was asked to give advice about how someone could be more of a participant in the ISP process. Adam shows that a person's perspective is very important.

Select the Resources tab to read Adam's one page profile.

To read a transcription of this video select the Transcripts tab.

1.36 Reflecting on Adam's advice

Reflecting on Adam's advice

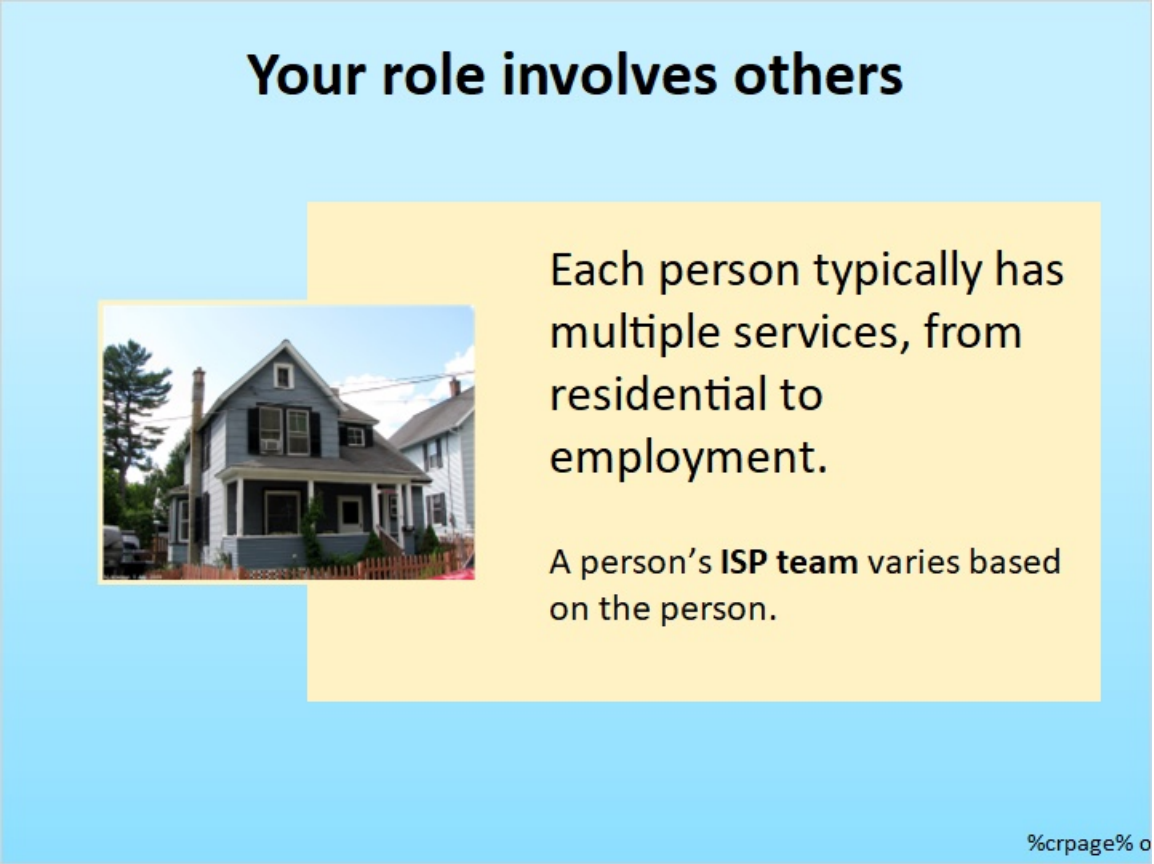
Adam's advice to others who have an ISP was:

- Speak up
- Do not wait to say something

Not everyone is like Adam, but people need to be included in their planning process.

It is your role to help the people you support in having what is important To them **be the guiding force** in their ISP process.

1.37 Your role involves others



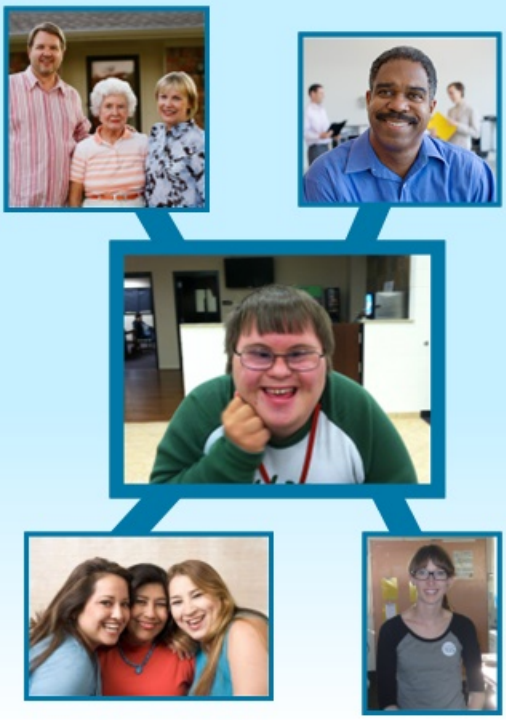
1.38 Your role involves others

A person's ISP team…

Always includes:

- the person;
- his Services Coordinator or Personal Agent; and
- guardian or the parent of a child, as applicable.

It also includes representation from residential and employment services, as well as others **directed by the person,** such as family members.



1.39 VIDEO: The role of the ISP team

Brett talks about his ISP team and the importance of a team. His ISP team is there for him and his needs.

Select the Resources tab to read Brett's one page profile.

To read a transcription of this video select the Transcripts tab.

1.40 Are you part of a person's ISP team?

Are you part of a person's ISP team?

It is up to each person who is on the ISP team.

Maybe…

- It is up to the person if you are part of his ISP team.
- If you are not part of the ISP team, you have a role in **following through with action** needed to support a person's identified Desired Outcomes.

1.41 VIDEO: Adam likes running his own meeting

Adam talks about what is important to him about running his ISP meeting.

Select the Resources tab to read Adam's one page profile.
To read a transcription of this video select the Transcripts tab.

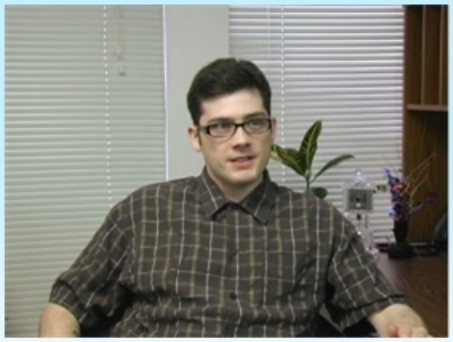
1.42 Reflection: From Adam

Adam likes to run his ISP meeting…

so others can understand what **he wants**.

If he did not talk about it, his team might make a decision without him.

- **Adam wants to be included in decisions about his life.**
- If he is not, he will get angry.



1.43 Your role in implementing an ISP

Your role in implementing an ISP

A key role of your job:

Following through with **Desired Outcomes** identified in a person's ISP.

Your organization develops implementation strategies (sometimes called action plans) based on a person's ISP.

- Follow these strategies and document information according to that plan.

(click on image to see the Desired Outcome)

Desired Outcome
What is the desired result?
Sally displays her painting in the park.

desired outcome (Slide Layer)

Your role in implementing an ISP

A key role of your job:

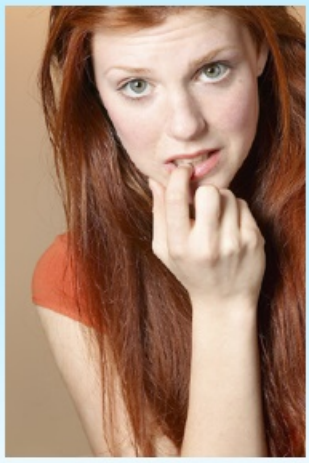
Following through with **Desired Outcomes** identified in a person's ISP.

Your organization develops implementation strategies (sometimes called action plans) based on a person's ISP.

- Follow these strategies and document information according to that plan.

1.44 When following action plans

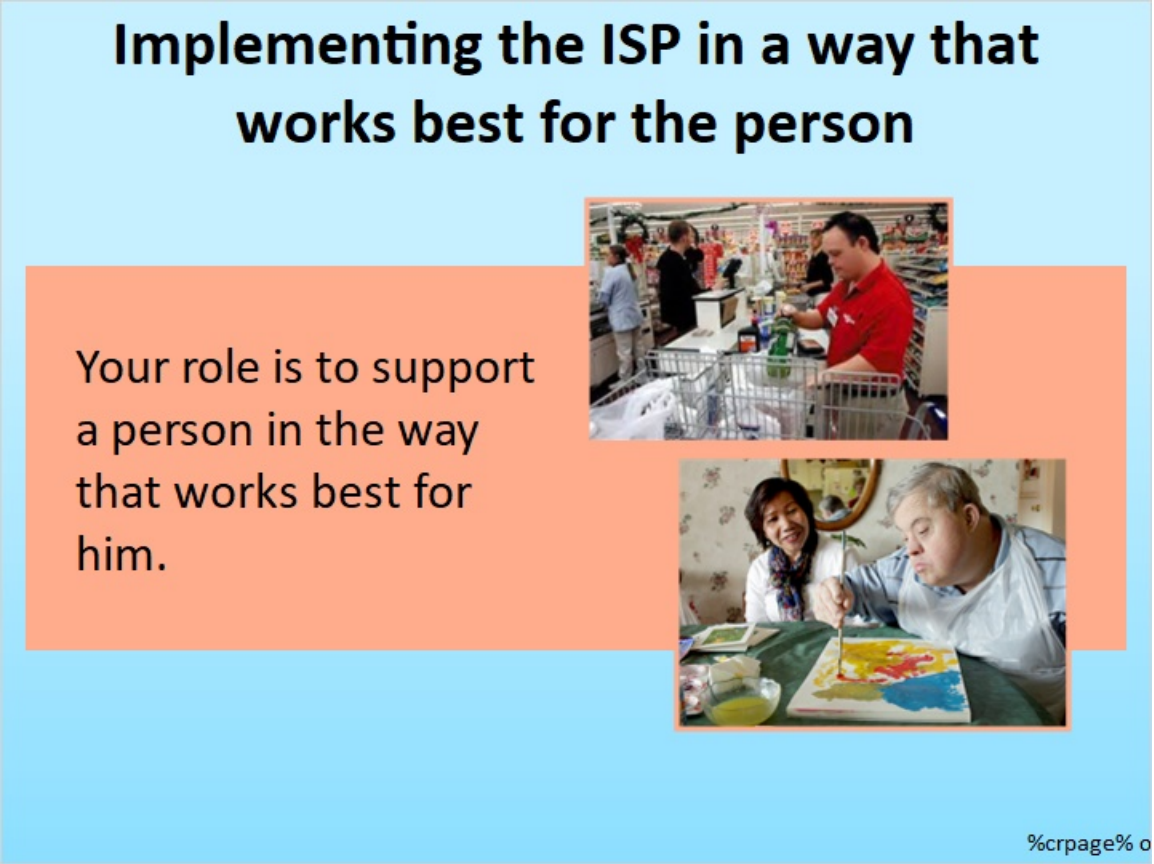
When following action plans



Many times, an action plan can be followed as written.

- Sometimes, it may need to change if it is not working for the person or you do not understand how to follow through with the tasks.
- Talk with your supervisor about making changes to action plans.
  - Your role is **not** to just make the change.

1.45 Implementing the ISP in a way that works best for the person



1.46 Implementing the ISP in a way that works best for the person

Your organization develops supports based on information directed by the ISP.

The ISP outlines risks and the types of support necessary for those identified risks.

Even though identified risks may be the same at home, work and school, **the supports are** typically **different**.

- Supports are **based on the environment** the support is provided.

1.47 Before, during, and after an ISP meeting

Before, during, and after an ISP meeting

Involving a person with the decisions about her life is important.

Some people provide a lot of input and others are more private or do not share much.

No matter what information a person provides, your job is to involve the person in the process as much as possible.

1.48 Beyond implementation

Beyond implementation

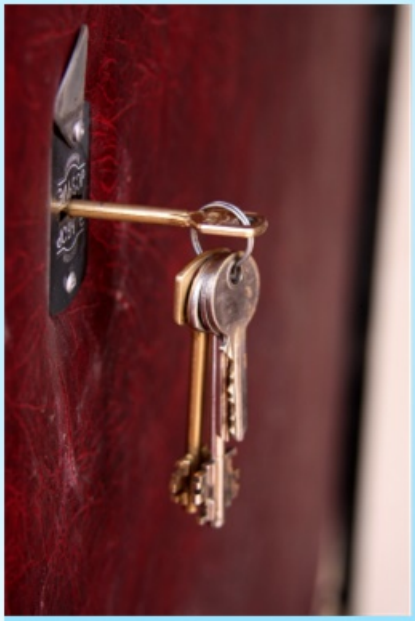
An ISP should be a living, breathing, changing document that captures the complexities of a person's journey through life.

It is **your role** to help keep the ISP updated to reflect changes in the person's life, by **gathering** and **providing information** to your supervisor throughout the year.

1.49 Beyond implementation

"But with lots of good ideas, implementation is the key, and so we need to keep our eye on the ball as we go forward and make sure that people honor their pledges … so that it makes a real difference."

~Mitchell Reiss, American Diplomat



DSP 123: Guardianship and Health Care Advocates

Note: The Health Care Advocate portion of this core competency module is currently being updated. The new term used for a health care decision maker appointed by the ISP team is "Health Care Advocate."

1.4 What is a health care representative?

What is a health care representative?

A health care representative is someone who has the authority to make health care decisions for a person.

%crpage%

1.5 Things to know about a health care representative

Things to know about a health care representative

- The Oregon Administrative Rules (OAR) has standards by which a health care representative may be **appointed by an Individual Support Plan (ISP) team.**
- The legal representative or guardian of an adult is not the same as a health care representative.
- Children do not have health care representatives because their parents have this role.

%crpage%

1.7 When a health care advocate may not be needed

When a health care representative may not be needed

If a person has a guardian who has responsibilities regarding health issues, then a health care representative **may not** be necessary.

%crpage%

1.10 Authority and responsibility of a health care advocate

Authority and responsibility of a health care representative

The health care representative

- works with the ISP team to make health care decisions with the person.
- has access to all medical records necessary to make health care decisions.

%crpage%

1.11 Authority and responsibility of a health care advocate

Honoring the person's preferences

The health care representative must first consider the **person's preferences** indicated through any means of communication and attempt to make the decision the person would choose.

- When that is not possible, the health care representative must use their knowledge of the person to make the decision in the person's best interests.

%crpage%

1.12 An ISP team appointed health care advocate has limits

An ISP team appointed health care representative has limits

- An ISP team appointed health care representative's authority has limits.
- **Always remember to talk with your supervisor if you have questions.**

%crpage%

1.13 Examples of limitations

Examples of limitations

ISP team appointed health care representative may <u>not</u> make health care decisions in the following circumstances:

- Convulsive treatment or psychosurgery
- Sterilization
- Abortion
- Withholding or withdrawing of a life-sustaining procedure

1.14 Examples of limitations

Examples of limitations

- Testing for HIV (with an exception)
- Assisted suicide
- Use of experimental medication or treatment (with an exception)

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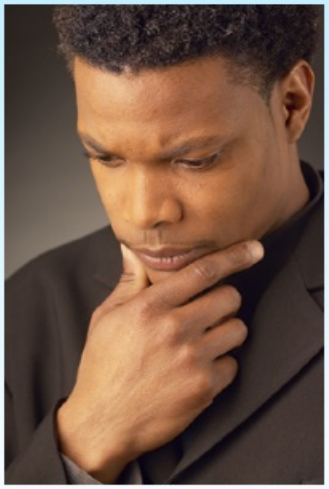
1.15 It is the person's right to decide



It is the person's right to decide

A health care representative may <u>not</u> have the authority to make the health care decisions *when a person is able to make the decision for herself or himself.*

%crpage%

1.16 It is the person's right to decide

Support the person to decide

When life-threatening, or immediate decisions are needed, taking time to help the person understand and make her own decision might not be possible.

Working with a person to make his own health care decisions is an ideal situation. This may take time.

%crpage%

1.17 Your responsibility

Your responsibility

As a DSP, it is your responsibility to assist in ensuring that health care decisions reflect what is in the best interest of the person.

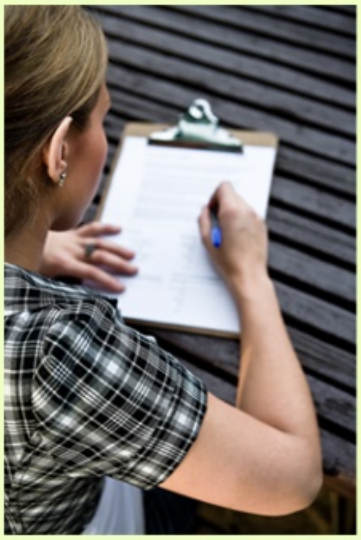
%crpage%

1.18 Your responsibility

Your responsibility

You can do this by:

- ✓ Completing thorough documentation regarding all health issues.
- ✓ Sharing your observations of the person's affect, behavior, and communication that may be pertinent to a health care decision.
- ✓ Talk with your supervisor about providing information to a person's health care representative.



3. DSP-Planning-4-

3.1 Identify who has a legal guardian and the scope of the guardianship in the person's life.

Planning	*Planning starts with listening closely to the person's perspective and to the perspective of others who know and care about the person. It is important for you to be familiar with any plans in place for the people you support. As a DSP, you have a key role in contributing to planning and in following the plans that are in place.*

Legal Guardianship and its Scope in the Person's Life

Tier 1: Before working unassisted and within 2 months of start date

%crpage%

3.2 In this course

In this course…

- Your role as a Direct Support Professional (DSP) in interactions and communication with guardian(s) with consideration for your organization's policies and procedures.

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3.4 At your organization

At your organization

Talk with your supervisor and/or training department to ensure:

- you can identify who has a legal guardian and the scope of the guardianship in the person's life.
- you know when and how to communicate with each person's guardian.

Always ask for assistance if needed.

%crpage%

3.5 Guardianship

Guardianship

A guardian is an integral part of the person's life.

It is important to know if the court has appointed a guardian to speak for or make decisions on a person's behalf.

%crpage%

3.6 Guardianship can mean

Guardianship can mean different things

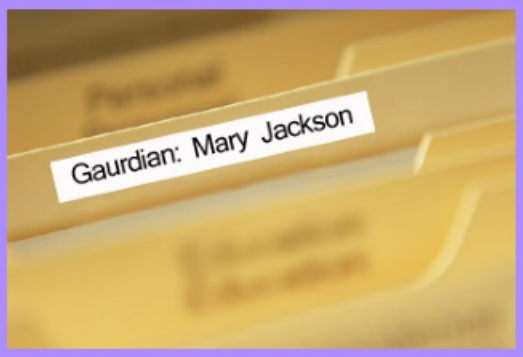
Guardianship can look different for different people.

- The type of guardianship will determine when the guardian must be involved in decisions with a person.
- Assure you know what guardianship means for each person you support.

You will learn about the types of guardianship in module 203.

3.7 Guardianship information

Guardianship information



If someone has a guardian this information will be in her file.

- Know what type of guardianship she has.
- Know who the guardian is.
- Know how and when to contact the guardian.

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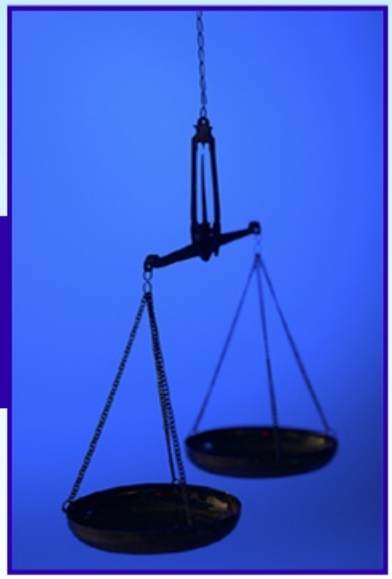
3.8 Rights and restrictions

Rights and restrictions

The person you support still has rights, but some may be restricted.

Knowing any restrictions is important to providing respectful and balanced supports.



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3.9 Important to know

Important to know

In addition to guardianship, someone may have a conservator or a representative payee.

Legal Relationships

Parent(s) of minor child who retain parental rights: N/A

Legal Representative/Guardian(s), If any: N/A Scope of authority: N/A

Designated Representative(s) for service planning, if any: N/A

Designated Representative(s) for employer representative/employer of record issues, if any:

Health Care Representative, if any: N/A Appointment Date: N/A ☐ Self-Appointed ☐ ISP Team Appointed

Representative Payee(s), if any: Susie Kiel Conservator(s), if any: N/A

Any other Legal Documents on file limiting personal decision making: N/A

3.10 Important to know

Conservatorship

- Conservatorship is a formal way to manage a person's income and assets.
- This person is appointed by the court for a child or "protected person."

Representative payee

- A Representative payee assists someone who is unable to manage their Social Security or Supplemental Security Income (SSI) payments.
- This person is appointed by Social Security Administration.

%crpage%

3.11 Legal limits to a guardians role

There are legal limits to a guardians role.

Oregon Law (ORS 125.300) states:

- A guardian may be appointed for an adult person only as is necessary to **promote** and **protect** the well-being of the protected person.
- A guardianship for an adult must be designed to encourage the development of maximum self-reliance and independence of the protected person and shall be ordered only to the extent necessitated by the person's actual mental and physical limitations.

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3.12 Typical responsibilities of a "standard" legal guardian

Typical responsibilities of a "standard" legal guardian

- Provide consent on the protected person's behalf.
- Assure the protected person receives appropriate medical care and services.
- Assure the protected person lives in the least restrictive setting.
- Provide for care, treatment, and support as determined by the court and/or identified in the person's Individual Support Plan (ISP).

Legal Relationships

Parent(s) of minor child who retain parental rights: N/A

Legal Representative/Guardian(s), if any: William Bennet Scope of authority: Full

Designated Representative(s) for service planning, if any: N/A

Designated Representative(s) for employer representative/employer of record issues, if any: N/A

Health Care Representative, if any: N/A Appointment Date: N/A ☐ Self-Appointed ☐ ISP Team Appointed

Representative Payee(s), if any: William Bennet Conservator(s), if any: N/A

Any other Legal Documents on file limiting personal decision making: N/A

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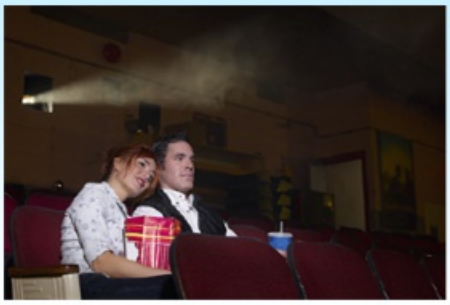
3.13 Know the rules

3.14 Your role as a DSP

Your role as a DSP



For example, a protected person may not want to share information about dating and relationships with her guardian, who is a limited-guardian for financial support.

Know the specifics of the guardian's designated role.

Be sure to protect confidentiality…

- A guardian may <u>not</u> be a "standard" or "full" guardian.
- Communication will vary based on the guardianship designation.

%crpage%

3.15 Where can you find guardianship information?

Where can you find guardianship information?

A person's Individual Support Plan (ISP) will identify if a person has a guardian.

Legal Relationships

Parent(s) of minor child who retain parental rights: N/A

Legal Representative/Guardian(s), if any: William Bennet Scope of authority: Full

Designated Representative(s) for service planning, if any: N/A

Designated Representative(s) for employer representative/employer of record issues, if any: N/A

Health Care Representative, if any: N/A Appointment Date: N/A ☐ Self-Appointed ☐ ISP Team Appointed

Representative Payee(s), if any: William Bennet Conservator(s), if any: N/A

Any other Legal Documents on file limiting personal decision making: N/A

This is also found on an Individual Summary Sheet (ISS).

- Includes the name(s) of the guardian(s).
- Talk with supervisor about the scope of guardianship.
- Each organization must keep a copy of guardianship papers.

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DSP 127: Incident Report Requirements

1.1 Identify when an incident report is required and timelines for completion.

Organizational Mission and Policies

Your organization has a mission and policies in place that direct how employees are expected to provide supports and services. When you understand your roles and responsibilities to carry out your organization's mission and policies, you are better able to support people to have the lives they desire.

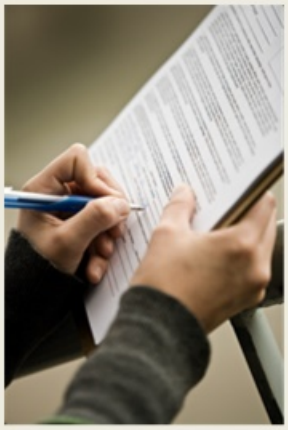
Incident Report Requirements

Tier 1: Before working unassisted and within 2 months of start date

1.2 In this course …

In this course…

- What an incident report is.
- How to identify situations that require an incident report.
- How to respond to incidents and document information.



1.3 At your organization

At your organization

- Talk with your supervisor and/or training department to ensure that you know when to complete an incident report.
- Demonstrate the ability to appropriately complete an incident report and notify others as needed.
- Follow your organization's policies and procedures and use your organization's form for incident reporting.

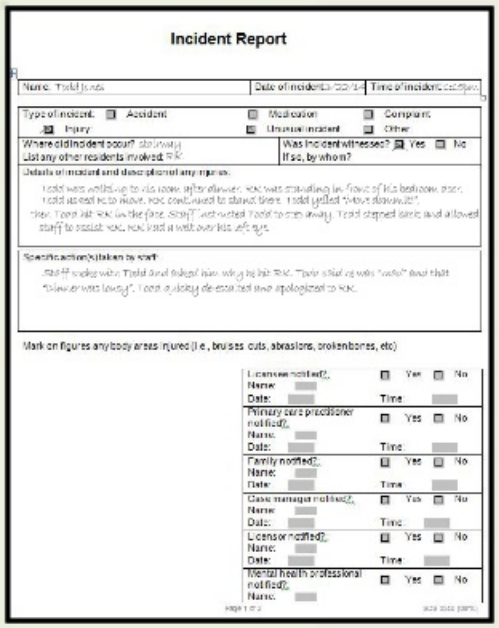
1.4 What is an incident report?

What is an incident report?

An Incident Report (IR) is the written report of an incident that is required to be reported.

Generally an incident report is written in three parts:

- What was happening before the incident.
- What happened during the incident.
- What happened after the incident.



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Notes:

1.5 Incident report

Incident report (IR)

Types of incidents that require an IR:

- Any allegation of abuse as defined in OAR 411-317-0000.
- Serious Incidents as defined in OAR 411-317-0000.
- Use of an emergency crisis strategy when an individual has a Temporary Emergency Safety Plan.
- Use of a safeguarding intervention.
- Fire requiring the services of a fire department.

See the Resources tab for incident report definitions and links to rules.

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Resources: OAR 411-317, See also, Incident handout attached at the end of this module.

Notes:

1.6 Incident report

With incident reporting…

Your organization may have a different name for an incident report, or IR, such as General Events Reporting or GER.

You will receive specific training in regards to your organization's procedure and training about the people you support in regards to possible incidents.

1.7 Serious Incident

Serious Incidents

Serious incidents are defined in 411-317-0000 as:

- Death
- Emergency Medical Care
- Emergency Physical Restraint
- Medication Error with Adverse Consequences
- Missing Person
- Physical Aggression resulting in injury
- Psychiatric Hospitalization
- Safeguarding Intervention/Equipment use resulting in injury
- Suicide Attempt
- Unplanned Hospitalization

*(See handout : "**Serious Incident types and definitions**"in Resources.)*

Resources: Handout is attached at the end of this module.

Notes:

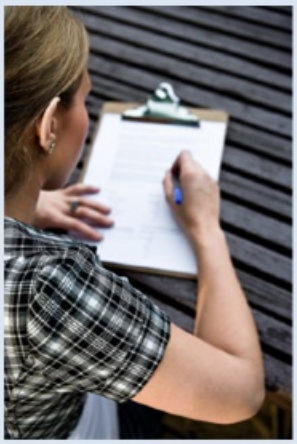
1.8 Incident Report Requirements

Incident Report Requirements:

- Name of the individual (subject of the incident)
- Date, time, duration, type and location of incident
- Condition prior to, or leading to, the incident
- Detailed description of the incident, including staff response.
- Description of injury, if injury occurred.
- Name of staff, including their position title, and witnesses to the incident.
- Follow-up to be taken to prevent a recurrence of the incident.

1.9 Type of Incidents

Incident reports may be needed for other events.



Know your agency's policies and be familiar with the ISP and support documents for individuals you serve. Your agency may require incident reports for other events, or an individual's ISP or support documents may call for a specific type of event to be reported. For example:

- Someone hurts themselves
- A significant change in someone's behavior
- An emergency situation requires evacuation
- Someone has an allergic reaction

Notes:

1.10 Responding to an incident

Responding to an incident

It is important you react in a calm manner when an incident of any kind occurs.

- ✓ Become familiar with supports in place to address all types of incidents, including serious incidents, that a person may have been or could be involved in.

Notes:

1.11 Try to prevent incidents

Trying to prevent incidents, when possible, is a key piece of your job.

Be prepared for any type of incident to occur while working.

In some situations, an incident may not be preventable.

- Seizures
- Some accidents

Not all incidents are preventable

Notes:

1.12 An incident – prevention examples

An incident – prevention examples

If a person **does not** have the tendency to look both ways when crossing a street, a safety plan will be in place to support him/her.

- ✓ Following the safety plan will help prevent an incident from occurring.

Notes:

1.13 Supports

Additional supports may be needed:

If someone is working with equipment that could hurt him, there is additional support and safety precautions taken to minimize the risk of an incident occurring.

- Safety equipment is used or is in the vicinity.
- Additional safety training provided to the person and support providers.

Notes:

1.14 Importance of quality documentation

Importance of quality documentation

Your documentation on an incident report becomes a legal document.

- ✓ Anything you document becomes part of the person's permanent, legal record.
- ✓ Your documentation may become part of:
  - A legal proceeding
  - Audit
  - Investigation
- ✓ Your documentation may become evidence.

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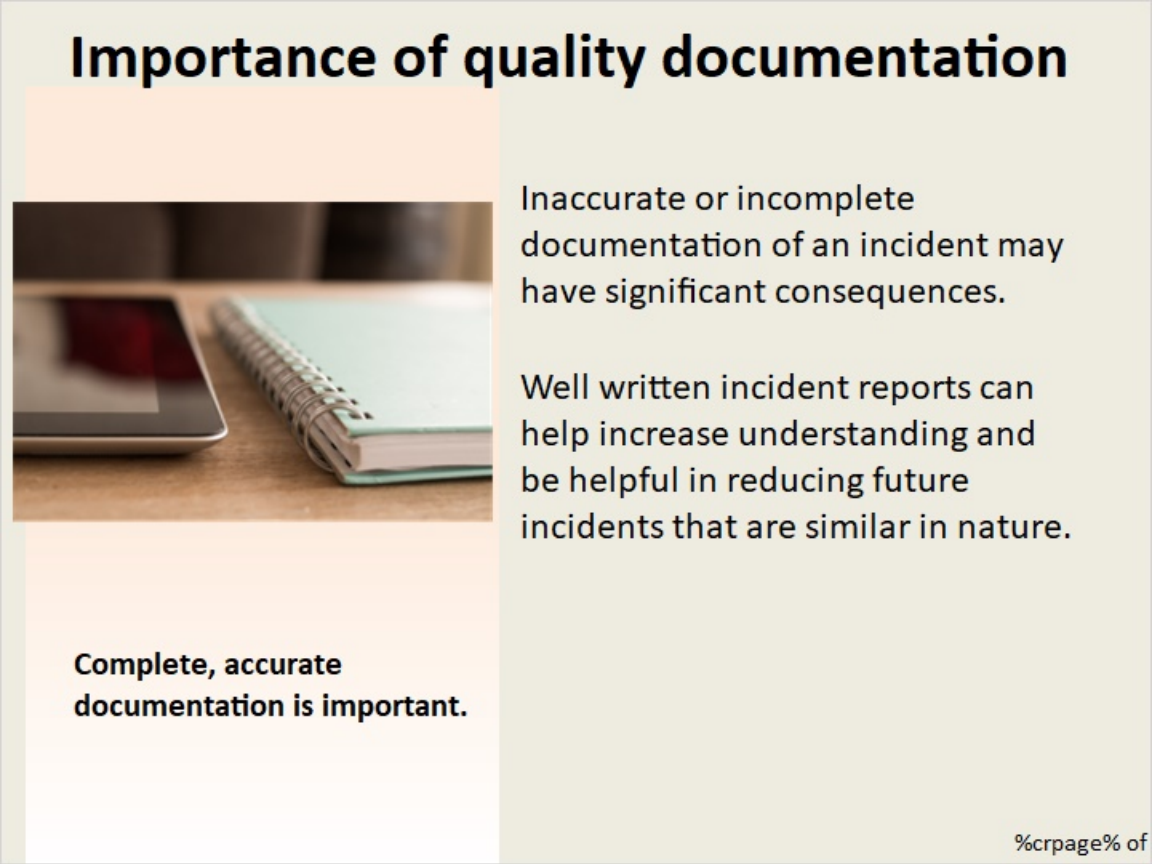
Notes:

This can include emails and texts you send regarding the incident.

1.15 Importance of quality documentation



Notes:

1.16 Accurate documentation

Accurate documentation

Accurate documentation reflects and preserves vital pieces of information, including:

- ✓ What happened **before** the incident
- ✓ What happened **during** the incident
- ✓ What happened **after** the incident

1.17 Importance of quality documentation

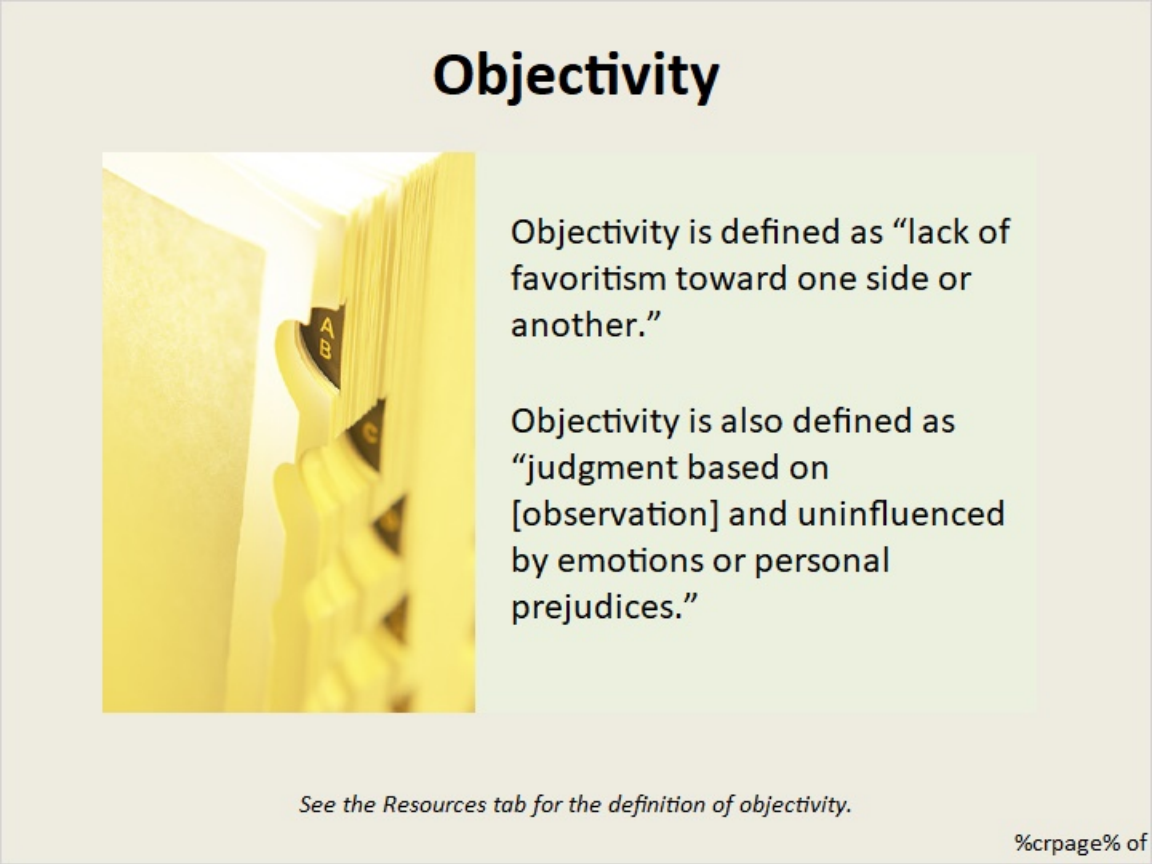
Importance of quality documentation

Quality documentation includes objectivity.

Incident reports need to be concise yet complete and should be based on objective observations and reporting.

Opinions of the writer are generally not helpful.

1.18 Objectivity



Notes:

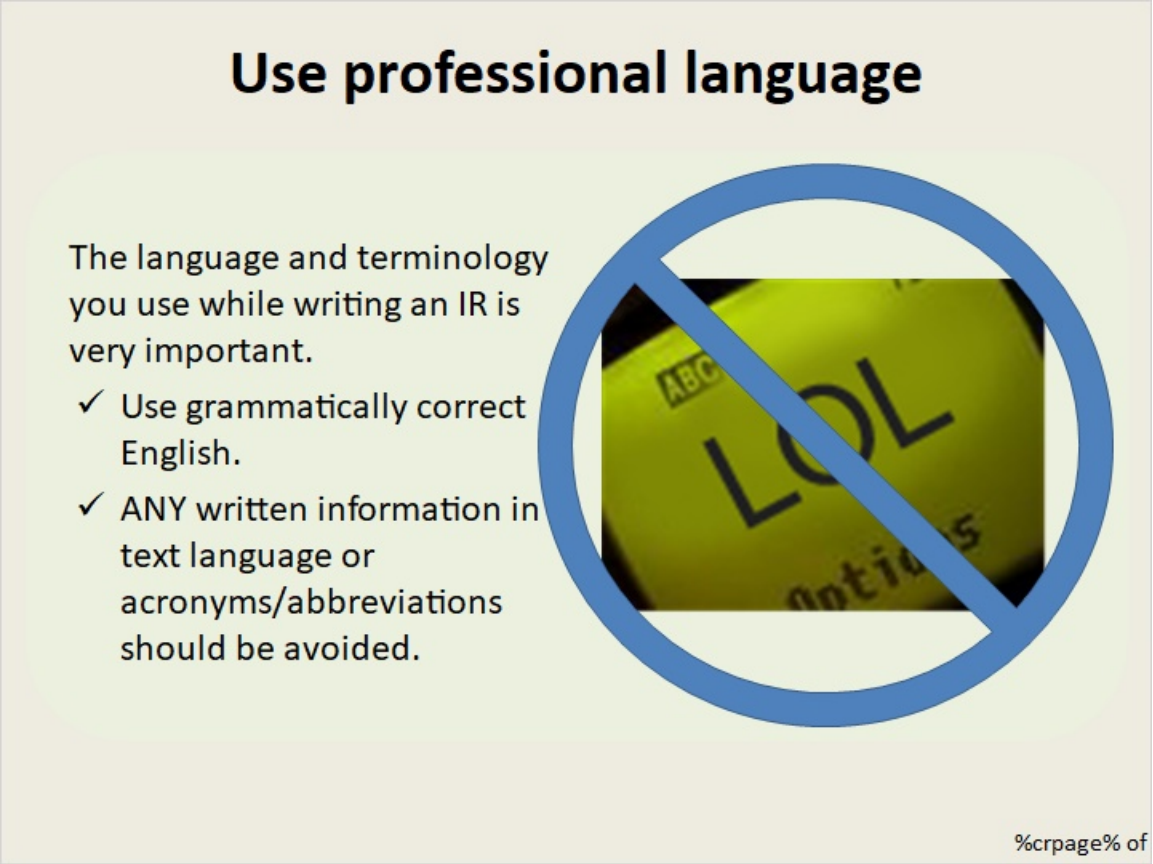
(first bullet) http://www.merriam-webster.com/thesaurus/objectivity
(2nd bullet) http://www.thefreedictionary.com/objectivity

1.19 Objectivity

What objectivity means in your work:

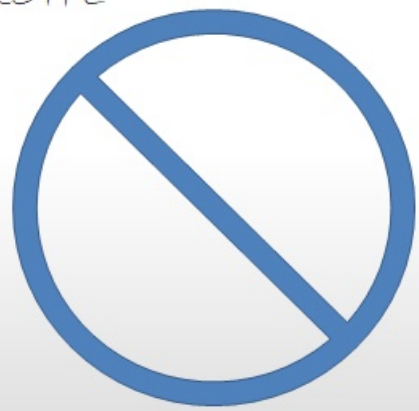
- ✓ Document the facts, not opinions.
- ✓ Document with enough detail to tell what happened.
- ✓ Avoid adding non-related details that confuse the information.
- ✓ **Keep it simple**.

1.20 Use professional language



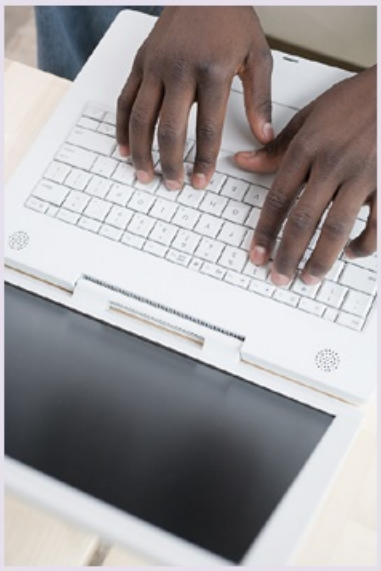
Notes:

1.21 Example

Unacceptable example:	**Instead, write:**
2Day John jgh, he said wtf and threw his OSU glass across room, then began ROTFL 	On Monday, January 26, 2015, John said "I'm going home" and then said "what the fuck." He threw his Oregon State University glass across the living room. Susie asked if he were okay. He looked at her and (in the dining room) he began rolling on the floor laughing.

1.22 Use professional language

Use professional language



When writing an IR:

Spell out acronyms on the first use. Acronyms may mean different things to different people, and spelling them out ensures clarity.

Example: After John calmed down, I followed the picture schedule outlined in his behavior support plan (BSP) to figure how why he threw the glass.

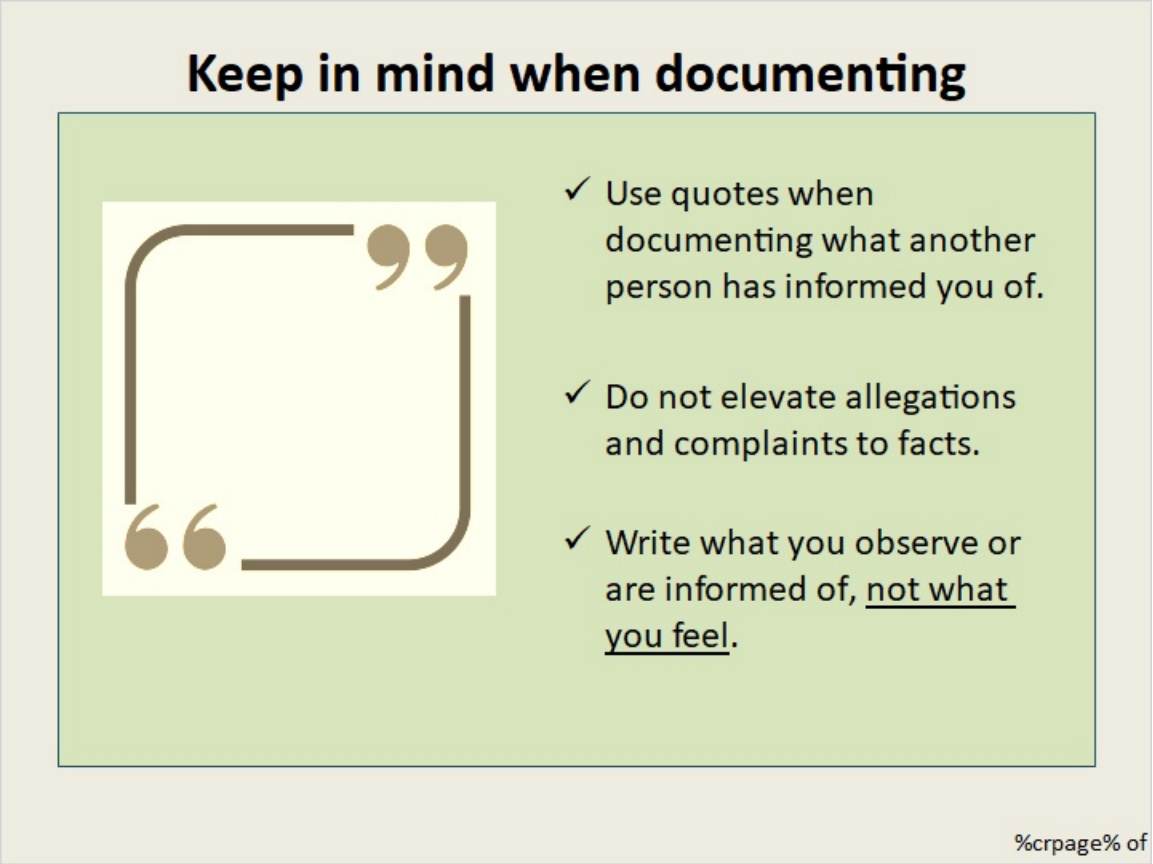
1.23 Example

Example

About an incident:

The doorbell rang while John was eating a hamburger at the kitchen table. He stood up quickly to get the door and tripped over his backpack that was next to his chair. John yelled, "help me" and stayed lying on the kitchen floor.

1.24 Keep in mind when documenting



1.25 Things to keep in mind when documenting

When writing an IR:

- ✓ Use neutral terminology.
- ✓ Avoid unnecessary use of jargon.
- ✓ Keep it as simply stated as possible.
- ✓ Do not draw "yes-no" conclusions that cannot be supported by the facts.

1.26 Emergency Physical Restraints

Emergency Physical Restraints

- When a physical restraint is used in an emergency :
  - It must be reviewed by the Executive Director or the designee within two hours of application.
  - The case management entity must be notified within one business day.
  - A written incident report must be submitted to the case management entity within 5 business days.
- There are other requirements that your manager is required to follow.

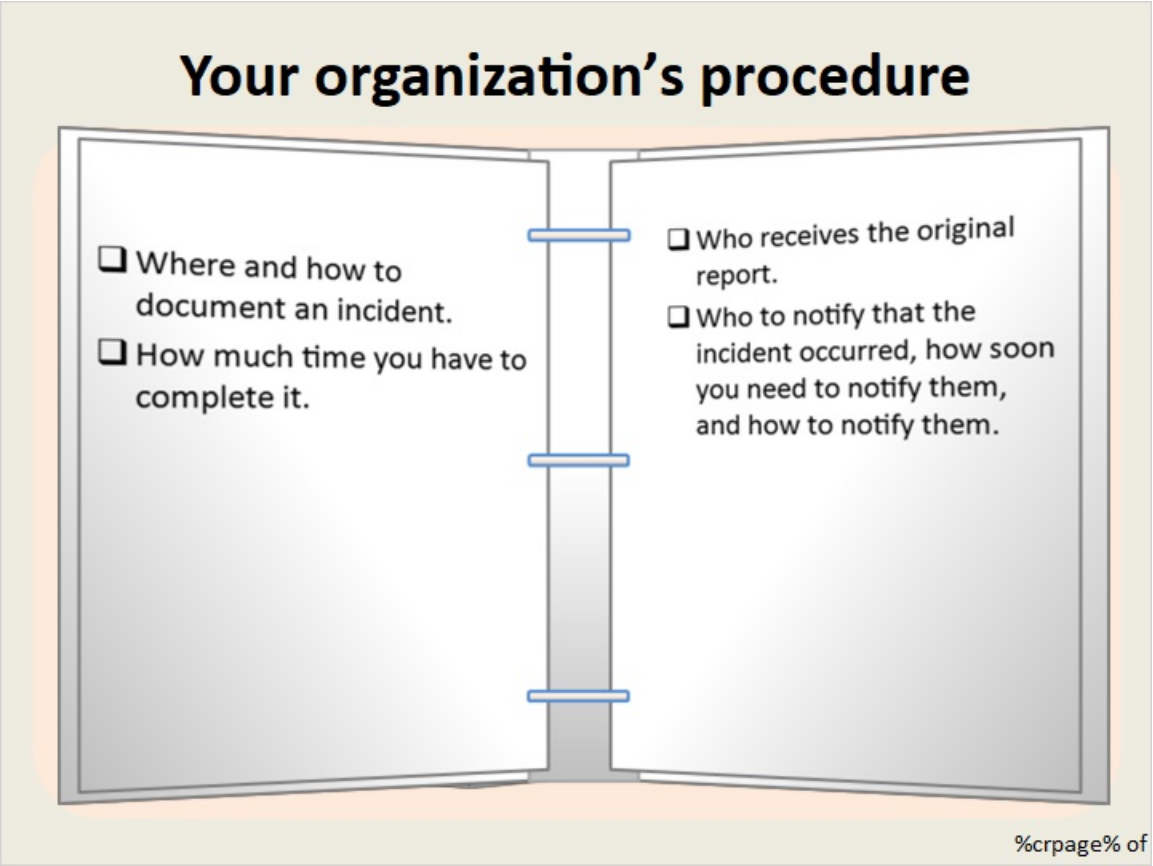
1.27 Your organization's procedure

Your organization's procedure

With incident reporting, know your organization's procedure in regards to:

(click on the image to open the book))

open book (Slide Layer)



Untitled Layer 2 (Slide Layer)

Your organization's procedure

With incident reporting, know your organization's procedure in regards to:

(click on the image to open the book))

1.28 Writing an incident report

Writing an incident report

- ✓ Use your organization's required form.
- ✓ Write the facts, not your opinion.
- ✓ Keep track of time—how long was the incident?
- ✓ Use specific, detailed words.
  - – What did the person say or do? Write the specifics, even if you are offended by the actions or words.

Notes:

1.29 Recap: Key things to remember

Recap: Key things to remember

When possible, include direct quotes of what someone said, not just that the person "was yelling and cussing at me."

Unless there is a circumstance of alleged abuse, ask coworkers for assistance to write the details.

1.30 Key things to remember

Remember when writing an IR:

- ✓ Use quotes if you can remember them.
- ✓ State only what you know happened, or were told by someone who has direct knowledge of the incident.
- ✓ Spell out acronyms, even if typically used at your organization.
- ✓ Be objective.

- ❖ Notify your supervisor or designated person when any incident occurs.

1.31 Key things to remember

When writing an incident report, **avoid**:

- ✓ Using jargon, slang or abbreviations.
- ✓ Writing your own opinion.
- ✓ Stating hearsay or opinions as facts.
- ✓ Writing a conclusion on why the incident occurred, unless the individual stated the reason.
- ✓ Including non-essential information.

1.32 Your supervisor's role

Your supervisor's role

Each supervisor has a different role in reviewing incident reports.

- These roles may be different depending on each agencies' policies and procedures.
- Please check with your supervisor as to your agencies' requirements.

1.33 Your supervisor's role

Supervisors review incident reports

Supervisors review the IR in order to provide feedback as to how a re-occurence of the incident can be avoided, including how to decrease the intensity and/or the frequency of incidents.

Talk with your supervisor about timelines as well as your organization's requirements.

1.34 Your organization's responsibility

At your organization

Your agency will identify actions to prevent an incident from recurring or to prevent a pattern of incidents from escalating.

1.35 Administrative Review

At your Organization

Here are some examples of actions to reduce future occurrences or to address a pattern:

- "Staff will be re-trained on aspiration protocols."
- "Staff will use new form to track potential triggers of self-injurious behavior."

Notes:

1.36 Correct review

Actions to prevent future incidents

- Actions should be specific to the person and the incident.
- Actions such as "Continue to follow protocols" are inadequate. The steps that were in place at the time of the incident did not prevent it from occurring and are unlikely to prevent it from happening, again.

Notes:

SERIOUS INCIDENT	DEFINITION (Oregon Administrative Rule (OAR) citations are from OARs in effect November 1, 2019.)
Act of Physical Aggression	OAR 411-317-0000 (160) " "Physical Aggression" means an intentional action taken by an individual meant to harm another person that results in injury, including to the individual.
Death	Any death under any circumstance.
Emergency Medical Care	OAR 411-317-0000 (79) "Emergency Medical Care": (a) Means an individual receives care from any of the following: (A) An urgent care center. (B) Emergency room. (C) Emergency medical technicians regardless of whether the individual is transported. (D) A psychiatric intervention team regardless of whether the individual is transported. (E) Care delivered in a physician's office that is typically received in an emergency room or urgent care center. (b) Emergency medical care does not include medical care by a paid provider or routine physical health care at an urgent care center or emergency room. *(Note: If an individual is admitted to the hospital from the Emergency Room, record only the Unplanned Hospitalization in CAM. You do not need to record the Emergency Medical Care, because the data points are the same.)*
Emergency Physical Restraint	OAR 411-317-0000 (80) "Emergency Physical Restraint" means a manual physical restraint that is: (a) Part of an ODDS approved behavior intervention curriculum. (b) Delivered by a designated person trained to deliver the intervention. (c) Not a safeguarding intervention. (d) Not included in a Positive Behavior Support Plan or not agreed to in an individually-based limitation.

SERIOUS INCIDENT	DEFINITION (Oregon Administrative Rule (OAR) citations are from draft rules proposed to be effective November 1, 2019.)
Medication Error with Adverse Consequences	OAR 411-317-0000 (133) "Medication Error with Adverse Consequences" means any medication error that results in direct harm or jeopardizes an individual's health and safety resulting in emergency treatment or a required call to the prescriber. *Note: OAR 411-317-0000 also defines "Medication Error":* *(132) "Medication Error" means the following:* *(a) A medication to address a condition or illness that, if the condition or illness is left untreated may likely result in hospitalization or bodily injury, was:* *(A) Taken in the wrong dosage; or* *(B) Administered by the wrong route; or* *(C) Not given.* *(b) A medication was given to a person for whom it was not prescribed.*
Missing Person	An individual is missing without support beyond the time frame identified in the individual's ISP.
Psychiatric Hospitalization	Admission for any length of time for psychiatric treatment. *(Note: This does not include a "hold". Report a psychiatric hold in CAM as Emergency Medical Care.)*
Safeguarding Intervention/ Equipment, Resulting in Injury	Any use of a Safeguarding Intervention/Equipment that results in an injury
Suicide Attempt	Any incident in which any individual actively engages in a non-fatal, self-directed, potentially injurious action with an intent to die because of that action; which may or may not result in an injury. *(Notes: This does not include suicidal ideation/threats of suicide without a physical attempt. When a death results from a suicide, enter the death in CAM.)*
Unplanned Hospitalization	Any unplanned admission to a hospital.

Certified Medicaid Provider Agencies & Foster Providers must report:

- Alleged Abuse
- Serious Illness/Injury (Notification, only)
- Death
- Suicide Attempt
- Physical Aggression
- Emergency Restraint
- Emergency Crisis Strategy used w/TESP
- Fire requiring Fire Dept
- Use of Safeguarding Intervention/Equipment
- Medication Error with Adverse Consequences
- Emergency Medical Care
- Unplanned Hospitalization
- Psychiatric Hospitalization
- Missing Person