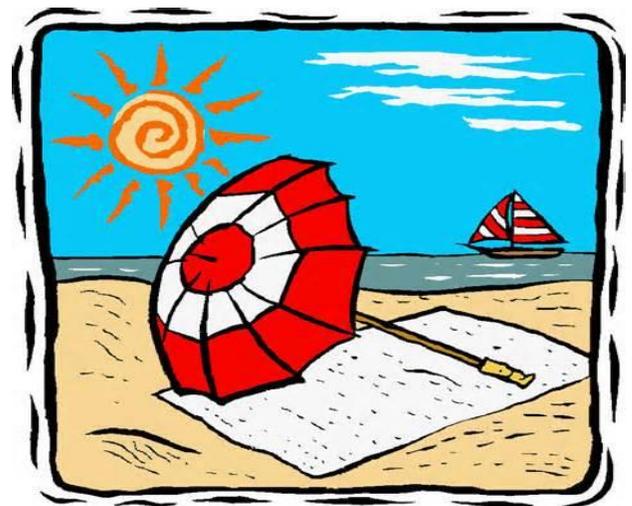


Department of Developmental Services
Office of Quality Management

Living Well
SPRING/SUMMER 2014





Department of Developmental Services
Office of Quality Management
Living WELL
SUMMER 2014

Welcome to the Summer 2014 issue of "Living Well", a publication of the Department of Developmental Services, Office of Quality Management. "Living Well" is published on a semi-annual basis and features important information for individuals and their supporters.

In this edition, you will find helpful information to assist people you support to enjoy spring and summer activities in a safe and healthy manner.

"Living Well" represents one component of DDS's continuing commitment to share information which will safeguard and improve the quality of lives of individuals. Information and knowledge is a powerful tool. We hope that this and future editions of "Living Well" will be used effectively to enhance the health and well-being of individuals we support.

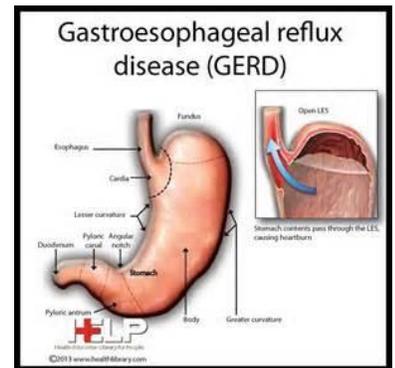
We'd welcome your feedback and suggestions regarding content areas for future editions of the publication. Please submit your suggestions to Sharon.Oxx@state.ma.us. Thank you!

Elin Howe

**Commissioner
Department of Developmental Services**

Did You Know?

- According to DDS health care records, about 32% of adults are known to aspirate, have dysphagia or Gastroesophageal Reflux Disease (GERD).
- There were 434 hospital visits among DDS clients in 2012 due to aspiration, choking or aspiration pneumonia.
- Each year, at least 10% of all deaths of DDS clients are due to issues related to aspiration such as acute aspiration, aspiration pneumonia, or choking.
- More than 50% of Americans over 60 years of age experience dysphagia.
- Similar patterns are suspected in the population of people with intellectual disability



Signs and Symptoms of Dysphagia

Anyone who assists with or observes individuals eating or drinking should be trained to identify common signs and symptoms of dysphagia. They are:

- Frequent coughing or throat clearing, especially during or after eating or drinking
- Loss of interest in, or spitting out, certain foods or textures
- Difficulty eating foods that are sticky, stringy, or crunchy
- Frequent blinking and watering of the eyes; runny nose
- Holding breath or gasping during eating or drinking
- Tiredness after eating or drinking
- Increased agitation during meals, especially pushing away or throwing food
- Frequent respiratory infections or colds, reoccurring pneumonia
- Weight loss, dehydration, malnutrition
- Low grade fever or spiking temperature as soon as 30-60 minutes after a meal



These signs and symptoms should be brought to the attention of nursing, occupational therapy and/or speech therapy.

Risk Assessment for Dysphagia

People with intellectual disability and syndromes such as Down Syndrome, Prader Willi, and Alzheimer's Disease may have a higher risk of dysphagia than the general population. Safe chewing, drinking and swallowing rely on coordinated movements of the body and adequate sensory input to detect the qualities of food or liquid. Risk factors include:

- **Abnormal Muscle Tone:** Muscles that are too loose or tight can affect the efficiency of chewing and swallowing. Tight muscles may cause abnormal reflexes which can disrupt swallowing.
- **Behavioral risk when eating:** Eating and drinking become unsafe when they are done too quickly or when too much food or drink is put in the mouth at once. Environmental distractions can increase the risk of choking and aspirating. People with Pica also have an increased risk of choking or aspirating when they eat non-food items.
- **Medication Use:** People are most at risk for dysphagia and aspiration when the medications relax the muscles, increase salivation, cause dry mouth or have a sedating effect.
- **Dependence for eating and drinking:** People who can't feed themselves are at greater risk of choking or aspirating because they can't adjust food volume or eating speed to their own sensations. Even well-trained care givers can feed people too quickly or too much at one time.
- **Age:** As people age, they often experience decreased sensory awareness and decreased muscle strength, both of which can affect chewing, drinking and swallowing.



Resources:

- Dysphagia/Aspiration/Choking Webinar, Jean Herrick, M.A., OTR/L
Recorded presentation and slides:
<https://www.umassmed.edu/cdder/webinars/dysphagia.aspx>
- DDS Health and Safety Choking Alert:
<http://www.mass.gov/eohhs/docs/dmr/awp/choking-alert.pdf>
- DDS Overview of Dysphagia and Aspiration including food texture descriptions:
<http://www.mass.gov/eohhs/docs/dmr/awp/hpci-risk-dysphagia-aspiration.rtf>
- Frequently used websites for adaptive equipment or training materials:
www.alimed.com www.medline.com www.pattersonmedical.com
www.ncmedical.com
- To obtain a clinical consult or find local resources: Contact the DDS Area Office nurse for help with accessing local training and resources.

The content in this article was taken from the DDS *Quality is No Accident Brief* posted at <http://www.mass.gov/eohhs/docs/dmr/qa-reports/qa-qina-aspiration.pdf>.



Summer Dining



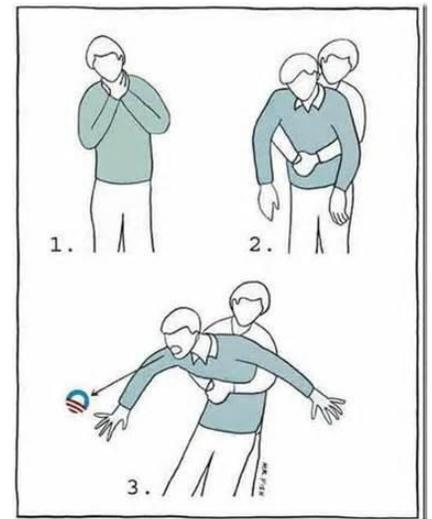
Fresh food, picnics and dining out are part of the great summertime experience. When eating out, just remember:

- Be aware of individuals' allergies, dietary restrictions and needs, especially with the availability of more and different summertime and outdoor foods.
- Ensure that family and friends are equally aware of the individuals' allergies and restrictions.
- Ensure that specific dietary plans are clear, and that any protocol in place for eating at home is also implemented in community settings. For instance, ensure that the individuals' food is of the appropriate consistency.
- Remember that typical picnic and barbecue foods are not always optimal for all individuals, and come prepared with alternatives. For instance, certain individuals may not be able to eat sandwiches, peanut butter, and/or hot dogs safely.
- Keep cold foods cold and hot foods hot to avoid food poisoning from bacteria.
- Keep track of any new reactions to new foods eaten- breaking out in hives when eating different fresh fruit, for instance.
- Encourage individuals to sit and dine, rather than to eat on the run.
- Closely supervise individuals during meals. Be alert to any signs of choking or difficulty eating, and know what to do in an emergency.



Call 911 if the person is:

- Blue, can't talk or make a sound or is not breathing (**Attempt Heimlich Maneuver**)
- Having difficulty breathing
- Looks very ill



Picnic Checklist

As you head out this summer to enjoy the warm weather and outdoor activities, here's a checklist to help you make sure you have everything you need to make it a safe outing for you and those you support.

| | |
|---|--|
| <input type="checkbox"/> Broad spectrum sunscreen (SPF 15 or greater) | <input type="checkbox"/> Bug spray |
| <input type="checkbox"/> Plenty of water or caffeine-free beverages | <input type="checkbox"/> Fully charged cell phone for emergencies |
| <input type="checkbox"/> Lightweight clothing to cover up if very sunny | <input type="checkbox"/> Emergency fact sheets for all individuals |
| <input type="checkbox"/> Epipens (if ordered for anyone allergic to insects or food) | <input type="checkbox"/> Lots of ice and coolers to keep cold foods cold |
| <input type="checkbox"/> First aid kit | <input type="checkbox"/> Hats to protect from the sun |
| <input type="checkbox"/> Equipment to allow food to be prepared to correct consistency (if applicable) | <input type="checkbox"/> Food that can be safely maintained in hot weather (to prevent food poisoning) |
| <input type="checkbox"/> Plenty of gas | <input type="checkbox"/> Enough staff to assure safety |
| <input type="checkbox"/> Information about site you will be visiting (directions, bathroom access, parking, wc access, etc.) | <input type="checkbox"/> Adapted utensils (if applicable) |
| <input type="checkbox"/> Towels if swimming planned | <input type="checkbox"/> Change of clothes for swimmers or those with toileting issues |
| | <input type="checkbox"/> Blankets and chairs for seating |



CREEPY CRAWLEES and OTHER PESTS

- **Bee, wasp or hornet stings** can cause a medical emergency if one is allergic to them. You should be aware of those you are responsible for who have this problem and follow protocol if they should get stung. Most people, however, only experience a sharp pain that goes away after a few minutes. It is important to remove the stinger promptly: use a flat edge such as a credit card to scrape it from the welt. Wash the area and apply ice. Continue to monitor for signs of infection or increased inflammation.



- **Deer ticks** are tiny insects that live in low brush and can spread Lyme disease in a small percentage of the people they bite. **Use bug repellent with DEET whenever out in such areas to keep these pests and others away.** Wear a long-sleeved shirt, long pants, socks and a hat if you are in tick country. When you get home, carefully check yourself and the person you support for ticks. And don't panic! Generally, a Lyme disease carrying tick usually has to be attached for at least 24 hours to spread the disease. Ticks can be difficult to kill so it is best to flush them whenever possible.
- **Mosquitoes:** Avoid outdoor activities at dusk or dawn. That is when they are most active. Use a mosquito repellent. Most repellents are effective for many hours so there is no need to keep reapplying it. Wash it off carefully after going back inside. Wear light-colored clothing as mosquitoes are attracted to dark or bright colors.



If you would like further information on these topics or others, we suggest you visit the following website:

www.state.ma.us/dph

MAP Reminder:

A Health Care Provider order is Not needed for the use of

Bug Spray

or

Sunscreen



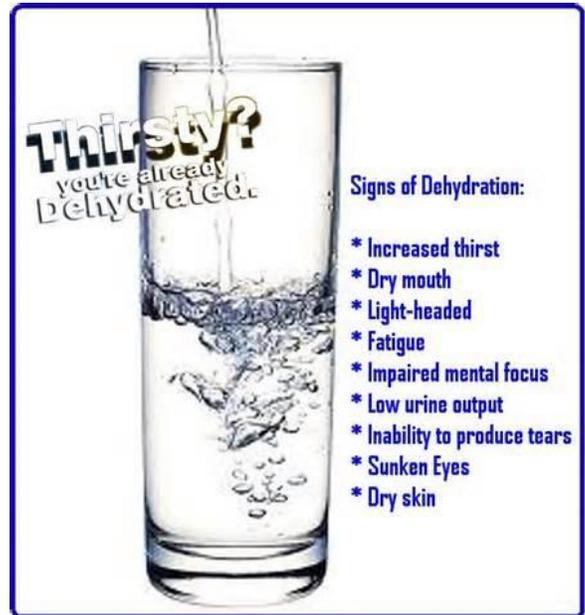
DEHYDRATION

(The lack of sufficient fluid in the body)

Because many people are on certain medications requiring a stable blood level to maintain effectiveness (like seizure and psychotropic medications), even mild dehydration can cause those blood levels to rise to dangerous levels, even toxic levels. This can create serious health consequences for the individual. Increasing fluid intake on hot days and offering them frequently can help prevent such an event.

Some signs of dehydration include:

- Decreased amount of urine
- Less frequent urination
- Dry skin or cracked lips
- Sunken eyes
- Less elasticity to the skin
- Fever
- Sleepiness
- Headache
- Increased heart rate
- Strong, dark urine
- Weakness
- Confusion or agitation



REMEMBER:

Popsicles, watermelon, cantaloupe, fruit salads and jello all contain a lot of water. And summertime is the perfect time to indulge in such treats when they fit the individual's dietary requirements.

As many of the individuals supported by staff may not be able to express their increased need for fluids or are unable to access it independently, special effort must be made to anticipate this need by staff.

RULE OF THUMB:

If a staff person is consuming a beverage, the person that they support should have one as well



HEAT ILLNESSES

- **Heat Cramps** occur after vigorous activities like running or playing tennis. Their signs are painful abdominal spasms and cramps in major muscles such as the legs and abdomen. Cramps subside with rest, cooling down and plenty of water.
- **Heat Exhaustion** has many symptoms-fever, heavy sweating, fainting, rapid pulse, low blood pressure, clammy skin, ashen skin tone and

nausea. Overexertion and not drinking enough water is the usual cause. To treat it, go indoors with a fan or air conditioning or to a shady spot, apply cool clothes, immediately lie down with your legs elevated, loosen tight clothes, and drink cool water or sports beverages.

- **Heat Stroke (Sunstroke)** can be life-threatening and requires immediate medical help. The symptoms include not only those associated with heat exhaustion, but also very rapid pulse and breathing, delirium, unconsciousness, and lack of perspiration to cool the body.



Risk factors for heat stroke include:

- Dehydration
- Age over 65
- Obesity
- Having chronic heart or lung disease
- Taking medications that interfere with the body's heat-regulating system



To prevent a heat illness

- Avoid direct sun from late morning until 4pm
- Limit vigorous exercise or chores to early morning or late afternoon
- Dress in light colored, loose-fitting clothes
- Continually drink plenty of water or juice
- Avoid caffeine
- Eat light meals
- Do not ever leave someone attended or unattended in a hot car or van for even a short period of time

SUN EXPOSURE

Whenever you or the people you support are in the sun, you need to apply sunscreen. Buy a broad spectrum quality product rated at least SPF (Sun Protection Factor) 15 and apply it liberally to all exposed skin at least 15- 30 minutes before going out into the sun and frequently thereafter especially during peak sun hours or after sweating or swimming. Not only will this help prevent sunburn but skin cancer as well.



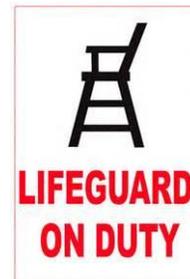
Too much sun is also a risk factor for cataracts, so use sunglasses that block UVA and UVB ultraviolet rays. And don't forget your wide brimmed hat

**Remember,
Certain medications (like anticonvulsants, antipsychotics and high blood pressure medications) can cause people to burn more rapidly and more severely.**

WATER SAFETY

Enjoying the water can be a special way to enjoy warm, summer days. DDS updated their water safety safeguards on 5/10/13. With these precautions and planning, these activities can be the basis of happy memories of a fun summer. Some key parts of the safeguards are:

- Environmental safeguards (e.g. locked access when not in use) must be in place.
- An assessment of each individual's water safety skills must be made. This includes evaluating each individual's capabilities and needs when using different water venues, such as a pool, the ocean, or boating.
- Ensure staff is knowledgeable of people's capabilities and are able to meet those support and supervision needs.
- Staff supervising individuals must be knowledgeable about water safety. (See bottom of page for resources on water safety.) Remember, in sight supervision must be provided at all times to fully ensure safety.
- There must be at least one staff certified in CPR supervising individuals when there is no lifeguard present.
- Policies and procedures outlining supervision and use of bodies of water need to be in place, and staff needs to be knowledgeable in the policies and procedures.
- Whenever possible utilize sites that provide lifeguard over sight of the beach or pool
- Before use, identify any potential hazards and unique safeguards required for the specific water environments individuals will be using. Potential hazards, for example, could include finding out about surf conditions to determine whether swimming in the ocean is safe, or knowing the depth of the water or possible underwater hazards when swimming at a lake or river. Safeguards would include the use of life jackets when boating
- Watch out for the "dangerous too's"—too tired, too cold, too far



- from safety, too much sun, too much strenuous activity
- Pay attention to the weather and stop swimming at the first indication of bad weather. Know what to do in an electrical storm. Upon the first sign of thunder or lightning, leave the water, and do not re-enter the water until at least twenty minutes after the last indication that a storm is present.
- Even wading pools can pose a danger. Make sure the surfaces are not slippery as people step into the pool. Apply nonskid bathtub decals to reduce this risk. Ensure that individuals are well-supervised when using the pool, and empty the wading pools when not in use.

Additional resources:

The DDS Water Safety Safeguards document can be found at:
<http://www.mass.gov/eohhs/docs/dmr/awp/hcpi-risk-watersafety.rtf>

Water safety skills: Go to: poolsafely.gov and www.mass.gov/dph.
Search "water safety"



BE SAFE OUT THERE

Summer is a time for fun and leisure activities. As we all take advantage of warm weather and extended daylight hours, many recreational day trips are planned. Drivers, especially those transporting individuals with disabilities should make an extra effort to keep vehicles in good repair and gas tanks at least ½ full at all times to avoid emergencies.

Here are some helpful tips when out on the road:

“The breakdown lane may be a safer place than the travel lane of a road”, “but it is not a safe place to be”, so writes Massachusetts State Police Major Kevin Kelly in a recent American Automobile Association newsletter. In the event that the unexpected happens, Major Kelly recommends:



- **Pulling over as far to the right as possible**, away from the travel lane
- If possible, pick a spot highly visible to oncoming traffic, **NOT** just over the crest of a hill, or on a blind curve. It may be safer to pull on to the grass.
- Park in a spot which allows room to get out, not on an overpass or bridge.
- **If the breakdown is at night, stay in the vehicle under a streetlight**
- **Put on your hazard lights** and only if it is safe to do so, put up your hood. This signals to others your distress
- Use your cell phone and **call 911** for any roadside emergency.
- One driver and one individual could probably safely exit the vehicle and stay behind a guardrail or on the grass away from the vehicle
- When one driver is transporting more than one individual it is usually safer to stay in the vehicle with seatbelts buckled, hazard lights on and hood elevated
- On any road or highway, **know when a “breakdown” lane is an active travel lane. In the Boston area, during the morning and evening commuter rush, Routes 3, 93, 95 and 128, allow breakdown travel. Posted signs show the hours**



If it is hot sunny day, remember to open the windows. If the windows do not open, open the doors on the side of the vehicle away from the traffic (usually the right side)

IMPORTANT!

Never, never leave an individual attended or unattended in a vehicle in hot weather!