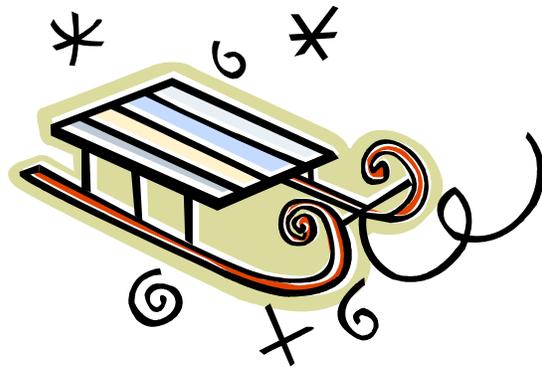


**Department of Developmental Services
Office of Quality Management**

**Living Well
WINTER 2014**





**Department of Developmental Services
Office of Quality Management**

Living Well/Winter 2014

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Living Well/Winter 2014

Welcome to the Winter 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 winter 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 individuals' quality of life. 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?

Falls and the Environment

Recently DDS conducted a survey with providers regarding Emergency Room (ER) or urgent care visits. One of the questions asked was “What were the most common reasons for ER visits?” The response indicated that follow up after a fall accounted for 52% of all ER visits. In 2010, DDS provided statewide training on fall prevention that showed the significant impact that direct care staff could have on reducing injuries caused by falls and even the actual number of falls in programs when given the tools and information to effect change. Direct care staff continues to play that vital role today.

In the hospital setting, most of the attention is given to recovering from the fall related injury and perhaps the individual’s physical limitations such as strength or balance issues through physical therapy and even surgical intervention. But often, only the staff are aware of what challenges the physical environment may present to the individual either all of the time or perhaps, seasonally. Please take a moment to review the Environmental Assessment Checklist and complete it after each fall or near fall in order to help you identify and appropriately report a possible overlooked risk to an individual who is likely to fall.



For more falls prevention information go to: <http://www.mass.gov/eohhs/consumer/disability-services/services-by-type/intellectual-disability/provider-support/health-promotion/falls-prevention-campaign.html>

Environmental Assessment

The purpose of this form is to evaluate the environment for possible factors that contributed to a fall. Please complete after every client fall as needed. Areas marked with a 'No' should also be recorded under question #4 on the Post-Falls Assessment. Select 'N/A' if that section does not apply to the individual or if it was not a contributing factor to this particular fall. Staff may want to consider a more thorough review for those areas marked with 'No.'

Name of individual:	Date and time of fall (write 'unknown' if unsure):
Staff completing assessment:	Agency:

Wheelchair <input type="checkbox"/> N/A	Are brakes locked when appropriate? Do the breaks function properly? Is the chair stable during transfers? Are footplates moved during transfers to prevent interference? Does the wheelchair work properly? Other:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
Ambulation device <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Crutches <input type="checkbox"/> N/A	Is the device in good condition? Is the device being used correctly? Is the device working properly? Other:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
Environmental Supports <input type="checkbox"/> N/A	Are grab bars installed in the bathroom if needed by the individual? Are stairways equipped with handrail supports?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
Floor	Is the floor clear of spills/dampness? Are the floors and walkways free of clutter and obstacles? Are rugs secured? Other:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
Footwear	Is the client wearing shoes with firm, nonskid soles? Other:	<input type="checkbox"/> Y <input type="checkbox"/> N
Lighting	Is there adequate lighting for clear visibility?	<input type="checkbox"/> Y <input type="checkbox"/> N
Furnishings <input type="checkbox"/> N/A	Unstable: Are chairs stable during transfers? Is the bed stable? Are tables stable and able to support walking balance? Do chairs have armrests? Height: Are chair seats at a suitable height for the client? Is the bed at a suitable height for the individual and not too low? Are the toilets at a suitable height for the individual and not too low? Other:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
Outdoor <input type="checkbox"/> N/A	Is there adequate lighting? Are sidewalks free of cracks or breaks? Are walkways free of leaves, snow, and ice? Are lawns and gardens free of holes, rocks, loose boards, or other tripping hazards? Other:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N N

=====Falls=====

Falls can happen for many reasons. It is not normal to fall. If someone is falling a lot (as often as once a week), the reason for the falls needs to be determined.

Some of the reasons that someone might fall are:

- **Seizures** – a fall can occur during the seizure or right after the seizure when a person is not yet fully recovered.
- **Body deformities** – curvature of the spine, one leg shorter than the other leg, club foot, right heel cord, poorly healed fracture
- **Balance problems** due to medical conditions like cerebral palsy, tremors or a stroke
- **Medications** – Many medications can affect a person’s balance. A change in dose can also affect his or her balance.
- **A change in vision** – new glasses, broken glasses, eye infection , ear infection, headache
- **Foot problems** – sore toes, new shoes, poorly fitting shoes or braces
- **Clothing** – loose baggy clothing, untied shoes, pants that are too long, soles of shoes that are too slippery or “catch” on the carpet
- Uneven, wet or slippery **walking surfaces**, bad lighting, loud noises, walking too fast or blocked pathways
- **Tiredness** or an illness causing the person to have a decrease in their energy level
- An **increase in energy** that causes a person to move too quickly or be distracted easily
- An **injury** that causes a person to change how they walk in order to protect the injury

===== IF SOMEONE FALLS, WHAT SHOULD I DO? =====

Call 911 if the person:

- Is in a lot of pain while lying still or when they move
- Has an obvious deformity (bone sticking out, swelling or unusual position of arm or leg or head)
- Is unconscious
- Gray in color

Anytime someone falls, whether they appear to be hurt or not, they need to be thoroughly examined for any possible injury. ***Do not move them until it has been determined that a serious injury has not occurred.***

The fall and all that you see after the fall needs to be written down and reported to other staff members. Often the injury will not be obvious right away (like bruising), but if the fall has been reported with details about how the person ‘landed’, bruises that show up later can be explained.

Look for:

- Redness
- Scrapes or abrasions like “rug burns”
- Cuts or bleeding
- Swelling
- Any complaint of pain and where that pain is and when they complain. For example, “Joe complains of pain in his right knee when he kneels on it.”

Once you have taken care of the person who fell and written the report of the incident you may also need to:

- Tell your supervisor or the nurse about the fall
- Fix whatever caused the fall (if you can)
- Write down and give to your supervisor and other staff a list of unsafe conditions that are still present (like a slippery sidewalk or wet floor or broken equipment)
- Think about what would prevent more falls and talk about it with your supervisor and other staff

Preparing for a Disaster Emergency

Disasters can happen anytime, anywhere, and sometimes without warning. A winter storm could keep you and those you care for at home for days. A fire, flood, tornado, or any other disaster could stop water, electricity, and telephone services. You could have to leave the home.

Be prepared for a disaster emergency before it happens. Make a **Disaster Supplies Kit**. Keep these supplies on hand:

- Water – a 3-day supply for each household member
- Food – a 3-day supply for each household member
- First Aid Kit
- Essential medications – prescription and over-the-counter
- Special equipment and supplies for individuals with special needs
- Generator, if an individual is dependent on machines using electricity
- Sanitation supplies (toileting and hygiene)
- Flashlight with extra batteries
- AM/FM portable radio with extra batteries
- Cellular phone with extra battery
- Cash
- Extra clothing and bedding
- Important documents
- A copy of the Emergency fact Sheet for each individual
- Important phone numbers
- Other tools and supplies

Tip: Keep the phone number of an out-of-state or out-of-immediate- area contact person in the Disaster Supplies Kit. Sometimes, it is easier to contact a person in another state or out of the area during a disaster.



For more information on Disaster Planning, contact the [Federal Emergency Management Agency \(FEMA\)](#) at 800-480-2520 or 800-621-3362 (TTY). You can also contact your local [American Red Cross Chapter](#). Many communities have community emergency or disaster teams that work with FEMA and can give people local help.

WINTER WEATHER SAFETY

Snow can be beautiful as it falls, but dangerous as it accumulates on the ground. So...

- Make sure equipment for shoveling is in good repair and readily accessible.
- Make sure outdoor lighting is operating properly. Darkness falls early in winter and navigating icy paths without proper lighting can be treacherous.
- Have salt or sand handy to use after a snowfall or when icy. Place it in readily accessible places both inside and outside.
- Now that the equipment is handy, shovel quickly after a snowfall and use salt or sand on icy surfaces to ensure that all exits, not just the main exit from the home, are clear and safe to travel at all times. Also remember that wet leaves and grass can be slippery too.
- Keep a couple of blankets in the trunk in case you break down or get stuck. It will keep people warm while you wait for help to arrive. ***Remember, people who are not able to move around much on their own will feel the cold much more quickly. Never leave anyone unattended in the vehicle for any reason.***
- Have flashlights strategically located in the event of a power outage.
- Individuals should be dressed warmly with properly fitting clothing. Several thin layers will help keep them dry as well as warm. Clothing that can help includes long johns, turtlenecks, one or two shirts, pants, sweater, coat, warm socks, boots, gloves or mittens, and a hat.
- Do not let individuals stay out in the cold too long. Time limits depend on how cold it is. Individuals should come inside periodically to warm up. And don't forget to consider the effects of wind.
- When possible, individuals who are particularly at risk (e.g. elderly, people with poor circulation, non-ambulatory status) should not be outdoors for any length of time when it is cold..
- **Use common sense:** For example, if there is a cold or frostbite warning issued, try to not take individuals outside at all. If they must go out, accompany them and ensure that they continue to wear the protective clothing (such as coat, hat, and gloves) throughout the time that they are outdoors.
- Make sure the individual's clothing is dry. Change into dry clothing immediately as wet clothing can make frostbite occur quicker.
- Inform all staff of individuals' holiday plans and routines.

Other Important home maintenance / administrative considerations

- Change the batteries in all battery operated smoke detectors, carbon monoxide detectors and flashlights.
- Ensure that the fireplace is inspected and cleaned for winter use.
- Arrange for the furnace to be inspected and cleaned, and ensure that there is plenty of fuel to begin the winter. Space heaters should not be utilized as a heating solution.
- Make sure that all outside heat ventilation outlets are free from snow and debris.
- All residential locations are required to have at least one Carbon Monoxide detector within 10 feet of bedroom doors.
- Continue to ensure that there is adequate staffing, especially during and around holidays, winter storms, and possible illness.



WINTER CAR SAFETY TIPS

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. With the beginning of the cold weather season, there are certain additional precautions that people should be aware of.

Prevention is the first strategy. Ensure that the car and/or van has been tuned and equipped for winter.

- Make sure your vehicle has the right type of tires. There are many tires that are specifically made for slippery conditions and snow. Tires need to have adequate tire pressure at all times.
- Know what to do and who to call in an emergency.
- Make sure that the car contains scrapers, water, flashlight, and blankets in the event of a breakdown.
- Familiarize yourself with how the particular car/van operates in slippery conditions; know the braking power and how to drive in poor weather conditions.
- Allow yourself extra time to get places.
- Familiarize yourself with the best winter routes to arrive at your destinations safely (hills and some secondary roads can be especially slick in the winter).

In the event of a breakdown, remember 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,

Pull 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



You're Mother Was Right...Wash your Hands!

The return of cold and flu season seems the right time to review with everyone the need to wash their hands often, including the hands of the people we support. **Besides the flu vaccine, hand-washing is cited as being the single most preventative step you can take to protect yourself from the flu.** Recent studies have confirmed that hand washing with soap and water or applying alcohol-based hand rubs between caring for different individuals and throughout the day reduces the transmission of bacteria or viruses (germs) significantly; in some settings as much as 85%! Below are some facts that you may find very interesting and that may help you, your family and the people with whom you work to stay healthy, especially during flu and cold season.

- The CDC is recommending the use of alcohol-based hand rubs for people who provide personal care to others because they can address some of the obstacles staff encounter when taking care of people. For example, lack of appropriate hand-washing opportunities when out in the community. Alcohol-based hand rubs significantly reduce the number of germs on the skin, are fast-acting and cause less skin irritation than many soaps. Allergies are very uncommon. You should rub your hands until they are completely dry.
- Hand-washing with soap and water is still highly recommended to reduce the spread of germs. Soap breaks down dirt and germs and “traps” them so they can be washed away with water. Use of liquid or foaming soaps in pump bottles is better than bars of soap that can “hold” germs on their surface
- You should wash your hands for the length of time it takes you to sing “Happy Birthday”.
- The use of gloves does not eliminate the need for hand-washing and hand washing does not eliminate the need for gloves. Gloves reduce hand contamination by 70-80%, prevent spreading germs to others and protects everyone from infection. Hand rubs should be used before and after care is provided just as gloves should be changed before and after providing care.
- Staff should avoid wearing artificial nails and keep natural nails less than ¼” long if they are caring for individuals at high risk for acquiring infections.
- Just as you encourage people to “cover their nose or mouth” when coughing or sneezing, you should encourage them to wash their hands after doing so as well as frequently throughout the day.



Remember, the infection you prevent may be your own!

Do I Just Have a Cold or Is ItTHE FLU?!!

Flu season is upon us (November through April) and everyone should be alert to early signs and symptoms of the disease. But how do you know if it's the flu or just a cold (rhinovirus)? Here are some clues:

If you have the flu...

- You have a fever (sometimes as high as 102+) **Know a person's normal body temperature. A change in their normal temperature by as little as 2 degrees is significant and should be reported to their Health Care Provider or the agency nurse immediately.**
- You have a headache
- You are very tired (can even be extreme)
- You have a dry cough (that may progress to a productive cough)
- You may have a sore throat
- You have nasal congestion
- You have severe body aches
- It probably came on quite suddenly (some people can even tell you the moment they felt ill)
- You will be very ill for several days and take up to several weeks to recover fully
- You are unable to go about your daily routine



If you have a cold.....

- You probably don't have a fever (and if you do it is very low grade)
- You have a runny nose
- You may have a loose productive cough
- You may have a headache from coughing
- You are able to continue your daily routine
- You feel a little "under the weather" for a few days
- The symptoms probably came on gradually over several days

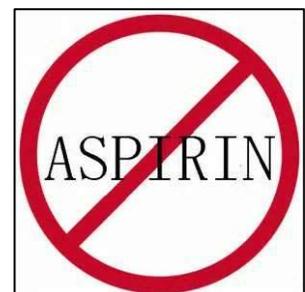
Uh oh, I have the flu. Now what do I do?

- The flu is very contagious so stay home!
- Rest
- Drink plenty of liquids
- Wash your hands often!
- Avoid alcohol and tobacco
- Take medication to treat the symptoms (like acetaminophen for the aches and pains and cough syrup for the cough)
- **Never** give aspirin to a child or teenager who has the flu! (it can cause serious neurological damage)
- See your physician if you are not improving after several days.



Well...how contagious is it?

- A person can spread the flu starting one day before they feel sick
- Adults can continue to pass the flu virus to others for another 3-7 days after symptoms start (children can pass it on for longer than 7 days)
- Symptoms start 1-4 days after the virus enters the body



- Some people can be infected with the virus but have no symptoms. They can still pass the virus on to others though. (I don't know how you are supposed to spot these people)

How did I get it?

- The flu is spread when a person who has the flu coughs, sneezes or speaks and sends flu virus into the air and other people inhale the virus
- The virus enters the nose, throat, lungs of a person and begins to multiply, causing flu symptoms.
- Flu may, less often be spread when a person touches a surface that has flu virus on it -a door handle for instance- and then touches his or her nose or mouth.



How do I prevent the flu?

- This is a very simple answer: **Get a flu shot!** While it is best to get one before the end of November, it is never too late..

Information about where flu shots are being offered in your area can be found by going to: www.Masspro.org.

