

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

**Living Well
SPRING/SUMMER 2016**





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**Living WELL
SUMMER 2016**

Welcome to the Summer 2016 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**



OSTEOPOROSIS

Osteoporosis is a bone disease in which bones become fragile and thin, and are more likely to break. In people with weakened bones, osteoporosis develops when new bone doesn't keep up with the weakening of old bone. Bone fractures, even small ones, caused by osteoporosis can be very painful and long-lasting. Bone fracture can occur during everyday movements such as turning or coughing. The most common fractures occur in the wrist, hip, and spine. People with Intellectual Disabilities (ID) may show signs of Osteoporosis at younger ages (under 50). It is very important that individuals at risk for osteoporosis be screened and tested early no matter their age.

Symptoms of Osteoporosis

Most people have no symptoms. They do not know they have osteoporosis until they have a bone density test or a fracture.

- Backache
- A gradual loss of height
- Stooped posture
- Fractures of the spine/wrist/hip

Complications of Osteoporosis

- Anxiety, depression, or reduced self-image
- Limitations in the ability to work and enjoy leisure activities
- Acute or chronic pain
- Difficulties in performing the activities of daily life
- Loss of independence

Risk factors

- Female
- Age 50 or older
- Non ambulatory (not able to walk)
- Thin people/ low body weight
- Lack of exercise
- Menopause (loss of estrogen leads to bone loss)
- Medications: steroids, anticonvulsants, anticoagulants, chemotherapy meds, GERD meds, psychotropic meds
- Smoking, or too much alcohol consumption
- Family history of Osteoporosis
- Hyperthyroidism, chronic renal or chronic lung disease
- Risk factors in people with ID: Epilepsy, Down syndrome, non-ambulatory, anticonvulsants use, and Hispanic or Caucasian ethnicity.



Tests to Confirm Osteoporosis

- Bone Mineral Density Test (measures amount of bone mineral in certain areas of the bone)
- DEXA Scan (uses low levels of x-rays to determine bone density of the entire skeleton and at various sites that are prone to fracture, such as the hip, spine or wrist)
- Ultrasound
- CT Scan
- Blood and Urine laboratory tests

Treatment & Management

Osteoporosis can be prevented with the following interventions:

- Eat more calcium (dairy, fish, green leafy vegetables, calcium-fortified foods such as cereals and breads)
- Take a Vitamin D supplement or multivitamin
- Do weight bearing exercises like walking or running
- Stop smoking and avoid excess alcohol
- Estrogen replacement therapy (post-menopausal women)
- Medications such as Evista (increases bone density), Fosamax, Actonel and Boniva (slows down the breakdown of bone)
- Avoid carbonated beverages and excessive salt, red meat and caffeine products such as coffee and tea

Fall Prevention

The primary goal in treating people with osteoporosis is to prevent fractures. One way to prevent fractures is to prevent falls.

- Use a cane or walker for stability and wear non-slip shoes
- Use grab bars near toilets and bathtubs in the shower or tub
- Keep rooms free of clutter and remove or secure loose rugs
- Keep stairways well-lit and use handrails on both sides





MEDICATION OCCURRENCES: WHAT DO WE KNOW?

2014

2015

Total DDS MORs: 5750	Total DDS MORs: 5707
Most Common MOR Category: Wrong Time: Omissions	Most Common MOR Category: Wrong Time: Omissions
Most Common Reason for MOR: Did not order, pick up or receive refills from pharmacy	Most Common Reason for MOR: Did not order, pick up or receive refills from pharmacy
Total Hotlines: 64 (1.1% of all MORs)	Total Hotlines: 80 (1.4% of all MORs)
Most Common Hotline categories: Wrong Time: Omissions	Most Common Hotline categories: Wrong Time: Omissions
Most Common Reasons for Hotlines Wrong Time: Did not order, pick up or receive refills from pharmacy and failure to compare label to med sheet Wrong Individual: Misidentified person and meds not properly secured	Most Common Reasons for Hotlines Wrong Time: Did not order, pick up or receive refills from pharmacy and failure to compare label to med sheet Wrong Individual: Misidentified person and meds not properly secured

WHAT CAN WE DO?



As you can guess, most of these MORs could be prevented with careful planning and follow up by staff as medication supplies are getting lower. Internal agency policies are important to assure that staff know what to do when they need to reorder medications or when medications that have been ordered do not arrive. It is everyone's responsibility. Better time management and careful, focused medication administration practices can prevent those MORs resulting from misidentifying an individual or someone gaining access to the medications because they were not maintained in a secure manner. Many of these Wrong Individual MORs were a result of pre-pouring medications, something that is not allowed in MAP for this very reason. Take a look at your agency MORs for types and causes. Then check your agency's policies and procedures for MAP to make sure that they address the issues discovered in the MOR review. The best people to correct issues related to safe medication administration are the people administering the medications.

MOR Training Resource: MOR HCSIS Data Entry Webinar

Training webinar on how to enter Mors into HCSIS.

Posted 10/2015.

Can be found at: www.mass.gov/dph/map under "DDS MAP Webinars".



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.

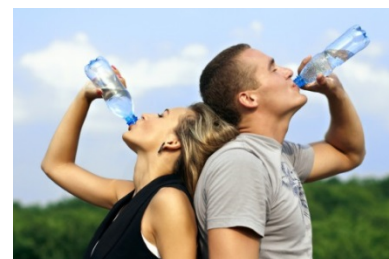
Some signs of dehydration include:

- 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 summer time 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



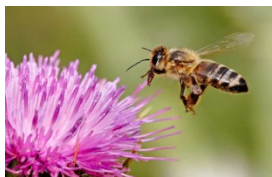
SUN EXPOSURE

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.**





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.



- **Mosquitoes:** Avoid outdoor activities at dusk or dawn. That is when they are most active. Use a mosquito repellent. Most repellants 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.
- **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.



For more information on ticks and Lyme Disease go to:

- <http://www.newburyport.k12.ma.us/District/Departments/Health-Services/Health-Topics/Preventing-Lyme-and-Tick-Borne-Diseases/index.html>
- http://www.tickencounter.org/prevention/top_ten_things
- <http://www.tickencounter.org/>
- www.mass.gov/dph

MAP Reminder:

A Health Care Provider order is **Not** needed
for the use of
Bug Spray
or
Sunscreen



Tick Removal 101

(Adapted with permission from the CDC website)

If you find a tick attached to your skin, there's no need to panic. Several tick removal devices are available on the market, but a plain set of fine-tipped tweezers will remove a tick effectively.

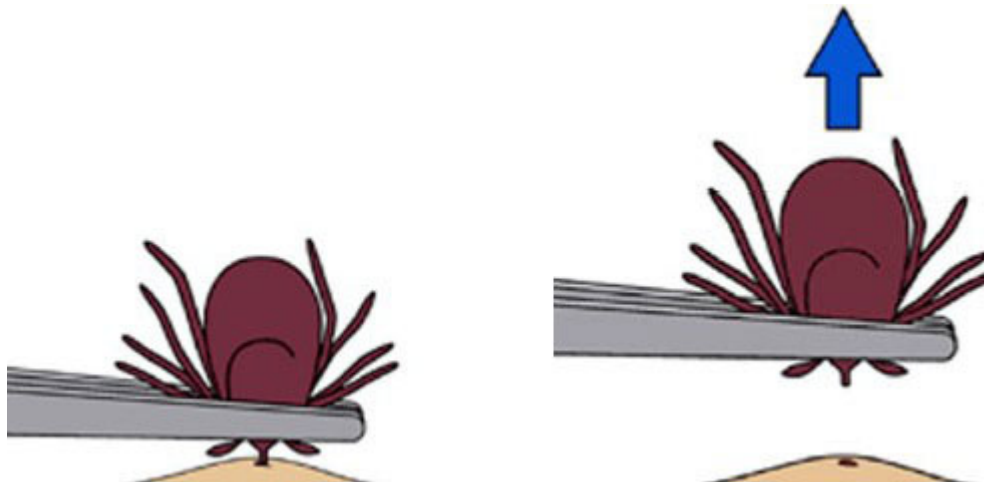
How to remove a tick:

1. Use fine-tipped tweezers to grasp the tick as close to the skin's surface as possible.
2. Pull upward with steady, even pressure. Don't twist or jerk the tick; this can cause the mouth-parts to break off and remain in the skin. If this happens, remove the mouth-parts with tweezers. If you are unable to remove the mouth easily with clean tweezers, leave it alone and let the skin heal.
3. After removing the tick, thoroughly clean the bite area and your hands with rubbing alcohol, an iodine scrub, or soap and water.
4. Dispose of a live tick by submersing it in alcohol, placing it in a sealed bag/container, wrapping it tightly in tape, or flushing it down the toilet. Never crush a tick with your fingers.

Helpful Hint:



Avoid folklore remedies such as "painting" the tick with nail polish or petroleum jelly, or using heat to make the tick detach from the skin. Your goal is to remove the tick as quickly as possible--do not wait for it to detach.



Follow-up:

Seal the tick in a zip lock baggie or closed container in case the HCP wants to see it. Contact your Health Care Provider (HCP) or the individual's HCP to inform them that there has been a tick bite. The HCP will determine if immediate follow up is needed. If you develop a rash or fever within several weeks of removing a tick, see your doctor. Be sure to remind the HCP about your recent tick bite, when the bite occurred, and where you most likely acquired the tick.



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, hot dogs, hamburgers, and/or marshmallows 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 standing or walking around. **They are more likely to choke or you may not notice a choking event if they are moving about.**
- 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

If you think there might be a problem with swallowing:

- Document what you see
- Tell other staff, the nurse, and your supervisor what you see
- Stop the meal if the symptoms worsen and report it to the nurse or your supervisor according to your agency's policy
- Have the person eat at a slow pace
- Tell the doctor what you see



A common problem for many of the people that you work with is **dysphagia** (any problem a person may have with swallowing). Swallowing problems can lead to aspiration. **Aspiration** is a word that means food or fluids that should go into the stomach go into the lungs instead. There are several ways to tell if someone has dysphagia or aspiration problems. You may first notice these signs and symptoms when out and about. Make sure that you report any of these signs and symptoms to your supervisor. The person's doctor will order the tests that they think will be best for each person.

Common signs of dysphagia and/or aspiration are:

- Coughing before or after swallowing
- Much drooling, especially during meals
- Pocketing food inside the cheek
- Choking on certain foods, for example white bread
- Nose running or sneezing during dining
 - Trouble chewing
 - Trouble swallowing certain types of food or fluids
 - Taking a very long time to finish a meal
 - Getting tired during the meal
 - Refusals to eat certain foods or finish a meal
 - A complaint of feeling like something is caught in the throat
 - A gurgly voice during or after eating or drinking
- Much throat clearing after a meal
- Repeated episodes of choking, frequent colds, pneumonias or “allergies”
- Unexplained weight loss
- Unexplained fevers that come and go
- Coughing when lying flat or sitting up quickly from a reclined position



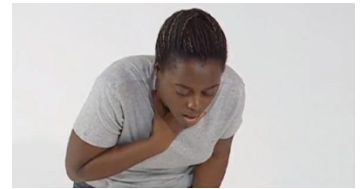


Picnic Checklist

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

CHOKING



As summer time approaches and we all look forward to outdoor eating including barbecues, we would like to remind you of a significant choking issue for many of the people we serve. Even if a person does not have a documented choking risk, some foods place all of us at a greater risk

Foods commonly associated with choking:

Meat is the leading cause of choking incidents and include; hamburgers, hotdogs, sandwiches, ham, steak and chicken

As hot dogs in particular have been associated with choking incidents, it is recommended that only skinless hotdogs be served. Those with skin require a stronger bite to break off a piece and thereby can result in too large a portion to chew. They are also harder to chew. Add a soft roll to the mix and the danger just increases.



It is also recommended that **skinless hot dogs be sliced lengthwise** before serving to those who do not have any special food texture requirements. This may help minimize the risk of choking as the bite will no longer be round and have the potential to block the airway entirely in a choking episode.

Peanut butter lodged in the throat is extremely difficult to remove. The combination of peanut butter and partially chewed or soft bread can create an obstruction which can block the airway and be fatal.

Other foods that can present choking hazards include:

Pizza and other pasta, potatoes (particularly french fries), Apples, bananas, pineapple chunk, orange slices, grapefruit sections, grapes, marshmallows, rice, potato chips.



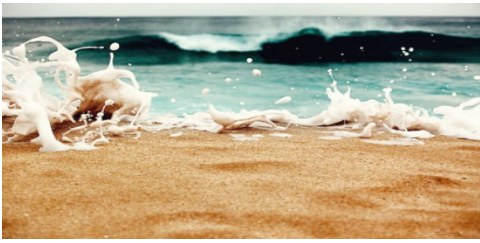
What to do if someone chokes

- Follow your first aid training.
- If individual's airway is blocked, perform **the Heimlich maneuver**. This has been extremely successful in dislodging food in the airway.
- Even if Heimlich Maneuver is successful, the individual must be seen by a health care practitioner (HCP) following use of this procedure to ensure that there was no injury and that the blockage was completely removed..
- **If breathing problems continue, or Heimlich maneuver is unsuccessful, Call 911.**
- **Continue to monitor someone after a choking or near-choking incident for signs that aspiration pneumonia is developing. Monitor temperature for 48-72 hours after the incident. Contact the HCP if the temperature begins to rise or if a cough develops. Inform the HCP of the recent choking incident.**

Common causes of choking:

- Eating too fast.
- Inattention to eating, distraction by other persons or activities.
- Lack of appropriate supervision.
- Placing too much food in one's mouth.
- Poor oral motor skills.
- Incorrect diet texture. If food is to be cut be sure it is in the appropriate size.
- Diet is not communicated from setting to setting or to new staff working with the individual.
- Eating something with two or more diet textures, especially anything with a thin liquid and a solid component such as cereal and milk or eating a hot dog and drinking a soft drink at the same time.

Thank you for your vigilance in these matters. An incident-free summer always holds much better memories for all.



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 are 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 a bodies of water need to be in place, and staff need 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!**