

The Safety Net

DIVISION OF DEVELOPMENTAL DISABILITIES



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

A Quality Assurance Bulletin

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Equal Opportunity Employer/Program

Under Titles VI and VII of the Civil Rights Act of 1964 and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability.

The Department must make a reasonable accommodation to allow a person with a disability to take part in a program service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program of activity because of your disability, please let us know of your disability needs in advance if at all possible.

To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at (602) 542-6825; TTY/TTD Services: 7-1-1.

HEAD INJURIES

—Sandra J. Verheijde, R.N.
DDD QUALITY ASSURANCE ADMINISTRATOR

Head injury refers to trauma to the head. Even a seemingly small blow to the head can have serious consequences. Serious signs or symptoms don't always appear immediately. Sometimes the warning signs may not appear for several hours or even days later. A serious head injury, left untreated, can result in life threatening complications or death.

WARNING SIGNS & SYMPTOMS include the following:

-  **Difficulty remembering recent events or personal information.**
-  **Severe headache.**
-  **Mental confusion or strange behavior.**
-  **Nausea or vomiting.**
-  **Dizziness, poor balance, or unsteady gait.**
-  **Extreme drowsiness or sleepiness.**
-  **Loss of appetite.**
-  **Slurred speech.**
-  **Bleeding or clear fluid coming from the ears or nose.**
-  **Convulsions (seizures)**
-  **Loss of consciousness.**

HEAD INJURY FIRST AID:

If you suspect a head injury but don't see any initial signs or symptoms you should:

-  **Watch the consumer closely in the hours following the injury. This observation must continue for several days following the injury.** If there is any complaint of dizziness or headache, or if you notice vomiting, confusion, sleepiness or loss of coordination, you should get medical attention immediately.
-  **Pay close attention to any head injury involving a consumer on a blood thinner.** Bleeding can increase and what may be a mild head injury for some can develop into a major bleeding into the brain for a person on a blood thinner.
-  **If you are not sure how serious the head injury is, you should always have the consumer checked out at the emergency room.**



REMINDER: In the event of any consumer emergencies,

CALL 9-1-1 IMMEDIATELY!

Do not call the group home manager or other staff
before calling 9-1-1 • FOLLOW AGENCY PROTOCOL

TRANSPORTATION SAFETY

“What’s in Your Policy?”

—Kate Maio

DDD CENTRAL OFFICE QUALITY ASSURANCE UNIT



Does your agency have a Consumer and Staff Transportation Safety Policy? Have you developed and put into place a protocol to ensure that all vehicles are safe for travel and consumers being transported, including persons proximate any vehicles, are safe from harm?

SOME BASICS:

- Designate a pick-up and drop off area.
- Do a head count of consumers.
- Complete a checklist walk-around inspection of the vehicle before and after each trip.
- Check to make certain all passengers are properly buckled into their seatbelts.
- Ensure all wheelchair straps and abductors are fastened and secured. Empty wheelchairs should be similarly secured.
- Check/adjust all mirrors before exiting the premises.
- Adequate staff should assist the driver in ensuring the safety of all consumers (staff ratios).
- No cell phone usage during transporting or while driving a vehicle.

Whether you transport from a group home, a day program, or any HCBS setting, you need to have a transportation safety policy in place. Keep in mind that the driver’s first responsibility is to secure the safety of their consumers.

PRONE RESTRAINTS

Not An Approved CIT Procedure

A prone restraint, in which a person is held face down on the stomach or chest, is a dangerous procedure and the deadliest form of restraint. A 2002 study by Protection and Advocacy Inc. in California suggests “sudden death during prone restraint ... is not an uncommon phenomenon.” In 2000, the Division removed prone restraints as an acceptable form of intervention from the Crisis Intervention Training (CIT). This occurred due to the Nation’s increasing concerns with the dangers of this type of restraint. The Division continues to prohibit this type of restraint and encourages vendors to provide staff with training on alternative behavior management procedures to manage difficult situations. To learn more about effective behavior management strategies and support, please consult with your agency’s training instructor.



PREVIOUS ISSUES OF The Safety Net ARE AVAILABLE ON THE DIVISION’S WEBSITE:

<https://egov.azdes.gov/cmsinternet/main.aspx?menu=96&id>

CLICK ON “NEWS & EVENTS”



is presented by Division of Developmental Disabilities’ Central Office Quality Assurance Unit. Articles are researched and compiled by Quality Assurance staff and Division Managers. Any questions or feedback? Please contact Steven Stencil at SStencil@azdes.gov or 602-817-6700.

THE FLU:

“Stop the Spread!”

—Annette Lammon-Belcher, R.N.

DDD HEALTHCARE SERVICES MANAGER

The flu season this year will be more difficult and wide spread. Currently the H1N1 (swine) flu continues to circulate in Arizona. Also the seasonal flu season usually begins around November. The symptoms for both the H1N1 and seasonal flu are alike. If you have a fever, cough, muscle aches, runny nose, or sore throat you may have the flu. Some people may also have nausea and vomiting. If you have these symptoms, please stay at home until a twenty-four (24) hour period with no fever passes without the use of fever reducers (Tylenol, Aspirin or Motrin). Rest and take plenty of fluids! Contact your doctor if you have problems breathing, not able to drink enough fluids, severe or persistent vomiting, pain in stomach or chest, or bluish skin color. The best prevention is washing your hands often. Use alcohol based hand sanitizers if soap and water are not readily available. Cough into your elbow or a tissue. Get the seasonal flu vaccine, unless you are allergic to eggs or previously had a bad reaction to the vaccine. The H1N1 flu vaccine will be available in October for high risk populations. Please check with your primary care doctor to see if you should get the H1N1 shot.



For more information on the flu, go to the following website: www.stophthespreadaz.org.

BE ALERT!

—LaWanna Bellerive

DDD CENTRAL OFFICE QUALITY ASSURANCE OFFICER

MOST COMMON FOODS CONSUMERS HAVE CHOKED ON SINCE JANUARY 2009:

- Corn Dog • Meat Ball
- Vegetables • Peach • Apple Slice
- Beef Steak • Dry Crackers
- Peanut Butter Sandwich



Team actions when an individual has a choking incident?

- Reconvene ISP Team and review the consumer’s ISP/ BTP/Risk Assessment.
- If choking is not already identified on the Risk Assessment, make certain it is added.
- Determine strategies that will minimize the risk of choking from occurring again, e.g. cutting food into bite-sized pieces, increased supervision. If closer supervision is needed during meal/snack time, specify the level of supervision: "sitting next to and watching Joey eat" or "sitting across from Joey observing during all meals and snacks".
- Determine other actions that may be necessary, such as a referral to Primary Care Physician (PCP), a Swallow Study, or Nutritionist.

BE PROACTIVE! Don’t wait for a choking incident to occur before it is identified as a risk and strategies implemented. Someone’s chances of choking are much greater if, for example, they have a tendency to overfill their mouth, have difficulty chewing/swallowing, or rely on someone else to feed them.