

Fact Sheet



Division of Developmental Disabilities Health Care Services

Dehydration

Health Information Fact Sheet #1

Dehydration means the body does not have as much water and fluids as it should. Dehydration occurs when the amount of fluid leaving the body is greater than the amount going back into the body.

Fact Sheet guidelines have been provided as general information, not as a substitution for medical treatment from a physician.

Some Facts about Dehydration:

- Approximately 60% of total body weight is water based.
- By the time a member is thirsty, the body has already started the process of dehydration.
- For members with developmental disabilities and older individuals, the need to drink fluids may go unrecognized.

Risk Factors (Causes):

Recognition of the following conditions will help alert you to potential risks:

- Needing assistance with drinking
- Unable to get drinks without help
- Unable to communicate thirst to someone
- Refusing food and fluid
- Members who may drool or have fluid falling from their mouth
- Any loss of body fluid: vomit, sweat, diarrhea
- Medications such as diuretics that cause loss of fluid
- Medical conditions such as kidney disease where fluid loss can possibly cause dehydration

What to Watch For:

- Dry skin
- Dry mouth
- Extreme thirst
- Weakness
- Light headed
- Decreased urine
- Dark colored urine
- Feeling tired or less alert
- Increase in smell of urine due to concentration

What to Do:

- *Notify doctor* to the possibility of dehydration
- *Ask how much fluid* the member should have each day
- *Frequently offer fluids* to members who have the ability to drink safely
- *If refusing fluids and able to drink*, offer food items high in fluid content such as gelatin, watermelon, pudding, yogurt or ice cream
- Certain members with heart or kidney disease may need less fluid -- speak with their doctor for specific fluid intake requirements

Emergency

- If the member is unable to take fluids safely, has extreme thirst, confusion, little or no urine output; notify the doctor immediately!

The Dehydration Fact Sheet is #1 in a series of Health Information Fact Sheets compiled by DDD Health Care Services.

Issued April 2012; Reviewed/Revised April 2025.

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DDD-1619B FLYENG (07/25)

Fact Sheet



Division of Developmental Disabilities Health Care Services

Seizure Disorder

Health Information Fact Sheet #2

Seizures are episodes of disturbed brain activity which can affect one part or multiple parts of the brain. **Epilepsy** is a disorder of the brain, characterized by recurrent seizures (uncontrolled body movements).

Fact Sheet guidelines have been provided as general information, not as a substitution for medical treatment from a physician.

Some Facts about Seizures & Epilepsy:

- Individuals with developmental disabilities are more likely to have seizures or epilepsy due to underlying brain conditions.
- Seizures vary in appearance and severity depending on where it starts in the brain.

Risk Factors (Causes):

Recognition of the following conditions will help alert you to potential risks:

- A diagnosis of seizures/epilepsy or taking medications for such a diagnosis
- A history of seizures within the past five (5) years
- Brain injuries
- Conditions with the brain since birth
- Brain tumor(s)
- Blood vessel swelling, bleeding, or damage in the brain

What to Watch For:

Symptoms vary from person to person, depending on the type of seizure. Some have staring spells while others may shake violently.

What to Do/Prevention:

- *Provide healthy foods/drinks & plenty of sleep*
- *Establish a low stress environment*
- *Keep record of any seizure activity*
 - document the length of each seizure
 - provide a description of the seizure
 - give documentation to doctor at follow-up appointments to determine effectiveness of medication
 - ask doctor if seizure protocol should be implemented (or PRN medications)
- *Ensure caregivers are trained in CPR & first aid training for seizures*

The Seizure Disorder Fact Sheet is #2 in a series of Health Information Fact Sheets compiled by DDD Health Care Services.

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Seizure Disorder



What to Do During Seizure:

- Stay with the member
- Do not place anything in the member's mouth
- Do not restrain the member
- Move objects away to prevent injury
- If possible, provide padding under individual's member's head/arms/legs
- Only move the member if they are in an unsafe area, which could cause more injury, such as roadway or a stairwell
- Keep member's head above water if in a bathtub or swimming pool

What to Do After Seizure:

- Turn member on his/her side to prevent possible choking/vomiting
- Loosen any tight clothing & check for injuries
- Allow quiet time to recover from the seizure
- Check on member every 15 minutes to make sure he/she is breathing normally
- Document seizure

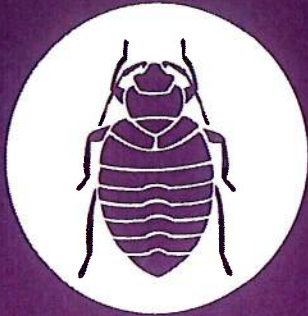
Emergency

Call 9-1-1 when:

- It is the member's *first seizure*
- They *do not breathe normally* after seizure
- Seizure lasts *more than 5 minutes* (or time specified by doctor)
- Two or more seizures without recovering between seizures (if doctor has not provided direction)
- Seizure occurs during eating, swimming, or bathing and the member may have aspirated (sucked food or fluids into lungs)
- An injury occurred during seizure that requires medical attention the member cannot be awakened 2 hours after seizure (or time specified by doctor)



Fact Sheet



Division of Developmental Disabilities Health Care Services

Bedbugs

Health Information Fact Sheet #3

Bedbugs: Small, flat oval-shaped brownish insects that feed on the blood of animals and people who are sleeping. Adult bedbugs are about the size of an apple seed; however, they get larger when feeding on blood.

Fact Sheet guidelines have been provided as general information, not as a substitution for medical treatment from a physician.

Some Facts about Bedbugs:

- Bedbugs are the size of an apple seed or smaller and are a flat, oval shape.
- Bedbugs do not fly, but can move quickly over floors, walls, and ceilings.
- Although bedbugs are a nuisance, they generally do not carry or pass on diseases.
- Bedbug infestation does not mean that the home is dirty or poorly kept.

Risk Factors (Alerts):

The following may increase the potential risk of bedbug infestation:

- Traveling and/or overnight stays away from your home
- Thrift shop and/or garage sale purchases of furniture, bedding, clothing, shoes, purses, etc.
- Buying new furniture, linens, luggage, purses, or clothes from a warehouse outlet/store
- Visiting a city or state with recent bedbug activity
- Staying in or visiting a home or other location with a history of or current bedbug infestation

What to Watch For:

- Bugs seen in cracks & crevices
- Dark spots along mattress seams or on bedsheets
- Unexplained bug bites (welts/red marks) on exposed skin, sometimes with several welts in a row or line
- Sweet, musty odor
- Transparent, discarded skins of molting bugs

What to Do/ Prevention:

- Avoid using discarded bedding, mattresses, suitcases, clothing, purses, and other items that could carry bedbugs and/ or their eggs.
- When traveling or staying overnight at other people's homes or in hotels:
 - Keep belongings and suitcases on racks away from beds and walls.
 - Do not leave clothing, shoes, purses, and other items on the floor.
 - Do not bring -your belongings into your home until inspected.
- When you have to stay somewhere that has bedbugs:
 - Keep belongings-sealed inside plastic garbage bags as much as possible.
 - Inspect belongings for signs of bedbugs before returning home.

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Bedbugs



What to Do When Bedbugs Are Suspected:

- Monitor members with bedbug bites:
 - Monitor for allergic reactions to bites and/or any pesticides being used to exterminate bedbugs.
- Allergic Reactions that require Medical Attention:
 - Excessive itching
 - Swelling
 - Rashes
 - Redness
 - Hives
 - Nausea/vomiting
 - Itchiness around the mouth, eyes, or nose
- Seek Medical Attention if red marks/welts are numerous and cover large parts of the skin, inflamed (very red/warm), painful, or pus-filled.
- Follow your provider agency's policy/protocol for bedbug infestation.
- Follow the reporting required by your agency's licensure.
- Use a *pest control professional* - treating bedbugs requires a process known as "Integrated Pest Management" (IPM).
 - Pesticides (poisons) that kill bedbugs can cause minor and serious health problems if used incorrectly around humans and animals.
 - Pesticides should never be sprayed directly on mattresses, bedding, or on animals or humans.
 - Some pesticides, when used incorrectly, can cause bedbugs to scatter and spread to other areas of the home.

Emergency

Call 9-1-1 immediately (and begin CPR if necessary) when any of the following occur:

- Difficulty breathing
- Loss of consciousness
- Change in alertness or ability to pay attention
- Bleeding
- Excessive pain

The Bedbugs Health Information Fact Sheet is #13 in a series of Health Information Fact Sheets compiled by DDD Health Care Services.
Issued July 2013; Reviewed/Revised April 2025.



Fact Sheet



Division of Developmental Disabilities Health Care Services

Medication Safety

Health Information Fact Sheet #5

Medication Safety is a process by which members are assisted in managing their medications in a safe and effective manner; preventing mistakes and supporting independence.

Fact Sheet guidelines have been provided as general information, not as a substitution for medical treatment from a physician.

Some Facts about Medication Safety:

- Managing medications can be difficult and mistakes can happen.
- Taking the wrong dose or amount of a medication is the most common mistake.
- Taking the wrong amount accounts for 41% of deaths related to medications.
- Members who are elderly, frail, or have special needs are more likely to have a serious reaction to a medication mistake.

Risk Factors (Alerts):

Recognition of the following conditions will help alert you to potential risks:

- **Distracted Caregiver:** Doing other things or multiple tasks while assisting with medications.
- **Unattended Medication:** Poor storage, such as open carts and drawers.
- **Poor Hygiene:** Failing to follow and/or assist the member with good hand washing habits.
- **Disorganization:** Messy medication storage and/or medication records.
- **Unlabeled:** Medications placed in baggies or unmarked containers.
- **No Documentation:** No record that shows when a dose has already been taken by a member.

What to Watch For:

Give assistance as needed to ensure that the following "Six Rights" are completed:

- **Right Person**
 - Make sure the correct person is taking the right medication.
- **Right Time**
 - Check the bottle or prescription for the right time (AM, PM, Bedtime, etc.).
- **Right Medicine**
 - Check the bottle or package for the medication name.
- **Right Dose**
 - Ensure only the amount ordered on the prescription or package is taken.
- **Right Route**
 - Ensure the medication is taken as ordered (by mouth, by feeding tube, on the skin, etc.).
- **Right Documentation**
 - Initial or mark the medication sheet or record after the dose is taken.

The Medication Safety Fact Sheet is #2 in a series of Health Information Fact Sheets compiled by DDD Health Care Services.

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Medication Safety



What to Do:

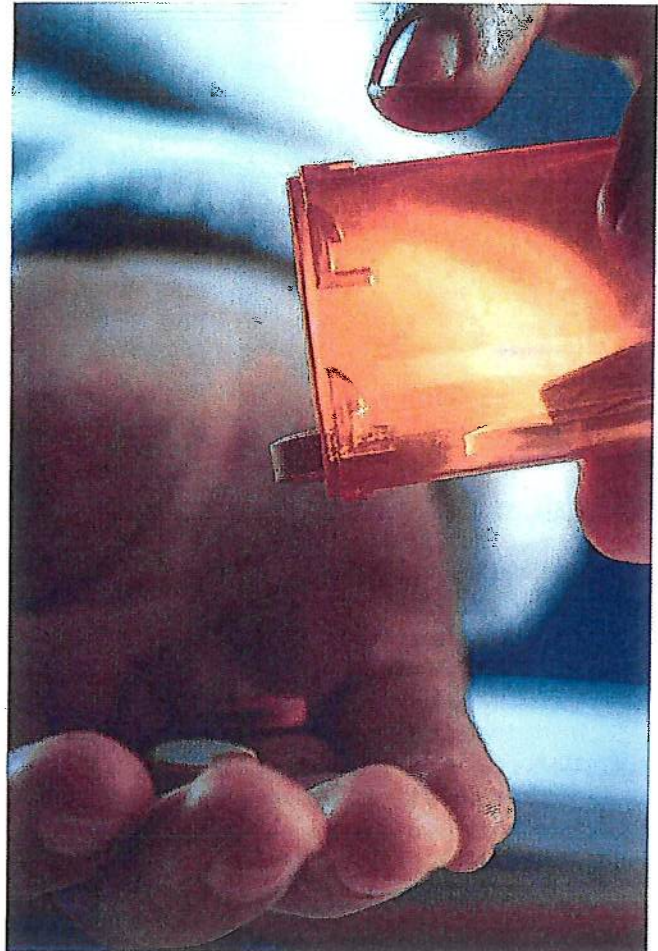
Steps For Assisting Individuals With Medications

- Encourage and assist hand washing
- Help gather the necessary items and prompt or assist as needed
- Confirm the following for each medication:
 - Right Person • Right Time
 - Right Dose • Right Route
- Support the member in maintaining privacy
- Check for known Medication Allergies
- Ensure all doses taken are documented per agency policy and procedures
- Provide assistance as necessary to clean, store, and/or dispose of equipment properly
- Help correct any medication storage issues by encouraging the proper disposal of any expired or unlabeled medications

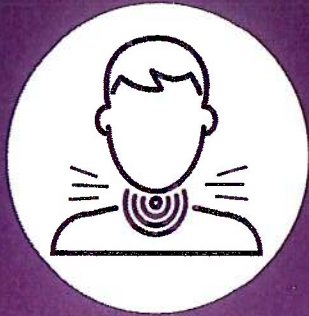
Emergency

Immediately call 9-1-1 when any of the following conditions occur:

- Difficulty breathing
- Bleeding
- Loss of consciousness
- Excessive pain
- Change in alertness or ability to pay attention



Fact Sheet



Division of Developmental Disabilities Health Care Services

Prevent Choking Hot Topics

Health Information Fact Sheet #12

Choking is when someone cannot breathe because food, a toy/object, or other material is stuck inside their throat. This blocks the airway and stops the person from getting air into their lungs.

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Prevent Choking:

- Encourage quiet, seated mealtimes
- Discourage eating while walking, running, playing, lying down or standing
- Assign a specific staff person or caregiver to monitor each meal or snack
- Provide plenty of space around members who grab food or objects from others
- Choose holiday decorations carefully: avoid tinsel, small ornaments, and items that look like candy
- Monitor members with swallowing problems and/or who eat non-food items
- Watch for "pocketing" of food (when a person keeps adding food to their mouth without swallowing)
- Do not allow members who are at risk for choking or have swallowing issues to eat alone
- Discourage eating and drinking while in a moving vehicle
- Monitor members known to swallow non-food items (batteries, bolts, plastics, etc.)
 - Keep the member's preferred non-food items stored out of sight and out of reach
- The following are foods that are known to cause choking and should be avoided or served with care
 - Hard Candy
 - Hot Dogs/Sausages
 - Popcorn
 - Nuts & Seeds
 - Chunks of Peanut Butter
 - Chewing Gum
 - Sticky Foods (marshmallows, fruit roll-ups, gel candy, etc.)

Signs And Symptoms Of Choking:

- Universal sign for choking is one or both hands at the neck area and unable to talk or cough
- Inability to talk or breathe
- Forceful coughing, wheezing and difficulty breathing
- Lack of alertness or unconsciousness
Call 9-1-1 immediately!
- Pale or bluish color to lips and/or nails
Call 9-1-1 immediately!

Call or have someone call 9-1-1 immediately before any other call/action when choking is suspected.

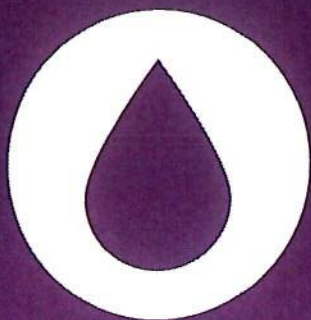
Vendor Action Items:

- Ensure all staff and caregivers call 9-1-1 FIRST when choking is suspected
- Confirm all staff is current on CPR and First Aid Training and Certification (maintain files)
- Do not schedule other activities during mealtimes; a chaotic mealtime is a safety hazard
- Have a PLAN for:
 - Monitoring each and every meal and/or snack (assign specific staff)
 - Establishing calm "seated" mealtimes (post mealtime rules)
 - Supervision of members at risk for choking or who have swallowing issues
 - Supervision of members who eat or swallow non-food items and objects
- Schedule a choking prevention presentation

The Prevent Choking Hot Topics Fact Sheet is in a series of Health Information Fact Sheets compiled by DDD Health Care Services. Issued November 2014; Reviewed/ Revised April 2025.

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Fact Sheet



Division of Developmental Disabilities Health Care Services

Hypoglycemia

Hypoglycemia is low blood sugar. Blood sugar levels change often during the day. When they drop below 70 mg/dL, this is called having low blood sugar. At this level, you need to take action to bring it back up. Low blood sugar is especially common in people with type 1 diabetes.

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Causes:

There are many reasons why you may have low blood sugar, including:

- Taking too much insulin
- Not eating enough carbohydrates for how much insulin you take
- Timing of when you take your insulin
- The amount and timing of physical activity
- Drinking alcohol
- How much fat, protein, and fiber are in your meal
- Hot and humid weather
- Unexpected changes in your schedule
- Spending time at a high altitude
- Going through puberty
- Having your period (menstruation)

Symptoms:

How you react to low blood sugar may not be the same as it is for others. It's important to know your symptoms. Common symptoms may include:

- Fast heartbeat
- Shaking
- Sweating
- Nervousness or anxiety
- Irritability or confusion
- Dizziness
- Hunger

You may have more *serious* symptoms as your low blood sugar gets worse, including:

- Feeling weak
- Having trouble walking or seeing clearly
- Acting strange or feeling confused
- Having seizures

Hypoglycemia unawareness:

You may not have any symptoms when your blood sugar is low. It will be harder to treat your low blood sugar early if you don't have symptoms. This increases your risk of having severe lows and can be dangerous. This is more likely to happen if you:

- Have had diabetes for more than 5–10 years
- Often have low blood sugar
- Take certain medicines, such as beta blockers to treat high blood pressure

If you have hypoglycemia unawareness, check your blood sugar more often. Checking is especially important to do before driving or being physically active.

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Hypoglycemia



Prevention:

One of the best ways to prevent low blood sugar is to frequently monitor. This can help you to notice trends and adjust before your blood sugar drops too low. Share your blood sugar, medicine routine, physical activity, and food patterns with your doctor if you continue to have low blood sugar episodes. They may be able to identify patterns and help prevent lows by making adjustments. Do not make any changes to your medicines without talking to your doctor.

Treatment for Low Blood Sugar:

The 15-15 rule:

- Have 15 grams of carbs, then wait 15 minutes.
- Check your blood sugar again. If it's still less than 70 mg/dL, repeat this process.
- Keep repeating these steps until your blood sugar is back up in your target range.
- After treating your low blood sugar, eat a balanced snack or meal with protein and carbs.

Tips to keep in mind:

- It is important to have friends, family, co-workers, or other people around often that know what to do in a hypoglycemic situation because it can be sudden and severe, so acting fast is key.
- Young children may need less than 15 grams of carbs, especially infants and toddlers. Ask your doctor how much your child needs.
- Check your blood sugar often when lows are more likely, such as when the weather is hot or when you travel.

Foods to treat low blood sugar:

When treating low blood sugar, you need to absorb sugars as quickly as possible by using fast-acting carbs. Be sure to always have at least one of the items at home and with you just in case your blood sugar is too low:

- 4 ounces (½ cup) of juice or regular (non-diet) soda.
- 1 tablespoon of sugar, honey, or syrup
- Hard candies, jellybeans, or gumdrops
- 3-4 glucose tablets (follow instructions from your doctor)
- 1 dose of glucose gel (usually 1 tube; follow instructions from your doctor)

Foods high in fiber (such as fruit, beans, lentils) and foods high in fat (such as chocolate, baked goods) can slow down how fast you can absorb sugars and are not good options when treating low blood sugar.

Treatment for Severe Low Blood Sugar:

Your blood sugar is considered severely low if it is below 55 mg/dL. You may not be able to treat it using the 15-15 rule. You also may not be able to check your own blood sugar or treat it by yourself, depending on your symptoms.

Injectable glucagon is the best way to treat severely low blood sugar. A glucagon kit is available by prescription. Speak with your doctor to see if you should have a kit, and make sure you know how to use it.

Emergency

Call 9-1-1 for emergency medical treatment *immediately* after a glucagon injection.

Fact Sheet



Division of Developmental Disabilities Health Care Services

Type 1 Diabetes

Health Information Fact Sheet

Type 1 Diabetes is thought to be caused by an autoimmune reaction. This causes the body to attack itself by mistake. It destroys the cells in the pancreas that make insulin. This process can go on for months or years before any symptoms appear. Your pancreas does not make insulin or makes very little insulin if you have type 1 diabetes. Insulin helps blood sugar enter the cells in your body to use as energy. Without insulin, blood sugar can't get into cells and builds up in the bloodstream. High blood sugar is damaging to the body. It causes many symptoms and complications of diabetes. Diet and lifestyle habits do not cause type 1 diabetes. Type 1 diabetes often develops in children, teens, and young adults, but it can happen at any age.

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Some Facts:

Currently, no one knows how to prevent type 1 diabetes. It can be managed by:

- Following your doctor's recommendations for living a healthy lifestyle.
- Managing your blood sugar.
- Getting regular health checkups.
- Getting diabetes self-management education and support.

Risk Factors:

- *Family history:* Having a parent, brother, or sister with type 1 diabetes.
- *Age:* You can get type 1 diabetes at any age, but it usually develops in children, teens, or young adults.

Signs & Symptoms

It can take months or years before symptoms are noticed. Type 1 diabetes symptoms can develop in just a few weeks or months. Once symptoms appear, they can be severe. Symptoms include:

- Nausea
- Vomiting
- Stomach pains
- Urinating (pee) a lot, often at night
- Excessive thirst or feeling extremely thirsty all the time
- Weight loss without taking steps to decrease caloric intake to try to lose weight
- Excess hunger or feeling extremely hungry all the time
- Blurry vision
- Numb or tingling hands or feet
- Feeling very tired
- Having very dry skin
- Body sores that heal slowly
- Increase in infections

Diabetes-Related Complications:

Hypoglycemia and diabetic ketoacidosis are common complications of diabetes. It is important to know how to handle both. Meet with your doctor to learn about the signs and symptoms and get advice on how to treat them.

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Type I Diabetes



Treatment

Attend routine appointments with your health care team which may include:

- Primary care doctor
- Foot doctor
- Dentist
- Eye doctor
- Registered dietitian nutritionist
- Diabetes educator
- Pharmacist

Follow Your Doctor's Orders

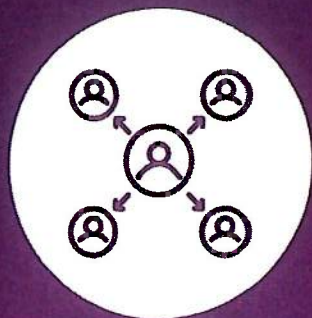
You will need to take insulin shots or wear an insulin pump every day. Insulin is needed to manage your blood sugar levels and give your body energy. Your doctor will work with you to figure out the best type for you and insulin dosage.

You will need to do regular blood sugar checks. Ask your doctor how often you should check it and what your target blood sugar levels should be. Keeping your blood sugar levels as close to target as possible will help you prevent or delay diabetes-related complications.

What You Can Do to Manage Type 1 Diabetes

- Manage stress
- Make healthy food choices
- Be physically active
- Manage your blood pressure
- Manage your cholesterol
- Attend routine appointments with your health care team
- Follow your doctor's orders

Fact Sheet



Division of Developmental Disabilities Health Care Services

Diabetes Type II

Diabetes is a chronic disease which cannot be cured and must be managed daily. Your body does not use the sugar and starch in food properly if you have Diabetes. Sugar levels in your blood can get too high. High blood sugar causes problems in the body. Diet, exercise, and diabetic medications like insulin can help keep blood sugar levels normal.

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Some Facts About Diabetes:

- Many people with diabetes do not know they have this disease.
- Type II Diabetes runs in families.
- Other risk factors include being overweight or not getting enough exercise.
- About 1 in 10 Americans has diabetes; most have type 2 diabetes.

Diabetic Complications:

Members with ongoing high blood sugar are at risk for:

- Skin - hard to heal infections and skin disorders
- Feet - pain, sores and serious infections which may require that toes or the foot be removed
- Eyes - glaucoma, cataracts, nerve damage and others
- Gum disease - there is a higher risk of gum disease with potential tooth loss
- Infections - more likely to get infections
- Neuropathy - a type of nerve damage leading to pain and numbness
- PAD (peripheral arterial disease) - blocked veins or arteries may cause pain in the leg, tingling and sometimes problems with walking
- Hypertension (high blood pressure) - raises the risk of kidney disease, eye problems, heart attack and stroke
- Premature Death - serious complications and death can occur with uncontrolled diabetes

What To Watch For:

Signs and symptoms of Diabetes:

- Urinate (pee) a lot, often at night
- Are very thirsty
- Lose weight without trying
- Are very hungry
- Have blurry vision
- Have numb or tingling hands or feet
- Feel very tired
- Have very dry skin
- Have sores that heal slowly
- Have more infections than usual

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Type II Diabetes



Contact Your Primary Care Physician (PCP) If You Notice Any of These Symptoms

What To Do If You Think You Might Have Diabetes

- When signs and symptoms of diabetes are noted:
 - Make an appointment with your primary care physician (PCP)
 - Take a list of your symptoms to your appointment with the PCP
 - Complete labs or tests as ordered by your PCP

If You Have Diabetes

- Manage your health care:
 - See your PCP at least every 3 to 6 months and a specialist 2 to 4 times a year
 - Keep a list of all of your medications and take the list to your medical appointments
 - Take medications as ordered by the physician
 - Monitor and track blood glucose/blood sugar levels as directed
- Manage your self-care and lifestyle:
 - Create an exercise program and meal plan with your PCP's help
 - Weight control or weight loss as recommended by your PCP or specialist
 - Know the signs and treatment for low blood sugar and high blood sugar
- Notify your PCP or go to Urgent Care for these symptoms:
 - Hypoglycemia (low blood sugar):
 - Fast heartbeat
 - Shaking
 - Sweating
 - Nervousness or anxiety
 - Irritability or confusion
 - Dizziness
 - Hunger
 - Hyperglycemia (high blood sugar):
 - Being very thirsty
 - Being very hungry
 - Feeling more tired than usual
 - Urinating or peeing a lot more than usual
 - Losing weight without trying
 - Blurred vision

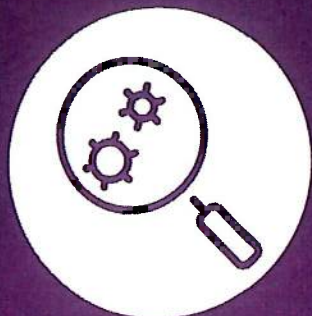
Emergency:

Call 9-1-1 when you feel or see any of the following:

- Hypoglycemia
 - Feeling weak
 - Having trouble walking or seeing clearly
 - Acting strange or feeling confused
 - Having seizures
- Hyperglycemia
 - Fast, deep breathing
 - Dry skin and mouth
 - Flushed face
 - Fruity-smelling breath
 - Headache
 - Muscle stiffness or aches
 - Being very tired
 - Nausea and vomiting
 - Stomach pain

Reference: cdc.gov/diabetes/about/about-type-2-diabetes.html

Fact Sheet



Division of Developmental Disabilities Health Care Services

Urinary Tract Infection (UTI)

Health Information Fact Sheet #2

The urinary tract includes the kidneys, the ureters (*tubes going from each kidney to the bladder*), the urinary bladder, and the urethra (*tube that drains urine from the bladder to outside the body*). This system, or tract, clears waste from the body.

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Some Facts about UTIs:

- UTIs are caused by bacteria.
- E. coli bacteria in the human intestines cause many UTIs.
- Women get more UTIs than men.
- Antibiotics are used to treat UTIs.
- UTIs can cause confusion and disorientation.

Risk Factors (Causes):

The following increases the chances of getting a UTI:

- Catheter (*tube into the bladder*)
- Problems with the pelvic muscles and nerves as in Cerebral Palsy, Spinal cord injury, or other Neuro-muscular conditions, Diabetes, HIV/AIDS, and Cancer
- Obesity
- Menopause
- Poor hygiene, such as inability to clean/wipe properly after bathroom use

What to Watch For:

- Urine is dark, cloudy, or smells
- Dull pain in the back or sides (*above the hip*)
- Burning & pain with urination (*expelling the urine*)
- Feeling the urge to urinate often
- Bloody or pink-tinged urine
- Pain in the lower area of the belly
- Bathroom accidents (*incontinence*)
- Nausea/Vomiting
- Confusion & Disorientation
- Fatigue & Drowsiness

What to Do/ Prevention:

- Good Personal Hygiene:
 - Hand-washing before and after bathroom use.
 - Cleansing genital/private area front to back during baths/showers.
 - Wiping from front to back (*especially in females*) after bathroom use.
- Catheter Care:
 - Proper sanitary care for those using a catheter tube into the bladder.
- Proper Hydration:
 - Keep well hydrated to prevent concentrated urine in the bladder which grows bacteria.
 - Consult a doctor for the right amount and type of liquids for the member.

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UTIs



What to Do/Treatment:

- Make a doctor's appointment or go to urgent care if UTI is suspected.
- Immediately begin taking antibiotics that are prescribed and finish all doses even when feeling better.
- Follow and complete all instructions from the medical provider.
- When treatment is received in the emergency room or urgent care, make sure to set a follow-up appointment with the primary care provider (PCP), if directed to do so.

Emergency

Contact A Doctor or Seek Urgent Care Immediately when you observe any of the following signs:

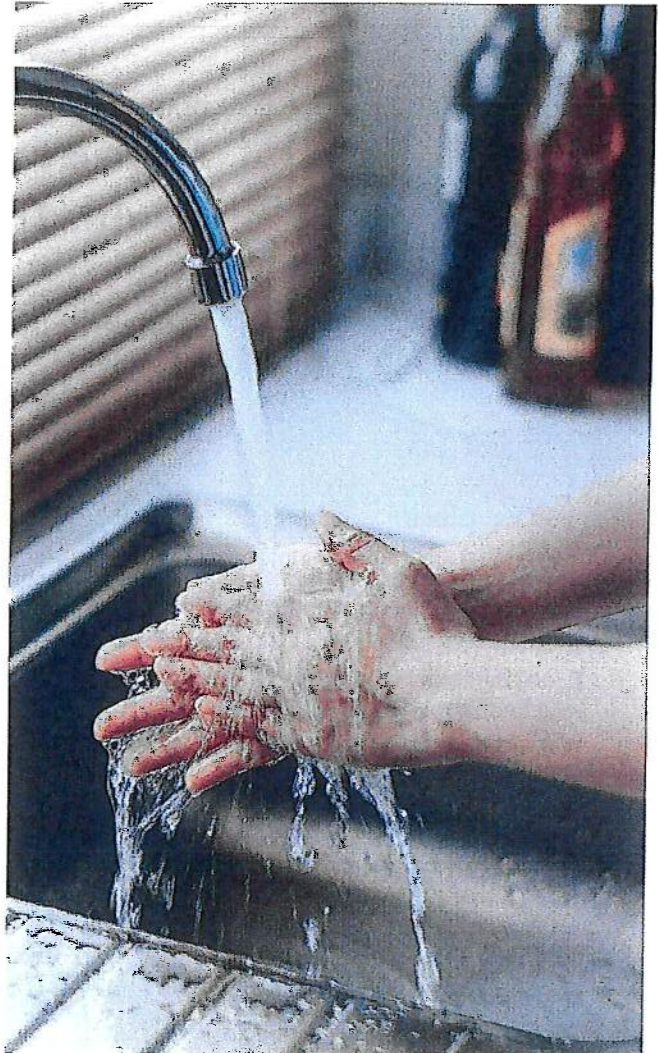
- Fever
- Pain
- Chills
- Blood in Urine
- Unable to eat or drink.

Call 9-1-1 for

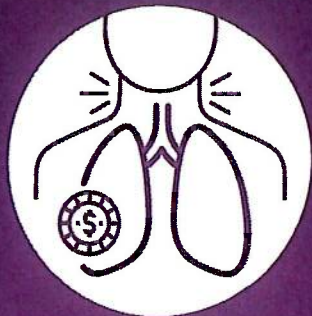
- Difficulty Breathing
- Severe Pain
- Loss of Consciousness
- Changes in Level of Consciousness (*new confusion*).

Start CPR immediately after calling 9-1-1 when

- Member is not breathing and/or a heartbeat (pulse) cannot be found.



Fact Sheet



Division of Developmental Disabilities Health Care Services

Aspiration

Health Information Fact Sheet #3

Aspiration is the breathing or sucking in of any foreign material into the throat or lungs through the mouth or nose. Some examples may be: food, fluid, saliva, medications, or any non-edible object.

Fact Sheet guidelines have been provided as general information, not as a substitution for medical treatment from a physician.

Some Facts about Seizures & Aspiration:

- Aspiration can be triggered by choking.
- It may happen silently or over time without an awareness it is taking place.
- Swallowing difficulties increase the risk of aspiration.

Risk Factors (Causes):

Recognition of the following conditions will help alert you to potential risks:

- GERD (acid reflux)
- Cerebral Palsy
- Seizures
- Swallowing problems
- Pica behaviors
- Aging
- Hiatal hernia (stomach problems)
- Food stuffing/eating too fast
- History of choking or aspiration pneumonia
- Side effect of medications
- Inability to chew or swallow properly
- Improper positioning for adequate swallowing
- Being fed by someone else

What to Watch For:

There are many behaviors which can signal the potential for aspiration and include:

- Eating slowly
- Afraid of, or not wanting to eat
- Gagging/coughing/choking – during or after meals
- Refusing food or fluids
- Drooling
- Food or fluid falling out of the member's mouth
- Eating in odd or unusual positions
- Throwing head back when swallowing
- Swallowing large amounts of food or quickly stuffing mouth with food
- Refusing to eat unless assisted by favorite caregiver
- Vomiting or odor of vomit after meals

The Aspiration Fact Sheet is #3 in a series of Health Information Fact Sheets compiled by DDD Health Care Services.

Issued April 2012; Reviewed/Revised April 2025.

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DDD-1619D FLYENG (07/25)

Aspiration



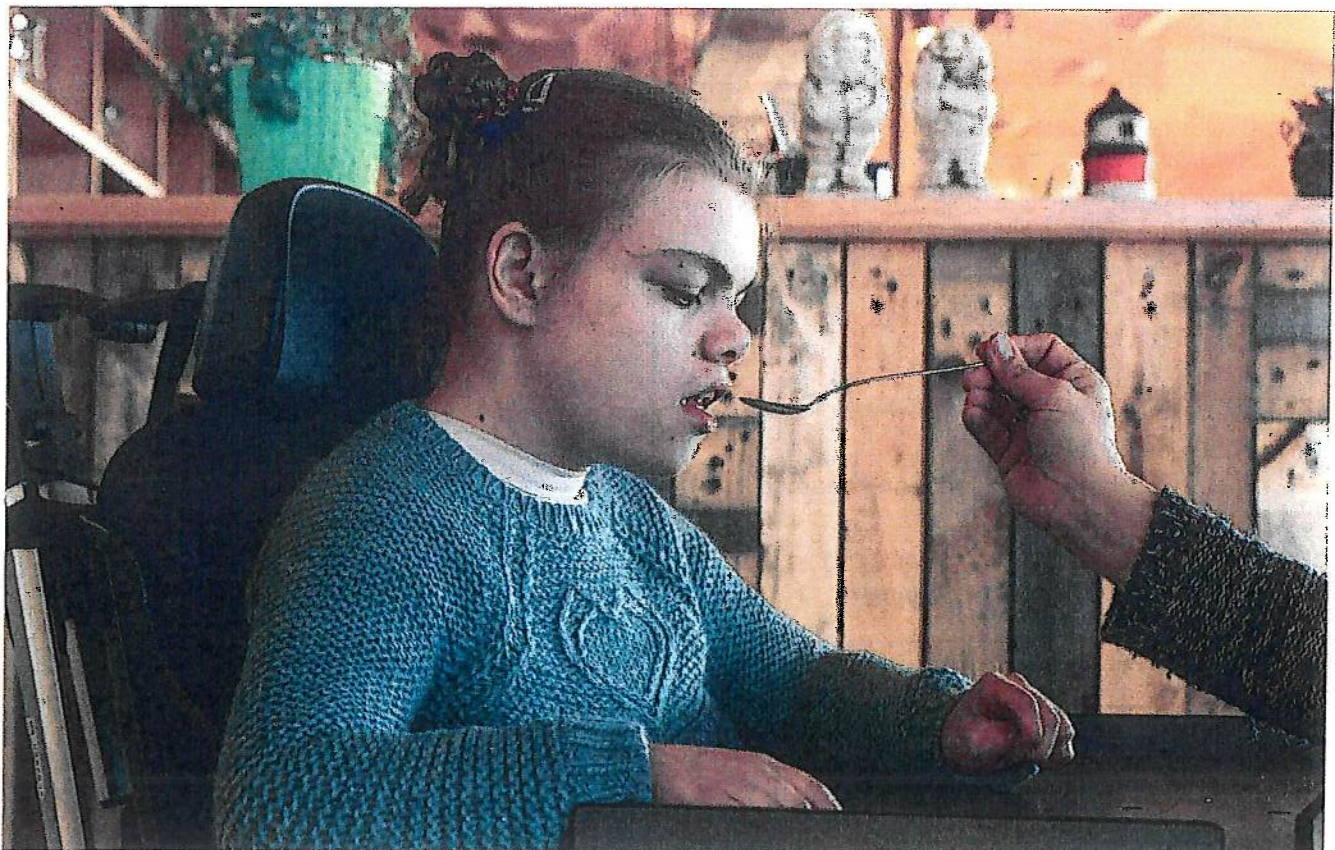
What to Do:

- *Obtain a swallow study* from a professional if symptoms occur or continue.
- *Follow the diet* prescribed by the doctor or dietitian.
- *Ensure diet guidelines are specific:* food consistency, size of food pieces (such as $\frac{1}{4}$ "), and the texture of food.
- *Provide a slow, undistracted pace* of eating.
- *Proper positioning* during and after meals.
- *Avoid food or fluid before bedtime.*
- *Keep in upright position* for at least 45 minutes after meals.
- *Ensure all staff are trained* in assisting members with positioning, eating, and appropriate supervision.
- *CPR & first aid certification* (which includes training in the heimlich maneuver).

Emergency

Call 9-1-1 **IMMEDIATELY** (and begin CPR if necessary) when you observe any of the following signs:

- *Turning blue*
- *Wheezing*
- *Difficulty breathing or stops breathing*
- *Gasps for breath/unable to get air*
- *Becomes unconscious (does not respond)*



Fact Sheet



Division of Developmental Disabilities Health Care Services

Constipation

Health Information Fact Sheet #4

Constipation is difficulty having a bowel movement or "going to the bathroom." Fecal material may be hard, dry, and pass in small round pieces. Normal consistency of fecal material should be soft and pass easily from the bowel.

Fact Sheet guidelines have been provided as general information, not as a substitution for medical treatment from a physician.

Some Facts about Constipation:

- Frequency of bowel movements can vary from person to person.
- The average diet does not contain enough fiber or fluids, which aid in elimination of body waste.
- Medications may cause constipation difficulties when "going to the bathroom."

Risk Factors (Causes):

Recognition of the following conditions will help alert you to potential risks:

- Neuromuscular or Degenerative Disorders, Spinal Cord Injuries, Birth Defects, or other disorders (such as Cerebral Palsy, Parkinson's, stroke, diabetes, and scoliosis)
- History of constipation, bowel obstruction or impaction
- Immobility, muscle weakness or poor body alignment making adequate bowel elimination difficult
- Difficulty swallowing or aspiration risk which make it difficult to eat or drink adequate amounts of fiber and fluid
- Decreased privacy using bathroom, time to use bathroom, or access to the bathroom circulation

What to Watch For:

Various conditions which can signal the potential for constipation include:

- Straining or grunting while attempting to have a bowel movement
- Frequent trips to the toilet or spending a lot of time on the toilet
- Complaints of bloating and stomach discomfort or pain
- Passing fecal material that appears hard or in smaller pieces
- Refusing to eat or drink

What to Do:

- *Obtain dietitian consult* for guidelines in correct amount of food and fluid requirements to aid in elimination of body waste.
- *Follow diet* prescribed by dietician or doctor.
- *Make sure diet guidelines are specific* (type of food, texture, how much fiber and how much fluid the person requires each day).
- *Ask doctor for specific guidelines/recommendations on:*
 - A toileting schedule?
 - How frequently to expect bowel movements?
 - When to report absence of bowel movements?
 - When to report other constipation symptoms?
- *If no guidelines provided, notify the doctor when:*
 - There have been no bowl movements for three (3) days.
 - Complaints of stomach or abdominal pain/discomfort.
 - Abdomen looks bloated (larger than normal) or feels firm/hard when touched.

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Constipation

Hot Topics



Constipation can Cause Death:

Many vulnerable individuals die from the complications of constipation.

What to Watch For:

- Straining or grunting while attempting to have a bowel movement
- Frequent attempts or spending long periods of time attempting to have a bowel movement
- Bloating and/or stomach pain or discomfort
- Increased agitation or an increase in other behaviors
- Passing hard or small pieces of fecal material
- Refusing to eat or drink (later symptom):

Action Items:

- *Notify the doctor when individual has no bowel movement in three (3) days or has three (3) bowel movements or less per week*
- *Obtain doctor's bowel care orders, which may include:*
 - Medications to prevent constipation and promote regular bowel movements
 - Diet and Fluid recommendations
 - Medication Changes (when an individual's medicines may be causing constipation)

Emergency

- *Call 9-1-1 immediately (and begin CPR if necessary) when you observe or see any of the following signs:*
 - Vomiting material that smells like fecal material
 - Vomiting digested food that smells like feces

Immediate Urgent Care Visit if an individual has discomfort or pain; refusing food or fluids.

Call 9-1-1 immediately if vomit resembles digested foods and/or smells like feces.

Prevention:

- *Get plenty of fluids*
 - Provide lots of water and other clear liquids
 - Offer fluids frequently to individuals who are unable to make their needs known
 - Individuals with mobility restrictions
 - Individuals who are non-verbal
 - Anyone who cannot obtain fluids without assistance
 - Individuals with fluid restrictions/limits need their intake amounts adjusted for hot weather
 - Contact the individual's medical provider for adjustments
- *Contact the doctor when medicines may be causing constipation*
 - Many prescription and non-prescription medicines can cause constipation.
 - The following medications may cause or contribute to constipation:
 - Antidepressants
 - Antipsychotics
 - Narcotic Pain Medication
 - Antacids
 - Calcium and Iron Supplements
 - Certain Blood Pressure Medication
 - Cold Medicines (antihistamines)
- *Eat a diet rich in fiber*
 - Fiber helps move waste through the intestines quickly
 - Provide a variety of fruits and vegetables for snacks and with meals
 - Serve whole grains in place of processed items (whole grain breads, cereals, crackers)
- *Move bowels promptly*
 - Delaying or ignoring the urge to move your bowels causes constipation
 - Respond quickly to individuals asking to use toilet facilities
 - Establish toileting routines and schedules for individuals who cannot communicate their needs.
 - Keep track of bowel movements
 - Notify the doctor if there has been no bowel movement for three (3) days

Fact Sheet



Division of Developmental Disabilities Health Care Services

Asphyxiation

Health Information Fact Sheet #5

Asphyxiation: To cause a person to pass out or die by preventing normal breathing. Asphyxiation can occur during a range of different events such as choking, aspiration, restraint of a member, suffocation, or smothering.

Fact Sheet guidelines have been provided as general information, not as a substitution for medical treatment from a physician.

Some Facts about Asphyxiation:

- There are many different causes of asphyxiation.
- One common cause of asphyxiation is choking.
- Asphyxiation can occur during a choking event when something becomes lodged in the airway, thereby greatly reducing the amount of air received into the lungs.

Risk Factors (Causes):

Recognition of the following conditions will help alert you to potential risks:

- **Choking** (airway is blocked by a small object or piece of food)
- **Seizures** (asphyxiation can occur during the seizure which stops the individual's breathing)
- **Respiratory problems** (such as pneumonia, asthma, or exposure to pepper spray)
- **Sleep apnea** (due to oxygen)
- **Near drowning** (air in lungs is replaced by water)
- **Restraint** of an individual face down (prone restraint-which is prohibited)
- **Compression** of or pushing against an individual's chest; preventing adequate lung expansion during any type of restraint
- **Obesity** (compounds other risk factors)

What to Watch For:

The primary sign of a member experiencing asphyxiation is difficulty breathing. Additional signs to watch for include:

- Wheezing
- Inability to breathe normally
- Gagging/coughing/choking
- Clutching or grasping the throat
- Agitation
- Loss of consciousness (the individual is not responsive)
- Hearing the statement: "I can't breathe!" (especially when a restraint compressing the chest is being used)
- Prolonged struggle or physical exertion

What to Do:

For individuals members who may have risk factors:

- Contact doctor regarding severity of risk factors and ways to decrease risk of asphyxiation.
- Communicate with the Support Coordinator and Person-Centered Support Plan (PCSP) team and update the Risk Assessment with appropriate prevention strategies.

Asphyxiation



Behavior Plan:

- Follow guidelines developed by the doctor and PCSP team.

Crisis Intervention:

- Ensure only approved techniques are used.

Choking, Swallowing Difficulties Or Aspiration:

- Follow the diet prescribed by the doctor.
- Keep the member in an upright position at least 45 minutes after meals and ask the doctor if food/fluids should be avoided before bedtime.

Seizures:

- Follow seizure protocol and instructions developed by the member doctor and PCSP team.

The Asphyxiation Fact Sheet is #5 in a series of *Health Information Fact Sheets* compiled by DDD Health Care Services.

Issued April 2012; Reviewed/Revised April 2025.

Staff Training In The Following:

- Understanding and recognizing emergency signs of asphyxiation (see below).
- Assisting members at risk for choking and seizures.
- Client Intervention Training (CIT I & II) for staff working with members identified with a Behavior Plan.
- First Aid & CPR Certification (which includes the Heimlich Maneuver).

Review fact sheets on seizure disorder #2 and aspiration #3.

Emergency

Call 9-1-1 **IMMEDIATELY** (and begin CPR if necessary) when you observe any of the following signs:

- Turning blue
- Wheezing
- Difficulty breathing or stops breathing
- Gasps for breath/unable to get air
- Becomes unconscious (does not respond)



Fact Sheet



Division of Developmental Disabilities Health Care Services

Pressure Ulcers/Bedsore

Safety Information Fact Sheet #12

Pressure Ulcers / Bedsore: Open wounds that form when pressure is applied to the skin for long periods of time. The pressure causes blood flow to decrease and the skin tissue and sometimes tissues below the skin to die and peel off.

Fact Sheet guidelines have been provided as general information, not as a substitution for medical treatment from a physician.

Some Facts about Pressure Ulcers/Bedsore:

- Bedsore are called pressure ulcers, decubitus, and/or pressure sores.
- These wounds form because pressure remains at points on the skin - especially over bony areas - cutting off the blood supply. The damaged flesh then dies and slowly peels away.
- Open bedsore can allow bacteria into the blood stream causing serious infection.

Risk Factors (Alerts):

Recognition of the following conditions will help alert you to potential risks:

- Elderly/advanced age
- Individual cannot move without assistance
- Poor nutrition
- Poor fluid intake/dehydration
- Chronic disease (such as Diabetes)
- Infections
- Injuries
- Wearing braces or casts
- Limbs that are red and swollen with fluid (edema)
- Friction
- Moisture
- Poor circulation

What to Watch For:

- Skin discoloration (*redness or black areas*)
- Breaks in the skin
- Pain or discomfort
- Areas of skin that are peeling

What to Do/Prevention:

- Identify and be aware of members with the above risks: check their skin for redness or discoloration.
- Members who spend long periods of time in bed should be moved from right-side to back to left-side on an every two (2) hour basis or more frequently as recommended for the member.
- Reposition members in wheelchairs every thirty (30) minutes.
- Maintain good nutrition and fluid intake.
- Moisturize dry skin.
- Avoid vigorous or hard rubbing when bathing, drying, or applying lotion.
- Avoid dragging or pulling when moving individuals (*avoid friction*); lift them.
- Keep skin clean and dry; moist skin is more easily damaged.

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Pressure Ulcers/ Bedsore Hot Topics



Prevention:

- *Identify members at risk* such as those who need assistance with mobility (turning, transfers, etc.)
- *Limited Mobility* – members who spend most or all their time in bed or a chair need to be turned or repositioned every two (2) hours or more frequently as recommended for the individual.
- *Wheelchair* – members using wheelchairs for mobility should be repositioned every thirty (30) minutes.
- *Health & Nutrition* – good nutrition and hydration (*enough fluids*) helps maintain healthy skin and blood flow.
- *Moisturize Skin* – dry, flaky skin is more likely to break down; moisturize dry skin often.
- *Gentle Care* – avoid rubbing or scrubbing hard when providing baths and general care. Always lift members carefully without pulling or dragging them across sheets and other surfaces.

Signs of a Possible Bedsore:

- **Most Common Symptoms:**
 - Discolored skin – redness, blanching, or black scabbed areas
 - Breaks or opening in the skin including peeling: tailbone and other bony areas (*ankles, hips, shoulder blades, etc.*) are more at risk for pressure ulcer/bedsore development.
 - Pain or Discomfort: visually check any areas where the member has pain/discomfort.

Emergency

- *Immediately* call 9-1-1 when any of the following conditions occur:
 - Shortness of breath
 - Bleeding
 - Loss of consciousness
 - Inability to move
 - New confusion
 - Excessive pain

What to Do:

If you suspect a bedsore or pressure area?

- *Call The Doctor* for an appointment
If the doctor finds a pressure ulcer or bedsore, orders may be written for the following:
- *Skin Care:*
 - Medications, creams, lotions, and/or dressings
 - Type & length of treatment
 - Wound clinic or wound specialty home health nurse (*if needed*)
- *Nutrition:*
 - Tube feeding or special diet
 - Type, amount, and frequency of tube feeding or supplements
 - Special drinks, vitamins, or supplements
- *Equipment & Supplies:*
 - Special cushions, boots, mattresses, and/or hospital bed
 - Feeding tubes, dressings, tape, creams/lotions, and other items as needed
- *Call the ddd support coordinator & district nurse!*
 - The District Nurse, in collaboration with Support Coordination, will assess risk factors and develop an intervention plan to heal the current pressure ulcer and prevent reoccurrence of new pressure ulcers.

Action Items:

- Call the member's doctor for an appointment whenever you suspect a pressure ulcer/bedsore or area where one might be starting to develop.
- Insist on an appointment within 3-5 days – not a month later or at the next check-up
- After the appointment, implement any and all follow-up appointments or recommended treatment immediately.
 - Specialty or Wound Clinic referrals
- Nutrition and fluid recommendations including dietician consults if ordered
 - *Special Skin Care* – start all recommendations/orders immediately including lotions, creams, dressings, cushions, or other special equipment such as mattresses.
- Notify the DDD Support Coordinator and/or DDD District Nurse whenever a pressure ulcer/bedsore is identified.

The Pressure Ulcer/Bedsore Fact Sheet is #12 in a series of health information fact sheets compiled by DDD Health Care Services.

Issued July 2013; Reviewed/Revised April 2025.

Fact Sheet



Division of Developmental Disabilities Health Care Services

Hand Washing

Washing your hands with soap and water is an easy and effective way to stay healthy. It can also stop illness and infections from spreading to you and others.

Did You Know?

- Soap does not kill germs. It makes the skin slick, causing germs to slide off under running water (scrubbing for 20 seconds is needed).
- According to the Centers for Disease Control and Prevention (CDC), a recent study showed that only 31% of men and 65% of women washed their hands after using a public restroom.

Fact Sheet guidelines have been provided as general information, not as a substitution for medical treatment from a physician.

Risk Factors:

When should you wash your hands?

- Before, during, and after preparing food
- Before and after eating food
- Before and after caring for someone who is sick
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning up a child or adult who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal or animal waste
- After handling pet food or pet treats
- After touching garbage
- When hands are visibly dirty

Be Alert:

The CDC has materials, videos, and tools to improve hand washing. cdc.gov/handwashing/

What if soap and water are not available?

- Soap and water are the best way to reduce the number of germs on hands.
- When soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol. Hand sanitizers can quickly reduce the number of germs on hands, but sanitizers do not eliminate all types of germs.

Hand Sanitizers are not as effective when hands are visibly dirty!

How do you use hand sanitizers?

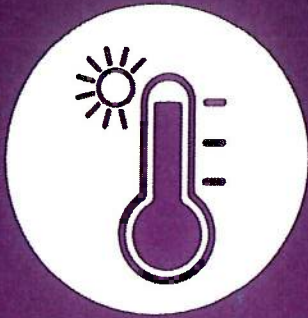
- Apply the sanitizer to the palm of one hand.
- Rub your hands together.
- Rub the sanitizer over all surfaces of your hands and fingers until your hands are dry.

The Right Way to Wash Your Hands:

- **Wet Your Hands** with clean, running water (warm or cold) and apply soap.
- **Rub Your Hands** together to make a lather and scrub them well; be sure to scrub the backs of your hands - between your fingers and under your nails.
- **Continue Rubbing Your Hands** together for at least 20 seconds. Hum the "Happy Birthday" song from beginning to end twice.
- **Rinse Your Hands Well** under running water.
- **Dry Your Hands** using a clean towel or air dry them.

Reference: cdc.gov/handwashing/

Fact Sheet



In any heat-related illness emergency,
call 9-1-1 immediately!



Division of Developmental Disabilities Health Care Services

Heat Hazards Hot Topics Health Information Fact Sheet

Summer temperatures are back! Hot weather can be life-threatening. Use common sense and caution to prevent a tragedy. Many activities that were appropriate in cooler weather can have deadly consequences during the hot weather months. *Heat Stroke, Heat Exhaustion, and Muscle Cramps* can be serious and possibly life-threatening. These conditions can occur when someone gets more hot weather than their body can handle.

Fact Sheet guidelines have been provided as general information, not as a substitution for medical treatment from a physician.

"Heat Hazards" is for general information only and is not a substitution for medical treatment from a physician.

Avoid a Tragedy:

- **Never leave people or animals in a vehicle - not even for a second!** Temperatures inside a car can reach 130° F - 150° F within the first 5 -15 minutes - even if the outside temperature is only in the 80's!
- **Do a "head-count" when going to and returning from an activity.** Make sure everyone is on-board before leaving any location.
- **Do not stay in outside areas for more than 15-20 minutes at a time.** Use a timing device if necessary.
- **Drink plenty of fluids to keep hydrated.** Water is best! Avoid sweet drinks, caffeine, and alcohol. These further dehydrate the body.
- **Keep an ample supply of water available in vehicles.** Carry bottled water in all vehicles for yourself, your passengers, and for anyone who might be suffering from the heat.
- **Monitor fluid restrictions.** Call a member's doctor to adjust the amount needed during hot weather.
- **Wear appropriate clothing:** loose fitting, light colors, light fabrics, long sleeves, and a hat.
- **Avoid the midday sun.** Schedule outdoor activities before 10am. Be aware that 1:00pm in the summer is not the right time to walk to the convenience store.
- **Monitor members taking blood pressure, behavioral, anti-depression, and/or allergy medicines.** These medications decrease sweating and may compromise the body's cooling system.

Heat Stroke & Heat Exhaustion are Medical Emergencies:

Symptoms

- Muscle pain or spasms (early symptom)
- Flushed, hot, clammy skin
- Excessive or no sweating
- Weakness
- Headache
- Dizziness
- Nausea
- Vomiting
- Confusion
- Fast, shallow breathing
- Fast heartbeat

Treatment

- Response time will be critical! Call 9-1-1 Emergency Services.
- Move to a cooler place.
- Cool down the person with cool water (shower or bath).
- If the person is conscious, offer cool fluids - not ice-cold fluids, which may cause stomach cramps.
- Do not wrap the person in wet towels - this may heat them up.
- CPR (Cardio-pulmonary Resuscitation) may be needed if the person stops breathing or pulse cannot be detected.

The Heat Hazards Hot Topics Health Information Fact Sheet is in a series of Health Information Fact Sheets compiled by DDD Health Care Services. Issued Summer 2015; Reviewed/Revised April 2025.

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Fact Sheet



Division of Developmental Disabilities Health Care Services

Responsible Driving

Safety Information Fact Sheet

"Responsible Driving ... it's more than what's outside the vehicle."

This Safety Information Fact Sheet is designed to provide general information to providers, parents, and other caregivers who provide transportation support to individuals with developmental disabilities.

Fact Sheet guidelines have been provided as general information, not as a substitution for medical treatment from a physician.

Before You Turn the Key:

- Know your route; plan it out
- Ensure vehicle maintenance is up-to-date
 - air conditioner/heater
 - condition of tires
 - oil/water
- Locate current registration and insurance documents
- Check fuel level
- Walk around the entire vehicle to identify obstacles/hazards
- Check cell phone and/or radio charge
- Keep a first aid kit and extra water handy
- Schedule drink/food and bathroom breaks for long trips
- Allow enough time to cover the route
- Have attendance sheets ready for pick-up and drop-off.

Wheelchair Lifts:

- Know how to safely operate the lift for the vehicle
- Avoid distractions and pay attention to safety!
- Perform a visual check of the area before operating the lift
- Inform individuals before each step to ensure they are prepared
- Position the person and their wheelchair in the middle of the lift platform
- Lock the wheelchair brakes while on the lift to prevent rolling and uncontrolled movement
- Assure powered chairs are turned off while on the lift
- Secure each wheelchair in the vehicle using appropriate locking devices: seatbelts, tie-downs, etc.
- Do not allow any horseplay on the lift; use it only for the purpose for which it was designed

Loading People:

- Designate a pick-up area
- Know your passengers
- Plan accordingly:
 - behavioral issues
 - difficulty with change
 - car sickness
 - anxiety while traveling, etc.
- Ensure adequate staffing to provide oversight during transport
- Ensure enough seating and/or space for adaptive equipment
- Plan the seating arrangement to ensure a safe/pleasant trip
- Assist individuals as they enter
- Check seatbelts - *It's the law!*
 - Everyone should have their own seatbelt and be properly buckled in good condition
- Use Car seats - for infants and young children per manufacturers' directions
- Document each person on the attendance sheet as they enter the vehicle and do a head count before leaving

Unloading People:

- Designate a drop-off area
- Check-off each person as they exit
- Assure safety and assist as needed
- Perform a visual check of each seat (front, back & under) confirming everyone has exited
- Never leave a person in a vehicle unattended! Lock the vehicle to prevent entry while unattended (after the visual seat check)

Fact Sheet



Division of Developmental Disabilities Health Care Services

Wheelchair Safety

Safety Information Fact Sheet #1

Wheelchair Safety: Includes the proper operation and maintenance of wheelchairs and other mobility assistive devices to prevent injury. Unsafe maintenance and operation of these devices can result in serious injury to the member and their caregivers.

Fact Sheet guidelines have been provided as general information, not as a substitution for medical treatment from a physician.

Did you know?

- Injuries from unsafe operation and maintenance of wheelchairs and other mobility assistive devices (*scooters, walkers, bath chairs, etc.*) can be serious, possibly life-threatening.
- Mobility assistive device injuries can be prevented.

Risk Factors:

That can cause injury:

- Faulty brakes
- Broken/missing parts
- Missing anti-tip bar
- Worn wheels & tires
- Curbs, ramps, inclines & stairs
- Uneven pavement & slippery floors
- Tight/close bathroom quarters unsafe transfers, tips & falls
- Inappropriate use (*leg rest, door stop, step ladder, cart, etc.*)
- Unsecured safety belt
- Others riding on the device
- Heavy items hung on the device
- Driving with a device unsecured

Be alert!

- Always be alert to potential mobility assistive device hazards for all members - even those operating independently

Prevention:

- Repair or replace faulty or missing parts — especially brakes.
- Do not use a mobility assistive device to hold open a door or as a foot rest.
- Utilize anti-tip bars found across the back of the wheelchair or device.
- Avoid hanging any items in the back of the wheelchair or device - reaching for items and/or heavy loads can cause tipping.
- Assist and monitor all individuals members near curbs, inclines and/or ramps.
- Make sure to center the device when going up and down ramps or uneven surfaces to avoid tipping forward or to the side.
- Ensure the device is properly secured during transport with four-point tie-downs.
- Remove and store add-on equipment prior to transport, i.e. oxygen tanks, tray storage bags, etc.

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Wheelchair Safety Tips



Wheelchair Transfers:

- Always apply *all* brakes and test them.
- Apply an anti-tip bar (if available).
- Ensure that the chair, bed, or other location is secure - does not slide.
- Make sure the member is not restrained by a belt and/or clothing.
- Use a gait belt, especially when performing a one-person transfer.
- Move the member from a high to low position whenever possible.
 - If transferring from a bed to a wheelchair, the bed should be positioned higher.
 - Use a Hoyer lift and/or two or more person lifts when needed.
- Whenever in doubt, seek assistance or two-person transfer.
- Use good body posture when assisting with a transfer.

Additional Mobility Tips:

- Ensure electric mobility assistive devices are fully charged prior to use in the community.
- Keep traffic areas and pathways clear of clutter and debris.
- Be Respectful: The member uses an assistive device for mobility.
 - Maintain appropriate distance and respect as you would for the actual person: do not push on their mobility device, lean on it, or tap on it.
 - Always transport the member with care, facing forward, and speaking directly to the member.
 - Do not have anyone ride on the device with the member.
 - Do not inappropriately utilize the device as a door stop, foot stool, cart, "joy-riding", etc.
 - Do not hang items such as backpacks and/or purses on the back of the device or place them on the member's lap during transport.
 - Handle and maintain the mobility assistive device with care and respect.
 - Educate the member on the safety and maintenance requirements for the assistive mobility device.



Emergency

Immediately call 9-1-1 when an injury results in any of the following conditions:

- *Difficulty Breathing*
- *Bleeding*
- *Loss of Consciousness*
- *Excessive Pain*
- *Inability to Move the Injured Body Part*

The Wheelchair Safety Fact Sheet is in a series of Health Information Fact Sheets compiled by DDD Health Care Services. Issued October 2012; Reviewed/Revised April 2025.

Fact Sheet



Division of Developmental Disabilities Health Care Services

Transfer/Lift Safety

Health Information Fact Sheet #2

Transfer/Lift Safety: This is the process of lifting and/or moving a member from one location or surface to another, such as from a bed to a wheelchair or a chair to a vehicle seat, without causing injury or harm to the member or caregiver.

Fact Sheet guidelines have been provided as general information, not as a substitution for medical treatment from a physician.

Did You Know?

- Lifting and transferring members is the number one (#1) reported cause of back, knee, and shoulder injury in healthcare workers.
- Unsafe transfers can cause serious, life-threatening injury to the member and the caregiver.

Risk Factors

That can cause injury:

- Members who cannot cooperate
 - Confused
 - Combative/ aggressive
 - Fearful/ anxious
- Members with impairments
 - Non-weight bearing
 - Partial weight bearing
 - Unable to assist
 - Psychotropic medication use
 - Developmental impairment
- Caregivers who are unprepared or not skilled
 - Untrained
 - Unfamiliar with the member
 - Believes that healthy & fit caregivers cannot get injured
 - Does not ask for help
- Faulty or Damaged Equipment
- Lack of Needed Equipment/Supplies

Be Alert!

- Always be alert to potential hazards and risks when transferring members from one location to another even when just turning someone in bed.

Prevention:

- Provide training to staff responsible for lifts and transfers of members.
- Ensure staff ratio is appropriate to meet the member's needs.
- Orient new and existing staff to members needing transfers/lifts.
- Provide equipment as needs change; such as lifts, gait belts, and slide boards.
- Maintain equipment in good working condition.
- Repair and/or replace equipment as needed.
- Refer back to training and resources regarding use of available equipment.
- Identify members "at-risk" for difficult transfers.

Emergency

Immediately call 9-1-1 when any of the following conditions occur:

- *Difficulty breathing*
- *Bleeding*
- *Loss of consciousness*
- *Excessive pain*
- *Change in alertness or ability to pay attention*

The Transfer/Lift Safety Fact Sheet is in a series of Health Information Fact Sheets compiled by DDD Health Care Services. Issued July 2013; Reviewed/Revised April 2025.

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities Customer Service Center at 1-844-770-9500; TTY/TDD Services: 7-1-1

Responsible Driving Transfer Safety Tips



Wheelchair Transfers:

- Always apply *all* brakes and test them.
- Apply an anti-tip bar (if available).
- Ensure that the chair, bed, or other location is secure and does not slide.
- Make sure the individual is not restrained by a belt and/or clothing.
- Use a gait belt, especially when performing a one-person transfer.
- Move the individual from a high to low position whenever possible.
 - If transferring from a bed to a wheelchair, the bed should be positioned higher / Use a Hoyer lift and/or two or more person lifts when needed.
 - Whenever in doubt, seek assistance or do a two-person transfer.
- Use good body posture when assisting with a transfer.



The Responsible Driving Fact Sheet is in a series of Health Information Fact Sheets compiled by DDD Health Care Services.

Issued July 2015; Reviewed/Revised April 2025

Additional Mobility Tips:

- Ensure electric mobility devices are fully charged prior to use in the community.
- Keep traffic areas and pathways clear of clutter and debris.
- *Be Respectful:* A mobility device is an extension of the member.
 - Maintain appropriate distance and respect as you would for the member, do not push on their mobility device, lean on it, or tap on it.
 - Always transport the member with care, facing forward, and speak directly to them.
 - Do not ride on the device or allow children to ride on the device with the member.
 - Do not inappropriately utilize the device as a door stop, foot-stool, cart, "joy-riding", etc.
 - Do not hang items such as backpacks and/or purses on the back of the device or place them on the member's lap during transport.
 - Handle and maintain the mobility device with care, respecting the member's dependence upon the device for their personal livelihood and independence.
 - Make certain the member has a basic understanding of the safety and maintenance requirements for their mobility device.

Emergency

Immediately call 9-1-1 when any of the following conditions occur:

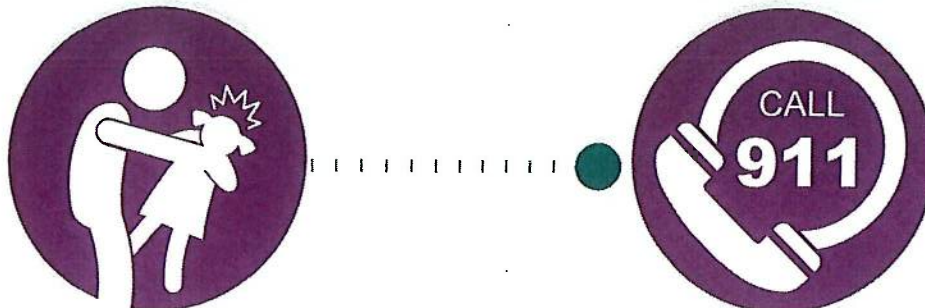
- Difficulty breathing
- Bleeding
- Loss of consciousness
- Excessive pain
- Change in alertness or ability to pay attention

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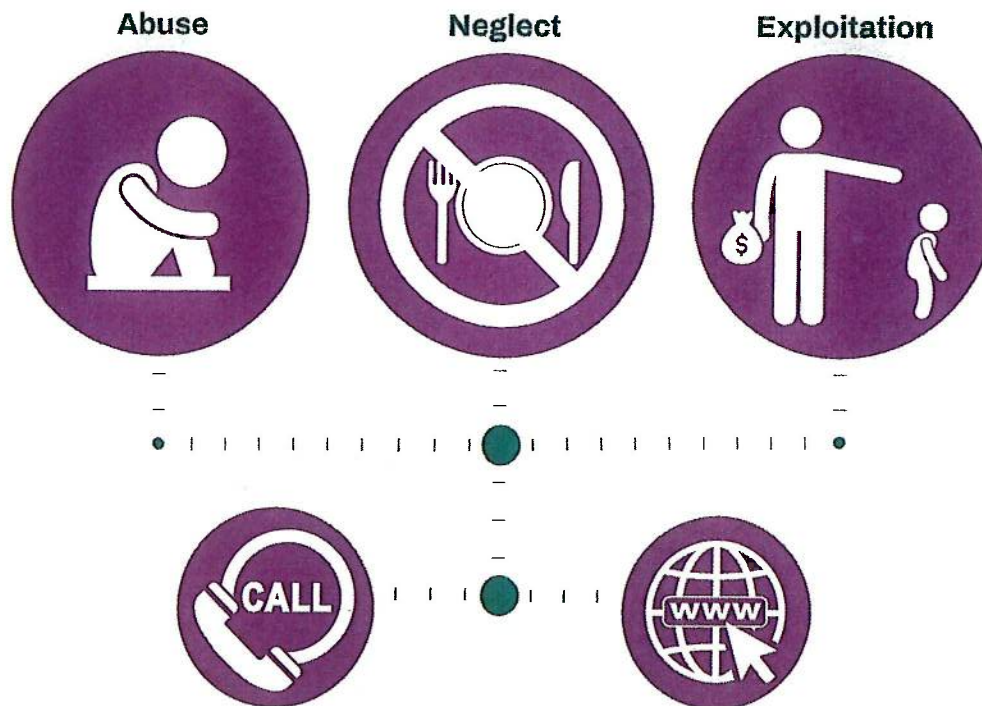
DDD-1751A FLYENG (07/25)

Everyone Has The Right To Be Safe

Call 911 if you or someone else is in danger right now



If you think you or someone else may be in danger, get help!



1-877-767-2445

**On the web visit
des.az.gov/sos-child**



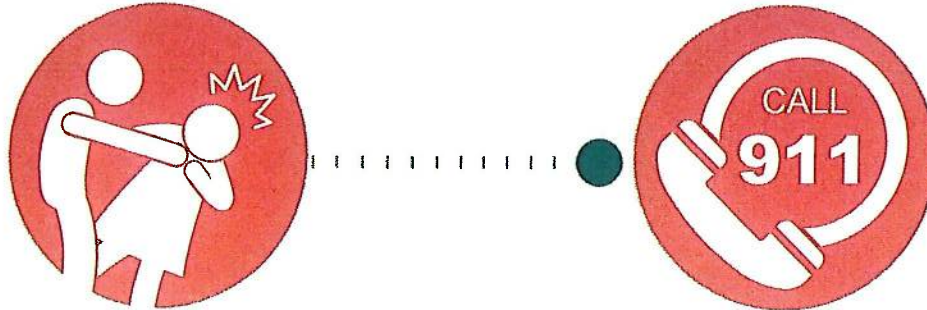
**Need to talk? Call Arizona Coalition to End Sexual and Domestic
Violence (ACESDV) toll-free 1 (800) 782-6400 or text 520-720-3383**

BE PROUD that you spoke up!
It is against the law for anyone to hurt you for telling

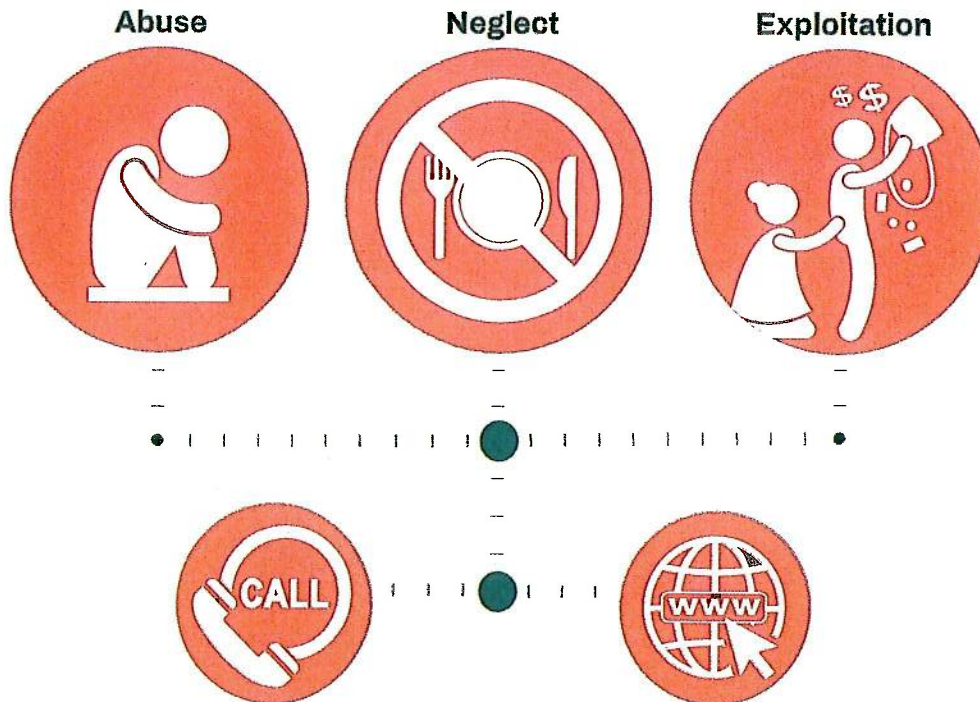


Everyone Has The Right To Be Safe

Call 911 if you or someone else is in danger right now



If you think you or someone else may be in danger, get help!



1-877-767-2385

**On the web visit
des.az.gov/sos-adult**



**Need to talk? Call Arizona Coalition to End Sexual and Domestic
Violence (ACESDV) toll-free 1 (800) 782-6400 or text 520-720-3383**

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