

Developmental Disabilities Administration

# **+ Beyond First Aid**

*Recognizing and Responding  
to Emergencies*



**2019**  
*Facilitator Guide*



Washington State  
Department of Social  
& Health Services

*Transforming lives*

Welcome to Beyond First Aid Training: A Direct Support Professional's guide to managing emergent healthcare needs of individuals with developmental and intellectual disabilities.

### **Trainer's Manual for Instructor led courses**

Course Title: Beyond First Aid: Recognizing and Responding to Emergencies

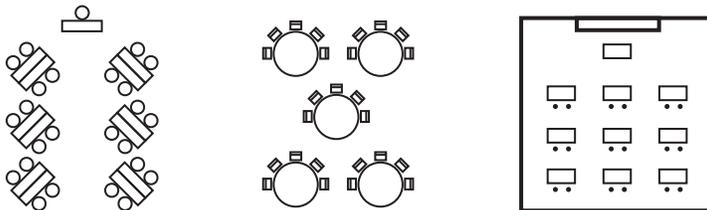
Course Code:

# of CE hours:

Intended Audience: Direct Support Professionals.

#### **Before the event:**

1. Reserve the room, invite attendees, and determine if you will provide light refreshments and ensure .
2. Along with the event, place time on your calendar to practice in advance. No matter how well you know the material, you should go through it before you stand to deliver.
3. Prepare certificates. Print one for each person with their name, instructor number (if needed) and the training information. The certificate for this course is available in the master's section of this guide.
4. Prepare packets with handouts and other information to share during the training.
  - Samples can be found at the end of this chapter, or
  - You may have a participant toolkit to print
5. Practice using the activities. Ensure that you have written instructions each – including time.
6. Gather all materials necessary for the training. Be prepared and organized.
7. Arrange the room.



Each example arrangement allows for safe evacuation, small group discussions and easy access to the front of the room so participants can focus on the presenter and visuals.

Place a large table at the front of the room for training materials, laptop, anything you need for your presentation.

8. Provide stress-reliever objects for kinesthetic learners such as squishy balls, tangle toys, or pipe cleaners. Also have markers, post-it notes, 3x5 cards, and pens.
9. Greet participants as they enter.
10. Play entry music. Select ahead of time or add to your PowerPoint.
11. Provide instructions on the dry erase board or easel regarding name tags, table tents or what to do to fill their time. (Table challenges or puzzles are a great way to fill time for early guests.)
12. Create a sign-in sheet including the course name, date and location. Participants may print names and sign in or pre-print participants' names and have them initial or sign for each day present. Participants must complete to receive a certificate. Archive the sign-in sheet or an electronic form for six years.

**Materials for this course:**

- Computer
- Wi-Fi
- Long extension cord
- Monitor / projector and speakers
- Screen or blank white wall
- Blank paper
- Markers
- Easel and paper

**Easel sheets to prepare before class:**

- Welcome
- Instructions for completing sign-in sheet, name tags, table tents, where to sit

**Trainer Tips:**

**Your tone of voice** needs to vary throughout the training. A visual learner likes it to be fast and funny, an auditory learner likes it medium speed and a kinesthetic learner likes it slow and calm. Avoid a monotone voice.

Be intentional in your **movement**. Stay in one location and if you have to move, be intentional! Some facilitators are also successful with **slowly** moving around the room.

Use normal hand gestures and arm movements.

**Connect with people.** Look at faces for no longer than 5 seconds or for a full thought. Looking people in the eye for longer than can make them uncomfortable. Looking over their heads breaks your connection with them. Make brief eye contact with everyone at some point in the training.

Breathe quietly and deeply.

**Focus on the group.** What do they need? Are they getting tired? Give them a break, or do some movement. Are they hungry? Are they bored? Do not let your need to cover content make you forget that people cannot learn if they are anxious, bored, tired, hungry, or stressed.

Start training by reviewing the Purpose Statement and Learning Objectives.

## PURPOSE

Direct Support Professionals have the power to save lives and prevent harm when they have a clear understanding of how changes in a person's behavior, habits and physical condition can be a sign of a greater healthcare crisis. Direct Support Professionals are often not medically trained and need guidelines and tools to know when to proactively protect and advocate for an individual's health and safety.

## OUTCOME

After completing the training, an employee:

- Will demonstrate **proactive strategies** when protecting an individual's health and wellness
- Will demonstrate appropriate **responsiveness** to changes in an individual's baseline condition
- Will communicate what constitutes a medical emergency and how they would intervene in an urgent situation
- Will demonstrate strong **follow-through/follow-up** with appointments and activities that protect an individual's health and well-being

# **+ Beyond First Aid**

## **CHAPTER 1**

### *DSP Guide to Proactive Approaches to Protecting Health and Welfare*

## Workshop Goals: R.E.A.C.T.

- **Recognize** that a Direct Support Professional's (DSP) FIRST responsibility is for the health and safety of the person they support
- **Examine** resources, supports and partners available to maintain a healthy environment and assist when responding to an urgent healthcare need
- **Accurately communicate** the healthcare needs of any individual supported
- **Contribute** to the plans put in place to protect individual's health and safety
- **Track** an individual's baseline, and know when to **advocate** for the rights of individuals with developmental and intellectual disabilities within a healthcare setting

## The National Association of Direct Support Professionals (NADSP) Code

Direct Support Professionals (DSPs) who support people in their communities are called upon to make independent judgments on a daily basis that involve both practical and ethical reasoning. The people who assume the support role must examine and call upon values and beliefs, as well as creative vision, to assist them in the complex work they perform.

### Core ethical code:

#### *Promoting Physical and Emotional Well-Being:*

As a DSP, I am responsible for supporting the emotional, physical, and personal well-being of the individuals receiving support. I will encourage growth and recognize the autonomy of the individuals receiving support while being attentive and intentional in reducing their risk of harm.

### ACTIVITY: You Complete Me

Hand each incomplete phrase to participants. Have the participants find the other person who has the phrase that completes their statement. Once pairs have found each other, have each pair reflect on how the statement would proactively promote the health and safety of the people they support. How would they implement these ideas into their program? Have each pair share their ideas with the group.

Develop a relationship with the people I support that is...

...respectful, based on mutual trust and that maintains professional boundaries.

Assist the individuals I support to understand their choices and...

...the possible consequences of these choices as they relate to their physical health and emotional well-being.

Promote and protect the health, safety, and emotional well-being of an individual by...

...educating the person on preventing illness, identifying risks and avoiding unsafe activity.

Know and demonstrate respect for the values of the people I support and...

...facilitate their expression of choices related to those values.

Challenge others, including support team members (e.g. doctors, nurses, therapists, co-workers, family members) to...

...recognize and support the rights of individuals to make informed decisions even when these decisions involve personal risk.

Be vigilant in identifying, reporting, and documenting any situation in which the individuals I support are...

... at risk of abuse, neglect, exploitation or harm.

Consistently address challenging behaviors proactively, respectfully, and...

...by avoiding the use of aversive or deprivation intervention techniques.

## Proactive Strategies:

### Recognizing Baseline

Paying attention to differences in daily eating, drinking, activity-level, breathing patterns, frequency or level of pain, bowel and bladder output, sleeping, and level of social interaction can be the first critical step in recognizing changes in health.

### Tips for Observing an Individual's Baseline:

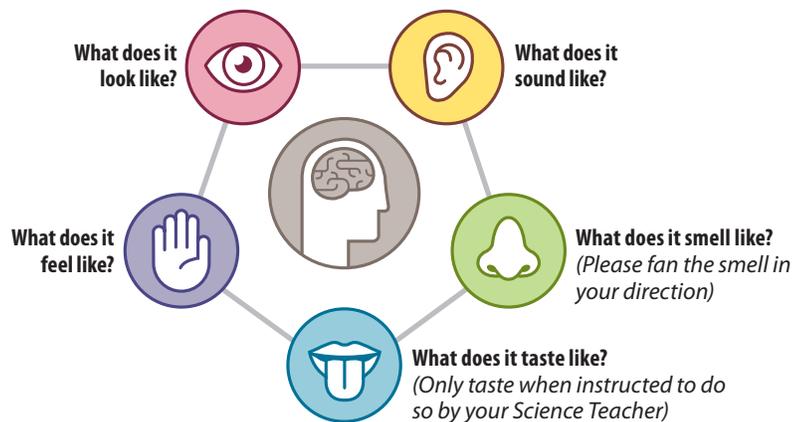
#### Record specific details about changes

- When did changes start?
- How long have changes persisted?
- What effect did changes have on the client?
- Are changes increasing or decreasing in severity or number with time?

## Baseline: Activity

Change from a client's baseline could be the first indication of a decline in health status. Keen observation including use of all five senses to describe the differences is important.

## 5 Senses for Making Observations in Science



**Consider the Following Scenario: Fred**

Fred is lethargic and has not seemed himself lately. He is usually talkative and energetic, but for the past three days, he has slept more than usual. When you check on him at 12 p.m., he rolls over and does not want to come to the table to eat lunch. You just cooked his favorite meal and normally Fred is out of bed by 9 a.m.



What would be a proactive response?

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What would be an example of an under-reaction?

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What would be an example of an over-reaction?

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What additional information should you gather?

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**Tips When Observing Changes in Baseline**

Recording changes – when they began, how long they lasted, when additional changes occurred – is necessary for documenting and deciding when healthcare professionals should be contacted.

Notifying all caregivers to participate in recording such changes is a vital part of the information gathering process.

**Observations**

Some medical conditions may be life threatening. If emergency medical care is not received, the person could die. As Direct Support Professionals, you are the person’s first line of defense. Your interventions could save a life. It is important to understand general symptoms of medical emergencies and be aware of what type of response is needed.

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## **CHAPTER 2**

### *Signs and Symptoms of Acute Medical Conditions and How to R.E.A.C.T.*

## **TEACH BACK ACTIVITY**

*In small groups, you will be assigned 1-3 medical conditions to study and teach back to the class. Teach the class the signs and symptoms of each medical condition*

- *Demonstrate some of the signs and symptoms*
- *Demonstrate the appropriate intervention*
- *Lead a discussion about prevention techniques that could avoid or reduce the risk of a medical emergency.*

**Explain how to access information in the Resource Manual**

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## **CHAPTER 3**

### *Personal Emergency Response Planning*

## Responding in an Emergency

Read the following scenario, reflect and answer the following questions:

You are the only staff in the home of the individual you support named Maria. You are helping Maria clear the table after dinner. You are at the sink when you hear Maria suddenly drop the plate she is holding, she bends over the floor and vomits a brown sticky substance that looks like it contains coffee grounds and has a strong odor and smells like feces. She looks up, shocked and scared. Maria has a history of bowel obstructions. In your experience working with Maria for the last year, she has never vomited substance like this and you know something is very wrong. As you start to walk toward Maria, she collapses onto the floor, unconscious.

**TRAINER NOTES: Participants will answer questions in their toolkits:**

- What are you feeling emotionally? Physically?
- What is your plan for remaining calm?
- What would be the first, second, and third thing you would do?
- What are some things you should NOT do or what would be an inappropriate reaction?
- What would the danger of inaction or not reacting quickly enough be for Mary?
- Once the crisis has passed, how will you take care of yourself?

**When in an emergency, remember the following:**

### Self-Control: Managing Personal Responses

It is important to stay calm during an emergency. Your body will go into “fight or flight mode,” and it is up to you to let your body know that you can handle the situation. Fight or flight is your body’s way of reacting to a stressful situation, preparing the body to either fight or run away. Your heart rate might go up, the blood flow to the brain and muscles will increase, you might have sweaty hands and feet, and your pupils might become dilated. You might freeze and not know what to do.

**It is important to focus on your training to avoid going into panic mode.**

People respond differently in times of crisis. Some people freeze, while others excel in a crisis. Raise your hand if you think you are someone who responds well in a stressful situation. For those of us who need a little more help to stay calm during an emergency, here are some tips:

#### *Take deep breaths*

- This helps more oxygen get to your brain so you can think clearly.

#### *Focus on tasks*

- Keep the person comfortable; let them know help is on the way.
- Follow 911 dispatcher instructions.
- Call a supervisor after emergency responders arrive or when the person is being taken care of by someone else.

#### *Support*

- Check in with others at the scene when possible to make sure they are okay and let them know how you are doing.
- It is okay to ask for help – you do not have to be in a stressful situation alone. Call your Supervisor for support.

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### **After a stressful situation**

After a stressful situation, self-care is important. Make sure to get enough sleep, eat well, and drink plenty of water. Your agency may have an employee assistance program if you need more support.

Making a plan about how to respond during an emergency will help you bypass freeze, fight, or flight mode. It helps to practice how to respond in an emergency. Ask your supervisor about practicing different emergency responses during a team meeting.

#### ***Deep-breathing video (1 minute):***

<http://time.com/4718723/deep-breathing-meditation-calm-anxiety/>

Watch, and practice.

### **Emergencies are stressful**

You have a special role in your support of individuals during these situations.

Learning more about your duties during an emergency, as well as how to keep yourself calm could make a difference.



# **+ Beyond First Aid**

## **CHAPTER 4**

### *Knowing when to call 911*

## Knowing when to call 911

Knowing when to call 911 can be difficult. Calling or not may save someone's life.

- People may die if they need immediate medical care and do not receive it.
- You can save a life by making the call.
- Understanding client conditions can help save lives.
- Know when to call.

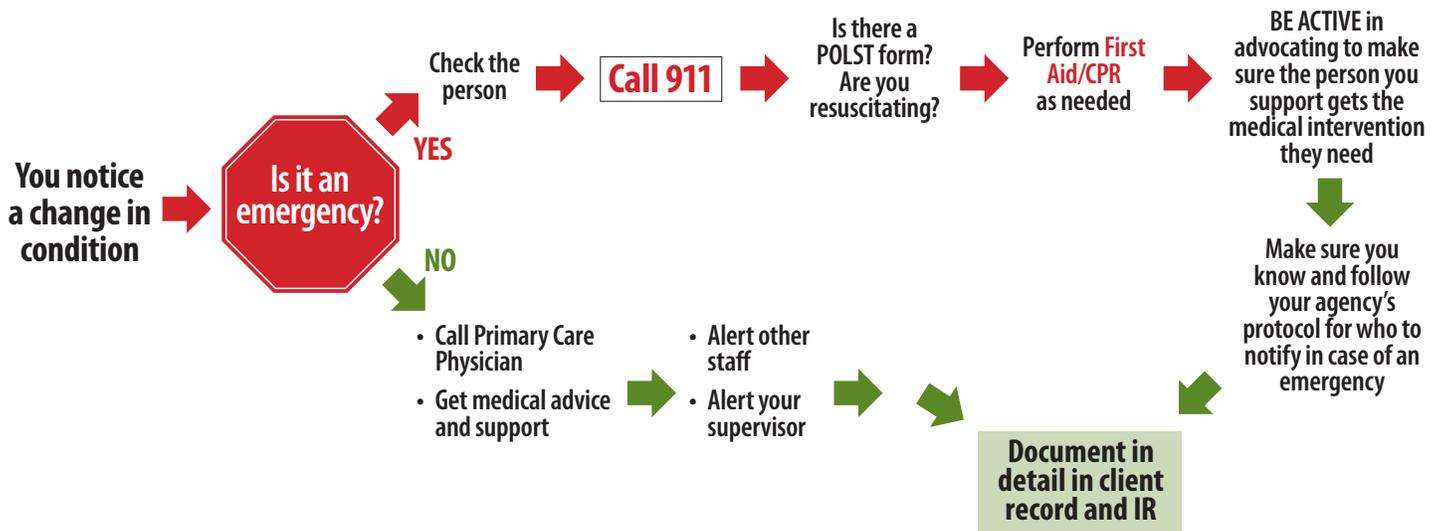
## When to Call 911

### Medical Emergencies

Here are some tips to assist you in deciding when to call 911. Call 911 when:

- The condition is life or limb threatening
- The condition could worsen quickly on the way to the hospital
- Moving the victim will cause further injury
- The person needs skills, medication or equipment that paramedics carry
- Distance or traffic would delay transporting the person to the hospital and could be life threatening

## Take immediate action when changes in condition occur



## The Decision Tree

Divide the class into pairs. Hand each person a scenario and have them decide if they would call 911. If they choose not to call 911, what would be an appropriate response?

**CUT OUT THE FOLLOWING SCENARIOS AND HAND THEM OUT:**

Jordan has a history of asthma and is diagnosed with chronic obstructive pulmonary disease (COPD). He is having more difficulty breathing than usual. You are the nurse delegated to administer his inhaler. You have helped him take the maximum dosage of the inhaler, but he is sitting on the couch and cannot catch his breath. **Should you call 911?**

**Answer: Yes call 911 (make sure pairs act this out)**

Shanice is running in the park. The temperature outside is 103 degrees and she drops to the ground. You don't think much of this because she often voluntarily drops to the ground and enjoys rolling in the grass. However, as you approach you notice she is not rolling around. Her eyes are closed and she is unresponsive. You touch her and call her name loudly, she is unresponsive. **Should you call 911?**

**Answer: Yes call 911 (make sure pairs act this out)**

Javier comes into the kitchen pointing at his arm. He is unable to move it and his face is suddenly drooping on the left side. He is slurring his words and typically, Javier is a clear and eloquent verbal communicator. **Should you call 911?**

**Answer: Yes call 911 (make sure pairs act this out)**

Josh goes to stand up from the couch and stumbles back down. He looks up at you confused, and asks to speak to his mother who died over a year ago. Josh has dementia and his short-term memory is impacted but his long-term memory has been relatively intact. You are concerned about his sudden lapse in long term memory. **Should you call 911?**

**Answer: If Josh appears otherwise healthy 911 is not necessary but there needs to be a follow up with his primary care doctor to get guidance on how to proceed.**

Ming is crying in her room. She hears you enter and screams, 'I cannot see! I cannot see!' Ming has no history of vision problems. **Should you call 911?**

**Answer: Yes call 911 (make sure pairs act this out)**

Sasha is prone to nose bleeds but her nose has been bleeding on and off for several days. The bleeding stops within minutes of following her nose bleed intervention protocol (taught to staff by your nurse delegator). You are concerned about the recent increase in these nose bleeds, however, **should you call 911?**

**Answer: No but a Primary Care Doctor needs to be consulted in the immediate future and the doctor may advise a Doctor's visit or urgent care visit.**

John fell at the park playing football. He hit his head hard. He lost consciousness. When he woke up he did not know who you were or where he was. John is normally very oriented to person, time and place. This is highly unusual... **Should you call 911?**

**Answer: Yes call 911 (make sure pairs act this out)**

Elijah is extremely hot to the touch. He is not perspiring and when you say his name his eyes remain closed, he mumbles something and turns over. Elijah likes to sleep in and often kicks staff out of his room when they come to wake him up. You call his name again and he is not responding. **Should you call 911?**

**Answer: Yes call 911 (make sure pairs act this out)**

Donna has a history of choking. She begins choking after a bite of food. You perform the Heimlich maneuver to dislodge the food. The food item is dislodged and she is able to breathe again, **should you call 911?**

**Answer: Since Donna is breathing again, 911 is not necessary but follow up is. Since Donna has a history of choking there is likely a choking protocol. This protocol should include follow-up after a choking incident.**

You come to support Julie in the afternoon and she answers the door with her hand wrapped. You ask Julie what happened. Julie is learning to cook and says she just burned her hand on a pan on the stove. You ask to look at the burn. There are several dark red blisters on her palm and the skin is peeling away. Julie cries out in pain when the bandage is pulled back. **Should you call 911?**

**Answer: Yes call 911 (make sure pairs act this out)**

You log into Therap and notice that none of the morning meds have been signed off. You come on shift at 12 p.m. and it's still within the window of time to administer morning medications. You give medication to the two individuals that live in the home. Later you notice the new staff that worked before you wrote that she administered morning medication and could not log into Therap. You realize both individuals were given a double dose of heart medication, psychotropic medication and blood-thinning medication. **Should you call 911?**

**Answer: Yes call 911 (make sure pairs act this out)**

You show up to support Danna. It is 9 a.m. and she is usually awake by 6 a.m., you knock on her bedroom door and she invites you in. You turn on the light and she whimpers for you to stop and say the light hurts her head. Danna has no history of headaches. **Should you call 911?**

**Answer: This warrants follow up. Calling 911 or getting her to urgent care are both acceptable.**

Emily is watching TV in the living room when she suddenly calls out. You walk into the room and she is doubled over clutching her stomach and moaning, "it hurts, it hurts." Emily is a healthy individual with no history of stomach or digestive issues. **Should you call 911?**

**Answer: An immediate response is needed; calling 911 or getting Emily to urgent care are both acceptable answers.**

You support Norman, 22. He is going through his first break-up with his girlfriend of two+ years. He has not wanted to see or talk to anyone in the last two weeks. He sleeps most of the day. The doctor prescribed an anti-depression medication, but Norman has declined to take it for the last few days. Norman does not answer his counselor's calls and has missed his last three therapy appointments. You arrive for your regularly scheduled shift at 8 p.m. Norman is on the couch. He says he is tired of being in pain and wants it to end. He tells you he sometimes wonders if he could take a whole bottle of his medication because he can't live without his girlfriend. **Should you call 911?**

**Answer: Yes call 911 (make sure pairs act this out)**

**Remember, you are the best judge of the situation. Do call someone when you are concerned enough to think about calling 911.**

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## **CHAPTER 5**

### *How to Talk to 911 Dispatcher*

## Providing Information to 911

Stay calm when calling 911. Be ready to answer questions from the 911 dispatcher:

- The location of the emergency. If you do not know the address, look for landmarks, street signs, or buildings.
- The phone number you are calling from.
- The nature of the emergency (such as medical, fire, crime). Providing this information will help them determine which responder to send.
- Details about the emergency. Dispatchers are routing your call while getting information from you. As you provide more details, they send the information to the first responders. Do not hang up until the dispatcher tells you to



## Waiting for First Responders

- Follow any instructions the 911 dispatcher gives you while waiting for first responders to arrive.
- If a bleeding wound is evident, apply direct pressure to the wound using cloth or bandages.
- If it is nighttime, turn on the lights to make it easier for first responders to find you.
- If the person has a Physician Orders for Life Sustaining Treatments, (POLST) Advanced Directives, power of attorney or other legal documents about their wishes for care for the paramedics or hospital, have them ready

## 911 Resources

- If you or someone you support calls 911 by mistake, do not hang up. Stay on the line and explain that everything is okay and there is not an emergency.
- If you do not speak English, interpreter services are available in some areas when calling 911.
- If you are deaf or hard of hearing, 911 centers in most counties are equipped with TTY devices. You may also be able to use Video or IP Relay Services in your county.
- Many counties allow 911 text messaging from mobile phones. Calling 911 directly is still the most reliable and preferred method of contact. Texting 911 can be used when you are unable to make a phone call due to safety or communication methods. If your area is not able to receive 911 texts, you will receive a 'bounce-back' message.
- Smart911 is a service that allows you to add information about household members that would help anyone you care for in the event of an emergency. You can add information such as who lives in the house, descriptions, photos, medical conditions, allergies, disability and equipment information, medications used. Visit [www.smart911.com/](http://www.smart911.com/) to learn more information, and see if the service is available in your area, and sign up.



## Non-Emergencies

- If you need help, but it is not an emergency, contact your doctor or seek assistance at urgent care for medical issues.
- Enforcement agencies have non-emergency numbers you can call to report a crime.

Care Provider Bulletin handout – When to Call 911

Video: *What Happens When you Call 911*: [www.youtube.com/watch?v=J3efgWPPp4k](https://www.youtube.com/watch?v=J3efgWPPp4k)

## Calling 911 Activity

Break the class into pairs and have them practice calling 911 based on the two scenarios. One partner will be the staff calling 911 regarding one of the scenarios and the other partner will be the 911 dispatcher. They will practice with scenario #1, then switch roles and move to scenario #2. (**Explain Activity**)

### **Scenario 1 – Abbi**

*You are at the grocery store with Abbi and she suddenly stops walking. She stares off into space and does not respond or move when you call her name. After two minutes, she starts walking and responding to you again. Abbi has just recently moved to your agency from her family home. Very little information was sent about her medical history and you see no reference to seizures.*

### **Scenario 2 – Brian**

*Brian has severe asthma and is having trouble catching his breath. You have followed his albuterol inhaler protocol exactly as you have been trained to do, but Brian is still having trouble catching his breath. You start to notice that his lips are growing dark and his wheezing has grown worse. According to your training, he has received the maximum amount of medication he has been prescribed.*

### **If you are unsure if your situation is an emergency, call 911.**

- The 911 dispatcher will help determine if emergency assistance is needed.
- Knowing when to make the call is a matter of life and death. Make the right call!

### **Sources & Resources:**

**King County, The Basics of Calling 911:** [www.kingcounty.gov/~media/depts/executive-services/emergency-management/e-911-program/911-basics-en.ashx?la=en](http://www.kingcounty.gov/~media/depts/executive-services/emergency-management/e-911-program/911-basics-en.ashx?la=en)

**National 911 Program, Frequently Asked Questions:** [www.911.gov/frequently\\_asked\\_questions.html](http://www.911.gov/frequently_asked_questions.html)

**NENA, Top 10 Tips for Calling 911:** [www.nena.org/page/911TipsGuidelines?](http://www.nena.org/page/911TipsGuidelines?)

**American College of Emergency Physicians, When to Call 911:** [www.emergencycareforyou.org/Emergency-101/](http://www.emergencycareforyou.org/Emergency-101/)

**Federal Communications Commission, Text to 911: What You Need to Know:** [www.fcc.gov/consumers/guides/what-you-need-know-about-text-911](http://www.fcc.gov/consumers/guides/what-you-need-know-about-text-911)

**Smart911:** [www.smart911.com/](http://www.smart911.com/)



# **+ Beyond First Aid**

## **CHAPTER 6**

### *DSP Guide to Advocating in Healthcare Settings*

## Advocating For Client Rights in Healthcare Settings

Direct Care staff who accompany a client to a medical visit may be the only person familiar with the client and their needs. You can advocate for the person in the following areas:

- 1) Know your client and why are they visiting the provider
- 2) Be prepared to relay what has been observed recently, how it is different from the client's usual activity, and what was done for them prior to the visit
- 3) Understand who the guardian/responsible person is and how to contact them
- 4) Have the name and number of the delegating nurse or primary medical provider to contact for more information
- 5) Be clear that you are there to support the client, but not assume all responsibility for the medical details or answers to all questions

### Advocating Activity

Break the class into small groups of five people. Hand each person a sheet of paper with their specific role. Have them read the following scenario:

*You are in the emergency room with Melissa, who has thrown up a sticky brown substance that looks like coffee grounds. Melissa has symptoms of fatigue, perspiration, stomach pain and headache. You know this is not normal for Melissa and you have a "bad feeling" that something is very wrong. You have been waiting for over two hours and Melissa is more and more listless and exhausted. Melissa is now asking to just go home so she can sleep. You approach the triage nurse; there are several people with chest pain, broken limbs and shortness of breath in line before Melissa.*

**What should you do?**

**CUT OUT ROLES AND HAND OUT TO EACH SMALL GROUP MEMBER**

**You are the ER Triage Nurse:** There is flu epidemic and you have seen a huge increase of patients coming into the ER for common flu symptoms. There are not enough beds or doctors in the ER during this holiday weekend. Your job is to make sure the most severe cases are prioritized. Top of the triage list are chest pains, trouble breathing, broken limbs, and severe bleeding. Those who are conscious and have flu-like symptoms are not on that triage list. You are a bit impatient and need information quickly.



**You are Melissa:** You are feeling so tired, you just want to sleep. Your stomach hurts really bad but it's hard to focus because of how exhausted you feel. You just want to be home. The ER is loud, the lights are bright and you are feeling vulnerable being so far from home when you are not feeling well.



**You are Melissa's Guardian:** You are not able to go to the hospital because you are helping another client move. However, you got the initial call from the staff person about the need to go to the ER. You talked to Melissa who sounded strange on the phone but insists on going home. You want to know every detail of what is happening and expect regular calls from Melissa's staff explaining what is happening.





**You are Melissa's Staff Person:** You need to advocate on her behalf. You have a feeling something is very wrong but you know you are not medically trained. However, here are some resources that may help you as you advocate for her to be seen.

- A) You know Melissa and part of your job is to empower her during this visit. Assist Melissa with answering and responding to questions from the nurse. Do not hesitate to add relevant information as needed. You also know Melissa's medical history. She has a history of bowel obstructions; what she threw up this morning may have something to do with this history. You also know she has been hospitalized in the last six months with a severe bowel obstruction. She has been running a low-grade fever for a few weeks now and has been seen by her primary care doctor for flu-symptoms but has not fully recovered. Be careful not to name a specific diagnosis or decide what information is not important. You are the resource to help Melissa who may not feel well enough to give a full accounting of her signs and symptoms.
- B) You can be most helpful describing what you see is different, or unusual to the client-like Melissa has never vomited a substance like what you witnessed today. Others may not know about Melissa's disabilities, but you can point out her normal activity and how it is different from what is happening today. Include what happened before you noticed a new problem.
- C) If the health care provider seems to miss the point of the visit or does not understand the client, make sure they contact the nurse or medical provider who does know the client better.
- D) The client or guardian gives consent for care and is responsible for decisions. Make sure no one assumes you are the final authority. Ask that they rely on the medical records you may have brought to ensure the information is correct (medications/diagnosis history, etc.). Check with your supervisor or the client's designated medical authority before someone tries to have you become responsible. You can acknowledge when you have reviewed written instructions so you can share them with others, but make sure the same information is going to the client's primary medical provider and designated medical authority. When you return with the client, be sure all information is passed on to the right people. It is a good time to write a note of what you saw, or were told during the visit before you forget the next day.



### **ER Visit Documentation Activity**

Thinking of Melissa's visit to the ER, hand out the following checklist and have each person fill it out independently. Debrief with the larger group.

**IN THEIR TOOLKIT IS THE MEDICAL VISIT FORM. HAVE THEM FILL THIS OUT INDEPENDENTLY**

***TRAINER NOTE: SUMMARIZE AND DISCUSS BELOW***

Your goal is to help your client make the most of a medical visit. Preparation is important before arriving. Advocating and representing the client is your primary task aside from transportation. Let the client speak or respond, and fill in with facts that you know. Be prepared to refer questions to others who have more information and responsibility, but do not become too passive and allow the visit to become useless. Document what happened, both positive and negative, so that others can help support your client.



# **+ Beyond First Aid**

## **CHAPTER 7**

### *When to Call the Primary Care Physician*

## Knowing When to Call the Primary Care Physician Activity

The person's primary care physician (PCP) is often the most familiar with their medical history. It may be best to call them under certain non-emergent circumstances. It is also a good idea to keep an individual's PCP informed about their change in status, trips to the emergency or urgent care departments and hospital admissions. PCPs are often able to advocate for their patients and give the emergency care physician a broader picture of the individual's medical conditions.

**Trainer Instructions:** Have each person fill out the below worksheet independently, then have a brief discussion with the larger group about the answers to each of the scenarios.

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You are reading Jacob's MAR and you see he has recently started a new medication; the physician's orders indicate that if there are any appetite or weight changes to call the PCP.

You notice that he is eating a lot more than usual and there has been some notable weight gain.

### Call the PCP (choose the best answer):

- Yes, right away and request a call back ASAP
- Yes, leave a message, and update as needed
- Optional
- No, the PCP can be updated at the next visit

**Trainer Answer:** The first bullet point is the right answer because this could be a medication side-effect and there may be follow-up interventions that are needed.

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Jennifer is the person your support and she appears to have a common cold/flu and you are unsure of whether Jennifer should be seen.

### Call the PCP (choose the best answer):

- Yes, right away and request a call back ASAP
- Yes, leave a message, and update as needed
- Optional
- No, the PCP can be updated at the next visit

**Trainer Answer:** The first bullet point is the right answer. Cold/flu symptoms can appear non-acute, but lead to a bigger healthcare concern. Guidance from the PCP is necessary.

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Melissa has just been to the emergency room or has come home from a hospital admission.

### Call the PCP (choose the best answer):

- Yes, right away and request a call back ASAP
- Yes, leave a message, and update as needed
- Optional
- No, the PCP can be updated at the next visit

**Trainer Answer:** The first bullet point or second bullet point are both acceptable answers. After a hospital discharge an appointment with the PCP needs to be coordinated. The hospital should do this, but it's a good idea for support staff to check and assist in coordinating this.

Jamal asks you to contact their PCP and wants to talk or be seen by their PCP right away.

**Call the PCP (choose the best answer):**

- Yes, right away and request a call back ASAP
- Yes, leave a message, and update as needed
- Optional
- No, the PCP can be updated at the next visit

*Trainer Answer: The first bullet point is the right answer. Jamal has a right to have immediate access to his PCP. The best idea is to help Jamal call his PCP himself and teach him how to do this skill (if possible).*

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There has been a change in Ming’s behavior and baseline condition. She went to this hospital on a mental health hold. She came home over a month ago and she has been very stable. She saw her PCP shortly after her discharge and he asked for a 30-day update on mood, affect or overall behavior. It has been over 30 days and you have an appointment with her PCP next week. You are unsure whether or not you should call the PCP.

**Call the PCP (choose the best answer):**

- Yes, right away and request a call back ASAP
- Yes, leave a message, and update as needed
- Optional
- No, the PCP can be updated at the next visit

*Trainer Answer: The answers “Optional” or “No” are both acceptable answers. Since her PCP appointment is coming up shortly and there are not concerns, contacting the PCP is a best practice but not imminent.*

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**Should the PCP always be the first point of contact?**

– NO –

PCP should only be your first point of contact when the individual’s medical condition is stable and predictable and they are safe. These are circumstances where it is NOT appropriate for the PCP to be the first call. These circumstances indicate the person needs more acute care and intervention:

- Bleeding from a major cut or gash
- Chest pains
- Vomiting blood or other unknown substance
- Severe diarrhea
- Refusing food or drink for more than six hours
- Signs of significant confusions or lethargy
- 103 degree temperature
- Trouble breathing or catching their breath
- Blood in stool or urine
- Severe headache
- Significant unidentified bruising or rash
- Possible broken bone or muscle injuries

Even if your first call is not to the PCP, they should always be your second call. PCPs can be most effective when they are kept up-to-date on their patient’s condition and may offer advice or guidance. It is important to err on the side of caution and if you suspect someone you support needs a higher level of care, don’t wait, get them into an ER or urgent care setting.

## CALL THE DOCTOR ACTIVITY

**Break the class into small groups. Have each group read the handout below. Have half the small groups role-play the right way to call and talk to the PCP and the wrong way.**

PCPs are busy people. It is rare you will talk directly to the PCP on your first call, but you will likely receive a call back directly from a PCP or from one of the clinic nurses. Here are some tips when calling:

- Be polite, but don't minimize the problem
- Give only the facts, do not assert your opinion, unless asked
  - > *Example – George woke up and would not eat breakfast, he refused to get out of bed and has been sleeping for 16 hours; he does not have a temperature nor does he complain of nausea, but he refused his medication last night.*
- Do not give your own medical opinion but do express concerns
  - > *Example – I am concerned that George skipped breakfast and he is usually up very early. This behavior is unusual for him.*
- Be succinct. Try and give only the necessary facts, the person on the phone may have some specific questions for you
- Request a call back and state it is important, or you may not receive a call
- Let them know your name and contact number; give them some times you will be close to your phone
- Call back in an hour if you have not heard back from the doctor and politely ask to "check in on the status of your message"
- If you are relaying a message to the PCP, be sure to let them know you do not need a call back
- When the PCP calls back, have the individuals medical chart close or accessible - the doctor will likely have some specific questions about medication or status
- Remain calm, polite and assertive - do not be afraid to let the PCP know your concerns and do not minimize the symptoms

The PCP is an important part of the client's medical team. It is important to know when to call them and when to seek more acute care. It is critical that we keep PCPs informed so they have the information they need to be the best support and advocate to the person. It is also important to know how to talk with the PCP and be the best proactive supporter you can.

# **+ Beyond First Aid**

## **CHAPTER 8**

### *When to Call Your Supervisor*

## When to Call Your Supervisor

*We all need support in this work. Sometimes we feel confident in making appropriate calls on our own, sometimes we do not. This guide will help you learn about appropriate times to call your supervisor to report changes, seek support and follow your organization's internal protocol. In this chapter, you will demonstrate appropriate responsiveness to changes in an individual's baseline condition.*

DSPs need to be able to answer these questions:

- What can I do to help or what do I already know?
- Do I need others to help?
- How urgently do I need to respond?

**You may not have medical background, but here is a resource checklist you can use to make decisions:**

- When in doubt call 911. Always better to err on the side of caution.
- Supervisor notification can be done after emergent help, but if you need help determining what to do, call the on-call supervisor.
- Nurse delegator is a good resource for some less urgent medical questions but remember Nurse Delegators are not able to be a resource for emergent or urgent healthcare needs.
- 24-hour nurse line is a great resource if available with client's insurance. The nurse on-call will be able to give you a definitive answer if you should call 911, transport the client to the ER, or wait until the next appointment, etc.
- Do not rely on online symptom checkers (i.e. WebMD); leave the diagnosis to medical professionals. If you suspect something – REACT and get medical help.
- Urgent care is an option but be sure you know the hours and location. If this is an emergency, the emergency room is the best resource.
- Primary Care Provider - you may have an arrangement with the client's primary care provider that you are able to call for advice. This may not always be available, so do not rely on this for emergencies.

**Handout: list of insurance companies and whether they have a 24-hour nurse line or symptom checker.**

# **+** Beyond First Aid

## **CHAPTER 9** *Final Activity*

This is the final activity for your class. Review what you have learned so far. Have them look at their Resource Manual before they start this activity to get ideas and information.

### **The Final Plan Activity**

Break the class into small groups and hand out the following scenario; ask the groups to make a plan for these individuals from start to finish.

- What is the urgent healthcare plan?
- Where would you go for help?
- Who and when do you need to call?
- What is the follow-up plan?
- When do you call the PCP? What do you say to the PCP?

#### **Scenario 1 – Bart**

*Bart is 52, diagnosed with high cholesterol and Autism. He is able to speak, but limited to single-word responses. At times, he will kick the wall, causing bruising on the outside of his foot. You notice a red discolored area on the inside of his left calf and he seems more tired than is typical. Later he walks past you, says “ouch,” and kicks his leg where it is red. You check his leg and it feels warm to the touch.*

#### **Scenario 2 – Carl**

*Carl is 29, and overall very healthy with no medical diagnosis. He communicates only through gestures and actions. He is typically active and eats quite a bit. You notice one day after you have been off work for a few days that Carl’s face seems puffy. When you mention this to the staff you are relieving she says “it is probably because he is eating so much and gaining weight. You know he is almost 30.” Throughout your shift, you notice that Carl is less active than usual, is eating less and keeps going into his room to lay on his bed. When you review progress notes, you see that a few weeks ago a co-worker noted similar behavior.*

### **Tips to Remember:**

- Do not try to do this alone
- Get assistance from others
- If you still have concerns after another person has said there is no problem, follow your instincts and advocate for the person you support

### **Following Doctor’s Orders/Discharge Plans**

Doctor discharge orders are a doctor’s way to communicate with the people they treat and their support networks. These orders can come from Primary Care, Specialty Care (example—cardiologist), urgent care, emergency/acute care, and hospital discharges. It is vital to read and follow these orders as precisely as possible. Here are some tips and resources for following discharge orders.

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**Thank You**  
**For completing**  
*Beyond First Aid:*  
*Recognizing and Responding*  
*to Medical Emergencies*  
**Training**



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*Transforming lives*

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