

1 Care Premier Services



Training Packet

Welcome aboard,

Here at 1 Care Premier Services we are all about making life easier for you. We are so glad you chose to do your services with our team! My name is Ashley Morales and I am your go to person when it comes to your application process and any questions or concerns you might have. Our goal is to get you licensed and ready to open within 30-45 days, but we can only do that with your help when it comes to filling out the proper paperwork and taking the required trainings.

Enclosed you will find documents and powerpoints that correlate with the trainings you MUST complete. Below you have our PDF option where you print out the training and fill them out yourself, or you can use our direct links that will take you to our online trainings and training exams.

I have also included the DFPS online training for first-time foster parents or seasoned foster parents who need to take their training once again.

***It is your responsibility to ensure you and your respite providers take these quizzes.**

Failure to do so, will cause a delay in receiving your Foster Parent License.*

1 Care Premier Trainings

1. Communicable Disease

Google Document:

<https://docs.google.com/document/d/e/2PACX-1vS5djgvJNGWukGYkMrSRcsBYbWX7M4c7BUsaYTiL7ogJCXQpzoTTh24E6HJjHMjEDyYGg4j3brwuiom/pub>

Quiz: 12 Questions

https://docs.google.com/forms/d/e/1FAIpQLSfVNBdA66DeV8uZtcjfDznaorqds9NnUTnFpVMs70q9zGTowg/viewform?usp=sf_link

2. Disaster Planning

Google Document:

https://docs.google.com/document/d/e/2PACX-1vSVdI2HlfWkeY4yMB0yluJ0kxnVxJ5Bods4XQM8kd7KrAm6uNv_JtgVfAhEtV50NDA3V6La1UI2AV56/pub

Quiz: 10 Questions

<https://forms.gle/N9V7vgZxyMsMGmrg9>

3. Diversity

Powerpoint:

https://docs.google.com/presentation/d/e/2PACX-1vRooaPfkciEnySj8Bi9GHXpdfTdtO_vmA3tWue6waSTN7dASGROZGpGuvGKkV3qsg/pub?start=false&loop=false&delayms=3000

Quiz: 10 Questions

<https://forms.gle/w31cm2b4zC3fNbKi6>

4. HIPPA

Powerpoint:

https://docs.google.com/presentation/d/e/2PACX-1vTpYEFkY2dZW48gIXMIP4JAz53-lAWG-y2TDdp0or113Mk_38imId05F-ut4qCdsW/pub?start=false&loop=false&delayms=3000

Quiz: 9 Questions

<https://forms.gle/4ytDBWkQuZBcFmrE8>

5. SIDS

SIDS Powerpoint will be inserted before quiz

Quiz: 10 Questions

<https://forms.gle/kxXc8jc6NDRRvTS68>

6. Water Safety

Powerpoint:

<https://docs.google.com/presentation/d/e/2PACX-1vQd1Py7HgvODXW5S4FRwfWbc-gCMkr8N0aMEhR-oMYUZ6zkyhDbGpPI2Z1JF1XxhA/pub?start=false&loop=false&delayms=3000>

Quiz: 15 Questions

<https://forms.gle/ALwVsaTXRCiW4gVFA>

7. Texas Health Steps

Google Document:

https://docs.google.com/document/d/e/2PACX-1vQ2bYZjxjncNQnai70DOcVg_D-IbSwHUi-dEjCa7jWYglq1a-tXz5QewqKFmz7xLg/pub

Quiz: 5 Questions

<https://forms.gle/JoPDZZxshmtGS5Ya8>

8. Transportation

Google Document:

https://docs.google.com/document/d/e/2PACX-1vSuyaOyKM8Wrl5H2aJsyL47cV5bfZQWhsGxvsLWNH8MwxJ_zPt6Ubpjny5VpUd2ug/pub

Quiz: 5 Questions

<https://forms.gle/zq13CFJ5Anw3umgc8>

DFPS Training Links

1. Psychotropic Medication for Children in Texas Foster Care

http://www.dfps.state.tx.us/training/psychotropic_medication/default.asp

2. Medical Consent Training For Caregivers

https://www.dfps.state.tx.us/Training/medical_consent/default.asp

3. Trauma and Trauma-Informed Care: An Introductory Training Provided by DFPS

https://www.dfps.state.tx.us/Training/Trauma_Informed_Care/default.asp

4. Reporting Suspected Abuse and Neglect of a Child

<https://www.dfps.state.tx.us/training/reporting/default.asp>

5. Need for Normalcy

<https://www.dfps.state.tx.us/Training/Normalcy/index.asp>

6. Recognizing/Reporting Sexual Abuse

<https://nam12.safelinks.protection.outlook.com/?url=https%3A%2F%2Ftraininghub.dfps.texas.gov%2F&data=04%7C01%7CAlexis.Stinnett%40dfps.texas.gov%7C998ce83c4926410712bf08d9cc9afb2a%7C0915ef3812cd4561ab809c7f41bfb31e%7C0%7C0%7C637765789176196668%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6Ikl1haWwiLCJXVCi6Mn0%3D%7C3000&sdata=b%2FUUfQDAu%2Bo%2BjMdQbfSaZUAKBQWHFU5urY0PTvpc4As%3D&reserved=0>

Preventing Communicable Disease and Immunizations in Child Care

Welcome to "Preventing Communicable Disease and Immunizations in Child Care."

Learning Objectives:

After completing this course, you should be able to:

- Define the term communicable disease
- Explain what immunizations are required for children in child care
- Identify symptoms and actions steps for common communicable diseases
- Describe how to prevent the spread of communicable diseases
- Demonstrate proper cleaning techniques of toys, food, and common areas

Policies Around Illness & Immunizations:

Defining communicable diseases:

- Communicable diseases are highly contagious and spread from one person to another or from an animal to a person. They are spread through airborne viruses or bacteria. They spread through body fluids, like saliva, mucus or blood. Synonyms for "communicable" include "contagious" and "infectious."

Sharing toys:

- Young children, because of their weaker immune systems, have a higher tendency to become sick. The spread of disease is accelerated in group settings as toys are shared, fingers go into mouths and children are in close contact with one another. It's our job to be proactive as children play in minimizing the spreading of germs. The single most effective way to prevent the spread of communicable disease is to wash your hands frequently.

Statistics:

- Each year, an average of 20,000 children younger than 5 years are hospitalized because of flu-related complications. Influenza causes more hospitalizations among young children than any other vaccine-preventable disease. Chickenpox focuses on kids, most commonly attacking those younger than 15. Strep throat is most common in school-age children. Children contract an average of 6-10 colds each year.

Immunizations:

- Each child enrolled must meet and continue to meet immunization requirements specified by the Department of State Health Services (DSHS). This requirement applies to all children in care from birth through 14 years of age.

- Files must maintain current immunization records for each child enrolled, including exemptions or exceptions. These records are updated annually to ensure that everything's current.

Exemptions:

- Immunizations required for the child's age must be complete by the date of admission unless: (1) The child is exempt or excepted from an immunization, and the exemption or exception is verified by the date of admission. Parents may request an exemption from the Department of State Health Services for medical or reasons of conscience, including religious beliefs. Documentation for exemptions must be included in the child's records. (2) If you admit a child who is homeless or in foster care, they may be provisionally admitted for up to 30 days if evidence of immunization is not available. You should immediately refer the child to an appropriate health-care professional to obtain the required immunizations.

Common childhood illnesses:

- The most common illnesses you'll encounter in child care include: a) Pink eye b) Chickenpox c) Influenza d) Common cold e) Strep throat f) Intestinal or stomach virus

Difference between viral and bacterial infections (before we discuss each of these, let's clarify the different types of infections): Viral and bacterial infections have similar symptoms, like coughing, sneezing, fatigue or vomiting, but should be treated differently. As you might think, bacterial infections are caused by bacteria, and viral infections are caused by viruses. The most important distinction between bacteria and viruses is that antibiotic drugs usually kill bacteria, but they aren't effective against viruses. Viral infections must be given time to run their course and are predictable in the time it takes to feel better. Bacterial infections are usually treated with antibiotics and recovery is often much quicker.

A) **Pink Eye:** Conjunctivitis, or pink eye is the one of the most common contagious illnesses among children. Spread by hand-to-hand contact, pink eye transfers fast because we touch our eyes all the time. Even getting a little bit of the virus on the tip of your fingers, touching a toy and then touching your eye can spread pink eye. This disease causes redness, itching, and swelling of the eyelid and a clear, white, yellow, or green liquid to collect in the tear ducts of the eyes. Pink eye may start in one eye, but because of its contagious nature, many people develop pink eye in both eyes. Having pink eye usually doesn't hurt, but the itching can be uncomfortable.

Causes and Symptoms: Viruses, which are often associated with symptoms of upper respiratory infections such as a sore throat or cold. Bacteria. This is actually one of the leading causes of children missing school. Allergens, such as pet dander or dust mites, usually irritate both eyes. This occurs in people who already have some sort of seasonal allergy. It is the body's way of trying to flush the allergen out.

Characteristics of each type: Each type of pink eye has a different set of symptoms, based on the cause. Watery and itchy eyes and sensitivity to light characterize viral pink

eye. This is highly contagious and can be spread through coughing or sneezing. Bacterial pink eye is characterized by a sticky yellow-green discharge that occurs in the tear ducts of one or both eyes. This is also highly contagious and spread by direct contact. Pink eye caused by allergens has a different set of symptoms. Watery and itchy eyes are often accompanied with a burning sensation and a runny or stuffy nose and light sensitivity. Pink eye caused by allergens is not contagious.

Treatment of Pink Eye: Pink eye is often mild and very treatable. For each type there are different treatment methods. Viral pink eye will run its course over several days and no medical treatment is required. Applying a cold washcloth to the eyes several times a day can relieve symptoms. Bacterial pink eye requires a doctor visit to have antibiotic eye drops or ointments prescribed. Allergen pink eye usually clears up with the use of your normal allergy medicine. Children and teachers with viral or bacterial pink eye may return to the classroom once they have clearance from a doctor, or they are symptom free. Coming back to class before this will expose others to the disease.

Pink eye prevention: Clean shared spaces frequently and wash hands often. Cover your nose and mouth while coughing and never share items such as washcloths or hand towels.

- B) **Chicken Pox:** Chicken pox is a viral infection that causes outward red blotches on the skin that are very itchy and highly contagious.

Causes and Symptoms: Caused by a virus and is extremely contagious if you have not had chicken pox already. Symptoms of chicken pox include a blister-like rash, itching, fatigue and fever. The chicken pox rash usually appears first on the head, which then spreads to the body with raised red spots, blisters, and then hard-crusting spots. Two to three crops of blisters may develop in the course of the illness.

Prevention: There is a required chicken pox vaccine and most children have had it. If a child has had the vaccine, they may have a mild case if exposed to chickenpox. When exposed, it usually takes about 10 days for the virus to run its course and for all blisters to become crusted over. This is when the child can return to child care.

- C) **Influenza:** Influenza is a viral infection that attacks the upper respiratory system. Young children are especially susceptible to this disease. We have to be cautious during flu season, making sure that sick children are properly diagnosed, as influenza can lead to hospitalization when severe.

Causes and Symptoms: A virus causes influenza. At first, the flu may seem like a common cold with a runny nose, sneezing, and sore throat, so it's important to know the differences between the two. You usually feel much worse with the flu. Common symptoms are high fever, sore throat, achiness, chills and sweats, dry cough, congestion, and fatigue, which come on very quickly. Young children may also have nausea, vomiting or diarrhea.

Treatment: Once exposed, it can take 1-4 days until the onset of symptoms. For those who catch the flu, a doctor can prescribe an anti-viral medication which may diminish the

severity and length of the illness. Exclusion from school is required and children may return once they are fever free.

Prevention: It's recommended that anyone over the age of 6 months receive a flu vaccination every year, especially young children, those who work with children and the elderly. You can help prevent the flu by avoiding close contact with others, washing your hands often, avoiding touching your nose and mouth and practicing good hygiene. And very important, stay home if you are sick!

- D) **Common Cold:** Colds are spread through contact with the respiratory secretions of those infected, and usually last 1-5 days. Unless accompanied by a fever, children with a cold are not required to stay home - which helps us understand why they are so easily spread!

Symptoms: It's important to be able to recognize the difference between a cold and the flu. The symptoms of a cold are runny nose, watery eyes, fatigue, coughing and sneezing. Fever and sore throats are not common with a cold. Probably the most distinguishing difference between the two is the onset of the illness. People who get the flu can usually tell you exactly when they got sick, to the hour! A cold typically comes on more gradually.

- E) **Strep Throat:** A bacterial infection that causes pain and inflammation in the throat. It is spread through coughing, sneezing, or sharing food or drinks.

Symptoms: Fever, sore throat, often with swollen lymph nodes in the neck. It can only be diagnosed through a lab test, so a child that has a sore throat with fever should go see the doctor. Halitosis or bad breath may be an indicator of strep throat. This is due to the fact that infected tonsils emit low levels of pus, or white blood cells.

Treatment: includes taking an antibiotic, increasing fluid intake and getting lots of rest. It usually lasts from 1-3 days and children should not be around others until they been on antibiotic and fever free for 24 hours.

- F) **Gastroenteritis (stomach bug):** Gastroenteritis is a common infection of the gut that results in vomiting, diarrhea or both. Many children have 1-2 episodes a year. Often accompanied by fever or cramps, it's a highly contagious illness that can spread rapidly.

It can be either viral or bacterial. Viral gastroenteritis is spread through contact with an infected person, most commonly through fecal-oral contact. This can happen if a child or teacher doesn't properly wash their hands after toileting or a diaper change - and the germs spread to others. Bacterial gastroenteritis, often called food poisoning, comes from eating food that's undercooked, stored improperly or not reheated well.

Symptoms: Both types of gastroenteritis are similar. They include nausea, vomiting, diarrhea, abdominal cramps, fever and overall achiness. As soon as a child exhibits these symptoms, they should be separated from other children and parents should be notified. As you care for a child who becomes sick, you'll likely be doing some cleanup, so take proper precautions to protect yourself. Use gloves, wash your hands thoroughly and sanitize all surfaces carefully.

Treatment: Milder cases of gastroenteritis are treated at home with lots of fluids, limited food intake and rest.

Proper Handwashing Techniques

Let's review how to properly wash your hands. First, wet your hands with clean, running warm water and apply soap. Lather your hands, taking care to get the backs of your hands, between your fingers, and under your nails. Scrub your hands for at least 20 seconds. Rinse your hands well under clean, running water. Dry your hands using a clean paper towel. Use that same paper towel to turn the faucet off so you don't contaminate your clean hands by touching the faucet.

- Hand sanitizers may be used instead of hand washing but only on children older than 24 months of age. It's recommended that hand sanitizers be used in lieu of handwashing only when necessary. And for infants who are not old enough to be raised to a sink for handwashing? Caregivers should use an individual cloth or paper towel with soap, followed by another with clear water to rinse.

- Teaching children to sing a "hand washing song" while they wash is a good way to help them measure if they have been scrubbing long enough. Here's an example of a common children's song that has been converted to one about hand washing! Use this one or make up your own... "Hand washing song to the tune of "Row Your Boat:" Wash, wash, wash your hands, Play our handy game. Rub and scrub and scrub and rub, Germs go down the drain!" (repeat)

Establishing a cleaning routine

- Establishing a cleaning routine is very important, creating a schedule for thoroughly cleaning surfaces that could pose a risk to children and teachers. Most likely to be contaminated are toys that children put in their mouth, crib rails, food prep and eating areas and surfaces like diaper changing areas, sinks and toilets.
- **Scrub Routine:** cleaning with soap and water is the more useful method for removing germs from surfaces. Good scrubbing physically reduces the number of germs from the surface, just as hand washing reduces the number of germs on your hands.
- **Disinfecting:** Some surfaces require the additional step of disinfection to kill germs after cleaning with soap and rinsing with water. Items that can be run through the dishwasher or laundered in hot water do not need further disinfection. The process of disinfection requires soaking or drenching the item for several minutes to give the chemical time to kill the germs. One of the most commonly used chemicals for disinfection in childcare is a homemade solution of household bleach and water. It is inexpensive, easy to mix, nontoxic, safe if handled properly and kills most infectious germs. It's important to note that bleach water must be mixed fresh every day to maintain its effectiveness.
- **Hard surfaces and common areas:** Common areas such as rugs, mats, and carpets should be vacuumed daily after the children leave. The floor underneath rugs should be mopped weekly. Hard surfaces, counters, tables, and tiled floors should be cleaned daily as well, with a disinfecting solution.

Communicable Disease

Preventing Communicable Disease and Immunizations in Child Care Quiz

* Required

1. Email *

2. First and Last Name *

3. 1. What are synonyms for the word communicable? *

10 points

Mark only one oval.

- A. Contagious
- B. Infectious
- C. Contagious and Infectious
- D. Non-transmittable

4. 2. Each child enrolled must meet and continue to meet immunization requirements specified by the Department of State Health Services (DSHS). This requirement applies to all children in care from birth through ____ years of age.

* 10 points

Mark only one oval.

- A. 18
- B. 16
- C. 21
- D. 14

5. 3. What are the most common childhood illnesses? *

5 points

Mark only one oval.

- A. Pink eye
- B. Influenza
- C. Strep throat
- D. All the above

6. 4. True or False: A bacterial infection that causes pain and inflammation in the throat. It is spread through coughing, sneezing, or sharing food or drinks.

* 10 points

Mark only one oval.

- True
- False

7. 5. True or False: Symptoms for Gastroenteritis is nausea, vomiting, diarrhea, abdominal cramps, fever, and overall achiness?

* 5 points

Mark only one oval.

- True
- False

8. 6. Conjunctivitis, or _____ is the one of the most common contagious illnesses among children.

* 10 points

9. 7. _____ is a viral infection that causes outward red blotches on the skin that are very itchy and highly contagious.

* 10 points

10. 8. True or False: Influenza is NOT a viral infection that attacks the upper respiratory system? * 5 points

Mark only one oval.

- True
 False

11. 9. Fever, sore throat, often with swollen lymph nodes in the neck are symptoms of? * 10 points

Mark only one oval.

- Common Cold
 Influenza
 Chickenpox
 Strep Throat

12. 10. True or False: Children older than 24 months may use hand sanitizer instead of washing their hands? * 5 points

Mark only one oval.

- True
 False

13. 11. What is the first thing you do before washing your hands? * 10 points

Mark only one oval.

- Take care of the back of your hands
 Scrub hands for at least 20 seconds
 Dry your hands with a paper towel
 Wet your hands

14. 12. Symptoms of chickenpox are: *

10 points

Mark only one oval.

- Blister- like rash
- Infection of the upper respiratory system
- Diarrhea
- Nausea

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Google Forms

Disaster Planning Training

Each foster home must have written plans and procedures for handling:

- ▶ potential disasters and emergencies
- ▶ fire
- ▶ severe weather emergencies
- ▶ transportation emergencies

Foster parents and caregivers must know the procedures for meeting disasters and emergencies, including:

- ▶ evacuation procedures
- ▶ supervision of the children
- ▶ contacting emergency help

Procedures for relocating children to a designated safe area or alternate shelter including specific procedures for:

- evacuating children who are under 24 months of age, who have limited mobility, or who otherwise may need assistance in an emergency, such as children who have mental, visual, or hearing impairment, or a medical condition that requires assistance; and how you will ensure medications and equipment will be made available to children with special needs or medical conditions.

*Severe
Winter
Storms*

Dangerously cold and freezing temperatures are a concern during the winter months, and every region of the US can be affected. Though temperatures tend to warm in advance of a developing storm, snowstorms can occur at temperatures near or below freezing. The pattern of warm air over cold air can cause steady snow, sleet, or freezing rain over a wide area for as long as 12-24 hours at a time.

Before a Winter Storm Arrives - Prepare!

Make sure that everything you need is in one location. It must be readily available for you to simply grab when needed.

1. Develop a Disaster Plan:

- Decide where to go (for example: home, school, work etc)
- Update these plans every school year and as places of employment and residence change

2. Assemble a Disaster Supplies Kit (must be clearly labeled, easy to grab box):

For the safety and comfort of you and the people receiving services, keep emergency supplies packed and ready in one place before disaster hits. Store in a safe and dry place that is easy to access. Make sure everyone in the household knows where the supplies are kept. Additional preparation will be necessary for people who are dependant on medical equipment, are mobility impaired, and/or have hearing and/or visual impairments. It may not be necessary to evacuate, or you may be ordered to stay in the home. Make sure that there are enough supplies to last for seven days.

- Include a flashlight, extra batteries, battery operated radio and extra batteries, first aid kit and manual, emergency canned food and non-electric can opener, bottled water, essential medications, cash and credit cards stored in an airtight bag, and sturdy shoes and work gloves.
- Include in the kit written instructions how to turn off the home's utilities.

Please refer to the *Disaster Supply Kits Tip Sheet* below at the end of this document titled "Disaster Supply Kit" for a more complete list of supplies to keep at home and in your vehicle.

3. Establish an out of town contact: in the case of an emergency (for example: The 1 Care Premier Solutions office number)

4. Prepare Your Home:

- Make your home safe for winter with insulation, weather stripping and storm windows.
- Set up emergency heating equipment, such as a fireplace with wood or

coal or a camp stove with fuel. Insulate pipes with layers of insulation or newspaper wrapped with plastic. Let faucets drip and learn how to shut off water valves.

During a Winter Storm

- Collect your Disaster Supply Kit and keep it with you
- Stay posted on developing weather conditions and stay indoors.

If You Must Go Outside:

- Wear several layers of clothing such as gloves and a hat so it keeps you from losing body heat. As well keep dry.
- Warm up by stretching before you go outside.
- Watch for signs of frostbite. That is the loss of feeling and a white, pale appearance in fingers, toes, nose, ear lobes
- Watch for signs of hypothermia; the symptoms include uncontrollable shivering, slow slurred speech, memory lapses, frequent stumbling, drowsiness and exhaustion

If You Must Drive:

- Let someone know when you expect to arrive and the route you plan to take.
- Keep gas tank full for emergency use and to prevent the fuel line from freezing
- Have the Disaster Supply Kit in the car trunk, along with blankets and a small shovel.
- A small bag of sand or non-clumping cat litter can be used for extra traction if you get stuck.
- **If you get stuck while driving, stay with your car. Do not try to walk to safety.**
 - Tie a brightly colored cloth to the antenna and raise it high for rescuers to see
 - Start the car and use the heater sparingly, for about 10 minutes every hour, keep the exhaust pipe clear so fumes won't back up into the car, leave the overhead light on when the engine is running so that you can be seen & keep your arms and legs moving to keep blood circulating and to stay warm

Supporting Individuals in 1 Care Premier Solutions

- Remember to maintain a positive attitude and stay calm. Your role is to support these vulnerable individuals safely through this dangerous situation.
- Make sure to keep all vulnerable individuals closely supervised at all times and inform the program office via the emergency back-up number of your plans.

*Tropical
Storms and
Hurricanes*

Tropical Storms and Hurricanes can bring powerful wind, rain, storm surge and waves. Most storms that affect the United States originate over the tropical or sub-tropical Atlantic Ocean, the Caribbean Sea or the Gulf of Mexico. Storms can also form over the Pacific Ocean and sometimes their remnants reach the southwestern US.

Before a Tropical Storm or Hurricane Makes Landfall - Prepare!

Make sure that everything you need is in one location. It must be readily available for you to simply grab when needed. Generally, warnings are issued 48 hours prior to the storm hitting land, but do not wait for a storm to prepare!

1. Develop a Disaster Plan:

- Decide where to go (for example: home, school, work etc)
- Update these plans every school year and as places of employment and residence change

2. Assemble a Disaster Supplies Kit (must be clearly labeled, easy to grab box):

For the safety and comfort of you and the people receiving services, keep emergency supplies packed and ready in one place before disaster hits. Store in a safe and dry place that is easy to access. Make sure everyone in the household knows where the supplies are kept. Additional preparation will be necessary for people who are dependent on medical equipment, are mobility impaired, and/or have hearing and/or visual impairments. It may not be necessary to evacuate, or you may be ordered to stay in the home. Make sure that there are enough supplies to last for seven days.

- Include a flashlight, extra batteries, battery operated radio and extra batteries, first aid kit and manual, emergency canned food and non-electric can opener, bottled water, essential medications, cash and credit cards stored in an airtight bag, and sturdy shoes and work gloves.
- Include in the kit written instructions how to turn off the home's utilities.

3. Establish an out of town contact: in the case of an emergency (for example: The 1 Care Premier Solutions office number)

4. Conduct Periodic Drills: So everyone remembers what to do if a severe storm is approaching. Document these drills and discuss with the Case Manager the types of supports the person you care for may need in order to evacuate.

Please refer to the *Disaster Supply Kits Tip Sheet* below at the end of this document titled "Disaster Supply Kit" for a more complete list of supplies to keep at home and in your vehicle.

A Warning Has Been Issued: What to Do

If a warning has been issued, stay near your TV or radio to get updates. Obey advisories promptly.

If No Evacuation Has Been Ordered:

- Collect the Disaster Supplies Kit along with blankets and sleeping bags and keep them with you.
- Call your emergency contact to report your plans
- Keep children and pets indoors
- Make sure that you have cash and a full tank of gas in case you must evacuate
- Make sure a battery-powered radio is available.
- If you are not told to evacuate, stay put! The roads should be available for others who need to leave.

Outside The House

- Make sure all windows are protected with plywood
- Store away lightweight objects that could become missiles in high winds.
- Anchor down objects that cannot be brought inside.
- If you are in a mobile home, check your tie downs and evacuate immediately

Inside The House

- Fill food-grade containers with water from the tap for drinking. Place in the refrigerator.
- For sanitary use, thoroughly clean the bathtub with bleach and fill with water.
- Place all valuables and records in a waterproof container and store on the highest floor of your home.

If An Evacuation Has Been Ordered: What to Do

- Determine if you can indeed reach your evacuation destination and leave in plenty of time to get there.
- Turn off all utilities such as water and electricity.
- Pack the disaster supplies Kit and extra blankets and sleeping bags.
- Call your emergency contact to let them know your plans.
- Lock the windows and doors before leaving.
- Tune the car radio to a news station to hear updates on evacuation routes.
- If you are relocating to an evacuation shelter **don't forget:**
 - All prescription medication
 - Pillows and blankets
 - Books, games for kids
 - Emergency information for individuals in 1 Care Premier Solutions

Supporting Individuals in 1 Care Premier Solutions

- Remember to maintain a positive attitude and stay calm. Your role to

support these vulnerable individuals safely through this dangerous situation.

- Make sure to keep all vulnerable individuals closely supervised at all times and inform the program office via the emergency back-up number of your plans.

After the Storm

Is It Safe To Return?

- Wait until authorities tell you it is safe before returning home.
- Avoid floodwaters. Do not try to cross them.
- Bring necessities such as food, water with you when you return.

Beware Of Hazards When Returning Home

- Watch for snakes and other animals forced into the home by flood waters
- Watch for downed power lines. Do not try to move and be sure to report them to the utility company
- Check the refrigerator for spoilage, but keep your water. It may be some time before tap water is useable
- To prevent accidental fires, use flashlights, not candles, to see if the power is on or off after a storm
- Keep children and pets inside; if pets need to be walked, keep them on a leash

**TORNADO
SAFETY
CHECKLIST**

(SEE PICTURE BELOW)

Be Red Cross Ready

Tornado Safety Checklist

A tornado is a violently rotating column of air extending from the base of a thunderstorm down to the ground. Tornado intensities are classified on the Fujita Scale with ratings between Fo (weakest) to F5 (strongest). They are capable of completely destroying well-made structures, uprooting trees and hurling objects through the air like deadly missiles. Although severe tornadoes are more common in the Plains States, tornadoes have been reported in every state.

Know the Difference

Tornado Watch

Tornadoes are possible in and near the watch area. Review and discuss your emergency plans, and check supplies and your safe room. Be ready to act quickly if a warning is issued or you suspect a tornado is approaching. Acting early helps to save lives!

Tornado Warning

A tornado has been sighted or indicated by weather radar. Tornado warnings indicate imminent danger to life and property. Go immediately underground to a basement, storm cellar or an interior room (closet, hallway or bathroom).

What should I do to prepare for a tornado?



- During any storm, listen to local news or a NOAA Weather Radio to stay informed about watches and warnings.
- Know your community's warning system. Communities have different ways of warning residents about tornados, with many having sirens intended for outdoor warning purposes.
- Pick a safe room in your home where household members and pets may gather during a tornado. This should be a basement, storm cellar or an interior room on the lowest floor with no windows.
- Practice periodic tornado drills so that everyone knows what to do if a tornado is approaching.
- Consider having your safe room reinforced. Plans for reinforcing an interior room to provide better protection can be found on the FEMA Web site at <http://www.fema.gov/plan/prevent/rms/rmsp453.shtm>.
- Prepare for high winds by removing diseased and damaged limbs from trees.
- Move or secure lawn furniture, trash cans, hanging plants or anything else that can be picked up by the wind and become a projectile.
- Watch for tornado danger signs:
 - Dark, often greenish clouds—a phenomenon caused by hail
 - Wall cloud—an isolated lowering of the base of a thunderstorm
 - Cloud of debris
 - Large hail
 - Funnel cloud—a visible rotating extension of the cloud base
 - Roaring noise

What should I do if a tornado is threatening?



- The safest place to be is an underground shelter, basement or safe room.
- If no underground shelter or safe room is available, a small, windowless interior room or hallway on the lowest level of a sturdy building is the safest alternative.
 - Mobile homes are not safe during tornadoes or other severe winds.
 - Do not seek shelter in a hallway or bathroom of a mobile home.
 - If you have access to a sturdy shelter or a vehicle, abandon your mobile home immediately.
 - Go to the nearest sturdy building or shelter immediately, using your seat belt if driving.
 - Do not wait until you see the tornado.
- If you are caught outdoors, seek shelter in a basement, shelter or sturdy building. If you cannot quickly walk to a shelter:
 - Immediately get into a vehicle, buckle your seat belt and try to drive to the closest sturdy shelter.
 - If flying debris occurs while you are driving, pull over and park. Now you have the following options as a last resort:
 - Stay in the car with the seat belt on. Put your head down below the windows, covering with your hands and a blanket if possible.
 - If you can safely get noticeably lower than the level of the roadway, exit your car and lie in that area, covering your head with your hands.
 - Your choice should be driven by your specific circumstances.

What do I do after a tornado?



- Continue listening to local news or a NOAA Weather Radio for updated information and instructions.
- If you are away from home, return only when authorities say it is safe to do so.
- Wear long pants, a long-sleeved shirt and sturdy shoes when examining your walls, doors, staircases and windows for damage.
- Watch out for fallen power lines or broken gas lines and report them to the utility company immediately.
- Stay out of damaged buildings.
- Use battery-powered flashlights when examining buildings—do NOT use candles.
- If you smell gas or hear a blowing or hissing noise, open a window and get everyone out of the building quickly and call the gas company or fire department.
- Take pictures of damage, both of the building and its contents, for insurance claims.
- Use the telephone only for emergency calls.
- Keep all of your animals under your direct control.
- Clean up spilled medications, bleaches, gasoline or other flammable liquids that could become a fire hazard.
- Check for injuries. If you are trained, provide first aid to persons in need until emergency responders arrive.

Let Your Family Know You're Safe

If your community experiences a tornado, or any disaster, register on the American Red Cross Safe and Well Web site available through RedCross.org to let your family and friends know about your welfare. If you don't have Internet access, call 1-866-GET-INFO to register yourself and your family.



For more information on disaster and emergency preparedness, visit RedCross.org.

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**DISASTER
SUPPLY KIT**

Disaster Supply Kit

Essentials

There are six basics you should stock for your home: 1) water, 2) food, 3) first aid supplies, 4) clothing and bedding, 5) tools and emergency supplies, and 6) special items.

1) Water

- 1 gallon per day/per person, minimum, in a food grade, plastic container & additional water for sanitation

2) Food: Check food supplies regularly to ensure that they have not expired.

- Keep a minimum 3-day supply (preferably a 7-day supply) of non-perishable food that requires no refrigeration or preparation and little or no water. Replace food and water supplies every month: dry cereal, canned fruits, canned juice, peanut butter, canned vegetables, ready to eat canned meats, ready to eat soups (not concentrated), quick energy snacks, graham crackers, raisins, special provisions for people who are unable to eat certain foods

3) First Aid Kit:

- | | |
|---|---|
| <input type="checkbox"/> First Aid Manual | <input type="checkbox"/> Tweezers |
| <input type="checkbox"/> Latex Gloves | <input type="checkbox"/> Sharp scissors |
| <input type="checkbox"/> Sterile Gloves | <input type="checkbox"/> Safety pins |
| <input type="checkbox"/> Adhesive Tape | <input type="checkbox"/> Disposable instant cold pack |
| <input type="checkbox"/> Adhesive bandages in several sizes | <input type="checkbox"/> Calamine lotion |
| <input type="checkbox"/> Elastic bandage | <input type="checkbox"/> Alcohol wipes |
| <input type="checkbox"/> Antiseptic wipes | <input type="checkbox"/> Thermometer |
| <input type="checkbox"/> Soap | <input type="checkbox"/> Mouthpiece for administering CPR |
| <input type="checkbox"/> Antibiotic cream | <input type="checkbox"/> List of emergency phone numbers |

4) Clothing and Bedding:

- Sunglasses
- Hats and gloves
- Blankets or sleeping bags
- One complete change of clothing per person
- Rain gear
- Sturdy shoes or work boots and work gloves
- Thermal underwear

For Baby

- Formula

- Bottles
- Powdered Milk
- Diapers
- Medication

For Pets/Service Animals

- Food
- Extra water
- Records of vaccinations/medical records
- Collar and ID tags
- Leash, harness or carrier
- Medications
- Non-tippable food and water containers

5) Tools and Supplies:

- | | |
|--|--|
| <input type="checkbox"/> Whistle | <input type="checkbox"/> Shut off wrench to turn off household gas and water |
| <input type="checkbox"/> Crowbar | <input type="checkbox"/> Aluminum foil |
| <input type="checkbox"/> Paper, pencil | <input type="checkbox"/> Compass |
| <input type="checkbox"/> Medicine dropper | <input type="checkbox"/> Heavy cotton or hemp rope |
| <input type="checkbox"/> Signal flare | <input type="checkbox"/> Fire extinguisher |
| <input type="checkbox"/> Assorted nails, wood screws | <input type="checkbox"/> Tarps for shelter, garbage bags |
| <input type="checkbox"/> Plastic storage containers | <input type="checkbox"/> Pre-cut plywood |
| <input type="checkbox"/> Cash or traveler's checks, change | <input type="checkbox"/> Map of the area (for locating shelters) |
| <input type="checkbox"/> Non-electric can opener, utility knife | <input type="checkbox"/> Plastic sheeting |
| <input type="checkbox"/> Mess kits, or paper cups, plates and plastic utensils | <input type="checkbox"/> Needle, thread |
| <input type="checkbox"/> Tape, duct and plumbers tape or strap iron | <input type="checkbox"/> Matches in a water proof container |
| <input type="checkbox"/> Patch kit and can of Fix a Flat for tires | <input type="checkbox"/> Pliers, screwdriver, hammer |

Sanitation

- Disinfectant
- Soap, liquid detergent
- Feminine supplies
- Toilet paper, towelettes, paper towels
- Portable Urinal
- Plastic garbage bags (for personal sanitation use)
- Household chlorine bleach

- Personal hygiene items
- Plastic bucket with a tight lid

6) Special Items:

Important Documents: Store in a water-tight/fire -proof container and send a copy to an out -of-state contact.

- Important phone numbers: family members, service providers, utility companies
- Record of bank accounts
- Family records (birth, marriage, death certificates)
- Inventory of valuable household goods
- Copy of will, insurance policies, contracts, deeds, stocks and bonds
- Record of credit card accounts and companies
- Copy of passports, social security cards, social security award letters and
- immunization records
- Style and serial numbers of medical devices such as pacemakers

Emergency Binders: Store in a water-tight/ fireproof container

- Copy of disaster plan
- Health insurance information for each person receiving services (copy of health insurance card)
- Lists of physicians, medical supply vendors, pharmacies, hospitals
- Lists of styles and serial numbers of specialized equipment (i.e. pacemakers)
- Emergency information for each person served.

Medical Needs: Keep a supply of and check the expiration dates of (prescription drugs, insulin, etc.)

- Denture needs
- Contact lenses and supplies & extra eyeglasses
- Specialized items depending on clientele such as diapers, wipes, adaptive equipment;
- and/or batteries for hearing aids.

Keep a smaller version of an emergency supply kit in each vehicle. For longer trips, include a more complete version. If evacuation is warranted and ordered by civil authorities, staff should be able to take necessary items from the facility's emergency supplies to supplement the inventory already in the vehicles.

Portable Disaster Supplies Kit

- | | |
|---|---|
| <input type="checkbox"/> Emergency info. list/other lists | <input type="checkbox"/> prescriptions |
| <input type="checkbox"/> Small flashlight | <input type="checkbox"/> Extra pair of glasses |
| <input type="checkbox"/> Whistle/other noisemaker | <input type="checkbox"/> Hearing aid |
| <input type="checkbox"/> Water | <input type="checkbox"/> Sanitary supplies |
| <input type="checkbox"/> Extra meds & copies of | <input type="checkbox"/> Pad and pencil/other writing |

device

Vehicles should have at least the following:

- Battery operated radio & extra batteries
- CB radio or cell phone and charger plug adaptable for the car
- Spare keys to home and vehicle
- Booster cables (if staff are trained in their proper use)
- Bottled water
- Non electric can opener
- Emergency Binder
- Equipment for tire repair
- Seat belt cutter
- Flash light
- Blankets, fire blankets
- Extra set of mittens, hats, and socks
- First aid kit and manual
- Non perishable foods
- Fire extinguisher
- Emergency triangle
- Red cloth to use as a flag
- Shovel, sand & flares

Disaster Planning Test

* Required

1. Email *

2. First and Last name *

3. 1. What should EVERY foster home have written plans and procedures for? *

10 points

Mark only one oval.

- A. Potential disasters and emergencies
- B. Fire
- C. Severe weather emergencies
- D. Transportation emergencies
- E. All of the above

4. 2. Foster parents and caregivers must know the procedures for meeting disasters and emergencies, including evacuation procedures, supervision of the children and contacting emergency help

10 points

Mark only one oval.

- True
- False

5. 3. True or False: You should stay posted on weather conditions and stay indoors * 5 points

Mark only one oval.

True

False

6. 4. True or False: If you get stuck while driving, you should get out the car and find help * 10 points

Mark only one oval.

True

False

7. 5. _____: So, everyone remembers what to do if a severe storm is approaching. Document these drills and discuss with the Case Manager the types of supports the person you care for may need in order to evacuate. * 10 points

8. 6. When returning home from a tropical storm or hurricane you should? * 10 points

Mark only one oval.

A. Watch for snakes and other animals forced into the home by flood waters

B. Check your fridge for spoilage

C. Watch for downed power lines

D. All the above

9. 7. What six basic essentials should you have in your disaster supply kit? * 15 points

10. 8. True or False: You should NOT check food supplies regularly to ensure that they have not expired. 10 points

Mark only one oval.

- True
 False

11. 9. Where is the safest place to be during a tornado? 10 points

Mark only one oval.

- A. Underground Shelter
 B. Basement
 C. Safe room
 D. None of the above
 E. All of the above

12. 10. What tornado danger signs should you watch for: * 10 points

Mark only one oval.

- A. Cloud of debris
 B. Roaring noise
 C. Funnel cloud
 D. All of the above

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Providing Culturally Affirming Care

SUPERIOR STAR HEALTH PROGRAM

1 CARE PREMIER SOLUTIONS– CULTURAL DIVERSITY TRAINING

Agenda

- ▶ Introduction/Activities
- ▶ Defining Culture
- ▶ Cultural Errors
- ▶ Youth Culture
- ▶ All those Isms!
- ▶ Identity Development in Foster Youth
- ▶ Cultural needs of Undocumented Foster Children
- ▶ Strategies for Care
- ▶ Wrap-up



“Perhaps travel cannot prevent
bigotry, but by demonstrating that all
people cry, laugh, eat, worry and
die, it can introduce the idea that if
we try and understand each other,
we may even become friends.”

MAYA ANGELOU

What is Culture?



- ▶ Values
- ▶ Beliefs
- ▶ Attitudes
- ▶ Traditions
- ▶ Standards of behavior
- ▶ Culture also organizes people into social groups and regulates the group and individual behaviors.

Errors in assessing culture

- ▶ **Ethnocentrism** – believing that your culture is superior to others..not being willing to consider that there are other points of view.
- ▶ **Stereotyping** – assuming that all members of a cultural group are the same.
- ▶ **Prejudice** – judging others without any data to support your conclusion which often involves negative beliefs and attitudes.
- ▶ **Discrimination** – treating people differently base on prejudice.

What is Youth Culture?



- ▶ Dress style
- ▶ Shared musical tastes
- ▶ Dance
- ▶ Food
- ▶ Celebration/milestones
- ▶ Language (i.e., texting)
- ▶ Body modification (i.e., tattoos, piercings)
- ▶ Shared names that other groups recognize

What is Adultism?

- ▶ According to the CWLA, *Adultism* occurs when:
 - We form negative beliefs about young people.
 - We practice certain behaviors toward youth because, “this is the way we do things, etc...”
 - We combine prejudices against young people with our ability to control their lives.

Reframing

- ▶ a way to confront *adulthood*
- ▶ *focuses on competency*
- ▶ *concentrates on encouraging and building upon strengths*

Examples

- ▶ **Deficit-based example** – *Sonya always thinks she is right when she is wrong....I hope I don't have to deal with her today.*
- ▶ **Strength-based example** – *Sonya knows how to stand up for herself, even if it isn't always correct. It's good to know to be your own advocate; especially when you may lack that kind of support.*

Institutional Racism

▶ The Education System

- Native American and African American high school students are 2.5 times more likely than anglo students to be placed in vocational rather than academic classes.
- A US Government study showed that Latino students dropped out of school at higher rates than their peers – even when they had average grades, were expected to graduate, and were not considered “at risk”.

Institutional Racism defined



- ▶ An attitude, action, or institutional practice backed up by institutional power that subordinates people because of their color.
- ▶ This includes the imposition of one's ethnic group's culture in such a way as to withhold respect for, demean, or destroy the cultures of other races.

Foster Care – The Real World

- ▶ African American children are twice as likely to be placed in foster care than Anglo children with similar family traits and circumstances
- ▶ African American children are less likely to be reunified with their biological family than Anglo children

Disparities of Criminal Justice



▶ The Juvenile Justice System

- From 1986 to 1991, arrests of Anglo juveniles for drug offenses decreased 34% while arrests of juveniles of color increased 78%.
- NOTE – the data still shows that drug use rates among Anglo, African American and Latino youth are about the same.

Health Disparities



▶ The Health Care System

- People of color, when compared to Anglos, have less access to and are less likely to receive needed mental health services
- When mental health services are available for African Americans, they tend to be poorer quality than those of Anglos



“Prejudice is a burden that
confuses the past, threatens
the future and renders the
present inaccessible.”

MAYA ANGELOU

Definition of Identity

- ▶ Qualities that distinguish one person from another:
 - Inwardly – how we think and feel
 - Outwardly – how we behave and how others view us

Definition of Identity



- ▶ Ethnic/Cultural Heritage
- ▶ Physical Characteristics/Appearance
- ▶ Knowledge and Skills
- ▶ Ways of Expressing Emotion
- ▶ Memories
- ▶ Sexuality
- ▶ Personal and Family History
- ▶ Likes and Dislikes

Racial and Ethnic Identity

▶ **Unhealthy Racial/Ethnic Identity -**

- Negative stereotypes about their own ethnic group
- Feels inferior
- Displays negative self-image
- Insecure sense of self

▶ **Healthy Racial/Ethnic Identity -**

- Identifies as a member of a particular racial/ethnic group(s)
- Feels good about being a member of a particular group

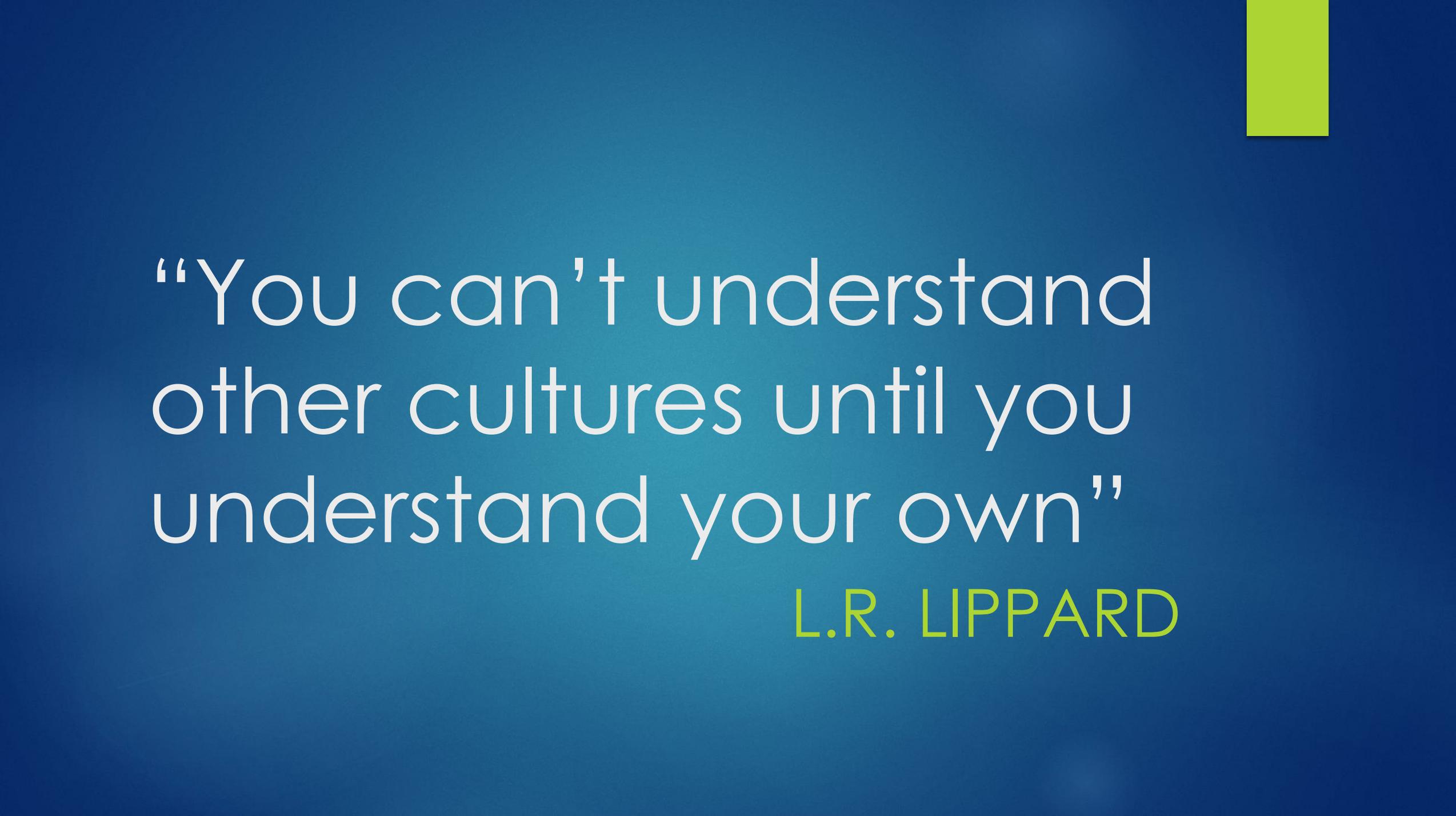
Racial Identity Development



- ▶ Your child may have been separated from their family/community before they were able to understand their own racial/ethnic identity
 - Heritage
 - Lessons on addressing racism and discrimination
 - Guidance on navigating successfully in a multicultural society
- ❖ Your youth may identify with the culture of foster care more than their own racial/ethnic identity

What Can I Do?

- ▶ Highlight cultural history and individuals talents
- ▶ Encourage success based on individual abilities and traditional cultural strengths:
 - While reading a book about Latinos, mom turns to her child...”the hero of the story “is smart like you”.
 - An African American couple, helping their son with history project on Thurgood Marshall, reinforce the positive accomplishments of African Americans in our society.



“You can’t understand
other cultures until you
understand your own”

L.R. LIPPARD

Undocumented Children of Culture



Why Youth migrate

- ▶ Reunification
- ▶ Education/employment
- ▶ Escape abuse/violence
- ▶ Human Trafficking

What Youth Need

- ▶ Undocumented youth are coming into care with higher incidences of:
 - Mental health issues
 - Substance abuse
 - Trauma
 - Psychotropic medication

Trends-Undocumented Youth

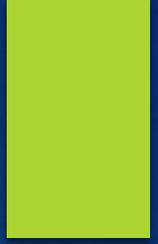


- ▶ Average age is 16 years old
- ▶ Undocumented Youth tend to come from:
 - Honduras
 - El Salvador
 - Guatemala
 - Mexico

Children with Detained Parents

- ▶ El Paso County
 - 7.5%
 - 46 children estimated
- ▶ Rio Grande Valley East, Child Protection Jurisdiction
 - 7.8%
 - 55 children estimated

What Can I Do?



- ▶ Undocumented Youth need caregivers that are:
 - Culturally aware and encouraging
 - Interested in other cultures, languages
 - Committed to fostering long term
 - Flexible and accepting
 - Sensitive to trauma history

Questions to Ask Your Child/Youth

- ▶ What are some of the best things about being your race and ethnicity?
- ▶ What are some challenges in belonging to your particular culture?
- ▶ What would you like people of other cultures to know about you?
- ▶ What are some of the challenges that your friends from different youth cultures have? Do you think that the challenges are the same for you? How are they different?

Where Do I Go From Here:

- ▶ Do not be afraid to bring up the topic of race and ethnicity with your child, family members and friends
- ▶ Find opportunities within your community to further your knowledge on different culture....such as watching movies from other cultures, community discussions, lectures, and book clubs
- ▶ Explore the web for more resource
- ▶ Check out the Resources section of the training for ideas!!

Resources

- ▶ Cultural Competance

www.cwla.org/pubs/default.htm

- ▶ Casey Family Programs – *Knowing Who You Are Online Training/Video*

www.kwya.casey.org

- ▶ Video – *In Their Own Words*

www.Bethany.or/refugee

- ▶ Documentary – *Which Way Home*

The film follows several unaccompanied child migrants as they journey through Mexico en route to the U.S. on a freight train they call “The Beast.”

Resources

- ▶ Applied Research Center – *Shattered Families: The Perilous Intersection of Immigrant Enforcement and the Child Welfare System*, November 2011.
- ▶ Picture:
<http://www.uvic.ca/research/centres/capi/assets/images/photos/main/stateless%20children%20crop%20for%20web.jpg>

Diversity/Cultural Awareness Test

Credit hours: 1

* Required

1. Email *

2. First and last name *

3. 1. What is culture? *

4. 2. Adultism occurs when... *

Mark only one oval.

- A. We form negative beliefs about young people
- B. We practice certain behaviors toward youth because, "this is the way we do things, etc..."
- C. We combine prejudices against young people with our ability to control their lives.
- D. All of the above

5. 3. Institutional racism is defined as *

Mark only one oval.

- Individual- and group-level processes and structures that are implicated in the reproduction of racial inequality
- An attitude, action, or institutional practice backed up by institutional power that subordinates people because of their color.
- Inherent advantages possessed by a white person on the basis of their race in a society characterized by racial inequality and injustice.
- All of the above

6. 4. African American children are more likely to be reunified with their biological family than Anglo children *

Mark only one oval.

- True
- False

7. 5. Your child may have been separated from their family/community before they were able to understand their own racial/ethnic identity. What can you do to help them? *

Mark only one oval.

- Teach them about their heritage
- Lessons on addressing racism and discrimination
- Guidance on navigating successfully in a multicultural society
- All of the above

8. 6. Undocumented youth are coming into care with higher incidences of mental health issues, substance abuse, trauma and psychotropic medication *

Mark only one oval.

- True
- False

9. 7. Discrimination definition: *

Mark only one oval.

- believing that your culture is superior to others and not being willing to consider that there are other points of view
- assuming that all members of a cultural group are the same
- judging others without any data to support your conclusion which often involves negative beliefs and attitudes
- treating people differently base on prejudice

10. 8. Ethnocentrism definition: *

Mark only one oval.

- believing that your culture is superior to others and not being willing to consider that there are other points of view
- assuming that all members of a cultural group are the same.
- judging others without any data to support your conclusion which often involves negative beliefs and attitudes
- treating people differently base on prejudice

11. 9. Stereotyping definition: *

Mark only one oval.

- A. believing that your culture is superior to others and not being willing to consider that there are other points of view
- B. assuming that all members of a cultural group are the same
- C. judging others without any data to support your conclusion which often involves negative beliefs and attitudes
- D. treating people differently base on prejudice

12. 10. Prejudice definition: *

Mark only one oval.

- A. believing that your culture is superior to others and not being willing to consider that there are other points of view
- B. assuming that all members of a cultural group are the same
- C. judging others without any data to support your conclusion which often involves negative beliefs and attitudes
- D. treating people differently base on prejudice

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An Orientation To HIPAA Privacy Regulations



- The Health Insurance Portability and Accountability Act (HIPAA) of 1996 required that regulations be developed to protect individually identifiable health information.
- These regulations are effective April 14, 2003 and create national standards to protect medical records and other protected health information (PHI)

The HIPAA Privacy Standards



- Limit the non-consensual use and release of private health information
- Give individuals new rights to access their medical records and to know who else has accessed them
- Restrict most disclosure of health information to the minimum needed for the intended purpose
- Establish new criminal and civil standards for improper use or disclosure
- Establish new requirements for access to records by researchers and others

The Regulations Reflect Five Basic Principles.....



- Consumer Control
- Boundaries
- Accountability
- Public Responsibility
- Security

Consumer Control



HIPAA provides consumers with new rights to control the release of protected health information (PHI)

Boundaries



With few exceptions, an individual's healthcare information should be used for health purposes only, including treatment and payment

Accountability



Under HIPAA there are specific federal penalties if an individual's right to privacy is violated. These include fines and even jail

Public Responsibility



The standards reflect the need to balance privacy with the public responsibility to support national priorities, such as protecting public health, conducting medical research, improving quality of care and fighting health care fraud and abuse

Security



It is the responsibility of organizations that are entrusted with health information to protect it against deliberate or inadvertent misuse or disclosure

How does HIPAA Define Protected Health Information?



Protected Health Information (PHI) is defined as health information that is linked to information that can identify a specific individual

To meet the definition of Protected Health Information, both types of information must be present. Examples include:



Health Information

- Diagnosis
- Prescription
- Medical Record
- Test Results
- Information about a Procedure
- Medical Claim Form

Identifying Information

- Name
- Social Security Number
- Address
- Phone Number
- ID Number
- Zip Code

Some Examples of Information Not Considered PHI



- Information in education records covered by the Family Educational Right and Privacy Act (20US1232g)
- Employment records held by a covered entity in its role as employer
- A demographic report of the population served as long as names or other identifiers are not included
- Information on services provided as long as it is not linked to individuals

General Privacy Rule



Protected Health Information may not be used or disclosed for reasons other than treatment, payment, or service operations without specific authorization from the individual or his/her guardian

Disclosure Without Written Authorization is Allowed When:



- Sharing information with the Treatment/Service Planning Team and Direct Service Providers
- Requested by the referral or funding source
- Required for licensing or certification
- Conducting investigations of abuse or neglect
- Ordered by the Court, Subpoena or Law Enforcement
- Requested by the individual or his/her legal guardian

Written Authorization is Required to Release PHI



- To external sources not involved with treatment or services
- For purposes of Medical Research
- For Marketing or Fundraising purposes
- For the release of psychotherapy notes
- In special categories (HIV/HBV; Alcohol/Drug Abuse)

What is a Business Associate?



A person or entity who performs a function or activity regulated by HIPAA on behalf of The 1 Care Premier Solutions Network. Some examples include:

- Outside counsel
- External auditors
- Consultants (for non-treatment/service related purposes)
- Accrediting bodies (CARF,COA)

Who is Not a Business Associate?



Individuals or entities who provide supports and services directly to individuals in 1 Care Premier Solutions.

- Are there circumstances where PHI can be shared without a Business Agreement?

Yes: A Business Associate agreement is not necessary between practitioners or entities in the treatment or provision of services to an individual.

Foster Parents or foster parents are not considered Business Associates nor are VNA nurses providing home care directly to individuals.

HIPAA Requires that All Individuals Receiving Services



- Must receive written notice of the providers privacy practices and the providers must make a good faith effort to obtain acknowledgement of receipt
- May inspect their own records and obtain a copy
- May request to amend their health information
- May receive an accounting of all disclosures for purposes other than treatment, payment and operations
- May request that the uses and disclosures of information be restricted
- May request alternate communication methods
- Must have a way to report a privacy complaint

1 Care Premier Solutions

HIPAA Privacy Compliance



- A Privacy Notice is distributed to all individuals at intake and is available upon request
- Privacy Notices are posted in Network offices and service delivery sites
- Policies and Procedures on privacy and confidentiality are in place and posted on the Intranet
- Consents and Authorization comply with privacy rules
- Disclosure logs are maintained in each individual record
- Service records are locked and secured to prevent unauthorized access

What is My Role in HIPAA Compliance?



As A Manager I:

- Understand the rules, regulations and obligations under which my program operates
- Establish systems to secure protected health information, distribute Privacy Notices, and execute Business Associate Agreements
- Communicate the expectations to my employees regularly
- Review HIPAA rules with employees annually and maintain documentation of all reviews
- Enforce the non-retribution policy to ensure that no retaliatory action is taken against anyone for reporting a violation

What is my role?

continued



As an Independent Contractor I:

- Review 1 Care Premier Solutions Policies and Procedures on securing PHI
- Am familiar with the Privacy Notice and can communicate contents
- Understand how these policies pertain to my role
- Seek assistance if I am unclear
- Report violations utilizing the chain of command or communicate with the Program Administrator

Document, Document, Document



Accurate documentation is a key element in HIPAA compliance. What must you document?

- Distribution of the Privacy Notice
- Access to service records
- Implementation of HIPAA practices (consents, requests)
- Disclosure of PHI with valid releases
- Orientation of new employees
- Signed confidentiality Agreements with all staff and direct service providers
- Annual HIPAA reviews for all staff

Program Administrator



- Complaints are directed to the Program Administrator at (346)229-4379.
- Complaints may also be filed with the Secretary of the Department of Health and Human Services C/O Office for Civil Rights, US Department of Health and Human Services, 200 Independence Ave SW, Washington DC 20201

You will not be penalized or be retaliated against for filing a complaint

Protecting Confidentiality and Privacy Guidelines for Foster Parents



- Foster Parents are responsible for acting in accordance with professional and ethical standards and for complying with laws, regulations and licensing requirements regarding the protection of confidential client information.

It is important to:



- Hold an individual's information that is received in strict confidence;
- Comply with all internal and external standards regarding documentation and the disclosure of information;
- Consult with your Coordinator prior to releasing client information;
- Reproduce the information received or use the information for any purpose
- other than the performance of duties;
- Return all notes, documents and materials originating from the performance of duties, upon request or termination of the relationship with 1 Care Premier Solutions.

Privacy



- Privacy is a right guaranteed to all individuals under the law. Individual privacy must be respected in all areas of care and supervision including:
 - ❖ Personal hygiene
 - ❖ Personal information
 - ❖ Personal Possessions
 - ❖ Sexual Expression
 - ❖ Time to be alone
 - ❖ With friends and family
 - ❖ Personal space in individual's bedroom
 - ❖ Mail and telephone conversations

Things to think about when dealing with confidential information:

- All confidential client information must be kept in a secured area when not in use. Client information should not be left out in common areas of the house, like on the kitchen counter or on the coffee table. Client information should be stored in a manner that protects its privacy, like in a binder marked “confidential”. Store client information in a secure place that other household members cannot access, like in a locked desk drawer.
- All information regarding the individual in 1 Care Premier Solutions’s care is confidential and protected and may be disclosed only under certain conditions with prior written authorization and consents. Remember to protect your client’s private information. Do not disclose private information about your client to anyone outside of the service planning team, unless there is a release to do so, signed by the individual and/or his/her guardian. Remember, do not discuss information about the individual with your friends.

Things to think about cont.



- Confidential client information should not be transmitted using private email accounts. The security systems in private email accounts do not sufficiently protect the material from unauthorized users. Individuals must sign a release allowing for the use of email to transmit their personal information.
- It is important to protect the confidentiality of your client when presenting information in a support group meeting. Remember not to share information discussed in a support group with people who were not present at the meetings. These meetings are to be kept in confidence.
- Do not take an individual's files out of the home or office.

In the community:



- Carry necessary client information (emergency fact sheet, prescription, and medical information) in a secured area of the car, such as in the car trunk or in a bag that locks.
- Do not discuss confidential client information in public places
- Model appropriate boundaries for your client. Do not engage the person in discussion about personal information in public places. Redirect the client to a more appropriate place and time for such discussions.

HIPAA/Compliance Post Test

Credit hours: 1

* Required

1. Email *

2. First and last name *

3. 1. When was HIPPA created? *

Mark only one oval.

A. 2001

B. 1996

C. 1967

D. 2003

4. 2. Define Protected Health Information (PHI) *

5. 3. It is the responsibility of _____ that are entrusted with health information to protect it against deliberate or inadvertent misuse or disclosure *

Mark only one oval.

A. Organizations

B. Foster Parents

C. Case Manager

D. None of the above

6. 4. The elements of an effective compliance program are: *

Mark only one oval.

- A. Policies and Procedures
- B. Communication and Monitoring
- C. Monitoring and Auditing
- D. High level of compliance activities
- E. All of the above

7. 5. True or False: The Compliance Hotline should not be contacted to report violations of standards of conduct and/or laws and regulations. *

Mark only one oval.

- True
- False

8. 6. Who are not considered business associates? *

Mark only one oval.

- A. Foster Parents
- B. Outside Counsel
- C. External auditors
- D. COA

9. 7. True or False: Foster Parents are responsible for acting in accordance with professional and ethical standards and for complying with laws, regulations and licensing requirements regarding the protection of confidential client information *

Mark only one oval.

- True
- False

10. 8. An individual's healthcare information should be used for health purposes only, including *

Mark only one oval.

- A. Treatment and payment
- B. Treatment
- C. Payment
- D. None of the above

11. 9. When is Protected Health Information disclosure without written authorization allowed? *

Mark only one oval.

- A. Sharing information with the Treatment/Service Planning Team and Direct Service Providers
- B. Requested by the referral or funding source
- C. Required for licensing or certification
- D. Conducting investigations of abuse or neglect
- E. All of the above

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Shaken Baby Syndrome,
Sudden Infant Death Syndrome
&
Behavior Management

What is SIDS?

- Sudden Infant Death Syndrome (SIDS) is a medical term that describes the sudden death of an infant which remains unexplained after all known and possible causes have been carefully ruled out through autopsy, death scene investigation, and review of the medical history.

Sudden Infant Death Syndrome

- SIDS is a definite medical entity and is the major cause of death in infants after the first month of life.
- SIDS claims the lives of over 7,000 American babies each year ...*nearly one baby every hour of every day.*
- SIDS victims appear to be healthy prior to death. Currently, SIDS cannot be predicted or prevented, even by a physician.
- There appears to be no suffering; death occurs very rapidly, usually during sleep.

What SIDS is Not:

- SIDS is **not** caused by external suffocation.
- SIDS is **not** caused by vomiting and choking.
- SIDS is **not** contagious. SIDS does **not** cause pain or suffering in the infant.
- SIDS **cannot** be predicted.
- SIDS is **not** new. It is referenced in the Old Testament (1 Kings 3:19).

Shaken Baby Syndrome

- Form of child abuse that occurs when an infant or young child is violently shaken.
 - A syndrome is defined as a set of symptoms and physical findings that point to a certain diagnosis.
 - The constellation of injuries found in shaken babies and young children is virtually never seen in any other mechanism besides violent, whiplash shaking of the head.

Shaken Baby Syndrome

- Injuries not mimicked by any disease or medical condition.
- A baby is more vulnerable to shaking injuries.
 - Heavy head - 25% of total weight
 - Weak neck muscles
 - Larger intracranial space
 - Brain not mylenated
 - Drastic size and strength difference between victim and perpetrator

Victims

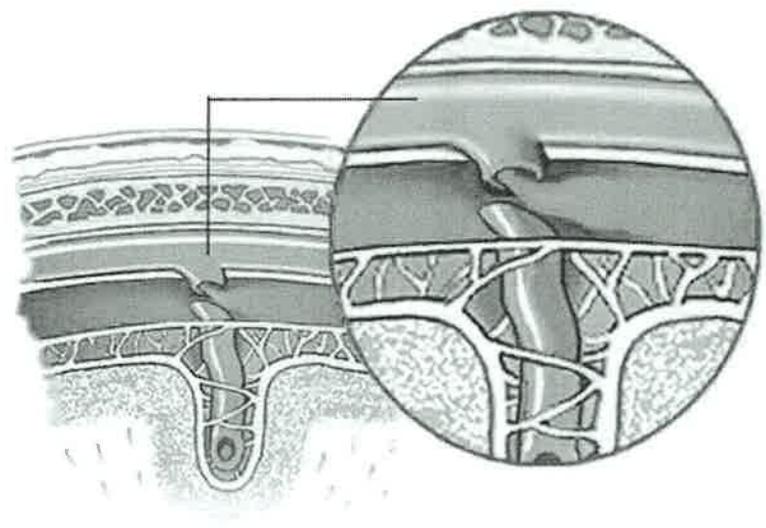
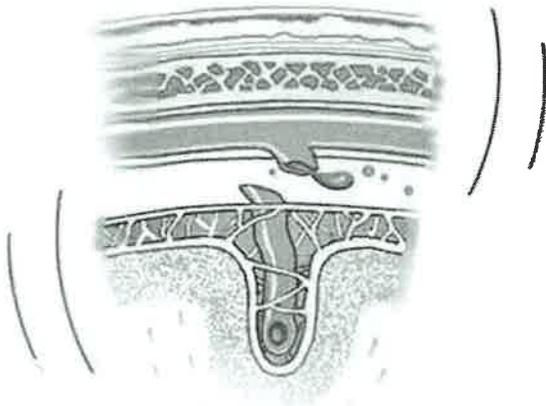
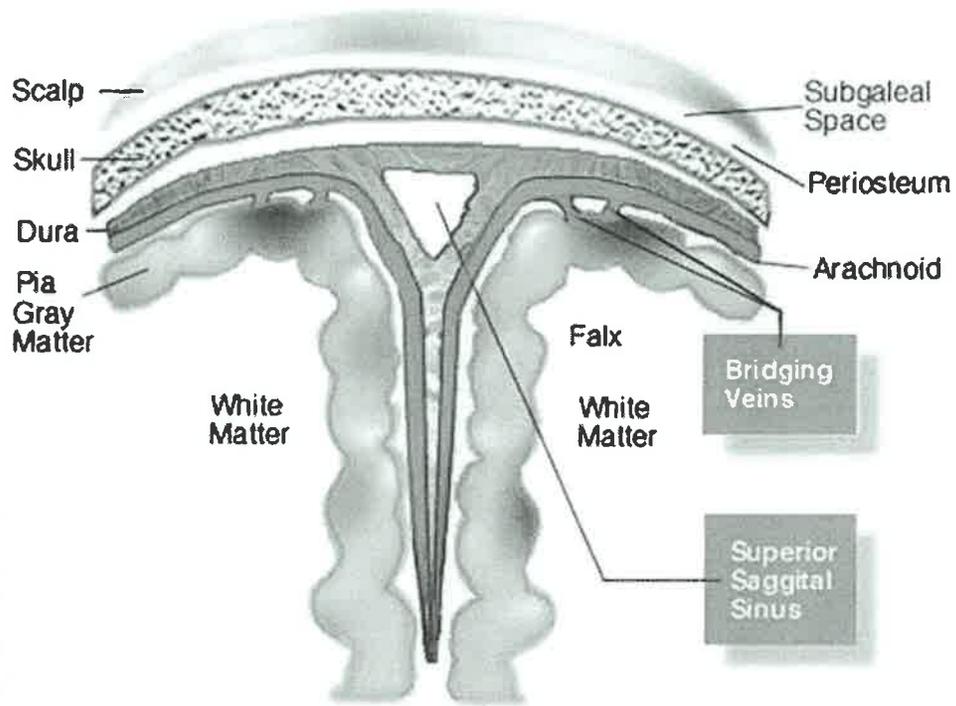
- Victims are usually less than 1 year old, majority being less than 6 months.
- 60% of victims either die from their injuries or suffer lifetime disabilities.
- More male victims than female.

Injuries Caused by Shaking

- Intracranial bleeding
 - Bridging veins that connect the brain to the surrounding membranes are torn during shaking. Cerebral hemorrhages.
- Cerebral edema
 - Massive brain swelling.
- Retinal hemorrhages
 - Bleeding in the back of the eye and along the optic nerve.

Intracranial Bleeding

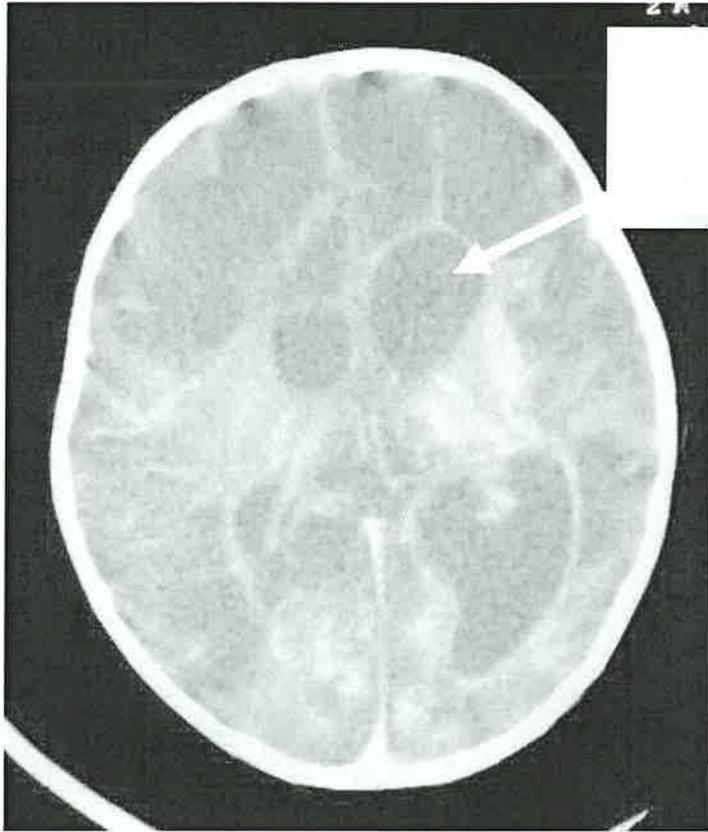
- Cerebral hematomas and subdural hemorrhages in SBS are different than other forms of abusive or accidental head trauma.
 - Often no signs of external injury
 - Bleeding on top of brain
 - Bleeding is diffuse



Cerebral Edema

- Massive brain swelling
 - Direct trauma to brain tissue during shaking.
 - Increased pressure and swelling in the confined space within the skull.
 - Brain starts to shut down.

Cerebral Edema



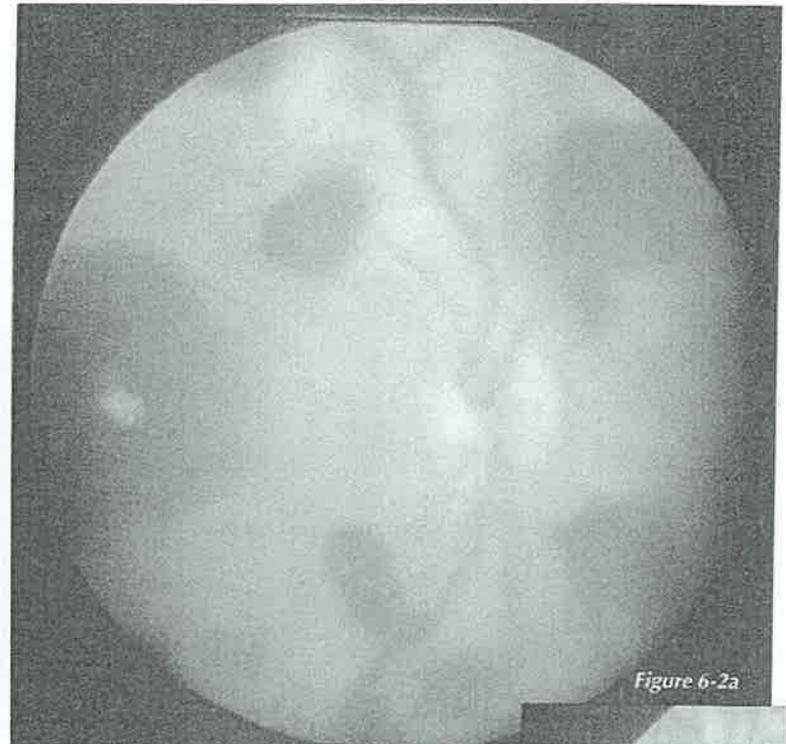
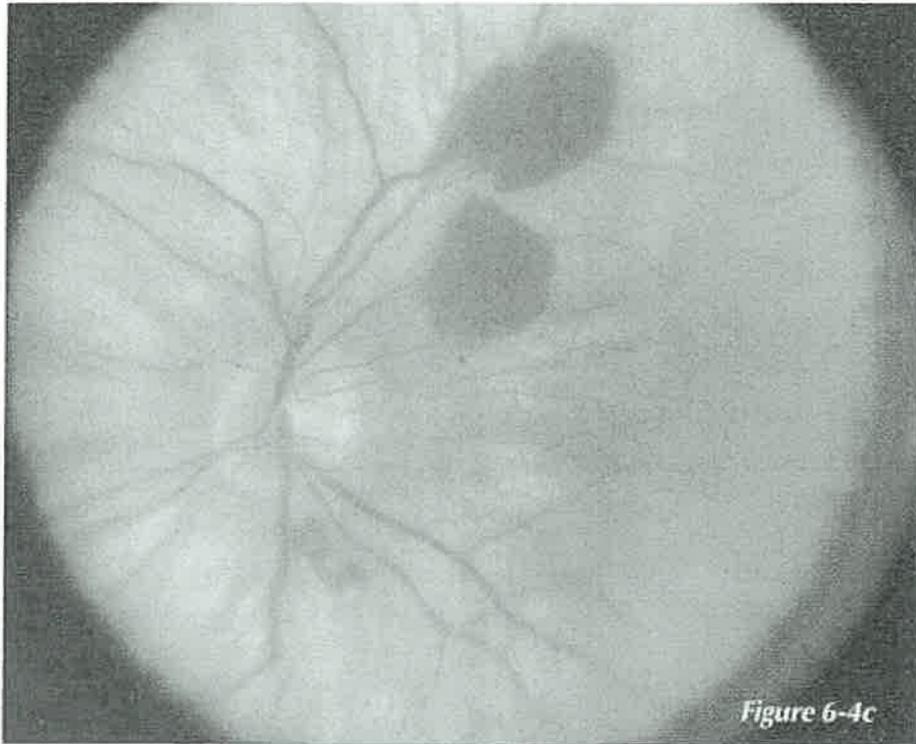
Retinal Hemorrhages

- Same whiplash motion that happens in the skull.
- Bleeding in the back of the eye and along the optic nerve.
- Can also occur in:
 - Childbirth (dots that dissipate)
 - High speed auto accidents (baby was unrestrained)

Normal Retina



Retinal Hemorrhages



Injuries Sometimes Found in SBS

- Rib Fractures
 - Fractures occur at the back (posterior) part of the rib cage.
 - Caused by severe squeezing.
 - Different from side (lateral) fractures – CPR excuse.

Rib Fracture Injuries Associated with Shaken Baby Syndrome

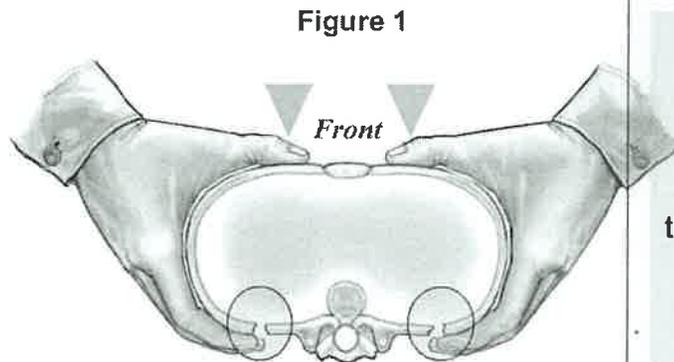


Figure 1 Injury

When an infant is shaken, the squeezing effect on the rib cage during the shaking episode can cause posterior rib fractures

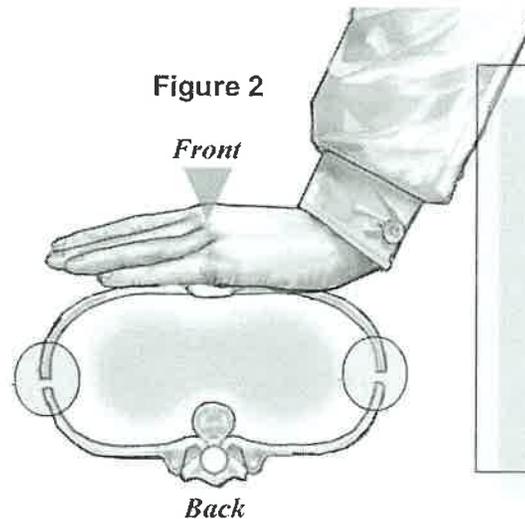
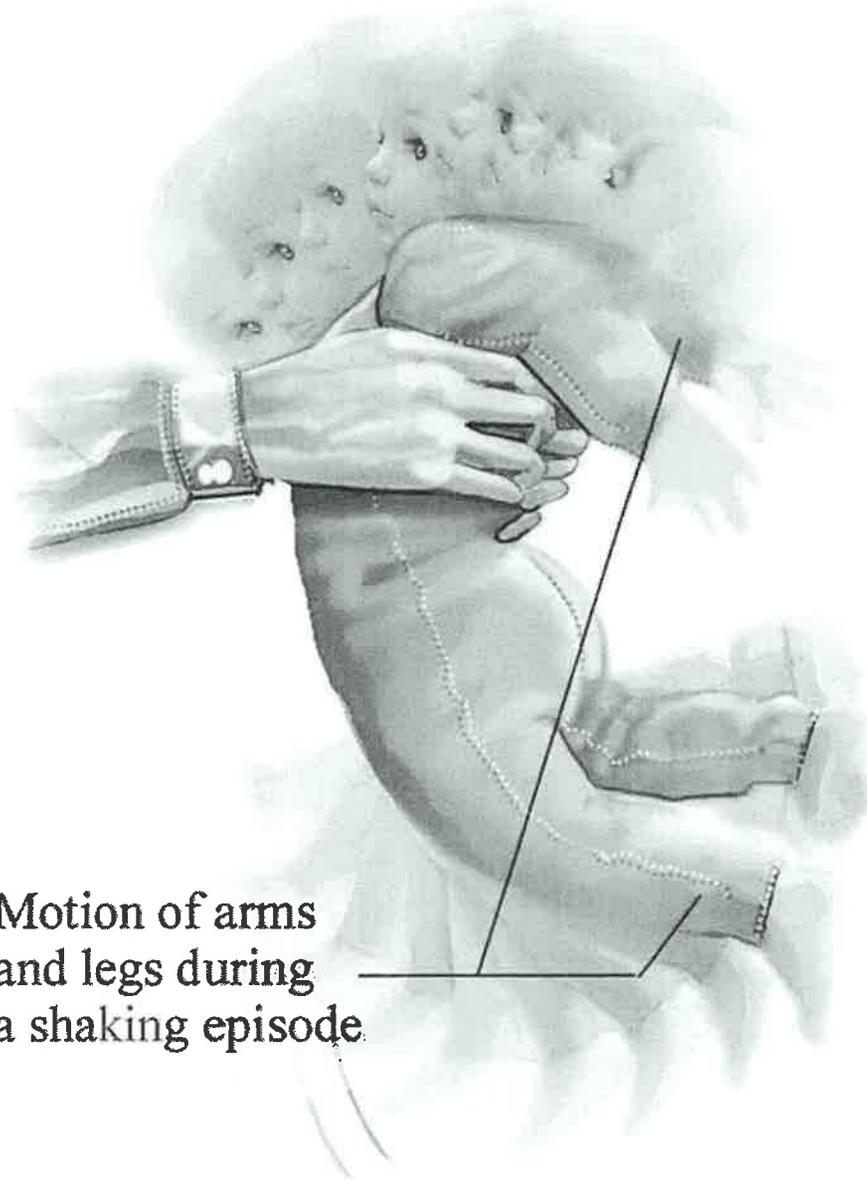


Figure 2 Injury

Pressure on the rib cage of an infant from the front can cause lateral rib fractures

Injuries Sometimes Found in SBS

- Fractures of the long bones
 - Caused when arms and legs are flailing during shaking.
 - Not common enough to be diagnostic of shaking, but when seen in combination with other SBS injuries, then they were likely caused by the shaking.



Motion of arms
and legs during
a shaking episode.

Signs and Symptoms

- Unresponsive
- Lethargic
- Having convulsions
- Change in level of awareness
- Not able to vocalize or follow movement
- Difficulty breathing/turn blue

Long-Term Effects

- Severe brain damage
- Learning disabilities
- Blindness
- Paralysis
- Seizure disorders
- Impaired motor or cognitive skills
- Behavior disorders

Perpetrators

- 70% of perpetrators are male.
 - Most are the biological father of the victim or the mother's boyfriend.
- Other perpetrators include mothers, grandparents, step-parents, other relatives and child care providers.
- No traditional profile.
- Crying is #1 factor that triggers shaking.

Crying

- Crying is the only way a baby can communicate
- You cannot spoil a baby under 6 months
- Crying is an important exercise
 - Lungs and respiratory system.

Crying Patterns

- Latest crying research
 - Research indicates that all infants go through period of time when crying bouts increase, occur randomly, and are difficult to soothe.
- Think PURPLE

Period of PURPLE Crying

Peak pattern – crying increasing into the second month, decreasing thereafter, no matter how good the caregiver is.

Unpredictable – crying bouts come and go with no **apparent** relation to anything going on in their environment, and therefore seem spontaneous and unexplained.

Resistant to soothing.

Period of PURPLE Crying

Painful look - they look like they are in pain, so something must be wrong.

Long bouts - the average is 30-40 minute bouts, which are specific to the first few months of life, and are gone by the 5th month.

Evening crying - daily rhythm so that crying and fussing clusters in the late afternoon and evening, when caregivers are most fatigued.

Coping with Crying

- Still important for parents and caregivers to respond to their baby's needs and try to soothe and comfort babies when they cry.
- Check Basics
 - Diaper, hunger, sick, tired, uncomfortable, etc.

Coping with Crying

- Caregivers must still learn healthy coping skills to deal with frustrations of inconsolable crying
- Be Creative
 - Sing, play, rock, bathe, vacuum, music, swaddle, etc.
- If you've tried everything you can, it's always OK to set the baby down in a safe place and walk away for a few minutes.

Reducing the Risk Factors

- **Back to sleep:** Infants should be placed for sleep in a supine position (wholly on the back) for every sleep. Side sleeping is not as safe as supine sleeping and is not advised.
- **Use a firm sleep surface:** Soft materials or objects such as pillows, quilts, comforters, or sheepskins should not be placed under a sleeping infant. A firm crib mattress, covered by a sheet, is the recommended sleeping surface.
- **Keep soft objects and loose bedding out of the crib:** Soft objects such as pillows, quilts, comforters, sheepskins, stuffed toys, and other soft objects should be kept out of an infant's sleeping environment. If bumper pads are used in cribs, they should be thin, firm, well secured, and not "pillow-like."

Reducing the Risk Factors

- **Do not smoke during pregnancy:** Maternal smoking during pregnancy has emerged as a major risk factor in almost every epidemiologic study of SIDS.
- **A separate but proximate sleeping environment is recommended:** The risk of SIDS has been shown to be reduced when the infant sleeps in the same room as the mother. A crib, bassinet, or cradle that conforms to the safety standards of the Consumer Product Safety Commission and ASTM (formerly the American Society for Testing and Materials) is recommended.
- **Consider offering a pacifier at nap time and bedtime:** Although the mechanism is not known, the reduced risk of SIDS associated with pacifier use during sleep is compelling, and the evidence that pacifier use inhibits breastfeeding or causes later dental complications is not. Until evidence dictates otherwise, the task force recommends use of a pacifier throughout the first year of life according to the following procedures:

Reducing the Risk Factors Cont.

- **Avoid overheating:** The infant should be lightly clothed for sleep, and the bedroom temperature should be kept comfortable for a lightly clothed adult. Overbundling should be avoided, and the infant should not feel hot to the touch.
- **Avoid commercial devices marketed to reduce the risk of SIDS:** Although various devices have been developed to maintain sleep position or to reduce the risk of rebreathing, none have been tested sufficiently to show efficacy or safety.
- **Do not use home monitors as a strategy to reduce the risk of SIDS:** Electronic respiratory and cardiac monitors are available to detect cardiorespiratory arrest and may be of value for home monitoring of selected infants who are deemed to have extreme cardiorespiratory instability. However, there is no evidence that use of such home monitors decreases the incidence of SIDS. Furthermore, there is no evidence that infants at increased risk of SIDS can be identified by inhospital respiratory or cardiac monitoring.

Final ~ Reducing the Risk Factors

- **Avoid development of positional plagiocephaly:**
- Encourage “tummy time” when the infant is awake and observed. This will also enhance motor development.
- Avoid having the infant spend excessive time in car-seat carriers and “bouncers,” in which pressure is applied to the occupant. Upright “cuddle time” should be encouraged.
- Alter the supine head position during sleep. Techniques for accomplishing this include placing the infant to sleep with the head to one side for a week and then changing to the other and periodically changing the orientation of the infant to outside activity (eg, the door of the room).

SIDS Post Test

Credit hours: 1

* Required

1. Email *

2. First and last name *

3. 1. What does SIDS stand for? *

Mark only one oval.

- A. Scientific Investigation Division Saccharometer
- B. State Intelligence Department Section
- C. Speed Indicator Display Stabilizer
- D. Sudden Infant Death Syndrome

4. 2. True or false: Victims are usually less than 1 year old, majority being less than 6 months *

Mark only one oval.

- True
- False

5. 3. What injuries are caused by Shaken Baby Syndrome? *

Mark only one oval.

- A. Intracranial bleeding
- B. Cerebral edema
- C. Retinal hemorrhages
- D. All of the above

6. 4. When an infant is shaken, the _____ effect on the rib cage during the shaking episode can cause posterior rib fractures *

7. 5. What is a long-term effect of Shaken Baby Syndrome? *

Mark only one oval.

- A. Blindness
- B. Better posture
- C. Paralysis
- D. Both A & C

8. 6. Which of the following statements are TRUE? *

Mark only one oval.

- A. Caregivers should not learn coping skills to deal with inconsolable crying
- B. 70% of perpetrators of SIDS are male
- C. There are more female SIDS victims than males
- D. A baby is not more vulnerable to shaking injuries

9. 7. True or false: Crying is #1 factor that triggers shaking *

Mark only one oval.

True

False

10. 8. What does the U in the PURPLE stand for? *

Mark only one oval.

A. Untouchable

B. Underdog

C. Unable

D. Unpredictable

11. 9. Which of the following are signs/symptoms of SIDS? *

Mark only one oval.

A. Unresponsive

B. Having convulsions

C. Turning blue

D. All of the above

12. 10. True or false: SIDS is a major cause of death in infants? *

Mark only one oval.

True

False

Water Safety





Facts about Drowning

- Every day, approximately ten people die from unintentional drowning, two are children 14 or younger
- Drowning is the fifth leading cause of unintentional injury death in the United States
- With every drowning death, at least four others are hospitalized as a result of near drowning accidents. Children aged 5 or under, as well as young adults, aged 15 to 24, have the highest rates of drowning.
- Almost half of drowning incidents occur in back yard pools.

Although drowning can occur in pools, lakes, or oceans, there are other less obvious places that cause individuals to drown.

- * Drainage canals, irrigation ditches, buckets of water, and bathtubs are among those are other water hazards.
- * Supervision of individuals around such places is just as important as if the person were in a pool.



More facts



Causes of drowning

A drowning may occur in a split second while boating, fishing, swimming, playing, or even bathing. Some drownings can occur as a result of a slip and fall.

- * Inadequate supervision of individuals around or in water;
- * Not knowing how to swim;
- * Playing in water too deep and/or too rough for one's ability to swim;
- * Physically disabled person falling into a body of water or pool cover;
- * Not wearing life preservers;
- * Leg or stomach cramps;
- * Loss of consciousness and/or
- * Secondary drowning



Secondary Drowning

What is it?

“Secondary drowning” can occur as a result of aspiration of water into the lungs. If a child aspirates salt/chlorinated water or vomit it can cause advanced injury and inflammation within in the lungs, as the lungs become more ineffective the fluid accumulates with the lungs.

Symptoms:

- * Coughing
- * Fast breathing
- * Increased work of breathing
- * Low oxygen levels
- * Altered mental status (irritability or lethargy)

What do I do if my child is found under water?

- * If your child is unconscious, not breathing, and/or without a pulse, immediately give 5 rescue breaths, start effective CPR, and have a bystander call 911. If your child begins to vomit, gently roll your child to his/her side so that he/she does not aspirate the secretions. Also, be sure to keep your child’s neck immobilized in a straight, midline position if any trauma has occurred to your child’s head or neck (i.e., while diving in the shallow end of the pool).
- * If your child is awake and well-appearing after a submersion, keep your child warm/dry and call your pediatrician for further recommendations. Because most symptoms of secondary drowning occur within 6-8 hours from the submersion, it would be important to keep a close eye on your child and watch for breathing difficulties, skin color changes, persistent vomiting, or abnormal behavior. If any of these symptoms occur, you should seek medical care immediately.

Pools

- * Cautious adult supervision of children and vulnerable individuals in pools, spas, and other water environments is essential.

Spas

- * Spas can be relaxing and fun but should only be used under extreme caution. The temperature should not reach above 104 degrees F. The time spent in a spa should be no longer than 15 minutes. Children under five years of age should not use the spa. Younger children overheat more quickly because their bodies cannot regulate temperature as well.

Water Parks

- * Do not assume water parks are completely safe from hazards. The same precautions for any water setting should be taken at public water parks.



Lakes, Ponds, and Rivers

- * These types of water can often be murky which may present a more hazardous situation than a pool. Be careful to locate a quality waterfront for swimming. Rivers, mountain streams, lakes and other bodies of fresh water may have strong currents.

Oceans

- * Watch out for broken glass, seashells, rocks, and other sharp objects while walking barefoot on the beach. Waves, currents, and marine life are other hazards, in addition to water, that can be found at the ocean. Always swim with a partner and only swim in designated areas. Rip currents or “riptides,” are currents that tend to drag the swimmer away from the shore. If caught in a rip current, do not panic, and swim parallel to the shore until the tug or drag is no longer felt then swim to shore.

Water Hazards

Buckets and bathtubs

Drowning prevention does not end at the swimming pool or ocean. Water deep enough to cover the nose and mouth of an individual is enough to cause him or her to drown. Buckets and bathtubs can be more serious than one might think. Approximately 15% of home drownings occur in bathtubs and other small containers of water.



Drains, Wells, and Septic Tanks

Drains and wells can be dangerous if not properly shielded. Drains and wells should be securely covered to prevent a child from climbing or falling inside.

More hazards



Inside the home

- * Never leave small children alone near any container of water. This is to include toilets, tubs, aquariums, or mop buckets
- * Keep bathroom doors closed and secure toilet lids and use lid locks
- * Empty cleaning buckets immediately after use.
- * Never leave a baby alone in a bath for any reason. An infant can drown in less than 1 inch of water.
- * Warn babysitters and caregivers about the dangers of water to young children and stress the need for constant supervision
- * Make sure small children cannot leave the house through pet doors or unlocked doors and get to pools and hot tubs.



Outside the home

- * Never leave children alone around water whether it is a pool, wading pool, drainage ditch, creek, pond, or lake.
- * Constantly watch children who are swimming or playing in water. They need an adult or certified lifeguard watching and within reach.
- * Secure access to swimming pools. Use fences, self-closing and latching gates, and water surface alarms.
- * Completely remove pool covers when the pool is in use.
- * Store water toys away from the water when not in use so they don't attract a small child.
- * Don't assume young children will use good judgment and caution around water
- * Be ready for emergencies. Keep emergency telephone numbers handy and learn CPR.
- * Find out if your child's friends or neighbors have home pools.

Basic Safety Tips

Sources

- Unintentional Drowning: Get the Facts.
<http://www.cdc.gov/HomeandRecreationalSafety/Water-Safety/waterinjuries-factsheet.html>
- <http://www.tffa.org/2014/06/27/secondary-drowning-in-children/> (Texas Foster Family Association)
- www.dfps.state.tx.us/Watch_Kids_Around_Water/files/tips/tip_parents_2012.pdf (Texas Department of Family & Protective Services)

Water Safety

Credit hours: 1

* Required

1. Email *

2. First and Last Name *

3. 1. Drowning is the ninth leading cause of unintentional injury death in the United States *

Mark only one oval.

True

False

4. 2. A slip and fall can cause a drowning *

Mark only one oval.

True

False

5. 3. Most secondary drowning does occur 2-4 hours from submersion *

Mark only one oval.

True

False

6. 4. Approximately 15% of home drowning does occur in bathtubs and other small containers of water *

Mark only one oval.

- True
 False

7. 5. Assume young children will use good judgment and caution around water *

Mark only one oval.

- True
 False

8. 6. Almost half of drowning incidents occur: *

Mark only one oval.

- A. Bath tubs
 B. Spas
 C. Lakes
 D. Backyard Pools

9. 7. What kind of drowning can occur as a result of aspiration of water into the lungs? *

Mark only one oval.

- A. Aspiration
 B. Regular
 C. Secondary
 D. Bathtub

10. 8. Other water hazards include: *

Mark only one oval.

- A. Pools and Spas
- B. Water Parks
- C. Lakes, Ponds, and Rivers
- D. Oceans
- E. All of the above

11. 9. To prevent a child from climbing and falling inside of drains and wells, these water hazards should be *

Mark only one oval.

- A. Left uncovered
- B. Secured with a cover
- C. Half way uncovered
- D. Cover on ground next to hazard

12. 10. An infant can drown in ___ inches of water *

Mark only one oval.

- A. 5
- B. 12
- C. 1
- D. 7

13. 11. Drowning can occur in pools, _____, oceans, _____, irrigation ditches, _____, and bathtubs *

14. 12. Causes of drowning: (3) *

15. 13. When a child is found under water a person should: (3) *

16. 14. Water deep enough to cover the ____ and ____ of an individual is enough to cause drowning *

17. 15. _____ and _____ should also be warned about the dangers of water to young children and stress the need for constant supervision *

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About Texas Health Steps

The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) service is Medicaid's comprehensive preventive child health service (medical, [dental](#), and [case management](#)) for individuals from birth through 20 years of age. In Texas EPSDT is known as Texas Health Steps. EPSDT was defined by federal law as part of the Omnibus Budget Reconciliation Act (OBRA) of 1989 legislation and includes periodic screening, vision, hearing, and dental preventive and treatment services. In addition, Section 1905(r)(5) of the Social Security Act requires that any medically necessary health care service listed in the Act be provided to Texas Health Steps recipients even if the service is not available under the State's Medicaid plan to the rest of the Medicaid population. These additional services are available through the Comprehensive Care Program (CCP).

Mission

Texas Health Steps focuses on the medical, [dental](#), and [case management](#) services for ages birth through 20, and is dedicated to:

- Expanding recipient awareness of existing medical, [dental](#), and [case management](#) services through outreach and informing efforts, and;
- Recruiting and retaining a qualified provider pool to assure the availability of comprehensive preventive medical, [dental](#), and [case management](#) services.

Recruiting and Retaining a Qualified Provider Pool

Medical, [dental](#), and [case management](#) and other providers are the cornerstone to making sure that young people in Texas receive Texas Health Steps services at an early age and on a regular basis. Texas Health Steps is committed to recruiting and retaining qualified providers to assure that comprehensive preventive health, dental, and case management services are available. Providers performing medical, [dental](#), and [case management](#) services who wish to be eligible for reimbursement for providing Medicaid and Texas Health Steps services must enroll in these programs through the [Texas Medicaid and Healthcare Partnership](#) (TMHP).

Clients

Texas Health Steps gives medical and [dental checkups](#) and care and [case management](#) services to children from birth through age 20 who have Medicaid. Texas Health Steps will:

- Help you find a doctor or dentist for your child
- Help you set up an appointment for your child to see a doctor or dentist
- Help you get a ride or money for gas to get to a medical or dental appointment
- Answer questions you may have about the services your child can get

Call to find out more about what your child can get from Texas Health Steps

Call toll-free: 1-877-847-8377, Monday to Friday from 8 a.m. to 8 p.m., Central Time.
TTY number 1- 800 - RELAY TX (735-2989)

Providers

The following provider types may provide Texas Health Steps preventive services within his or her individual scope of practice:

- Physician or physician group (MD or DO)
- Physician assistant (PA)
- Clinical nurse specialist (CNS)
- Nurse practitioner (NP)
- Certified nurse midwife (CNM)
- Federally Qualified Health Center (FQHC)
- Rural Health Clinic (RHC)
- Health-care provider or facility with physician supervision including but not limited to a:
 - Community-based hospital and clinic
 - Family planning clinic
 - Home health agency
 - Local or regional health department
 - Maternity clinic
 - Migrant health center

- School-based health center

In the case of a clinic, a physician is not required to be present at all times during the hours of operation unless otherwise required by federal regulations. A physician must assume responsibility for the clinic's operation.

Services

Preventive Care Medical Checkups and Services

THSteps provides medical checkups and preventive services for Medicaid recipients who are 20 years of age and younger at no cost. Services are provided on a Periodicity Schedule that reflects when each of the components of the checkup, immunizations, laboratory tests, hearing and vision screening, etc., are due from birth through 20 years of age.

The THSteps medical screening and prevention services provide the following:

- History – Before the unclothed physical examination is performed, the child's history is taken and includes documenting the family and neonatal histories as well as the child's physical and mental health and development, immunizations, feeding and nutrition, and a complete review of body systems.
- Physical Examination – A complete physical exam is required at each visit.
- Measurements – Height (3-20 years of age), weight (0-20 years of age), length (0-2 years of age), and Body Mass Index (10-20 years of age) are taken and compared with national standards to identify significant deviations from the norm.
- Nutritional Assessment - Dietary practices are assessed to identify unusual eating habits and to help determine quality and quantity of the child's nutritional intake.
- Developmental Assessment - A developmental assessment must be conducted and completed according to the requirements of the Texas Medicaid Provider Procedures Manual.
- Sensory Screening - A vision and hearing screening is conducted and completed according to the requirements in the Texas Medicaid Provider Procedures Manual.
- Laboratory Screening - Several laboratory tests (such as total hemoglobin, hematocrit, HDL cholesterol, and others) help assess the total health of the client.
- Health Education/Anticipatory Guidance - Health education is a mandatory part of the medical checkup. Health education and counseling face-to-face with parent(s) or guardian(s) and clients helps them understand what to expect in the child's development and provides information about the benefits of healthy lifestyles and practices, as well as accident and disease prevention.

Dental Checkups and Treatment Services

THSteps and Texas Medicaid work together to ensure client rights to receive dental services which meet or exceed the standards of care established by the laws relating to the practice of dentistry and the rules and regulations of the Texas State Board of Dental Examiners.

Preventive and maintenance services covered by THSteps, including:

- dental examinations (initial and periodic)
- cleaning (prophylaxis)
- application of topical fluoride
- application of sealants to certain teeth
- maintenance of space
- oral health education

Treatment services, including:

- restorative treatment (fillings, crowns, etc.)
- endodontic treatment (pulp therapy, root canals, etc.),
- periodontic treatment (gum disease)
- prosthodontics (full or partial dentures)
- oral surgery (extractions)
- implant services and Maxillo-facial prosthetics

Emergency Dental Services, including:

- procedures necessary to control bleeding, relieve pain, and eliminate acute infection
- operative procedures that are required to prevent imminent loss of teeth
- treatment of injuries to the teeth or supporting structures.

Prior Authorized Orthodontic Services, including:

- correction of cleft palate
- provision of orthodontic appliances
- crossbite therapy
- treatment for facial accidents involving severe traumatic deviation
- treatment for severe, handicapping malocclusion

Comprehensive Care Program (CCP)

- The Comprehensive Care Program (CCP) provides medically necessary treatment and treatment for problems identified by a health care professional, without a formal THSteps checkup.

Private-Duty Nursing (PDN)

- Private-Duty Nursing (PDN) is part of the Comprehensive Care Program (CCP). PDN helps families care for clients with serious health-care needs and promotes family-centered, community-based care for clients. For more information, please visit the [Department of State Health Services \(DSHS\) website for CCP](#).

Laboratory Services

- The Texas Department of State Health Services (DSHS) Laboratory processes tests at no charge to the provider. Lab test results are mailed back to the provider to share with the client. To find out which services are covered, or for more information, please visit the [Department of State Health Services \(DSHS\) Laboratory Services Section website](#).

Texas Health Steps Training Evaluation

Credit hours: 1

* Required

1. Email *

2. First and last name *

3. 1. Texas health steps mission ensure that all children _____ receive Texas health steps services when due. *

4. 2. True or False: Texas Health Steps is a comprehensive preventative care program for all Medicaid-eligible children birth through age 20. *

Mark only one oval.

True

False

5. 3. Medical checkup must be provided by who? *

Mark only one oval.

A. Your local doctor office.

B. Only doctors provided by your agency.

C. Star health Texas health steps provider.

D. All of the above.

6. 4. True or False: Dental checkups for children age 3 through 20 years are due annually. *

Mark only one oval.

True

False

7. 5. What are three things included in a dental service? *

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Transportation Safety Training

§749.3103. What are the requirements for transporting foster children?

*Subchapter O, Foster Homes: Health and Safety Requirements, Environment, Space and Equipment
Division 6, Transportation
January 2007*

Medium-High

The driver and all passengers must follow all federal, state, and local laws when driving, including laws on the use of child passenger safety systems, seat belts, and liability insurance.

Helpful Information

The Texas Transportation Code prohibits allowing a child under five years old to ride on a motorcycle, unless seated in a sidecar.

Below is a chart from the web site of the Texas Department of Public Safety regarding child restraints

Texas Department of Public Safety Proper Child Restraint Recommendations

Conditions	Infants		Toddlers	Other Children
Weight and Age	Birth to at least 1 year old AND at least 20 pounds	Birth to at least 1 year old More than 20 pounds and less than 35 pounds	More than 1 year old, more than 20 pounds, up to approximately 40 pounds	More than 40 pounds, ages 4-8 unless 4'9" tall
Type of Seat	Infant only or rear-facing convertible	Rear-facing convertible designed for heavier infants	Convertible or forward-facing seat with harness	Belt-positioning booster (high-back or no-back)
Belt-positioning booster (high-back or no-back)	Rear-facing only		Forward-facing	Forward-facing
Forward-facing	Harness straps are at, or below, shoulder level.		Harness straps should be at or above shoulder level-check manual.	Belt-positioning booster seats are used with lap\shoulder belt combination only.
Remember	Do not place infants in the front seat of vehicles with active air bags.		5-point harnesses provide the best protection	Make sure the lap belt portion fits low and tight to avoid abdominal injuries.

Children 12 and under are safest when properly restrained in the rear seat. Keep children rear-facing as long as possible. Always refer to the child safety seat instructions and vehicle manufacturer's instructions for weight and height limits, proper use and installation.

Safety Belt:

- All occupants should wear seat belts at all times
- Seat belts should be inspected regularly and replaced when missing, broken or damaged.
- A person not in a seat belt is 3 times more likely to suffer severe injury if an accident occurs.

If Assistance needed for ensuring a car seat is installed properly:

- Typically you can go to a local fire department or police department and they have personnel that can assist you to ensure that the seat is installed properly in your vehicle.

Procedures to follow with large capacity vehicles:

- **Always use your mirrors.**
How many mirrors are in a vehicle? 3 (2 side mirrors and a rear view mirror)
- **What are mirrors used for?**
To see what is around and behind you
- **Is there a time you should not use your mirrors only?**
When checking your blind spots.

Following Distance:

- When driving large vehicles it can take longer to stop so being aware of how far away you are from those in front of you is extremely important.
- Make sure to give yourself plenty of room to stop.
- Majority of accidents that happen are due to following too closely and not having time to stop.

Always be Cautious!!!

- When backing up a large vehicle.
- Ensuring all people riding in the vehicle have appropriate safety restraints (seatbelts, booster seats, and car seats)
- Ensure Tire Pressure is appropriate for whatever vehicle you are driving.

Other items to be aware of:

- Always ensure you have a spare and a way to change the tire or someone to call that can help with a flat.
- Always be aware of your speed...Traveling too fast for conditions can be very dangerous.

While Driving:

- It is important not to be distracted or to decrease the number of distractions.
- Always be aware of your surrounding
- Drive at a reasonable speed for the type of roads and weather conditions.

Laws in Texas:

- The law requires drivers to protect each other from their own mistakes.
- All persons in a vehicle in Texas must wear a safety belt.

Road Rage:

- Each year road rage or aggressive driving causes hundreds of deaths and injuries.
- Ways to avoid road rage:
 - Ensure you plan ahead and take extra time incase you run into traffic
 - Always tap your horn if you need to use it.
 - Do not confront other drivers or make obscene gestures.

Avoid Road Rage:

- Do not cut into other driver's lanes
- Do not tail gate – always follow at a safe distance
- Always remember to drive friendly

Child Passenger Safety

Credit hours: 2

* Required

1. Email *

2. 1. A person not in a seat belt is ___ times more likely to suffer severe injury if an accident occurs. *

Mark only one oval.

A. 3

B. 1

C. 2

D. 4

3. 2. The chest harness of a car seat should be level with the child's *

Mark only one oval.

A. Chest or armpits

B. Belly button

C. Neck

4. 3. When using a seat belt, it is safe for the child to tuck the shoulder strap under their arm or behind their back. *

Mark only one oval.

True

False

5. 4. It is NOT safe to put a car seat in the front seat, especially if there is an active air bag. *

Mark only one oval.

- True
 False

6. 5. A child is ready to move out of a booster seat and use a regular seatbelt if they are at least: *

Mark only one oval.

- A. 4'9" tall and 100lbs
 B. 6 years old
 C. All of the above

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