



## **A Training Guide for Sheltering at Home**



Bureau of Preparedness and Response

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## **Training Course Synopsis**

### **Purpose, Content, and Use**

In the event of a pandemic or other emergency, a disruption in community and medical services is likely and resources will be strained. The purpose of this training is to provide communities tools and educational resources to prepare people to shelter at home, and assist in keeping the “worried well” out of acute care facilities. This manual is the trainer’s guide for teaching the Home Care Training course. The training is designed to provide information regarding preparing for emergencies, handling illness, and providing basic home care for a general population, as well as additional information for children, seniors, and their caregivers.

### **Training Tools**

These training materials include a master manual as well as supporting materials.

**Master Manual** - The Master Manual includes training guidelines with trainer tips, training needs assessment and planning tools, and basic training information. The manual describes the purpose and objectives of each unit, as well as procedures for presenting the training. Each training unit contains:

- Learning objectives;
- Suggested procedure for presenting the unit;
- Suggested activities to make the training more interactive;
- A list of handouts and activity materials that can be found in the Appendices;
- Special notes to the trainer and additional resource materials; and
- Pages outlining a PowerPoint presentation including sample speaker notes with the unit’s content.

**Supporting Material** - Other materials accompany the training master manual and contain the following resources:

- **Master Manual Part 2 Appendices** - This electronic Part 2 of this manual contain appendices that can be used to print handouts and activity materials.
- **Master PowerPoint** - The PowerPoint presentation offers information in a concise slide show format. There are multiple slides for each unit. The instructor may select those most appropriate for their presentation.
- **Home Care Jeopardy PowerPoint** - A PowerPoint presentation that can be used as an interactive game for a review at the end of the training.
- **Guide to Using the Home Care Jeopardy PowerPoint** - Instructions for using the PowerPoint game and for making edits to reflect individual training sessions.
- **Home Care Series Trainer Evaluation** - Feedback is very important for evaluating training effectiveness and for maintaining, updating, and improving the course. Trainers are requested to complete the evaluation each time training is conducted and return it to the Florida Department of Health (DOH), Bureau of Preparedness and Response.

## **Using Community Trainers**

Although this training is designed to be taught by generally anyone who educates the public, its value lies in getting important preparedness and self-care information to as many people as possible. To accomplish this, the course includes materials and speaker notes that skilled members of the community, who successfully participate in a train-the-trainer version of the course, could use to train other community members. Guidelines are recommended for the selection and preparation of community trainers but the Department of Health is not responsible for and cannot guarantee the knowledge, qualifications, or skills of people accessing and using the materials to train others.

**Selecting Community Trainers** - Trainers must be chosen carefully. When selecting a community trainer consider not only the potential trainer's qualifications and experience but also local needs and resources, as well as the characteristics and cultures of people who will receive the training.

The following basic skills, knowledge, and abilities are recommended:

- Excellent written and verbal communication skills;
- Interpersonal skills for dealing with a variety of learning styles and personalities;
- Ability to use a computer and knowledge of Microsoft PowerPoint;
- Knowledge and experience in the subject matter;
- Ability to understand and follow steps in the training manual;
- Ability to understand and learn course content;
- Skill and willingness to review materials and practice training prior to presenting;
- Ability to review and become familiar with additional resources to learn more about topics; and
- Experience in teaching or training adult learners or participation in a "How to Train" course.

**Preparing Community Trainers** - After someone has indicated an interest in being a trainer, he or she should participate in a Home Care train-the-trainer course. During the course, they should be given the opportunity to teach something and receive feedback. Wherever possible, people presenting the training for the first time should have an experienced co-trainer or be observed by someone who has previously taught the training course. Feedback should be provided to the new trainer. New trainers should be given a point-of-contact phone number to call if they have technical problems, need clarification, or have questions regarding the training.

Preparation should include the discussion of, and agreement with, basic principles. Potential trainers should know:

- The training materials and how to use them;
- They are to follow the curriculum as provided;
- They are not to speak off the cuff or try to respond to technical or health care questions that need a professional response;
- They are to make it very clear to the audience that they are not medical professionals and cannot make diagnosis or recommendations for healthcare; and
- How to refer technical or health care questions by directing trainees to additional resources provided or recommending they contact a health care professional.

This manual was developed by the Florida Department of Health (DOH), Bureau of Preparedness and Response under a grant from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

This training manual and any accompanying materials are designed for department staff and other community healthcare partners. The curriculum is designed to prepare the general public, as well as older adults and people who may care for older adults or children, to provide basic care in the event of a pandemic or other emergency that encourages voluntary self-isolation or requires people to shelter at home. The training course offers information on how to conduct a basic health assessment for adults, seniors, and children, as well as guidelines for distinguishing major from minor health-related signs and symptoms.

For more information contact the Florida DOH, Bureau of Preparedness and Response at (850) 245-4040 or visit the department's web site at [www.doh.state.fl.us](http://www.doh.state.fl.us).

### **Disclaimer**

This document is intended to serve as a training guide for department staff and other interested parties who conduct health training for the general public, older adults, and caregivers of older adults and children. All information is for educational purposes only. The course may not be changed; however, delivery may be modified for local use to include one or more units during a presentation. All general information should be delivered, with the option of providing additional information about caring for children and older adults, if the participants require it. Users are given permission to use these materials provided that credit and acknowledgment is given to the Florida Department of Health for development and design of the course. This training may not be sold and any profit from use of these materials is strictly prohibited.

Information contained in this training manual is not intended to be construed or considered as legal, medical, technical, or other professional advice, nor is it intended to be a substitute for professional advice or recommendations for healthcare. For specific medical advice, diagnoses, and treatment, people should consult a doctor or other medical professional.

While all attempts have been made to include the most current home care philosophies, detail and resources, information contained in this document is subject to change. Neither the State of Florida nor the Florida DOH guarantees the accuracy, reliability, or timeliness of any information contained in this document. Resources and references are included to assist users in identifying possible sources of information. It is the user's responsibility to verify accuracy of information. The Florida DOH is not responsible for changes or additions to information presented in this training manual or on the PowerPoint slides.

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- Polk CHD
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# **Training Guidelines**

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### **PURPOSE OF TRAINING**

A pandemic flu could occur again sometime in the future. If this happens, community services could be disrupted and medical services and resources could be strained. A pandemic or global disease outbreak, where there is little or no immunity, could require people to self quarantine or shelter at home. If this happens, people need to be prepared to care for themselves and their families. The content of the Home Care Training course focuses on information for the general public, as well as specific information for caring for older adults and for children. Among other things, people will need the skills and confidence to handle illness and provide basic home care for themselves or others.

This training course is designed to prepare people for a potential outbreak or event when care in the home and the ability of people to take care of themselves and their families may be necessary. Such an outbreak could be a pandemic influenza or sudden acute respiratory syndrome (SARS). This educational information would also be important in the event of a natural or man-made disaster in which a person's ability to receive professional medical attention may be compromised due to impassible roads, lack of transportation, power outages, structural damage to medical facilities, lack of medical personnel, or over-crowded facilities.

The overall goal is to prepare individuals to recognize and handle minor medical symptoms and to keep the "worried well" out of facilities, like hospital emergency rooms, that will be overburdened or difficult to reach during a public health care emergency.

### **USING THE TRAINING MANUAL**

This training manual is designed to provide a standard curriculum to be used primarily by nurses or other health professionals to educate the public. Each trainer is encouraged to supplement or adapt the basic information and materials provided to address local needs and training sessions.

Based upon the determined audience and purpose of each training session, trainers will establish the length of the training, select units and modules to present, and identify and include local information and materials.

The training is divided into six units with each unit containing a series of specific content modules. Each training unit contains:

- Learning objectives;
- Suggested procedure for presenting the unit;
- Suggested activities that can be selected to make the training more interactive;
- A list of handouts and activity materials that can be found in the Appendices;
- Special notes to the trainer and additional resource materials; and
- A PowerPoint presentation with sample speaker notes for the unit's content.

## **Knowing Your Audience**

Before you can use the training guide to plan your session you must determine who you will train and why. Will you be training local community leaders or professional community groups? Is the purpose to provide leaders information or encourage them to support the training concept? Is the purpose to prepare leaders to train others in the community? Will you be training the general public or a specific public group such as people in a senior center or a retirement housing community? Does the intended audience have any special needs, language, or learning issues to consider?

Remember, this curriculum is designed to provide basic information to the general public, with additional information regarding care of children and older adults. Resources are included to assist the trainer customize the level of detail information to fit the target audience.

## **Selecting Your Training Content**

It may not be practical, desired, or feasible to include all units in a scheduled training. The Training Planner and Needs Assessment in this section can help you select units to include. Once you know the audience, meet with or contact a representative of that audience to determine their training needs, what they hope to gain from the training, the time available, and the anticipated size of the group to be trained. Whatever unit or module is selected, it is always important to include introductory slides on the purpose of the training and what will be covered.

### **Sample Training Design Scenarios:**

- Your goal is to introduce community leaders, professionals, and organizations to the training and to encourage them to participate in additional trainings or to seek additional information. Schedule a one-hour training using Unit 1 – Introduction and Overview along with a brief overview of Units 2-6.
- Your goal is to provide a time-limited training to a public group, such as people in a retirement community, to provide basic information. Schedule a two- to three-hour training using Unit 1 and 2, the introduction for Units 2-5, and Unit 6, including slides specific to a senior population.
- Your goal is to provide more detailed information, knowledge, and exercises to a general public group. Schedule a three - to four-hour training using Unit 1, all or selected modules from Unit 2-5 and Unit 6, without using the slides specific to children and seniors.
- Your goal is to provide more detailed information to a group of young mothers. Schedule a four- to six-hour training using the general information slides for each of the Units (1-6), as well as the slides specific to children, which are targeted at the care of children while sheltering in place.
- Your goal is to provide a comprehensive training with a lot of interaction and discussion to a group of adults at a Senior Center or retirement community. Schedule two half day sessions, three to four hours each day, using all of the general slides and all of for each of Units, as well as the slides and activities specific to seniors.

- Your goal is to train people to be trainers who will present the course in their community to a group of seniors. Schedule a minimum of three hours for the training. Walk through the training guide, all training units and handouts, and discuss resources. Include time for trainees to select a portion of the training to review and present.

### **Customizing and Using the PowerPoint Slides to Guide Your Discussion**

This curriculum includes PowerPoint presentations for each of the units. These presentations are a guide for individual training sessions. Trainers can use the slides to present the training with minimal additional preparation. Speaker notes are included but are not intended to be read word for word. Generic speaker notes cannot meet the needs of all audiences and trainings. Notes can be revised to fit your personal training style, the audience being trained, and content area selected for training. Language and terminology included with the slides may not be appropriate for all audiences. You may need to simplify or define words or provide additional discussion and demonstration. Each unit is composed of slides for a general population, followed by slides that are specific to either children or older adults.

Some of the slide speaker notes have links to additional resources. These links are to help prepare the trainer who may not have expertise in the particular topic covered by the slide.

An electronic copy of the PowerPoint presentation is provided with this training manual. This will allow you to adjust the presentation to meet the needs of your audience, available training time, and any local or current health care situations. While specific content may not be modified, you can delete slides, add slides with additional information and adapt slides to include local information and resources. You can also change pictures to reflect local resources or your personal style. Some of the slides are animated for bullets to enter one at a time as you click the mouse. Animations may also be changed to fit your training style.

Keep in mind that PowerPoint was not created for multigenerational documents and will corrupt itself if new versions are saved into old documents again and again. If you continue to edit an existing show, the file could eventually become corrupt, causing problems. When creating a new version of an existing PowerPoint presentation, the preferred method is to open a new document and copy and paste the slides from the old document into the new one. You can also copy and paste the slide master to make sure the formatting remains the same.

If you do not want to use specific slides for a particular trainee group, you can adapt your PowerPoint presentation. To do this, open the PowerPoint presentation in "Slide Sorter" view. You can click on the slide you want to move and drag it to the end of the presentation. You can move the slides back to use with another training session. It is a good idea to save revised files with a new name or date. You can also delete the slides and rename the presentation for your particular training

You can emphasize key points by drawing on the slide in Slide Show View: Right-click and select Pointer Options. Click a pen option and hold the mouse button as you write or draw on the slide. For a smoother transition to drawing, use the keyboard. CTRL+P will switch to the pen. CTRL+U will go back to the pointer. Practice in advance.

If you do not have access to equipment or if the training site is not conducive to the use of an electronic presentation, slides can be printed in handout format and used by the audience to follow along with the discussion.

## UNDERSTANDING THE ADULT LEARNER

I hear and I forget.  
I see and I believe.  
I do and I understand.  
----- Confucius

People learn by hearing, seeing, and doing. Much has been written on maximizing the training experience for adult learners. Your training will be more effective if characteristics of the adult learner are kept in mind when designing your training. If you do not have experience teaching adults, it will be helpful to review additional resources.

The following characteristics do not apply to all adults but are generalizations that could assist you in designing a successful training.

### Characteristics of Adult Learners

- **Adults bring a lifetime of experience and information to the training** - Allow people to share personal experiences. Then remember to steer the discussion back to the content. Relate training and new information to these experiences. Show respect, do not talk down to trainees, validate experiences, encourage participation, listen, and learn.
- **Adults come to trainings with a variety of learning styles** - Vary your presentation and techniques to provide a variety of training methods such as lecture, demonstration, role play, small group activities and questions and answers. Allow the audience an opportunity to hear, see and do.
- **Adults generally want to learn information that is related to their needs** - Explain the purpose of the training. Show how the training is practical and relevant to their needs, how they will benefit from the training, how it will help them prevent or solve problems, and how they can apply the information learned.
- **Adults generally prefer to be self-directed learners** - Involve the adult in the learning experience. Ask questions about what they know and what they want to know.
- **Adults often learn best in an informal, nonjudgmental, collaborative environment** - While your information and time limits might compel you to share facts in a didactic instructional style, try to create a relaxed environment that is conducive to informal sharing. Acknowledge and thank trainees for their thoughts, questions, and answers so they will feel their input is important.
- **Adults learn by doing or teaching others** - Research has shown that people will remember 5% to 20% of what they hear but up to 90% of what they see, hear, and practice by doing. This curriculum includes activities that will allow your audience the opportunity to practice.
- **Adults come to training with a variety of established opinions, beliefs, and values** - Acknowledge and respect individual differences and beliefs. Allow for questioning of information. Have facts to back up information you want the audience to learn.

## **Principles of Instructional Design**

### **Events of Instruction**

As you plan your training, it is helpful to keep in mind some things you can do to assure that learning occurs. Certain activities or events can serve to support internal learning processes, such as encoding information into memory and retrieving it later when needed outside of the classroom.

These activities are referred to as the events of instruction, and as you plan and present your training, note when and where you can use these common-sense, research-based events. As a trainer, you likely already use these strategies on an instinctual level. A brief description follows of each event and how this manual supports you in facilitating the learning process.

- **Gain attention** - For learning to occur, you must have the attention of the learner, therefore you should have some strategies for initially gaining the attention of your participants and then keeping it. Telling the participants how the training will benefit them, asking questions of individuals, using humor to present your information, when appropriate, are all ways of gaining and maintaining attention. This manual provides activities such as initial ice-breaking activities that are useful in gaining attention.
- **Present objectives** - People need to know where they are going, so they will know when they reach their destination. It helps them to create expectancies of what they should be getting out of the course. This manual includes a slide at the beginning of each unit that contains the objectives, so that you may inform the learner of their end destination for that unit.
- **Review and remind learners of pertinent, previously learned content** - As people build new learning structures in their minds, acquiring new information or skills may depend on connecting to previously learned content. By reminding them of previously learned material, you are helping them to organize the newest content by “attaching” it to the old, which helps with encoding and later retrieval. For example, when teaching the skill of multiplication, you would want to first review addition and subtraction procedures. Of course, it’s not prior knowledge is not always needed when teaching new content, but give some thought to whether there is prerequisite knowledge or skill that will be needed for the learner to master the new content.
- **Present content** - This is your presentation of information. Generally, this is what most people think of when they think of training – the content. This manual provides slides with content points, as well as speakers notes that provide more details. This content has been reviewed by medical professionals and validated for its accuracy.
- **Provide learner guidance** - Effective instruction provides examples, non-examples, and other tips to help the learner master the content. An example would be providing a mnemonic device to remember an important phrase, such as the mnemonic “Act F.A.S.T” to help remember “Face, Arms, Speech, Time” as what to check in someone who may have had a stroke. And giving examples of specific symptoms that help to determine when to

seek medical attention. This manual provides opportunities for learner guidance as well as some specific suggestions.

- **Provide practice** - As mentioned in the section on adult learning, people need practice to help encode information or skills in the brain. This manual provides suggested activities as opportunities for participants to practice.
- **Give corrective feedback** - When learners practice, it is important to give them feedback about what they did right and what they can improve upon. This allows them to modify and correct any inaccuracies. Always give participants the correct answers after practice activities.
- **Evaluate the final performance** - Usually, this is done with a post-test for informational and conceptual content. However, it could also be an evaluation of a physical skill, such as hand-washing, by having the participant perform the skill while you complete a checklist based on the correct procedure. Another type of evaluation could be assessing a final product for required components, such as putting together a first aid kit that includes everything that was on a list the learner should have learned.
- **Provide opportunity for retention and transfer** - Most training courses have the goal of the learners being able to take what they have learned in class and apply it in the real world. One strategy for providing the event would be to have the learner develop a plan of how they will use the skills or information they have been taught when a public health emergency occurs. Another strategy could be providing a take-home job aid with specific procedural steps outlined that could be posted on a wall so that it is handy when needed. For example, one page handout outlining the steps for CPR. There are a number of handouts provided in this manual to help the participants apply what they've learned when they leave the classroom. In addition, there is a summary slide at the end of each unit that can serve as a reminder to have the participants consider what they have learned and how they can be sure to use it in real life.

## TRAINING BASICS

Following is an introductory, quick guide to training. This will be a helpful review if you are an experienced trainer. While this section will provide the basics for a new or inexperienced trainer, it will also be helpful to review additional training resources or obtain formal training.

### Planning the Training

#### Define Audience – Assess Needs – Define Objectives – Set Priorities – Adapt Materials

- **Define your target audience** - Who will you train? Will your audience be community leaders, professional community groups, members of the general public, or members of a specific target group?
- **Assess training needs** - Ask audience representatives about their training needs and what they expect from the training.
- **Select a training site suitable for the target audience** - Visit the site, if possible, before finalizing the location to plan the training room set-up. Ensure the site meets accessibility standards. Determine if the room is large enough to accommodate your anticipated audience. Determine if microphones or other sound system will be needed for the audience to hear you. Determine if there are other adaptations needed based on your audience, such as the need to rearrange furniture.
- **Prepare training that meets the needs of diverse audiences** - Will your training be accessible to people with disabilities and elders? If your training site is not on the first floor, make sure there are elevators. Make sure any information about the training or marketing materials includes a statement regarding the availability of accommodations for people with disabilities. For example: "Individuals needing special accommodation to attend this event should contact (name of the designated contact) at least three days in advance." Include a contact telephone number, as well as the agency phone number for people with hearing or speech impairments. If your agency does not have a phone number for a telecommunications device for people with speech or hearing impairments, then include the number 711 for the Florida Telecommunications Relay Service. Make suitable arrangements for trainees, such as wheelchair access and large print handouts.
- **Understand cultural differences of the audience** - Learn about different cultures of people you will be training. Does your target audience have any special learning or language needs or preferences? Will you be training people who share common experiences that might affect the way they learn? Will you be training people with diverse experiences? Keep cultural differences in mind, but remember, while people in a particular group may have similar social or cultural backgrounds, each person is an individual. While you need to be aware of and open to cultural differences in such areas as values, traditions, beliefs, language, and age, it is important not to use this information to generalize or oversimplify your ideas about your trainees.
- **Define your training objectives and determine your priorities** - Design the training and develop the content outline based on these objectives. Keep the identified needs of the

group in mind. In most cases, you will not be able to cover everything so select the most important or appropriate information for the group and have supplemental information and materials available if time allows. This manual provides training objectives and has been designed to meet them.

- **Determine your training approach** - What will be your training style? How will you balance lecture with discussion and activities?
- **Review the training materials** - Adapt training materials to focus on areas of interest and personal training style. Compile any supporting materials. Make sure the font size on the handouts and PowerPoint presentation are large enough for easy reading by all people in the room. Remember to think about the language or reading levels of your target audience.
- **Prepare an agenda** - Get feedback on the agenda from others, such as a representative of the training group, those familiar with the audience, and those familiar with the training content. Annotate your copy of the agenda with remarks or clarifications to assist you in facilitating the training.
- **Market the training to the community** - Who do you want to tell about the training? What community resources can help you reach your target audience? Will you need flyers or public service announcements to recruit people to attend? Do you want to issue a press release? Do you want people to register in advance? Do you have a limited number of training spaces?
- **Determine what equipment and supplies will be needed** - Arrange to have equipment available. Practice using the equipment. Arrange for back-up equipment, such as extra batteries, projector light bulbs, and extension cords. Order necessary supplies, such as note pads, pencils, flip-charts, tape, and paper clips etc.
- **Consider additional details** - Do you want to arrange for items to be given away, such as health promotion gifts? Do you want to provide water and healthy food or snacks? Make a checklist of things to do before the training and items to bring with you.

## Before the Training

### Be Prepared – Practice – Practice Again – Organize – Arrive Early – Check – Recheck

- **Be prepared** - Review your checklist and take care of any last minute details.
- **Prepare for your presentation** - Familiarize yourself with the information and organization of your presentation. Practice your presentation using the slides, focusing on key points to deliver the information. Write notes about information you want to add. Anticipate and prepare for questions.
- **Check references** - Review resources or links for handouts to see if information has been revised or updated.
- **Organize for the training** - Make a final check of materials and handouts for grammatical or typographical errors. Prepare handouts and participant packets. Prepare training room signage, name tags, and sign-in sheets. Share contact information with the training site

liaison. Make sure contact information is available in your office, in case someone you work with needs to reach you during the training event.

- **Set up the training room and equipment in advance** - You may wish to set up the day before the training to avoid last minute problems, which could be difficult to solve at the time of training. Make sure everyone will be able to see the screen. Check the viewing site from all sitting positions. Check any sound equipment. Make sure there are adequate chairs and tables. Verify arrangements for people with disabilities. If you cannot set up the day before, take care of these details when you arrive early, at least one hour before the scheduled training.
- **Arrive early** - Be early to handle last minute details and to make sure you are present when the first trainee arrives. Post training room signage. Recheck room set-up. Adjust the lighting and temperature in the room. Familiarize yourself with the location of restrooms, phones, break rooms, etc. Make a final equipment test. Have hard copies of presentations available in case of unexpected equipment or power problems.
- **Set up a registration station** - Position yourself or another trainer at the registration table with your sign-in sheet, pens or pencils, name tags, and participant folders.
- **Recheck** - Take one last look over the room and your training notes then step back and take a deep breath. When you are well prepared for any occurrence you can stay calm and have a successful event.

## During the Training

### Be Enthusiastic – Start on Time – Encourage Participation – Expect the Unexpected

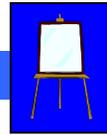
- **Welcome people as they enter the room. Be enthusiastic and introduce yourself** - The first few minutes of your contact with attendees and your attitude set the tone for the training. It is essential to establish good rapport and provide a non-threatening atmosphere for participation and interaction.
- **Start on time. Stay on schedule. End on time** - While unforeseen events or issues require you to remain flexible during training, sticking with an established schedule shows the audience that you respect their time.
- **Provide trainees with housekeeping information** - Inform them of the location of the restrooms. Tell them when there will be formal breaks or let them know that they can leave the room as needed.
- **Set ground rules** - Inform the group of desired guidelines to help make the experience positive for everyone. Ground rules could include things like asking people to turn off or put cell phones on vibrate, respect others who are talking, and keep side conversations to a minimum.
- **Consider using an ice breaker activity to start the event** – Using an ice-breaker is an interactive way to help people get to know each other and build a common purpose. The ice-breaker should be appropriate for the audience as well as the objectives and content that will follow.

- **Maintain a natural style** - Maintain eye contact. Do not read your presentation or face the slides as you speak. Use an informal, conversational approach. Do not use medical jargon. Move around during the presentation.
- **Involve trainees and encourage their participation** - Ask questions and use interactive exercises.
- **Do not fake it** - If you do not know the answer to a question, be honest. Tell the group you will find out and follow up with them, or let them know how and where they can find the answers.
- **Be prepared for the unexpected** - You never know what might occur with training materials or what discussions might arise.
- **Observe how well the objectives are being met** - Observe how trainees react to the training content and style. Observe how well trainees understand the information provided through their questions, discussions, and participation in training exercises. At the end of training, provide closing or some type of summary. Ask participants to complete an evaluation of the training and provide feedback.

### After the Training

#### Assess – Review – Evaluate – Revise – Begin Planning – Show Appreciation

- **Assess the training** experience to see if your objectives were achieved.
- **Review evaluations** and feedback.
- **Revise training and teaching methods, as necessary**, to respond to valid evaluation comments and to ensure objectives are met.
- **Send thank you letters** or notes, as appropriate, to agencies that let you use space or people who assisted.



## Unit 1 - Introduction and Overview

This unit is an introduction to the Home Care Course. It is designed to stimulate interest and participation and provide a basic understanding of public health emergencies, including pandemics, and what it means to shelter at home, as well as why it's important to be prepared.

After completing this unit, participants should be able to:

1. Explain why it is important to be prepared for a public health emergency.
2. Identify reasons why you and those you care for might have to shelter at home.
3. Describe types of public health emergencies that may occur.
4. Define a pandemic.

## Unit 2 - Preparation and Planning

This unit will help participants prepare for a public health emergency. Information includes developing a family preparedness plan, preparing a disaster kit, and other considerations important for special populations, such as older adults and children.

After completing this unit, participants should be able to:

1. Prepare a disaster plan.
2. List supplies to include in a disaster kit.
3. List supplies to include in a first aid kit.
4. Identify and locate important medical history documentation, including emergency numbers.
5. List special equipment needed or other special considerations for self, older adults, or children in the home.

## Unit 3 - Prevention

This unit is designed to provide families with basic information to help protect caregivers, as well as children and older adults, from getting sick or injured and to help prevent the spread of illness.

After completing this unit, participants should be able to:

1. Explain the importance of prevention.

2. Describe proper techniques for washing hands and reducing the spread of illness.
3. Describe healthy lifestyle habits.
4. Identify steps to keep the caregiver healthy.
5. Identify steps to prevent accidental injuries, with special considerations for children and/or older adults.

#### **Unit 4 - General Care**

This unit is designed to give participants information on the basic skills needed to provide home care and an awareness of how those skills may need to be adapted based on who is receiving care.

After completing this unit, participants should be able to:

1. List steps for using medicines safely.
2. Identify different kinds of thermometers.
3. Identify special considerations for caring for:
  - seniors
  - children
  - people with disabilities

#### **Unit 5 - Managing Symptoms**

This unit will help participants to recognize the difference between minor and major medical symptoms and provide them with the basic information and resources for addressing symptoms.

After completing this unit, participants should be able to:

1. Determine when to seek the advice of a healthcare professional.
2. Identify the differences between cold and flu symptoms.
3. Describe ways to provide basic home care for common cold or flu symptoms, such as cough, nasal problems, fever, sore throat, and dehydration.
4. Identify ways to manage symptoms common to other illnesses and conditions, such as upset stomach, minor wounds, and rashes.
5. Identify ways to manage common illnesses and conditions of:
  - older adults
  - children
  - people with chronic illnesses

## **Unit 6 - Staying Informed**

This unit will provide resources for additional information and learning opportunities. It is designed to review what has been learned and inspire participants to continue to expand their knowledge and stay informed about health events in their community.

After completing this unit, participants should be able to:

1. Describe ways to stay informed during a public health emergency.
2. List community agencies where they can get information and assistance.
3. List additional training opportunities that help them be better prepared.
4. List resources by telephone or internet to learn more about disaster planning for families.

# Training Planner



This table provides guidelines to help you plan your training. Timing information for units are based upon suggested maximum times if all modules are included. Additional time will be needed if discussion or an activity is added. Since there are different suggested activities, depending on your audience, there is space left blank for you to write in the activity you select and the materials you may need. Timing, materials, handouts, and exercises can be adapted to meet audience and training needs.

Unit / Module	Materials Needed	Activity	Handouts	Timing
<b>1. Introduction and Overview (30 minutes)</b>				
1.1 Welcome/ Introduction	Name badges, Computer and projector for showing PowerPoint Pads, pencils Other, depending on activity selected	Ice breaker	Agenda; Pandemic Flu; Optional: No Ordinary Flu	25 minutes
1.2 Overview				5 minutes
Unit 1 Activity		None		
<b>2. Preparation and Planning (60-90 minutes)</b>				
2.1 Introduction	Computer and projector for showing PowerPoint Activity prize	Opening activity		5 minutes
2.2 Preparedness Plan			Special Needs Shelters	10 minutes
2.3 Disaster Kit	Demonstration items like a first aid kit		Disaster Supply Kit	5-10 minutes
2.4 First Aid Kit and Medicine Kit			Supplies Calendar Anatomy of a First Aid Kit	10-15 minutes
2.5 Medical Documentation and Emergency Phone Number			Family Emergency Health Info sheet Emergency Contact List	5 minutes
2.6 Special Considerations				10-15 minutes
2.7 Special Considerations for Seniors			Get Ready Now: Preparing Makes Sense for Older Americans; Disaster Planning Tips for Senior Adults	5-10 minutes
2.8 Special		Ready.gov	Disaster Tips for	5 minutes

<b>Unit / Module</b>	<b>Materials Needed</b>	<b>Activity</b>	<b>Handouts</b>	<b>Timing</b>
Considerations for Children		Children's Get Ready Crossword Puzzle Family Supply List Communicate Just in case Family Plan Pack it up Matching Game"	People with Special Medical Needs	
2.9 Summary				10 minutes
Unit 2 Activity	Depends on activity selected	Summary activity		5-10 minutes
<b>3. Prevention (45-60 minutes)</b>				
3.1 Introduction	Computer and projector for showing PowerPoint	Opening activity		5-10 minutes
3.2 Importance of Prevention				2-3 minutes
3.3 Hand Washing/Healthy Habits	Demo materials – hand sanitizer		Wash Your Hands Florida, Stop the Spread of Germs, Key Facts About Seasonal Flu Vaccine, Safer Healthier Home	10 minutes
3.4 Tips for the Caregiver			Caregiver Tip Sheet	10 minutes
3.5 Preventing Dehydration				3-5 minutes
3.6 Preventing				5 minutes

<b>Unit / Module</b>	<b>Materials Needed</b>	<b>Activity</b>	<b>Handouts</b>	<b>Timing</b>
Injuries				
3.7 Preventing Injuries from Fires/Burns				5 minutes
3.8 Preventing Poisoning				5 minutes
3.9 Special Considerations for Seniors			What You Can Do to Prevent Falls; Check for Safety	15-20 minutes
3.10 Special Considerations for Children			Childproofing Your Home	15-20 minutes
3.11 Summary				5 minutes
Unit 3 Activity	Depends on activity selected	Summary activity		5-20 minutes
<b>4. General Care (45-55 minutes)</b>				
4.1 Introduction	Computer and projector for showing PowerPoint	Opening activity		5-10 minutes
4.2 Medication Safety	Demonstration items - over-the-counter medicine label			10 minutes
4.3 Taking a Temperature	Demonstration - thermometers	Discussion		10 minutes
4.4 Special Considerations				5-10 minutes
4.5 Special Considerations for Seniors			Eating Well as we Age, Medicines and Older Adults	10-15 minutes
4.6 Special Considerations for Children			Parenting in a Challenging World	10-15 minutes
4.7 Special Considerations for Caring for Someone with Dementia				5 minutes
4.8 Special				5 minutes

<b>Unit / Module</b>	<b>Materials Needed</b>	<b>Activity</b>	<b>Handouts</b>	<b>Timing</b>
Considerations for Caring for Someone with Mobility Problems				
4.9 Summary				5 minutes
Unit 4 Activity	Depends on activity selected	Summary activity		10 minutes
<b>5. Managing Symptoms (120-160 minutes)</b>				
5.1 Introduction	Computer and projector for showing PowerPoint	Opening activity		5 minutes
5.2 When it's an Emergency			Stroke FAQs	5-10 minutes
5.3 Managing Cold or Flu Symptoms			Cold vs. Flu, How does Seasonal Flu Differ from Pandemic Flu, Flu Vaccine Facts and Myths, Who is at High Risk of Flu Complications? The Flu – A Guide for Parents”	30-40 minutes
5.4 Managing Other Symptoms			Poison Ivy/Oak/Sumac, Cuts, Burns, Allergic Reactions,	30-45 minutes
5.5 Special Considerations - Chronic Health Problems	Flip chart, markers	Discussions	Tips for Preventing Heat-Related Illness, Within 20 minutes of quitting, Heart Attack Quiz, 8 Things You Can Do to Prevent and Control High Blood Pressure Fact Sheet-Asthma	45-75 minutes

<b>Unit / Module</b>	<b>Materials Needed</b>	<b>Activity</b>	<b>Handouts</b>	<b>Timing</b>
5.6 Summary				5 minutes
Unit 5 Activity	Scenarios, flip chart, markers	Summary activity – Discussion scenarios		10-15 minutes
<b>6. Staying Informed (35-60 minutes)</b>				
6.1 Introduction	Computer and projector for showing PowerPoint			5 minutes
6.2 Community Resources	Local agency contact information			5 minutes
6.3 Additional Training	Local training information			5 minutes
6.4 For More Information			Resources List	5-10 minutes
6.5 Summary			Training Evaluation	5 minutes
Unit 6 Activity	Game board, game money, prizes	A-Z Shout Out, or Public Health Jeopardy, or Ball Toss Review		10-30 minutes

## Training Needs Assessment Tool



This checklist can be used to assist you in designing local training. Once you have determined your selected audience and the training time available make an assessment of the importance and appropriateness of each unit and module.

Module	Yes	No	Estimated Time	Notes
1.1 Welcome/ Introduction				
1.2 Overview				
2.1 Introduction				
2.2 Preparedness Plan				
2.3 Disaster Kit				
2.4 First Aid Kit and Medicine Kit				
2.5 Medical Documentation and Emergency Phone Number				
2.6 Special Considerations				
2.7 Special Considerations for Seniors				
2.8 Special Considerations for Children				
2.9 Summary				
3.1 Introduction				
3.2 Importance of Prevention				
3.3 Hand Washing/Healthy Habits				
3.4 Tips for the Caregiver				
3.5 Preventing Dehydration				
3.6 Preventing Injuries				
3.7 Preventing Injuries from Fires/Burns				
3.8 Preventing Poisoning				
3.9 Special				

Module	Yes	No	Estimated Time	Notes
Considerations for Seniors				
3.10 Special Considerations for Children				
3.11 Summary				
4.1 Introduction				
4.2 Medication Safety				
4.3 Taking a Temperature				
4.4 Special Considerations				
4.5 Special Considerations for Seniors				
4.6 Special Considerations for Children				
4.7 Special Considerations for Caring for Someone with Dementia				
4.8 Special Considerations for Caring for Someone with Mobility Problems				
4.9 Summary				
5.1 Introduction				
5.2 When it's an Emergency				
5.3 Managing Cold or Flu Symptoms				
Fever				
Sore Throat				
Coughs				
Nasal Problems				
Dehydration				
5.4. Managing Other Symptoms				
Nausea and Vomiting				
Diarrhea				
Constipation				
Rashes				
Wounds				

Module	Yes	No	Estimated Time	Notes
Burns				
Allergies				
Poisoning				
Choking				
Special Considerations for Seniors - Accidental Injuries				
Heat-Related				
Special Considerations for Seniors - Depression				
Special Considerations for Seniors - Mental Status Changes				
5.5 Chronic Health Problems				
Diabetes				
Acid Reflux - GERD				
Heart disease				
High blood pressure				
Asthma				
COPD				
5.6 Summary				
6.1 Introduction				
6.2 Staying Informed				
6.3 Community Resources				
6.4 Additional Training				
6.5 For More Information				
6.6 Summary				

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## **Unit 1**

### **Introduction and Overview**

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## Unit 1 – Introduction and Overview



**Purpose:** This unit is an introduction to the Home Care Course. It is designed to stimulate interest and participation and provide a basic understanding of public health emergencies, including pandemics, and what it means to shelter at home, as well as why it's important to be prepared.

**Objectives:** After completing this unit, participants should be able to:

1. Explain why it is important to be prepared for a public health emergency.
2. Identify reasons why you and those you care for might have to shelter at home.
3. Describe types of public health emergencies that may occur.
4. Define a pandemic.

**Procedure:** This unit is presented using PowerPoint slides 1-9.

- Welcome the audience.
- Introduce yourself and the topic of the training.
- Conduct the ice breaker exercise.
- Review the agenda, training time frames, and housekeeping details.

The unit contains the following modules. Each begins with a new PowerPoint slide. Additional procedural information, such as suggested handouts, may be included on slide speaker notes pages.

- 1.1 Welcome/Introduction and purpose of training (Slides 1-8)
- 1.2 Overview of course units (Slide 9)

### **Suggested Activities:**

Consider a pre-training activity to engage the participants. This gives participants something to do while waiting for the training to start and helps set the mood, even before the training begins. Some suggested activities follow and are categorized by the type of audience for which they are most appropriate. Additional materials or instructions for activities can be found in the Activity Materials Appendix.

#### General Audience

- Origami Hat - Have a sheet of paper and instructions for making an origami hat at each seat. Let participants know they can make their hats while they are waiting. As you begin the training, announce that the short training will cover a lot of information, so they should, "hold onto your hats – here we go."
- Set up a display table in the room filled with sample home care aids, books, posters, emergency supply equipment etc. Participants who arrive early can look at the displays while waiting for the training to begin. A book or supply item can be used as a give-away during the training.

- Biggest Fear - As an ice breaker, give each participant up to one minute to introduce themselves and state what their biggest fear or concern is about providing home care for themselves or someone in their home. Give an example by listing your fear such as: “I’m afraid I would panic if I saw a loved one bleeding.” Let the group know that all fears and concerns are valid and none are to be discounted. Record the fears or areas of concern on the flip chart to refer back to during the training.

Use headlines or key words to record information on a flip chart. For example, instead of writing, “I’m afraid I would panic if I saw a loved one bleeding” write “bleeding” or “cuts and wounds”. Summarize the list of concerns (top three to five fears) and tell participants you hope that by the time they complete training they will have information and confidence to handle these situations.

If there are more than 10 to 15 people in the group, there will not be enough time for each person to introduce themselves. Welcome the group as a whole and have a five-minute discussion inviting a few people to share their fears. You can begin the discussion by stating, “Let us list some fears about taking care of your family if help was hard to get during an emergency.”

- Medicine Kit Game – See instructions in Unit 2. Trainers presenting multiple units can expand the game to include a First Aid Kit and an Emergency kit. The game can be introduced at the beginning of the training and used throughout the units with a summary at the conclusion of Unit 5.
- A-Z Shout Out – See instructions in Unit 6. If you want this to be an ongoing activity during the training session, give each participant an A-Z fill in sheet found in the Activity Materials Appendix sections for Unit 6 and explain how they are to fill in words as they hear them.

#### Older Adults and their Caregivers Audience

- Hollywood Public Health Emergencies (Pre-training activity) - Place the activity handout, which asks participants to match old Hollywood movies with their storyline public health emergency, at each seat and let participants work on it before the training begins. This activity could also be used as the icebreaker.
- I Remember When (5-10 minutes) - An icebreaker is an excellent way to get people involved and ready for training. Using memory is a good way to get older adults engaged. Invite participants to share a story about a time when they had to stay at home because of an illness or natural event and how it made them feel. The trainer can start with an example such as, “when I was a child, my family had to stay home for several days because of a hurricane. We had no television and we all got on each others’ nerves.”

#### Children’s Parents or Caregivers Audience

- That’s Me (5-10 minutes) - Prepare a list of statements (at least 10). When you read a statement from the list, ask the participants to stand and say “That’s Me!” if it is true for them. For example, the trainer might say “I am a mother”. The moms in the room will stand and say “That’s Me”.

- Guessing Game (10-15 minutes) - As each participant enters the room, place a sticky note on their backs with a word related to the training (i.e. hurricane, first aid, etc.). Tell the participants to find a partner. Ask the pairs to read each other's sticky note and give their partner clues to try and guess what word is on their back.

**Materials:**

- Name badges
- Flip chart with easel and markers or blackboard or white board
- Computer, projector, and screen
- Presentation handout notes - print from PowerPoint presentation using "handout" slide format in the print menu.
- Handouts (Copies are included in the Handout appendix for this unit, unless otherwise noted.)
  - "Pandemic Flu"
  - Optional: No Ordinary Flu Comic Book (you must download and print)
- Activity supplies, depending on activity selected: (Copies are included in the Activity Materials appendix for this unit, unless otherwise noted)
  - Origami hat activity sheet
  - "A-Z Shout Out" word list activity sheet - copy included in Unit 6 Activity Materials Appendix
  - "Hollywood Public Health Emergencies" Activity sheet
  - Sticky notes for Guessing Game
  - List of statements you provide for "That's Me" activity

**Estimated Time:** 30 minutes

**Resources:** See bibliography and resource list at the end of the training manual. Specific resources for each slide can also be found in the speaker notes found on each slide page in this manual.

For more information on the pandemic flu, visit [www.pandemicflu.gov](http://www.pandemicflu.gov). For more information on the seasonal flu, visit <http://cdc.gov/flu>.

For more information on sheltering-in-place, visit [www.bt.cdc.gov/preparedness/shelter](http://www.bt.cdc.gov/preparedness/shelter).

To download and print copies of the comic book, "No Ordinary Flu," go to [www.kingcounty.gov/healthservices/health/preparedness/pandemicflu/comicbook.aspx](http://www.kingcounty.gov/healthservices/health/preparedness/pandemicflu/comicbook.aspx). To order print copies, follow the link on the page to the National Association of County and City Health Officials publication web site and scroll down the list for the title. [www.naccho.org/publications](http://www.naccho.org/publications).

## Slides and Speaker Notes

### Slide 1



The slide features a dark green background with a central white banner. On the left of the banner is an illustration of a house with two figures standing in front of it. To the right of the illustration, the text "Home Care Series" is written in a large, black, serif font. Below this text, the title "A Training Guide for Sheltering at Home" is written in a smaller, white, sans-serif font. At the bottom left of the slide is the NEPP logo, which includes the text "NEPP" and "Supplemental Emergency Preparedness Program". At the bottom right is the Florida Department of Health logo, which includes the text "FLORIDA DEPARTMENT OF HEALTH" and "HEALTH".

#### **Training Notes:**

Have this slide projected on the screen as participants are entering the room.

Slide 2

## How Ready Are You to Shelter at Home?



**Training Notes:**

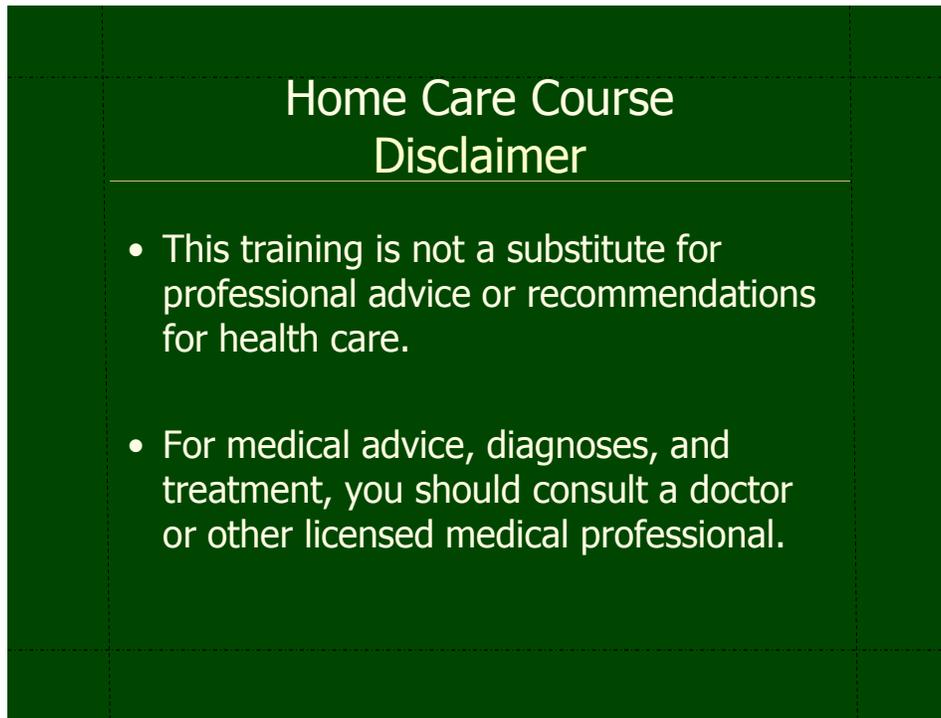
Welcome the participants.

Introduce yourself and go over housekeeping details.

Conduct ice-breaker or welcome activity.

Provide and review the day's agenda.

**Slide 3**



## Home Care Course Disclaimer

- This training is not a substitute for professional advice or recommendations for health care.
- For medical advice, diagnoses, and treatment, you should consult a doctor or other licensed medical professional.

- Information is for educational purposes only.
- The curriculum may not be modified, but delivery may be.
- Materials may be used with credit and acknowledgment given to Florida Department of Health.
- This training may not be sold and any profit from use of these materials is strictly prohibited.
- This information is not intended to be considered as legal, medical, technical or other professional advice, nor is it intended to be a substitute for professional advice or recommendations for health care. For specific medical advice, diagnoses, and treatment, people should consult a doctor or other medical professional.
- While all attempts have been made to include the most current home care philosophies, detail, and resources, information contained in this document is subject to change. Neither the State of Florida nor the Florida Department of Health guarantees the accuracy, reliability or timeliness of any information contained in this document. It is the user's responsibility to verify accuracy of information.

**Training Notes:**

**Slide 4**

## Unit 1 – Introduction and Overview

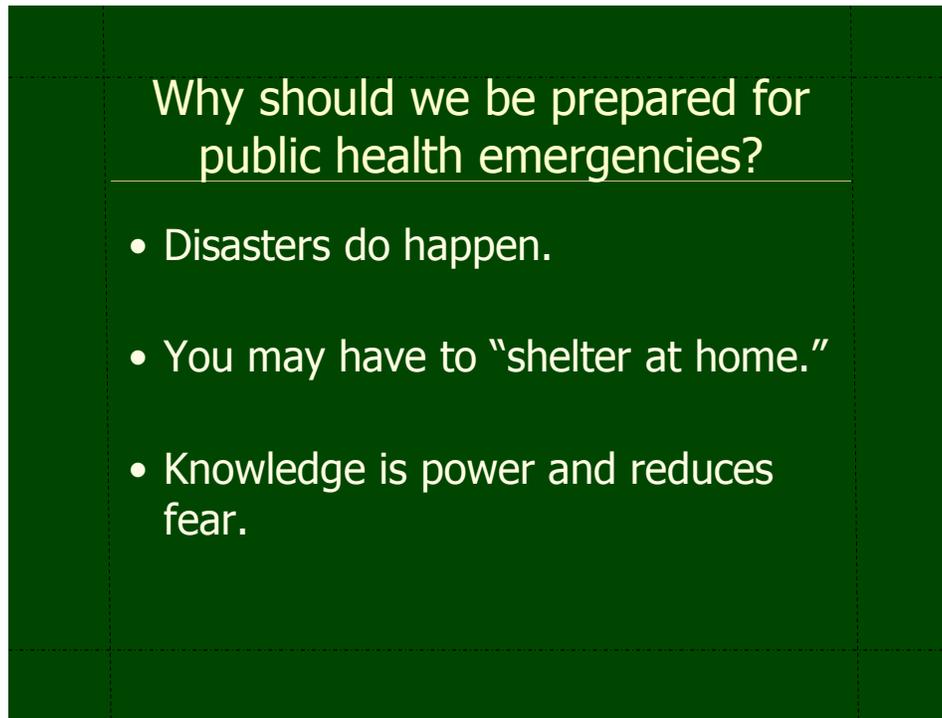
After completing this unit, you will be able to:

1. Explain why it is important to be prepared for a public health emergency.
2. Identify reasons why you and those you care for might have to shelter at home.
3. Describe types of public health emergencies that may occur.
4. Define a pandemic.

- This training will help you prepare to take care of yourselves and your families in the event of a public health emergency where you might choose to, or might be required to, take shelter at home.
- Let us start with a summary of what you'll be able to do at the end of this unit.
  1. **Explain why it is important to be prepared for a public health emergency.**
  2. **Identify reasons why you and those you care for might have to shelter at home.**
  3. **Describe types of public health emergencies that may occur.**
  4. **Define a pandemic.**
- We'll also briefly discuss the other units of this course that we'll be covering today.

**Training Notes:**

## Slide 5



Why should we be prepared for public health emergencies?

- Disasters do happen.
- You may have to “shelter at home.”
- Knowledge is power and reduces fear.

- Why is this training important? **Disasters do happen.** Being prepared is the best way to **reduce fear** and panic. If you and your family **know the facts and plan**, the challenges you face may be easier to deal with.
- If a public health emergency occurs, services such as transportation may be disrupted. Schools may be closed. Hospitals and doctors may be overwhelmed and overcrowded. **You may be asked to stay home or you may decide to stay at home.**
- If this happens you could face many challenges and need to **be prepared to take care of yourselves and your families.**
- This training will help you plan and prepare for the challenges associated with illness and minor health problems. This training is designed to give you the information and confidence to handle minor medical symptoms and provide home care.

### Training Notes:

Refer back to the list of home care fears created on the flipchart in the icebreaker activity, “The Biggest Fear”, if you used that activity.

Slide 6

Why might you need to shelter at home?

- Overwhelmed or damaged medical facilities
- No transportation
- Blocked or damaged roadways
- Health threats
  - Unsafe air
  - Contagious disease

- What do we mean by **sheltering at home**?
- During an emergency or disaster, it may be safer for you to stay where you are or “shelter at home.”
- During a pandemic or other public health emergency, **hospitals and doctors will be overwhelmed** with people needing immediate help. Medical facilities may not be open because of damage. Public **transportation may not be available** or operating. You **may not be able to use roadways**.
- Dangerous **chemicals may be polluting the air**. In a pandemic, you may want to or be asked to stay home to **stop the spread of disease**.
- It will be important for you to be prepared and have the ability to take care of yourselves or others at home.

**Training Notes:**

Slide 7

**How will you know you need to shelter at home?**

- Emergency radio and TV broadcasts
- Radio and TV news reports
- Sirens or horns
- Residential alerts
- NOAA weather radio alerts
- Automated phone alerts

Do you need to plan for a special alert system?

- If there is an emergency or threat of an emergency, it is important to listen to a television or radio to find out what you need to do. If it is necessary for you to shelter at home, local authorities, like the fire or police department, may warn you in a variety of ways.
- Do you remember ways we were warned about emergencies in the past? Many of these are still used. Broadcasts of the **Emergency Alert System** on your radio or television; radio or television **news reports**; outdoor **sirens or horns** (like those used for air raid sirens); and **residential alerting** through announcements to neighborhoods from vehicles with public address systems.
- With new technology today there are even more ways to alert you. **Weather alerts** from the National Oceanic and Atmospheric Administration (NOAA) – on a weather radio; **automated** home telephone or cell phone alerts. For example, reverse 911 calls to telephones or telecommunication devices for the deaf (TDD); calls or text messages to your cell phone; and even e-mails or computer alerts.
- If there is a reason, such as a visual or hearing impairment, that you or the person you care for **cannot receive standard alerts**, you will need to include a way to receive emergency alerts in you disaster plan.

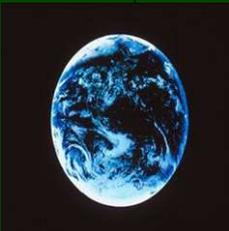
Reference: [www.bt.cdc.gov/preparedness/shelter](http://www.bt.cdc.gov/preparedness/shelter)

<b>Training Notes:</b>
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## Slide 8

### Public Health Emergencies

- What is a public health emergency?
- What is a pandemic?
  - Rare disease that spreads quickly.
  - Affects many people over large area.
  - Can result in many deaths.
- What other emergencies should we be prepared for?
  - Natural disasters
  - Man-made disasters



- What is a public health emergency?
- A **public health emergency** is the occurrence or threat of an event or illness that would result in a health risk to a large number of people.
- A **pandemic** is one type of public health emergency that we can, and should, prepare for. A pandemic does not happen very often, but it can as we saw with H1N1 influenza in 2009.
- A pandemic is a contagious disease that **spreads easily** because people have little or no immunity. Pandemics occur over a **wide geographic area**, even across countries, and **affect a large number** of people. In the past, pandemics have caused the deaths of many people – like the 1918 Spanish Flu where approximately 675,000 deaths occurred in the U.S. alone; the 1957 Asian Flu; and the 1968 Hong Kong Flu.
- Other public health emergencies can be caused by **natural or man-made disasters**. What are some? Natural disasters include hurricanes and tornadoes. Man-made disasters, such as terrorist attacks, are also possible.

Reference: [www.pandemicflu.gov](http://www.pandemicflu.gov)

#### Training Notes:

Give participants the “Pandemic Flu” handout. If you have ordered or printed copies of the “No Ordinary Flu Comic Book” distribute it also.

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## Handout - Pandemic Flu



### Flu Terms Defined

Seasonal (or common) flu is a respiratory illness that can be transmitted person to person. Most people have some immunity, and a vaccine is available.

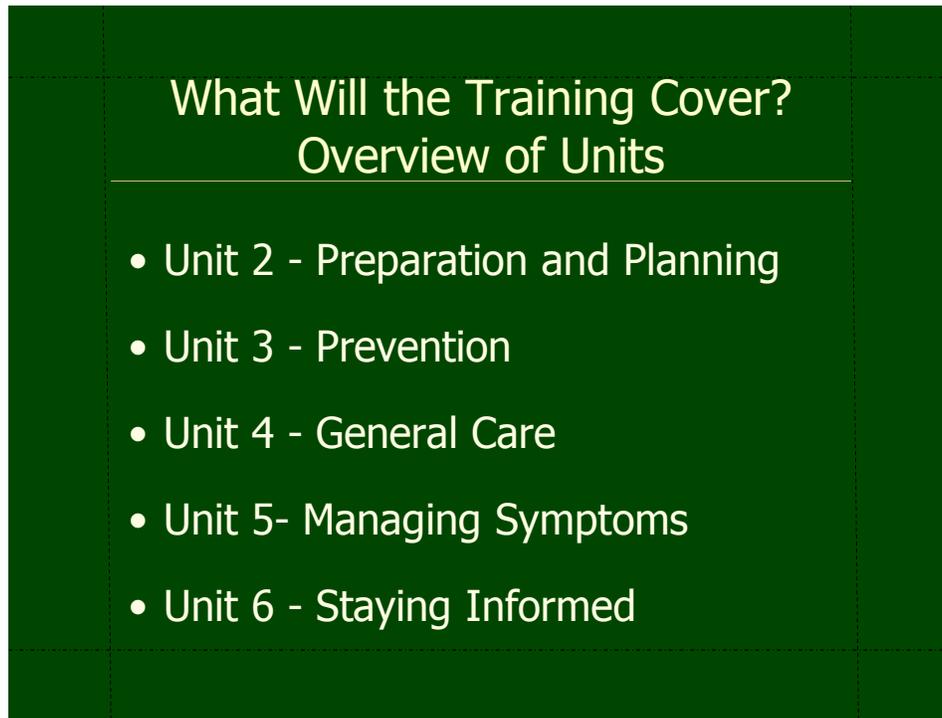
Avian (or bird) flu (AI) is caused by influenza viruses that occur naturally among wild birds. Low pathogenic AI is common in birds and causes few problems. Highly pathogenic H5N1 is deadly to domestic fowl, can be transmitted from birds to humans, and is deadly to humans. There is virtually no human immunity and human vaccine availability is very limited.

Pandemic flu is virulent human flu that causes a global outbreak, or pandemic, of serious illness. Because there is little natural immunity, the disease can spread easily from person to person. Currently, there is no pandemic flu.

For more information go to:  
[www.pandemicflu.gov](http://www.pandemicflu.gov)

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## Slide 9



### What Will the Training Cover? Overview of Units

- Unit 2 - Preparation and Planning
- Unit 3 - Prevention
- Unit 4 - General Care
- Unit 5- Managing Symptoms
- Unit 6 - Staying Informed

- This training is divided into units.
- We will start by talking about ways to help you **plan and prepare** for an emergency. What supplies and medicines will you need?
- Next we will talk about ways to help **prevent** illness and injury. What are some steps you can take to keep yourself and those you care for safe and healthy?
- We will discuss the **general care** of people who are sheltered. Do you know about medicine safety or does someone in the home have special diet needs?
- We will then go over ways to **manage the symptoms** of some healthcare issues that many are faced with. How can you recognize warning signs, how serious it is, and when you should call for help?
- We will finish by talking about ways that you can **stay informed** before and during an emergency as well as where you can get more information. What resources are available in your community?

#### Training Notes:

This slide is animated so each bullet will appear at the click of the mouse.

If you are training on care for children or seniors, be sure to mention it at this time. For example, if your focus is children, mention that you will give examples of activities for kids.

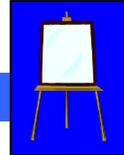
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## **Unit 2**

### **Preparation and Planning**

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## Unit 2 – Preparation and Planning



**Purpose:** To help participants prepare for a public health emergency. Information includes developing a family preparedness plan, preparing a disaster kit, locating important medical documentation, and other considerations important for specific populations, if appropriate.

**Objectives:** After completing this unit, participants should be able to:

1. Prepare a disaster plan.
2. List supplies to include in a disaster kit.
3. List supplies to include in a first aid kit.
4. Identify and locate important medical history documentation, including emergency numbers.
5. List special equipment needed or other special considerations for self, older adults, or children in the home.

**Procedure:** This unit is presented using PowerPoint slides 10-28.

The unit contains the following modules. Each begins with a new PowerPoint slide. Additional procedural information such as suggested handouts may be included on slide speaker notes pages.

- 2.1 Introduction (Slides 10-11)
- 2.2 Preparedness Plan (Slides 12-14)
- 2.3 Disaster Kit (Slide 15)
- 2.4 First Aid Kit and Medicine Kit (Slides 16-20)
- 2.5 Medical Documentation and Emergency Phone Numbers (Slides 21-22)
- 2.6 Special Considerations (Slides 23-25)
- 2.7 Special Considerations for Seniors (Slide 26)
- 2.8 Special Considerations for Children (Slide 27)
- 2.9 Summary (Slide 28)

### **Suggested Activities:**

Additional materials or instructions for activities can be found in the Activity Materials Appendix

### General Audience

- Get a Plan (5-10 minutes) - This activity can be done as part of Module 2.2 Preparedness Plan. If you have internet access for the training, you can go to [www.floridadisaster.org](http://www.floridadisaster.org) to complete a sample emergency plan. Ask if someone from the group would like to volunteer to create a family plan. If you are going to do this activity, walk through the process yourself in advance.
- Medicine Kit Game (5-10 minutes) – This activity is done at the start of Module 2.4. Prepare two flip charts in advance. On one have a drawing of a cabinet (Medicine Kit). On the second, have a series of sticky notes, each with a picture or a word of an item that might or might not go in a medicine kit. Ask a participant to come up and take an item and either place it in the medicine kit or move it to the side. Continue asking others to select an item and place it where they think appropriate. Participants may choose to select an item that

has been moved to the side and put it in the medicine kit. Participants may also remove an item that has been placed in the cabinet. Continue until all sticky notes have been placed in the cabinet, or moved to the side, or until everyone has had a turn. If an item moves back and forth and there appears to be disagreement, put the item temporarily aside (in limbo) or ask for a majority vote. As you continue through the module discussion, ask the group how they think their medicine kit looks or if they think they need to make any changes. A list of words that can be used in this activity is included with Activity Materials in the Appendix. Trainers can make this more professional by using a display board and creating picture cards with Velcro. See suggested activity in Unit 1 for expanding this game.

- Are you smarter than a...? (5 minutes) – As a closing unit exercise, give participants the Department of Homeland Security, Ready.gov emergency supply kit Get Ready Crossword Puzzle for children. This exercise is not only fun but the handout includes more information on activities families can take together to prepare for emergencies.

#### Older Adults and their Caregivers Audience

- What's in Your Wallet? (5 minutes) – This exercise can be done at the start of the unit. Ask participants if they have important information in their wallets. Ask them to hold up any emergency health information cards, lists of medicines, or important phone numbers. If you have giveaways or treats, they can be given to participants who show they have this information handy.
- Am I Ready? (10 minutes) – This exercise can be done at the end of Unit 2. Pass out the “Am I Ready Checklist” and ask participants to think about, “if an emergency happened right now and I was at home and had to stay there, do I have what I need?” Discuss results.

#### Children's Parents or Caregivers Audience

- Family Plan (10-20 minutes) – This activity can be completed at the end of Unit 2. Distribute the *ReadyKIDS* handouts: “Family Supply List”, “Communicate!”, “Just in Case Family Plan”, and “Pack it Up Matching Game”. Review the contents of each handout with participants, allowing for discussion. Distribute scissors to each participant and have them cut out the blocks of the “Pack it up Matching Game”. Allow the participants to briefly (5 minutes) play the game and ask them to take the game home to play with their children. Explain that the pictures on cut-outs will help remind them of supplies needed in their family disaster kits.

#### **Materials:**

- Flip chart and markers
- Computer, projector, and screen
- Presentation handout notes - print from PowerPoint presentation using “handout” slide format in the print menu.
- Handouts (copies are included in the Handout appendix for this unit, unless otherwise noted)
  - “Florida Department of Health Special Needs Shelters brochure”
  - “Disaster Supply Kit”
  - “Supplies Calendar Example”
  - “Anatomy of a First Aid Kit”

- “Family Emergency Plan”
- “Emergency Contact List”
- “Preparing Makes Sense for Older Americans. Get Ready Now”.
- “Disaster Planning Tips for Senior Adults”
- “Disaster Tips for People with Special Medical Needs”
- Optional: “Pandemic Flu Planning Checklist for Individuals and Families” (includes emergency contacts and supply list) – copies can be printed from [www.pandemicflu.gov/plan/individual/index.html](http://www.pandemicflu.gov/plan/individual/index.html)
- **Activity supplies**, depending on activity selected (copies are included in the Handout appendix for this unit, unless otherwise noted)
  - Medicine Kit Game
  - “What’s in your Wallet?”
  - “Am I Ready?”
  - “Are You Smarter than a...?” Crossword Puzzle
  - Scissors for Family Plan activity
  - *ReadyKids* handouts: “Family Supply List”, “Communicate!”, “Just in case Family Plan”, and “Pack it up Matching Game”

See resource list in appendix for links where additional posters, brochures or handouts can be ordered or printed

**Estimated Time:** 60-90 minutes, depending on number of activities selected.

**Resources:** See bibliography and resource list at the end of the training manual. Specific resources for each slide can also be found in the Speaker Notes.

For a copy of the latest Florida Department of Health Family, Family Preparedness Guide, go to [www.doh.state.fl.us/demo/php/index.html](http://www.doh.state.fl.us/demo/php/index.html) and click on the link to the guide.

To print or order disaster publications and handouts from the U.S. Department of Homeland Security’s Ready America campaign, go to [www.ready.gov/america](http://www.ready.gov/america).

Individuals or organizations who would like to order printed copies of *Ready* publications can do so by calling 1-800-BE-READY. Multiple copies can also be requested by calling the FEMA Warehouse at 1-800-480-2520.

For more information on Emergency Preparedness for Older Adults and Caregivers, visit [www.aoa.gov/AoARoot/Preparedness/index.aspx](http://www.aoa.gov/AoARoot/Preparedness/index.aspx)

To obtain copies of the Department of Health, “Special Needs Shelters” brochure contact the Regional Community Preparedness Consultant at your local health department.

## Slides and Speaker Notes

### Slide 10

# Unit 2 – Preparation and Planning

## Introduction



- Making a plan today can help you avoid or cope with a disaster or public health emergency in the future.
- Planning and preparation will help you lessen the impact of a healthcare emergency and make things easier for you if you are required to, or are voluntarily sheltering at home. This planning and preparation can also help you in the face of other emergencies, such as hurricanes.
- When you know what to expect, understand what can happen during an outbreak, and know what actions you and your family can take, you will be better able to cope.
- Each of you is unique with different personal needs and skills; your emergency plans will also be unique.
- There are, however, common actions or activities we can all take to prepare for an emergency situation.

#### Training Notes:

## Unit 2 – Preparation and Planning

After completing this unit, you will be able to:

1. Prepare a disaster plan.
2. List supplies to include in a disaster kit.
3. List supplies to include in a first aid kit.
4. Identify and locate important medical history documentation, including emergency numbers.
5. Identify special equipment needed or other special considerations.

- This is Unit 2 of the Home Care Training. The focus of this unit is **preparation and planning**.
- We'll start with a summary of what you'll be able to do at the end of this unit.
  1. **Prepare a disaster plan.**
  2. **List supplies to include in a disaster kit.**
  3. **List supplies to include in a first aid kit.**
  4. **Identify and locate important medical history documentation, including emergency numbers.**
  5. **List special equipment needed or other special considerations for self, older adults, or children in the home.**

Training Notes:

## Disaster Preparedness Plan

- Create a disaster plan and a disaster supply kit.
- Include your children and other household members, as well as friends or caregivers in the process.
- Establish a support network.
- Review and practice the plan.



There are some things you can do to prepare for public health emergencies.

- Everyone should have an individual and/or family **disaster plan** to keep you ready for a public health emergency. **If you have a spouse, children, or other person living with you, develop the plan together.** You can also talk to other relatives, a good friend, a neighbor, or caregiver about the kinds of emergencies that could happen in your area. Talk about what you can do if they happen.
- Having people who care about you, help you develop or know about your plan will help you plan better. It will also reduce worry and anxiety if your loved ones know you are prepared for an emergency. Establishing a **support network** of people who will check on each other in an emergency is also a valuable part of a plan for older adults.
- Set up a disaster **drill** when you first make the plan. You will want to **review** the plan and **practice** every few months, but at least before the start of every hurricane season. This will let you make any changes that are needed and help the plan become routine.

Reference/resource: [www.redcross.org](http://www.redcross.org)

**Training Notes:**

## Disaster Preparedness Plan

---

The plan should include:

- A meeting place in case you are separated.
- An out-of-town contact who family members can call for updates.
- A disaster kit, including special medicine, supplies, or equipment.

Developing a disaster plan will help you take the steps necessary to prepare for an influenza pandemic or other emergency. When creating your plan, think about your needs, the needs of your family members, and remember to plan for your pets.

- Your plan should include a **meeting place** in case you are not able to return home. A relative or nearby friend is a good option. Make sure everyone in your household, or people who worry about you, knows the address and phone number of the location.
- Ask an out-of-town friend or relative, who is not likely to be affected by the same disaster, to be your **emergency contact**. Each person in your family should have the contact person's phone number so they can call them to check in.
- A **disaster kit** is an important part of your preparedness plan. In a few minutes we will talk about what should be in your kit.

Reference/resource: [www.redcross.org](http://www.redcross.org)

**Training Notes:**

Tell participants that they, their family, friends, or caregivers can go to [www.floridadisaster.org](http://www.floridadisaster.org) to create a plan.

## Disaster Preparedness Plan Special Considerations

- Think about any special needs you or others in your household may have, including pets.
- Plan for evacuating, if recommended.
- People with special needs should register in advance for a Special Needs Shelter.

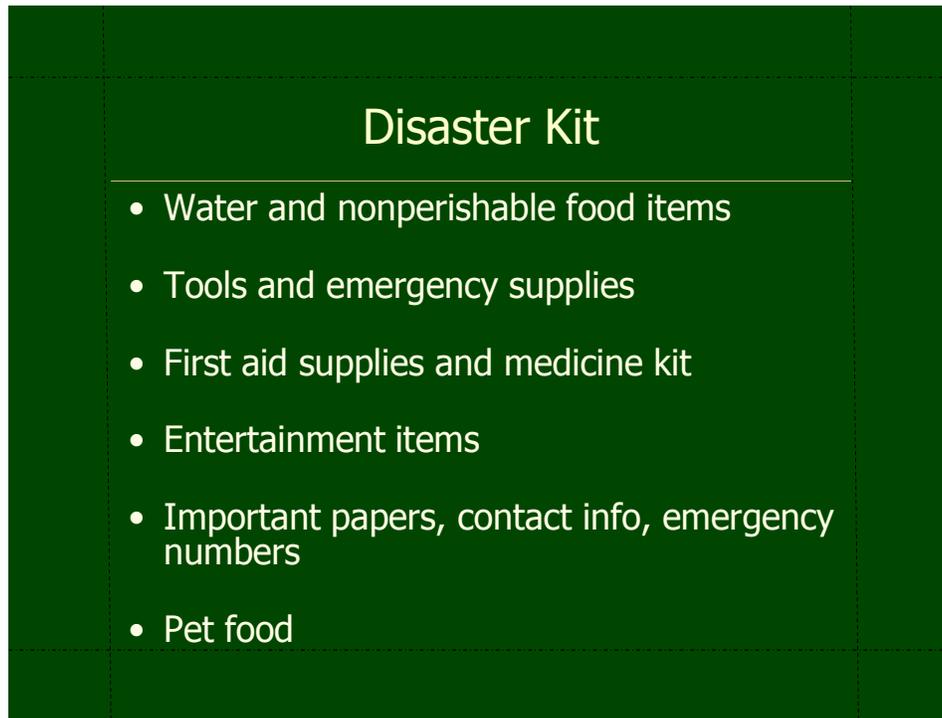
- When making a plan, think about any **special needs** you, your family members, or people you care for may have. **Remember also to think about your pets.** Include plans for your pets in your family preparedness plan. Your disaster kit should also include food and supplies for your pet. Keep in mind, if you are asked to stay inside during a public health emergency, your pet will need a place to relieve itself. You may want to include potty-pads in your kit. If there are children in the household, include them in planning for the pet by asking them what their pet might need.
- Even though this training is about sheltering at home, you should **plan a way for leaving your home, if evacuation is possible and recommended.**
- People with **special needs** who may not have anywhere safe to go **should register in advance for a Special Needs shelter.**

### Training Notes:

Ask for and discuss what special needs any of the participants, or those they care for, may have.

If appropriate, distribute the Department of Health brochure, "Special Needs Shelters, What Persons with Special Needs Should Know." You will need to obtain copies from DOH.

## Slide 15



### Disaster Kit

- Water and nonperishable food items
- Tools and emergency supplies
- First aid supplies and medicine kit
- Entertainment items
- Important papers, contact info, emergency numbers
- Pet food

There are important basics to stock in your home: water, food, baby formula/food, first aid supplies, emergency supplies, and special items to meet your particular needs.

- Have at least one gallon of water per person and pet per day. Store enough for at least three days. Store water in plastic containers that you can easily handle. Store foods and supplements that do not need to be refrigerated or cooked. Make sure foods meet any special diet needs. You should have enough nonperishable food for at least three days. You may want to store enough to last two weeks.
- Have supplies you will need in case you lose electricity, like a manual can opener, flashlight, and a battery-powered radio. Have a telephone that plugs into the phone outlet because cordless phones do not work if you lose electricity. Also keep in mind any special supplies you or your family may need.
- Have a first aid kit that includes special items needed by you or someone you take care of. Your first aid kit usually should accompany a medicine kit. We will talk more about these.
- Include things you enjoy that can help pass the time and help take your mind off the disaster, like a deck of cards, books, puzzle book, or board games.
- Make sure you have any important papers, like insurance or Medicare/Medicaid cards, bank account information, list of medications, contact information, and emergency numbers, etc. in a safe, waterproof container.
- And, as we just discussed, remember the needs of your pets. Include pet food, medications, and supplies your pets must have.

References: <http://emergency.cdc.gov/preparedness>  
<http://edis.ifas.ufl.edu/pdf/files/FY/FY62000.pdf>

**Training Notes:**

Before showing the slide, ask participants what they think should be in a disaster kit and use slide to summarize their answers. Then distribute “Disaster Supply Kit” handout.

Optional: After presenting this information, distribute the “Get Ready” crossword puzzle and, if possible, give participants a few minutes to complete.

## **Handout - Disaster Supply Kit**

The following supply list is provided by the Florida Division of Emergency Management, State Emergency Response Team. For more information, go to [www.floridadisaster.org/supplykit.htm](http://www.floridadisaster.org/supplykit.htm).

**Water** - at least 1 gallon daily per person for 3 to 7 days

**Food** - at least enough for 3 to 7 days

- non-perishable packaged or canned food / juices
- foods for infants or the elderly
- snack foods
- non-electric can opener
- cooking tools / fuel
- paper plates / plastic utensils

**Blankets/Pillows**, etc.

**Clothing** - seasonal / rain gear/ sturdy shoes

**First Aid Kit/Medicines/Prescription Drugs**

**Special Items** - for babies and the elderly

**Toiletries** - hygiene items

**Moisture wipes**

**Flashlight/Batteries**

**Radio** - Battery operated and NOAA weather radio

**Cash** - Banks and ATMs may not be open or available for extended periods.

**Keys**

**Toys, Books and Games**

**Important documents** - in a waterproof container

- insurance, medical records, bank account numbers, Social Security card, etc.
- document all valuables with videotape if possible

**Tools** - keep a set with you during the storm

**Vehicle fuel tanks filled**

**Pet care items**

- proper identification / immunization records
- ample supply of food and water
- a carrier or cage
- medications
- muzzle and leash

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## Slide 16

### First Aid Kit

- Being prepared makes a difference
- Store in zipped bag or secure box
- Check contents often
- Replenish and replace
- Plan ahead



- Why is a first aid kit important?
- Accidents happen. **Having basic supplies** necessary to treat minor injuries in an emergency **can make a difference.**
- Many of the items in your first aid kit may also be part of your usual medicine kit. You may want a small additional supply for the first aid kit or your kit can accompany your medicine kit.
- Keep items in an easy-to-carry **zippered bag or secure box** away from children's reach.
- **Check the kit** often and **replenish or replace** items as necessary.
- Make a plan and timeline for purchasing needed supplies, so it does not hurt the pocketbook in a one-time buying spree. If you **plan ahead**, you can look for and purchase items as they go on sale.

#### Training Notes:

Distribute "Supplies Calendar Example" handout.

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## Handout - Supplies Calendar Example



The Family Emergency Preparedness Calendar is intended to help you prepare for emergencies before they happen. Using a calendar, your family can assemble an emergency and 72 hour kit in small steps over a six month period. You can check off each week as you gather the contents. Remember to rotate your perishable supplies when necessary.

Week 1	Week 2	Week 3	Week 4
<p><b>Grocery store</b></p> <ul style="list-style-type: none"> <li>1 gallon of water</li> <li>1 jar peanut butter</li> <li>1 lg. can of juice</li> <li>1 can of meat can-opener (manual)</li> <li>powdered drinks</li> <li>permanent marking pens (remember 1 gallon of water for each pet)</li> </ul> <p>Also: Pet food, diapers and/or baby food, if needed.</p>	<p><b>Hardware store</b></p> <ul style="list-style-type: none"> <li>crescent wrench</li> <li>heavy rope</li> <li>duct tape</li> <li>2 flashlights with batteries</li> <li>“bungee” cords</li> <li>container for first aid kit</li> <li>axe</li> <li>shovel</li> </ul> <p>Also: a leash or carrier for your pet, if needed.</p>	<p><b>Grocery store</b></p> <ul style="list-style-type: none"> <li>1 gallon of water</li> <li>1 can of meat</li> <li>1 can of fruit</li> <li>sanitary napkins</li> <li>1 box cloth band aids</li> <li>first aid spray</li> <li>video tape</li> </ul> <p>Also: pet food, diapers and/or baby food, if needed.</p>	<p><b>Hardware store</b></p> <ul style="list-style-type: none"> <li>duct tape</li> <li>crowbar</li> <li>smoke detector with battery if needed</li> <li>scissors for first aid kit</li> <li>eye dropper</li> </ul> <p>Also: extra medications or prescriptions marked “emergency use” if needed.</p>

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Slide 17

### First Aid Kit (Cont.)

- Buy a first aid kit or make your own
- Include the basics:
  - Supplies
  - Cleansing agent
  - Ointments
  - Medication kit
  - Personal medical documentation
- Personalize for your or other's needs



- **You can buy a first aid kit or make your own.** If you make your own first aid kit, the American Red Cross recommends you include the items found in your handout.
- Can you name some supplies that might be needed in a first aid kit?
- The kit should also contain **cleansing materials**, **ointments**, such as antiseptics and anti-itch and over-the-counter **medications** appropriate for your family.
- It is also a good idea to have a first aid manual, **information about you and your families'** prescriptions and health conditions and emergency phone numbers.
- **Personalize** your kit. Be sure and include any items necessary for you or your **families'** **special conditions**, such as emergency supplies for a diabetic or someone with heart problems.
- Whichever you choose to do, it is important to go through the items in the kit and **change or add items to meet your needs or the needs of someone you are caring for.** We will talk about some of these special needs later in this unit.

Reference/resource: [www.redcross.org/services/hss/lifeline/fakit.html](http://www.redcross.org/services/hss/lifeline/fakit.html)

**Training Notes:**

When asked to list some supplies, participants' answers should include: a thermometer, scissors, plastic gloves, assorted bandages, sterile gauze, adhesive tape, safety pins, and a cold pack for swelling. After a few have been named, say something like, "Great" and continue.

Distribute the handout, "Anatomy of a First Aid Kit."

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## Handout – Anatomy of a First Aid Kit

A well-stocked first aid kit is a handy thing to have. To be prepared for emergencies, keep a first aid kit in your home and in your car. Carry a first aid kit with you or know where you can find one. Find out the location of first aid kits where you work. First aid kits come in many shapes and sizes. You can purchase one from the RedCross.org store or your local American Red Cross chapter. Your local drug store may sell them.

You may also make your own. Some kits are designed for specific activities, such as hiking, camping or boating. Whether you buy a first aid kit or put one together, make sure it has all the items you may need. Include any personal items such as medications and emergency phone numbers or other items your health-care provider may suggest. Check the kit regularly. Make sure the flashlight batteries work. Check expiration dates and replace any used or out-of-date contents. The Red Cross recommends that all first aid kits for a family of four include the following:

- 2 absorbent compress dressings (5 x 9 inches)
- 25 adhesive bandages (assorted sizes)
- 1 adhesive cloth tape (10 yards x 1 inch)
- 5 antibiotic ointment packets (approximately 1 gram)
- 5 antiseptic wipe packets
- 2 packets of aspirin (81 mg each) 1 blanket (space blanket)
- 1 breathing barrier (with one-way valve)
- 1 instant cold compress
- 2 pair of nonlatex gloves (size: large)
- 2 hydrocortisone ointment packets (approximately 1 gram each)
- Scissors
- 1 roller bandage (3 inches wide)
- 1 roller bandage (4 inches wide)
- 5 sterile gauze pads (3 x 3 inches)
- 5 sterile gauze pads (4 x 4 inches)
- Oral thermometer (non-mercury/nonglass)
- 2 triangular bandages
- Tweezers
- First aid instruction booklet



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Special Note: Aspirin are for adults only. Check with your doctor to make sure you can take aspirin. Remember to add special need items for you or others in your home.

Information retrieved March 30, 2009 from: [www.redcross.org/services/hss/lifeline/fakit.html](http://www.redcross.org/services/hss/lifeline/fakit.html)

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## First Aid Kit



Prepare. Plan. Stay Informed.

In any emergency a family member or you yourself may be cut, burned or suffer other injuries. If you have these basic supplies you are better prepared to help your loved ones when they are hurt. Remember, many injuries are not life threatening and do not require immediate medical attention. Knowing how to treat minor injuries can make a difference in an emergency. Consider taking a first aid class, but simply having the following things can help you stop bleeding, prevent infection and assist in decontamination.

### Things you should have:

- Two pairs of Latex, or other **sterile gloves** (if you are allergic to Latex)
- **Sterile dressings** to stop bleeding.
- **Cleansing agent/soap** and antibiotic towelettes to disinfect.
- **Antibiotic ointment** to prevent infection.
- **Burn ointment** to prevent infection.
- **Adhesive bandages** in a variety of sizes.
- **Eye wash solution** to flush the eyes or as general decontaminant.
- **Thermometer**
- **Prescription medications** you take every day such as insulin, heart medicine and asthma inhalers. You should periodically rotate medicines to account for expiration dates.

**Prescribed medical supplies** such as glucose and blood pressure monitoring equipment and supplies.

### Things it may be good to have:

- Cell Phone
- Scissors
- Tweezers
- Tube of petroleum jelly or other lubricant

### Non-prescription drugs:

- Aspirin or nonaspirin pain reliever
- Anti-diarrhea medication
- Antacid (for upset stomach)
- Laxative

[www.ready.gov/america/getakit/firstaidkit.html](http://www.ready.gov/america/getakit/firstaidkit.html) (3/20/07)

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## Your Medicine Kit

- What's in your medicine kit?
- How do you store medicine?
- When did you last clean it out?
- Do you have what you need for an emergency?

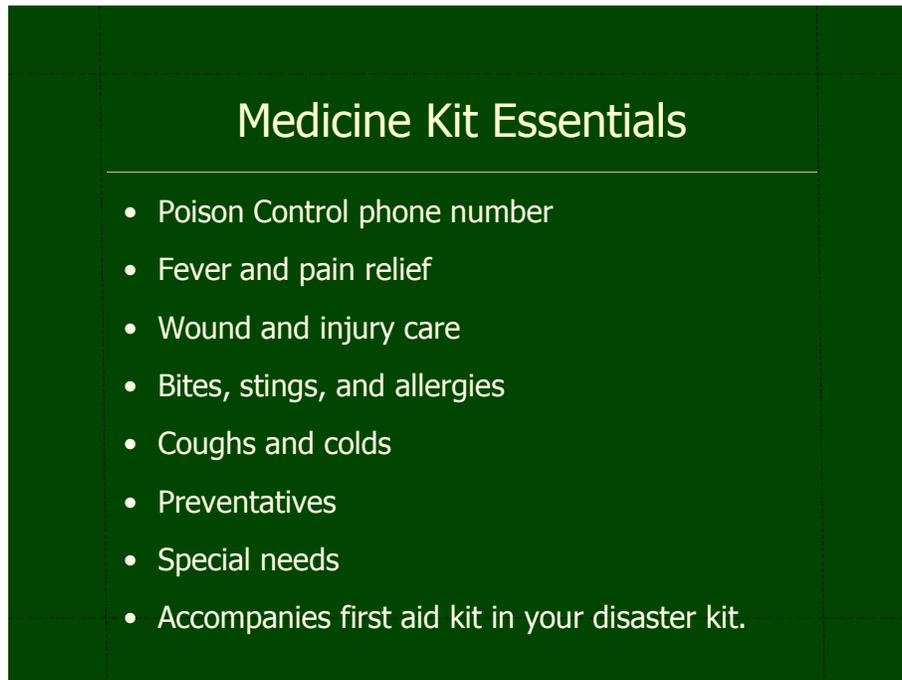
An important part of being prepared for big and small emergencies is having a well-stocked medicine kit. What are some things to think about when you look in your medicine kit?

- **What items do you keep in the medicine chest?** Do you keep your prescription drugs there? If the cabinet is in the bathroom, this is NOT the best place to keep pills because moisture can affect them. You need to keep them in a dry, cool place, such as a high closet or other cabinet shelf.
- **How are your medicines stored?** Do you mix or repackage medicines? Store items in original containers so you know what they are, how to use them, and expiration dates. Do you mix food items with medicines? This could lead to a mistake. Store away from children. Ask the pharmacist about special instructions. Do you know the proper way to store special medications, like insulin?
- **When was the last time you cleaned your medicine chest?** Give your medicine chest at least a yearly check-up. Do you have expired or leftover medicine? These could be ineffective or contaminated. Is your medicine old, discolored, flaking, or smelly? Is the label unreadable? Use common sense and discard safely.
- **Do you have the medicine and supplies you need** in case of a health care emergency? Remember how hard it is to get supplies when a hurricane warning is issued.

**Training Notes:**

Use suggested "Medicine Kit" activity before beginning this topic.  
Cross reference this module with Unit 4 General Care, Modules 4.3 Taking a Temperature, 4.2 Medication Safety, and Unit 3 Prevention, 3.6 Preventing Injuries.

## Slide 19



### Medicine Kit Essentials

- Poison Control phone number
- Fever and pain relief
- Wound and injury care
- Bites, stings, and allergies
- Coughs and colds
- Preventatives
- Special needs
- Accompanies first aid kit in your disaster kit.

Be prepared. A few basic supplies can handle many of your needs. Let us see what we put in our cabinet *or* let us summarize the basics to have on hand.

- **First aid kit**
- **Poison control** phone number. How many of you have Syrup of Ipecac in your medicine cabinet or note that it has been put in a group cabinet? This is no longer routinely recommended. Talk with your doctor. If it is in your medicine kit, do NOT use it without medical advice. Inducing vomiting may cause harm.
- **Fever and pain relief** medicines. Make sure to include aspirin in case someone has a heart attack or stroke. Remember, do NOT give aspirin to children nineteen and under.
- **Wound care items** like antiseptic wipes, hydrogen peroxide or rubbing alcohol, antibiotic ointment, assorted bandages, sterile gauze, and adhesive tape.
- **Bites, stings, and allergy** treatments, like antihistamines and allergy cortisone creams.
- **Cough and cold** treatments like a decongestant and cough suppressant.
- **Preventative** items like sunscreen and insect repellent.
- **Special** health supplies needed by your household, like asthma inhalers and non prescription drugs.

#### **Training Notes:**

If you did not use the suggested activity, ask participants to list items. Write them on the board or flip chart. The slide can be used as a summary.

## Slide 20

### Supplies

- Thermometer
- Plastic gloves
- Scissors and tweezers
- Cold pack
- Assorted bandages
- Safety pins

A photograph of a roll of white, gauzy bandage material, partially unrolled, set against a dark background.

In addition to the treatments and ointments we just talked about, there are some supplies that should be kept on hand to complete your Medicine Chest.

- **Thermometer**
- **Plastic gloves**
- **Scissors**
- **Tweezers**
- **Cold pack** for swelling
- Elastic **bandages**
- Triangle **bandage**
- **Safety pins**

These supplies may be kept in your first aid kit.

#### Training Notes:

If these items were not mentioned when the group brainstormed on medicine chest essentials, ask about them now. If supplies were included in the previous discussion, use this slide as a summary. You can ask additional questions like, "Why are these supplies important?" or "What would you use these supplies for?"

## Slide 21

### Medications and Medical History

- Medical history record
- List of medications
- Supply of prescription medicines
- Insurance card

- Always have a written record of the **medical history** for you and your family. If an influenza pandemic occurs, vaccination clinics could be set up. If this happens, you would need to bring your medical history with you. This record should include any special illnesses, allergies, or care needs and \*immunization records for children. Update this as necessary. You might want to share this record with other family members. The history should include any special equipment or medical supplies you use.
- You should have a written **list of medications**, including dosage and how often they are taken.
- Always have at least a week's **supply of your prescription medicine and for others in your household**. This may not, however, be enough to get you through an emergency. If your community is anticipating a healthcare or other crisis, available medicine may be limited. Once a crisis occurs, you may not be able to get to a drug store. Talk with your doctor about a prescription and the possibility of getting an extra supply of medicine for yourself or others. For example, some mail-order prescriptions can provide a three-month supply.
- Make sure you have a copy of your medical **insurance card and those of others**.

Reference/resource: [www.ready.gov/america/publications/allpubs.html](http://www.ready.gov/america/publications/allpubs.html)

#### **Training Notes:**

\*Optional: Obtain handouts about pneumonia and tetanus shots from your CHD to have available in case questions arise during this discussion. Distribute or review the "Family Emergency Plan".



# Family Emergency Plan



Make sure your family has a plan in case of an emergency. Before an emergency happens, sit down together and decide how you will get in contact with each other, where you will go and what you will do in an emergency. Keep a copy of this plan in your emergency supply kit or another safe place where you can access it in the event of a disaster.

Neighborhood Meeting Place: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Out-of-Neighborhood Meeting Place: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Out-of-Town Meeting Place: \_\_\_\_\_ Phone: \_\_\_\_\_

Fill out the following information for each family member and keep it up to date.

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Important Medical Information: \_\_\_\_\_  
 Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Important Medical Information: \_\_\_\_\_  
 Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Important Medical Information: \_\_\_\_\_  
 Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Important Medical Information: \_\_\_\_\_  
 Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Important Medical Information: \_\_\_\_\_  
 Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Important Medical Information: \_\_\_\_\_

Write down where your family spends the most time: work, school and other places you frequent. Schools, daycare providers, workplaces and apartment buildings should all have site-specific emergency plans that you and your family need to know about.

<b>Work Location One</b> Address: _____ Phone: _____ Evacuation Location: _____	<b>School Location One</b> Address: _____ Phone: _____ Evacuation Location: _____
<b>Work Location Two</b> Address: _____ Phone: _____ Evacuation Location: _____	<b>School Location Two</b> Address: _____ Phone: _____ Evacuation Location: _____
<b>Work Location Three</b> Address: _____ Phone: _____ Evacuation Location: _____	<b>School Location Three</b> Address: _____ Phone: _____ Evacuation Location: _____
<b>Other place you frequent</b> Address: _____ Phone: _____ Evacuation Location: _____	<b>Other place you frequent</b> Address: _____ Phone: _____ Evacuation Location: _____

Name	Telephone Number	Policy Number

Dial 911 for Emergencies

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Slide 22

## Emergency Phone Numbers

- 911, local fire and police
- Poison Control Center 1-800-222-1222
- Family doctor
- Family contact and out-of-state family contact information
- CDC Public Response Hotline
  - 1-888-246-2675 – English
  - 1-888-246-2857 – Spanish
- Florida Emergency Information Line 1-800-342-3557



A list of **emergency and important phone numbers** should be included in your disaster kit. Also keep them by the telephone.

Important numbers to include are:

- Local emergencies - **911**
- **Poison Control Center - 1-800-222-1222**
- **Family doctor**
- **Family contact information**
- **Out-of-town emergency family contact**
- Centers for Disease Control and Prevention, public response **hotline (toll free) 1-888-246-2675 English; 1-888-246-2857 Spanish**
- **Florida Emergency Information Line (toll free) 1-800-342-3557**

Reference/resource: [www.bt.cdc.gov/preparedness/shelter](http://www.bt.cdc.gov/preparedness/shelter)  
[www.floridadisaster.org/feil.htm](http://www.floridadisaster.org/feil.htm)

**Training Notes:**

Distribute Emergency Contact List Handout

Cross reference with Modules 2.4 First Aid Kit and Medicine Kit and 6.5 For More Information.

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**Handout – Emergency Contact List**



**KidsHealth**  
www.KidsHealth.org

This Emergency Contact List can be cut out and placed in your wallet, purse, or disaster kit for safekeeping.

<b>Poison Control Center:</b> _____	<b>Mom's Work #:</b> _____
<b>Ambulance:</b> _____	<b>Dad's Work #:</b> _____
<b>Fire:</b> _____	<b>Mom's Cell #:</b> _____
<b>Police:</b> _____	<b>Dad's Cell #:</b> _____
<b>Hospital Emergency Dept:</b> _____	<b>Child's Full Name:</b> _____
<b>Doctor's Name:</b> _____	<b>Date of Birth:</b> _____
<b>Doctor's #:</b> _____	<b>Blood Type:</b> _____
<b>Health Insurance Plan:</b> _____	<b>Allergies:</b> _____
<b>Health Insurance Policy #:</b> _____	<b>Medical Conditions:</b> _____
<b>Health Insurance #:</b> _____	
<b>Emergency Contact Name:</b> _____	
<b>Emergency Contact #:</b> _____	
<b>Relationship:</b> _____	

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## Special Considerations

If you, or someone you care for, are dependent on medical equipment that uses electricity:

- Have back-up batteries or alternate power.
- Florida law requires utility companies to offer a "priority reconnection service".

- If you or someone you care for is **dependent on** oxygen, home dialysis, or other equipment that uses **electricity**, talk to the doctor or the equipment provider about **back- up batteries** or temporary **alternate power** sources.
- Make sure you contact your utility company to get placed on their **list for priority reconnection**.

Reference/resource:

[http://www.aoa.gov/prof/preparedness/Other\\_Resources.aspx#families](http://www.aoa.gov/prof/preparedness/Other_Resources.aspx#families)

**Training Notes:**



## Special Considerations

Include in your disaster kit:

- Names and phone numbers of equipment companies
- List of equipment with serial numbers
- List of medical devices
- Remember special supplies and equipment
- Batteries for hearing aids or wheelchairs
- Oxygen and diabetic supplies
- Extra glasses or contact lens
- Denture supplies
- Sanitation supplies, such as child or adult diapers

- Someone you care for may have **unique or special supplies or equipment needs**. Think about what you, or the person you care for, need. Your disaster or first aid kit should include the **name and phone number of any company that provides your supplies, a list of serial numbers of equipment, and a list of any medical devices you have**, like a pacemaker.
- Remember to include **special supplies** for yourself or someone you care for such as:
  - Extra **batteries** for hearing aids or other equipment like wheelchairs
  - **Oxygen supplies** including extra oxygen and back up or battery power
  - **Diabetic testing supplies**
  - **Extra glasses or contact lenses**
  - **Denture needs**
  - **Sanitation supplies**, such as child or adult diapers or a bed pan

Reference/resource: <http://edis.ifas.ufl.edu/pdf/files/FY/FY62000.pdf>

**Training Notes:**

Distribute “Preparing Makes Sense for Older Adults. Get Ready Now” and “Disaster Planning Tips for Senior Adults.”

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## Preparing Makes Sense for Older Americans. Get Ready Now.

The likelihood that you and your family will recover from an emergency tomorrow often depends on the planning and preparation done today. While each person's abilities and needs are unique, every individual can take steps to prepare for all kinds of emergencies from fires and floods to potential terrorist attacks. By evaluating your own personal needs and making an emergency plan that fits those needs, you and your loved ones can be better prepared. This guide outlines commonsense measures older Americans can take to start preparing for emergencies before they happen.

### 1) Get a Kit - Of Emergency Supplies

The first step is to consider how an emergency might affect your individual needs. Plan to make it on your own, for at least three days. It's possible that you will not have access to a medical facility or even a drugstore. It is crucial that you and your family think about what kinds of resources you use on a daily basis and what you might do if those resources are limited or not available.

#### **Basic Supplies:**

Think first about the basics for survival - food, water, clean air and any life-sustaining items you require. Consider two kits. In one kit put everything you will need to stay where you are and make it on your own for a period of time. The other kit should be a lightweight, smaller version you can take with you if you have to leave your home. Recommended basic emergency supplies include:

- \* Water, one gallon of water per person per day or at least three days, for drinking and sanitation
- \* Food, at least a three-day supply of non-perishable food and a can opener if kit contains canned food
- \* Battery-powered or hand crank radio and a NOAA Weather Radio with tone alert and extra batteries for both
- \* Flashlight and extra batteries
- \* First aid kit
- \* Whistle to signal for help
- \* Dust mask to help filter contaminated air and plastic sheeting and duct tape to shelter-in-place
- \* Moist towelettes, garbage bags and plastic ties for personal sanitation
- \* Wrench or pliers to turn off utilities
- \* Local maps
- \* Pet food, extra water and supplies for your pet or service animal

#### **Include Medications and Medical Supplies:**

If you take medicine or use a medical treatment on a daily basis, be sure you have what you need on hand to make it on your own for at least a week. You should also keep a copy of your prescriptions as well as dosage or treatment information. If it is not possible to have a week-long supply of medicines and supplies, keep as much as possible on hand and talk to your pharmacist or doctor about what else you should do to prepare.

If you undergo routine treatments administered by a clinic or hospital or if you receive regular services such as home health care, treatment or transportation, talk to your service provider about their emergency plans. Work with them to identify back-up service providers within your area and the areas you might evacuate to. If you use medical equipment in your home that requires electricity to operate, talk to your health care provider about what you can do to prepare for its use during a power outage,

**Additional Items:**

In addition, there may be other things specific to your personal needs that you should also have on hand. If you use eyeglasses, hearing aids and hearing aid batteries, wheelchair batteries, and oxygen, be sure you always have extras in your home. Also have copies of your medical insurance, Medicare and Medicaid cards readily available.

**Include Emergency Documents:**

Include copies of important documents in your emergency supply kits such as family records, medical records, wills, deeds, social security number, charge and bank accounts information, and tax records. It is best to keep these documents in a waterproof container. If there is any information related to operating equipment or life-saving devices that you rely on, include those in your emergency kit as well, and also make sure that a trusted friend or family member has a copy of these documents. Include the names and numbers of everyone in your personal support network, as well as your medical providers, if you have a communication disability, make sure your emergency information list notes the best way to communicate with you, also be sure you have cash or travelers checks in your kits in case you need to purchase supplies.

**2) Make a Plan - For What You Will Do in an Emergency**

The reality of a disaster situation is that you will likely not have access to everyday conveniences. To plan in advance, think through the details of your everyday life. If there are people who assist you on a daily basis, list that they are, and how you will contact them in an emergency. Create your own personal support network by identifying others who will help you in an emergency. Think about what modes of transportation you use and what alternative modes could serve as back-ups. If you require handicap accessible transportation be sure your alternatives are also accessible. For every aspect of your daily routine, plan an alternative procedure. Make a plan and write it down. Keep a copy of your plan in your emergency supply kits and a list of important information and contacts in your wallet. Share your plan with your family, friends, care providers and others in your personal support network.

**Create a Personal Support Network:**

If you anticipate needing assistance during a disaster, make a list of family, friends and others who will be part of your plan. Talk to these people and ask them to be part of your support network. Share each aspect of your emergency plan with everyone in your group, including a friend or relative in another area who would not be impacted by the same emergency who can help if necessary. Make sure everyone knows how you plan to evacuate your home or workplace and where you will go in case of a disaster. Make sure that someone in your personal support network has an extra key to your home and knows where you keep your emergency supplies. Practice your plan with those who have agreed to be part of your personal support network.

**Develop a Family Communications Plan:**

Your family may not be together when disaster strikes, so plan how you will contact one another and review what you will do in different situations. Consider a plan where each family member

calls, or e-mails, the same friend or relative in the event of an emergency. It may be easier to make a long-distance phone call than to call across town, so an out-of-town contact, not in the impacted area, may be in a better position to communicate among separated family members. You may have trouble letting through, or the phone system may be down altogether, but be patient. For more information on how to develop a family communications plan visit [www.ready.gov](http://www.ready.gov).

### **Deciding to Stay or Go:**

Depending on your circumstances and the nature of the emergency, the first important decision is whether you stay or go. You should understand and plan for both possibilities. Use commonsense and available information to determine if there is immediate danger. In any emergency, local authorities may or may not immediately be able to provide information on what is happening and what you should do. However, you should monitor television or radio news reports for information or official instructions as they become available. If you're specifically told to evacuate or seek medical treatment, do so immediately. If you require additional travel time or need transportation assistance, make these arrangements in advance.

### **Consider Your Pets:**

Whether you decide to stay put in an emergency or evacuate to a safer location, you will need to make plans in advance for your pets and service animals. Keep in mind that what's best for you is typically what's best for your animals. If you must evacuate, take your pets with you, if possible. However, if you are going to a public shelter, it is important to understand that only service animals may be allowed inside. Plan in advance for shelter alternatives that will work for both you and your pets; consider loved ones or friends outside of your immediate area, pet-friendly shelters and veterinarians who would be willing to take in you and your pets in an emergency. For more information about pet preparedness, visit [www.ready.gov](http://www.ready.gov).

### **Staying Put:**

Whether you are at home or elsewhere, there may be situations when it's simply best to stay where you are and avoid any uncertainty outside. Consider what you can do to safely shelter-in-place alone or with friends, family or neighbors. Also consider how a shelter designated or the public would meet your needs. There could be times when you will need to stay put and create a barrier between yourself and potentially contaminated air outside. This process is known as "sealing the room." Use available information to assess the situation. If you see large amounts of debris in the air, or if local authorities say the air is badly contaminated, you may want to take this kind of action. For more information about "sealing the room", visit [www.ready.gov](http://www.ready.gov).

### **Evacuation:**

There may be conditions in which you will decide to get away, or there may be situations when you may be ordered to leave. Plan how you will get away and anticipate where you will go. Choose several destinations in different directions so you have options in an emergency. Ask about evacuation plans at the places where you spend time including work, community organizations and other places you frequent. If you typically rely on elevators, have a back-up plan in case they are not working.

### **Fire Safety:**

Plan two ways out of every room in case of fire. Check for items such as bookcases, hanging pictures, or overhead lights that could all and block an escape path. Check hallways, stairwells, doorways, windows and other areas for hazards that may keep you from safely leaving a building during an emergency. Secure or remove furniture and objects that may block your path.

If there are aspects of preparing your home or workplace that you are not able to do yourself, enlist the help of your personal support network.

**Contact Your Local Emergency Information Management Office:**

Some local emergency management offices maintain registers of older people so they can be located and assisted quickly in a disaster. Contact your local emergency management agency to see if these services exist where you live or visit [www.ready.gov](http://www.ready.gov) to find links to government offices in your area.

**3) Be Informed - About What Might Happen**

Some of the things you can do to prepare for the unexpected, such as assembling an emergency supply kit and making an emergency plan are the same regardless of the type of emergency. However, it's important to stay informed about what might happen and know what types of emergencies are likely to affect your region. For more information about specific types of emergencies, visit [www.ready.gov](http://www.ready.gov) or call 1 -800-BE-READY.

Be prepared to adapt this information to your personal circumstances and make every effort to follow instructions received from authorities on the scene. Above all, stay calm, be patient and think before you act. With these simple preparations, you can be ready for the unexpected.

**Preparing Makes Sense For Older Americans. Get Ready Now.**

This information was developed by the US. Department of Homeland Security in consultation with AARP, the American Red Cross and the National Organization on Disability.

Text version of pamphlet retrieved March 31, 2009 from: [www.ready.gov](http://www.ready.gov).

# Disaster Planning Tips for Senior Adults <sup>1</sup>

Carolyn S. Wilken <sup>2</sup>

Disaster Planning Topics	Special Tips for Senior Adults
Water – 1 gallon/person/day. Store at least 3 days worth.	<ul style="list-style-type: none"> <li>• Dehydration is a serious health problem for older adults. Store more than the recommended amount.</li> <li>• Gallon jugs of water are heavy. Use containers that are small enough to easily handle.</li> <li>• Be certain that the caps are easily removable in spite of arthritis.</li> <li>• Store extra water if you have pets.</li> <li>• Water in swimming pools and spas can be used for sanitation and person hygiene.</li> </ul>
Food –store 3-day supply of non-perishable food.	<ul style="list-style-type: none"> <li>• Consider special dietary needs.</li> <li>• Have a manual can opener that you can use.</li> </ul>
First Aid Kit –one for home and one for the car	<ul style="list-style-type: none"> <li>• Add anything different that you might need.</li> </ul>
Non-prescription drugs – include pain relief, stomach medicine, and poison response drugs.	<ul style="list-style-type: none"> <li>• Keep several day's worth of all vitamins and supplements that that you use daily. Withdrawal of some supplements can be a serious problem.</li> </ul>
Contacts -to notify in an emergency	<ul style="list-style-type: none"> <li>• All doctors names, phone numbers, addresses and what they treat you for (i.e. cardiologist)</li> <li>• In-town relatives or close friends (all phone numbers)</li> <li>• Out-of town relatives or close friends (all phone numbers)</li> </ul>
Important papers – insurance, birth/death certificates, bank account and credit card information	<ul style="list-style-type: none"> <li>• And, Medicare and/or Medicaid cards</li> <li>• Living will and medical power of attorney</li> <li>• Veteran's papers</li> </ul>

1. This document is FCS9198, one of a series of the Department of Family, Youth and Community Sciences, Florida Cooperative Extension Service, IFAS, University of Florida, Gainesville FL 32611. First published: May 2003. Reviewed by Elizabeth Bolton, Ph.D., Department of Family, Youth and Community Sciences. Please visit the EDIS Web site at <http://edis.ifas.ufl.edu>
2. Carolyn S. Wilken, Ph.D., associate professor, Department of Family, Youth and Community Sciences, University of Florida, Gainesville FL 32611.

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Disaster Planning Topics	Special Tips for Senior Adults
Time passers –board games, puzzles, books, paper and pens for letters and notes, envelopes and stamps, playing cards	<ul style="list-style-type: none"> <li>• Paperback books weigh less than hardcover</li> </ul>
Medical Needs –first aid kit, extra glasses, names of doctors, information about prescription medications	<ul style="list-style-type: none"> <li>• Also, extra hearing aid batteries</li> <li>• Wheel chair batteries</li> <li>• List of serial numbers and styles of medical devises (i.e. pacemakers).</li> <li>• Information on all prescription drugs-dosage, directions, interactions, refill dates.</li> <li>• Minimum 2 week supply of all essential medications</li> </ul>
People with special needs	<ul style="list-style-type: none"> <li>• Alzheimer’s Victims               <ul style="list-style-type: none"> <li>o Register with local police/fire departments</li> <li>o ID bracelet or necklace</li> <li>o Instructions for reaching family member, friends, physician</li> <li>o Information about special or peculiar behaviors</li> </ul> </li> <li>• Diabetics               <ul style="list-style-type: none"> <li>o Special dietary foods</li> <li>o Testing supplies</li> <li>o Emergency insulin supplies that do not require refrigeration</li> </ul> </li> <li>• Bed-Bound Persons               <ul style="list-style-type: none"> <li>o Emergency transportation plan</li> <li>o Supplies of daily care items –bed pads, adult diapers, linens</li> <li>o Dietary needs</li> </ul> </li> <li>• Oxygen Dependent               <ul style="list-style-type: none"> <li>o Oxygen supplies (including alternate power source –such as battery).</li> <li>o Extra water for oxygen condensers</li> </ul> </li> </ul>
Emotional Support/ Stress Reduction- Special pictures, spiritual support, comfort food, addresses and phone numbers of friends	<ul style="list-style-type: none"> <li>• Keep a journal about your experience.</li> <li>• Form informal ‘support group’ to share concerns and information.</li> <li>• Write letters to your grandchildren or other family and friends.</li> </ul>
Evacuation or move to shelter	<ul style="list-style-type: none"> <li>• Consider backpacks to put supplies in if you must evacuate or move to a shelter</li> <li>• Prearrange transportation with neighbors</li> </ul>

**References: Psychosocial Issues for Older Adults in Disasters**

DHHS Publication No. ESDRB SMA 99-3323

Substance Abuse and Mental Health Services Administration Center for Mental Health Services

**Disaster Preparedness for Seniors by Seniors**

Available from your local chapter of the American Red Cross, or online at

<http://www.redcross.org/services/disaster/beprepared/seniors.html>

June 2003

Retrieved March 13, 2009 from: <http://edis.ifas.ufl.edu/FY620>.

## Special Considerations for Seniors

- If you are caring for someone who lives alone:
  - Have a back-up emergency plan
  - Register the person with community agencies
  - Have a back-up copy of the person's medical history, medications, and doctor's information.
- If you are living alone, the same steps apply.

- Some older adults may have **unique or special care needs** because of memory or mobility impairments. If you are a caregiver for someone with these needs, but do not live in the same home, you may not be with the person when an emergency occurs, or you may be “sheltering at home” with your own family.
- Talk with the person you care for about emergency procedures and help him or her complete a disaster plan that includes **back-up support**, such as a neighbor. Make sure they are **registered** with the local area agency on aging or emergency management office for special assistance. Make sure someone else has a **back-up copy** of the person's medical history and medications.
- These same steps are important **if you live alone**. Family or friends may not be able to help you during an emergency. Have your own support network and back-up plan, exchange information and even house keys with a neighbor, place your name on a registry, or consider a personal emergency response system.

Reference/resource: [http://www.aoa.gov/prof/preparedness/Other\\_Resources.aspx#families](http://www.aoa.gov/prof/preparedness/Other_Resources.aspx#families)

### Training Notes:

## Special Considerations for Children

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- Children with special needs
- Medical Power of Attorney
- Children's immunization records
- Activities for children

- If you have a **child with special medical needs**, your disaster kit and preparedness plan will need to incorporate all of the supplies and equipment he or she uses. You will also need back-up supplies and batteries as already suggested.
- If you plan on someone else caring for your child during an emergency, remember to obtain a **medical power of attorney** in advance. Contact your county courthouse for more information on creating a power of attorney.
- Remember, as we discussed earlier, be sure to have your children's immunization records as well as other medical documentation, such as medical history and list of medications.
- Also remember to have activities for your children to help keep them occupied. Allow your children to be involved by adding activities and games to the disaster kit they would like to do when sheltering at home. They can also help prepare a calendar to routinely check the kit for expired medications and supplies.

Reference/resource: [http://www.aoa.gov/prof/preparedness/Other\\_Resources.aspx#families](http://www.aoa.gov/prof/preparedness/Other_Resources.aspx#families)  
[www.floridabar.org](http://www.floridabar.org).

### Training Notes:

Distribute the "Disaster Tips for People with Special Medical Needs" handout



## Disaster Tips for People with Special Medical Needs

In a disaster, people with special medical needs have extra concerns.  
This information will help you and your family prepare for an emergency.

### Medications

- Always have at least a three-day supply of all your medications. In some emergencies, such as an influenza pandemic, you may need to prepare for a week or more.
- Store your medications in one location in their original containers.
- Have a list of all of your medications: name of medication, dose, frequency, and the name of the prescribing doctor.

### Medical supplies

- Have an extra three-day supply of any medical supplies you use, such as bandages, ostomy bags or syringes.

### Electrically powered medical equipment

- For all medical equipment requiring electrical power — beds, breathing equipment, or infusion pumps — check with your medical supply company and get information regarding a back-up power source such as a battery or generator..

### Oxygen and breathing equipment

- If you use oxygen, have an emergency supply (enough for at least a three-day period).
- Oxygen tanks should be securely braced so they do not fall over. Call your medical supply company regarding bracing instructions.
- If you use breathing equipment, have a three-day supply or more of tubing, solutions and medications.

### Intravenous (IV) and feeding tube equipment

- Know if your infusion pump has battery back-up, and how long it would last in an emergency.
- Ask your home care provider about manual infusion techniques in case of a power outage.
- Have written operating instructions attached to all equipment.

### Emergency bag

- In the event that you have to leave your home, keep a bag packed at all times that contains:
  - A medication list.
  - Medical supplies for at least three days.
  - Copies of vital medical papers such as insurance.

### People who can help

- An important part of being prepared for a disaster is planning with family, friends and neighbors. Know who can walk to your home to assist you if no other means of transportation is available.
- Discuss your disaster plans with your home healthcare provider.
- Ask your local fire department if they keep a list of people with special medical needs; ask to be included if they do maintain a list.
- Keep a phone contact list handy of people who can help.



PO Box 47890  
Olympia, WA 98504-  
7890

Web Site:  
[www.doh.wa.gov](http://www.doh.wa.gov)

360-236-4027  
(800) 525-0127

DOH Pub 821-006

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Unit 2  
Planning and Preparation

Summary

What did you learn about in this unit?

- So, **what have you learned** today and how will you use this information?

**Training Notes:**

Ask participants to relay back what they have learned from the Preparation and Planning Unit. Their answers could include the following topics:

- Creating a disaster plan
- How to make a disaster kit
- What should be in a medicine kit and first aid kit
- What kind of medical documentation and records should be on hand, including emergency phone numbers, as well as special considerations for seniors, children, or others
- If that was covered in your training

Or their answers could be in the form of the objectives:

1. Prepare a disaster plan.
2. List supplies to include in a disaster kit.
3. List supplies to include in a first aid kit.
4. Identify and locate important medical history documentation, including emergency numbers.
5. Identify special equipment needed or other special considerations.

Ask participants to spend a minute and make a plan for how they will use this information when they are home after they complete this course.

Transition to next unit by telling participants which unit will be covered next.

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## **Unit 3**

### **Prevention**

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## Unit 3 – Prevention



**Purpose:** To provide participants with basic information to help prevent themselves or other household members, such as children and older adults, from getting sick or injured and to help prevent the spread of illness.

**Objectives:** After completing this unit, participants should be able to:

1. Explain the importance of prevention.
2. Describe proper techniques for washing hands and reducing the spread of illness.
3. Describe healthy lifestyle habits.
4. Identify steps to keep the caregiver healthy.
5. Identify steps to prevent accidental injuries, with special considerations for children and/or older adults.

**Procedure:** This unit is presented using PowerPoint slides 29-45.

The unit contains the following modules. Each begins with a new PowerPoint slide. Additional procedural information such as suggested handouts may be included on slide speaker notes pages:

- 3.1 Introduction (Slides 29-30)
- 3.2 Importance of Prevention (Slide 31)
- 3.3 Hand Washing and Other Healthy Habits (Slides 32-35)
- 3.4 Tips for the Caregiver (Slide 36)
- 3.5 Preventing Dehydration (Slide 37)
- 3.6 Preventing Injuries (Slide 38)
- 3.7 Preventing Injuries from Fires/Burns (Slide 39)
- 3.8 Preventing Poisoning (Slide 40-41)
- 3.9 Special Considerations for Seniors – Preventing Falls (Slide 42)
- 3.10 Special Considerations for Children – Safety Devices (Slides 43-44)
- 3.11 Summary (Slide 45)

Following the presentation of your selected modules, summarize and tie them together with an activity. The activity process will depend on the size of the group, the activity selected, and the time available.

### **Suggested Activities:**

Additional materials or instructions for activities can be found in the Activity Materials Appendix.

### General Audience

- Hand washing (5 minutes) - Following the module on hand washing, tell participants that when you say “go” they are to wash their hands while singing out loud, “Happy Birthday.” Explain that it takes about the time to sing the song twice to get their hands properly washed. Give out sample or travel size hand sanitizers, use a large size sanitizer, and put some on each person’s hand or ask persons to pretend that they are using soap and water.

It might be more fun to ask, before you begin the activity, if anyone has recently celebrated or will be celebrating a birthday. You can then explain the activity and have the group sing to that person while washing their hands.

- Accident Prevention (5 minutes) - At the conclusion of the unit, distribute a “What’s Wrong with This Picture?” handout. Ask participants to find and circle potential fire hazards or sources of danger. The person(s) who finds the most dangers can be given a training prize. As an alternative, you could put the picture on the screen and do this as a group asking participants to call out hazards.

#### Older Adults and their Caregivers Audience

- Chair Exercise (5 minutes) - This activity serves as a mini-break at the beginning of the unit, and lets everyone know that they can learn ways to be more physically active no matter what their physical condition. Ask participants who are comfortable with doing this to take two minutes to stretch in their seats doing something that is normal and routine for them. Give them a couple of examples of things they can do such as a big yawn, reaching arms overhead and holding for 10 seconds, punching the air, or rotating or flexing ankles or wrists.
- Brain Game (5-10 minutes) - This end of the unit activity serves not only as a brain stimulator but also as a review of Units 2 and 3. Give participants a copy of the word scramble and give them five minutes to unscramble the words. To save time, consider having them work in pairs. When time is up, go over the answers with participants. Prizes can be given to individuals or teams with the highest score.

#### Children’s Parents or Caregivers Audience

- Home Safety (10-20 minutes) - This is an activity for parents to complete during the training and then take home and complete with their children. You will need to print out the *Home Safety Council* handouts (all or pick and choose). Allow the participants to complete the handouts on home safety for children. After completion, give the participants extra handouts to take home and complete with their children or tell them to go to [www.homesafetycouncil.org](http://www.homesafetycouncil.org) to print them and find more.

#### **Materials:**

- Flip chart and markers
- Computer, projector, and screen
- Presentation handout notes - print from PowerPoint presentation using “handout” slide format in the print menu.
- Pens/pencils
- Handouts (copies are included in the Handout appendix for this unit, unless otherwise noted)
  - “Wash Your Hands Florida”
  - “Stop the Spread of Germs”
  - “Key Facts About Seasonal Flu Vaccine”
  - “Safer Healthier Home, An Ounce of Prevention”
  - “Caregiver Tips Sheet”

- “What You Can Do To Prevent Falls”
- “Check for Safety: A Home Fall Prevention Checklist for Older Adults”
- “Childproofing Your Home”
- Activity materials, depending on the activities selected (copies are included in the Activity Materials appendix for this unit unless otherwise noted.)
  - Materials for demonstration – hand sanitizer
  - What’s wrong with these pictures?
  - Brain Game – Word Scramble
  - Activity handouts for parents to take home to children - *Home Safety Council* handouts -
    - “The Safe Way”
    - “Safety Rangers on the Lookout!”
    - “What will Keep You Safe?”
    - “Get Smart About Safety”
    - “Learn the Safe Way”
    - “Can You Spot the Safety Dangers?”
    - “Attention Kids!”
    - “Rover Says: Crossword Puzzle”
    - “What’s Cookin’ in the Kitchen?”
    - “Help Rover get Outside”
    - “Step into the Bathroom!”
    - “Where is Rover?”
    - “Home Safety Ranger Certificate”
    - Answer sheet for handouts

Estimated Time: 45-60 minutes, depending on activities selected.

**Trainer Note:**

You can expand or adapt the Preventing Injuries modules to meet the needs of the specific audience. For example, if you are training young mothers you could spend more time talking about preventing poisoning and baby-proofing a house. If you are training elders, you could spend more time talking about hazards in the home that could cause falls.

The Preventing Injuries modules are intended to be a high level overview of injury prevention. They are designed to take only a few minutes to present. If the audience needs more detail in this area, consider working with the Department of Health to schedule or obtain information from the department’s injury prevention program. You can also coordinate with the Department of Elder Affairs, Florida Injury Prevention Program for Seniors (FLIPS).

**Resources:** See bibliography and resource list at the end of the training manual. Specific resources for each slide can also be found in the speaker notes.

For more information on preventing the spread of illness, see [www.cdc.gov](http://www.cdc.gov).

For more information and resources on preventing home injuries and home safety, see [www.homesafetycouncil.org](http://www.homesafetycouncil.org).

For information on the Department of Health, Hygiene Campaign, see [www.TalkToTheFifthGuy.com](http://www.TalkToTheFifthGuy.com).

For more information on Senior Fitness, visit [www.nlm.nih.gov/medlineplus/exerciseforseniors.html](http://www.nlm.nih.gov/medlineplus/exerciseforseniors.html).

To print or order free materials and handouts for your training, visit the following sites:

[www.nia.nih.gov/HealthInformation/Publications](http://www.nia.nih.gov/HealthInformation/Publications) National Institute on Aging for free publications in English and Spanish. It is recommended you order or print selected “Age Page” handouts appropriate for your training.

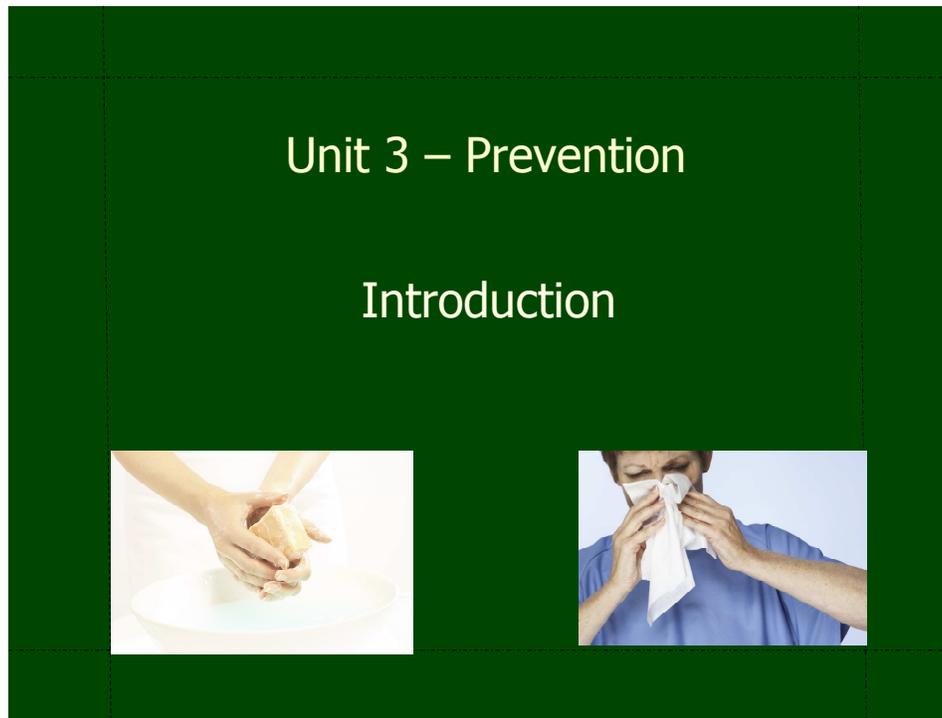
[www.nia.nih.gov/HealthInformation/Publications/ExerciseGuide](http://www.nia.nih.gov/HealthInformation/Publications/ExerciseGuide) to order free copies of a 124-page exercise guide for older adults. This would make an excellent training prize.

[www.cdc.gov/ounceofprevention/resources.html](http://www.cdc.gov/ounceofprevention/resources.html) for resources, brochures, printer-friendly handouts and more information from the Centers for Disease Control, Ounce of Prevention Campaign.

<http://wwwn.cdc.gov/pubs/ncipc.aspx> for publications and brochures from the Centers for Disease Control and Prevention, National Center for Injury Protection.

## Slides and Speaker Notes

### Slide 29



- There are actions that we can practice to help keep us from getting sick or hurt.
- These actions can also help slow the spread of germs from influenza and other illnesses if we get sick. They can also help if we are taking care of, or are around, people who are sick. The influenza virus is spread by respiratory droplets that can come from the mouth and nose when we cough or sneeze. They are passed from one person to another in close contact.
- We will talk about are some things we can do today before a public health emergency strikes.
- We will also talk about steps you can take once an illness happens to slow or prevent it from spreading to others in the family, such as proper hand washing technique.
- Other topics we will cover include preventing dehydration, injuries, poisoning, and burns.
- The things we will talk about are probably not new ideas for you but they are very important. Most of us are aware of prevention techniques, but we do not always follow them. We will review these topics and talk about how you can get more information and learn more.

#### **Training Notes:**

This unit is closely related to modules in Unit 4 General Care and Unit 5 Managing Symptoms. See Unit 5 Trainers Notes to in the unit overview at the front of that section for more information on cross referencing these units.

## Unit 3 – Prevention

After completing this unit, you will be able to:

1. Explain the importance of prevention.
2. Describe proper techniques for washing hands and reducing the spread of illness.
3. Describe healthy lifestyle habits.
4. Identify steps to keep the caregiver healthy.
5. Identify steps to prevent accidental injuries, with special considerations for children and/or older adults.

- This is Unit 3 of the Home Care Training. The focus of this unit is **prevention**.
- Let's talk about what you'll be able to do at the end of this unit.
  1. **Explain the importance of prevention.**
  2. **Describe proper techniques for washing hands and reducing the spread of illness.**
  3. **Describe healthy lifestyle habits.**
  4. **Identify steps to keep the caregiver healthy.**
  5. **Identify steps to prevent accidental injuries, with special considerations for children and/or older adults.**

**Training Notes:**

## Prevention is the Best Medicine

Taking preventative actions can:

- Prevent health problems.
- Manage current health problems.
- Reduce visits to the doctor.
- Slow the spread of disease.
- Lower the risk of accidents.
- Lower the risk of disease and disability.

- Common prevention practices can **help you keep yourself or someone you care for from getting sick or hurt**. If a health problem is identified, preventing it from continuing and **managing chronic conditions will lower the risk of permanent problems** later on. Also, preventing health problems will lead to **fewer visits to the doctor**.
- While each of us is different, actions we take can make everyday life better, can stop or reduce the impact of problems before they occur, and can **reduce risks of developing some diseases and disabilities**. Preventive actions can **reduce accidental injuries** as well as **help slow the spread of germs**, if you, or those you care for, get sick.

Reference/resource: Healthy Aging Lessons from the Baltimore Longitudinal Study of Aging, [www.nia.nih.gov/HealthInformation/Publications/BLSA](http://www.nia.nih.gov/HealthInformation/Publications/BLSA)  
Stanhope, M., & Lancaster, J. (2004). *Community and Public Health Nursing*. St. Louis, MO: Mosby.

**Training Notes:**

## Hand Washing

The easiest and most important way to prevent spreading germs

- Use soap and clean water.
- Use warm water, if available.
- Wash for 20 seconds.
- Pat dry with disposable towel.
- Or use hand sanitizer.



How many times were you told as a child to “go wash your hands?” This is one thing that has not changed over time.

- The U.S. Centers for Disease Control and Prevention say that hand washing is the **single most important way** to keep infection from spreading.
- Wash your hands with **clean water and soap** for at least **20 seconds** (the time it takes to sing “Happy Birthday” twice). Remember to wash the backs of your hands, your wrists, around your nails, and between your fingers. **Use warm water, if available.** Rinse and **pat dry** with a clean paper towel. Use the paper towel to turn off the faucet and throw it away.
- If it is not possible for you to wash your hands, an alcohol-based **sanitizer** is also effective. If using a liquid sanitizer, rub it over your hands until they feel dry.

Reference/resource: [www.cdc.gov/ounceofprevention](http://www.cdc.gov/ounceofprevention)

**Training Notes:**

Use suggested hand washing activity at this time. If you have been able to get samples of hand sanitizer, you can distribute them to use with this activity.

After the demonstration, distribute the handouts, “Wash Your Hands”, and “Stop the Spread of Germs

## **Wash Your Hands Florida!**

Hand washing is important. Washing your hands is the most significant step for preventing the spread of germs and illness. Start Healthy Hand Washing Habits Today!

### **1. Wash your hands as often as possible (even if your hands look clean). Here are some important instances when to wash your hands to help control the spread of illness:**

- After using the bathroom
- After coughing or sneezing
- After cleaning a child who has gone to the bathroom
- After touching books and money
- Before preparing food
- Before eating
- After petting an animal



### **2. Why does washing your hands with soap and water work?**

- Soap suspends the dirt and skin oils that trap bacteria
- Washing motion helps pull dirt and oils free from the skin
- Warm running water washes away suspended dirt and oils
- Additional friction from wiping hands removes more germs

Note: If soap and water are not available, use alcohol-based hand sanitizer wipes or gel.

### **3. More rules for staying healthy (in addition to always washing your hands with soap and warm water)**

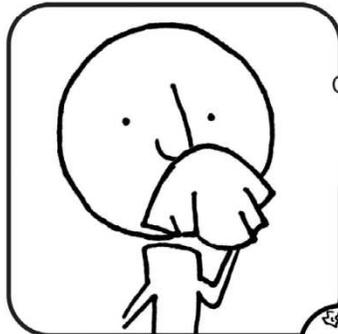
- Stay away from anyone with a cold or flu
- Get plenty of rest
- Visit your doctor and dentist yearly
- Get your shots as scheduled and recommended by your doctor, especially an annual flu shot

[www.doh.state.fl.us/Family/School/handwashing/wash\\_hands.html](http://www.doh.state.fl.us/Family/School/handwashing/wash_hands.html)

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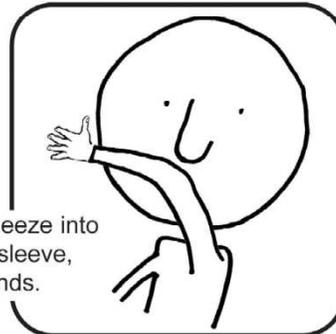
Stop the spread of germs that make you and others sick!

# Cover your Cough



Cover your mouth and nose with a tissue when you cough or sneeze

or cough or sneeze into your upper sleeve, not your hands.

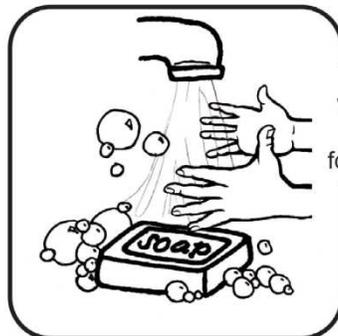


Put your used tissue in the waste basket.



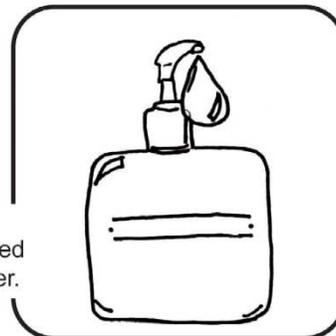
# Clean your Hands

after coughing or sneezing.



Wash hands with soap and warm water for 20 seconds

or clean with alcohol-based hand cleaner.



Minnesota Department of Health  
717 SE Delaware Street  
Minneapolis, MN 55414  
612-676-5414 or 1-877-676-5414  
www.health.state.mn.us

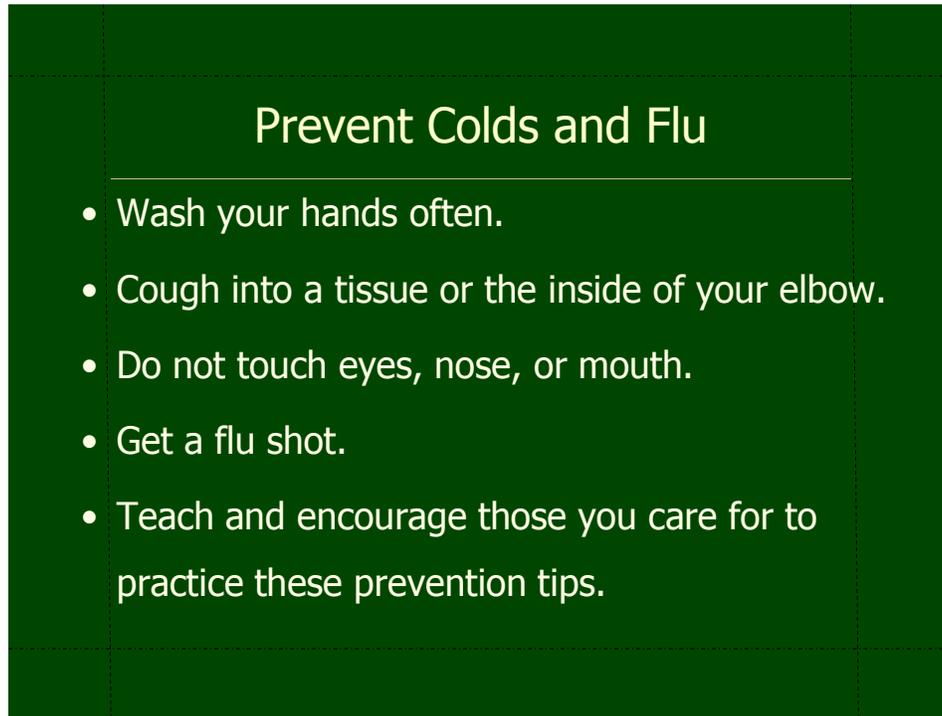


Minnesota  
Antibiotic  
Resistance  
Collaborative



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Slide 33



## Prevent Colds and Flu

- Wash your hands often.
- Cough into a tissue or the inside of your elbow.
- Do not touch eyes, nose, or mouth.
- Get a flu shot.
- Teach and encourage those you care for to practice these prevention tips.

There are other ways to prevent the spread of germs that may cause a cold or flu.

- We talked about the importance of **hand washing**.
- Other simple activities like **covering your nose and mouth with a tissue when you cough or sneeze** seems obvious, but how many times do you see people around you sneeze into the air? \*If you do not have a tissue, **cough into your elbow** instead of your hand. Touching surfaces that may contain germs and then **touching your eyes, nose, or mouth** can easily spread germs.
- The best way to prevent the flu is to get a flu vaccination each year. Talk to your doctor about the flu shot and whether you or someone you care for may also need a pneumonia vaccine.
- Teach those you care for in your household to practice correct techniques for preventing the spread of infection. Also be sure those you care for get their annual influenza shots.

Reference/resource: [www.cdc.gov/flu](http://www.cdc.gov/flu)

**Training Notes:**

\*When discussing coughing into your elbow, demonstrate and ask participants why it should be done. If no one provides the correct answer, explain how germs are spread if they cough into their hands and then touch things.

Distribute the handout, "Key Facts about Seasonal Flu Vaccine." If there are questions about influenza vaccination, you can go over the pertinent information in the handout.

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## Handout – Key Facts about Seasonal Flu Vaccine



## INFLUENZA (FLU)

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### Key Facts about Seasonal Flu Vaccine

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**The single best way to protect against the flu is to get vaccinated each year.**

There are two types of vaccines:

- **The "flu shot"** — an inactivated vaccine (containing killed virus) that is given with a needle, usually in the arm. The flu shot is approved for use in people older than 6 months, including healthy people and people with chronic medical conditions.  
[Flu Shot: Vaccination Information Statement \(VIS\)](#)
- **The nasal-spray flu vaccine** — a vaccine made with live, weakened flu viruses that do not cause the flu (sometimes called LAIV for "live attenuated influenza vaccine" or FluMist®). LAIV (FluMist®) is approved for use in healthy\* people 2-49 years of age who are not pregnant.  
[Nasal Spray: Vaccination Information Statement \(VIS\)](#)

The seasonal flu vaccine protects against three influenza viruses that research indicates will be most common during the upcoming season. The [2010-2011 flu vaccine](#) will protect against 2009 H1N1, and two other influenza viruses (an H3N2 virus and an influenza B virus). The viruses in the vaccine change each year based on international surveillance and scientists' estimations about which types and strains of viruses will circulate in a given year. About 2 weeks after vaccination, antibodies that provide protection against influenza virus infection develop in the body.

#### When to Get Vaccinated

Yearly flu vaccination should begin in September or as soon as vaccine is available and continue throughout the influenza season, into December, January, and beyond. This is because the timing and duration of influenza seasons vary. While influenza outbreaks can happen as early as October, most of the time influenza activity peaks in January or later.  
<http://www.flu.gov/widgets/vaccinelocator.html>

#### Where to Get Vaccinated

Get vaccinated wherever you see vaccine available in your community. Your doctor's office, a public health clinic, supermarkets, pharmacies, schools, churches, senior centers, and a variety of other places are offering flu vaccine this season. Use this handy "Flu Vaccine Finder" widget to locate places offering flu vaccine near you.

#### Who Should Get Vaccinated

[On February 24, 2010 vaccine experts voted](#) that everyone 6 months and older should get a flu vaccine each year starting with the 2010-2011 influenza season. [CDC's Advisory Committee on Immunization Practices \(ACIP\)](#) voted for "universal" flu vaccination in the U.S. to expand protection against the flu to more people.

While everyone should get a flu vaccine each flu season, it's especially important that the following groups get vaccinated either because they are at high risk of having serious flu-related complications or because they live with or care for people at high risk for developing flu-related complications:

- Pregnant women
- Children younger than 5, but especially children younger than 2 years old
- People 50 years of age and older
- People of any age with certain chronic medical conditions
- People who live in nursing homes and other long-term care facilities
- People who live with or care for those at high risk for complications from flu, including:
  - Health care workers
  - Household contacts of persons at high risk for complications from the flu
  - Household contacts and out of home caregivers of children less than 6 months of age (these children are too young to be vaccinated)

### **Use of the Nasal Spray Flu Vaccine**

*It should be noted that vaccination with the nasal-spray flu vaccine is always an option for healthy\* people 2-49 years of age who are not pregnant.*

### **Who Should Not Be Vaccinated**

There are some people who should not get a flu vaccine without first consulting a physician. These include:

- People who have a severe allergy to chicken eggs.
- People who have had a severe reaction to an influenza vaccination.
- People who developed [Guillain-Barré syndrome \(GBS\)](#) within 6 weeks of getting an influenza vaccine.
- Children less than 6 months of age (influenza vaccine is not approved for this age group), and
- People who have a moderate-to-severe illness with a fever (they should wait until they recover to get vaccinated.)

### **Vaccine Effectiveness**

The ability of a flu vaccine to protect a person depends on the age and health status of the person getting the vaccine, and the similarity or "match" between the viruses or virus in the vaccine and those in circulation.

### **Vaccine Side Effects (What to Expect)**

Different side effects can be associated with the flu shot and LAIV.

**The flu shot:** The viruses in the flu shot are killed (inactivated), so you cannot get the flu from a flu shot. Some minor side effects that could occur are:

- Soreness, redness, or swelling where the shot was given
- Fever (low grade)
- Aches

If these problems occur, they begin soon after the shot and usually last 1 to 2 days. Almost all people who receive influenza vaccine have no serious problems from it. However, on rare occasions, flu vaccination can cause serious problems, such as severe allergic reactions. As of July 1, 2005, people who think that they have been injured by the flu shot can file a claim for compensation from the National Vaccine Injury Compensation Program (VICP)<sup>5</sup>.

**The nasal spray (also called LAIV or FluMist®):** The viruses in the nasal-spray vaccine are weakened and do not cause severe symptoms often associated with influenza illness. (In clinical studies, transmission of vaccine viruses to close contacts has occurred only rarely.) In children, side effects from LAIV (FluMist®) can include:

- runny nose
- wheezing
- headache
- vomiting
- muscle aches
- fever

In adults, side effects from LAIV (FluMist®) can include

- runny nose
- headache
- sore throat
- cough

Information retrieved February 9, 2011 from: [www.cdc.gov/flu/protect/keyfacts.htm](http://www.cdc.gov/flu/protect/keyfacts.htm). Page last updated October 25, 2010.

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## Healthy Habits

- Eat nutritiously and drink plenty of water.
- Get enough rest and sleep.
- Exercise and stay active.
- Don't smoke.
- Clean and sanitize.
- Handle foods properly.
- Get vaccinated.



What can you do today BEFORE an illness or pandemic influenza strikes?

- Learn to make a practice of healthy habits. It is always important to maintain a healthy lifestyle by **eating nutritiously**, drinking lots of **water**, getting plenty of **rest and sleep**, but also staying active and **exercising**.
- Practice **cleanliness and sanitation**. Routinely clean and disinfect surfaces in the kitchen and bathroom.
- Also remember to **handle foods properly** during preparation and storage.
- And, as we already discussed, talk to your doctor about **getting immunized** for seasonal influenza

Reference/resource: [www.cdc.gov/ounceofprevention](http://www.cdc.gov/ounceofprevention)

**Training Notes:**

This slide is animated so that first only the title appears. This will allow you to ask trainees what steps they can take to stay healthy before an illness. Following the discussion, show bullets to summarize.

Distribute “Safer Healthier Home, an Ounce of Prevention” handout.

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## Handout - Safer Healthier Home, an Ounce of Prevention

# Safer Healthier Home

An Ounce of Prevention Keeps the Germs Away

**Follow these easy and low-cost steps to stop many infectious diseases.**

### **Clean Your Hands Often**

Keeping your hands clean is one of the best ways to keep from getting sick and spreading illnesses.

### **Routinely Clean and Disinfect Surfaces**

Cleaning with soap, water, and scrubbing removes dirt and most germs. However, using a disinfectant cleaner *kills* germs, giving even better protection.

### **Handle and Prepare Food Safely**

- Clean hands and surfaces often
- Separate – don't cross-contaminate one food with another
- Cook foods to proper temperatures
- Chill – refrigerate foods promptly

### **Get Immunized**

Getting immunizations is easy, low-cost, and saves lives. Make sure you and your kids get the shots suggested by your doctor.

### **Use Antibiotics Appropriately**

Antibiotics don't work against viruses such as colds and flu. Unnecessary antibiotics can be harmful. Antibiotics should be taken exactly as prescribed by your doctor.

### **Be Careful with Pets**

Pets should be routinely cared for by a vet. Babies and children under age 5 should be watched carefully around pets and animals. Always wash hands after touching animals or animal waste.

### **Avoid Contact with Wild Animals**

Wild animals can carry deadly diseases and pass them to you and your pets. Keep your house free of wild animals by not leaving any food around. Keep garbage cans sealed.

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For information about ordering brochures and posters, please visit [www.cdc.gov/ounceofprevention](http://www.cdc.gov/ounceofprevention).



Centers for Disease Control and Prevention Coordinating Center for Infectious Diseases, National Center for Infectious Diseases in partnership with Reckitt Benckiser Inc., the makers of LYSOL® Brand Products

SAFER • HEALTHIER • PEOPLE™

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## Special Considerations for Seniors

### Get Fit for Life: Exercise your body and mind

- Stay socially involved
- Prevent or delay disease.
- Improve your balance.
- Keep and improve strength to stay independent.
- Have more energy.
- Keep your mind alert.
- Improve your mood, reduce depression.
- Check with your doctor before starting any new exercise.

- Research has shown that staying **physically and mentally active and socially engaged** can add years to your life and make the quality of those years better.
- Regular exercise and physical activity can **reduce the risk of disease** and disability often thought to be common with getting older. For example, **balance** exercises can help prevent falls; **strength** exercises can help maintain or build muscles and reduce the risk of osteoporosis; stretching exercises can help keep you limber, **flexible, and mobile**; and **endurance** activities, like walking and swimming, can improve your circulation and health of your heart.
- Engaging in **brain exercises** like playing cards, board games, doing crossword puzzles, even just changing your routine, like brushing your teeth with your opposite hand, can help keep your mind healthy. If you are caring for someone, play games with them or give them activities to help keep the mind active.
- Check with your local senior center for exercise or brain game classes. You are never too old, but **make sure you check with your doctor before starting any new exercise.**

Reference/resource:

[www.nia.nih.gov/HealthInformation](http://www.nia.nih.gov/HealthInformation)

**Training Notes:**



**Tips for Keeping the Caregiver Healthy**

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**Take care of yourself so you can take care of others.**

- Get vaccinated.
- Maintain a healthy lifestyle.
- Wash your hands often.
- Do not share personal items.
- Handle personal items carefully.
- Learn techniques for lifting and handling.

Whether you are a parent or a caregiver for other household members at times, it is important to remember to take time to care for yourself. Physical and mental stresses often come with care giving responsibilities. In a stay-at-home emergency or pandemic, even people who are not everyday caregivers may find themselves taking this role.

- Make sure you **get a flu vaccine**
- **Maintain a routine and healthy lifestyle**, as much as possible. Get enough rest, exercise, and take time to eat healthily and drink plenty of water.
- **Wash your hands**, before and after providing care, before handling food, etc.
- **Do not share items**, like towels or cups. If you must share items, like a telephone or television remote control, sanitize them between uses.
- **Carefully handle personal items** like dirty laundry, tissues, or personal care items. Consider keeping a supply of non-latex disposable gloves in the home

Reference/resource: [www.cdc.gov/flu](http://www.cdc.gov/flu)

**Training Notes:**

This slide is animated so the title and first bullet appears first. Ask participants to discuss ways they can help keep themselves healthy. Following the discussion, show the bullets to summarize and include information not mentioned.

Distribute the “Caregiver Tip Sheet” handout. Point out that even though it is targeted at caregivers of older adults, the information applies to all caregivers.

## Handout – Caregiver Tips

U.S. Department of Health and Human Services Administration on Aging



### Caregiver Tip Sheet



#### **Don't forget to care for yourself. Here are a few tips:**

When it comes to their health, caregivers are less likely than their peers to take steps to prevent or control chronic disease. Taking care of your own health will help you to better care for your loved one longer.

- Be wise – immunize.
  - Influenza (flu) vaccine: The CDC recommends that caregivers of the elderly get one each year.
  - Pneumococcal vaccination: For most caregivers, one will last a lifetime.
  - Tetanus booster: Get one every ten years.
- Don't neglect your health.
  - Get a yearly check-up and the recommended cancer screenings (mammogram, cervical screening, etc.).
  - Tell your doctor that you are a caregiver.
  - Tell your doctor if you feel depressed or nervous.
- Take some time each day to do something for yourself. Read, listen to music, telephone friends, or exercise.
- Eat healthy foods and do not skip meals.
- Find caregiver resources in your area early. You may not need their information or services now, but you will have them, when you need them.
- Don't be afraid to ask for help. And don't do it all yourself. Use your family, friends, or neighbors for support. Family may help share caregiving tasks. Friends and neighbors may help with other chores.

#### **Caregiving can take a toll on you!**

Research suggests that the physical and emotional demands on caregivers put them at greater risk for health problems:

- Caregivers are more at risk for infectious diseases, such as colds and flu, and chronic diseases, such as heart problems, diabetes, and cancer.
- Depression is twice as common among caregivers compared to non-caregivers.

## Help for family caregivers

The National Family Caregiver Support Program (NFCSP) started in 2000 as part of the Reauthorization of the Older Americans Act to help older adults and their families. Managed by the Administration on Aging, funds are given to aging service provider networks in all states and territories to help family caregivers with:

- Information about health conditions, resources and community-based long-term care services that might best meet a family's needs;
- Assistance in securing appropriate help;
- Counseling, support groups and caregiver training to help families make decisions and solve problems;
- Respite care so that families and other informal caregivers can be temporarily relieved from their caregiving responsibilities; and
- Supplemental long-term care services on a limited basis. This could include home modifications; incontinence supplies; a microwave; air conditioner (for a caregiver with asthma or allergies); nutritional supplements; washing machine; assistive devices, etc.

To access services under the National Family Caregiver Support Program contact your nearest Area Agency on Aging. The ElderCare Locator can help you find the nearest one. Call 1-800-677-1116 or visit [www.eldercare.gov](http://www.eldercare.gov).

**Taking care of our caregivers:** November is National Family Caregivers Month. During this month we recognize the nearly 44 million Americans who care for their relatives, friends, and neighbors.

## Some facts about family caregivers

- Caregivers supply nearly 257 billion dollars a year in services for their loved ones, such as transportation, supervision, financial management, feeding, bathing, lifting, and toileting.
- Caregivers juggle many roles. Besides assisting a loved one, most are married or living with a partner, have a paid job, and care for a child or another elder.

### FOR MORE INFORMATION

AoA recognizes the importance of making information readily available to consumers, professionals, researchers, and students. Our website provides information for and about older persons, their families, and professionals involved in aging programs and services. For more information about AoA, please contact: US Dept of Health and Human Services, Administration on Aging, Washington, DC 20201; phone: (202) 401-4541; fax (202) 357-3560; Email: [aoainfo@aoa.gov](mailto:aoainfo@aoa.gov); or contact our website at: [www.aoa.gov](http://www.aoa.gov)

Information retrieved February 13, 2009 from:  
[www.aoa.gov/prof/aoaprogram/caregiver/caregiver.aspx](http://www.aoa.gov/prof/aoaprogram/caregiver/caregiver.aspx).

**Slide 37**

## Preventing Dehydration

- 2 quarts (8 cups) of water per day for adults
- 3-4 quarts (12-16 cups) of water per day when in a hot climate, pregnant, sick, and for children
- Do not ration.
- Do not wait until someone is thirsty and has symptoms.

- The U.S. Centers for Disease Control and Prevention, along with the American Red Cross, recommend that during an emergency, adults drink at least two quarts of water a day.
- Three to four quarts are the recommendation if you are in a hot climate, pregnant, sick, and for children.
- If you run low of drinking water, do not ration the daily amount. Notify local emergency officials or the local American Red Cross.

Reference/resource: [www.emergency.cdc.gov/preparedness/kit/water](http://www.emergency.cdc.gov/preparedness/kit/water)

**Training Notes:**

Find out what local resources are available for assistance with obtaining water during an emergency so you can provide this information.

## Preventing Injuries

- Keep your family safe.
- Leading cause of injuries are slips and falls, poisoning, fires, and burns.
- Check your home for hazards.
- Be careful storing medicines.
- Be careful storing cleaning products.

- In addition to preventing illness or reducing the spread of infection, think about the importance of **preventing accidents or injuries**. In the event of a public health emergency, you may be told to stay home or may do so voluntarily. You do not need the added stress and problems associated with you or your family getting hurt at home. It is not possible to prevent all accidents, but there are steps you can take to help prevent many of them from occurring. The **major causes of injuries** at home are from **slips and falls, poisoning, and fire and burns**.
- **Check your home for potential hazards.**
  - Do you have loose area rugs?
  - Are pathways blocked with clutter?
  - Are stairs cluttered?
  - Is there adequate lighting and night lights?
  - Are your electrical cords frayed or do you have too many plugs in one outlet?
  - Do you have a non-slip mat or strips in the bathtub?
  - Do you cook with pots and pan handles turned away?

### **Practice safety precautions when using or storing poisonous products.**

- Are medicines stored separate from foods?
- Are medicines and cleaning products out of reach of children and pets?
- Do you properly and safely dispose of old, expired medications?
- Have you properly disposed of insulin syringes?

What are some other things you should look for?

#### **Training Notes:**

This module is intended to be a high level overview. Encourage participants to get additional training or more information. Let them know sources for information will be provided.

**Slide 39**

## Preventing Injuries from Fires/Burns

- Use anti-scald device.
- Turn down the hot water heater temperature.
- Don't leave the stove or space heaters unattended.
- Don't smoke in bed.
- Have smoke and carbon monoxide detectors.
- Have a fire extinguisher and know how to use it.

Here are a few suggestions to make your home safer and help prevent burns.

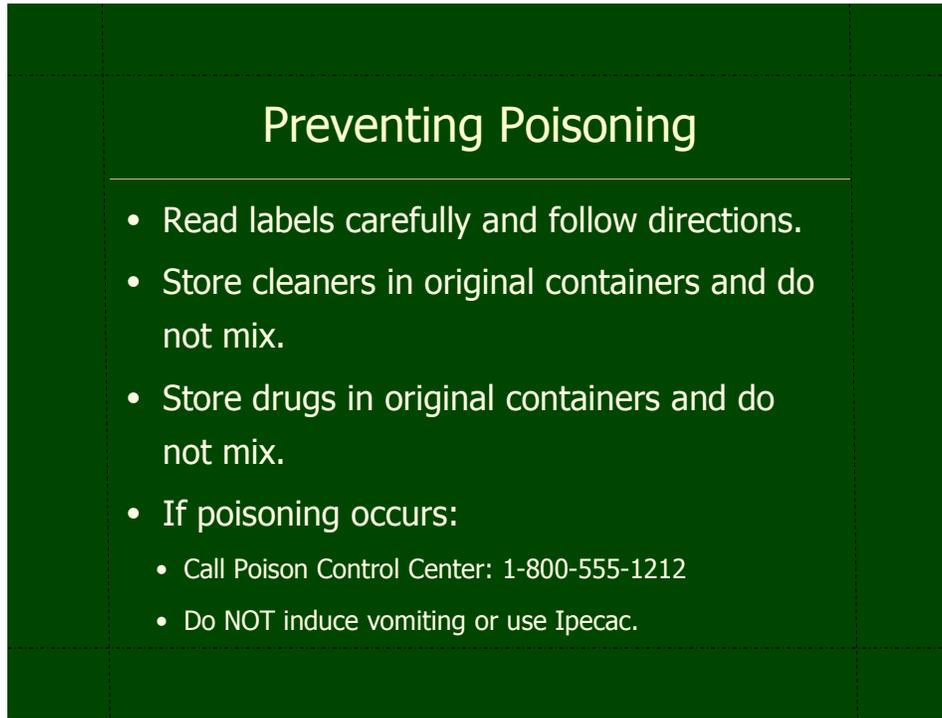
- Consider buying an anti-scald device for your shower or turn down the temperature on your hot water heater to 120 degrees or less.
- Stay by the stove when you are cooking.
- Keep space heaters away from anything that can burn and turn them off if you leave the room.
- Do not smoke in bed. If you do smoke, smoke outside and use deep ashtrays.
- Have smoke and carbon monoxide detectors and remember to change the batteries.
- Have a fire extinguisher located where anyone can use it and make sure everyone in the home knows how to use it.

Reference/resource: [www.homesafetycouncil.org](http://www.homesafetycouncil.org)

### **Training Notes:**

If you have internet access, you can select a volunteer and demonstrate going to the Home Safety Council and creating a personalized checklist.

**Slide 40**



## Preventing Poisoning

- Read labels carefully and follow directions.
- Store cleaners in original containers and do not mix.
- Store drugs in original containers and do not mix.
- If poisoning occurs:
  - Call Poison Control Center: 1-800-555-1212
  - Do NOT induce vomiting or use Ipecac.

Here are a few suggestions to make your home safer and help prevent burns and poisoning:

- Read the label before using any product.
- Keep cleaners in their original containers and do not mix them.
- Keep medicines in their original containers and do not mix them. Remember medicines can be poisons.
- If a poisoning occurs:
  - Call the Poison Control Center immediately at 1-800-555-1212. Try to identify the substance ingested.
  - Do not induce vomiting as this could further harm the person. In the past, Ipecac was used to induce vomiting in order to remove the poison from the body. It is no longer recommended unless you are told to do so by the Poison Control Center or a physician.

Reference/resource: [www.homesafetycouncil.org](http://www.homesafetycouncil.org)

<p><b>Training Notes:</b></p>
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## Special Considerations for Children

### Preventing Poisoning

- Use childproof lids.
- Lock away harmful materials.
- Keep personal care products out of reach.

- Poisonings are also a common accident for children and there are some special considerations in addition to what we have already discussed.
- Make sure all medications and vitamins have a childproof lid.
- Keep household cleaners, medications, and other harmful materials locked and out of reach of children.
- Also make sure that personal care products are kept in cabinets that children cannot reach. These include perfumes and soaps.
- And, as mentioned previously, if poisoning occurs, contact the Poison Control Center.

Reference/resource: Hockenberry, M. J., Wilson, D., Winkelstein, M. L., & Kline, N. E. (2003). *Wong's Nursing Care of Infants and Children* (7th ed.). St. Louis, MO: Mosby.

**Training Notes:**

## Special Considerations for Seniors

### Preventing Injuries from Falls

- Have good lighting.
- Have night lights.
- Remove or secure throw rugs.
- Remove clutter.
- Keep wires out of the way.
- Use handrails on stairs.
- Use grab bars and non-slip mats in the bath.

Falling is the leading cause of injuries in the home for older adults. Check every room of your house and make it safer. You may not be able to prevent all accidents, but many home hazards are easy to fix.

- Here are a few suggestions to make your home safer and help prevent falls.
  - Make sure there is **good lighting**. As we age, we need brighter light to see well.
  - Have light switches at the top and bottom of stairs.
  - Use **night lights** in the hall, bedroom and bathroom to see your way around if you have to get up at night.
  - **Remove throw rugs or use a double-sided tape or non-slip backing.**
  - **Keep the floor and stairs free from things you can trip over.**
  - **Keep wires and cords out of the walking path.**
  - **Use handrails on stairs.** Consider adding stair treads.
  - **Use grab bars in the bathroom.**
  - **Use non slip strips or a non slip mat** in the shower.
  - Simple assistive devices like a **shower chair or raised toilet seat** can make a difference.
- What are some other things to look for? Talk to your local aging resource center or senior center about home safety classes and check out the possibilities for making minor home modifications, like lever door knobs or ramps.

Reference/resource: [www.cdc.gov/injury](http://www.cdc.gov/injury)

#### Training Notes:

Distribute handouts, "What You Can Do to Prevent Falls" and "Check for Safety".

## Handout – What You Can Do to Prevent Falls

### What You Can Do to Prevent Falls

Many falls can be prevented. By making some changes, you can lower your chances of falling.



#### Four things YOU can do to prevent falls:

1. Begin a regular exercise program
2. Have your health care provider review your medicines
3. Have your vision checked
4. Make your home safer

#### 1. **Begin a regular exercise program**

Exercise is one of the most important ways to lower your chances of falling. It makes you stronger and helps you feel better. Exercises that improve balance and coordination (like Tai Chi) are the most helpful. Lack of exercise leads to weakness and increases your chances of falling. Ask your doctor or health care provider about the best type of exercise program for you.

#### 2. **Have your health care provider review your medicines**

Have your doctor or pharmacist review all the medicines you take, even over-the-counter medicines. As you get older, the way medicines work in your body can change. Some medicines, or combinations of medicines, can make you sleepy or dizzy and can cause you to fall.

#### 3. **Have your vision checked**

Have your eyes checked by an eye doctor at least once a year. You may be wearing the wrong glasses or have a condition like glaucoma or cataracts that limits your vision. Poor vision can increase your chances of falling.

#### 4. **Make your home safer**

About half of all falls happen at home. To make your home safer:

- Remove things you can trip over (like papers, books, clothes, and shoes) from stairs and places where you walk.
- Remove small throw rugs or use double-sided tape to keep the rugs from slipping.
- Keep items you use often in cabinets you can reach easily without using a step stool.
- Have grab bars put in next to your toilet and in the tub or shower.
- Use non-slip mats in the bathtub and on shower floors.
- Improve the lighting in your home. As you get older, you need brighter lights to see well. Hang light-weight curtains or shades to reduce glare.
- Have handrails and lights put in on all staircases.
- Wear shoes both inside and outside the house. Avoid going barefoot or wearing slippers.

Retrieved February 16, 2009 from Centers for Disease Control and Prevention:

[www.cdc.gov/ncipc/duip/preventadultfalls.htm](http://www.cdc.gov/ncipc/duip/preventadultfalls.htm).

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## Check for Safety: A Home Fall Prevention Checklist for Older Adults



### FALLS AT HOME

Each year, thousands of older Americans fall at home. Many of them are seriously injured, and some are disabled. In 2002, more than 12,800 people over age 65 died and 1.6 million were treated in emergency departments because of falls.

Falls are often due to hazards that are easy to overlook but easy to fix. This checklist will help you find and fix those hazards in your home.

The checklist asks about hazards found in each room of your home. For each hazard, the checklist tells you how to fix the problem. At the end of the checklist, you'll find other tips for preventing falls.

#### **FLOORS: Look at the floor in each room.**

**Q: When you walk through a room, do you have to walk around furniture?**

Ask someone to move the furniture so your path is clear.

**Q: Do you have throw rugs on the floor?**

Remove the rugs or use double-sided tape or a non-slip backing so the rugs won't slip.

**Q: Are there papers, books, towels, shoes, magazines, boxes, blankets, or other objects on the floor?**

Pick up things that are on the floor. Always keep objects off the floor.

**Q: Do you have to walk over or around wires or cords (like lamp, telephone, or extension cords)?**

Coil or tape cords and wires next to the wall so you can't trip over them. If needed, have an electrician put in another outlet.

#### **STAIRS AND STEPS: Look at the stairs you use both inside and outside your home.**

**Q: Are there papers, shoes, books, or other objects on the stairs?**

Pick up things on the stairs. Always keep objects off stairs.

**Q: Are some steps broken or uneven?**

Fix loose or uneven steps.

**Q: Are you missing a light over the stairway?**

Have an electrician put in an overhead light at the top and bottom of the stairs.

**Q: Do you have only one light switch for your stairs (only at the top or at the bottom of the stairs)?**

Have an electrician put in a light switch at the top and bottom of the stairs. You can get light switches that glow.

**Q: Has the stairway light bulb burned out?**

Have a friend or family member change the light bulb.

**Q: Is the carpet on the steps loose or torn?**

Make sure the carpet is firmly attached to every step, or remove the carpet and attach non-slip rubber treads to the stairs.

**Q: Are the handrails loose or broken? Is there a handrail on only one side of the stairs?**

Fix loose handrails or put in new ones. Make sure handrails are on both sides of the stairs and are as long as the stairs.

**KITCHEN: Look at your kitchen and eating area.**

**Q: Are the things you use often on high shelves?**

Move items in your cabinets. Keep things you use often on the lower shelves (about waist level).

**Q: Is your step stool unsteady?**

If you must use a step stool, get one with a bar to hold on to. Never use a chair as a step stool.

**BATHROOMS: Look at all your bathrooms.**

**Q: Is the tub or shower floor slippery?**

Put a non-slip rubber mat or self-stick strips on the floor of the tub or shower.

**Q: Do you need some support when you get in and out of the tub or up from the toilet?**

Have a carpenter put grab bars inside the tub and next to the toilet.

**BEDROOMS: Look at all your bedrooms.**

**Q: Is the light near the bed hard to reach?**

Place a lamp close to the bed where it's easy to reach.

**Q: Is the path from your bed to the bathroom dark?**

Put in a night-light so you can see where you're walking. Some night-lights go on by themselves after dark.

**Other Things You Can Do to Prevent Falls**

Exercise regularly. Exercise makes you stronger and improves your balance and coordination.

Have your doctor or pharmacist look at all the medicines you take, even over-the-counter medicines. Some medicines can make you sleepy or dizzy.

Have your vision checked at least once a year by an eye doctor. Poor vision can increase your risk of falling.

Get up slowly after you sit or lie down.

Wear shoes both inside and outside the house. Avoid going barefoot or wearing slippers.

Improve the lighting in your home. Put in brighter light bulbs. Florescent bulbs are bright and cost less to use.

It's safest to have uniform lighting in a room. Add lighting to dark areas. Hang lightweight curtains or shades to reduce glare.

Paint a contrasting color on the top edge of all steps so you can see the stairs better. For example, use a light color paint on dark wood.

### **Other Safety Tips**

Keep emergency numbers in large print near each phone.

Put a phone near the floor in case you fall and can't get up.

Think about wearing an alarm device that will bring help in case you fall and can't get up.

Retrieved February 16, 2009 from Centers for Disease Control and Prevention:  
[www.cdc.gov/ncipc/duip/preventadultfalls.htm](http://www.cdc.gov/ncipc/duip/preventadultfalls.htm).

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## Special Considerations for Children

### 12 Safety Devices

1. Safety latches and locks
2. Safety gates
3. Door knob covers and door locks
4. Anti-scald devices
5. Smoke detectors
6. Window guards and safety netting

Here are a few suggestions for devices that will help you make a safe environment at home for your children. Please keep in mind that no device is completely childproof and nothing replaces the advantage of adult supervision.

1. Use **safety latches and locks** for cabinets and drawers in kitchens, bathrooms, and other areas to help prevent poisonings and other injuries. Typical cost is less than \$2.
2. Use **safety gates** to help prevent falls down stairs and to keep children away from dangerous areas. Typical cost of a safety gate is \$13 - \$40.
3. Use **door knob covers and door locks** to help prevent children from entering rooms and other areas with possible dangers. Typical cost of a door knob cover is \$1 and door lock is \$5 and up.
4. Use **anti-scald devices** for faucets and shower heads and set your water heater temperature to 120 degrees Fahrenheit to help prevent burns from hot water.
5. Use **smoke detectors** on every level of your home and near bedrooms to alert you to fires. Check them once a month to make sure they are working. Typical cost of a smoke detector is less than \$10.
6. Use **window guards and safety netting** to prevent falls from windows, balconies, decks, and landings. Window guards and safety netting for balconies and decks can help prevent serious falls. Typical cost of a window guard or safety netting is between \$8 and \$16.

**Training Notes:**

Distribute the "Childproofing Your Home" handout. It will correspond with this slide and the next one.

## Special Considerations for Children

### 12 Safety Devices

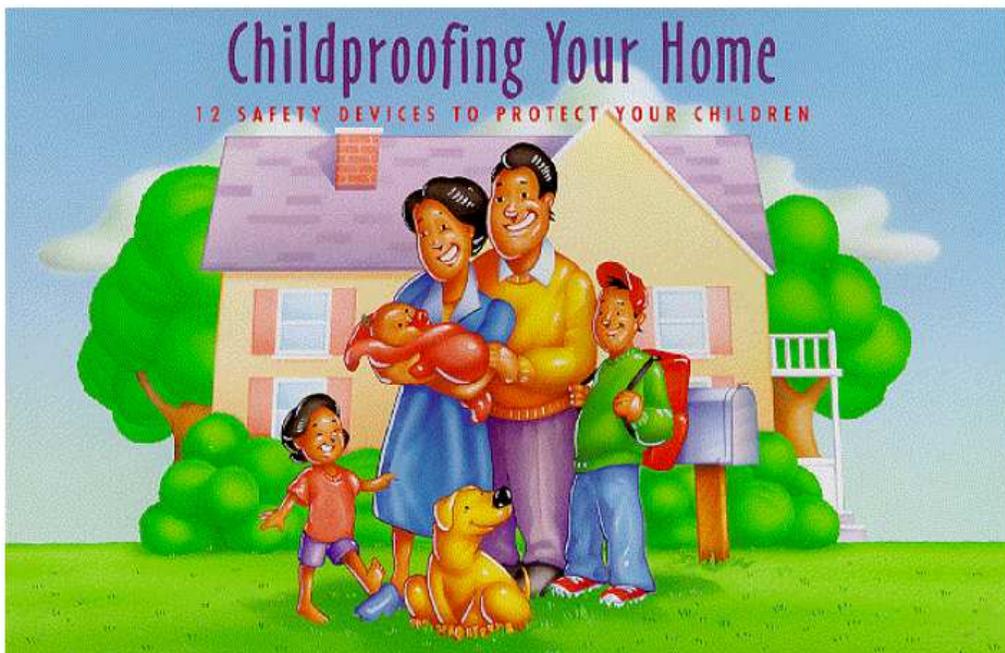
7. Corner and edge bumpers
8. Outlet covers and outlet plates
9. Carbon monoxide (CO) detector
10. Safety tassels and inner cord stops
11. Door stops and door holders
12. Cordless phone

7. Use **corner and edge bumpers** to help prevent injuries from falls against sharp edges of furniture and fireplaces. Typical cost of a corner and edge bumper is \$1 and up.
8. Use **outlet covers and outlet plates** to help prevent electrical shock and possible electrocution. Typical cost of an outlet cover is less than \$2.
9. Use a **carbon monoxide (CO) detector** outside bedrooms to help prevent CO poisoning. Households that should use CO detectors include those with gas or oil heat or with attached garages. It is also crucial to keep generators outdoors. Typical cost of a CO detector is \$30 to \$70.
10. Cut **window blind cords**; use **safety tassels and inner cord stops** to help prevent children from strangling in blinds cord loops. You can get window blind cord safety information and free tassels by calling 1-800-506-4636 or visiting [www.windowcoverings.org](http://www.windowcoverings.org)
11. Use **door stops and door holders** to help prevent injuries to fingers and hands. Typical cost of a door stop and door holder is less than \$4.
12. Use a **cordless phone** to make it easier to continuously watch young children, especially when they're in bathtubs, pools, or other potentially dangerous areas. You may also want to keep a traditional pug-in-the-wall phone for emergencies when you may lose power.

Many families in Florida have a pool. It is also important to have pool safeguards, such as a fence or gate; however, the best safeguard is adult supervision.

Reference/resource: Consumer Safety at [www.cpsc.gov](http://www.cpsc.gov).

## Handout – Childproofing Your Home



### Childproofing Your Home - 12 Safety Devices to Protect Your Children

**A**bout 2-1/2 million children are injured or killed by hazards in the home each year. The good news is that many of these incidents can be prevented by using simple child safety devices on the market today.

Any safety device you buy should be sturdy enough to prevent injury to your child, yet easy for you to use. It's important to follow installation instructions carefully. In addition, if you have older children in the house, be sure they re-secure safety devices. Remember, too, that no device is completely childproof; determined youngsters have been known to disable them.

You can childproof your home for a fraction of what it would cost to have a professional do it. And safety devices are easy to find. You can buy them at hardware stores, baby equipment shops, supermarkets, drug stores, home and linen stores, and through mail order catalogues.

Here are some child safety devices that can help prevent many injuries to young children. The red numbers correspond to those on the image following the text.

**1** Use **Safety Latches and Locks** for cabinets and drawers in kitchens, bathrooms, and other areas to help prevent poisonings and other injuries. Safety latches and locks on cabinets and drawers can help prevent children from gaining access to medicines and household cleaners, as well as knives and other sharp objects.

Look for safety latches and locks that adults can easily install and use, but are sturdy enough to withstand pulls and tugs from children. Safety latches are not a guarantee of protection, but they



can make it more difficult for children to reach dangerous substances. Even products with child-resistant packaging should be locked away, out of reach; this packaging is not childproof.

Typical cost of a safety latch or lock: less than \$2.

**2** Use **Safety Gates** to help prevent falls down stairs and to keep children away from dangerous areas. Safety gates can help keep children away from stairs or rooms that have hazards in them. Look for safety gates that children cannot dislodge easily, but that adults can open and close without difficulty. For the top of stairs, gates that screw to the wall are more secure than "pressure gates."

New safety gates that meet safety standards display a certification seal from the Juvenile Products Manufacturers Association (JPMA). If you have an older safety gate, be sure it doesn't have "V" shapes that are large enough for a child's head and neck to fit into.

Typical cost of a safety gate: \$13 to \$40.

**3** Use **Door Knob Covers and Door Locks** to help prevent children from entering rooms and other areas with possible dangers. Door knob covers and door locks can help keep children away from places with hazards, including swimming pools.

Be sure the door knob cover is sturdy enough not to break, but allows a door to be opened quickly by an adult in case of emergency. By restricting access to potentially hazardous rooms in the home, door knob covers could help prevent many kinds of injuries. To prevent access to swimming pools, door locks should be placed high out of reach of young children. Locks should be used in addition to fences and door alarms. Sliding glass doors, with locks that must be re-secured after each use, are often not an effective barrier to pools.

Typical cost of a door knob cover: \$1 and door lock: \$5 and up.

**4** Use **Anti-Scald Devices** for faucets and shower heads and set your water heater temperature to 120 degrees Fahrenheit to help prevent burns from hot water. Anti-scald devices for regulating water temperature can help prevent burns.

Consider using anti-scald devices for faucets and showerheads. A plumber may need to install these. In addition, if you live in your own home, set water heater temperature to 120 degrees Fahrenheit to help prevent burns from hot water.

Typical cost of an anti-scald device: \$6 to \$30.

**5** Use **Smoke Detectors** on every level of your home and near bedrooms to alert you to fires. Smoke detectors are essential safety devices for protection against fire deaths and injuries.

Check smoke detectors once a month to make sure they're working.

If detectors are battery-operated, change batteries at least once a year or consider using 10-year batteries.



Typical cost of a smoke detector: less than \$10.

**6** Use **Window Guards and Safety Netting** to help prevent falls from windows, balconies, decks, and landings. Window guards and safety netting for balconies and decks can help prevent serious falls.

Check these safety devices frequently to make sure they are secure and properly installed and maintained. There should be no more than four inches between the bars of the window guard. If you have window guards, be sure at least one window in each room can be easily used for escape in a fire. Window screens are not effective for preventing children from falling out of windows.

Typical cost of a window guard or safety netting: \$8 to \$16.

**7** Use **Corner and Edge Bumpers** to help prevent injuries from falls against sharp edges of furniture and fireplaces. Corner and edge bumpers can be used with furniture and fireplace hearths to help prevent injuries from falls or to soften falls against sharp or rough edges.

Be sure to look for bumpers that stay securely on furniture or hearth edges.

Typical cost of a corner and edge bumper: \$1 and up.

**8** Use **Outlet Covers and Outlet Plates** to help prevent electrocution. Outlet covers and outlet plates can help protect children from electrical shock and possible electrocution.

Be sure the outlet protectors cannot be easily removed by children and are large enough so that children cannot choke on them.

Typical cost of an outlet cover: less than \$2.

**9** Use a **Carbon Monoxide (CO) Detector** outside bedrooms to help prevent CO poisoning. A carbon monoxide (CO) detector can help prevent CO poisoning. Consumers should install CO detectors near sleeping areas in their homes. Households that should use CO detectors include those with gas or oil heat or with attached garages.

Typical cost of a carbon monoxide (CO) detector: \$30 to \$70.

**10** Cut **Window Blind Cords**; use **Safety Tassels and Inner Cord Stops** to help prevent children from strangling in blind cord loops. Window blind cord safety tassels on miniblinds and tension devices on vertical blinds and drapery cords can help prevent deaths and injuries from strangulation in the loops of cords. Inner cord stops can help prevent strangulation in the inner cords of window blinds.

For older miniblinds, cut the cord loop, remove the buckle, and put safety tassels on each cord. Be sure that older vertical blinds and drapery cords have tension or tie-down devices to hold the cords tight. When buying new miniblinds, verticals, and draperies, ask for safety features to prevent child strangulation.



You can get window blind cord safety information and free tassels by calling 1-800-506-4636 or visiting [www.windowcoverings.org](http://www.windowcoverings.org)

**11** Use **Door Stops and Door Holders** to help prevent injuries to fingers and hands. Door stops and door holders on doors and door hinges can help prevent small fingers and hands from being pinched or crushed in doors and door hinges.

Be sure any safety device for doors is easy to use and is not likely to break into small parts, which could be a choking hazard for young children.

Typical cost of a door stop and door holder: less than \$4.

**12** Use a **Cordless Phone** to make it easier to continuously watch young children, especially when they're in bathtubs, swimming pools, or other potentially dangerous areas.

Cordless phones help you watch your child continuously, without leaving the vicinity to answer a phone call. Cordless phones are especially helpful when children are in or near water, whether it's the bathtub, the swimming pool, or the beach.

Typical cost of a cordless phone: \$30 and up.

Slide 45

Unit 3  
Prevention

---

Summary

What did you learn about in this unit?

- So, **what have you learned** today and how will you use this information?

**Training Notes:**

Ask participants to relay back what they have learned from the Prevention Unit. Their answers should include:

- how to prevent spreading germs and infection,
- correct hand washing technique,
- healthy lifestyle habits to prevent becoming ill,
- preventing injuries, poisonings, burns, etc.,
- preventing dehydration,
- as well as special considerations for seniors or children (if that was covered in your training), such as childproofing a home or preventing older adults from falling.

Or they may choose to repeat the objectives:

1. Explain the importance of prevention.
2. Describe proper techniques for washing hands and reducing the spread of illness.
3. Describe healthy lifestyle habits.
4. Identify steps to keep the caregiver healthy.
5. Identify steps to prevent accidental injuries, with special considerations for children and/or older adults.

Ask participants to spend a minute and make a plan for how they will use this information when they are home after they complete this course.

Transition to next unit by telling participants which unit will be covered next.

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## **Unit 4**

### **General Care**

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## Unit 4 – General Care



**Purpose:** To give participants information on the basic skills needed to provide home care and an awareness of how those skills may need to be adapted based on who is receiving care.

**Objectives:** After completing this unit, participants should be able to:

1. List steps for using medicines safely.
2. Identify different kinds of thermometers.
3. Identify special considerations for caring for:
  - seniors
  - children
  - people with disabilities

**Procedure:** This unit is presented using PowerPoint slides 46-70.

The unit contains the following modules. Each begins with a new PowerPoint slide. Additional procedural information such as suggested handouts may be included on slide speaker notes pages:

- 4.1 Introduction (Slides 46-47)
- 4.2 Medication Safety (Slides 48-52)
- 4.3 Taking a Temperature (Slides 53-54)
- 4.4 Special Considerations (Slides 55-57)
- 4.5 Special Considerations for Seniors (Slides 58-60)
- 4.6 Special Considerations for Children (Slides 61-67)
- 4.7 Special Considerations – Caring for Someone with Dementia (Slide 68)
- 4.8 Special Considerations – Caring for Someone with Mobility Problems (Slide 69)
- 4.9 Summary (Slide 70)

Following the presentation of your selected modules, summarize and tie them together with an activity. The activity process will depend on the size of the group, the activity selected, and the time available.

### **Suggested Activities:**

#### General Audience

Additional materials or instructions for activities can be found in the Activity Materials Appendix.

- Pre/Post-test – At the beginning of the unit, hand out a pre-test and give participants three to five minutes to complete it. At the end of the unit, ask the group to look back at their test and discuss each of the questions and answers. As you discuss the answers, ask if any of their answers have changed now that you have completed the unit. An alternative method would be to hand out another copy of the test and have participants re-take before discussing. This method will take longer.

- Temperature Demonstration – As part of Module 4.4, demonstrate the use of different types of thermometers. You can demonstrate on a group member and compare the different results using different methods. If you can obtain a supply of disposable thermometers, have the group practice taking their own or each other's temperatures.
- Over-the-Counter Medicine Label – As part of Module 4.3 (slide 55), hand out or pass around empty medicine boxes. This will allow participants to follow along and have hands-on experience as you talk about information included on a medicine label.

#### Older Adults and their Caregivers Audience

- General Care Crossword Puzzle (10 minutes) – This activity provides a review of Unit 4. Give participants the crossword puzzle to complete. Participants can work individually or in teams. You can develop your own crossword puzzles, word searches, or other games to match your specific training at <http://puzzlemaker.discoveryeducation.com>.

#### Children's Parents and/or Caregivers Audience

- Role Play (20 minutes) – Ask participants to get with a partner. Give each pair a scenario about a public health emergency. Some will be known ahead of time (i.e., a hurricane) and some will occur without notice (i.e., a terrorist attack). Taking turns, allow each participant to role-play how they would speak to their children about the public health emergency. Ask the entire group for comments and observations at the end of the activity.

#### **Materials:**

- Flip chart and markers
- Computer, projector, and screen
- Presentation handout notes - print from PowerPoint presentation using "handout" slide format in the print menu.
- Pens/pencils
- Handouts (copies are included in the Handout appendix for this unit, unless otherwise noted)
  - "What's on the Label?"
  - Glossary of Common Over-the-Counter Medical Terms"
  - "Eating Well as We Age"
  - "Medicines and Older Adults"
  - "Parenting in a Challenging World"
- Activity Materials (copies are included in the Activity Materials appendix for this unit, unless otherwise noted)
  - Pre/Post-test
  - Materials for demonstration - thermometers, empty OTC medicine boxes
  - Crossword puzzle for suggested activity
  - Role Play Activity – Disaster scenario handouts

**Estimated Time:** 45-90 minutes, depending on activities selected and whether a special population, such as older adults or children, is addressed.

**Trainer Notes:**

4.3 Medication Safety is related to Unit 5 Managing Symptoms, Module 5.3, Managing Cold or Flu Symptoms and Unit 2 Preparation and Planning, Module 2.5, Medical history/prescription medication. Keep this in mind if you are selecting specific modules.

When discussing medicines and providing examples in Module 4.3, remind participants that specific brand names mentioned are only given as examples they may be familiar with and you are not promoting a particular brand.

Modules 4.5 and 4.6 Special Considerations can be expanded based upon the training target group. For example, if your group consists of young mothers, consider expanding the information presented on children in 4.6, but leave out 4.5.

If you choose to put more emphasis on the safe use of medicines, the Food and Drug Administration has excellent training units, including PowerPoint slides, handouts, and activities. See resource list for more information.

**Resources:** See bibliography and resource list at the end of the training manual. Specific resources for each slide can also be found in the speaker notes.

For more information from the U. S. Department of Health and Human Services, Substance Abuse and mental Health Services Administration, National Mental Health Information Center, visit [www.mentalhealth.samhsa.gov](http://www.mentalhealth.samhsa.gov).

For more information on care giving, visit [www.nlm.nih.gov/medlineplus/caregivers.html](http://www.nlm.nih.gov/medlineplus/caregivers.html).

For more information on helping children cope after a disaster, visit the National Child Traumatic Stress Network at [www.nctsn.org](http://www.nctsn.org).

To print or order free materials and handouts for your training visit the following sites:

<http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/UnderstandingOver-the-CounterMedicines/ucm093514.htm> for consumer information on the safe use of medicines, including blank medicine records, tips for talking with a pharmacist and other materials.

## Slides and Speaker Notes

### Slide 46

# Unit 4 – General Care Activities

## Introduction

The image shows a woman in blue scrubs holding a pill bottle and a thermometer. The woman is on the left, looking down at the pill bottle. The thermometer is on the right, showing a temperature of approximately 101 degrees. The background is a solid green color.

- In this unit, we will talk about basic activities or actions you need to know to take care of yourself or someone who is ill. We will talk about activities like taking a temperature, using over-the-counter medications, nutrition and hydration, or making sure a person has enough fluid intake.
- Optional: We will also spend a few minutes talking about special considerations that may be necessary for taking care of children, and older adults, especially those with disabilities.

#### **Training Notes:**

Distribute pretest and give the participants a few minutes to complete it before presenting next slide.

This unit is closely related to modules in Unit 5 Managing Symptoms and Unit 3 Prevention. See Unit 5 trainer notes in the Training Guidelines Section, for more information on cross referencing these units.

## Unit 4 – General Care

After completing this unit, you will be able to:

1. List steps for using medicines safely.
2. Identify different kinds of thermometers.
3. Identify special considerations for caring for:
  - Older adults.
  - Children.
  - People with disabilities.

This is Unit 4 of the Home Care Training. The focus of this unit is **general care**.

Let's talk about what you'll be able to do at the end of this unit.

1. **List steps for using medicines safely.**
2. **Identify different kinds of thermometers.**
3. **Identify special considerations for caring for:**
  - **seniors**
  - **children**
  - **people with disabilities**

**Training Notes:**

Slide 48

## Medicine

- Take medicine as directed.
- Be familiar with the medicine for others in the household.
- Use over-the-counter drugs cautiously.
- Discard expired medicines.
- Never share your medicine with another person.
- Medicine errors are dangerous.

- It is very important to **continue to take medicines** or vitamins prescribed by your doctor. Take your blood pressure, cholesterol, or other medicines, following directions carefully.
- **Learn about the medicines** your spouse or other persons in your home are taking because you may need to help them manage or take their medicines.
- Before you buy **over-the-counter medicines** for your disaster kit or to relieve symptoms, discuss them with your doctor or pharmacist to make sure they do not have a negative effect on medicines you, or someone in your household, are already taking. Always read the label and follow instructions carefully.
- Before taking old medicine from your cupboard, **check the expiration date.**
- **Do not** take prescription medicine from someone else or **share medicine** prescribed for you with someone who appears to have the same symptoms. This may sound obvious, but have you ever been tempted to take that leftover antibiotic prescribed for someone else in your home when you got sick?
- **Medicine errors** occur, more often than you may think. They **can be dangerous.**

Reference/resource:

<http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/UnderstandingOver-the-CounterMedicines/ucm093514.htm>

**Training Notes:**

## Over-the-Counter Medicine

- OTC drugs
- Treat minor symptoms.
- Choose and use carefully.
- Read the label.
- Follow instructions.
- Ask your doctor or pharmacist.



[www.fda.gov/medsinmyhome](http://www.fda.gov/medsinmyhome)

- “Over-the-counter” or OTC medicines are drugs you buy **without a prescription**. When you follow directions and pay attention to expiration dates, they are safe and can help **relieve or prevent symptoms**. It is important to **choose them carefully**, not because you saw an ad on television or a friend gave you some. Know which are right for you and your family and when you should take them. **BE ESPECIALLY CAUTIOUS WITH CHILDREN UNDER THE AGE OF TWO.**
- **Use them carefully.** Some medicines treat more than one problem. For example, a cold medicine may also contain an ingredient for fever. You do not need to take extra medicine.
- **Always read the label.** In a minute, we will look at a sample medicine label. Do not assume you know what the label says or what to do because you have taken the medicine before or someone else has told you about it. Medicines change - **instructions** change - so **always read the label.**
- We are talking only briefly about medicines. It is important to learn more about over-the-counter medicines you use and how they might react with your prescription medicines. Your doctor should be aware of all medicines you take, even over-the-counter medicines (and vitamins too).
- You can learn more about medicines and how to use them from the Food and Drug Administration. We will give you more resource information later.

Reference/resource: [www.familydoctor.org/otc.xml](http://www.familydoctor.org/otc.xml)

**Training Notes:**

Ask group to think about ads they heard on TV or radio. Talk about some of the side effects. Ask “What are some of these?” Dry mouth, dizziness, sleepiness, etc.

## OTC Medicine Categories

- Fever reducers
- Pain relievers
- Antihistamines
- Decongestants
- Cough suppressants
- Expectorants

- There are different **categories** of over-the-counter drugs that treat cold or influenza symptoms like fever, aches and pains, and coughs. There are many different medicines within a category. They can be generic or familiar name brands but may contain the same active ingredient and treat the same symptoms.
- Two categories are antipyretics or **fever reducers** and analgesics or **pain relievers** that can also be used for fever. They contain ingredients like acetaminophen, for example Tylenol; aspirin, like Bayer or Anacin; ibuprofen, like Advil or Nuprin or; naproxen, like Aleve.
- Other categories include **antihistamines** that dry you up and relieve allergy symptoms like sneezing, itching or runny nose. A common example is Benedryl. **Decongestants** thin mucus and help relieve a stuffy nose, for example Sudafed. **Cough suppressants** help stop a dry cough and **expectorants**, like Robitussin, help loose coughs by helping to break up mucus.
- These are only some examples. We have a handout with medicine definitions for words you may see or hear when choosing medicines, including some common active ingredients. You can find out more by checking the sites on the resource list you will get at the end of the training. If you or your loved ones are able to take any of these medications, it is a good idea to keep them in your medicine cabinet in case you have to shelter at home in an emergency.
- How do you know which category of medicine you need or what ingredient is in the medicine? **Read the Label!**

**Training Notes:**

When giving examples of categories, note that you are NOT promoting a specific brand. Distribute OTC label examples. Cross reference with Unit 2 Preparation.

Always  
Read  
the  
Label!

**Drug Facts**

<b>Active ingredients (in each packet)</b>	<b>Purpose</b>
Aluminum sulfate tetradecahydrate, xxx mg	Astringent*
Calcium acetate monohydrate, xxx mg	Astringent*

\* When combined together in water, these ingredients form the active ingredient aluminum acetate. See **Directions**.

---

**Use**

- For temporary relief of minor skin irritations due to insect bites

---

**Warnings**

**For external use only**

**When using this product**

- avoid contact with eyes. If contact occurs, rinse thoroughly with water.
- do not cover compress or wet dressing with plastic to prevent evaporation
- in some skin conditions, soaking too long may overdry

---

**Stop use and ask a doctor if**

- condition worsens or symptoms last more than 7 days

---

**Keep out of reach of children.** If swallowed, get medical help or contact a Poison Control Center right away.

---

**Directions**

- dissolve 1 to 3 packets in a pint (16 oz) of cool or warm water
- stir until fully dissolved; do not strain or filter. The resulting mixture contains 0.15% (1 packet), 0.30% (2 packets), or 0.45% (3 packets) aluminum acetate and is ready for use.

**For use as a soak:**

- soak affected area for 15 to 30 minutes as needed, or as directed by a doctor
- repeat 3 times a day or as directed by a doctor
- discard solution after each use

**For use as a compress or wet dressing:**

- soak a clean, soft cloth in the solution
- apply cloth loosely to affected area for 15 to 30 minutes
- repeat as needed or as directed by a doctor
- discard solution after each use

---

**Inactive ingredients** XXXXXXXXXXXXXXXX

---

**Questions or comments?** call toll free 1-800-XXX-XXXX

“Over the counter” medicine labels have important usage and warning information to help you. Follow directions and any instructions from your doctor. If you have questions after reading the label, ask the pharmacist, your doctor or other medical professional. This is an example of what a label looks like.

- **Active Ingredient** – what medical substance and how much is in the product per unit. A unit could be a pill, tablet, or teaspoon, etc. You want to be careful not to use more than one medicine with the same active ingredient.
- **Purpose** – what category of medicine it is, like an antihistamine.
- **Uses** – what symptoms or disease it will treat or prevent. This will help you decide if it is right for your problem.
- **Warnings** – when not to use it, when to talk to a doctor, possible side effects, when to stop using it and other important things to know.
- **Directions** – what age it is for, how much to take, how often, and for how long. Follow instructions exactly. Be cautious of the difference between a teaspoon and tablespoon. A spoon does not measure liquid medicine the same as a dropper or device you may get with the medicine. So use that dropper.
- **Other information**, such as how to store it.
- **Inactive ingredients**, such as added colors or flavors. You may be sensitive to these.

Reference/resource: [www.fda.gov](http://www.fda.gov)

**Training Notes:**  
 Distribute the “Medicine Label” and “OTC Glossary” handouts and pass around empty OTC boxes. You can emphasize key points by drawing on the slide in Slide Show View: Right-click and select Pointer Options. Click a pen option and hold the mouse button as you write or draw on the slide. For a smoother transition to drawing, use the keyboard. CTRL+P will switch to the pen. CTRL+U will go back to the pointer. Practice in advance.

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## “What’s on the Label?” Medicine Label

# WHAT'S ON THE LABEL

All nonprescription, over-the-counter (OTC) medicine labels have detailed usage and warning information so consumers can properly choose and use the products.

Below is an example of what the new OTC medicine label looks like.

### ACTIVE INGREDIENT

Therapeutic substance in product; amount of active ingredient per unit

### USES

Symptoms or diseases the product will treat or prevent

### WARNINGS

When not to use the product; conditions that may require advice from a doctor before taking the product; possible interactions or side effects; when to stop taking the product and when to contact a doctor; if you are pregnant or breastfeeding, seek guidance from a health care professional; keep product out of children’s reach

**Drug Facts**

**Active ingredient (in each tablet)**  
Chlorpheniramine maleate 4 mg

**Purpose**  
Antihistamine

**Uses**  
temporarily relieves these symptoms due to hay fever or other upper respiratory allergies: sneezing, runny nose, itchy, watery eyes, itchy throat

**Warnings**  
Ask a doctor before use if you have:  
glaucoma, a breathing problem such as emphysema or chronic bronchitis, trouble urinating due to an enlarged prostate gland.  
Ask a doctor or pharmacist before use if you are taking tranquilizers or sedatives.  
When using this product:  
you may get drowsy, avoid alcoholic drinks, record, sedatives, and tranquilizers may increase drowsiness, be careful when driving a motor vehicle or operating machinery, restlessness may occur, especially in children.  
If pregnant or breast-feeding, ask a health professional before use. Keep out of reach of children. In case of overdose, get medical help or contact a Poison Control Center right away.

**Directions**

adults and children 12 years and over	take 1 tablet every 4 to 6 hours; not more than 6 tablets in 24 hours
children 6 years to under 12 years	take 1/2 tablet every 4 to 6 hours; not more than 3 tablets in 24 hours
children under 6 years	ask a doctor

**Other information**  
store at 20-25° C (68-77° F) protect from excessive moisture

**Inactive ingredients**  
D&C yellow no. 10, lactose, magnesium stearate, microcrystalline cellulose, pregelatinized starch

### PURPOSE

Product action or category (such as an antihistamine, antacid, or cough suppressant)

### DIRECTIONS

Specific age categories, how much to take, how to take, and how often and how long to take

### OTHER INFORMATION

How to store the product properly and required information about certain ingredients (such as the amount of calcium, potassium, or sodium the product contains)

### INACTIVE INGREDIENTS

Substances such as colors or flavors

*The Drug Facts labeling requirements do not apply to dietary supplements, which are regulated as food products, and are labeled with a Supplement Facts panel.*



For more information visit: [www.fda.gov/cder](http://www.fda.gov/cder) or call 1-888-INFO-FDA  
U.S. Department of Health and Human Services  
Food and Drug Administration



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## **Glossary of Common Over-the-Counter Medical Terms**

Following are words you may see when you look at a medicine label. These words may sound complicated and technical. Having a basic understanding of these words and what they mean will help you in selecting the best medicine for your needs. Brand names are given as examples only and not as recommendations.

Remember to read the label, follow directions and be aware of any warnings or side effects before taking any medicines.

Acetaminophen - You will see this word as the active ingredient in certain medicines that are used to relieve pain and fever. This pain reliever is often used when you do not want to or cannot use aspirin. Examples of brands you may be familiar with are Tylenol and Liquipin. Acetaminophen will not prevent or reduce inflammation or swelling.

Analgesic - You may see this word as the purpose on a medicine label. An analgesic is a medicine used to reduce or relieve pain. Many also reduce fever and are anti-inflammatory (reduce swelling). There are many different types of analgesic medicines that contain different active ingredients. Active ingredients you may see on the medicine label for an analgesic include Aspirin, Acetaminophen and Naproxen.

Antihistamine - You may see this word as the purpose on a medicine label. It is a medicine used to reduce or prevent an allergic reaction. It can be used to help a runny nose, sneezing, watery eyes or itching. Antihistamines work by reducing these symptoms caused by histamine which the body releases during an allergic reaction. There are many different types of antihistamine medicines that contain different active ingredients. Active ingredients you may see on the medicine label for an antihistamine include Dimenhydrinate, Diphenhydramine and Loratadine.

Antipyretic - You may see this word as the purpose on a medicine label. Antipyretics are used to relieve or reduce fever. There are many different types of antipyretic medicines that contain different active ingredients. Active ingredients you may see on the medicine label for an antipyretic include aspirin, acetaminophen, ibuprofen and naproxen.

Aspirin - You may see this word as the active ingredient on a medicine label. It is used to reduce pain and fever. Aspirin can also reduce mild swelling and inflammation. Aspirin is a type of nonsteroidal anti-inflammatory drug which means it reduces inflammation but does not contain steroids. Some brand names include Bayer and St. Joseph.

Cough Suppressant - You may see this word as the purpose on a medicine label. A cough suppressant helps you stop coughing or cough less often. An active ingredient you may see on the medicine label for a cough suppressant is Dextromethorphan.

Decongestant - You may see this word as the purpose on a medicine label. Decongestants are used to relieve nasal congestion or a stuffy nose. They may be taken as a nose spray, drops or pills or tablets. There are different types of decongestant medicines that contain different active

ingredients. Active ingredients you may see on the medicine label for a decongestant include Pseudoephedrine and Phenylephrine.

Dextromethorphan - You may see this word as an active ingredient in medicines that are cough suppressants. Some examples of brand names are Triaminic, Robitussin and Vicks 44.

Dimenhydrinate - You may see this word as an active ingredient in medicines that work as antihistamines. An example of a brand name is Dramamine.

Diphenhydramine - You may see this word as an active ingredient in medicines that works as antihistamines to temporarily relieve the symptoms of hay fever and other allergies. An example of a brand name is Benedryl.

Drug - This is a substance used in or as a medicine.

Expectorant - You may see this word as the purpose on a medicine label. Expectorants thin mucus so you can cough it up easier. An active ingredient you may see on the medicine label for an expectorant is Guaifenesin.

Generic - Official non brand names by which medicines are known. Generic names are usually the chemical or active ingredient name of the drug.

Guaifenesin - You may see this word as an active ingredient in medicines that work as an expectorant. Examples of brand names are Mucinex and Robitussin.

Ibuprofen - You may see this word as an active ingredient in medicines that are used to relieve pain. Ibuprofen is a type of nonsteroidal anti-inflammatory drug which means it reduces inflammation but does not contain steroids. Brand names include Advil and Motrin.

Loratadine - You may see this word as an active ingredient in medicines that work as antihistamines to temporarily relieve the symptoms of hay fever and other allergies. Examples of brand names are Alavert and Claritin.

Naproxen – You may see this word as an active ingredient in medicines that are used to relieve pain. Naproxen is a type of nonsteroidal anti-inflammatory drug which means it reduces inflammation but does not contain steroids. An example of a brand name is Aleve.

NSAID - This is a commonly used acronym to refer to the type of nonsteroidal anti-inflammatory drugs or drugs that are used to reduce inflammation but contain no steroids.

Over-the-counter - These are medicines or drugs that you can buy without a prescription. The term comes from a time before self service drug stores where you had to ask a clerk behind a counter for the drug.

Pain Relievers - You may see these words under uses on a medicine label. Pain relievers are found in the category of Analgesic medicines, sometimes called painkillers, used to relieve or reduce pain.

Phenylephrine - You may see this word as an active ingredient in medicines that work as a decongestant to relieve nasal congestion. An example of a brand name is Neo-Synephrine.

Pseudoephedrine – You may see this word as an active ingredient in medicines that work as a decongestant to relieve nasal congestion. An example of a brand name is Sudafed.

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Slide 52

## OTC Medicine Safety

- Use only when needed and helpful.
- Understand what the medicine does.
- Read label for warnings and usage.
- Follow directions.
- Do NOT use expired medicine.
- Ask about interactions.
- Ask about children's use and store out of children's reach.

- In summary, **use only when needed** – do not continue to use it if it does not make you feel better.
- Know what the medicine is and **what it is used for**. If you take more than one medicine, be careful not to duplicate ingredients. Too much of a good thing could be bad for you.
- **Read the label** for warnings and proper use. Read about any side effects.
- **Follow directions** for proper dosage.
- Follow directions for how often and how long it can be used.
- Check the **expiration date** on the package. Replace outdated medications.
- Ask a pharmacist or doctor about **interactions** with other medicines you take.
- Ask a pharmacist or doctor about **dosage** and brands for children.
- **Store medicine** away from the reach of children and pets.
- These precautions will also apply to any prescription medicines you have.

**Training Notes:**

Cross reference Module 2.4 First Aid Kit and Medicine Kit.

## Taking a Temperature

- When is the best time?
- What should I use?
  - Plastic Strip
  - Glass
  - Digital
  - Tympanic (in ear)



When someone is sick, you want to monitor their temperature. Feeling a person's forehead can give you some information, but is not accurate. Knowing a person's temperature, along with observing their general overall condition, can help tell you how ill the person is.

Here are some **things to keep in mind** when taking a temperature. A person's body temperature is usually lowest in the morning. You should NOT take a temperature after someone has a hot shower or bath, or after they have cold or hot food or drink. This can give an inaccurate reading.

There are **different kinds of thermometers**

- **Plastic strips** – These can be Forehead strips that are inexpensive, quick, and easy to use, but not as accurate as other methods or new oral and underarm strips, which are fairly accurate.
- **Glass mercury** thermometer – There is a concern over the safety of a glass thermometer and possible exposure to mercury. If you have one and do not want to use it, find out about the proper way to dispose of it.
- **Digital** – More expensive, but recommended by doctors as safe and accurate.
- **Tympanic** Thermometers – These measure temperatures inside the ear. They are quick, easy to use and accurate. More expensive and not as accurate for very young children. Not recommended for very young babies.

**Training Notes:**

Ask the group questions such as, "Have you ever taken someone's temperature? How many had to take a temperature in the last week, month...? What kind of thermometer did you use? Did you have any problems?" Have samples of different types of thermometers, so you can show and demonstrate. As you discuss each, ask if anyone has ever used this type before.

## Taking a Temperature (Cont.)

- How do I use it?
  - Forehead
  - Oral
  - Underarm
  - Ear
  - *Rectal*
- What does it mean?
- Follow instructions - learn more

There are **different ways** to take a temperature.

- **Forehead** temperature, using a plastic strip, is an easy way to see if someone has a fever but may not be as accurate as other methods.
- **Oral** is generally preferred for people aged four and older, but remember cautions in using glass mercury thermometers.
- **Under the arm** is convenient for people who cannot hold a thermometer in their mouth, but it is not as accurate. We also mentioned the thermometer that can be used **in the ear**.
- **Rectal** – There are significant risks to taking rectal temperatures and should **ONLY** be done under the advice of a doctor.

Whatever method you choose, be sure and **follow the instructions** for sanitizing and using the thermometer. For example, if you use a digital thermometer, wait until you hear the beep.

Now that you have taken the temperature, do you understand **what it means**? The number does not mean the same for all people and all illnesses. Know what is usually normal for you and your family. At the end of the training, you will get a resource list that will give you suggestions on where you can **learn more**.

**Training Notes:**

This module can be expanded to demonstrate different methods or have participants practice (see suggested activity). This module is related to Unit 5 Managing Symptoms, Module 5.3 Fever. If your training does not include that module, you may want to include information here.

## Special Considerations

- Written special instructions
- Medicine, equipment, and supplies
- Medical instructions
- Diet restrictions
- Medication interactions
- Medication allergies
- Medication dosage

Before an emergency happens, ask yourself these questions:

- Do you have **written instructions** for any special medicine or care needs for yourself or others in your family?
- Do you have the **medicine, supplies, and equipment** you might need available? Supplies could range from the availability of medical necessities, like oxygen or wheelchair batteries, to something as simple as reading or coloring books for children who may have to stay at home.
- Do you have special **instructions** from a doctor? Is the person on a **restricted diet**?
- Are you aware of **medication interactions**? Does your doctor know about all the medicines each person is taking? Medicines may react differently when combined with other medications. Older adults in particular may already be using a variety of medications. Before you use additional medications to treat an illness, make sure you know about possible interactions.
- Is the person **allergic** to any medications?
- Have you adapted the medicine **dosage**? What is your child's age and weight? Some children's medicine is given by age or weight.

**Training Notes:**

Ask the group "So, how did you do? What other things might you need to be aware of?" Cross reference with Unit 2 Preparation. Remind them of what they learned in that unit.

## Special Considerations (Cont.)

- U.S. Food and Drug Administration
- FL Agency for Persons with Disabilities
- FL Department of Elder Affairs
- FL Department of Health
- The Nemours Foundation's Center for Children's Health Media

Here are just a few agencies that can help provide information on taking care of people with special needs. You will get a resource list with contact information and websites for these and even more agencies.

- The **U.S. Food and Drug Administration** provides materials and education on the safe use of drugs for everyone with special information for seniors and children.
- The **Florida Agency for Persons with Disabilities** works in partnership with local communities to provide critical services and support for persons with developmental disabilities.
- The **Florida Department of Elder Affairs** provides information on programs and services for elders, their families, and caregivers.
- The **Florida Department of Health** promotes and protects the health and safety of all people in Florida through the delivery of quality public health services and the promotion of health care standards. The department has many programs aimed at emergency preparedness as well as improving the health of all citizens – children, adolescents, adults and elders.
- The **Nemours Foundation's Center for Children's Health Media** provides educational materials and information on caring for children.

**Training Notes:**

If you use this slide, cross reference it with Unit 6 Staying Informed.

## Special Considerations

- Older adults
- Children
- People with disabilities



- It is important to be aware of any special needs you or the person you are taking care of may have.
- If the person you are caring for is a **baby**, a **child**, an **older adult**, or a person with a **disability**, be alert to any special care requirements. Be prepared for meeting these needs in case you have to shelter at home.
- You need to be aware of differences in food or medicine needs. Nutritional and medicine needs change as people age. It is very important to know if a medicine can be used for a child and how much to give them. And remember, **NEVER** give children and teenagers aspirin or drugs that contain aspirin unless instructed to by a doctor.

Reference/resource: [www.ready.gov/america/getakit/disabled.html](http://www.ready.gov/america/getakit/disabled.html)

### Training Notes:

This module can be expanded to meet the interests of the specific audience you are training. Some of the following slides are specific to caring for older adults, children or people with disabilities.

## Special Considerations for Seniors

### Nutrition and Hydration

- Maintain nutrition and fluids.
- Do not wait for symptoms.
- Do not wait until you are thirsty.
- Follow any medical restrictions.
- Learn what is right for you and what you can do.



- As we discussed earlier, general care during a public health emergency or disaster requires maintaining a healthy diet and getting plenty of fluids. Some older people have everyday challenges eating well or staying hydrated. This can be even more difficult in the face of a disaster. You may not want to think about food or cooking. A sick person may not feel like eating or drinking. **Food and water** are important to help you avoid additional problems and maintain your energy level.
- Conditions such as chewing problems or acid reflux may keep you away from certain foods and affect your nutrition; other conditions, like kidney disease, may require fluid restrictions; and some medications cause dehydration or have food restrictions. All these things can make it difficult to get the nutrition and fluids you need.
- **Do not wait until you are thirsty.** Being thirsty is a signal your body is already on its way to dehydration. If you are sick, your body needs even more water to replace what is lost from a fever, diarrhea, or vomiting. Even in an emergency, be aware of and **follow any diet restrictions** your doctor has recommended for you or others in your home. Know **what is right for you** and others in your home.

Reference/resource: [www.cdc.gov/nutrition](http://www.cdc.gov/nutrition), [www.fda.gov](http://www.fda.gov)

#### Training Notes:

Distribute the handout, "Eating Well as We Age."

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## Eating Well As We Age

### Eating Well

Many older people have trouble eating well. This booklet tells why. Then it gives ideas on what you can do about it. Using the food label is one way to eat well. There are others.

#### Problem: Can't chew

Do you have trouble chewing? If so, you may have trouble eating foods such as meat, fresh fruits, and vegetables.

#### What to do: Try other foods

Instead of:	Try:
fresh fruit	fruit juices and soft canned fruits, such as applesauce, peaches, and pears
raw vegetables	vegetable juices and creamed and mashed cooked vegetables
meat	ground meat, eggs, milk, cheese, yogurt, and foods made with milk, such as pudding and cream soups
sliced bread	cooked cereals, rice, bread pudding, and soft cookies

#### Problem: Upset stomach

Too much gas and other stomach problems may make you stay away from foods you think cause the problem. This means you could be missing out on important nutrients, such as vitamins, calcium, fiber, and protein.

#### What to do: Try other foods

Instead of:	Try:
milk	milk foods that may not bother you, such as cream soups, pudding, yogurt, and cheese
vegetables such as cabbage and broccoli	vegetable juices and other vegetables, such as green beans, carrots, and potatoes
fresh fruit	fruit juices and soft canned fruits

#### Problem: Can't shop

You may have problems shopping for food. Maybe you can't drive anymore. You may have trouble walking or standing for a long time.

**What to do:**

- Ask the local food store to bring groceries to your home. Some stores deliver free. Sometimes there is a charge.
- Ask your church or synagogue for volunteer help. Or sign up for help with a local volunteer center.
- Ask a family member or neighbor to shop for you. Or pay someone to do it. Some companies let you hire home health workers for a few hours a week. These workers may shop for you, and do other things. Look for these companies in the Yellow Pages of the phone book under "Home Health Services."

**Problem: Can't cook**

You may have problems with cooking. It may be hard for you to hold cooking utensils and pots and pans. Or you may have trouble standing for a long time.

**What to do:**

- Use a microwave oven to cook TV dinners, other frozen foods, and foods made up ahead of time by the store.
- Take part in group meal programs, offered through senior citizen programs. Or have meals brought to your home.
- Move to a place where someone else will cook, such as a family member's home or a home for senior citizens.
- To find out about senior citizen group meals and home-delivered meals, call (800) 677-1116. These meals cost little or no money.

**Problem: No appetite**

Older people who live alone sometimes feel lonely at mealtimes. This feeling can make you lose your appetite. Or you may not feel like making meals for just yourself. Maybe your food has no flavor or tastes bad. This could be caused by medicines you are taking.

**What to do:**

- Eat with family and friends.
- Take part in group meal programs, offered through senior citizen programs.
- Ask your doctor if your medicines could be causing appetite or taste problems. If so, ask about changing medicines.
- Increase the flavor of food by adding spices and herbs.

**Problem: Short on money**

Not having enough money to buy enough food can keep you from eating well.

**What to do:**

- Buy low-cost food, such as dried beans and peas, rice, and pasta. Or buy food that contain items, such as split pea soup, canned beans, and rice.
- Use coupons for money off on foods you like.

- Buy foods on sale. Also buy store-brand foods. They often cost less.
- Find out if your local church or synagogue offers free or low-cost meals.
- Take part in group meal programs, offered through local senior citizen programs. Or have meals brought to your home.
- Get food stamps. Call the food stamp office listed under your county government in the blue pages of the phone book.

### **Read Food Labels**

Look for words that say something healthy about the food. Examples are: "Low Fat," "Cholesterol Free," and "Good Source of Fiber." Also look for words that tell about the relation of food to a disease. A low-fat food may say: "While many factors affect heart disease, diets low in saturated fat and cholesterol may reduce the risk of this disease." The words may be on the front or side of the food package. The FDA makes sure these words are true.

### **Look For 'Nutrition Facts'**

Most food labels tell what kinds and amounts of vitamins, minerals, protein, fat, and other nutrients are in food.

This information is called "Nutrition Facts."

- Look at the serving size.
- Find the % Daily Value. The numbers underneath tell how much of each nutrient listed is in one serving.
- About 100% of each nutrient every day is usually healthful. If you're on a special diet, such as a low-sodium or low-fat diet, use the % numbers to pick low-sodium and low-fat food.

### **For More Information**

If you have questions, you can call your nearest FDA office. Look for the number in the blue pages of the phone book. Or call the FDA's toll-free number (888) INFO-FDA (463-6332). Or look for the FDA on the Internet at [www.fda.gov](http://www.fda.gov)

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The Food and Drug Administration is an agency of the U.S. Department of Health and Human Services that makes sure foods are safe, wholesome, and honestly labeled.

Department of Health and Human Services  
 Food and Drug Administration  
 5600 Fishers Lane (HFI-40)  
 Rockville, MD 20857  
 FDA05-1107C

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## Special Considerations for Seniors

### Medicine Safety

- Be informed.
- Communicate.
- Know your medicine.
- Use your medicine correctly.
- Store your medicine properly.
- Keep good records.
- Ask questions.

More than one in five older adults use a medicine that may be wrong for them. Follow these basic steps to make sure you are using medicines safely.

- **Be informed.** The more you know, the safer you are.
- **Communicate** to avoid harmful drug interactions or taking more medicine than you need. Tell your doctor about allergies and all your medicines, over-the-counter products, vitamins and supplements. Use one pharmacy, if possible.
- **Check your medicine** before you take it. Is it the right shape, color, and size? Does the label match the name and dose you thought it was supposed to be?
- **Know how to take your medicine.** Is it taken with, or without food, or at a certain time? Have you been trained in preparing and taking insulin or giving insulin to someone you care for?
- **Store medicines** together in a cool, dry, designated place, unless it has special instructions like “store in the refrigerator.” If refrigerated, always keep them in the same spot so they will be easy to find. If children live with or visit you, make sure your medicines are out of their reach. Do not mix medicines together, store them in their original containers.
- **Keep a list** of all medicines for you or others in your home, along with any special instructions. This will make it easy to keep track of and easy to find in an emergency.
- **Ask questions.** Ask your doctor or pharmacist if you have questions or concerns, if a medicine doesn’t seem to be working, or if you think you may be having a side effect.

Reference/resource: [www.drugdigest.org](http://www.drugdigest.org)  
[www.caregiver.org](http://www.caregiver.org)

#### Training Notes:

Distribute the handout, “Medicines and Older Adults.”

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## **Medicines and Older Adults**

The Food and Drug Administration, or FDA, is a United States government agency that makes sure medicines are safe and accurately labeled.

### **Be More Careful With Medicines**

While everyone needs to be careful about taking medicines, older adults need to be even more careful. This is because:

- Older people often take more medicines than younger people
- Older people may react differently to medicine.

This brochure will tell you what older adults need to know about the medicines they take.

### **Problems**

Two of the biggest problems older people have with medicines are:

- Reactions from mixing two or more drugs in the body, called "drug interactions." A drug interaction can cause bad effects (usually called side effects), such as a rash, stomach upset or sleepiness.
- Getting too much of one medicine, called "drug overdose." This, too, can cause side effects.

Older people are more likely to have side effects from drug interactions or drug overdoses because:

- They are more likely to take a number of different drugs.
- Their bodies use food and drugs slowly. This means that it may take longer for a drug to start working. Drugs also may stay in their bodies longer. This can cause too much of the medicine to be in the body.

Common side effects of drugs are:

- upset stomach, such as diarrhea or constipation
- blurred vision
- dizziness
- mood changes
- skin rash

"Start low and go slow" is good advice for older people when taking medicines. This means starting at the lowest dosage, and if this isn't effective, increasing the dosage slowly.

## How to Prevent Drug Side Effects

- Take a drug only if you really need it. Ask your doctor if there is another way to treat a problem before taking prescription or over-the-counter drugs.
- Tell your doctor about all the drugs, vitamins, herbs and other pills you take. Make sure to include both prescription drugs (ones you get from the pharmacist with a doctor's prescription) and over-the-counter drugs (ones you can buy yourself without a prescription). If you have several doctors, make sure they all know what the others are prescribing.
- Ask one doctor, such as an internist or family medicine doctor, to track all your medicines. Put all your medicines in a bag. Take them to your next doctor's appointment. This is the best way to let your doctor know what medicines, vitamins and other pills you are taking.
- If you need drugs to treat more than one condition, ask your doctor if there is one drug that can treat both. For example, some blood pressure medicines also treat migraine headaches.
- If you have side effects, write them down. Write down when they happened. Also write down any new problems you have, even if you think they are not related to the drug. Tell your doctor about these side effects. Ask the doctor if there is another drug that may be better for you to take.
- Learn about the drugs you are taking. Ask the pharmacist and doctor questions. Read the information that comes with the medicine. Or, ask a family member or friend to read it for you.
- Follow directions. Read the label. Understand when you should take the medicine and how much you should take.
- Always take your medicine when you should.

## Easy Ways to Take Medicine

You may have problems that make it hard for you to take medicine. Many older adults can't see well, can't use their hands well, or forget things easily. Here are some ways to make it easy for you to take medicine:

- Ask the pharmacist to put your medicines in big bottles that are easy to open.
- Ask for bottles with labels printed in large letters or use a magnifying glass, and read the label under bright light.
- Find ways to remind you to take your medicine. One way is to take medicines at the same time every day. For example, at meals or before you go to bed. Use charts and calendars. Or put all the drugs you need to take for one day -- or one week -- in a small container, like a pillbox. You can buy pillboxes at drug stores. If you forget easily, you also might want to ask a family member or a nurse or other health worker to remind you when and how much medicine you need to take.
- Ask your doctor to set easy dosing times for you.

## Questions to Ask Your Doctor or Pharmacist

- What is the name of the drug? Is this the brand name or a copy of the brand-name drug? Copies of brand-name drugs are called "generic drugs." They usually cost less than brand-name drugs, but they work the same.

- If the prescription is written for a brand name, is it OK for the pharmacist to give me the generic version of this drug?
- What does the drug do?
- When should I take the drug? How often?
- Does it matter if I take it with food?
- Are there any foods I should stop eating while I'm on this drug?
- Is it safe to drink alcohol, such as beer or wine, while I'm on this drug?
- How long will I need to take this drug?
- What should I do if I forget to take the medicine?
- What are common side effects?
- How will I know if this drug is working?
- Where should I keep this drug?

### **How to Save Money on Medicines**

- When trying a drug for the first time, ask your doctor for free samples. Or ask the pharmacist for just a few pills before getting the whole prescription filled. That way, you can see if you have problems with the medicine before paying for a whole bottle.
- For drugs you take all the time, buy larger amounts at a time so that the price for each pill is cheaper. But before you do this make sure you will be able to use all the medicine within at least a year. Holding on to medicines for a long time may cause the drug to lose its ability to work.
- Call around to see which store has the lowest price.
- If you are an older person ask about a senior citizen's discount.
- Ask your doctor if it's OK to take a generic drug instead of the brand-name drug. If it is OK, tell the pharmacist you want the generic version of the medicine.
- For drugs bought over the counter, buy the store-brand or discount brand. The pharmacist can help you choose.
- Call or write to the local chapter of the American Association for Retired Persons (AARP) or a local chapter of a health organization, such as the American Diabetes Association or the American Heart Association. You may be able to buy drugs through them at lower prices.

### **Do You Have Other Questions About Medicines?**

FDA may have an office near you. Look for the number in the blue pages of the phone book.

Or, call FDA's toll-free number, 1-888-INFO-FDA (1-888-463-6332). Or, visit the World Wide Web at [www.fda.gov](http://www.fda.gov)

The Food and Drug Administration is an agency of the U.S. Department of Health and Human Services that makes sure that mammogram facilities are inspected and certified.

Department of Health and Human Services  
 Food and Drug Administration  
 5600 Fishers Lane (HFI-40)  
 Rockville, MD 20857

(FDA) 00-3237

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## Special Considerations for Seniors

### Dealing with Stress and Fear

- Everyone has different ways of coping.
- Strong feelings are normal.
- Acknowledge your feelings.
- Focus on your strengths.
- Focus on what you CAN do.
- Stay active – maintain a routine.
- Talk with others.

- We like to think of ourselves as strong, tough, and independent, but when a disaster strikes you may find yourself feeling afraid, alone, helpless, anxious, and vulnerable.
- Everyone has different needs and **different ways for coping** with these feelings. It is important to know, these are **normal feelings** in these circumstances. Anger, sadness, and grief are normal reactions to an abnormal event. **Acknowledge your feelings** and **focus on your strengths and what you can do**, not on what may seem impossible. Other ways to relieve stress include **staying active** and **maintaining as normal a daily routine** as possible. After the emergency, **talking to someone else** about your feelings, and asking for and **accepting help** for what you need is healthy.
- If you are caring for someone else, understand that they too have these feelings. People who may not clearly understand what is happening can have an exaggerated response.

Reference/resource: [www.mentalhealth.samhsa.gov](http://www.mentalhealth.samhsa.gov)

#### Training Notes:

This slide is animated so the title appears first. Ask participants to share how they felt and ways that helped them cope during emergencies or illness. Following the discussion, show the bullets to summarize and include information not mentioned.

## Special Considerations for Children

### Introduction

- Infants: 0-1 year
- Toddlers: 1-3 years
- Preschoolers: 3-5 years
- School-aged children: 6-11 years
- Adolescents: 12-17 years
- Talking with children after a disaster

- The slides in this module about children contain information regarding the health promotion of **infants, toddlers, preschoolers, school-aged children, and adolescents**. It is important during a public health emergency to maintain a child's normal routines of eating, activity, and rest as much as possible. A sense of normalcy will help your child to cope with the disaster.
- We will also discuss **talking with children after a disaster** and helping calm their fears.
- Keep in mind these are general guidelines for healthy children. Ideally, you have a pediatrician or family doctor to seek additional information regarding the medical care of your child, especially if you have a child with special needs.

#### Training Notes:

This slide is animated to allow bullets to appear one at a time at the click of the mouse.

Age ranges for each group are based on Centers for Disease Control and Prevention guidelines.

## Special Considerations for Children

### Infants

- Nutrition
- Sleep and activity
- Immunizations



- The **nutrition** recommendations for children during the first six months of life include breast milk or formula and the addition of an iron-fortified baby cereal by four to six months. For babies who are only breastfed, wait until six months. Additional water or juice is **NOT** recommended for infants during the first four months. Do **NOT** heat breast milk or formula in the microwave. Instead, place the closed bottle in a bowl of warm water.
- During the second six months of life, breast milk or formula will continue to be the main source of nutrition for infants. Adding solid food should be based on the nutritional needs of the child. Most often, cereal with iron is introduced first.
- **Sleep and activity** routines are different for every child. By three to four months, infants usually have established a routine of sleeping at night. During periods of activity, allow your infant to safely move about for development. When putting your infant to sleep, always remember to place her on her back.
- The recommended **immunization** schedule begins while your child is an infant. Make sure to speak to your pediatrician about your child's immunization status.

Reference/resource: Hockenberry, M. J., Wilson, D., Winkelstein, M. L., & Kline, N. E. (2003). *Wong's Nursing Care of Infants and Children* (7th ed.). St. Louis, MO: Mosby.

**Training Notes:**

## Special Considerations for Children

### Toddlers

- Nutrition
- Sleep and activity
- Temperament



- Toddlers need additional **nutrients** such as calcium, iron, and phosphorus. Your toddler should be drinking two to three cups of milk per day. After your child is two years old, you can switch to skim or low-fat milk to reduce fat intake. Children are often picky eaters during this time and making meals more fun might help.
- Many toddlers nap once a day and may quit napping by their third year. Keeping a **sleep** routine will help toddlers to go to bed at night. **Activity** levels are usually high in toddlers. Ensuring safe play is important to prevent accidental injuries.
- The challenging **temperaments** of toddlers may change during a disaster. It is common for young children to cry more than usual and want to be held more. These are common reactions to the situation and should fade over time.

Reference/resource: Hockenberry, M. J., Wilson, D., Winkelstein, M. L., & Kline, N. E. (2003). *Wong's Nursing Care of Infants and Children* (7th ed.). St. Louis, MO: Mosby.

#### Training Notes:

Ask parents what creative ideas they use to encourage their toddlers to eat healthy foods? For example, celery canoes, slicing apples in a circle so they resemble cookies.

## Special Considerations for Children

### Preschoolers

- Nutrition
- Sleep and activity
- Fears



- The **nutrition** recommendations for preschoolers are similar for those of toddlers. Again, it is important for children to receive a variety of nutrients from different foods. Milk is still an important source of calcium. The amount of fat your preschooler consumes should be decreased. You may also want to decrease sugar intake. The American Academy of Pediatrics recommends that children from ages one to six drink less than a cup (four to six ounces) of fruit juice a day.
- **Sleep** routines for preschoolers can be very different for each child. On average, a child this age sleeps about 12 hours at night and may or may not take naps during the day. Waking during the night and nightmares are common. Again, this may increase during a disaster and should go away with time. Preschoolers tend to have the ability to be more physically **active** while playing. This should be encouraged as a healthy behavior.
- The highest numbers of **fears** tend to occur in this age group. Common fears include the dark and being left alone, as well as any fears the parent may show. These fears may become more apparent after a disaster, especially if children are separated from their parents. Parents should assure children of their safety and help them overcome fears. For example, using a night light in a child's bedroom may decrease a fear of the dark.

Reference/resource: Hockenberry, M. J., Wilson, D., Winkelstein, M. L., & Kline, N. E. (2003). *Wong's Nursing Care of Infants and Children* (7th ed.). St. Louis, MO: Mosby.

#### Training Notes:

## Special Considerations for Children

### School-Aged Children

- Nutrition
- Sleep and activity
- Fears



- The **nutrition** a school-age child receives is usually whatever the family is eating, so it is important to plan healthy meals. At this age children are tempted by advertisements of unhealthy food choices. It is important to speak with your children regarding what they eat and help them to make good choices.
- Again, **sleep** patterns vary. Most children at this age no longer nap during the day, and sleep about nine hours at night. School-age children continue to need a bedtime routine to avoid resistance. Encouraging **physical activity** is important at this age as children begin to develop strength and endurance. This may be difficult when sheltering at home. Think of ways to encourage activity at home, such as jumping rope.
- The numbers of **fears** tend to decrease at this age. School-age children may have fears about school and family issues. After a disaster, children may hear information from friends that is not accurate, causing increased fear. Discussing the fear with your children will help them to overcome it.

Reference/resource: Hockenberry, M. J., Wilson, D., Winkelstein, M. L., & Kline, N. E. (2003). *Wong's Nursing Care of Infants and Children* (7th ed.). St. Louis, MO: Mosby.

#### Training Notes:

## Special Considerations for Children

### Adolescents

- Nutrition
- Physical fitness
- Risky Behaviors



- Adolescents are able to make their own choices regarding **nutrition, physical activity, and risky behaviors**. These decisions can be greatly influenced by the adolescent's friends. It is important to have discussions with your teens and set boundaries, while showing respect for their growing independence.
- Common reactions after a disaster for adolescents may include risky behaviors, such as reckless driving, alcohol, or drug use. Others may decrease the time they spend with friends and have difficulty dealing with their feelings. These behaviors usually go away, but if they do not or they increase, you may want to seek professional advice.

Reference/resource: Hockenberry, M. J., Wilson, D., Winkelstein, M. L., & Kline, N. E. (2003). *Wong's Nursing Care of Infants and Children* (7th ed.). St. Louis, MO: Mosby.

#### Training Notes:

## Special Considerations for Children

### Talking with Children after a Disaster

- Protection
- Time to reflect
- Take the event seriously
- Differences in reactions
- Recovery
- Support

We spoke briefly about some of the common reactions children may have after a disaster. The ability of your child to cope will depend on the child and the extent of the situation. Here are some suggestions for helping your child after a disaster:

- Children are assured by their **parents' ability to protect** them. During a disaster, this protective feeling might be lost. Continue your normal safety routines after a disaster to restore this assurance. Be open and honest about the event.
- Allow your child **time to reflect** on the event. It is also important for you to reflect on your past experiences in order to help your child cope.
- Make sure your child knows that you **take the event, and what the child has been through, seriously**.
- **Each member of your family will respond to the event differently**. This means they will also differ in how they recover. Appreciate and respect these differences. Your family will **recover in different ways**. Remember that this process takes time.
- **Supporting your family and children** will help the recovery process. You may also find support from neighbors and other families who shared in your experience.

Reference/resource: National Child Traumatic Stress Network  
[http://www.nctnet.org/nccts/nav.dp?pid=ctr\\_aud\\_prnt\\_chlg](http://www.nctnet.org/nccts/nav.dp?pid=ctr_aud_prnt_chlg)

**Training Notes:**

Distribute "Parenting in a Challenging World" handout



# *Parenting* in a *Challenging* *World*



National Child Traumatic Stress Network

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**Parenting in a Challenging World**

**From the  
National Child Traumatic Stress Network**

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**National Child Traumatic Stress Network**

[www.NCTSN.org](http://www.NCTSN.org)

2005

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## Parenting in a Challenging World

### Introduction

Parents want the world for their children. They strive to help them grow and thrive. A large part of their work is to protect their children from harm, because the safety of a child is a worry that never disappears. The task of keeping a child safe is a full-time job.

But in spite of the care and best efforts by parents and others to keep a child safe, danger sometimes threatens. This danger may come from outside of the family, as an earthquake, flood, tornado, or school shooting, for example, or it may come from within the family, when violence occurs in the home. Sometimes, parents find themselves facing the limits of their ability to protect their child.

When the danger poses a threat of serious injury or death, it can become a source of psychological distress for the child. When this happens, we call it a traumatic event. By understanding how children experience a traumatic event and how they express distress about it, parents and families can help them through this challenging time. The ultimate goal is to restore balance to the family.

By understanding how children experience a traumatic event and how they express distress about it, parents and families can help them through this challenging time.

### Providing a Protective Shield

Parents strive to protect their children from harm, and children expect that parents will protect them. Parents protect young children by keeping them close or by leaving them in the hands of experienced and familiar caregivers. For example, with a very young child, parents stay close and make sure they hold their child's hand when crossing the street. A parent's care and concern is a protective shield that helps keep a child from harm. Often, a parent will go to great lengths to keep a protective shield around a child, doing whatever is necessary to keep a child from danger.

As a child gets older, the way a parent provides protection changes. With a school-aged child, parents provide protection by teaching the child how to be safe in the world when the parent isn't around. For example, a parent will teach a child how to cross the street safely when alone, or give advice about how to stay out of trouble with friends.

When a child becomes a teenager, it becomes harder to protect him or her. Teenagers want to be mature and make their own decisions, even though their choices may not always be the safest choices. Parents worry about their teenagers when they start to drive or go to parties with little adult supervision.

The protective shield, which is designed to protect the child from harm, is always being reshaped. When danger becomes trauma, this protective shield can be broken, either through the child's separation from parents or through the parents' temporary inability to protect the child from danger.

After a traumatic event in the family, the parents and children feel the loss of this protective shield. For different members of the family, it may take different efforts and different amounts of time for this protective shield to be restored.

### Taking Time to Reflect

As parents begin to cope with their child's traumatic event, the parents' own history of trauma and their feelings about their child's trauma influence how they react. For example, if a parent experienced the loss of a family member in the past, it will effect how they cope with their fear about their child's danger and make that experience feel even more intense. For this reason, after something bad has happened, it is important to take the time to step back and think about your own experience of your child's trauma and your own past traumas. Taking the time to consider your own personal experience can help you support your child after a trauma.

It is important to take the time to step back and think about your own experience of your child's trauma and your own past traumas.

### Taking the Event Seriously

Of course, parents recognize how serious a trauma is for their child. It's important that parents communicate to their child that they take very seriously what has happened and what it was like for their child.

Children can and do recover from a traumatic event, even when the event is very serious. Balance is the key in addressing traumatic events with children. It is important not to think that the trauma was so bad that the child may never recover. It is also important to take the child's reactions seriously and avoid telling the child that it wasn't so bad or thinking that it's OK to ignore the event and hope that the child forgets.

### Appreciating Differences in Reactions

When a child experiences a traumatic event, all family members are affected. However, each family member may react differently from the others. For example, a parent who was with the child during the event may feel the event was more serious than the parent who was away from the child at the time and heard about the event second hand.

Even in the closest of families, it is sometimes hard to remember that each family member may have a different reaction to a traumatic event. The difference is due, in part, to different people's past traumatic experiences, and in part to how close they were to the event. It also has a lot to do with the fact that we are all individuals and deal with life events in our own ways.

Some family members may believe that ignoring or forgetting the event will allow their child to heal, while other family members may feel an intense need to talk about the event. Still other family members may consider the event so serious that they worry their child may never recover.

The fact that different family members respond in their own unique ways can actually aid the family in healing. For example, a mother who was present during her child's trauma might feel more

protective of the child, restricting what the child is allowed to do away from home. She's working hard to protect her child. A father who was not present during the event might not feel as worried about the child's future safety. He may play the important role in the family of encouraging the child to venture out in the world again.

Different reactions to a traumatic event may also mean that family members will take different amounts of time to heal and recover from trauma. Developing an appreciation and respect for each other's course of recovery is one important step in helping the family heal.

### Understanding the Course of Recovery

The world will appear different after a traumatic event. At times the world will appear more dangerous than before. However, people have a great ability to adjust to life-changing events, even if it seems hard to imagine. Each person is an individual and each family member exposed to a traumatic event will need to find their own way to accepting a different view of the world. This is part of the healing process. Respect for the different paces that family members take to reach this acceptance is an important piece of recovery for the family.

People have a great ability to adjust to life-changing events, even if it seems hard to imagine.

### Acting as Partners in Recovery

In the end, for many people the path to a restored balance in their lives is through partnerships with others. They may find support in their spiritual beliefs or spiritual community, and many also find a rich source of support among their friends and family members.

For more information about child traumatic stress and recovery, please explore the many resources at [NCTSN.org](http://NCTSN.org).

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Parenting in a Challenging World  
National Child Traumatic Stress Network  
[NCTSN.org](http://NCTSN.org)  
November 2005

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## Special Considerations

### Caring for Someone with Dementia

- Stay calm, patient, and supportive.
- Maintain routine.
- Limit exposure to news.
- Listen to music.
- Look at pictures.
- Provide comfort foods.

- A person with **dementia** or other memory problem may not fully understand what is happening during an emergency. They can pick up on your emotions and may become more confused and anxious.
- You have your own fears and concerns, but it is important to **stay calm, patient, and supportive**. Offer a hand or a hug to reassure the person. Try not to leave them alone. If possible, spend extra time with them.
- **Maintain their daily routine** as much as possible.
- Try to **limit** their exposure to information on the television or radio about the emergency.
- Provide **items of comfort**, such as music or a familiar picture, or even a pillow to hug. And if possible, provide their favorite comfort foods.

Reference/resource: [www.fema.gov/plan/prepare/dementia.shtm](http://www.fema.gov/plan/prepare/dementia.shtm)  
[www.nlm.nih.gov/medlineplus/caregivers.html](http://www.nlm.nih.gov/medlineplus/caregivers.html)

**Training Notes:**

**Special Considerations**

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**Caring for Someone with Mobility Problems**

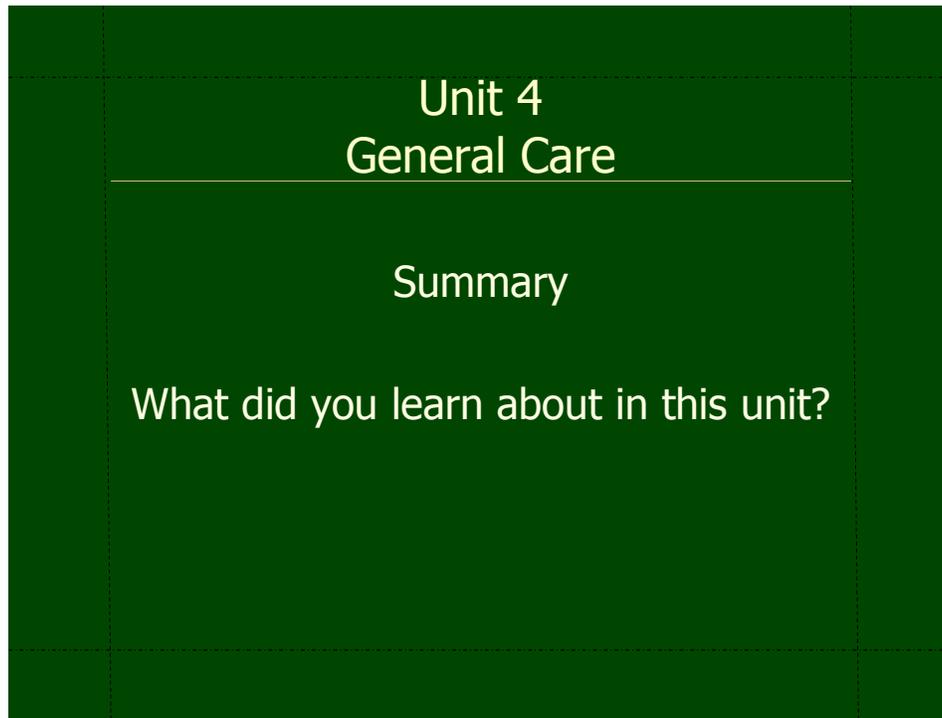
- Learn proper lifting techniques.
- Have proper equipment and assistive devices.

It is okay not to be perfect!

- The person you are taking care of may need help with everyday activities like walking, getting out of a bed or chair, and bathing. If you are taking care of someone who needs this help, you may be at risk for back pain or other injury. Talk with your doctor or local aging or disability resource center to find out how you can **learn the best way to provide care** or how you can get assistance.
- Find out if **special equipment**, such as grab bars, a cane, walker, wheel chair, chair lift or other assistive device may be right for that person. In an emergency, there may not be anyone easily available to help you. Be careful sitting someone up or moving them from their bed. Also be careful if you find yourself leaning over someone for a long time.
- Remember to also be patient with yourself. Slow down, lower your own expectations, and **forgive yourself for not being perfect.**

Reference/resource: [www.nlm.nih.gov/medlineplus/caregivers.html](http://www.nlm.nih.gov/medlineplus/caregivers.html)

**Training Notes:**



- So, **what have you learned** today and how will you use this information?

**Training Notes:**

Ask participants to relay back what they have learned from the Prevention Unit. Depending on the information you covered, their answers could include:

- Medication safety
- Taking a temperature
- Considerations for older adults or people with disabilities
- The general care of infants, toddlers, preschoolers, school-age children, and adolescents.
- How to help your child cope with their fears and talking to them about disasters.

Or they may choose to repeat the objectives:

1. List steps for using medicines safely.
2. Identify different kinds of thermometers.
3. Identify special considerations for caring for:
  - seniors
  - children
  - people with disabilities

Ask participants to spend a minute and make a plan for how they will use this information when they are home after they complete this course.

Transition to next unit by telling participants which unit will be covered next.

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## **Unit 5**

### **Managing Symptoms**

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## Unit 5 – Managing Symptoms



**Purpose:** To help participants recognize the difference between minor and major medical symptoms and provide them with basic information and resources for addressing symptoms.

**Objectives:** After completing this unit, participants should be able to:

1. Determine when to seek the advice of a healthcare professional.
2. Identify the differences between cold and flu symptoms.
3. Describe ways to provide basic home care for common cold or flu symptoms, such as cough, nasal problems, fever, sore throat, and dehydration.
4. Identify ways to manage symptoms common to other illnesses and conditions, such as upset stomach, minor wounds, and rashes.
5. Identify ways to manage common illnesses and conditions of:
  - older adults
  - children
  - people with chronic illnesses

**Procedure:** This unit is presented using PowerPoint slides 71-145.

The unit contains the following modules. Each begins with a new PowerPoint slide. Additional procedural information such as suggested handouts may be included on slide speaker notes pages:

- 5.1 Introduction (Slides 71-72)
- 5.2 When it's an Emergency (Slides 73-77)
- 5.3 Managing Cold or Flu (Slides 78-96)
  - Fever (Slides 82-85)
  - Sore Throat (Slides 86-89)
  - Cough (Slides 90-92)
  - Nasal Problems (Slides 93-94)
  - Dehydration (Slides 95-96)
- 5.4 Managing Other Symptoms, including Special Considerations for Children and Seniors (Slides 97-128)
  - Upset Stomach – nausea, vomiting, diarrhea (Slides 98-104)
  - Constipation (Slides 105-106)
  - Rashes (Slides 107-109)
  - Wounds (Slides 110-112)
  - Burns (Slides 113-116)
  - Allergies (Slides 117-118)
  - Poisoning (Slides 119-120)
  - Choking (Slides 121-122)
  - Special Considerations for Seniors – Accidental Injuries (Slide 123)
  - Heat-Related Illness (Slides 124-125)
  - Special Considerations for Seniors – Depression (Slides 126-127)
  - Special Considerations for Seniors – Changes in Mental Status (Slide 128)
- 5.5 Special Considerations - Managing Chronic Health Problems (Slides 129-144)
  - Diabetes (Slides 131-133)
  - Acid Reflux – GERD (Slides 134-135)
  - Heart Disease (Slides 136-138)

High Blood Pressure (Slides 139-140)  
Asthma (Slides 141-142)  
COPD (Slides 143-144)  
5.6 Summary (Slide 145)

Following the presentation of selected modules, summarize and tie them together with a group activity. The activity process will depend on the size of the group, the activity selected, and the time available.

### **Suggested Activities:**

Additional materials or instructions for activities can be found in the Activity Materials Appendix.

#### General Audience

- Discussion Scenarios (15-30 minutes) - For training groups of 30 people or less, divide the group into two to four sub-groups of four to eight people. Give each group a different scenario. Instruct them to read their scenario and decide what actions they would take to help the individual. Ask them to select one member who will take notes and one member who will report to the larger group (it can be the same person). Give the small groups eight to ten minutes to meet together and decide how they would handle the situation. Bring the groups back together into one large group. Have a representative from each group present their scenario and solution. Each group should take three to four minutes to present their scenario. After each presentation, open the discussion to the full group to see if they have comments or other ways that they would recommend handling the scenario.
- Discussion Scenarios (10-15 minutes) - For training small (eight or less) or large (more than 30) groups or for time-limited events. Present one or more scenarios to the group. Ask them if these are minor or major symptoms and how they would handle the situation. Make notes on a flip chart or blackboard. Summarize and comment.

#### Older Adults and their Caregivers Audience

- Discussion Scenarios (10-15 minutes) - Prepare scenarios in which an older person displays symptoms covered during the unit. Read a scenario to the group. Ask the group what steps they would take to manage the symptoms. Ask them how they would know when the symptoms were severe enough to seek medical assistance. Make notes on a flip chart as participants make suggestions. At the end of the activity, summarize the suggestions and make comments. As an alternative, break participants into groups and give each group a scenario to discuss. Give them five to eight minutes and then have them present their scenario and solutions to the larger group.

#### Children's Parents and Caregivers Audience

- Discussion Scenarios (10-15 minutes) - Prepare scenarios in which a child displays symptoms that were covered during the unit. Read a scenario to the group. Ask the group what steps they would take to manage the symptoms. Ask them how they would know when the symptoms were severe enough to seek medical assistance. Make notes on a flip chart as participants make suggestions. At the end of the activity, summarize the suggestions and make comments.

## Materials:

- Flip chart and markers
- Computer, projector, and screen
- Presentation handout notes - print from PowerPoint presentation using “handout” slide format in the print menu.
- Pens/pencils
  
- Handouts: (copies are included in the Handout appendix for this unit, unless otherwise noted)
  - “Stroke FAQs”
  - “Is it a Cold or the Flu?”
  - “How does Seasonal Flu Differ from Pandemic Flu”
  - “Flu Vaccine: Facts and Myths”
  - “Who is at High Risk of Flu Complications?”
  - “The Flu – A Guide for Parents”
  - “Poison Ivy/Oak/Sumac Instruction Sheet”
  - “Cuts” Information Sheet
  - “Burns” Information Sheet
  - “Allergic Reactions” Information Sheet
  - “Tips for Preventing Heat-Related Illnesses”
  - “Heart Attack Quiz”
  - “8 Things You Can Do to Prevent and Control High Blood Pressure”
  - “Fact Sheet - Clear your Home of Asthma Triggers”
  - Optional: Any preferred symptom-specific handouts you choose to add
  - Optional: “Pandemic Flu - A Guide for Individuals and Families”  
the full document or portions of it can be printed from  
[www.pandemicflu.gov/plan/individual/index.html](http://www.pandemicflu.gov/plan/individual/index.html).
  
- Activity supplies, depending on activity selected (copies are included in the Activity Materials appendix for this unit, unless otherwise noted.)
  - Materials for demonstration, such as thermometers, baby nasal suction bulb
  - Pens/pencils/paper for small groups
  - Copies of discussion scenarios – sample scenarios included in appendix

See resource list in appendix for links where additional posters, brochures, or handouts can be ordered or printed

**Estimated Time:** 1.5 – 2.5 hours, depending on modules and activities selected, and whether a special population is discussed.

**Trainer Notes:** Additional trainer notes are included with speaking notes on individual slides.

Modules 5.3, 5.4, and 5.5 are intended to provide an overview of numerous symptoms and ways to manage them. Which symptoms and how much information you include in your individual trainings will depend on target audience needs and available training time. Some individual specific symptom slide note pages contain a link to expanded information on the symptom including signs, causes, treatments and self care. This can help if you choose to provide more depth or highlight selected symptoms in your training. Not all symptoms are covered in this unit. If your selected target audience needs information on symptoms that are not included, resources that follow and those at the end of this training guide can help you develop slides and training materials.

Remember your audience. While current media and television has made the names of some conditions more familiar, some older adults still refer to disorders by a slang name. For example, instead of diabetes, you may hear a person say, “I have sugar.”

Managing symptom slides and information are related to modules in Unit 4 General Care Activities and Unit 3 Prevention. If you do not include those modules in your training, consider including information during this unit. It is especially important to include the following information regarding basic guidelines that apply across symptoms:

If a condition worsens or persists, notify your doctor. When not feeling well, you could have a contagious illness. Stay home, limit your contact with others and do not share personal items (toothbrushes, drinking cups, etc.)

Practice good hygiene (good hand washing, disposal of used tissues, cover your cough, etc.)

Follow package directions with over-the-counter medicines or home remedies.

**Resources:** See bibliography and resource list at the end of the training manual. Specific resources for each slide can also be found in the speaker notes.

For more information on the difference between a cold and influenza, see [http://pandemicflu.gov/general/season\\_or\\_pandemic.html](http://pandemicflu.gov/general/season_or_pandemic.html); [www.hhs.gov/flu](http://www.hhs.gov/flu) and [www.flufacts.com](http://www.flufacts.com).

For more information on basic first aid, see <http://familydoctor.org/x5870.xml>;

For more information on Health information for Older Adults, visit [www.cdc.gov/aging/info.htm](http://www.cdc.gov/aging/info.htm).

For more information on managing symptoms in children, visit [www.mayoclinic.com](http://www.mayoclinic.com) or [www.kidshealth.org](http://www.kidshealth.org)

To review articles on specific medical conditions including symptoms, complications, treatments, and prevention, or for permission to reprint multiple copies, or order presentation-ready copies for distribution, go to <http://mayoclinic.com>.

For more information or to print or order materials for your training visit the following sites:

[www.doh.state.fl.us/Family/chronicdisease](http://www.doh.state.fl.us/Family/chronicdisease) Department of Health, Bureau of Chronic Disease Prevention and Health Promotion. For resources, handouts, and valuable links.

[www.americanheart.org](http://www.americanheart.org) American Heart Association. For information and materials in English and Spanish for healthcare professionals, patients, and caregivers.

<http://familydoctor.org/online/famdocen/home/healthy/firstaid.html> To print first aid sheets that can be used as training handouts.

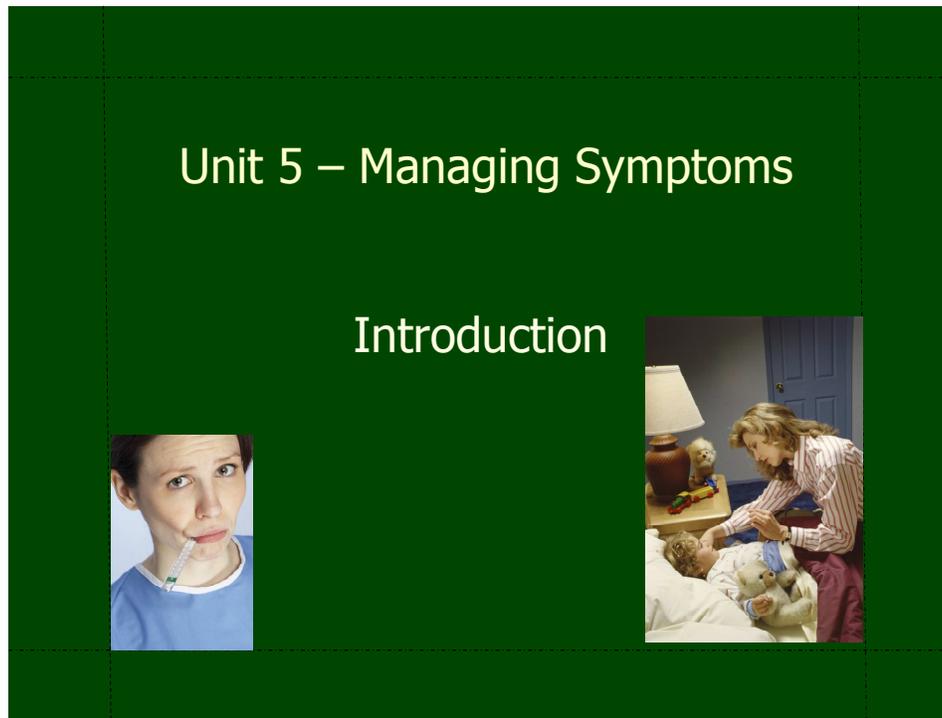
[www.smokefree.gov](http://www.smokefree.gov) and [www.cdc.gov/tobacco/quit\\_smoking/index.htm](http://www.cdc.gov/tobacco/quit_smoking/index.htm) Information, resources, and fact sheets to help people quit smoking.

[www.nia.nih.gov/HealthInformation/Publications](http://www.nia.nih.gov/HealthInformation/Publications) National Institute on Aging. Browse Conditions and Diseases for publications and fact sheets on aging conditions and diseases. Materials are available in bulk orders.

[www.nhlbi.nih.gov/health](http://www.nhlbi.nih.gov/health) National Heart Lung and Blood Institutes of Health. For consumer health information on a variety of conditions, illnesses, and diseases.

## Slides and Speaker Notes

### Slide 71



The slide features a dark green background with white text. At the top center, it reads "Unit 5 – Managing Symptoms". Below this, centered, is the word "Introduction". To the left of the word "Introduction" is a small square image of a woman with a white oxygen cannula in her mouth. To the right of "Introduction" is another small square image of a woman in a striped shirt sitting on the edge of a bed, tending to a child who is lying in bed and holding a teddy bear.

- Your actions to manage symptoms may help people feel more comfortable, may help people get better, or may prevent them from getting worse. Your actions can also help you sustain a person until they get professional help.
- This unit will give you basic information to help you cope in an emergency. We will talk about general techniques or actions you can take that have been known to help others. We will talk about ways to help you manage minor symptoms. This information will help you prepare to stay at home if that becomes necessary.
- There is no guarantee that these actions will work for you or your family.
- The information provided will not substitute for professional treatment or the advice of your family doctor or other health care professional when you are sick.
- It will not substitute for formal training where you can get practice by doing. Getting properly trained and certified in first aid and cardiopulmonary resuscitation (CPR) is always a good idea. We will talk later about classes available in your community.

#### **Training Notes:**

This unit is closely related to modules in Unit 4 General Care Activities and Unit 3 Prevention. See Unit 4 Trainer Notes on the Training Overview page for more information on cross referencing these units.

## Unit 5 – Managing Symptoms

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After completing this unit, you will be able to:

1. Determine when to seek the advice of a healthcare professional.
2. Identify the differences between cold and flu symptoms.
3. Describe ways to provide basic home care for common cold or flu symptoms.
4. Identify ways to manage symptoms common to other illnesses and conditions.
5. Identify ways to manage common illnesses and conditions of:
  - older adults.
  - children.
  - people with chronic illnesses.

- This is Unit 5 of the Home Care Training. The focus of this unit is **managing symptoms**.
- We'll start with a summary of what you'll be able to do at the end of this unit.
  1. **Determine when to seek the advice of a healthcare professional.**
  2. **Identify the differences between cold and flu symptoms.**
  3. **Describe ways to provide basic home care for common cold or flu symptoms**, such as cough, nasal problems, fever, sore throat, and dehydration.
  4. **Identify ways to manage symptoms common to other illnesses**, such as upset stomach, minor wounds, and rashes.
  5. **Identify ways to manage common illnesses and conditions of:**
    - **older adults**
    - **children**
    - **people with chronic illnesses**

**Training Notes:**

## When to Call for Help

- Unconscious, losing consciousness, not waking up
- Trouble breathing
- Persistent abdominal or chest pain or pressure
- Other sudden, severe pain
- Coughing or vomiting blood or bloody diarrhea
- Uncontrolled bleeding
- Seizures, severe headache, slurred speech
- Poisoning
- Head, neck, or back injuries

Source: American Red Cross



In an emergency situation stay calm and provide what assistance you can to help sustain a person until help can be called and is available. Based on guidelines from the American Red Cross for when to call 911, ask yourself these questions:

- **Does the person respond or wake up** when you call their name or pat them on the shoulder?
- Is the person's **breathing difficult** and different than normal? Does he or she seem **unable to speak**?
- Is the person having **chest or abdominal pain or pressure** that does not go away?
- Is the person **vomiting blood** or is there **blood in their stool**? Or is **bleeding not stopping**?
- Is the person having **seizures** or do they have a very **severe headache** or **slurred speech**? Do they have blurred vision or abnormal eye or body movement.
- Did the person swallow something **poisonous** or do they appear to be poisoned?
- Did the person have an accident and appear to have a **head, neck, or back injury**?

Reference/resource: American Red Cross

**Training Notes:**

Review bulleted points. Encourage participation by asking if group has ever been in one of these situations? Ask questions like, "What did it look like? How did you know this was happening? What does poisoning look like? How do you know if someone has back or neck injury? What other things might be a sign of an emergency?"

## When to Call for Help (cont.)

- Suicidal feelings
- Sudden dizziness, weakness, fainting
- Change in mental status or vision
- Possibility of stroke

In addition to the symptoms just discussed, people may have other symptoms which require professional intervention. These symptoms may be especially serious for older adults.

- Suicidal feelings require immediate attention.
- Also call for help immediately if there is sudden dizziness, weakness, or fainting.
- Change in mental status or vision.
- Or, if you think someone may be having a stroke.

Reference/resource: [www.acep.org](http://www.acep.org)  
[www.Emergencycareforyou.org](http://www.Emergencycareforyou.org)

**Training Notes:**

## Special Considerations for Seniors

### When to Seek Medical Advice

- 103 degrees or higher or lasts more than 3 days
- Unusual skin rash
- Chest pain
- Abdominal pain or pain urinating
- Unexplained signs or symptoms

In addition to the symptoms just discussed, older adults may have other symptoms which require medical advice.

- A fever in an adult is not usually dangerous until it gets to **103° or higher or lasts more than three days.**
- **Unusual skin rash**
- **Chest pain**
- **Abdominal pain or pain urinating**
- **Other unexplained signs or symptoms**

Reference/resource: [www.mayoclinic.com/health/fever/DS00077](http://www.mayoclinic.com/health/fever/DS00077)

**Training Notes:**

## Special Considerations for Seniors

### Act F.A.S.T

- **Face** Ask person to smile
- **Arms** Ask person to raise arms
- **Speech** Ask person to repeat a simple sentence
- **Time** Act fast, time is critical

As you age, your risk of stroke increases. After age 55, the risk doubles every 10 years. Recognizing the symptoms of stroke and acting **fast** can have a great effect on your treatment and recovery. If you think you or someone else may be having a stroke because of a sudden severe headache, sudden confusion or trouble speaking, sudden trouble seeing, sudden trouble walking, or sudden dizziness, have them sit down and use this test.

**F for Face**, facial numbness or weakness - **Ask the person to smile.** Does one side of the face droop?

**A for Arms**, arm numbness or weakness - **Ask the person to raise both arms.** Does one arm have trouble raising up or moving down?

**S for Speech**, trouble speaking or understanding – **Ask the person to repeat a simple sentence.** Are the words slurred? Can they repeat the sentence correctly?

**T for Time. Time is critical.** If the person shows any of these symptoms, call 911 immediately.

Eighty percent of strokes are preventable. The best thing you can do is learn your risk factors and things you can do to prevent a stroke.

Reference/resource: [www.stroke.org](http://www.stroke.org)  
[www.cdc.gov/Stroke/index.htm](http://www.cdc.gov/Stroke/index.htm)

**Training Notes:**

Distribute the handout, "Stroke FAQs."

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## Handout



# Stroke FAQs

## What is a stroke?

A stroke occurs either when the blood supply to part of the brain is blocked or when a blood vessel in the brain bursts. Brain cells that do not get oxygen become injured and die. Death or permanent disability can result.

An ischemic stroke occurs when an artery that supplies blood and oxygen to the brain becomes blocked, usually by blood clots or by a narrowing of the arteries by a buildup of plaque (a mixture of fatty substances including cholesterol and other lipids) and blood clots inside the artery walls.

A hemorrhagic stroke occurs when an artery in the brain bursts. There are two main types of hemorrhagic stroke. An intracerebral hemorrhage occurs when a blood vessel in the brain leaks blood into the brain itself. A subarachnoid hemorrhage is bleeding under the outer membranes of the brain and into the thin fluid-filled space that surrounds the brain. A subarachnoid hemorrhage can cause extensive damage to the brain and is the most deadly of all strokes.

## What are the symptoms of stroke?

The National Institute of Neurological Disorders and Stroke notes these major signs of stroke:

- Sudden numbness or weakness of the face, arms, or legs
- Sudden confusion or trouble speaking or understanding others
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, or loss of balance or coordination
- Sudden severe headache with no known cause

All of the major symptoms of stroke appear suddenly, and often there is more than one symptom at the same time.

## What should a bystander do?

If you think someone is having a stroke, you should call 9–1–1 or emergency medical services right away.

## Why is there a need to act fast?

Death or permanent disability can result from a stroke. With timely treatment, however, the risk of death and disability from stroke can be lowered. It is very important to know the symptoms of a stroke and act right away.

## What are the risk factors for stroke?

Some conditions as well as some lifestyle factors can put people at a higher risk for stroke. The most important risk factors for stroke are high blood pressure, heart disease, diabetes, and cigarette smoking. People who have already had a stroke need to control the risk factors in order to lower their risk of having another stroke. All people can take steps to lower their risk for stroke.

**What can you do to reduce your risk of stroke?**

All people can take steps to lower their risk of stroke by maintaining normal blood pressure levels or controlling high blood pressure, preventing or treating heart disease and stroke, and by not using tobacco.

**What is the burden of stroke on Americans?**

Stroke is the third leading cause of death in the United States. About 795,000 strokes occur in the US each year. About 610,000 of these are first or new strokes. About 185,000 occur in people who have already had a stroke before. Additionally, stroke is a leading cause of permanent long term disability.

**What is the cost of stroke for our nation?**

According to the American Heart Association, stroke will cost almost \$68.9 billion in direct and indirect costs in 2009 (American Heart Association. Heart Disease and Stroke Statistics—2009 Update. American Heart Association; 2009).

**What is CDC doing to address stroke?**

CDC has several programs that address stroke. Most activities are located in CDC's Division for Heart Disease and Stroke Prevention and are in collaboration with other federal agencies, state health departments, and local and tribal organizations.

Page last reviewed: February 12, 2009

Page last modified: February 12, 2009

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**CENTERS FOR DISEASE CONTROL AND PREVENTION**  
**SAFER • HEALTHIER • PEOPLE™**

For more information on stroke from the Centers for Disease Control and Prevention, go to:  
[www.cdc.gov/Stroke/index.htm](http://www.cdc.gov/Stroke/index.htm).

Retrieved April 1, 2009 from: <http://www.cdc.gov/Stroke/faqs.htm>.

## How Serious is It?

- Is it a minor or major symptom?
- What should I do?
- What should I NOT do?
- What if help is not available?

It is important to know when a symptom of an injury or illness is one you can handle easily or one that may require professional help.

- As we discuss specific symptoms, we will talk about the difference between **minor and major** warning signs, what signs to look for, and how to react. For some people, a fever of 101° and no other symptoms is probably a minor symptom you can treat. For someone with chronic problems such as respiratory or lung disease, a fever of 101° becomes more than a minor problem.
- It is important to **know what to do** and **what NOT to do**.
- When professional help is needed, call for it. Unfortunately, in the event of a public health emergency, it may not be possible to get professional help. Phones could be down, roads could be damaged and hospitals could be overcrowded or closed. What would you do **if help is not available**?
- Information from this and other recommended training will help you stay calm and provide the best aid you can until help is available. The more training and preparation you have, the calmer you will be. The calmer you are, the better able you will be to provide assistance.

**Training Notes:**

Slide 78

Cold vs. Flu	
Cold	Flu
<ul style="list-style-type: none"><li>• Mild</li><li>• Runny nose</li><li>• Stuffy and congested</li><li>• Loose cough</li><li>• Sore throat</li><li>• Mild or no complications</li></ul>	<ul style="list-style-type: none"><li>• Severe</li><li>• Fever</li><li>• Body aches</li><li>• Dry cough</li><li>• Weak and tired</li><li>• Serious complications</li></ul>

It can be difficult to tell if you have a **cold or the flu**.

- **Cold** symptoms may come on gradually, are usually **milder** and you may have a **runny or stuffy nose**. You may also have a **loose cough** and a **sore throat**.
- Flu symptoms are generally more sudden and **severe**. You will probably have a **fever, body aches, feel weak or tired**, or have a **dry cough**.

Be aware of the symptoms if you provide care for others, because older adults and those with a chronic illness are in a high risk group for flu. Bronchitis or pneumonia can be a serious complication of the flu for older adults. Respiratory infections like influenza are more serious in people with asthma, and can lead to pneumonia and acute respiratory disease.

Reference/resource: [www.cdc.gov/flu/about/qa/coldflu.htm](http://www.cdc.gov/flu/about/qa/coldflu.htm)

**Training Notes:**

Distribute the handout, "Is it a Cold or the Flu?" This can be used for additional information or you can review handout instead of the slide.

Handout – Is it a Cold or the Flu?



## Is It a Cold or the Flu?

Symptoms	Cold	Flu
Fever	Rare	Usual; high (100°F to 102°F; occasionally higher, especially in young children); lasts 3 to 4 days
Headache	Rare	Common
General Aches, Pains	Slight	Usual; often severe
Fatigue, Weakness	Sometimes	Usual; can last up to 2 to 3 weeks
Extreme Exhaustion	Never	Usual; at the beginning of the illness
Stuffy Nose	Common	Sometimes
Sneezing	Usual	Sometimes
Sore Throat	Common	Sometimes
Chest Discomfort, Cough	Mild to moderate; hacking cough	Common; can become severe
<b>Treatment</b>	Antihistamines Decongestant Nonsteroidal anti-inflammatory medicines	Antiviral medicines—see your doctor
<b>Prevention</b>	Wash your hands often Avoid close contact with anyone with a cold	Annual vaccination; antiviral medicines—see your doctor
<b>Complications</b>	Sinus congestion Middle ear infection Asthma	Bronchitis, pneumonia; can be life threatening

U.S. Department of Health and Human Services  
National Institutes of Health  
National Institute of Allergy and Infectious Diseases

September 2005  
www.niaid.nih.gov

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Slide 79

Seasonal or Pandemic?	
Seasonal Flu	Pandemic Flu
Outbreak predictable	Rare
Some immunity	No previous exposure
Complications more common for high risk	Healthy may also be at risk for complications
Fever, cough, aches	May be more severe
Modest society impact	Major society impact

- How does **seasonal** differ from **pandemic** influenza? How do you know if there is a pandemic influenza? If an outbreak is expected or has been confirmed you should be advised by news, radio and television.
- Let us talk about Seasonal Influenza first. Flu **season comes every year**. It usually begins in the fall.
- You probably have **some immunity**, a natural or acquired ability to resist or prevent the illness.
- **Unless you are in a high risk group**, very young or old, or have a chronic illness, you are **less likely to have serious complications** like pneumonia.
- Vaccines, medical supplies and doctors will probably be available. Talk to your doctor about getting a flu shot every year.
- You should stay home if you are sick. Remember – the flu is a contagious respiratory disease. Schools and businesses will continue to function during the season.
- There are big differences with a **pandemic** influenza.
- A pandemic is **RARE, however they do occur, such as H1N1**. It is a new virus that is not covered by the regular flu shot you receive every year.
- People have **little resistance or ability to prevent the illness**. Symptoms may be more **severe**.

- Healthy people may also be at risk of **serious complications**. It can spread quickly.
- Doctors and hospitals may be overwhelmed by the large numbers of people needing help. Vaccines may not be available for several months. A large number of people could die.
- There may be travel restrictions. Schools and businesses could be closed. Stores could be closed. You may have trouble getting food and water.
- The purpose of telling you this is to inform, not scare. Knowing the facts can be the best preparation. Take this as a starting place and learn more. You will get a list of resources for learning more about preparing for pandemic influenza.

**Training Notes:**

Cross reference with flu shot information in Unit 4 Prevention.

Distribute the handouts, “How Does Seasonal Flu Differ From Pandemic Flu?”, “Who is at High Risk of Flu Complication?”, and “A Guide for Individuals and Families” if you downloaded and printed it from [www.pandemicflu.gov](http://www.pandemicflu.gov) as well as “The Flu – A Guide for Parents”, if appropriate for your audience,”

Review with the group, if time is available.

## Handout – How Does Seasonal Flu Differ From Pandemic Flu?

Seasonal Flu	Pandemic Flu
Outbreaks follow predictable seasonal patterns; occurs annually, usually in winter, in temperate climates	Occurs rarely (three times in 20th century - last in 1968)
Usually some immunity built up from previous exposure	No previous exposure; little or no pre-existing immunity
Healthy adults usually not at risk for serious complications; the very young, the elderly and those with certain underlying health conditions at increased risk for serious complications	Healthy people may be at increased risk for serious complications
Health systems can usually meet public and patient needs	Health systems may be overwhelmed
Vaccine developed based on known flu strains and available for annual flu season	Vaccine probably would not be available in the early stages of a pandemic
Adequate supplies of antivirals are usually available	Effective antivirals may be in limited supply
Average U.S. deaths approximately 36,000/yr	Number of deaths could be quite high (e.g., U.S. 1918 death toll approximately 675,000)
Symptoms: fever, cough, runny nose, muscle pain. Deaths often caused by complications, such as pneumonia.	Symptoms may be more severe and complications more frequent
Generally causes modest impact on society (e.g., some school closing, encouragement of people who are sick to stay home)	May cause major impact on society (e.g. widespread restrictions on travel, closings of schools and businesses, cancellation of large public gatherings)
Manageable impact on domestic and world economy	Potential for severe impact on domestic and world economy

For additional information on seasonal flu visit:

[http://www.pandemicflu.gov/season\\_or\\_pandemic.html](http://www.pandemicflu.gov/season_or_pandemic.html) (10 April 2007)

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## Handout – Flu Vaccine Facts & Myths

# Flu Vaccine

## Facts & Myths



Department of Health  
and Human Services  
Centers for Disease Control  
and Prevention

**MYTH** “The flu isn’t a serious disease.”

**FACTS** Influenza (flu) is a serious disease of the nose, throat, and lungs, and it can lead to pneumonia. Each year about 200,000 people in the U.S. are hospitalized and about 36,000 people die because of the flu. Most who die are 65 years and older. But small children less than 2 years old are as likely as those over 65 to have to go to the hospital because of the flu.

**MYTH** “The flu shot can cause the flu.”

**FACTS** The flu shot cannot cause the flu. Some people get a little soreness or redness where they get the shot. It goes away in a day or two. Serious problems from the flu shot are very rare.

**MYTH** “The flu shot does not work.”

**FACTS** Most of the time the flu shot will prevent the flu. In scientific studies, the effectiveness of the flu shot has ranged from 70% to 90% when there is a good match between circulating viruses and those in the vaccine. **Getting the vaccine is your best protection against this disease.**

**MYTH** “The side effects are worse than the flu.”

**FACTS** The worst side effect you’re likely to get from a shot is a sore arm. The nasal mist flu vaccine might cause nasal congestion, runny nose, sore throat and cough. The risk of a severe allergic reaction is less than 1 in 4 million.

**MYTH** “Only older people need a flu vaccine.”

**FACTS** Adults and children with conditions like asthma, diabetes, heart disease, and kidney disease **need to get a flu shot**. Doctors also recommend children 6 months and older get a flu shot every year until their 5th birthday.

**MYTH** “You must get the flu vaccine before December.”

**FACTS** Flu vaccine can be given before or during the flu season. The best time to get vaccinated is October or November. **But you can get vaccinated in December or later.**

For more information, ask your healthcare provider or call  
**800-CDC-INFO (800-232-4636)** Website [www.cdc.gov/flu](http://www.cdc.gov/flu)

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## Handout – Who is at Risk of Flu Complications?

# Who is at high risk of flu complications?

**People who are 50 years old or older.** Even if you are active and in good health, you have a higher risk of complications if you get the flu. Each year about 36,000 people in the U.S. die because of the flu.

**People with chronic (ongoing) or long-term health problems.** You may look and feel healthy, but if you have a condition like diabetes, heart disease, kidney disease, or asthma, you are more likely to have complications from the flu. If your immune system is weakened by long-term problems like cancer or HIV/AIDS, you need a flu shot (the flu shot is safe for people with weak immune systems).

**Women who are pregnant during flu season (typically November through March).** Pregnant women are at risk of complications and hospitalization if they get the flu. The influenza vaccine is safe for pregnant women and their babies. Protect yourself and your baby by getting vaccinated.

**Children under 5 years old.** Children under 5 years old have a high risk of emergency room visits and hospitalizations due to flu.

**INFLUENZA** (flu) is a serious disease of the nose, throat, and lungs. It can make you sick for a week or longer with coughing, fever, aching, and more. And it can lead to pneumonia.

**Get your flu shot.**

PHILOMENA • AGE 72  
ACTIVE SENIOR



ROLAND • AGE 45  
HAS HEART DISEASE



RITA • AGE 15  
HAS ASTHMA

ELLEN  
AGE 29  
EXPECTANT  
MOTHER



MICHAEL  
AGE 11 MONTHS

If you live with or take care of people like these, you should get vaccinated too. When you protect yourself, you help protect your family and friends.



For more information,  
ask your healthcare provider or call  
**800-CDC-INFO (800-232-4636)**  
Website [www.cdc.gov/flu](http://www.cdc.gov/flu)

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# the flu



## A Guide for Parents

<b>What is the flu?</b>	<p>The flu (influenza) is an infection of the nose, throat, and lungs that is caused by influenza virus. The flu can spread from person to person. Most people with flu are sick for about a week, but then feel better. However, some people (especially young children, pregnant women, older people, and people with chronic health problems) can get very sick and some can die.</p>
<b>What are the symptoms of the flu?</b>	<p>Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Cough can last two or more weeks.</p>
<b>How does the flu spread?</b>	<p>People that have the flu usually cough, sneeze, and have a runny nose. This makes droplets with virus in them. Other people can get the flu by breathing in these droplets or getting them in their nose or mouth.</p>
<b>How long can a sick person spread the flu to others?</b>	<p>Most healthy adults may be able to spread the flu from 1 day <b>before</b> getting sick to up to 5 days <b>after</b> getting sick. This can be longer in children and in people who don't fight disease as well (people with weakened immune systems).</p>
<b>How can I protect my child from the flu?</b>	<p>A flu vaccine is the best way to protect against the flu. CDC recommends that all children from the ages of 6 months up to their 5<sup>th</sup> birthday get a flu vaccine every fall or winter (children getting a vaccine for the first time need two doses).</p> <ul style="list-style-type: none"><li>● Flu shots can be given to children 6 months and older.</li><li>● A nasal-spray vaccine can be given to healthy children 2 years and older (children under 5 years old who have had wheezing in the past year or any child with chronic health problems should get the flu shot).</li></ul> <p>You can protect your child by getting a flu vaccine for yourself too. Also encourage your child's close contacts to get a flu vaccine. This is very important if your child is younger than 5 or has a chronic health problem like asthma (breathing disease) or diabetes (high blood sugar levels).</p>
<b>Is there medicine to treat the flu?</b>	<p>There are antiviral drugs for children 1 year and older that can make your child feel better, be less contagious, and get better sooner. But these drugs need to be approved by a doctor. They should be started during the first 2 days that your child is sick for them to work. Your doctor can discuss with you if these drugs are right for your child.</p>

# What Can YOU Do?

## How else can I protect my child against flu?

1. Take time to get a flu vaccine and get your child vaccinated too.
2. Take everyday steps to prevent the spread of germs. This includes:
  - Clean *your* hands often and cover your coughs and sneezes
  - Tell your child to:
    - Stay away from people who are sick
    - Clean hands often
    - Keep hands away from face
    - Cover coughs and sneezes to protect others (it's best to use a tissue. Then, throw it away).

## What should I use for hand cleaning?

Washing hands with soap and water (for as long as it takes to sing the *Happy Birthday* song twice) will help protect your child from germs. When soap and water are not available, wipes or gels with alcohol in them can be used (the gels should be rubbed into your hands until they are dry).

## What can I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. If your child is older than 2 years, you can buy medicine (over-the-counter) without a prescription that might make your child feel better. Be careful with these medicines and follow the instructions on the package. **But never give aspirin or medicine that has aspirin in it** to children or teenagers who may have the flu.

## What if my child seems very sick?

- Call or take your child to a doctor right away if your child:
- has a high fever or fever that lasts a long time
  - has trouble breathing or breathes fast
  - has skin that looks blue
  - is not drinking enough
  - seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
  - gets better but then worse again
  - has other conditions (like heart or lung disease, diabetes) that get worse

## Can my child go to school if he or she is sick?

No. Your child should stay home to rest and to avoid giving the flu to other children.

## Should my child go to school if other children are sick?

It is not unusual for some children in school to get sick during the winter months. If many children get sick, it is up to you to decide whether to send your child to school. You might want to check with your doctor, especially if your child has other health problems.

## When can my child go back to school after having the flu?

Keep your child home from school until his or her temperature has been normal for 24 hours. Remind your child to cover their mouth when coughing or sneezing, to protect others (you may want to send some tissue and wipes or gels with alcohol in them to school with your child).

..... For more information about flu, visit [www.cdc.gov/flu](http://www.cdc.gov/flu)

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Slide 80

## Managing Cold or Flu Symptoms

- Fever
- Sore Throat
- Cough
- Runny Nose or Congestion
- Dehydration



We are first going to talk in more detail about managing some of the common symptoms of a cold or influenza.

- **Fever**
- **Sore throat**
- **Cough**
- **Runny nose or congestion**
- **Dehydration**

Later we will also talk about other common problems or symptoms that you may have to deal with if you voluntarily self isolate or are asked to stay home during a pandemic event.

Reference/resource: [www.mayoclinic.com/health/common-cold/DS00056/DSECTION=1](http://www.mayoclinic.com/health/common-cold/DS00056/DSECTION=1)  
[www.mayoclinic.com/health/influenza/DS00081](http://www.mayoclinic.com/health/influenza/DS00081)  
[www.mayoclinic.com/health/cold-remedies/ID00036](http://www.mayoclinic.com/health/cold-remedies/ID00036)

**Training Notes:**

You can present this in a more interactive manner by asking “what symptoms are you most concerned about?” During the remainder of the unit, more emphasis can be given to those mentioned. Participants might say things like nausea or vomiting. If so, explain that these are intestinal symptoms not generally symptoms of a cold or a respiratory influenza and they will be talked about with “other symptoms.”

This slide is animated for bulleted items to appear as the mouse is clicked. If desired, you can animate individual symptom slides and use them to ask participants what they think are the key differences between mild and major. You can then concentrate your discussion on areas where participants may have misconceptions.

## Slide 81

Myth or Fact
<ul style="list-style-type: none"><li>• Feed a cold, starve a fever?</li><li>• Eat chicken soup?</li><li>• Drink tea with lemon?</li><li>• Get an antibiotic from the doctor?</li><li>• Use over-the-counter cold medicines?</li></ul>

When we talk about the symptoms, we hope to give you enough understanding to know the difference between “Old Wives Tales” and what really helps. As we go through each symptom, we will talk about the facts. Feel free to ask questions about what you heard in the past or tell us what has worked well for you. In general, when you are sick, follow your doctor’s instructions, get lots of rest, and drink plenty of liquids. What do you think about these statements on the screen?

- Myth - There is no medical evidence that **not eating** will make you feel better or help a cold.
- Fact - **Chicken soup can make you feel better.** Research has discovered that it can help relieve cold or flu symptoms by reducing inflammation and helping to speed the movement of mucus through the nose.
- Fact - Drinking **tea with lemon** can help loosen congestion and prevent dehydration.
- Myth - Colds and flu are caused by viruses. **Antibiotics** destroy bacteria but they are not effective against viruses. Over using antibiotics may reduce their effectiveness with future bacterial infections.
- Sometimes – **Non-prescription cold medicines** may make you feel better but you need to be careful using them because, in some cases, they could make things worse. For example, antihistamines could dry you up too much. We will talk more about this as we go through the symptoms.

Reference/resource: [www.mayoclinic.com/health/cold-remedies/ID00036](http://www.mayoclinic.com/health/cold-remedies/ID00036)

### Training Notes:

Read each bullet to the group and ask them to raise their hand if they believe the statement to be true. Then discuss. Cross reference with Unit Module 4.2 Medication Safety

## Fever

- Mild
  - 102° or lower and no other symptoms
- Major
  - Unexplained, sudden, rapid change
  - 100.5° or higher in baby under 3 months
  - 104° or higher for anyone
  - 101° or higher for more than three days
  - Seniors or others with chronic medical condition
  - Associated with other symptoms

Source Mayo Clinic Guide to Self Care - general guidelines



- When we talk about **Mild or Major** symptoms, these are only guidelines to help you make decisions. When in doubt, contact a healthcare professional.
- Temperature varies even when a person is not sick. It is usually lowest in the morning. 98.6° is generally considered a normal temperature. This can be different for each person. Know what is normal for you and your family members. Be alert to a fever because it is a sign that your body is fighting an infection or other problem like heat exhaustion. There can also be other reasons for fever in children, like teething or following immunization.
- Except for infants, a fever of **102° or less with no other major symptoms** is usually not serious. This is a mild symptom you can usually manage at home.
- Call the doctor if a fever comes with any of the following major warning signs:
  - An **unexplained or sudden** fever or one that rises or falls suddenly, especially in children, has been known to cause a seizure.
  - A temperature of **100.5° or higher in an infant** under three months of age.
  - A fever of **104° or higher in anyone**.
  - A fever of **101° or more** that lasts for **more than three days**.
  - A fever in elder or other person who has a **chronic illness or medical condition**.
  - And, any fever that comes with other **warning sign** symptoms.

Reference/resource: [www.mayoclinic.com/health/fever/DS00077](http://www.mayoclinic.com/health/fever/DS00077)

**Training Notes:**

## Fever – Other Symptoms

- Bulging soft spot on baby’s head
- Severe headache or light sensitivity
- Severe swelling of throat
- Major stiff neck
- Frequent vomiting
- Difficult breathing
- Mental confusion

Source Mayo Clinic Guide to Self Care - \*General guidelines only

Other warning symptoms that you may experience or observe in someone you are caring for that could mean a fever is serious and you should call your doctor right away are:

- **A bulging soft spot on a baby’s head.**
- **A severe headache or sensitivity to light**
- **Severe throat swelling**
- **Severe and painful stiff neck** when you bend your head forward
- **Frequent vomiting**
- **Difficult breathing**, or
- **Mental confusion**, extreme weakness or irritability

Reference/resource: [www.mayoclinic.com/health/fever/DS00077](http://www.mayoclinic.com/health/fever/DS00077)

**Training Notes:**

You may need to explain “soft spot” - the area on the top of an infant’s head where the bones of the skull have not yet joined.

Ask group what they think “severe” or “frequent” would be in these cases, (i.e. intense; extreme degree; worse than ever felt; not helped by usual treatments, like pain relievers; occurring often at close intervals, etc)

Slide 84

Managing Fever	
98.6° – 99.6°	Normal Range
99.6 ° – 102 °	Self Care
102° – 104°	Caution
104° +	Seek Medical Help

Source Mayo Clinic Guide to Self Care - General guidelines only

- **Normal range:** Fever is a symptom, not an illness. It is the body's way to fight infection.
- **Self care:** Unless you need to do so for aches and pains, you can avoid giving medicine to a child or adult with a NEW fever less than 102°. Monitor the person, but using medicine right away could hide other symptoms. The body loses water with a fever, so drink lots of water. Wear light cloths and use a light cover.
- **Caution:** Carefully follow label instructions and give fever reducing medicine for a fever between 102° and 104°. Monitor carefully for changes or new symptoms. And remember, NEVER give aspirin to someone under age 19 unless a doctor tells you to because it has been known to cause Reye's syndrome, a rare but life-threatening disorder.
- **Seek help:** If a fever is greater than 104° call the doctor or seek medical help. Until help is received, give fever reducing medicine, and try giving the person a LUKEWARM sponge bath. Use cool compresses. Monitor the person carefully. Do NOT give an alcohol bath.

Reference/resource: Mayo Clinic Guide to Self-Care

**Training Notes:**

This slide is animated for bulleted items to appear one by one when the mouse is clicked.

If the group is interested, refer them to [www.kidshealth.org](http://www.kidshealth.org) for more information on treating fever in children and babies.

This module is related to Unit 4 General Care, Modules 4.3 Taking a Temperature and 4.2 Medication Safety. If your training does not include these modules, you might want to include some information here.

## Special Considerations for Children

### Managing Fever

- Use comfort measures.
- Use medications, such as Children's Tylenol or Advil.
- NO aspirin.
- Seizures – call pediatrician.
  - Place child on side.
  - Move away from harmful objects.
  - Call 911 if stiff neck, vomiting, or difficulty breathing.

A child with a fever may also have other symptoms. These symptoms include sweating or shivering as the body tries to regulate itself. Your child may also have headaches and muscle aches as well as dehydration and overall weakness. In severe fevers, your child may be confused, irritable, or have a seizure known as a febrile seizure.

- Some measures that may increase your **child's comfort** include decreasing the amount of clothing they are wearing, lowering the room temperature, and using a cool, wet washcloth on the forehead or neck.
- **Over-the-counter medications that are appropriate** for your child's age and weight might be used. Ask your pediatrician during a routine visit what he recommends for a fever. This may include, for example, Children's Tylenol or Advil. Again, **DO NOT give your child aspirin.**
- If your child experiences a **seizure, lay your child on his or her side** and **move any dangerous objects** from around them. Do NOT put anything in his or her mouth and **call your pediatrician right away.** If the seizures continue, or **if your child also has a stiff neck, vomiting, or difficulty breathing, call for an ambulance immediately.**

Reference/resource: <http://www.mayoclinic.com/health/febrile-seizure/DS00346/DSECTION=when%2Dto%2Dseek%2Dmedical%2Dadvice>

**Training Notes:**

## Sore Throat

- Mild
  - Sore or scratchy feeling
  - Mild fever
  - Hoarseness
- Major
  - High fever and chills
  - Pain when swallowing
  - Swollen glands
  - Exposure to strep throat
  - Associated with other symptoms



Most cold and flu sore throats are caused by a virus. Some sore throats, like strep throat, are caused by bacteria. Sore throats can also be the result of an allergy.

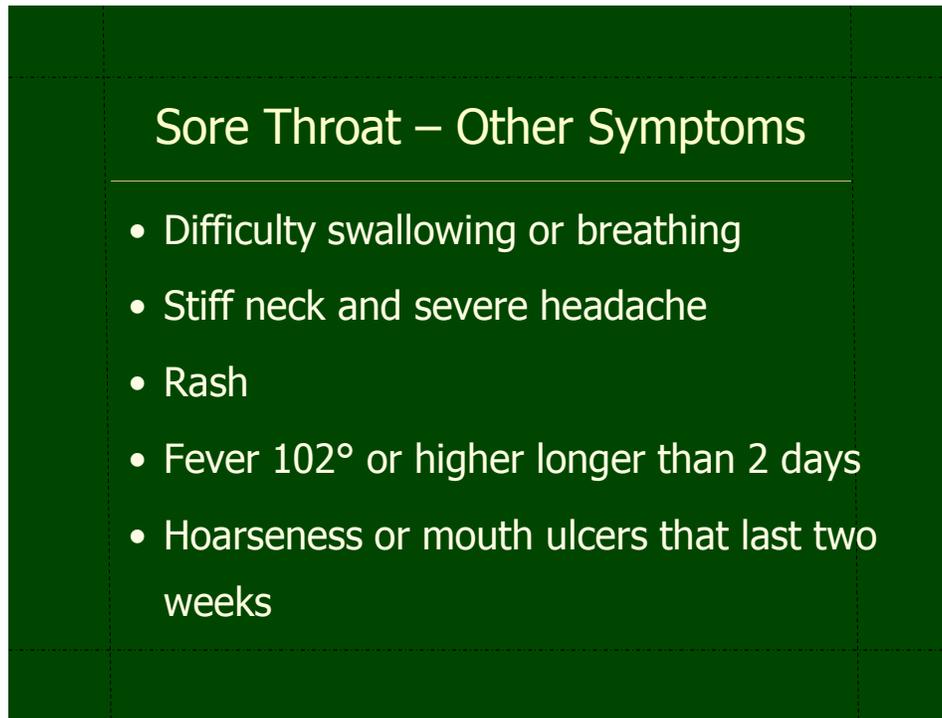
- Most sore throats last just a few days. If caused by a virus, your throat may feel **sore or have a scratchy** feeling. You may not have any fever, but if you do, it would probably be a **mild one**. You may be **hoarse** or have some trouble speaking. If the sore throat is a sign of a cold or influenza you may also be coughing, sneezing, or have a runny nose.
- A sore throat can be more serious and you should seek medical assistance if any of the following occur.
  - The sore throat lasts longer than a few days.
  - **Fever is higher than 101° with chills.**
  - The **pain is severe.**
  - You have **swollen glands.**
  - You know you have been **exposed to strep throat.**
  - You can see that the back of the throat is bright red with white patches, or
  - The sore throat is **accompanied by other symptoms.**

Reference/resource: Mayo Clinic Guide to Self-Care

**Training Notes:**

Demonstrate where you can feel the enlarged lymph nodes on your throat.

**Slide 87**



## Sore Throat – Other Symptoms

- Difficulty swallowing or breathing
- Stiff neck and severe headache
- Rash
- Fever 102° or higher longer than 2 days
- Hoarseness or mouth ulcers that last two weeks

A sore throat caused by a bacterial infection, like strep throat can be dangerous. If your symptoms are major or if you have some of these warning symptoms along with a sore throat, you should call a doctor right away.

- **Difficulty swallowing or breathing**
- **Stiff neck and severe headache**
- **Rash**
- **102° or higher fever lasting more than 48 hours**
- **Persistent hoarseness or mouth ulcers lasting two weeks or longer**

Reference/resource: [www.mayoclinic.com/health/sore-throat/DS00526](http://www.mayoclinic.com/health/sore-throat/DS00526)  
Mayo Clinic Guide to Self-Care

**Training Notes:**

## Managing Sore Throat

- Gargle with warm salt water.
- Suck on lozenge or hard candy.
- Drink extra fluids.
- Use an anesthetic spray.
- Take a non-prescription pain reliever.
- Use a humidifier.
- Don't smoke.

Antibiotic medications are not effective treating sore throats caused by a virus. There are some things you can do for a minor sore throat to help make you feel better.

- **Gargling with warm salt water** will soothe your throat and help clear any mucus. Mix about ½ teaspoon salt in a glass of at least six ounces of warm water.
- Medicated **sore throat lozenges** may have an anesthetic effect and can stimulate saliva to help clear your throat.
- **Sucking on hard candy** will also lubricate your throat and stimulate saliva.
- You should **drink a lot of extra fluids** to help keep any mucus loose.
- You can **use an OTC anesthetic throat spray or a general pain reliever**, like acetaminophen or ibuprofen. Remember to read instructions. Most medications have side effects. Some can even make symptoms worse if used for more than a few days.
- A **humidifier** will put a cool mist of moisture in the air and help keep your throat from getting too dry. This can reduce irritation. If you use one, be sure and follow instructions for use and cleaning or it can cause more harm.
- And, **do not smoke** and avoid other fumes, such as those from cleaning products. These can aggravate and irritate your throat.

**Training Notes:**

Cross reference with Module 4.2 Medication Safety.

Be prepared to explain the difference between a humidifier and a vaporizer that produces hot steam.

## Special Considerations for Children

### Managing Sore Throat

- Call pediatrician if:
  - More than 1 week
  - Severe difficulty swallowing or breathing
  - Skin rash or pus in throat
  - Excessive drooling
  - Contact with someone with strep throat
- Rest and fluids
- Medications such as Children's Tylenol or Advil
- Antibiotics

A sore throat is a symptom of another illness. Most of the time, it will last for about one week and go away on its own. Most are caused by a viral infection rather than bacterial, so antibiotics will not help.

- You will need to **seek medical attention** for your child if the sore throat **lasts longer than a week**; if your child has **severe difficulty swallowing or breathing**; if a **rash on the skin or pus in the throat** develops; if **excessive drooling** occurs; or if he or she has had recent **contact with a person who has strep throat**.
- Making sure your child receives plenty of **rest and fluids** will help in the recovery. It might be difficult to encourage a child with a sore throat to drink. Encourage clear fluids, such as water, soups, and broth. Jello and popsicles may also be a child-friendly alternative.
- Again, **over-the-counter medications** that are appropriate for your child may be used to alleviate pain and associated fever. These medications are NOT for children younger than two years of age.
- **If your pediatrician has determined that your child has a bacterial infection causing the sore throat, he or she may prescribe antibiotics.** If this occurs, make sure your child takes all of the medication prescribed. Do NOT stop taking the medication early if the symptoms go away.

Reference/resource: <http://www.mayoclinic.com/health/sore-throat/DS00526>

**Training Notes:**

## Cough

- **Mild**
  - Cough with a cold or flu that is eased with home remedies or OTC drugs
- **Major**
  - Last more than 2 weeks
  - Accompanied by high fever, shortness of breath, difficulty swallowing, wheezing, hives, face/neck swelling, or stiff neck
  - Coughing blood



- Coughing is a reflex to protect your lungs from irritants. A cough is commonly a **symptom of a cold or influenza**. It can be the symptom of a virus or respiratory infection of the nose, sinus, or airways.
- A cough can also be caused by irritation from a post-nasal drip (nasal drainage down your throat) or from acid reflux when stomach acid backs up.
- Sometimes a cough is a result of a chronic illness, like asthma or an allergy to smoke or dust, etc.
- In some cases, a cough could be associated with a bacterial infection and you might need other medication. A cough could be more serious and you should seek medical attention if:
  - The cough is **chronic** and lasts more than two or three weeks.
  - The cough is **accompanied by a fever, shortness of breath, difficulty swallowing, wheezing, hives, face/neck swelling, or stiff neck**
  - Any of the emergency warning signs we talked about earlier.
  - The cough produces **bloody phlegm** or if the mucus you bring up is yellow, gray, or green.

Reference/resource: [www.mayoclinic.com/health/symptom-checker/DS00671](http://www.mayoclinic.com/health/symptom-checker/DS00671)  
[www.mayoclinic.com/health/cold-remedies/ID00036](http://www.mayoclinic.com/health/cold-remedies/ID00036)  
[www.mayoclinic.com/health/common-cold/DS00056](http://www.mayoclinic.com/health/common-cold/DS00056)

Mayo Clinic Guide to Self-Care

**Training Notes:**

## Managing Cough

- Drink extra fluids.
- Suck on lozenge or hard candy.
- Try warm tea with lemon.
- Remove irritants.
- Use a humidifier.
- Sleep with head elevated.
- Use a non-prescription expectorant or cough suppressant.

There are some things you can do for a non-chronic cough to help make you feel better.

- **Drinking a lot of fluids** can help loosen mucus.
- Sucking on **hard candy**, a medicated **throat lozenge** or drinking a cup of **tea with lemon** or honey may help soothe throat irritation.
- Remove irritants that can cause or make a cough worse, such as smoke, dust, perfumes, air fresheners, or pet dander.
- It could help to **use a humidifier** to keep air moist, but REMEMBER, if it is NOT cleaned or used properly, it can produce bacteria and make someone even sicker.
- **Sleeping with your head elevated** may reduce the effect of irritation by acid reflux or post-nasal drip.
- If other remedies do not work and you have a cough that feels or sounds loose, you can try an over-the-counter **expectorant** to help you cough up the mucus. If you have a cough that feels or sounds dry, an over-the-counter liquid cough **suppressant** could help control the cough reflex. Remember to follow instructions when using an over-the-counter drug.
- Remember, antibiotic medications are NOT effective treating coughs caused by a virus.

**Training Notes:**

Cross reference with Module 4.2 Medication Safety.

## Special Considerations for Children

### Managing Cough

- Cough syrup and drops only for older kids
- Fluids, humidifier, steam
- Immunizations for pertussis (DTaP)
- Call pediatrician if:
  - Lasts more than 3 weeks
  - Wheezing or whooping sound
  - High fever
  - Difficulty breathing

Some things to keep in mind for managing coughs of children:

- **Cough syrup and cough drops are only recommended for older children.** Ask your pediatrician before using these medications. Also, it is recommended that honey not be given to children younger than age one as it may contain a bacteria that can cause infant botulism (poisoning). Older children can generally handle this bacteria.
- Drinking **plenty of fluids** will help to loosen mucus that may be causing your child's cough. A cool-mist **humidifier** may also help at nighttime. If your child awakes at night, sitting in the bathroom while a hot shower is running will create **steam** to break down mucus as well.
- **Whooping cough is caused by a pertussis infection and can be avoided by following the immunization guidelines for children.** The vaccine DTaP will protect your child from diphtheria, tetanus, and pertussis.
- Be sure to **notify the pediatrician immediately** if your child's cough lasts **three weeks or more**, if the cough is followed by a **wheezing or whooping sound**, if your child also has a **high fever**, or if your child is having **trouble breathing**.

Reference/resource: [http://kidshealth.org/parent/general/eyes/childs\\_cough.html#](http://kidshealth.org/parent/general/eyes/childs_cough.html#)

**Training Notes:**

## Nasal Problems

- **Mild**
  - Runny nose with a cold
  - Stuffy nose
  - Sinus pain
- **Major**
  - Congestion that lasts more than 2 weeks
  - Sinus pain the continues or returns, swelling around eyes
  - High fever, difficulty breathing



- When a person has a cold or influenza they may have nasal problems such as **sneezing or a runny nose**. Colds can also cause **sinus** infections which may come with facial pain, low fever, and difficulty breathing.
- These symptoms can also be caused by allergies. A **stuffy nose** is usually a result of congestion from irritation caused by allergies or a sinus infection. In many cases, these symptoms are nuisances but not serious.
- In some cases however, congestion or sinus infections could be caused by a bacteria or fungus (like mold). Congestion could also be caused by an obstruction or blockage that needs treating. Nasal problems could be more **serious** and you should seek medical attention if:
  - **Congestion lasts** for more than one to two weeks.
  - **Sinus pain** is severe, lasts more than a day or recurs; or there is **swelling around the eyes**.
  - The nasal problem is accompanied by a **fever higher than 101°**; **difficult breathing**, or any of the emergency warning signs we discussed when we talked about fever. Do you remember some of the other warning signs?

Reference/resource: [www.mayoclinic.com/health/runny-nose/ID00006](http://www.mayoclinic.com/health/runny-nose/ID00006)  
Mayo Clinic Guide to Self-Care

**Training Notes:**

## Managing Nasal Problems

- Drink extra fluids.
- Gently blow nose.
- Use a cool-mist humidifier.
- Take shower or breathe in steam.
- Use warm face pack.
- Use saline nose sprays or drops.
- Use non-prescription pain relievers, decongestants, or anti-histamines.

There are some things you can do to help make you feel better.

- As with other cold or flu symptoms, **drinking fluids** is important.
- **Gently blowing your nose** to clear mucus may be all you need to do. You can use a suctioning bulb syringe for infants.
- **Using a cool mist humidifier**, taking a warm **shower**, or sitting in the bathroom **breathing steam** from the shower can loosen mucus and help clear your head.
- Applying a **warm face pack** or towels and taking **pain relievers** can help lessen sinus pain.
- Using **saline nose sprays or drops** may reduce irritation and help clear mucus.
- **Non-prescription** oral **decongestants** or nasal decongestant sprays or drops may help a stuffy nose. Be CAREFUL with nasal drops or sprays. They may work quickly but if used more than three to four days, they could have a rebound effect, where congestion comes back and could make things worse.
- **Non-prescription anti-histamines** may help dry up a runny nose and help sneezing caused by an allergy, but be CAREFUL, as they can dry out the nose too much.

### Training Notes:

If your audience consists of parents of infants, you may want to have a suctioning bulb to show.

Cross reference with Module 4.3 Medication Safety.

## Dehydration

- Mild
  - Dry mouth or eyes
  - Lack of energy, weak, irritable
  - Headache or muscle cramping
  - Decreased urine output
- Major
  - Any of the above that continues or worsens
  - Dizziness, lightheadedness, rapid heart beat
  - Sunken eyes; skin does not snap back
  - Soft spot on baby's head
  - Lethargic, confused, comatose

- To stay healthy people need to drink lots of fluids. Dehydration means your body does not have as much water or fluid as it needs. If you have a cold or flu you may not be drinking enough because you have little appetite or you have a sore throat or are nauseous. You may also be losing fluid because of fever, vomiting, or diarrhea. You can become dehydrated for either reason or from a combination of both not drinking enough and losing fluids.
- Untreated severe dehydration can be very dangerous. It can cause seizures, brain damage, and even death. When you recognize the symptoms and treat it quickly and properly, you will generally be able to control it and prevent damage. If the symptoms become **serious**, you should seek medical advice.

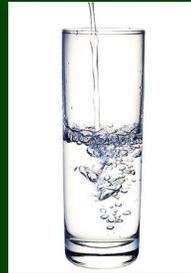
Reference/resource: [www.mayoclinic.com/health/dehydration/DS00561](http://www.mayoclinic.com/health/dehydration/DS00561)  
National library of Medicine and the National Institutes of Health MedlinePlus Medical Encyclopedia

**Training Notes:**

When you review symptoms from slide, point out that the difference between mild and major can be the intensity and duration of the symptom

## Managing Dehydration

- Don't wait until symptoms appear.
- Drink fluids – small amounts – often.
- Avoid alcohol and caffeine.
- Eat salty foods.
- Use electrolyte drinks.



- Remember when we were talking about being prepared and the importance of getting adequate fluids? If someone is sick, has a fever, is vomiting, or has diarrhea, **do not wait** for symptoms of dehydration to appear. A sick person may not be thirsty, however continue to offer fluids frequently in small amounts to prevent dehydration. If not thirsty, you can offer things like ice chips or popsicles. Monitor a sick person carefully for signs of dehydration, especially very young children and older adults.
- Once symptoms do appear, **drinking fluids** is usually all you need to do. **Small frequent amounts** are better than forcing too much at one time. Forcing someone to drink too much at one time can cause more vomiting.
- **Avoid alcohol and caffeinated** drinks as they can be more dehydrating. Who can name some drinks that have caffeine? (coffee, tea, sodas) While not usually recommended as healthy eating, **salty foods** can help retain water.
- If you or someone you are taking care of is also not eating, use fluids containing some sugars, salts, and electrolytes, such as broths, soups, sports drinks, or ginger ale. This will help meet nutritional needs while helping the dehydration. Remember to follow any diet restrictions, such as those for diabetics.

Doctors do not generally recommend sports drinks for babies because they contain too much sugar. Instead use an **electrolyte** drink or freezer pop, like Pedialyte or Iytrex. We will talk more about electrolytes later.

### Training Notes:

Cross reference, Modules 5.3 Cold and Flu - Fever, and 5.4 Other Symptoms - Upset Stomach.

## Managing Other Symptoms

- Upset stomach
- Rashes
- Minor wounds and burns
- Allergies
- Poisoning
- Choking

- If you voluntarily self isolate or are asked to stay home during a public health emergency, additional healthcare problems could occur.
- Many conditions or injuries do not require immediate professional medical care. You will be better able to stay calm and manage these events by understanding things, like how to stop bleeding and prevent infection.
- Taking a first aid class can also be very valuable.

**Training Notes:**

You can ask the group what illnesses or events they would be most concerned with or you can display this list and ask which they want to know the most about. You can then concentrate your emphasis on those areas.

If you choose to go into more detail on these symptoms listed on the slide, you can use the next set of slides. If not, refer participants to sources of more information for healthcare and first aid.

## Upset Stomach

- Happens to everyone
- Be aware of more serious signs:
  - Blood in stool
  - Severe pain
  - Heartburn that does not go away
  - Unplanned weight loss
  - Continued vomiting or diarrhea
- Nausea, vomiting, diarrhea



- You have probably had or heard people talk about stomach problems. The stomach stores the food you eat and swallow, it mixes the food with stomach acids, and then sends it on to the small intestine.
- There are many things that can cause common stomach or digestion problems. Sometimes it is something simple like indigestion caused by eating too much or too fast or eating a food that you are sensitive to. Have you ever eaten something and said, “that did not agree with me.” What did that feel like?
- While stomach aches and upset stomach **happens to all of us**, you need to be aware that it could be more serious and you should see a doctor if you have:
  - **Blood when you have a bowel movement,**
  - **Severe abdominal pain,**
  - **Heartburn not relieved by antacids,**
  - **Unintended weight loss, or**
  - **Ongoing vomiting or diarrhea.**

For the next few minutes we will talk about common upset stomach symptoms of **nausea and vomiting and diarrhea**. We will talk about these symptoms and how to manage them.

Reference/resource: [www.mayoclinic.com/health/nausea/DG00019](http://www.mayoclinic.com/health/nausea/DG00019)  
[www.nlm.nih.gov/medlineplus/nauseaandvomiting.html](http://www.nlm.nih.gov/medlineplus/nauseaandvomiting.html)  
[www.nlm.nih.gov/medlineplus/stomachdisorders.html](http://www.nlm.nih.gov/medlineplus/stomachdisorders.html)

### Training Notes:

Cross reference this module with Modules 5.3 Dehydration.

## Nausea and Vomiting

- Mild
  - Queasy feeling
  - Throwing up
- Major
  - Suspect poisoning
  - Vomiting more than 24 hours
  - Become dehydrated
  - Explosive or forceful vomiting
  - Blood in vomit
  - Headache and stiff neck

- Nausea and vomiting are common and **not usually serious** upset stomach symptoms. Your stomach may feel **queasy** or unsettled or you may be **throwing up**. Many things cause nausea and vomiting, like food poisoning, morning sickness, medication, migraine headaches, or gastritis (a burning or sour stomach that is an inflammation of the stomach lining caused by things like acid, smoking, alcohol, or medicines).
- Most of the time, nausea and vomiting are caused by gastroenteritis, sometimes called a stomach flu. Gastroenteritis is really an inflammation of the lining of the intestines, usually from a virus or bacteria\*. Most of the time it is caused by a virus. In addition to nausea and vomiting, it may also cause diarrhea, abdominal pain, headache, fever, and chills.
- Nausea and vomiting could be a warning sign of something more serious, like ulcers or bowel obstruction. Nausea and vomiting could be more serious and you should **seek medical attention** anytime you **suspect poisoning**, or if:
  - **Vomiting continues** more than one to two days (12 hours if a baby),
  - You show signs of **dehydration** or are not able to drink anything for 24 hours,
  - There is **projectile or explosive** vomiting, particularly in infants, or
  - If vomiting is accompanied by any of the warning signs we talked about before like **blood in the vomit** or a **headache and stiff neck**.

Reference/resource: Mayo Clinic Guide to Self-Care  
U.S. National Library of Medicine and National Institutes of Health Medline Plus.

**Training Notes:**

\*This is also sometimes caused by parasites. If you want to include parasites in your discussion, add notes. Ask what some of the signs are of dehydration that you talked about earlier.

## Managing Nausea and Vomiting

- Prevent dehydration.
- Sip clear fluids.
- Avoid solid food.
- Slowly return to normal diet.
- Avoid foods that irritate.
- Non-prescription medicines may help.



- Most people get better without any treatment. The most common problem with nausea and vomiting is **dehydration**. There are things you can do to prevent dehydration and to make yourself feel better.
- When nausea ends give **sips of clear fluid**, like ice chips, water, tea, clear sodas, like ginger ale, non-caffeinated clear sports drinks, like gator-aid, or other fruit drinks to replace fluids lost. You can also use rehydration fluids, like common Pedialyte.
- If someone has been vomiting, wait at least one hour after they stop and then start with small amounts of clear fluids. If they do not start vomiting again, begin increasing fluids. **Do not give solid food** for several hours after vomiting stops then **slowly return to a normal diet** starting with something gentle and bland. Begin adding small amounts of **easy to digest** solid foods like crackers, soup, Jello, toast, rice, chicken. It is best to avoid dairy products, caffeine, alcohol, nicotine, fatty, or highly seasoned, spicy foods for a few days. The BRAT diet – bananas, rice, applesauce, and toast is a good place to start, especially with children.
- If a person is sick with gastritis (burning stomach feeling) avoid foods and drinks that irritate them. You **can also try over the counter** antacids, like Tums or Pepto-Bismol. If a person is nauseous or vomiting from motion sickness, non-prescription medicines, like Dramamine could help.

### Training Notes:

When discussing clear liquids, ask the group to list some clear liquids that work for them.

## Special Considerations for Children

### Managing Nausea and Vomiting

- Infants
  - Continue breastfeeding or bottle feeding
  - No water
  - Ask pediatrician ahead of time
- Children
  - Clear liquids
  - Gradually introduce bland foods (BRAT)
  - Slowly resume regular diet after 24 hours

- If your infant vomits a routine feeding, continue breast or bottle feeding. If breastfeeding, offer your infant a feed every two hours. If bottle feeding, offer your infant a bottle every three to four hours. Avoid giving water alone to an infant or toddler. It does not provide essential nutrients.
- Ask your pediatrician ahead of time if he or she recommends an oral rehydration solution if your infant is vomiting. This may be recommended in some cases in very small amounts of ½ an ounce every 15 to 20 minutes. If your infant vomits every feed, contact your pediatrician right away. This may be a sign of a more serious problem.
- For older children, give clear liquids such as an oral rehydration solution. Pedialyte is one example. Start with small sips and gradually increase the amount. Popsicles and Jello may also be used.
- If the child is able to drink adequately without throwing up, gradually introduce bland foods. These include bananas, applesauce, rice, toast (BRAT diet), bread, broths, or mild soups.
- If the child has not vomited for 24 hours, you can slowly resume your child's regular diet.

Reference/resource: <http://kidshealth.org>  
<http://www.aap.org/healthtopics/commonillness.cfm>

#### Training Notes:

## Diarrhea

- **Mild**
  - Loose, watery stools
  - Stomach cramps
  - Flu-like symptoms
- **Major**
  - Lasts more than 1 week
  - Dehydrated
  - Severe abdominal or rectal pain
  - Bloody stool
  - Fever higher than 101

- Another upset stomach symptom is diarrhea. Diarrhea can be caused by many things. It could be a bacteria or \*parasite, but most of the time it is a **non-serious** viral infection. If it is an infection, you may also have some nausea and vomiting, stomach pain or cramping, a mild fever, some aches, and a headache.
- The infection can be contagious so be sure and follow prevention practices, like good hand washing.
- Diarrhea could also be a side effect of medication or a reaction to certain sugar substitutes.
- Diarrhea could be a warning sign of something more serious like a chronic infection or inflammatory bowel disease. Diarrhea could be more serious and you should **seek medical attention if:**
  - The diarrhea **lasts for more than a week** (12 hours in infants),
  - You show signs of **dehydration**, or
  - If diarrhea is accompanied by other warning signs like severe **abdominal or rectal pain, blood in the stool, or a high fever.**

Reference/resource: [www.mayoclinic.com/health/diarrhea/DS00292](http://www.mayoclinic.com/health/diarrhea/DS00292)  
Mayo Clinic Guide to Self-Care.

**Training Notes:**

\*Be prepared to discuss or have handouts available if questions occur when parasites are mentioned.

## Managing Diarrhea

- Drink water and other clear fluids.
- Use electrolyte drinks.
- Add solid foods slowly.
- Avoid caffeine and nicotine.
- Avoid dairy, fatty, spicy foods.
- Non-prescription medicines may help.
- Practice good hygiene.



Although it is uncomfortable, most of the time diarrhea is not serious and clears on its own without medicines. Antibiotics do not help if it is caused by a virus. One of the most common problems with diarrhea is dehydration. There are things you can do to help prevent dehydration and make yourself feel better.

- **Drink at least eight glasses of water and other clear fluids**, like clear soda, broth, or weak tea. Make sure the water is safe. Do you need to boil or drink bottled water?
- When a person is vomiting or has diarrhea, in addition to water loss, the body loses electrolytes. Electrolytes are salts in the body that conduct electricity. Some examples of electrolytes are sodium, potassium, calcium, and magnesium. Electrolytes need to be replaced to prevent dehydration, especially in babies and children whose smaller bodies make them more likely have a higher loss of water and electrolytes. **Use rehydrating fluids**, like Pedialyte, **that contain electrolytes**.
- **Add** soft, low-fiber **foods gradually** as you get better. What are some low fiber foods that would be good choices? Try foods like crackers, toast, eggs, rice, or chicken. **Avoid caffeine, nicotine, dairy products, and fatty, or highly seasoned foods** for a few days.
- **Non-prescription** anti-diarrhea medicines, like Pepto-Bismol or Kaopectate, **may slow** the diarrhea but will not cure the virus or get you better faster.

And always **practice good hygiene** and hand washing to prevent others from getting the virus.

**Training Notes:**

## Special Considerations for Children

### Managing Diarrhea

- Infants
  - Continue breastfeeding or bottle feeding
- Children
  - Continue feeding and drinking
  - Oral rehydration
  - Gradually introduce bland foods – avoid fatty and spicy foods
  - Prevent other children from getting sick

- The most important thing to remember if your child has mild diarrhea is to **continue feeding and drinking, including breastfeeding for infants**. Offer the breast or bottle more frequently if your infant has mild diarrhea. This prevents dehydration and provides nutrition.
- As we discussed earlier, offer an **oral rehydration** solution to children.
- Avoid offering soda, tea, or fruit juices to your child. These can make the diarrhea worse.
- Just as with vomiting, **offer bland foods, such as bread, rice, or broth. Avoid fatty or spicy foods** that may irritate the stomach.
- Remember to **have your child wash his or her hands frequently and do not allow sharing of eating utensils with a brother or sister. This will help prevent other children from getting sick.**

Reference/resource: <http://kidshealth.org/parent/infections/common/diarrhea.html>

#### Training Notes:

## Constipation

- Hard, dry stools
- Seek medical attention if:
  - Sudden change in bowel movement
  - Sudden weight loss
  - Chronic – lasts more than 3 weeks
  - Alternates with diarrhea
  - Abdominal or rectal pain
  - Blood in stool

is a common occurrence. You may believe you should have a bowel movement every day, but normal is different for different people.

- Older people are more likely to have constipation; however, any age person can experience it. Medicines like blood pressure medicines, inadequate fluids, less physical activity, or a poor diet all add to the problem.
- Someone probably has constipation if they have less than three bowel movements a week, if **stools are hard and dry**, and if they feel like they need to strain.
- Most of the time it is a temporary problem. If it continues it can be a sign of something more serious and you should seek medical advice. **Contact the doctor if you, or someone you care for, have a sudden unexplained change in bowel movements or unexplained weight loss. Contact the doctor if you, or someone you care for, continue to have bowel movements more than three days apart, even after there is a change in diet, if constipation alternates with diarrhea, if there is intense abdominal pain, blood in the stool, or rectal pain.**

Reference/resource: [www.mayoclinic.com/health/constipation/DS00063](http://www.mayoclinic.com/health/constipation/DS00063)  
[www.merck.com/pubs/mmanual\\_ha/sec3/ch55/ch55b.html](http://www.merck.com/pubs/mmanual_ha/sec3/ch55/ch55b.html)

**Training Notes:**



## Managing Constipation

- Drink fluids.
- Avoid caffeine.
- Increase fiber.
- Limit low fiber foods.
- Exercise.
- Respect the urge.
- Be cautious with laxatives.

**Constipation** can be troubling. There are some things you can do that might help.

- Again, make sure you are drinking enough **water** to help soften your stool.
- **Limit caffeine**, which can cause dehydration.
- Gradually **increase fiber** in your diet. What are some examples of high fiber foods? (Answers could include: beans, whole grains, fruits and vegetables).
- **Limit foods** high in fat and sugar and those **low in fiber**, for example, cheese or processed foods. Fiber supplements like Metamucil may help but if you don't drink enough water, they can make constipation worse.
- **Physical activity** like walking or swimming will help.
- **Do not put off the urge** to have a bowel movement.
- **Be cautious using laxatives**, they can become habit forming or lead to other problems.

Reference/resource: [www.mayoclinic.com/health/constipation/DS00063](http://www.mayoclinic.com/health/constipation/DS00063)

**Training Notes:**

## Rashes

- **Mild**
  - Itchy, redness
- **Major**
  - If rash is in eyes
  - If self-treatment does not help
  - Purple or bruised looking
  - Crusty, blistered, or draining
  - Accompanied by other warning signs



- So many things can cause a rash. Rashes are skin irritations that could come from allergic reactions, insect bites or stings, bacterial or fungal infections, or skin conditions, like diaper rash and dermatitis (irritated and swollen or inflamed skin). Rashes also come with some common childhood illnesses, like chickenpox or measles.
- Whether a rash is **mild or major** and how you treat it depends on the kind of rash it is or what illness is causing it.
- A rash could be a warning sign of something more serious than a minor skin irritation or minor allergic reaction. You should **seek medical attention if**:
  - The rash involves the **eyes**,
  - The rash **does not go away** in two to three days,
  - The area of the rash becomes **dark purple or bruised** looking,
  - The area of the rash becomes **crusty, blistered, or is oozing**, or
  - If the rash is **accompanied by any of the warning signs** we talked about before, like a **high fever, sore throat, shortness of breath, or difficulty breathing**.

Reference/resource: [www.mayoclinic.com/health/skin/SN99999](http://www.mayoclinic.com/health/skin/SN99999);  
[www.familydoctor.org/545.xml](http://www.familydoctor.org/545.xml)

**Training Notes:**

If the audience is young mothers with small children, this could be a good time to bring up immunizations. Cross reference with Modules 5.4. Other Symptoms - Allergies and 4.2 Medication Safety.

## Managing Rashes

- Avoid things you are allergic to.
- Avoid skin irritants.
- Keep area cool.
- Keep fingernails short and clean.
- OTC anti-histamines or anti-itch creams and lotions may help.

How do you know how to treat the rash? How do you know what caused it? If you or someone you are taking care of has a rash, try to figure out what the rash is from. Think about things that might have triggered it. Have you taken a new medicine or eaten something new or different that you might be allergic to? Have you taken a medicine or eaten something that gave you a rash before? Have you been bitten by an insect or come in contact with poison ivy? Has a child been exposed to measles or chickenpox or other childhood illness? Could it be a fungus, like athlete's foot? Could it be a bacterial infection, like impetigo?

- It is a good idea to learn more about these conditions and specific treatments. This is especially important if you have young children or know from past history that you are prone to certain skin irritations or allergies.
- If you think the rash is from an **allergic reaction**, **avoid things** that might have triggered it.
- There are some things that might reduce itching and help you feel better.
  - Try taking **cool** showers or use cool compress and avoid getting overheated.
  - Practice good hygiene. Keep the area **clean and dry**.
  - You want to reduce problems from scratching, so **keep fingernails short and clean**.
  - Try **non prescription anti-histamine**, like Benedryl or **anti-itch** medicines, like hydrocortisone cream or Calamine lotion. Remember to follow instructions when using any over-the-counter drug.

**Training Notes:**

## Special Considerations for Children

### Managing Rashes

- Try to find out what caused the rash.
- Diaper rash – keep area clean and dry.
- Other rashes – reduce itching.
- Keep skin clean and dry and wash hands frequently.
- OTC anti-itch cream – do NOT use on face or genital areas.

- If possible, try to find out **what caused the rash** and remove the irritant from the home or away from your child.
- For **diaper rash**, **keep the skin clean and dry** by changing wet or soiled diapers often. Allow the skin to dry completely before you put on another diaper.
- To reduce the itching of other common and mild rashes, try to keep the skin cool with a cold washcloth. You will also want to keep the **skin clean and dry** and **wash your child's hands** frequently. Make sure your child's **fingernails are short and clean**. This will help to keep the area from getting infected stop the spread of a rash.
- Follow the directions of any **over-the-counter anti-itch creams** that you may use, such as Calamine lotion. **Do NOT use these on the face or genital areas.**

Reference/resource: [www.kidshealth.org](http://www.kidshealth.org)

#### Training Notes:

Distribute the "Poison Ivy/Oak/Sumac" handout.

# Poison Ivy/Oak/Sumac



Contact with poison ivy/oak/sumac plants can cause an allergic rash. Mild rashes can be treated at home and mostly cause discomfort from itching, burning, or blistering. Severe, widespread rashes require medical treatment.

## Signs and Symptoms:

- An itchy or burning rash appears within 2 to 3 days as small red bumps that usually blister.
- Blisters can be different sizes and may ooze clear fluid.
- The bumps and blisters may look like straight lines or streaks on the child's skin.
- The rash may begin to look crusty as it heals.

## What to Do:

1. Wash skin and scrub under fingernails immediately with soap and water.
2. For itching, use calamine lotion (avoid using on the face, especially near the eyes, or on the genitals) or an oral antihistamine such as diphenhydramine (avoid antihistamine-containing creams or lotions which can worsen the rash and itching).
3. Cut fingernails short to keep the child from breaking the skin when scratching.
4. Place cool compresses on the child's skin as needed.
5. Wash all clothing that the child has recently worn, plus any items or outdoor pets that may have come into contact with the plant.

### Call a doctor or seek medical attention if:

- the rash covers a large portion of the body, or is on the genitals or the face
- the rash is getting worse despite home treatment
- the skin looks infected (increasing redness, warmth, pain, swelling, or pus)

### Seek emergency medical care if the child:

- has a known severe allergy to poison ivy/oak/sumac
- develops swelling around the nose or mouth
- complains of chest tightness or difficulty breathing
- sounds hoarse or is having trouble speaking
- develops redness or swelling widespread over the body
- becomes dizzy or lightheaded
- was given a dose of injectable epinephrine



## Think Prevention!

Teach children what poison ivy/oak/sumac look like, and how the plants' appearances can change during different times of the year. Make sure kids always wear long-sleeved shirts and pants whenever playing close to these plants, and wash their hands well when they come in from outside.

Note: All information is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult a doctor. Review this with a doctor prior to use.

Reviewed by: Larissa Hirsch, MD Date reviewed: June 2007

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## Wounds

- Mild
  - Everyday cuts and scraps
- Major
  - Bleeding does not stop
  - Deep and dirty puncture wound
  - Needs stitches
  - Signs of infection - redness, warmth, swelling, drainage

- People get **cuts and scrapes every day**. Minor wounds can generally be treated easily at home.
- A wound could be more serious and you should seek medical advice if:
  - You **cannot stop the bleeding** after applying pressure for several minutes or if blood is spurting out.
  - You have a puncture wound that is **deep and dirty**, like from stepping on a nail or from an animal bite. You will need other treatment and a tetanus shot if you have not had one recently.
  - The wound is deep or gaping and you cannot close it easily with a bandaid or surgical tape. You might **need stitches**.
  - The wound does not heal properly and shows **signs of getting infected**. Signs like **redness, warmth to the touch, swelling, or draining**.

Reference/resource: [www.mayoclinic.com/health/first-aid-cuts/FA00042](http://www.mayoclinic.com/health/first-aid-cuts/FA00042)  
[www.mayoclinic.com/health/first-aid-puncture-wounds/FA00014](http://www.mayoclinic.com/health/first-aid-puncture-wounds/FA00014)  
[www.mayoclinic.com/health/first-aid-severe-bleeding/FA00038](http://www.mayoclinic.com/health/first-aid-severe-bleeding/FA00038)  
Mayo Clinic Guide to Self-Care

**Training Notes:**

## Managing Minor Wounds

- Stop the bleeding.
- Clean the wound.
- Apply an antibiotic.
- Cover the wound.
- Change the dressing.
- Watch for infections.



Even though a cut or scrape may seem like a simple wound, it still needs proper care to prevent infection. There are steps you can take with **minor wounds** that will help avoid infection or other complications and help the healing process.

- **Stop the bleeding.** If the bleeding does not stop on its own, apply gentle, continuous pressure with a clean cloth or bandage.
- **Keep the wound clean.** Rinse with clean water and clean area around the wound. Use a wound cleanser, like soap and water or hydrogen peroxide.
- **Apply an antibiotic** ointment, like Neosporin, after you clean the wound to prevent infection.
- **Cover the wound** with a bandage to help keep it clean. After it has healed enough to prevent infection, you can take the bandage off. Exposing the wound to air will speed healing.
- **Change the bandage or dressing** when it gets dirty or at least once a day to prevent infection. Remember to dispose of the bandage properly and wash your hands.
- Be on the **lookout for signs of infection**, such as redness, swelling, or warmth.

Consider taking a first aid class to learn more about taking care of wounds and other injuries.

**Training Notes:**

## Managing Larger Wounds

- Larger cuts
  - Apply pressure and raise the wound higher than the heart
- See doctor for severe wounds –
  - Animal or human bite
  - From lip to face
- Call 911 if:
  - A limb is almost or completely cut off
  - Blood is spurting out and you cannot control it
  - Bandages soaked in blood

Minor cuts and scrapes are common, everyday experiences, especially for children as explore their environment.

- For **larger cuts**, while applying pressure, raise the wound higher than the level of the **heart**. This may not always be possible. Apply pressure for five minutes, and then add another layer of sterile gauze over the one you are using.
- A more **severe wound that requires a doctor** includes one in which the bleeding does not stop, a wound from an **animal or human bite**, a deep and dirty wound, such as stepping on a nail, or a wound that **extends from the lip into the face**.
- You will need to call 911 immediately if anyone has a **limb that is almost or completely cut off, if the blood from the wound is squirting out and you cannot control it, or if the bandages you apply are soaked with blood**.

Reference/resource: [http://kidshealth.org/parent/firstaid\\_safe/sheets/cuts\\_sheet.html](http://kidshealth.org/parent/firstaid_safe/sheets/cuts_sheet.html)  
[http://kidshealth.org/parent/firstaid\\_safe/emergencies/bleeding.html](http://kidshealth.org/parent/firstaid_safe/emergencies/bleeding.html)

**Training Notes:**

Distribute the “Cuts” handout.

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# Cuts

Many cuts can be safely treated at home. Large and deeper cuts – or any wounds that won't stop bleeding – need emergency medical treatment.

## Vein or Artery?



Bleeding from an artery flows quickly and in spurts, and the blood is bright red. Bleeding from a vein flows evenly, and the blood is dark red.



## What to Do:

If the cut is severe and you can't get the child to a hospital right away or must wait for an ambulance, begin this treatment:

1. Rinse the wound with water and apply pressure to the cut with sterile gauze, a bandage, or a clean cloth.
2. If blood soaks through, place another bandage over the first and continue applying pressure.
3. Raise the injured body part to slow bleeding, but don't apply a tourniquet. When bleeding stops, cover the wound with a new, clean bandage.

## For cuts that are not severe, contact a doctor if the cut:

- seems deep or the edges of the cut are widely separated
- is on the lip and crosses the pink border onto the face
- continues to ooze and bleed even after applying pressure
- is from a bite (animal or human)

## Seek emergency medical care: call 911 if the child:

- has a body part that is partially or fully amputated
- has a cut and the blood is spurting out and difficult to control
- is bleeding so much that bandages are becoming soaked with blood

## Think Prevention!

Childproof so that infants and toddlers are less likely to become injured on table corners, windows, or doors that may slam shut. Take precautions to prevent falls and supervise teens when they are cutting with sharp knives.

Note: All information is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult a doctor. Review this with a doctor prior to use.

Reviewed by: Kate Cronan, MD Date reviewed: June 2007

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## Burns

- Mild
  - 1<sup>st</sup> degree
  - 2<sup>nd</sup> degree no larger than 3 inches
- Major
  - 2<sup>nd</sup> or 3<sup>rd</sup> degree
  - Large burn area
  - Electrical burn
  - Chemical burn to face, hands, feet, groin, buttocks, or major joint
  - Person is in shock

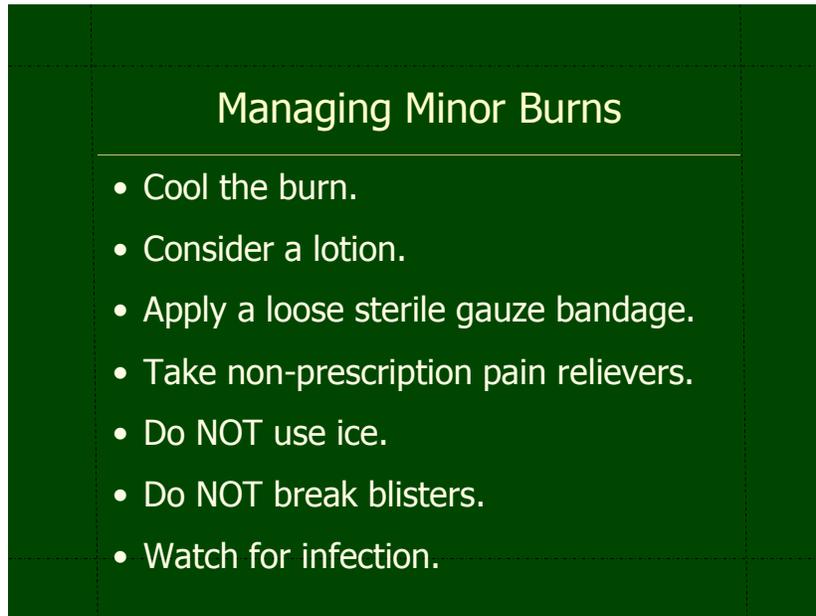
Burns can be minor problems or they can be life threatening. Knowing the difference between a minor and a major burn is determining the extent of the damage to body tissues. You have probably heard the terms for the classifications of burns as first degree, second degree and third degree.

- **First degree** burns are usually caused by a brief contact with heat. The skin may be red with some swelling and pain, but the outer layer of skin has not burned through.
- In a **second degree** burn, the first layer of skin has been burned through and the second layer is also burned. There are usually blisters and the skin becomes very red and splotchy. There is severe pain and swelling. Remember even a sunburn can be serious and cause second degree burns, but you can prevent this with sunscreen.
- A **third degree** burn is the most serious involving all layers of the skin. It could even involve fat, nerves, muscles, and bones. The skin may look charred black or dry white. If the nerve is damaged, there may be no pain at all.
- Some burns can be treated at home, others are much more serious and need emergency medical care. Seek immediate medical care if any of the following occur. It is a **second or third degree** burn. The **burn area is large**. The burn is **electrical**. Even though an electrical burn may look minor, there could be damage that you cannot see. The burn is from **chemicals** and is a second degree burn larger than two to three inches or is on the face, hands, feet, groin, buttocks, or major joint. The person appears to be in **shock**.

**Training Notes:**

Be prepared to answer questions about shock. See Slide 114 - Managing Major Burns. See next slide for additional trainer resources.

**Slide 114**



**Managing Minor Burns**

- Cool the burn.
- Consider a lotion.
- Apply a loose sterile gauze bandage.
- Take non-prescription pain relievers.
- Do NOT use ice.
- Do NOT break blisters.
- Watch for infection.

We will talk about basic actions to treat minor or first degree burns at home and help make a person feel better. If a second degree burn covers no more than two to three inches, you can follow the actions for a minor burn. After you safely remove the person from the source of the burn:

- Cool the burn by holding it under cold running water for 15 minutes, immersing it in cold water, or by using a cold compress.
- Once cooled, applying a moisturizing lotion, for example one with aloe, can prevent dryness and make it more comfortable.
- Cover the burn with a loosely wrapped sterile gauze bandage to keep the air off. This can help reduce pain and protect blisters.
- Use an over-the-counter pain reliever.

Do NOT put ice on a burn because it could freeze it and do more damage. Blisters protect the skin from infection, so do not break them. If they do break, wash with mild soap and water, and use an antibiotic ointment and bandage. Do NOT apply grease, powder, butter, or other home remedies to the burn. These will increase the risk of infection.

Minor burns usually heal without further treatment but watch for signs of infection like redness, fever, swelling, oozing, or pain.

Reference/resource: [www.mayoclinic.com/health/first-aid-burns/FA00022](http://www.mayoclinic.com/health/first-aid-burns/FA00022);  
[www.mayoclinic.com/health/child-safety/CC00044](http://www.mayoclinic.com/health/child-safety/CC00044), [www.nlm.nih.gov/medlineplus/burns.html](http://www.nlm.nih.gov/medlineplus/burns.html)

**Training**

Cross reference with Module 3.7 Preventing Injuries from Fires/Burns. Distribute the “Burns” handout.

# BURNS

Burns from fire or other sources of heat range from mild to life-threatening. Some burns can be treated at home; others need emergency medical care.

## Types of Burns



- First-degree burns, usually caused by brief contact with heat, can cause redness, pain, and some swelling.
- Second-degree burns are more severe and usually result in blisters and more intense redness.
- Third-degree burns are the deepest and may be painless due to nerve damage.



## What to Do:

If you can't get the child to a hospital right away or must wait for an ambulance, begin this treatment:

1. Remove clothing from the burned areas, except clothing stuck to the skin.
2. Run cool (not cold) water over the burn until the pain lessens.
3. Do not put any ointments, butter, or other remedies on the burn – these can make the burn worse.
4. Lightly apply a gauze bandage if it's a small first-degree burn.

## Seek emergency medical care if:

- it's a second- or third-degree burn
- the burned area is large (cover the area with a clean, soft cloth or towel)
- the burn came from a fire, an electrical wire or socket, or chemicals
- the burn is on the face, scalp, hands, or genitals
- the burn looks infected (with swelling, pus, or increasing redness or red streaking of the skin near the wound)

## Think Prevention!

You can help prevent burn injuries by being careful when using candles, space heaters, and curling irons, and by not allowing young children to play in the kitchen while someone is cooking. Keep children away from hot drinks and radiators, and always check the temperature of bath water before putting a child in the tub.

Note: All information is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult a doctor. Review this with a doctor prior to use.

Reviewed by: Larissa Hirsch, MD and Mary Mondozi, MSN, RN, CPNP. Date reviewed: June 2007

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## Managing Minor Chemical Burns

- Remove the chemical from skin.
- Remove contaminated clothes or jewelry.
- Wrap the burned area.
- Rewash if burning continues.



Products in the house that you use for cleaning or products you use in the yard may contain ammonia, bleach, or other chemicals that can be dangerous. Be sure to follow instructions carefully when using these items.

- There are some additional actions that can be taken if the minor burn was caused by a chemical and actions you need to take for a more serious chemical burn until you can get medical help.
- **Remove the chemical from the skin.** If the chemical is a powder, brush it away. Then cool with running water as for other minor burns.
- **Remove any clothes or jewelry** that the chemical may have gotten on.
- **Wrap the burn** with a dry, sterile bandage or clean cloth.
- If the area continues to burn, **place the area again under cool, running water.**
- If it is a more serious burn, call for help and take basic actions until help arrives.

### Training Notes:

## Managing Major Burns

Until help arrives:

- Do NOT remove burned clothing.
- Check for breathing.
- Cover area of burn with cool, moist sterile bandage or clean cloth.
- Do NOT immerse in cold water.
- Treat for shock.

- If someone has a major burn, **call 911 immediately**. These are some basic things you can or should not do **while waiting for help to arrive**.
- Remove the person from contact with any burning or smoldering materials, but **do NOT remove any clothing** that is burned onto the skin.
- If you have been trained in CPR and the person is not **breathing**, you can begin CPR. If you have not been trained, tell 911 that the person is not breathing.
- **Cover the burn area** with a cool, moist, sterile bandage or clean cloth but **do NOT immerse** large burn areas in cold water because this can cause shock.
- If the person appears to be in **shock** (fainting, pale, shallow breathing), try to keep the person as still and comfortable as possible. Elevate their feet higher than their head and keep them warm.
- Consider taking a first aid class to learn more about treating burns, Cardio-Pulmonary Resuscitation (CPR), and shock.

**Training Notes:**

## Allergies

- Mild
  - Itchy skin
  - Mild rash, hives, or swelling
  - Sneezing, nasal congestion
  - Itchy, red, watery eyes
- Major
  - Reaction to a drug
  - Acute asthma, wheezing
  - Difficulty breathing, or swallowing
  - Shock, dizziness, fainting



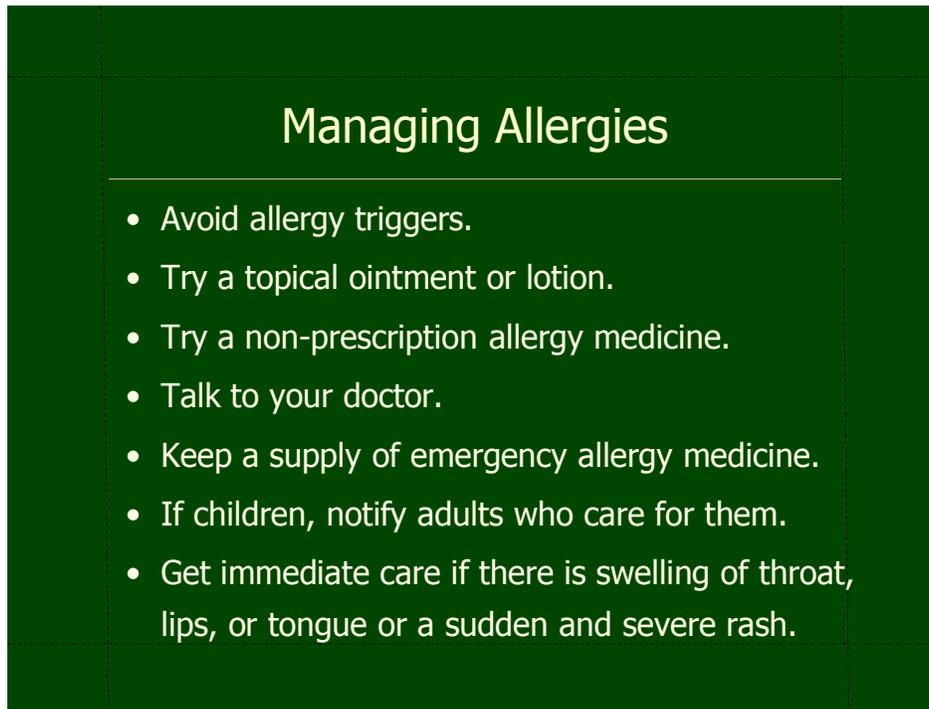
Allergies are a reaction or overreaction of the body's immune system to something it sees as foreign. It can be a reaction to a food, a drug, an insect bite, latex, dust, molds, pet dander, pollens, or other seasonal item. Most of us are familiar with dust, hay fever, or pollen allergies. Have any of you ever had an allergic reaction to a food or drug? What happened?

- What are some typical symptoms of an allergy? **Itching, rashes, hives, sneezing, nasal** or respiratory inflammation and **congestion, and red, swollen, itchy or watery eyes.**
- Allergic reactions can be annoying or they can be life threatening. An allergy can be more serious and you should seek medical attention if a mild symptom continues or worsens, or if:
- You suspect you are having a **reaction to a drug**. A drug reaction can cause mild symptoms that occur after taking medicine. If that happens, notify your doctor. If the reaction results in major symptoms, seek immediate medical help. Look for a rash, difficulty breathing, shortness of breath, or fainting.
- In rare cases, an allergic reaction can cause an **intense asthma attack** or "anaphylaxis". This can produce **difficult breathing, throat swelling, or shock** and can be life threatening.

Reference/resource: [www.mayoclinic.com/health/allergy/AA99999](http://www.mayoclinic.com/health/allergy/AA99999);  
[www.nlm.nih.gov/medlineplus/allergy.html](http://www.nlm.nih.gov/medlineplus/allergy.html)

**Training Notes:**

Cross reference Module 5.3 Cold or Flu.



## Managing Allergies

- Avoid allergy triggers.
- Try a topical ointment or lotion.
- Try a non-prescription allergy medicine.
- Talk to your doctor.
- Keep a supply of emergency allergy medicine.
- If children, notify adults who care for them.
- Get immediate care if there is swelling of throat, lips, or tongue or a sudden and severe rash.

The best way to manage your allergies is to find out what makes you allergic. What are you sensitive to? When do you get an allergic reaction? Do you have a history of an allergy to a medicine, like Penicillin?

- Try to avoid things that trigger your allergy whether it is a particular drug, food, or environmental allergy. Reduce dust and mold in your home by vacuuming and changing air filters. Try to limit your outside activity during times of heavy pollen. Wash pollen out of your hair before going to sleep and getting it on your pillow.
- A topical ointment or lotion can help itchy skin. You can make a paste with baking soda or oatmeal for a mild rash, hives, or swelling.
- Anti-histamines, like Benedryl, may control sneezing, runny nose, and itchy eyes. It can also help reduce the allergic effect of an unexpected allergy to food or an insect sting. It works by blocking the action of histamine, an antibody the body produces to fight what it sees as an enemy. Decongestants, like Sudaphed, may relieve congestion or swelling in the nose. Be sure and follow instructions for any medicines. Non-prescription eye drops, like Visine, can help relieve itchy eyes.
- If you know you have a particular allergy, ask your doctor what you can do. Also, let your doctor know about any OTC drugs you use for allergies. A doctor may recommend treatments like over-the-counter medicines, nasal sprays, or allergy shots. A doctor can also talk to you about any emergency medication that you can keep available in case of an allergic reaction.

- If the person with allergies is a child, be sure to notify other adults that provide care for him or her.
- If an allergic reaction is more serious, such as swelling of throat, lips, or tongue or a sudden and severe rash, call for help and take basic actions until help arrives.

**Training Notes:**

Cross reference Module 4.2 Medication Safety.

Distribute the “Allergic Reactions” handout.

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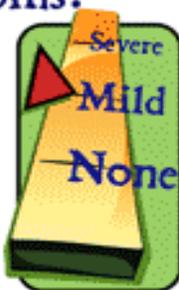
# Allergic Reactions

Allergic reactions can be triggered by foods, medications, insect stings, pollen, or other substances. Although most allergic reactions aren't serious, severe reactions can be life-threatening and can require immediate medical attention.

## Signs and Symptoms:

### Mild Reaction

- itchiness
- mild skin redness
- mild swelling
- stuffy, runny nose
- sneezing
- itchy, watery eyes
- red bumps (hives) that occur anywhere



### Severe Reaction

- swelling of the face or mouth
- difficulty swallowing or speaking
- wheezing or difficulty breathing
- abdominal pain, nausea, vomiting, or diarrhea
- dizziness or fainting

## What to Do:



1. Contact a doctor if a child has an allergic reaction that is more than mild or the reaction concerns you.
2. If the child has symptoms of a mild reaction, give an oral antihistamine such as diphenhydramine.
3. If the child has symptoms of a severe allergic reaction and you have injectable epinephrine, immediately use it as directed and call for emergency medical help.

## Seek emergency medical care if the child:

- has any symptoms of a severe allergic reaction
- was exposed to a food or substance that has triggered a severe reaction in the past
- was given injectable epinephrine

## Think Prevention!

Avoid substances that are known to trigger an allergic reaction in the child. Keep an oral antihistamine such as diphenhydramine available. If the child has a severe allergy, be sure that doctor-prescribed injectable epinephrine is kept with or near the child at all times, and that you, caretakers, and the child (if old enough) know how to use it.

Note: All information is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult a doctor. Review this with a doctor prior to use.

Reviewed by: [Larissa Hirsch, MD](#) Date reviewed: June 2007

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## Poisoning

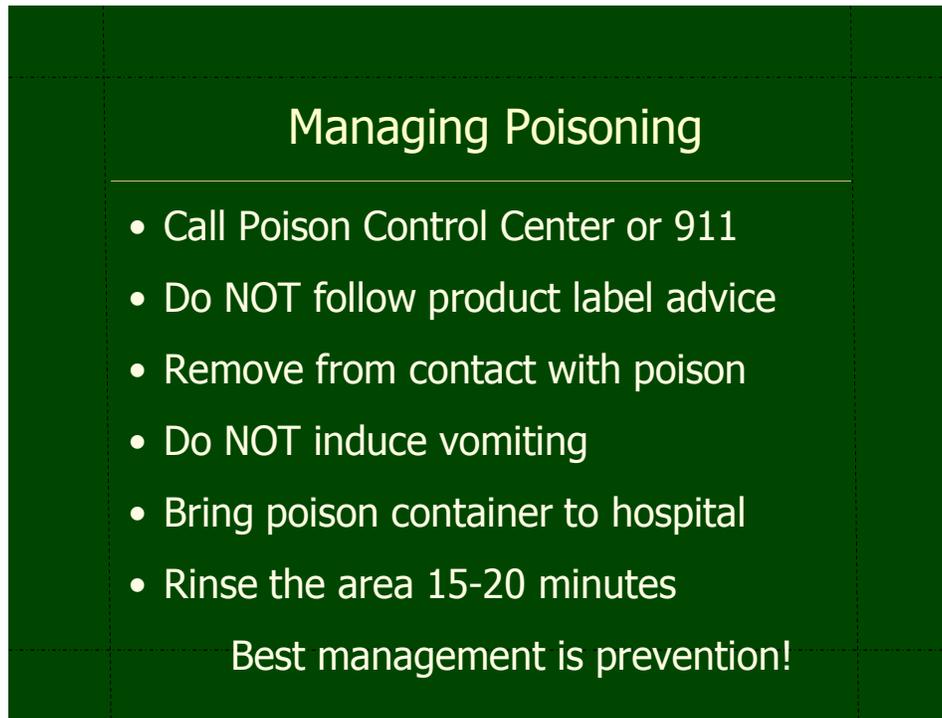
- Mild
  - Food poisoning less than 12 hours
  - Reaction to insect bite
- Major
  - Intense allergic reaction symptoms
  - Confused
  - Seizures
  - Trouble breathing
  - Unconscious



- How many of you have ever had food poisoning? **Mild food poisoning** that comes with mild stomach pains, nausea, diarrhea, or vomiting and lasts for just a few hours, unfortunately, is pretty common and can generally be managed with the steps we talked about for nausea, diarrhea, vomiting, and dehydration. You may also have had a **mild reaction to a poison insect bite** or sting. For an insect bite, clean it with soap and water, remove any stinger, and use a baking soda and water paste. You can also ice for 10 minutes at a time.
- We are going to talk now about OTHER kinds of poison emergencies. A poison is a substance that can hurt your body. You can be poisoned by swallowing, inhaling, or even absorbing a poison through your skin. What are some things that can poison you? (High doses of medicines or illegal drugs, carbon monoxide, household products, pesticides, certain plants, certain metals like lead or mercury.)
- Poisoning is not measured as mild, moderate, or severe. If you suspect someone has been poisoned you should seek medical attention. Symptoms of poisoning may look like intense symptoms of an allergic reaction, like hives or swelling. Call for help immediately if the person is **confused, having seizures, having trouble breathing, or is unconscious.**

Reference/resource: [www.fpincn.org](http://www.fpincn.org)  
[www.mayoclinic.com/health/search/search](http://www.mayoclinic.com/health/search/search) (search for poisoning);  
[www.nlm.nih.gov/medlineplus/poisoning.html](http://www.nlm.nih.gov/medlineplus/poisoning.html)

**Training Notes:**



## Managing Poisoning

- Call Poison Control Center or 911
- Do NOT follow product label advice
- Remove from contact with poison
- Do NOT induce vomiting
- Bring poison container to hospital
- Rinse the area 15-20 minutes

Best management is prevention!

- If you think someone has been poisoned, ALWAYS contact the poison center for advice. Even if the person seems okay. Call the Poison Control Center 1-800-222-1222 BEFORE giving anything to eat or drink, or any medications. If for some reason you cannot get the center, call 911 or your doctor. If the person has collapsed or stopped breathing, call 911.
- **Do not follow poisoning advice on product labels.** It could be outdated and harmful.
- If it will not put you in danger, **remove person from contact** with chemical or gas fumes and ventilate the area by opening windows or doors.
- You may want to have a bottle of Ipecac Syrup in the house, but DO NOT use it unless advised to by the Poison Control Center or a doctor. **Do not try to induce vomiting** on your own. This could be dangerous.
- If you can get to a medical facility, **bring the poison container with you.**
- If the person has put poison in the mouth or swallowed it, **rinse the mouth with water**, THEN CALL the Poison Control Center. If poison has gotten in the **eyes**, **rinse them** with room temperature tap water for 15 minutes. If poison has gotten on the skin or clothes, remove **clothing and rinse the skin** area with water for 15 to 20 minutes. Wash with soap and water.
- ALWAYS REMEMBER, the best poison management is **prevention.**

Reference/resource: Florida Poison Information Center Network.

**Training Notes:**

Cross reference Module 3.8 Preventing Poisoning.

## Choking

- Mild
  - Coughing freely
  - Able to speak
- Major
  - Unable to speak, cough, or gasp air
  - Confused
  - Seizures
  - Trouble breathing
  - Unconscious or turns blue

Choking happens when something blocks the flow of air in the throat or windpipe. The cause in adults is often food, like a chunk of meat that is not properly chewed. In children, the cause of choking is often swallowing a small object. Choking is a very frightening feeling. Has it ever happened to you? Can you describe what it was like?

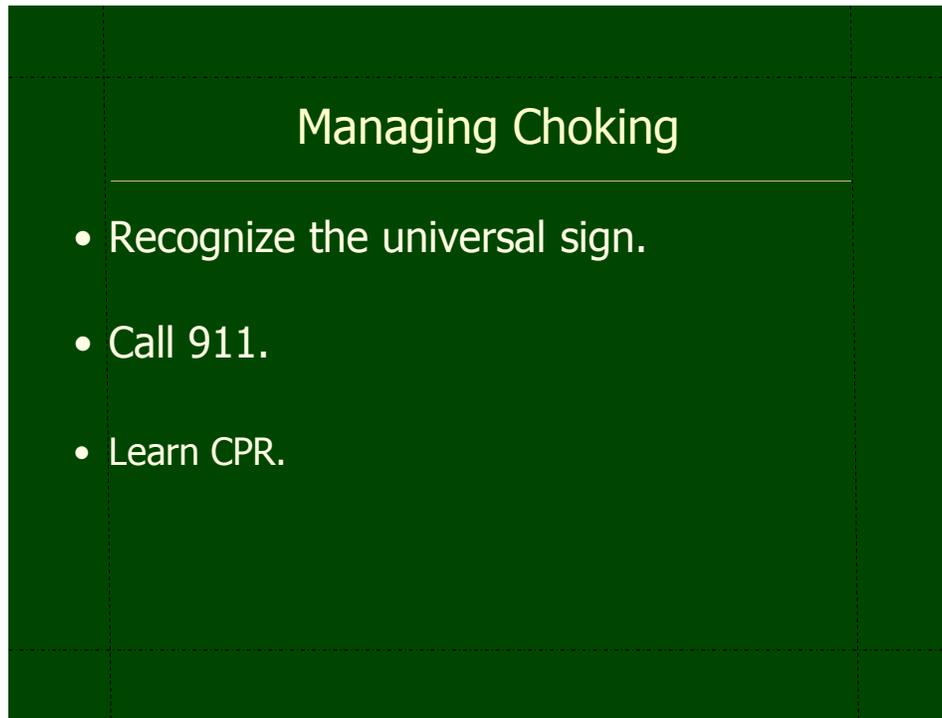
- People often say that it feels like food has “gone down the wrong pipe.” When this happens, people have the reflex to cough. **Coughing** will often resolve the problem. As long as someone **can talk to you or can cough freely**, their windpipe is not completely blocked and they are not really choking.
- If the person **cannot speak, cough, or gasp air**, this is serious and immediate help is needed.
- \*The **universal sign for choking** is the hands clutching the throat with their thumbs and fingers extended. If you see someone doing this, it means they need help.
- Of course if a person cannot breath and begins to **turn blue or becomes unconscious**, immediate emergency help is necessary.

Reference/resource: [www.mayoclinic.com/health/first-aid-choking/FA00025](http://www.mayoclinic.com/health/first-aid-choking/FA00025);  
[www.nlm.nih.gov/medlineplus/choking.html](http://www.nlm.nih.gov/medlineplus/choking.html)

**Training Notes:**

\*Demonstrate the sign and ask everyone to practice making the sign.

Slide 122



## Managing Choking

- Recognize the universal sign.
- Call 911.
- Learn CPR.

There are things that you can do to assist someone who is choking.

- First, you need to recognize the universal sign for choking that we just practiced.
- Call 911 immediately.
- Learn CPR. Take a class in Cardio Pulmonary Resuscitation (CPR) and other life-saving procedures. Be prepared ahead of time, so you know the latest recommendations.
- There are also special things you need to know if the person choking is an infant, unconscious, pregnant, obese, or if you are the one who is choking. We will tell you later about additional training you can get in this community.

Reference/resource <http://www.americanheart.org/presenter.jhtml?identifier=3012360>

**Training Notes:**

## Special Considerations for Seniors

### Accidental Injuries

- Think prevention first.
- Accidents do happen.
- When do you call 911?
- Learn what to do until help arrives.
- Learn to handle minor accidents, like cuts, wounds, burns, allergic reactions.

Have any of you noticed that you bruise more easily or cuts take longer to heal? Blood thinner medicines, diabetes, or other conditions can affect how you heal.

- We talked earlier about **preventing injuries** and said one in three people aged 65 and older fall each year. People aged 65 and older are twice as likely to die in a home fire.
- **Accidents happen**, and when they do, will you be prepared?
- **Learn when you need to call 911.** What are some signs you need to call 911? (Answers could include: bleeding doesn't stop, deep, dirty puncture wound, burn over large area with severe pain and blisters, suspected poisoning, chest pain, and difficulty breathing.)
- **Learn what you can do until help arrives.**
- An illness or medical condition might make you more prone to accidents. For example, swallowing or chewing problems may make you choke more easily, mobility problems can make you more prone to falls, and someone with dementia may be more prone to burns or other accidents. **Learn ways you can provide treatment for minor injuries.**
- Call your American Red Cross or senior center and ask about first aid classes.

Reference/resource: [www.cdc.gov/aging/info.htm](http://www.cdc.gov/aging/info.htm); [www.nlm.nih.gov/medlineplus/firstaid.html](http://www.nlm.nih.gov/medlineplus/firstaid.html); [www.familydoctor.org](http://www.familydoctor.org)

#### Training Notes:

Distribute any first aid handouts you printed from Familydoctor.org or other source.

## Heat-Related Illness

- Older Floridians are at special risk.
- Fainting may be first sign.
- Symptoms may include:
  - Painful cramps, nausea, sweating.
  - Rapid, weak heartbeat, low blood pressure.
  - Low fever, headache, fatigue.
  - Dark urine.
- Seek medical attention if:
  - Don't feel better in 30 minutes.
  - Temperature reaches 104° – call 911.

- **Older people are at special risk** of heat-related illnesses, like heat cramps, heat exhaustion and heatstroke. Often the result of heavy work, or exercise, in hot conditions with little fluid intake, Florida's sunny, hot weather and dehydration are common causes. Heart disease, certain medications, obesity, and alcohol all affect your body's ability to regulate temperature.
- Symptoms of heat exhaustion can come on suddenly. **Fainting** may be the first sign in older adults. **You may also have** painful cramps, nausea, heavy sweating, rapid, weak heartbeat, low blood pressure, low fever, headache, fatigue, or dark urine. Untreated heat illness can progress to heatstroke and be life threatening. **Contact the doctor**, if the person does not feel better in 30 minutes. If temperature reaches **104°**, seek immediate medical help.

Reference/resource: [www.mayoclinic.com/health/heat-exhaustion/DS01046](http://www.mayoclinic.com/health/heat-exhaustion/DS01046)  
[www.mayoclinic.com/health/first-aid-heatstroke/FA00019](http://www.mayoclinic.com/health/first-aid-heatstroke/FA00019)  
[www.mayoclinic.com/health/first-aid-heat-exhaustion/FA00020](http://www.mayoclinic.com/health/first-aid-heat-exhaustion/FA00020)  
[www.mayoclinic.com/health/first-aid-heat-cramps/FA00021](http://www.mayoclinic.com/health/first-aid-heat-cramps/FA00021)

<p><b>Training Notes:</b></p>
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## Managing Heat-Related Illness

- Think prevention first.
  - Dress appropriately.
  - Drink lots of fluids, limit activities.
  - Use blinds in day, open windows at night.
  - Try to find an air-conditioned place to go.
- If you need to treat:
  - Get to a cool place.
  - Lie down with legs elevated.
  - Loosen clothes.
  - Drink cool water.
  - Apply water to skin.

- In most cases heat-related illnesses are **preventable**. Pay attention to weather reports and take actions to prevent this from happening to you. A few things you can do, if you are sheltering at home include, **dressing appropriately**, wearing loose fitting and light colors that reflect the heat, drinking non caffeine **liquids**, **limiting exercise**, and **resting** often.
- If a disaster has caused you to lose electricity or if your home does not have air conditioning or fans, **keep curtains or blinds closed** during the hot part of the day and **open windows** at night. If you can leave home, **go someplace air-conditioned** like a library, mall, senior center, or even a neighbor's home.
- If an older adult, contact your local aging resource center and **find out about programs and services** that may be available for people with low incomes, such as providing fans, paying part of your electricity bills, and even making home weatherization improvements.
- If you think someone has heat exhaustion, **get them to a cool place**, **lay them down with legs elevated**, **loosen their clothes**, give them **cool water to drink**, and **apply cool water** to their skin or have them soak in a cool bath.

Reference/resource: [www.aoa.gov](http://www.aoa.gov)  
[www.bt.cdc.gov/disasters/extremeheat/heattips.asp](http://www.bt.cdc.gov/disasters/extremeheat/heattips.asp)

**Training Notes:**

Distribute the handout, "Tips for Preventing Heat-Related Illnesses."

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## Tips for Preventing Heat-Related Illness

**The best defense is prevention. Here are some prevention tips:**

- Drink more fluids (nonalcoholic), regardless of your activity level. Don't wait until you're thirsty to drink. Warning: If your doctor generally limits the amount of fluid you drink or has you on water pills, ask him how much you should drink while the weather is hot.
- Don't drink liquids that contain caffeine, alcohol, or large amounts of sugar—these actually cause you to lose more body fluid. Also, avoid very cold drinks, because they can cause stomach cramps.
- Stay indoors and, if at all possible, stay in an air-conditioned place. If your home does not have air conditioning, go to the shopping mall or public library—even a few hours spent in air conditioning can help your body stay cooler when you go back into the heat. Call your local health department to see if there are any heat-relief shelters in your area.
- Electric fans may provide comfort, but when the temperature is in the high 90s, fans will not prevent heat-related illness. Taking a cool shower or bath, or moving to an air-conditioned place is a much better way to cool off.
- Wear lightweight, light-colored, loose-fitting clothing.
- NEVER leave anyone in a closed, parked vehicle.
- Although any one at any time can suffer from heat-related illness, some people are at greater risk than others. Check regularly on:
  - Infants and young children
  - People aged 65 or older
  - People who have a mental illness
  - Those who are physically ill, especially with heart disease or high blood pressure
- Visit adults at risk at least twice a day and closely watch them for signs of heat exhaustion or heat stroke. Infants and young children, of course, need much more frequent watching.

### **If you must be out in the heat:**

- Limit your outdoor activity to morning and evening hours.
- Cut down on exercise. If you must exercise, drink two to four glasses of cool, nonalcoholic fluids each hour. A sports beverage can replace the salt and minerals you lose in sweat. Warning: If you are on a low-salt diet, talk with your doctor before drinking a sports beverage. Remember the warning in the first "tip" (above), too.

- Try to rest often in shady areas.
- Protect yourself from the sun by wearing a wide-brimmed hat (also keeps you cooler) and sunglasses and by putting on sunscreen of SPF 15 or higher (the most effective products say “broad spectrum” or “UVA/UVB protection” on their labels).

Information provided by NCEH's Health Studies Branch ([www.cdc.gov/nceh/hsb](http://www.cdc.gov/nceh/hsb)). For more information, visit [www.bt.cdc.gov/disasters/extremeheat](http://www.bt.cdc.gov/disasters/extremeheat), or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (español), or (866) 874-2646 (TTY).

Retrieved March 17, 2009 from: <http://www.bt.cdc.gov/disasters/extremeheat/heattips.asp>.

## Special Considerations for Seniors

### Depression

- Not a normal part of aging.
- Often undiagnosed
- Seek medical attention if:
  - Symptoms last longer than 2 weeks.
  - Feel empty, sad, anxious, guilty, helpless, worthless, hopeless, irritable.
  - Loss of interest in everyday activities.
  - Sleep problems; change in appetite.
  - Cry too much or too often.
  - Tired, weak, unexplained aches and pains.
  - Difficulty focusing, remembering.
  - Thoughts of suicide.

- **Depression is not part of “normal” aging**, but a large number of older people suffer. Depression can have many causes, such as physical or mental changes, the loss of a loved one, feelings of social isolation, and economic or other issues. Many people, and even healthcare professionals, see depression in older adults as a normal result of these problems.
- Because of this, depression in older people is **often under diagnosed** and under treated. Depression is sometimes mistaken for “grumpiness” or dementia. Be alert for the signs. If you care for a person who lives alone, you may not notice they are depressed because they feel better or seem okay when you are visiting.
- We all have feelings of sadness, grief, or loss. Feeling “blue” may be more serious and you **should seek medical advice** if your depression **continues for a long time** or keeps reoccurring. Be alert if you continue to **feel empty, sad, anxious, guilty, helpless, worthless, hopeless, or irritable**. Be alert if you **no longer enjoy everyday activities, have sleep problems or a change in eating habits**. Be alert if you **cry frequently, are tired, lack energy, and/or have aches and pains that do not go away with treatment**. Be alert if you have a **hard time focusing, remembering**, making decisions, or if you have **thoughts of death or suicide**.
- The highest rate of suicide is for people aged 65 and older in which there is an average of one suicide every 90 minutes.

Reference/resource: [www.cdc.gov/aging/info.htm](http://www.cdc.gov/aging/info.htm)  
[www.nia.nih.gov](http://www.nia.nih.gov)  
<http://mentalhealth.samhsa.gov/suicideprevention/fivews.asp>

**Training Notes:**

## Special Considerations for Seniors

### Managing Depression

- Think prevention first.
- Prepare for life changes and emergencies.
- Stay socially, physically, mentally active.
- Do not ignore warning signs.
- Accept the need for help.
- Talk with someone you trust.
- Get a medical check-up.
- Follow doctor's advice.

Depression can interfere with your ability to function, can increase disabilities, and can reduce your enjoyment of life. There are ways to help.

- **Think prevention first.** Try to **prepare for major changes** in your life. **Maintain friendships**, learn how to use a computer to send e-mails, get a hobby, **and stay physically and mentally active.** We talked before about preparing for the extra stress and fear that can occur during a public health emergency. What are some things we mentioned?
- If you see warning signs for depression in yourself or someone else, **do not ignore** it. **Accept that you need help.** Talk to a trusted family member, friend, or spiritual advisor.
- Have a doctor **check for a health or medical problem.** Medicines, poor nutrition, lack of B12, or other problems could be the cause. **Follow your doctor's advice** if they suggest you talk to a professional or need other treatment.

Reference/resource: [www.nia.nih.gov](http://www.nia.nih.gov)  
[www.cdc.gov/aging/info.htm](http://www.cdc.gov/aging/info.htm)

#### Training Notes:

You may want to go back to Slide 60 for a quick review of preparing for stress and fear. To go to a specific slide during the presentation, type the slide number and press enter. If you don't know the slide number right-click on the mouse, put your cursor over "Go to Slide" on the short cut menu and click on the slide you want. To return to your previous slide either type the number of the slide and hit enter or right-click on the mouse and click "Last Viewed" on the shortcut menu.

## Special Considerations for Seniors

### Changes in Mental Status

- Dementia and delirium are NOT a normal part of aging.
- Seek medical attention if:
  - Language problems.
  - Changes in personality.
  - Sudden confusion or disorientation.
  - Unable to do usual activities.
  - Disruptive, inappropriate behavior.
- Avoid frustrating situations.
- Learn about coping, behavior management, and caregiver support.

- Many people believe “senile” is a normal part of aging. We joke about “senior moments.” While 1 in 4 older adults experience these events, and 6%-10% of people aged 65 or older in the U.S. have **dementia**, they are **not part of normal aging**.
- Sudden and severe confusion or delirium is common among older people but can often be prevented. Poorly controlled diabetes, lack of vitamin B, medications, lack of sleep, and even stress can cause a person to be confused.
- **Seek medical attention** if someone has **problems with words, changes in personality, sudden confusion or disorientation, problems doing usual daily activities, disruptive or inappropriate behavior, hallucinations, delusions, or paranoia**.
- It is difficult caring for someone with these issues. During an emergency, it is even more difficult because of changes in routine and your own increased stress. We talked before about caring for someone with dementia during an emergency. What did we recommend?
- It can be helpful to **avoid or help a person with activities that frustrate** them. Talk to your doctor about **coping and behavior management** techniques. Call your local aging resource center to find a support group or training for caregivers.

Reference/resource: [www.cdc.gov/aging/info.htm](http://www.cdc.gov/aging/info.htm)  
[www.merck.com/pubs/mmanual\\_ha/sec3/ch27/ch27a.html](http://www.merck.com/pubs/mmanual_ha/sec3/ch27/ch27a.html)

#### Training Notes:

**Special Considerations  
Chronic Health Problems**

- Long lasting or recurrent
- Common in older adults
  - Diabetes
  - Digestive diseases
  - Heart disease
  - High blood pressure
  - Respiratory illness
- Think prevention first

- A chronic health problem is one that does not go away and cannot be cured by medication. Chronic health problems are especially **common in older adults**. The Centers for Disease Control and Prevention say that 88% of people 65 or older have at least one chronic health condition. Some of the chronic health problems common in older persons are **diabetes, digestive diseases, heart disease, high blood pressure, and respiratory illnesses**. We will discuss some of the chronic illnesses or conditions that may need to be managed during a “stay at home” public health emergency.
- While not all chronic health problems are **preventable**, unhealthy behaviors like smoking, poor nutrition, and lack of physical activity definitely contribute to these problems as we age.
- We will talk a lot about lifestyle and smoking as we discuss chronic health problems. That is because they play a very important role.

Reference/resource: [www.cdc.gov/aging/info.htm](http://www.cdc.gov/aging/info.htm)

**Training Notes:**

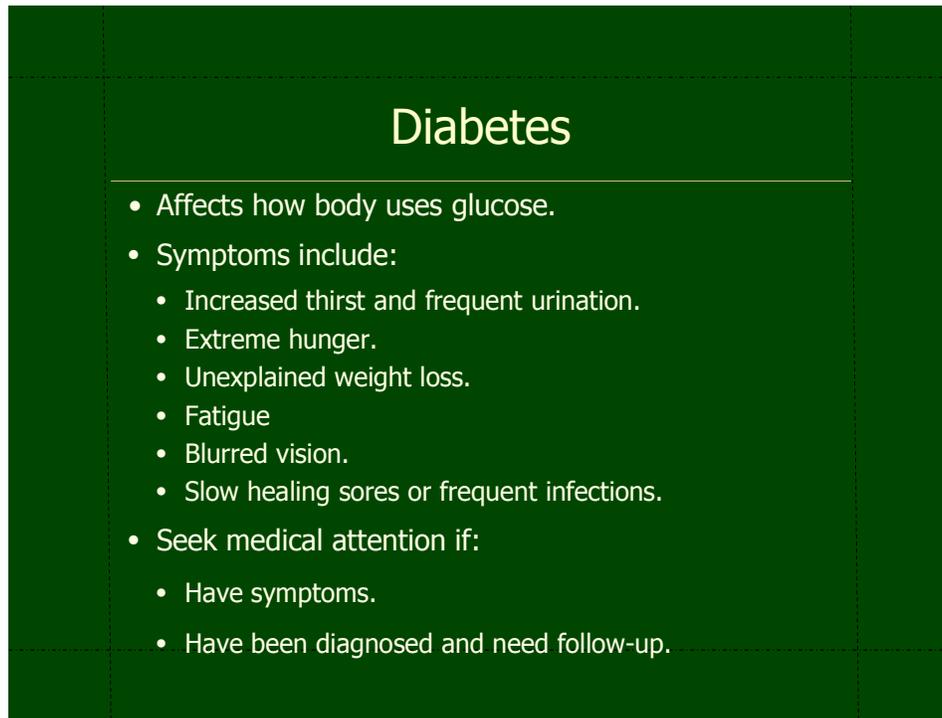
## Special Considerations Chronic Health Problems

- Learn how to care for your own health problems.
- Let others know about your needs and learn about theirs.
  - Symptoms
  - Routine treatments and medications
  - Special diets or equipment
  - Complications
  - Emergency treatment and medications
- Share your feelings.

- If you have a chronic condition you probably **know what to do** to help control it or reduce symptoms. If not, or if you take care of someone or may need to care of someone with a chronic health problem, talk with a doctor to **find out all you can**.
- **Make sure others** in the home **understand** your chronic conditions in case you need assistance. Make sure you know about the conditions of others in your home or family. Prepare yourself and others. Learn about the conditions. Understand **symptoms, routine treatments, and medications**. Learn about **diet** restrictions or necessary **equipment**, such as inhalers, oxygen, diabetic testing supplies, insulin pump, or needles for injections. Learn about possible **complications** and **things to do** if complications occur.
- Living with chronic health problems can make you feel depressed or overwhelmed. **Talking** with family, friends, a doctor, or support group about these feelings **can help you cope**.

Reference/resource: [www.cdc.gov/aging/info.htm](http://www.cdc.gov/aging/info.htm)

**Training Notes:**



## Diabetes

- Affects how body uses glucose.
- Symptoms include:
  - Increased thirst and frequent urination.
  - Extreme hunger.
  - Unexplained weight loss.
  - Fatigue
  - Blurred vision.
  - Slow healing sores or frequent infections.
- Seek medical attention if:
  - Have symptoms.
  - Have been diagnosed and need follow-up.

**Diabetes is common** in older adults. Twenty percent of people aged 65 or older have diabetes, a chronic conditions that **affects the way the body uses sugar** (or glucose). Chronic diabetes includes Type 1 which typically begins in childhood or adolescence. Most adults have Type 2, the most common form of diabetes that can develop at any age.

Early detection, improved care and better self-management are key. Undiagnosed and untreated, diabetes can be life threatening. \*Do you know what some of the symptoms are?

**\*Seek medical attention** if you think you may have diabetes. Once diagnosed, maintain close **contact with your doctor and attend follow-up appointments.**

Learn more about preventing and managing diabetes and talk to the doctor about ways to deal with extreme changes in blood sugar level.

Reference/resource: [www.cdc.gov/aging/info.htm](http://www.cdc.gov/aging/info.htm)  
[www.mayoclinic.com/health/diabetes/DS01121](http://www.mayoclinic.com/health/diabetes/DS01121)

**Training Notes:**

\*This slide is animated so you may list symptoms on a flip chart first as they are given by the participants, then use the slide to review and add any that are left out.

- **increased thirst,**
- **frequent urination,**
- **extreme hunger,**
- **unexplained weight loss,**
- **fatigue,**
- **blurred vision, and**
- **slow healing sores or frequent infections.**

## Managing High Blood Sugar

- Type 2 diabetes is often preventable.
- Work with doctors – have regular physical, dental, and eye exams.
- Care for feet, teeth, and gums.
- Manage stress.
- Take medications, monitor blood sugar.
- Seek medical attention if:
  - Symptoms continue or worsen.
  - Blood sugar level remains high.

- Maintaining a healthy lifestyle and weight can help **prevent** you from developing Type 2 diabetes. Once diagnosed, a change in weight, diet, and exercise is often all that is needed to manage adult diabetes.
- Learn all you can and **work closely with your doctor**. Not controlling high blood sugar can result in disabling and life-threatening complications. Have routine **physical, eye, and dental exams**. Take special care of your **feet, teeth, and gums**, which are prone to infections. Since stress can prevent insulin from working properly, get enough rest and **learn ways to relax**.
- **Take prescribed medicines**. Learn how to **monitor your blood sugar level** and learn what the measures mean. Watch closely for the symptoms we talked about. If **symptoms do not improve with medication or get worse**, contact your doctor. Changes may be needed to your diet or medicines. Blood sugar level may rise above your target range for many reasons, including being sick, overeating, missing a dose of medicine, or taking too low a dose. If your **level continues to be over 250** (or your target range), **seek medical care** right away.
- In preparing for a public health emergency, make sure you have an extra supply of testing supplies and medication. During a stay-at-home emergency, continue to take your medicine, maintain your diet, exercise, and practice relaxation techniques.

Reference/resource: [www.mayoclinic.com/health/diabetes/DS01121](http://www.mayoclinic.com/health/diabetes/DS01121)  
[www.mayoclinic.com/health/diabetes/DS00585](http://www.mayoclinic.com/health/diabetes/DS00585)

**Training Notes:**

## Managing Low Blood Sugar

- Symptoms of low blood sugar include:
  - Sweating, nausea, anxiety.
  - Shakiness, palpitations.
  - Hunger, headache.
  - Blurred or double vision.
  - Confusion, difficulty speaking.
- Treat immediately.
  - Get sugar to the body quickly
  - Monitor blood sugar level.

- Blood sugar level may drop below your target range for many reasons, including a skipped meal or increased physical activity. Treating high levels of blood sugar, especially in people who are older, frail, sick, or on multiple medications, can sometimes result in dangerously low blood sugar levels.
- **Symptoms** include **sweating, nausea, anxiety, shakiness, palpitations, hunger, headache, blurred vision, confusion, and difficulty speaking**. Have any of you with diabetes had this happen to you? How did you feel? What did you do?
- **Low blood sugar level must be treated immediately**. When this happens you need to **get sugar to the body quickly**. Fruit juice, regular soda, cake, fruit, or other sweet food will usually work. Some people carry their own kit or tablets. Be careful not to have too much or high blood sugar can result. **Test blood sugar** 20 to 30 minutes after taking or giving a person sugar to see if the sugar level has returned to normal.
- **Let family and friends** know where you keep an emergency kit or candy and teach them to use it. **Learn** the same for others in your home. Consider an identification bracelet in case you have an emergency outside the home.

Reference/resource: [www.merck.com/pubs/mmanual\\_ha/contents.html](http://www.merck.com/pubs/mmanual_ha/contents.html)

<b>Training Notes:</b>     
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## Acid Reflux - GERD

- Stomach acid flows into esophagus.
- Not just heartburn.
- Foods or medicines make it worse.
- Other conditions put you at risk.
- Seek medical advice if:
  - Heartburn occurs several times a week and/or keeps you up at night.
  - Symptoms continue with medication.
  - Have difficulty swallowing.
  - Regurgitation of blood or have black stools.
  - Symptoms cause weight loss.

- **Acid reflux** is a common name for **GERD** or gastro-esophageal reflux disease. **Stomach acid flows back up into your esophagus** or food pipe and can cause discomfort, irritation, inflammation, and damage.
- While **heartburn** is the most common symptom, GERD is more than this and can cause chest pain, especially when lying down, difficulty swallowing, coughing, wheezing, asthma, hoarseness, sore throat, or regurgitation of food or sour liquid.
- Fatty, spicy, or fried **foods**, chocolate, caffeine, garlic, onions, tomato sauce, carbonated beverages, mint, alcohol, and nicotine can make it worse. Even some **medicines can make it worse**. **Other conditions** common in older adults including obesity, asthma, diabetes, and ulcers **put you at greater risk** for acid reflux.
- **Seek medical advice** if you have heartburn several times a week, if heartburn returns soon after you try an antacid, or if heartburn keeps you up at night. Also let your doctor know if symptoms continue even with prescription medicine, if you have difficulty swallowing, if you are bringing up blood or have black stools, and if you lose weight without trying.

Reference/resource: <http://mayoclinic.com/health/sore-throat/DS00526>  
<http://mayoclinic.com/health/gerd/DS00967>

**Training Notes:**

## Managing Acid Reflux - GERD

- Lifestyle changes are effective.
- Control weight and do not smoke.
- Avoid trigger foods.
- Eat small meals.
- Loosen your belt.
- Avoid bending for long periods.
- Do not lie down soon after eating.
- Sleep with head elevated.
- Find out about OTC medicines.

- Most people can manage GERD with **changes in lifestyle**.
- **Control weight.** Obesity is a major risk factor. **Avoid smoking**, which can increase stomach acid and increase the risk of esophageal cancer. **Avoid foods that can trigger** discomfort. **Avoid large meals** to reduce pressure. Wear **clothes that fit loosely** around your waist. **Avoid bending** over for long periods, for example, if you are working in the garden. **Avoid lying down soon after eating**, and **sleep with your head elevated**.
- **OTC** antacids, like Tums or Maalox, neutralize acid and can provide quick relief, but be careful because overuse can have harmful side effects. Other OTC medicines, like Pepcid or Zantac, can reduce the production of acid but do not provide quick relief so they need to be taken before eating or at bedtime. Some new OTC drugs will do both. Talk to your doctor or pharmacist about how these medicines work and to make sure they don't interfere with other medicines you are taking. Your doctor may want to prescribe a medicine for you.

Reference/resource: <http://mayoclinic.com/health/gerd/DS00967>

**Training Notes:**

## Heart Disease

- Disease that affects heart and blood vessels.
- Leading cause of death in the U.S.
- More at risk as you age.
- Serious complications.
- Many types – many symptoms.
- Seek medical attention if:
  - You are worried about symptoms.
  - Have a family history of heart disease.
- Easier, more effective treatment if found early.

- **Heart disease** covers a wide range of diseases that **affect your heart or blood vessels**. You may hear it called cardiovascular disease. Heart disease is the **leading cause of death in the U.S.** **As you get older** your risk of damaged or weakened arteries and heart muscles increases. **Complications** of heart disease can include heart attacks, cardiac arrest, strokes, aneurysms (or bulge in the wall of your artery), or peripheral artery disease (PAD) where your extremities, especially your legs, do not receive enough blood flow.
- **Symptoms are different** depending on what type of heart disease you have. \*What are some symptoms you can think of?
- If you think you may have heart disease, or are worried because of a symptom or family history, **play it safe and get a medical checkup. Found early, treatment is easier and more effective.**

Reference/resource: [www.cdc.gov/aging/info.htm](http://www.cdc.gov/aging/info.htm)  
<http://mayoclinic.com/health/heart-disease/DS01120>  
<http://mayoclinic.com/health/heart-attack-symptoms/HB00054>

**Training Notes:**

\*List symptoms on a flip chart as they are mentioned, then add any left out:

- **chest pain or uncomfortable pressure; shortness of breath;**
- **pain, numbness, weakness, or coldness in your arms or legs;**
- **fluttering feeling in your chest;**
- **racing or slow heartbeat;**
- **lightheaded or dizziness;**
- **pale gray or blue skin;**
- **swelling in the legs, abdomen, around your eyes, hands, ankles or feet.**

## Managing Heart Disease

- Change your lifestyle.
- Manage weight and blood pressure.
- Practice good hygiene.
- Get a flu shot.
- Have regular medical visits.
- Follow medical advice.
- Take medications as instructed.

- There are many causes for the different types of heart disease. Many forms of heart disease can be prevented or managed with a **healthy lifestyle**, diet, exercise, and quitting smoking. Controlling your weight, blood pressure, cholesterol, diabetes, and stress can help. **Good hygiene** can reduce the risk of heart infections. It is believed that germs from poor dental and gum health put you at risk or make heart disease worse. Getting the flu can put you at greater risk of having a heart attack, so be sure to **get a flu shot** every year.
- Diet and lifestyle changes may not work alone. You may need medications or other treatment. **Have regular medical visits and follow your doctor's advice.**
- If you have been diagnosed with heart disease, **let others in your home know** what it best for you or where you keep any prescribed emergency medicine. **Learn** the same for others in your home.

Reference/resource: <http://mayoclinic.com/health/heart-disease/DS01120>  
<http://mayoclinic.com/health/heart-attack-symptoms/HB00054>

### Training Notes:

## Heart Attack First Aid

- Symptoms vary widely.
- If you think someone is having a heart attack:
  - Call 911.
  - Give the person an aspirin to swallow.
  - Use prescribed nitroglycerin.
  - Follow 911 instructions.
- Learn more with a first aid or CPR course.

- Be alert for symptoms of a heart attack. Remember **symptoms vary widely** and are often different for women. Some people, especially older people and people with diabetes, have little or no chest pain. If you are having a heart attack, you may have any of the following symptoms: chest pain or pressure; pain spreading to the shoulder, neck, jaw or arms; prolonged pain in the upper abdomen; shortness of breath; lightheadedness; dizziness; fainting; nausea; or sweating.
- If you think someone is having a heart attack, **call 911** right away. Give the person an **aspirin** to chew, unless you know, or they tell you, their doctor has told them never to have an aspirin because of allergies, bleeding problem, or other reason. If the person has been **prescribed nitroglycerin**, use it, but never use someone else's nitroglycerin or let someone else use yours. If the person becomes unconscious, **follow directions from 911** for giving CPR. Follow the same first three steps, if you think you are having a heart attack.
- You can help prepare yourself and others in your home for these emergencies by **taking a first aid or CPR class**.

Reference/resource: <http://mayoclinic.com/health/first-aid-heart-attack/FA00050#www.nlm.nih.gov/medlineplus/ency/article/000195.htm>

**Training Notes:**

Distribute the handout, "Heart Attack Quiz."

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## Handout - Heart Attack Quiz

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National Institute on Aging, U.S. National Library of Medicine  
National Institutes of Health, U.S. Department of Health & Human Services

### Heart Attack Quiz

1. In the case of a heart attack, permanent damage to the heart can be limited or prevented if
  - A. you get prompt treatment by calling 9-1-1 immediately.
  - B. the damage is treated within days of the heart attack.
  - C. you get rest by lying down.

A is the correct answer. You get prompt treatment by calling 9-1-1 immediately. The sooner treatment begins following the start of symptoms, the better the chances of reducing or eliminating permanent damage to the heart.

2. The warning signs of a heart attack are
  - A. chest discomfort or shortness of breath.
  - B. discomfort in other areas of the upper body like one or both arms.
  - C. breaking out in a cold sweat, feeling nauseous or vomiting, or feeling light-headed or dizzy or fainting.
  - D. all of the above

D is the correct answer. Signs and symptoms vary from person to person. Some people have no symptoms. If you think you may be having a heart attack, don't hesitate. Call 9-1-1.

3. Chest pain that can be similar to heart attack, but occurs when the heart muscle does not get enough blood is called
  - A. stroke.
  - B. indigestion.
  - C. angina.
  - D. fainting.

C is the correct answer. Angina symptoms can be very similar to heart attack symptoms. If there is a sudden worsening of angina pain, call your doctor right away.

4. It is important to call 9-1-1 because emergency personnel can give a variety of treatments and medicines at the scene, including
  - A. oxygen.
  - B. aspirin to prevent further blood clotting.
  - C. heart medications, such as nitroglycerin.
  - D. pain relief treatments.
  - E. all of the above

E is the correct answer. Treatment for a heart attack can begin as soon as emergency personnel arrive, even before reaching the hospital.

## True or False

1. If you are at risk for heart disease, there is little you can do to change your risk.

FALSE is the correct answer. There are many things you can do to reduce your risk of heart disease. Stop smoking, increase physical activity, lose weight if you are overweight or obese, and control diabetes, high blood pressure, and high blood cholesterol.

2. Heart attacks are usually caused by underlying coronary artery disease.

TRUE is the correct answer. Coronary artery disease is the most common underlying cause of heart attacks. It is the hardening and narrowing of the coronary arteries caused by the buildup of plaque inside the walls of the arteries.

3. Many other health conditions can increase your risk of heart attack.

TRUE is the correct answer. High blood cholesterol, high blood pressure, and diabetes can all increase the risk of heart attack.

4. Women are not at risk for heart attack.

FALSE is the correct answer. About half of all heart attacks occur in women, and the risk for women increases after age 55.

Questions and answers retrieved March 26, 2009, from the National Institutes of Health, NIH Senior Health web site: [www.nihseniorhealth.gov](http://www.nihseniorhealth.gov).

Go to <http://nihseniorhealth.gov/heartattack/toc.html> to view the entire training and take the senior friendly course, last reviewed 21 July 2009 and first published 7 July 2006.

The course includes the following topics:

- What is a Heart Attack?
- Causes and Risk Factors
- Diagnosis and Treatment
- Life After a Heart Attack
- Frequently Asked Questions
- MedlinePlus - more information on Heart Attack

Visit [www.nihseniorhealth.gov](http://www.nihseniorhealth.gov) for other trainings and health information for older adults.

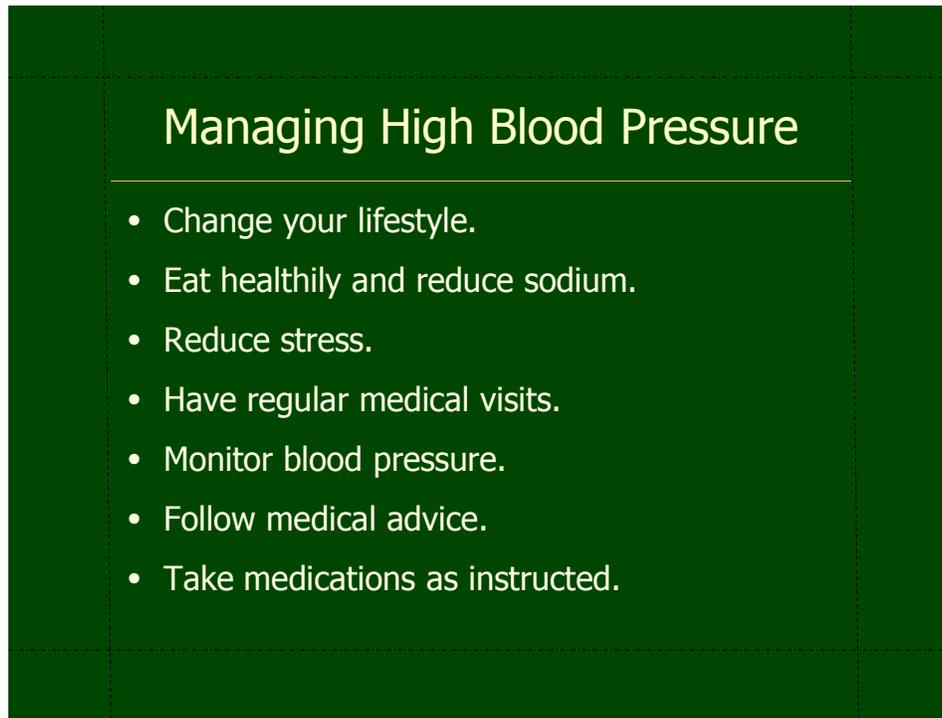
## High Blood Pressure

- Risk of life-threatening problems. You may not know you have it.
- Most often, it is controllable.
- Below 120/80 is “normal”.
- 140/90 or higher is severe.
- Seek medical advice if:
  - Headaches, dizzy spells, nosebleeds
  - High even with medication.
  - Medication side effects.

- Hypertension or high blood pressure can take years to develop. Almost all older adults are eventually affected. Uncontrolled, it **increases your risk** of heart attack, stroke, kidney failure, memory and understanding problems, and other problems.
- The bad news is **you may not know you have it**. Most people have no symptoms until it is at a very dangerous level. The good news is, once you know you have high blood pressure **you can work to control it**. If you have routine medical check-ups, your blood pressure will be checked. If you do not see a doctor regularly, check with your aging resource center or senior center to find out about health fairs or health screenings in your community. Free machines in drug stores can give you an idea of your blood pressure, but may not be accurate.
- Do you know what your blood pressure is? Blood pressure **below 120/80** is generally thought to be “normal” or optimal. Prehypertension is from normal to 139/89. Anything over that is considered **hypertension**. The **most severe problem is 160/100 or higher**. Doctors sometimes set a goal higher than “normal” for older persons.
- **Seek medical advice** if you have dull headaches, dizzy spells, nosebleeds, if your blood pressure is high even with prescribed medicine, or if you have side effects from your medicine, such as dizziness or coughing.

Reference/resource: <http://mayoclinic.com/health/high-blood-pressure/DS00100>  
[www.nhlbi.nih.gov/health](http://www.nhlbi.nih.gov/health)

**Training Notes:**



## Managing High Blood Pressure

- Change your lifestyle.
- Eat healthily and reduce sodium.
- Reduce stress.
- Have regular medical visits.
- Monitor blood pressure.
- Follow medical advice.
- Take medications as instructed.

- Some things that put you at risk for high blood pressure cannot be changed. High blood pressure is more common as you get older, more common among African Americans, and tends to run in families.
- You may be able to **control other risk factors**, such as poor diet, being overweight, or being physically inactive. Even high stress can cause a dramatic increase in your blood pressure, making your condition worse.
- Diet and exercise may be the first and best ways to lower your blood pressure, but they may not always work alone. **Have regular check-ups, monitor your blood pressure, and follow doctor's advice.** Talk to your doctor before you try supplements people tell you will lower your blood pressure. If you are prescribed medicines, **take them as instructed.** Make sure your doctor knows what other medicines you are taking. Ask if there are any things, like grapefruit, salt substitutes, or some over-the-counter cold medicines, that you should avoid if you are taking blood pressure medicine.

Reference/resource: <http://mayoclinic.com/health/high-blood-pressure/DS00100>  
[www.nhlbi.nih.gov/health](http://www.nhlbi.nih.gov/health)

**Training Notes:**

Distribute the handout "Eight Things You Can Do to Prevent and Control High Blood Pressure."

## Handout – 8 Things You Can Do to Prevent and Control High Blood Pressure



- 1. Lose weight if you are overweight and maintain a healthy weight.** Limit portion sizes, especially of high calorie foods, and try to eat only as many calories as you burn each day – or less if you want to lose weight.
- 2. Eat heart healthfully.** Follow an eating plan that emphasizes fruits, vegetables, and low fat dairy products and is moderate in total fat and low in saturated fat and cholesterol.
- 3. Reduce salt and sodium intake.** Read food labels to choose canned, processed, and convenience foods that are lower in sodium. Limit sodium intake to 2,400 mg, or about 1 teaspoon's worth, of salt each day. Avoid fast foods that are high in salt and sodium.
- 4. If you drink alcoholic beverages, do so in moderation.** For men, that means a maximum of 2 drinks a day, for women, a maximum of 1.
- 5. Become more physically active.** Work up to at least 30 minutes of a moderate-level activity, such as brisk walking or bicycling, each day. If you don't have 30 minutes, try to find 2 15-minute periods or even 3 10-minute periods for physical activity.
- 6. Quit smoking.** Smoking increases your chances of developing a stroke, heart disease, peripheral arterial disease, and several forms of cancer.
- 7. Talk with your health care professional.** Ask what your blood pressure numbers are and what they mean.
- 8. Take medication as prescribed.** If you need medication, make sure you understand what it's for and how and when to take it, then take it as your doctor recommends.

Information retrieved March 6, 2009 from NIH pamphlet No. 04-5340 (March 2004) at [www.nhlbi.nih.gov/health/public/heart/index.htm#hbp](http://www.nhlbi.nih.gov/health/public/heart/index.htm#hbp).

For more information and resources to help you stay healthy, check out *Your Guide to Lowering High Blood Pressure* with information on how to detect, prevent, and treat high blood pressure. Features the DASH diet, which has been shown to prevent and lower high blood pressure, and information specifically for women. This and other information can be found at, [www.nhlbi.nih.gov/hbp/index.html](http://www.nhlbi.nih.gov/hbp/index.html).

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Slide 141

## Asthma

- Disease of the lungs
- Symptoms and severity differ:
  - Shortness of breath, coughing.
  - Chest tightens or pain.
  - Wheezing, whistling sound when exhaling.
  - Trouble sleeping.
- Seek medical attention if:
  - Have symptoms of asthma.
  - Have been diagnosed and need follow-up.
  - Attacks are more severe and frequent.
- Maintain a healthy lifestyle and learn about prevention and treatment.

- **Asthma** is one of the most common chronic conditions in our nation. More than 10% of Florida adults report having asthma. Asthma is a **disease of the lungs** that causes attacks or episodes. Airway muscles tighten and the airway lining swells, making it hard to breath.
- Symptoms can be minor and occasional or they can be constant or severe. **Symptoms and severity are different** for each person. Symptoms include, shortness of breath, coughing, chest tightness or pain, wheezing or whistling sound when exhaling, and sleep problems because of the asthma symptoms.
- You should **seek medical advice** if you think you have asthma, to monitor asthma after being diagnosed, if your asthma gets worse and you notice symptoms are becoming more severe and frequent, or you find yourself using your asthma medicine more often.
- **Maintaining a healthy lifestyle**, and controlling weight and heartburn can help keep asthma under control. **Learn more** about preventing and managing asthma and talk to the doctor about ways to deal with sudden or severe attacks.

Reference/resource: <http://mayoclinic.com/health/asthma/DS00021>  
[www.doh.state.fl.us/environment/programs](http://www.doh.state.fl.us/environment/programs)

**Training Notes:**

## Managing Asthma Complications

- Avoid asthma triggers.
- Recognize warning signs.
- Treat attacks early.
- Use medications as instructed.
- Learn how to use quick-relief medicines.
- Seek emergency treatment for rapid worsening or shortness of breath and prescribed medicines do not help.

Asthma symptoms can be **worse if you have a cold or flu**. Asthma cannot be cured but symptoms may be controlled. Monitor a person's symptoms to see what triggers an attack and **avoid those triggers**.

Monitor breathing and learn to **recognize warning signs** of an attack. **Treat attacks early** to reduce their severity. Make sure to **take medication as instructed** – do not change your medicine routine without talking to your doctor, even if you are feeling better.

People often have a **quick-relief medicine** to use for rapid, short-term relief of symptoms. If you are a caretaker, **learn** where the person keeps their medicine or inhaler and **learn how to administer** them. Make sure others in the home know the same if you have asthma. Also make sure to have extra, unexpired doses in your disaster kit.

If you or a person you care for has a rapid worsening of symptoms and medicine does not help or if you find you have difficulty breathing with very little activity, you should **seek medical help right away**.

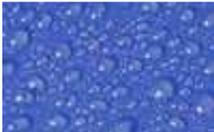
Reference/resource: <http://mayoclinic.com/health/asthma/DS00021>

**Training Notes:**

Distribute the handout "Fact Sheet - Clear Your Home of Asthma Triggers."

Handout – Fact Sheet - Clear Your Home of Asthma Triggers

**Fact Sheet - Clear Your Home of Asthma Triggers**

<p><b>Secondhand Smoke</b></p> <p>The smoke from the burning end of a cigarette can trigger asthma, pipe, or cigar and the smoke breathed out by a smoker.</p>	 <p>Choose not to smoke in your home or car and do not allow others to do so either.</p>
<p><b>Dust Mites</b></p> <p>Dust mites are too small to be seen but are found in every home.</p> <p>Dust mites live in mattresses, pillows, carpets, fabric-covered furniture, bedcovers, clothes, and stuffed toys.</p>	 <p>Wash sheets and blankets once a week in hot water.</p> <p>Choose washable stuffed toys, wash them often in hot water, and dry thoroughly. Keep stuffed toys off beds.</p> <p>Cover mattresses and pillows in dust-proof (allergen-impermeable) zippered covers.</p>
<p><b>Pets</b></p> <p>Your pet's skin flakes, urine, and saliva can be asthma triggers.</p>	 <p>Consider keeping pets outdoors or even finding a new home for your pets, if necessary.</p> <p>Keep pets out of the bedroom and other sleeping areas at all times, and keep the door closed.</p> <p>Keep pets away from fabric-covered furniture, carpets, and stuffed toys.</p>
<p><b>Molds</b></p> <p>Molds grow on damp materials. The key to mold control is moisture control.</p> <p>If mold is a problem in your home, clean up the mold <u>and</u> get rid of excess water or moisture.</p> <p>Lowering the moisture also helps reduce other triggers, such as dust mites and cockroaches.</p>	 <p>Wash mold off hard surfaces and dry completely. Absorbent materials, such as ceiling tiles and carpet, with mold may need to be replaced.</p> <p>Fix leaky plumbing or other sources of water.</p> <p>Keep drip pans in your air conditioner, refrigerator, and dehumidifier clean and dry.</p> <p>Use exhaust fans or open windows in kitchens and bathrooms when showering, cooking, or using the dishwasher.</p> <p>Vent clothes dryers to the outside.</p> <p>Maintain low indoor humidity, ideally between 30-50% relative humidity. Humidity levels can be measured by hygrometers, which are available at local hardware stores.</p>

<p><b>Pests</b></p> <p>Droppings or body parts of pests such as cockroaches or rodents can be asthma triggers.</p>	<div style="display: flex; align-items: center;">  <div> <p>Do not leave food or garbage out.</p> <p>Store food in airtight containers.</p> <p>Clean all food crumbs or spilled liquids right away.</p> <p>Try using poison baits, boric acid (for cockroaches), or traps first before using pesticidal sprays.</p> <p>If sprays are used:</p> <p>Limit the spray to infested area.</p> <p>Carefully follow instructions on the label.</p> <p>Make sure there is plenty of fresh air when you spray, and keep the person with asthma out of the room.</p> </div> </div>
<p><b>Also...</b></p>	<p>House dust may contain asthma triggers. Remove dust often with a damp cloth, and vacuum carpet and fabric-covered furniture to reduce dust build-up. Allergic people should leave the area being vacuumed. Using vacuums with high efficiency filters or central vacuums may be helpful.</p> <p>When your local weather forecast announces an ozone action day, stay indoors as much as possible.</p>

Fact Sheet from Florida Department of Health, Division of Environmental Health.

Other factors that have been known to trigger asthma include: physical activity, cold air, certain medications, strong emotions and stress, food preservatives, GERD or Acid Reflux, menstrual cycle, allergic reactions to foods. For more information, go to: <http://mayoclinic.com/health/asthma/DS00021>.

## COPD

- Bronchitis and emphysema
- Most often caused by smoking.
- Most likely to get colds/flu/pneumonia.
- Higher risk for other conditions.
- Seek medical attention if:
  - Smoker with persistent cough, increased mucus, shortness of breath, wheezing, chest tightness.
  - Have been diagnosed and need treatment.

- Chronic Obstructive Pulmonary Disease or **COPD** is very **common** in older adults. People are usually 40 or older before they have symptoms. COPD is the name for a group of chronic lung conditions that block your airways and makes it hard for you to breathe. This includes **bronchitis and emphysema**. Many people have both.
- Most of the time it is **caused by long-term smoking**. There is no cure. Treatment is to manage symptoms and prevent further damage. People with COPD are **more likely to get colds, flu, or pneumonia**, making it even harder to breathe. COPD also **increases your risk** of other conditions, like high blood pressure, heart problems, lung cancer, and even depression.
- **Seek medical advice** if you are a smoker with symptoms. Symptoms may include **persistent cough, increased mucus, shortness of breath, especially during physical activity, wheezing, and chest tightness**. It is also important to **continue medical treatment once you have been diagnosed**.

Reference/resource: <http://mayoclinic.com/health/copd/DS00916>

<p><b>Training Notes:</b></p>
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## Managing COPD Complications

- Think prevention first – stop smoking.
- Eat healthily, exercise.
- Get an annual flu shot.
- Avoid irritants.
- Follow medical advice – learn self-care.
- Seek emergency treatment if symptoms suddenly get worse.
- Let others know about your needs and learn about theirs.

- The best way to **prevent** COPD is to never smoke or to **quit smoking**. If you smoke, find out about community programs to help you quit. Call your senior center or local county health department.
- If you have COPD, a **healthy lifestyle** can help you maintain your strength and help you avoid colds or flu. **Avoid irritants** like second-hand smoke, air pollution, chemical fumes, and dust.
- **Follow medical advice** and take medications as instructed. Talk with the doctor to **learn techniques** for breathing, clearing your airways, and other steps you can take. For example, use purse-lipped breathing by exhaling as if you are blowing through a straw. Sleeping with your head elevated may also help.
- Even with treatment there may be times when **symptoms suddenly get worse** and you should quickly get additional treatment.
- If you are a caregiver, **learn** where the person keeps their medicine and know how to use it. If the person is on oxygen, learn how their device works. Make sure others in the home know the same if you have COPD.

Reference/resource: <http://mayoclinic.com/health/copd/DS00916>

**Training Notes:**

Unit 5  
Managing Symptoms

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Summary

What did you learn about in this unit?

- So, **what have you learned** today and how will you use this information?

**Training Notes:**

Ask participants to relay back what they have learned from the Managing Symptoms Unit. Their answers could include how to manage any of the symptoms or conditions that have been discussed.

Or they may choose to repeat the objectives:

1. Determine when to seek the advice of a healthcare professional.
2. Identify the differences between cold and flu symptoms.
3. Describe ways to provide basic home care for common cold or flu symptoms, such as cough, nasal problems, fever, sore throat, and dehydration.
4. Identify ways to manage symptoms common to other illnesses and conditions, such as upset stomach, minor wounds, and rashes.
5. Identify ways to manage common illnesses and conditions of:
  - older adults
  - children
  - people with chronic illnesses

Ask participants to spend a minute and make a plan for how they will use this information

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## **Unit 6**

### **Staying Informed**

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## Unit 6 – Staying Informed



**Purpose:** This unit will provide resources for additional information and learning opportunities. It is designed to review what has been learned and inspire participants to continue to expand their knowledge and stay informed about health events in their community.

**Objectives:** After completing this unit, participants should be able to:

1. Describe ways to stay informed during a public health emergency.
2. List community agencies where they can get information and assistance.
3. List additional training opportunities that help them be better prepared.
4. List resources by telephone or internet to learn more about disaster planning for families.

**Procedure:** This unit is presented using PowerPoint slides 146-160.

The unit contains the following modules. Each begins with a new PowerPoint slide. Additional procedural information such as suggested handouts may be included on slide speaker notes pages:

- 6.1 Introduction (Slides 146-147)
- 6.2 Sources for Staying Informed (Slide 148)
- 6.3 Community Resources (Slides 149-151)
- 6.4 Additional Training (Slide 152)
- 6.5 For More Information (Slides 153-156)
- 6.6 Summary, questions and answers (Slides 157-158)

Home Care Course Summary and End (Slides 159-160)

Following the presentation of slides, tie everything together with an end-of-course activity. This review will help to solidify what has been learned throughout the course.

### **Suggested Activities:**

Additional materials or instructions for activities can be found in the Activity Materials Appendix.

### General Audience

- A-Z Shout Out - (20-30 minutes) - At the end of the session have the letters A-Z (or selected letters) pre-written on the board or flip chart. Tell participants you want to summarize their learning A-to-Z. Ask participants to **shout out** words or things they learned beginning with any of the letters. Tell them you will write the first word shouted out for each letter with the goal to get a word for each letter. If the group is hesitant to begin, shout out a word as an example, such as Emergency phone number. If the group slows down during the shout out, offer a suggestion like, what about Pandemic. End the game when all letters are completed or the game has slowed by saying something like, "Wow, we have covered quite a lot. You may even think of more after you leave."

An option for the A-Z Shout Out activity would be to hand participants a piece of paper at the beginning of the training with a letter on each row of the paper from A-to-Z. Tell participants to keep the paper handy and the first time they hear a healthcare-related word or concept

during the training that begins with the letter, they should **quietly** write the word next to the letter. At the end of the training you can ask participants to “shout out” what they wrote for the letters. The person who has the most letters completed would win a prize.

### Older Adults and their Caregivers Audience

- Public Health Jeopardy (25-30 minutes) - This game provides a review of the course, including the special considerations for seniors. Divide participants into three teams. Each team gets a bell or other noise maker. Give the bell to the first person on each team. The person with the bell on each team is the one to play that round of the game. This game is played similar to the television show Jeopardy. Decide which team gets to make the first selection. The first player chooses a category and dollar level. When the answer is revealed, the first player to ring their bell gets to tell you the question. If they get it wrong, the other teams get an opportunity to ring in with the correct question. The team with the correct question is given “game money” and gets to choose the next category. After the first players have their turn, the bell is passed to the next person on the team. This continues until all answers on the board have been revealed. The team with the most money at the end of the game wins. **No one is required to play**, when it is their turn they can choose to pass the bell.

Alternate (10-15 minutes) - An alternate shorter version of the game is to select one person to choose a category and then let anyone in the room raise their hand to provide a question. That person then gets to select the next answer, etc. If there is no game board, the trainer can read the answer from their notes.

### Children’s Parents and Caregivers Audience

- Ball Toss Review (10-15 minutes) - Have the group stand and form a circle. Toss a ball to a participant and ask for one thing they learned during the training. Have that participant toss the ball to another person and have that person answer the same question. Continue this process until each participant has had a turn.

### **Materials:**

- Flip chart and markers
- Computer, projector, and screen
- Presentation handout notes - print from PowerPoint presentation using “handout” slide format in print menu.
- Pens/pencils
- Handouts: (copies are included in the Handout appendix for this unit, unless otherwise noted)
- “Resources”
- Local handouts, such as local phone lists or training schedules (You will need to research and provide.)
- Activity Materials, depending on activity selected. (copies are included in the Activity Materials appendix for this unit, unless otherwise noted.)
- Shout Out A-Z word list
- Public Health Jeopardy Game Board, game money, and prizes for suggested activity (A stand-alone interactive PowerPoint version of the Public Health Jeopardy game is available to trainers as an additional resource)

**Estimated Time:** 30 45 minutes. May take longer if there are extensive questions.

**Trainer Notes:**

Some training target groups, such as older adults, may not be as familiar with or as comfortable using the computer for research as others. Know your audience and keep this in mind when presenting the websites of interest slides in Module 6.5. If this is the case, you can place more emphasis on other resources and discuss Web sites briefly. You do not want to frustrate or overwhelm training participants who are unfamiliar with computers. Let participants know that a librarian or other family member might be able to help them use the internet resources.

If you do not want to use the Web sites of interest slides for a particular trainee group, you can adapt your PowerPoint presentation. To do this, open the PowerPoint presentation in “Slide Sorter” view. You can click on the slide you want to move and drag it to the end of the presentation. You can move the slides back to use with another training session. It is a good idea to save revised files with a new name or date. You can also delete the slides and rename the presentation for your particular training. See “Customizing and Using the PowerPoint Slides to Guide Your Discussion” in the Trainer Tips section of this training manual.

Training summary and closing statements will need to be adapted to reflect the specific training scenario, training audience, and modules selected.

**Resources:**

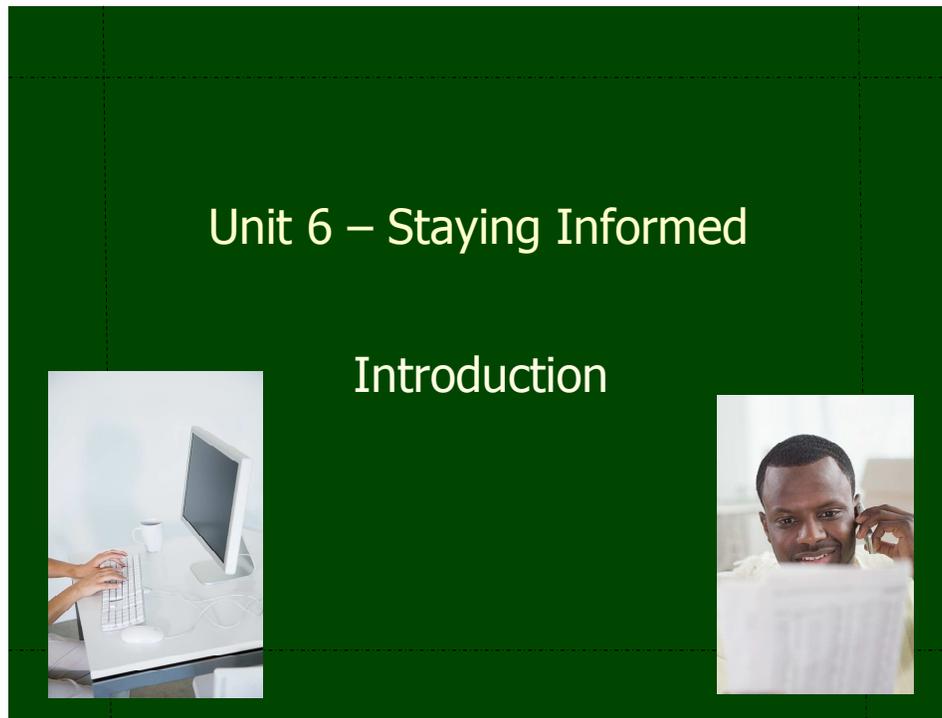
See bibliography and resource list at the end of the training manual. Specific resources for each slide can also be found in the speaker notes.

For more information on the Florida Department of Elder Affairs programs and services, aging resource centers, and Florida’s senior centers, go to <http://elderaffairs.state.fl.us/index.php>.

For more information on obtaining information during a disaster, visit <http://www.bt.cdc.gov/preparedness/shelter/>.

## Slides and Speaker Notes

### Slide 146

A green slide with white text. The title "Unit 6 – Staying Informed" is centered at the top. Below it, the word "Introduction" is centered. On the left side, there is a small image of a person's hands typing on a keyboard in front of a computer monitor. On the right side, there is a small image of a man smiling while talking on a mobile phone. The slide has a faint grid pattern.

# Unit 6 – Staying Informed

## Introduction



- A lot of material and information has been presented to you.
- There is no way we could talk about everything you need to know in the short time we have had together. I do hope we provided the basic information you need to help you in a public health emergency and hope that you are inspired to develop or update your emergency plans and to seek additional information and training.
- Let's talk about where you can get more information and what your next steps should be in preparing yourselves and your families.
- In this unit we will talk about how to stay informed before and during a public health emergency. We will also discuss resources in your community where you can get more information.
- We talked about a lot of things to help you prepare for and take care of yourself in an emergency. We will offer suggestions for additional training and will provide you a list of web sites and phone numbers where you can get more information.

#### Training Notes:

## Unit 6 – Staying Informed

After completing this unit, you will be able to:

1. Describe ways to stay informed during a public health emergency.
2. List community resources where you can get information and assistance.
3. List additional training opportunities that help you be better prepared.
4. List resources by telephone or internet to learn more about disaster planning for families.

- This is Unit 6 of the Home Care Training. The focus of this unit is **staying informed** during a public health emergency.
- We'll start with a summary of what you'll be able to do at the end of this unit:
  1. Describe ways to stay informed during a public health emergency.
  2. List community agencies where you can get information and assistance.
  3. List additional training opportunities that help you be better prepared.
  4. List resources by telephone or internet to learn more about disaster planning for families.

**Training Notes:**

Slide 148

## Stay Informed

- Radio and TV
- Battery-powered radio
- Newspapers
- Websites
- Hotlines
  - CDC public response line  
1-888-246-2675 – English  
1-888-246-2857 – Spanish
  - Local hotline
  - Florida Emergency Information Line  
1-800-343-3557



- It is important to **stay informed** about what is happening before and during a public health emergency. The media will keep you informed. There will be updates on **television and radio**.
- You will need a **battery-powered radio** to receive updates if you lose electricity, for example, during a hurricane. Because of the new digital television signals, your emergency battery-powered televisions will not work. Some of you will be able to get updates on your cell phones or computers, but that service may also be interrupted.
- Local television and radio stations will tell you what is happening in your community and give you information about **telephone hotlines**, emergency phone numbers, or **websites** where you can get more information.
- If you are required to shelter in place, the **Centers for Disease Control and Prevention** will be able to give you information. \*Is there a **local emergency hot line** phone number in this community?
- The **Florida Emergency Information Line** is a consumer hotline activated only at the time of an emergency to provide current emergency or disaster information. 1-800-343-3557

**Training Notes:**

\*Have the number of a local hotline and distribute a handout describing local hotline services, if there is one.



## Community Resources

- State and local county health departments
- Community or senior center
- Faith-based organization
- Humane Society
- Community/neighborhood

This community has many resources where you can get information, services, assistance, or training before or after an emergency. Can you think of any?

- Agencies include **county health departments** that provide public health services. Most services are available at no charge or for a small fee based on your income.
- **Community centers** are public places where people gather for group activities, social support, information, and other purposes. They may be open to the whole community or to a specialized group within the greater community.
- **Senior centers** are community sites that offer older individuals health, social, nutritional, educational, and recreational programs and services.
- Local **faith-based** locations, like churches, synagogues and mosques, can also be an excellent source of information and services.
- If you have pets, your local **Humane Society** can provide information.
- You may also have neighborhood resources.

**Training Notes:**

This slide and the next can be adapted for specific local information. In preparing for the training, get phone numbers and addresses for local community resources. These can be added to the “For More Information” handout, or can be given as a separate handout. When discussing county health departments, list some services your county health department or agency provides, like immunizations, etc.

## Community Resources

- Children's Medical Services
- Aging resource center
- American Red Cross
- Emergency management office

- The local Children's Medical Services office can be contacted for information related to children with special needs.
- Your local **aging resource center** can help you find information and services and can place your name on a registry if you need special assistance in an emergency. **Area Agencies on Aging** designated by the Department of Elder Affairs coordinate and administer local in-home and community programs and services for elders and their caregivers such as information, meal delivery, homemaker, etc. They may also provide first response in a local emergency. To be connected, call 1-800-96-ELDER.
- During an emergency you may not be able to reach these agencies, so it is important to know that your community also has a local **American Red Cross** chapter and a local **Emergency Management Office**.

**Training Notes:**

## Communities and Neighborhoods

- Neighbors helping neighbors
- Neighborhood associations
- Neighborhood emergency plan
- Community Emergency Response Teams

- When we talk about community resources, we cannot forget the important resource of your community of family, friends, and neighbors. Like a neighborhood crime watch, your family, friends and neighborhood can be an excellent resource of **information and assistance** before, during, and after an emergency.
- Some neighborhoods are establishing emergency response preparedness programs.
- Does your community have a **neighborhood organization**?
- Have they met and discussed **emergency response planning**?
- Have you met with your family, friends, and neighbors to plan how you can work together?
- Have you shared emergency contact information with your family, friends and neighbors?
- Did you know that some communities have a Community Emergency Response Team (CERT) made up of citizen volunteers who are trained to provide assistance following a disaster? They work with local agencies in any way they can help.

**Training Notes:**

Find out if the community you are training in has an active CERT at <http://www.floridadisaster.org/CitizenCorps/About.htm> so you can provide this information to the class.

## Additional Training

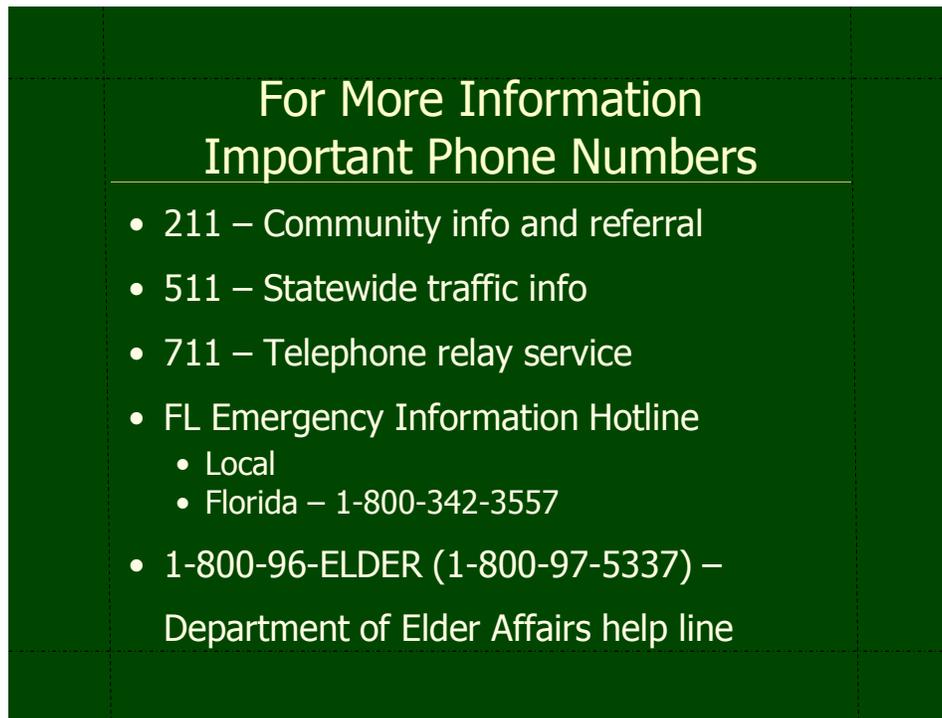
- Examples of training
  - CPR and First Aid
  - Home care for children
  - Disaster preparedness
- Local training resources
  - American Red Cross
  - Seniors centers
  - Community agencies or organizations
  - Community college and vo-tech school

- We talked a little about a lot of different things during this training. You may want to take **additional training** to help you be better prepared.
- Classes in **cardiopulmonary resuscitation (CPR) and basic first aid** can be very helpful. The local American Red Cross provides these classes to the public.
- Courses in **disaster preparation** may also be offered locally. You can usually find them before the hurricane season.
- **Local community agencies**, like your senior center or American Heart Association also provide training. Even hospitals or medical insurance companies offer training. Adult education classes at a community college or vocational-technical school are probably also available.

**Training Notes:**

If you did not present information on older adults or children in this course, but another class is available targeting either of those groups, provide information; if not tell participants to contact their local county health department.

Ask participants if they know of other local training resources. If you can, provide a list of resources and scheduled trainings.



**For More Information  
Important Phone Numbers**

- 211 – Community info and referral
- 511 – Statewide traffic info
- 711 – Telephone relay service
- FL Emergency Information Hotline
  - Local
  - Florida – 1-800-342-3557
- 1-800-96-ELDER (1-800-97-5337) –  
Department of Elder Affairs help line

During the Planning and Preparation Unit we talked about **important phone numbers** to have during an emergency. Can you think of some that we talked about?

Here are a few other numbers that can be very helpful.

- **211** connects you to community information and referral services.
- **511** is an automated traffic and transportation information line.
- **711** is a telephone relay service used for communicating with persons with hearing or speech impairments.
- During times of emergencies, such as hurricanes or pandemic outbreaks, the Florida Emergency Information Hotline is enacted to provide information tailored to that situation.
- As previously mentioned, **1-800-96-ELDER (963-5337)** will connect you with the Department of Elder Affairs Help Line.

**Training Notes:**

Cross reference with Slide 22.

Abbreviated dialing codes are not available everywhere. Determine if these numbers are used in the community where you are training and adapt your training accordingly.

## For More Information Websites

- [www.aap.org](http://www.aap.org)
- [www.cdc.gov](http://www.cdc.gov)
- [www.drugdigest.org](http://www.drugdigest.org)
- [www.fema.gov](http://www.fema.gov)
- [www.floridadisaster.org](http://www.floridadisaster.org)



There are many **websites** with information on disaster planning and preparedness and health conditions. If you do not have a computer at home, you can probably use one at a library or senior center. Do your research carefully. Not all of the information on the Internet is accurate or reliable. Libraries or senior centers may have computer classes for people who want to learn more about using a computer and finding information from trusted sites on the internet. You can find out more by looking for the “**About us**” section of the site.

Some internet websites that you might find interesting include:

- [www.aap.org](http://www.aap.org) - The website for the American Academy of Pediatrics.
- [www.cdc.gov](http://www.cdc.gov) - The website for the Centers for Disease Control and Prevention. It has information on health and preparedness. There is even a section on healthy aging.
- [www.drugdigest.org](http://www.drugdigest.org) - A site for consumer information where you can compare drugs, find out about drug interactions, and learn about health conditions and treatments.
- [www.fema.gov](http://www.fema.gov) - The web site for the Federal Emergency Management Agency. There is information regarding preparedness for people with special needs.
- [www.floridadisaster.org](http://www.floridadisaster.org) - The Florida Division of Emergency Management website. You can find a variety of information, including links to citizen emergency information and disaster readiness tips. You can even create your own disaster plan.

### Training Notes:

**For More Information  
Websites**

- [www.healthfinder.gov](http://www.healthfinder.gov)
- [www.hhs.gov/flu](http://www.hhs.gov/flu)
- [www.pandemicflu.gov](http://www.pandemicflu.gov)
- [www.ready.gov](http://www.ready.gov)
- [www.seniors.gov](http://www.seniors.gov)
- [www.youtube.com/floridasert](http://www.youtube.com/floridasert)

- [www.healthfinder.gov](http://www.healthfinder.gov) - The U.S. Department of Health and Human Services site has consumer guides to healthcare including first aid and prescription drugs.
- [www.pandemicflu.gov](http://www.pandemicflu.gov) - The official U.S. government website for information about pandemic influenza.
- [www.ready.gov](http://www.ready.gov) - The Department of Homeland Security site contains information on preparing, planning, and staying informed for different types of emergencies. It has a section for older adults.
- [www.seniors.gov](http://www.seniors.gov) - Information and services from the U.S. government for senior citizens. It has resources for caregivers and information on health and other issues.
- You can even get daily reports and updates from Florida's emergency management system on **YouTube**.

**Training Notes:**

For More Information  
Websites

- [www.familydoctor.org](http://www.familydoctor.org)
- [www.kidshealth.org](http://www.kidshealth.org)
- [www.mayoclinic.com](http://www.mayoclinic.com)

Other healthcare sites where you can find information pertaining to children and families are:

- [www.familydoctor.org](http://www.familydoctor.org).
- [www.kidshealth.org](http://www.kidshealth.org).
- [www.mayoclinic.org](http://www.mayoclinic.org).

**Training Notes:**

Distribute the “Resources” handout and let them know it will tell them more about these and other sites and resources.

**What Should I Do Next?**

- Review what you have learned.
- Be prepared.
- Check your home.
- Check your supplies.
- Take more training.
- Tell others.

No one knows what the future holds but the more you know and the better prepared you are, the better able you are to handle any emergency.

Please do not stop with what we shared today.

**Review** and think about what we talked about.

Begin by reviewing or creating your family disaster **plan** and emergency kit.

Go **home and check** for potential accident hazards.

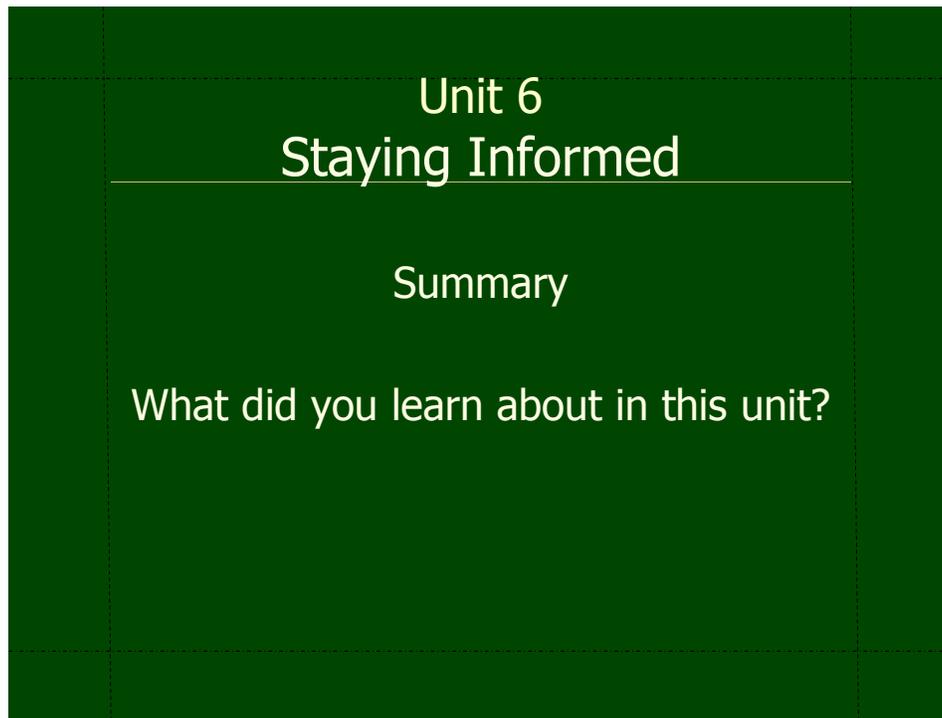
Check your **first aid kit and medicine chest** and update them as necessary.

Sign up for **more training** and classes and **encourage your friends and family** to take training or to get more information.

**Training Notes:**

This is where you can either do a quick summary of what has been learned or conduct the summary “Shout Out” activity suggested earlier.

Ask if there are any questions before moving to the closing slides.



- So, **what have you learned** in this unit and how will you use this information?

**Training Notes:**

Ask participants to relay back what they have learned from the Staying Informed Unit.

Their answers could include:

Any of the community resources mentioned,  
Important phone numbers,  
Any of the websites mentioned,  
Any of the additional training mentioned.

Or they may choose to repeat the objectives:

1. Describe ways to stay informed during a public health emergency.
2. List community resources where you can get information and assistance.
3. List additional training opportunities that help you be better prepared.
4. List resources by telephone or internet to learn more about disaster planning for families.

Home Care Course

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Summary

What did you learn in this course?

- So, **what have you learned** today and how will you use this information?

**Training Notes:**

For a summary of the course, play one of the suggested unit activities, such as “Public Health Jeopardy.”

**Thank You**

- For your participation
- For taking this first step to ensuring the health and safety of yourself and your community

**Please complete the evaluation form.**

**Training Notes:**

Thank participants for attending. Make sure they have received a copy of the handouts.

Remind participants this training is just one step in their preparation and they still have work to do at home.

Ask participants to complete the training evaluation to help improve the training.