

MACMHB

State Training Guidelines Workgroup

Training/Curriculum Recommendations

The intent of this Training Guideline is for the development and presentation of training content. Curricula based on this guideline will contribute to statewide training quality, uniformity, and reciprocity.

Topic: *Health and Wellness*

Defining Paragraph (Vision, Boundaries, Overall Outcome Statement):

Optimal health and wellness greatly enhances quality of life. Understanding the unique needs and circumstances of each person will help Direct Support Professionals assist those individuals with even the most complex intersection of health needs. Connecting an individual's physical healthcare, behavioral healthcare, and substance use disorder needs is a holistic approach called Integrated Healthcare. Integrating healthcare produces the best outcomes and proves the most effective approach to caring for people with multiple healthcare needs.

Developing the necessary skills include:

- promoting wellness
- understanding infectious disease control and the chain of infection
- understanding the role of treatment options
- monitoring a person's current health status
- responding to changes in healthcare needs

An awareness of these elements and their interaction is an important part of the Direct Support Professional's role in an individual's overall wellness.

Definitions:

Content – These are a listing of the areas covered in the subject.

Outcomes/Competencies – These are statements about what participants will be able to do as a result of having participated in the course.

Outline – A suggested approach to meeting Outcomes/Competencies. These three are interrelated, but not necessarily a one-to-one relationship.

Content:

1. Understanding Integrated Healthcare
2. Health care coaching and communication styles
3. Infectious disease control and the chain of infection
4. General health care competencies (Vitals, Documentation, Non-emergency situations, Emergency situations)
5. Minor non-emergency changes in health circumstances
6. Non-emergency health threatening conditions
7. For life threatening emergencies, refer to First Aid/CPR training
8. Know when to contact appropriate personnel per existing protocols.

Outcomes/Competencies:

1. List the steps to effectively navigate and/or support others in using the healthcare system.
2. Provide examples of changes in an individual's physical health, behavioral health, and substance use and how they interrelate.
3. Identify the key component of infectious disease control, including the chain of infection
4. Accurately measure and record vitals:
 - a. Temperature
 - b. Respiration
 - c. Pulse
 - d. Blood Pressure
5. List normal range for vital signs.
6. Report vital sign measurements outside the normal range through the appropriate channels (i.e.; appropriate healthcare professional).
7. Identify and implement appropriate seizure care for different types of seizure activity.
8. Identify when and how to implement appropriate responses to health changes:
 - a. Life threatening emergencies
 - b. Non-emergency health threatening conditions
 - c. Other minor health changes
9. Identify when and how to implement appropriate responses to changes in:
 - a. Mental status
 - b. Level of consciousness
 - c. Changes in mood or behavior
10. Identify when and how to implement appropriate responses for substance use:
 - a. Prescription, controlled medications, and over the counter/non-prescription drugs or medications

- b. Legal drugs
 - c. Illegal drugs
 - d. Household chemicals/products
11. Support daily routines that encourage healthy lifestyles and choices as per the IPOS and/or medical professional directives (including, but not limited to):
 - a. Personal hygiene/Activities of Daily Living (ADLs)
 - b. Seasonal health concerns
 - c. Regular health maintenance
 12. Support in the management of chronic health conditions as per the IPOS and/or medical professional directives (including, but not limited to):
 - a. Hypertension
 - b. Metabolic syndrome/diabetes
 - c. Asthma
 - d. Chronic obstructive pulmonary disease
 - e. Obesity
 - f. Risks to and changes in skin integrity
 - g. GI tract issues
 - h. Neurological issues
 - i. Chronic pain
 13. Identify required documentation and record all health care related observations, changes in health circumstances, and staff actions in response to health needs in appropriate location(s) (e.g.; progress notes, incident reports, seizure log, etc.).

Outline/Recommendations:

1. Integrated healthcare; what it is, how it works, and how to access it
2. Role of direct support professional in using effective health care coaching and communication styles (e.g.; Motivational Interviewing and listening skills, etc.).
3. Basic principles of infectious disease control and the chain of infection
4. General health care competencies:
 - a. Vitals
 - b. Documentation
 - c. Non-emergency situations
 - d. Emergency situations
5. Provide care and follow written and/or oral instructions or standing medical order for minor non-emergency changes in health circumstances (including, but not limited to):
 - a. Signs or symptoms of a cold or flu
 - b. Cuts, scratches, scrapes
 - c. Headaches

- d. Changes in appetite
- e. Changes in sleeping patterns
- f. Changes in energy or activity levels
- g. Low fevers
- h. Indigestion or heartburn
- 6. Provide immediate care and obtain and follow instructions from health care provider for non-emergency health threatening conditions (including, but not limited to):
 - a. Fever not responsive to prn medications
 - b. Diarrhea not affected by prn medications
 - c. Persistent rash or rash of unknown origin
 - d. Persistent sore throat
 - e. Increase or noticeable change in seizure activity
 - f. Sudden changes in blood pressure from baseline
- 7. For life threatening emergencies, refer to First Aid/CPR training
- 8. Know when to contact appropriate personnel per existing protocols.

Trainer Qualifications:

Check all that apply, be specific (years, degree, skills, etc.):

- College Degree: Healthcare professional, RN preferred
- License: See above
- Years' Experience: See below
- Documented Skill Set:
- Training Experience: An experienced trainer with content expertise who has access to a licensed healthcare professional for consultation and technical assistance as needed.
- Trainer in Adult Learning Styles/Methods:
- Other:

Specified Experience: Minimum of 1 to 2 years nursing experience; minimum of 1 to 2 years' experience in community nursing supporting individuals with intellectual and developmental disabilities and/or individuals with mental illness

Length of Training:

The length of training should be adequate to achieve the outcomes / competencies listed above. This may be approximately 6-8 hours at the entry-level, longer for larger groups. Additional time covering detailed

information on conditions specific to the individuals supported may be needed.

Format:

The acceptable format(s) for the class:

- Blended Learning (Online + Instructor-Led)
- Instructor-Led Class
- Instructor-Led Webinar
- Online Course
- Other

Teaching Methods:

These are the best teaching methods for teaching course content. Additional methods may also enhance learning.

- Individual
- Classroom/Group
- Lecture
- Group Discussion
- Skills Practice
- Return demonstrations
- Activities
- Videos, supplemental to other teaching methods
- Online Activities
- Individual Assignments
- Homework assignments
- Case Study
- Other (specify):

Method of Assessment:

How to measure entry-level competency in this course.

- Written Test Performance Indicator: 80%
- Return Demonstration Performance Indicator:
- Online Test Performance Indicator: 80%
- Skill Sheet Performance Indicator: 100%
- Other: Observation of skills with instructor sign off sheet

*Online Test encompasses Review questions anchored within the training and/or an online test after the class

Scope of Implementation:

Training recommended for:

- Specialized Residential direct care staff/home managers
- Specialized Residential Administrators
- Community Living Supports (CLS)
- Pre-Voc Skill Building / Supported Employment (i.e. Competitive Employment, volunteer)
- Non-Voc Skill Building
- Supported Living staff
- Adult Foster Care staff
- Respite Service staff
- Self-Determination staff
- In-Home service staff (children’s program)
- Foster Family Group Home staff
- Child-caring Institutions (Children’s Group Home) staff
- As identified in the Individual’s Person Centered Plan
- Other employee group (specify):

NOTE: Support staff in settings indicated above should have this training if:

1. They are responsible for providing direct care, or
2. It is consistent with the IPOS.

Frequency:

It is recommended the content be reviewed/retaken.

- Initial & as needed
- Initial & Annual
- Initial & Every two (2) years
- Initial & Every three (3) years
- As directed by the Individual Plan of Service
- As needed as directed by employer, first-line supervisor, clinical staff
- Other:

Additional Comments:

Enhancement and Advanced Training Topics specific to the needs of individuals supported such as:

1. Alzheimer’s disease and dementia
2. Colostomy bags and urinary catheters

3. Dental health
4. Diabetes and blood sugar monitoring
5. Gastric, digestive, and esophageal conditions
6. Cardiac conditions, hypertension, blood pressure monitoring
7. Respiratory issues (including ventilators and other breathing treatments)
8. Mobility issues
9. Seizure disorders
10. Visual and other sensory disabilities (glaucoma, blind, low vision, retinitis pigmentosa, macular degeneration, hearing impairment, etc.)
11. Additional health conditions based on individual health needs.

References/Legal Authority:

- 1) MCL 400.710(3)
- 2) R330.1801 et.seq
- 3) Prevailing State Guidelines and Practice Protocols
- 4) National Institutes of Health - www.nih.gov/
- 5) Centers for Disease Control and Prevention - www.cdc.gov/
- 6) U. S. Dept. of Health and Human Services - <http://www.hhs.gov/safety/index.html>
- 7) Substance Abuse and Mental Health Services Administration (SAMHSA) www.samhsa.gov

Note: If training is for an adult foster care, facility/home adult foster care staff must also comply with the adult foster care administrative rules. In addition, in those situations where the contents of the training conflict with an administrative rule, the rule prevails.