

INFORMATION

Do you have the information you need to make good choices for yourself? It's important to be safe and healthy, so you need to know about:

Your body and your sexuality

Healthy relationships and unhealthy relationships

The difference between a good touch and a bad touch and what to do if someone touches you and you don't like it

How to stop abuse

Your rights and duties

INDEPENDENCE

Do as much of your own personal care as you can. Ask for help only when you really need it. You decide when and if you need help.

Reporting and Investigations:

Many people report abuse through changes in behaviour. The two most important to note are:

- 1) Any sudden onset unexplained change in behaviour.
- 2) Any sudden onset loss of skills previously held.

These things do not necessarily mean that abuse has happened but they mean that an investigation needs to be done. It is probably best that a

Behaviour Therapist be called for a consultation as they will be able to ask questions to see if an identifiable antecedent to these changes can happen.

Vita has a bruising policy that defines suspicious bruises:

Inflicted bruises are larger, with a mean size of five cm or greater. Bruises one cm. in size often are not indicators of abuse

Bruises on the head, neck, lateral right arm or posterior torso should arouse suspicion of abuse

Bilateral bruising to the arms (may indicate that the person has been shaken, grabbed, or restrained)

Bilateral bruising of the inner thighs (may indicate sexual abuse)

"Wrap around" bruises that encircle an older person's arms, legs, or torso (may indicate that the person has been physically restrained)

Multicolored bruises (indicating that they were sustained over time)

Please Read and Follow Vita's Suspicious Bruises policy where the process of reporting is outlined in detail.

PERSONAL CARE: WHERE

When I'm at home, I want these tasks to take place in this room:

Changing clothes:

Toileting:

Washing/hygiene:

Eating:

Other:

When I'm at school, work, or day program, I want these tasks to take place in this room:

Changing clothes:

Toileting:

Washing/hygiene:

Eating:

Other:

My period is:

Very heavy

Medium

Light

I like this pad/tampon best:

Change my pad/tampon this often:

Signs that I have PMS:

Pain or cramps

Bad Mood

Tenderness

Vaginal discharge

Cravings

Other symptoms

When I feel this way, I like:

Tips:

HOW TO HELP ME

YOU HAVE THE RIGHT

I need help for most of my personal care. Here's how you can help me best For each of the areas of assistance indicate which level of support that I need:

Reminding: Once I am reminded, I can do everything on my own. (**circle R if this is needed**)

Prompting: I need you to show me or tell me what needs to be done and how to do it, but I do not need hands-on help. (**circle P if this is needed**)

Some help: I can do some things on my own, but I need help with other things (circle S if this is needed)

Hand over hand: I need help to do my own care with Someone's hand over my hand (use gloves, wash cloth, not skin to skin) (**circle H if this is needed**)

Total help: At this time, I need help with everything. Use "hand over hand" whenever possible (**Circle T if needed**)

TIPS on how to help me:

To be treated with respect and dignity

To choose for yourself

To be listened to and to have people respect your wishes

To tell your support people how you want help with
Personal care (help when you take a bath, go to the
toilet, or dress)

IT IS YOUR DUTY

To be clear about what you want and expect

To be clear about your boundaries

To respect the boundaries of the people who support you

To treat your support people with respect and dignity

TOILETING:

Skin Care/Toileting: (R P S HT)

Bowel Care: (R P S HT)

Bladder Care: (R P S HT)

Special Care: (use of oxygen, suppositories)
(R P S HT)

DRESSING:

Tips for helping me dress: (R P S HT)

I Like a :

Bath

Shower

Both

My Routine is:

The Level of Supervision I need
is: _____

The best time to bath or shower:

Things I like in the bath: (room/water temperature,
music,
light on/off, toys,
etc..) _____

I need help with the shower curtain:

Yes

No

I use a bathrobe for privacy:

Yes

No

I will take my robe off when:

Skin care/bathing: (R P S HT)

Hair and Skin Care: (R P S HT)

Head: _____

Face:

Body:

Shaving: _____

Teeth: _____

Other important things about Me:

Things I don't
like: _____

Things I must have: (makeup, perfume,
etc.) _____

PERSONAL CARE ROUTINES

BATHING, DRESSING, LIFTING, EATING & MORE

Support people: I have routines (the order, how often, products I like / dislike, privacy, safety, health supports etc.) that work for me. Please read this part carefully, and follow my personal care guideless.

Lifting:

Transfers: (bed, shower, car, chair) (R P S HT)

Positioning: (bed, chair, table,
repositioning/frequency)

(R P S HT)

Eating: (R P S HT)

MENSTRUATION/PERIOD CARE

Note: It is a good idea to tell your support person if you are expecting your period and if you need their help.

How much do you know about your period, and I understand what it is all about.

YES

NO

My period is private, but I'm ok talking about it with people I trust

My period is private, and I don't really want to talk about it.

How often do you know when your period is due:

YES

NO

Can you take care of your period when it first starts:

YES

NO

What is the routine I have around my period (the help I need, (R P S HT) : _____

Abuse Prevention Training Package
Boundaries, Routines and
Communication
For

Created on:

PAGE 13

NEWSLETTER TITLE
PAGE 13

VOLUME 1, ISSUE 1

This booklet will outline a process for daily training regarding abuse prevention. Every day that we provide intimate care, dressing, toileting, showering, with someone, we have an

opportunity to teach routines and to encourage participation. By teaching routines and by acknowledging how someone communicates we can then structure our service such that the person learn how they are touched and supported in a

respectful manner. When these routines, once learned, are

not followed then the person can communicate, in whatever means they use, that they are upset or disturbed that they were not supported in their typical ways.

By acknowledging communication skills that someone has we acknowledge that all people communicate and that their communication is valued.

For this process to work we need to audit to ensure that these booklets are in place and are being used. Use this space to sign that the process has been reviewed and is being used. This needs to be done at least every 3 months. There is more space at the back of the book.

How I communicate: (describe the communication strategy to communicate the following words:)

Yes;

No;

More;

Stop;

Happy;

Sad;

Angry;

Scared;

Pain;

Published by:

Vita Community Living Services

Permission to copy and distribute is granted

Most Recent Revision 2012

This document may not be sold

Vita acknowledges Far Northern Regional Center and

Catherine van Mossel who developed an earlier version of this booklet.

OCTOBER 2012

Measuring Learning: On a monthly basis, supervisors are to have staff who are following the procedures check to determine if the level of support is still valid. Over time it is expected that, as the member learns the routine they will begin to anticipate and participate in the process. As this occurs the level of support may need to be updated.

Note To Auditors:

The process of auditing is to ensure that this booklet is being used by staff to provide appropriate, respectful, individualized care. All audits must include meeting with staff to determine if the booklet is needing

updates or changes. The space here provided is for you to sign and date when the audit is complete.

When these pages are full, the booklet is to be redone and care reevaluated.