

**CEDAR NORTH/CEDARSOUTH  
STAFF MEETING SUMMARY**

**Subject:** CN/CS Staff Meeting

**Date:** April 2, 2025

**Time:** 8:45a-11:30a

**Inservices:**

- ❖ **Safety/Health Review:** Tornado Drill (see attached)  
First Aid Training (Star Services video)  
Safe Transportation Policy (van lift, tie downs) (Star)
  
- ❖ **Emergency Procedures:** April 2025 –Fire Drill Bedroom #4 (CS-Rachel,Patsy  
CN – Margaret)  
**NEED:** February 2025- Fire Drill Bedroom #2 (CS-Helen)  
March 2025- Health Emergency (CS-Angela, CN-Kim)
  
- ❖ **Nursing Inservice:** Summer and Seizure Alerts (see attached)- *Henrietta*
  
- ❖ **Program Policies (STAR):** Data Privacy/HIPAA

**Meeting Review:**

- A. April Calendar Reviewed:** Reminder to turn in requests off by the 10<sup>th</sup> of the month prior. Calendars will be released on the 15<sup>th</sup> of the month. After the 10<sup>th</sup> of the month, staff will be responsible for filling their own shifts. (see attached calendars)
  
- B. Covering Shifts –** Staff are NOT to leave early or arrive late without notifying the office. Leaving a shift open for any period of time due to being late or leaving early is considered job abandonment, fraud and is a VA.
  
- C. Health Insurance –** Premiums are increasing in June. Kristal will let you know the amount if you pay a part of your premium.
  
- D. Daily MARS in Therap –** Sabrina gave an overview of the new Daily MAR. A splash message will be put on Therap for staff to review. The plan is to begin using the Daily MAR on Monday, 4/14/25.
  
- E. CPR/First Aid Training –** Sign Up in Therap; sign up dates are 4/10, 4/14, 5/5 – 5p Office
  
- F. Payroll Cutoff –** Kristal will be doing all of payroll starting the second payroll in April. All timesheets, changes, etc. need to be sent to her by 10a on the Monday of payroll – no changes will be able to be made after that time.
  
- G. Annual Training assigned in STAR –** Training was due on Monday, 3/31/25. Reminder to check your courses often.
  
- H. MCGH 50<sup>th</sup> Anniversary –** MCGH will have a float in the Marshall County Parade and the Meet Your Neighbor Day Parade. Each home will host an open house during this time also. All staff are asked to assist in making this celebration a big success!

## I. House concerns:

- School Transport - Both Hailey and Samantha are to be escorted to and from the school van when they are picked up and dropped for school.
- Repairs – CN – Coded locks need to be installed on the medication cupboards  
Cracks in the living room walls need to be repaired  
All common areas need to be painted  
CS - Walls need to be painted after the new cupboards are installed

## J. CN Individual Reports:

- Dylan: DIET – REGULAR DIET- WEIGHT – 184.1 (-1.8)  
**Appts:** None  
**Concerns:** None noted.  
**Outings:** Continues to do coupons for Argyle Grocers and deliver meals on Fridays in am. Home on the 5<sup>th</sup> for Ash Wednesday came back next morning, Bible study on the 14<sup>th</sup> and 28<sup>th</sup>, played piano at hospital on the 17<sup>th</sup> and 31<sup>st</sup>, Fish fry on the 26<sup>th</sup> in Argyle, on the 28<sup>th</sup> went to Warren for a ride and lunch at café, 21<sup>st</sup> The Dell for supper and the 31<sup>st</sup> haircut and lunch with mom.  
**Exercise: Dylan rides a bicycle daily (either inside or outside) and will go for walks with staff.**
  - Outcome: Choose a community site to do volunteer work with at least 1x/week
- Hailey: DIET – REGULAR DIET - WEIGHT: 157.0 (+1.3)  
**Appts:** Play Therapy on 3/13 and 3/27.  
**Concerns:** Remind Hailey to clean up her area in the living room and use her storage bins for her belongings and that leaving her items on the floor is a safety hazard.  
**Outings:** Thompson Cafe in Cavalier on the 1<sup>st</sup>, Blue Moose celebrate birthday with parents on the 2<sup>nd</sup>, Truck stop on the 14<sup>th</sup>, The Dell on the 21<sup>st</sup>, Craft show and dairy queen on the 22<sup>nd</sup>, Ride and Perkins on the 29<sup>th</sup>. Toured the EGF DAC and really liked it.  
**OT/PT Exercise Program: Encourage Hailey to get up and walk/exercise every hour when she is at home.**
  - Outcome: Weekly, Hailey will explore new leisure activities so she can identify interests she enjoys and can do during her free time.
- Sandra: DIET – TO HAVE 2-3 CARB CHOICES AT EACH MEAL AND 1/2C PORTIONS; SNACKS ARE TO BE 1 CARB – WEIGHT: 186.7 (-.6)  
**Appts:** Zoom meetings thru out the month, 6<sup>th</sup> Echogram in Grand Forks and lunch in Warren, 11<sup>th</sup> Dr. Brenda King, 17<sup>th</sup> Mammogram in EGF, Annual meeting on the 20<sup>th</sup> and 25<sup>th</sup> Chiropractor in GF.  
**Concerns:** Had a meeting with Carol DCC, Kim DCA and Cindy PS in March. Sandra stated she would like more independence at the home so the meeting was an opportunity for her to voice what she would like to do. She stated she wants to practice shooting her bow in the backyard, when she gets it from her old house; she wants to shower on days she chooses to shower; she wants to go to bed at a time she chooses. Household tasks she wants to do are: empty the dishwasher every morning, vacuum rugs by doors, clean bathrooms and wash the bathroom floors daily. On Tuesdays (her outing day) she would like to do a variety of interests including: bowling, movies, library, visit step-dad, swimming in Grafton. She will have a new outcome to increase her community involvement – starting with becoming a member of St. Rose Catholic Church in Argyle and participate in church activities. Other community options may be Catholic Daughters, Bone Builders at the Senior Center, reading to children at the school. Sandra also stated that she would like to mow the lawn for CN/CS – not sure if this is

an option but she may possibly mow lawns for community members if the party has their own push mower and is agreeable to do all maintenance of the mower. This will be a gradual process and not done all at once.

**Outings:** continues to work at Lumber Yard and cleans office on Thursdays, visited with her son in Crookston, went to a concert in TRF and out for supper, attends church on her own, shopping, out to eat 6 times, attended the LISTEN Center dance, participated in Bible Study at the group home and went to the Warren library.

**Exercise:** Sandra is encouraged to exercise daily on her own, choosing what she wants to do for exercise.

- Outcomes: 1. To participate in at least 2 dances/month at LISTEN Center in Grand Forks  
2. Sandra will prepare and cook a meal for herself 2 times per week
- Vinette: DIET – PUREED FOODS, HONEY-THICK LIQUIDS, 1/2C PORTIONS -WEIGHT 172.5 (+1.4)  
**Appts:** None  
**Concerns:** Has a bruise on her arm (unknown cause and Vinette does not remember how it happened).  
**Outings:** Thompson Cafe in Cavalier on the 1<sup>st</sup>, 7<sup>th</sup> ride and lunch cafe, bBble study on the 14<sup>th</sup>, and 28<sup>th</sup>, GF craft show and dairy queen 22<sup>nd</sup>, Fish fry in Argyle on the 26<sup>th</sup>, Truck stop 14<sup>th</sup>, The Dell on the 21<sup>st</sup>, and ride and lunch at Perkins on the 29<sup>th</sup>. Got new slip-on shoes this month.  
**OT/PT Exercise Program:** Neck massage daily, exercise program BID, ride bike outdoors or exercise bike, walking program daily w/ counting wooden pieces to track; finger board (located on living room wall) once daily.
  - Outcomes: 1. Vinette will attend church services or watch church services on television twice a month  
2. Monday - Thursday, after returning from the ODC, Vinette will unpack her lunchbox and put her dirty dishes in the sink and place her lunch box on the kitchen counter.

### CS Individual Reports:

- Gary: DIET - REGULAR DIET 1/2C SERVING PORTIONS WEIGHT: scale not working  
**Appts:** Jeremy Houser, PA 3/31 for a face-to-face for a new wheelchair  
**Concerns:** Still refusing at times to use his walker; refuses to do it more when another housemate is present. Gets very agitated when the housemate is home – will clench the arms on his recliner and hit his open palms on the arms of his chair.  
**Outings:** ODC 4x week; did attend Bible Study in March  
**OT/PT Exercise Program:** PROM to lower extremities daily; PROM upper extremities x1/day; walking three times/day w/ gait belt if able to walk more, please do, he likes to use his walker;
  - Outcomes: 1. Gary will correspond with family and friends by him making phone calls or mail monthly, with staff assistance.  
2. Once a month Gary will participate in a community outing by choosing a restaurant to eat at, with verbal prompting from staff.
- Diane: DIET – PUREED FOODS AND NECTAR THICK LIQUIDS, 1/2C SERVING PORTION CONTROL; ASSIST OF 1 AT ALL TIMES WHEN WALKING WITH FRONT-WHEELED WALKER; ASSIST OF 1 FOR TRANSFERS WEIGHT: scale not working  
**Appts:** Met with Katie Benson on 3/11 to review MNSure; on 3/20 she had a telehealth appt with Dr. Tim Peterson, Psychiatrist; on 3/21 she had her annual physical with Jill Smith, NP.  
**Concerns:** Still having some issues with not wanting to drink at DAC and CS

**Outings: Schedule outing on Tues, Fri, Sat or Sun each month for just Diane.** Bible Study, DAC 3x week.

**OT/PT Exercise Program:** plantar fascia exercises to feet/ankles daily in am, upper extremity peddle bike 5-10 minutes daily; PROM to lower extremities 3x/day; sit to stand exercises for 30 second durations 5-10 reps, ambulate with walker, gait belt and 1 assist during the day

- Outcome: 1. Diane will participate in leisure activities of her interests in music, eating out and movies, in the community, 1x/month.

- Corrie: DIET – REGULAR DIET; REGULAR LIQUIDS; NO PORTION CONTROL - WEIGHT: 99.6 (+4.9)

**Appts:** Court hearing on 3/25, guardianship of Corrie remains with his Aunt Cindy Boman Donarski; 3/28 annual physical w/ Jeremy Houser, PA accompanied by Rachel Lopez DCC, Kristal Walen MCGH CEO and Cindy Donarski. Jeremy Houser will be writing a referral for Corrie to see a dietician (approved by Guardian) See t-log in Therap regarding this appt. Main item is that Corrie's diet is now back to a regular diet (per guardian request)– staff are encouraged to serve all meats similar to a ground beef consistency. His guardian also wanted the prescribed Glycopyrrolate discontinued. She did agree to keep the Melatonin at bedtime.

**Concerns:** Corrie has not been sleeping well at night, he is up and down all night talking. Prescribed Melatonin 5mg at HS. Not gaining weight so checking weight every Tuesday by DCC until he hits the weight he needs to be at. His weights were 3/14 (94.6); 2/21 (94.3); 3/28 (99.6) went up in weight of 4.9 for this month. Kristal, Cindy and Cassi will be meeting with Corrie's guardian within the week to discuss options for Corrie as his guardian has voiced concern for Corrie's safety due to a housemate targeting him when the housemate is having a behavior.

**Outings: Schedule outing each month on a Saturday just for Corrie.** Corrie attends DAC Mon, Wed and Thur. and Bible Study twice a month.

**Exercise Program: Ambulate 2-3x a day for 30 ft with a gait belt and two staff.**

- Outcomes: 1. Corrie will spend time in the community, x1/month, watching community members engaged in activities (walking, shopping, playing, visiting, etc)
- 2. One time per month, Corrie will eat at a restaurant, with staff assistance.

- Samantha: DIET – REGULAR 1/2C PORTIONS WEIGHT – scale not working

**sAppts:** w/ Dr. Asogwa 3/25; Tour of the DAC in EGF on 3/26

**Concerns:** Behaviors towards CS staff and housemates; PRN was been given x5 in March - 3/4; 3/6; 3/11; 3/14; 3/14. Kristal, Cindy, Cassi Hermanson and 2 MCGH Board Members will be meeting with Samantha's parents within the week to address concerns about Sam's behaviors and the CS Staffing crisis.

**Outings: Schedule outing x1/month on a weekend.** Sam goes to school 5x a week, has gone home 3/7-3/9, 3/21-3/23; Home due to behavior 3/14-3/16. Also goes with parents every other Sunday 3/2 and 3/30 for the day. Parents report that no PRN was given while she was at home.

**Exercise Program: Encourage Samantha to exercise/ambulate short distances daily**

- Outcome: Samantha will participate in a community leisure activity, of her choice, 2x/month.

***Meeting Minutes, Policies and Trainings to be acknowledged in Star Services by each staff member.***

***The next monthly staff meeting will be held Wednesday, May 7th at 8:45am.***



## POLICY AND PROCEDURE ON EMERGENCIES

### I. PURPOSE

The purpose of this policy is to provide guidelines on preparing for, reporting, and responding to emergencies to ensure the safety and well-being of persons served.

### II. POLICY

The company will be prepared to respond to emergencies as defined in MN Statutes, section 245D.02, subdivision 8, that occur while providing services, to protect the health and safety of and minimize risk of harm to the person(s) served. Staff will address all emergencies according to the specific procedure outlined in this policy and act immediately to ensure the safety of persons served. After the situation has been resolved and/or the person(s) involved are no longer in immediate danger, staff will complete the necessary documentation in order to comply with licensing requirements on reporting and to assist in developing preventative measures, if applicable. For incident response procedures, staff will refer to the *Policy and Procedure on Responding to and Reporting Incidents*.

All staff will be trained on this policy and the safe and appropriate response to and reporting of emergencies. Program sites will have contact information of a source of emergency medical care and transportation readily available for quick and easy access. In addition, a list of emergency phone numbers will be posted in a prominent location and emergency contact information for persons served at the facility including each person's representative, physician, and dentist.

### III. PROCEDURE

#### Defining emergencies

- A. Emergency is defined as any event that affects the ordinary daily operation of the program including, but not limited to:
1. Fires.
  2. Severe weather.
  3. Natural disasters.
  4. Power failures.
  5. Emergency evacuation or moving to an emergency shelter.
  6. Temporary closure or relocation of the program to another facility or service site for more than 24 hours.
  7. Other events that threaten the immediate health and safety of persons served and that require calling "911."

#### Preparing for emergencies

- A. To be prepared for emergencies, a staff person trained in first aid will be available on site in a community residential setting, and when required in a person's *Support Plan* and/or *Support Plan Addendum*, be able to provide cardiopulmonary resuscitation (CPR), whenever persons are present and staff are required to be at the site to provide direct services.
- B. Each community residential setting will have a first aid kit readily available for use by, and that meet the needs, of persons served and staff. The first aid kit will contain, at a minimum, bandages, sterile compresses, scissors, and ice bag or cold pack, an oral or surface thermometer, mild liquid soap, adhesive tape, and a first aid manual.
- C. Community residential setting facilities will have:
1. A floor plan available that identifies the locations of:
    - a. Fire extinguishers and audible or visual alarm systems
    - b. Exits, primary and secondary evacuation routes, and accessible egress routes, if any
    - c. An emergency shelter within the facility
  2. A site plan that identifies:
    - a. Designated assembly points outside the facility
    - b. Locations of fire hydrants



## POLICY AND PROCEDURE ON EMERGENCIES

- c. Routes of fire department access
  3. An emergency escape plan for each resident.
  4. A floor plan that identifies the location of enclosed exit stairs for facilities that have three (3) or more dwelling units.
- D. Quarterly fire and severe weather drills will be conducted throughout the year on various days of the week and times of the day or night. Staff and persons served in the facility will not be notified prior to the drill, if possible, to ensure correct implementation of staff responsibilities for response. The manager or designee will be responsible for the initiation of the emergency drill and will record the date, day, and time of the drill in the emergency plan files.
- E. As part of the emergency plan file kept at the facility site, the following information will be maintained:
1. The log of quarterly fire and severe weather drills.
  2. The readily available emergency response plan.
  3. Emergency contact information for persons served at the facility including each person's representative, physician, and dentist.
  4. Information on the emergency shelter within the facility and the designated assembly points outside the facility.
  5. Emergency phone numbers that are posted in a prominent location.
- F. If persons served require the use of adaptive procedures or equipment to assist them with safe evacuation, staff will receive specific instruction on these procedures and equipment.

### **Responding to emergencies**

- A. Staff will call "911" based upon the emergency situation as provided in each individual response procedure as stated below.
- B. **Fire**
1. Staff will respond immediately to all fire and smoke detector alarms or signs of fire by activating the alarms system.
  2. All persons will be evacuated from the building by staff and assembled at the established designated assembly point outside the facility.
  3. "911" will be immediately called from a neighbor's telephone or a cell phone in order to report the fire.
  4. Staff will contain the area of the fire, if feasible, by closing doors. If it is possible to put out the fire with a fire extinguisher, staff will attempt to do so.
  5. Staff will notify the manager or designee.
  6. Persons served and individuals will not reenter the program site until the police or fire department issue instructions that the area is safe.
  7. If the program site is not habitable and relocation to a designated safe area such as an emergency shelter is necessary, staff will follow the procedures in Letter E of this **Responding to emergencies** section.

### **C. Severe weather conditions and natural disasters**

1. At the first sign of severe weather, including but not limited to high winds, heavy snow or rain, or extreme temperatures, staff will confirm the location and safety of all persons served.
2. Staff will listen to the radio or watch television for current weather conditions.
3. Upon hearing sirens or a take cover warning, staff will notify all persons that they need to seek shelter and will guide all persons to the designated safe area in the facility and will also bring a battery operated radio or television set, first aid kit, and flashlight.
4. If feasible, persons served but not scheduled for supervision will be called and warned.
5. Staff will assist all persons in staying in the safe area until an all clear is issued through the radio or by other means.
6. If injury or damage occurs, staff will notify the manager or designee and follow directions given.
7. If relocation to a designated safe area such as an emergency shelter is necessary, staff will follow the



## POLICY AND PROCEDURE ON EMERGENCIES

procedures in Letter E of this **Responding to emergencies** section.

### D. **Power failure (electricity outage or gas leak)**

1. During a power failure, all staff will remain with persons served. If persons are not in the immediate area at the program, staff will locate them and bring them to the central program area.
2. The power company will be contacted by cell phone to determine estimated length of the power outage. If estimated to last less than two hours, the manager or designee will be contacted to determine what actions will be taken. If the power outage is to last more than two hours, staff will transport the persons to a safe area or location as previously established by the manager.
3. If gas is smelled or a gas leak is suspected, staff will evacuate persons to the established designated assembly point outside the facility.
4. The gas company will be immediately notified and instructions followed.
5. No one will be permitted to use lighters, matches, or any open flame during this time. All electrical and battery-operated appliances and machinery will be turned off until the all clear has been provided.
7. The manager or designee will be notified of the gas leak. This call will be made by staff from the safe area using a cell phone or from a neighbor's phone.
8. If relocation to a designated safe area such as an emergency shelter is necessary, staff will follow the procedures in Letter E of this **Responding to emergencies** section.

### E. **Emergency evacuation, moving to an emergency shelter, and temporary closure or relocation of the program to another facility or service site for more than 24 hours**

1. Staff will ensure that everyone leaves the building and will assist all persons in gathering at the designated assembly point outside the facility.
2. Staff will immediately notify the manager or designee of the conditions that may require emergency evacuation, moving to an emergency shelter, temporary closure, or the relocation of program to another site.
3. The manager or designee will coordinate relocation of services in a way that promotes continuity of care of persons served.
4. The manager or designee will coordinate and assist staff as necessary in transporting persons to the designated location.
5. If access to the program site is permitted, staff will transfer persons' program files, clothing, necessary personal belongings, current medications, and medication administration records to the designated location.
6. The manager will notify the legal representative or designated emergency contact, and case manager, and other licensed caregiver (if applicable) of the new location of the program if necessary.

### F. **Other events that threaten the immediate health and safety of persons served and that require calling "911"**

1. Pandemic event: Upon request, staff will cooperate with state and local government disaster planning agencies working to prepare for or react to emergencies presented by a pandemic outbreak.
2. Bomb threat
  - a. Upon receiving a bomb threat, staff at the program site should pull the fire alarm, if available.
  - b. Staff will ensure that everyone leaves the building and assembles at the designated assembly point outside the facility.
  - c. Staff will immediately call "911" from a neighbor's telephone or a cell phone.
  - d. Staff and persons will remain outside the building until further instructions are received from the police or fire department.
  - e. If unable to re-occupy the building, staff will follow the procedures in Letter E of this **Responding to emergencies** section.
3. Repeated and unwanted or threatening phone calls
  - a. Upon receiving repeated and unwanted or threatening phone calls, staff will hang up the phone immediately or encourage the person served to hang up the phone.
  - b. Staff will lock all doors and windows.



## POLICY AND PROCEDURE ON EMERGENCIES

- c. Staff will monitor the frequency of disruptive phone calls, informing the manager when the calls continue to a point where the safety of persons served is in question or when the calls are personally threatening or environmentally threatening to a program site or property.
- d. Staff will call "911" if at any point they feel threatened.
- e. The manager will determine when and if the telephone number will be changed due to the harassing or threatening telephone calls.

### Reporting emergencies

- A. Staff will immediately notify the manager that an incident or emergency has occurred and follow direction issued to them and will document the incident or emergency on an *Incident and Emergency Report* any related program or health documentation. Each *Incident and Emergency Report* will contain the required information as stated in the *Policy and Procedure on Reviewing Incidents and Emergencies*.
- B. If an incident resulted from the emergency situation, the manager will maintain information about and report incidents to the legal representative or designated emergency contact and case manager within 24 hours of an incident occurring while services are being provided, within 24 hours of discovery or receipt of information that an incident occurred, unless the company has reason to know that the incident has already been reported, or as otherwise directed in the person's *Support Plan* and/or *Support Plan Addendum*.
- C. When the incident or emergency involves more than person served, the company and staff will not disclose personally identifiable information about any other person served when making the report to each person and/or legal representative and case manager unless the company has the consent of the person and/or legal representative.
- D. If a serious injury or death were to occur as a result of the emergency situation, staff will follow the response and reporting procedures as stated in the *Policy and Procedures on Responding to and Reporting Incidents* and, if needed, the *Policy and Procedure on Death of a Person Served*.

## Inservice Training

### Annual Seizure Alert

All staff present

Presenter: Henrietta Linder RN

A seizure occurs when there is a malfunction in the electrical activity of the brain leading to either behavioral or physical changes caused by a sudden, uncontrolled burst of electrical activity in the brain. It can cause changes in behavior, movements, feelings and level of consciousness. It can cause symptoms such as drooling, violent shaking, spasms or twitching, making strange noises and falling down. These symptoms can last a few seconds to several minutes. Prior to a seizure a person can experience a *deja vu* or aura including nausea, feeling dizzy or vision changes.

Anyone can develop seizures or epilepsy. It affects both males and females of all races, ages and ethnic backgrounds. Having a single seizure doesn't mean you have epilepsy. At least 2 seizures without a known trigger that happen at least 24 hours apart are required for a diagnosis of epilepsy.

Although a seizure is usually associated with epilepsy there can be many other causes including stroke (which is the leading cause of seizures in adults over the age of 35), head or brain trauma/injury, congenital brain defects, meningitis, encephalitis or AIDS, high fevers especially in children (children who have seizures due to high fevers usually do not develop epilepsy), brain tumors, severe hypoglycemia, heat related injuries, poisons, drug overdoses, withdrawal from daily use of alcohol/drugs. Elevated glucose or sodium levels in the blood, dementia/Alzheimers, kidney or liver failure, use of drugs such as Amphetamines or Cocaine, stress, missed doses of medication, not sleeping well lack of oxygen, a genetic component and the list goes on. Seizures are classified in two main categories based on where in the brain the seizure begins. They are generalized seizures which are produced by electrical impulses throughout the entire brain and Partial or focal seizures are produced (at least initially) by electrical impulses in a relatively small part of the brain.

Under generalized seizures (which are the most common types of seizures) you have 1) Grand Mal – the person may cry out and this is characterized by a loss of consciousness and will usually collapse. The loss of consciousness is usually followed by generalized body stiffening then by violent jerking after which a person will often go into a deep sleep. Injuries may occur such as tongue biting and urinary incontinence. 2) Absence (sometimes called petit mal seizures) – this is exhibited by short periods of unconsciousness (just a few

seconds) with few or no symptoms. It can cause rapid blinking or a few seconds of staring into space. The person may not be aware of having a seizure other than being aware of losing time. 3) Myoclonic – this consists of sporadic jerks usually on both sides of the body. When violent they may result in dropping or involuntarily throwing objects. 4) Clonic – are repetitive, rhythmic jerks that involve both sides of the body at the same time. 5) Tonic – characterized by stiffening of the muscles. 6) Atonic – consists of sudden loss of muscle tone particularly in the arms and legs which often results in a fall.

Partial seizures include the following: 1) Simple Motor – with jerking, rigid muscles, pivoting head and muscle spasms. 2) Simple Sensory – having unfamiliar sensations regarding vision, hearing, smell, touch or taste. 3) Simple Psychological – having disturbances regarding memory or emotional distress. 4) Complex – includes lack of awareness of an episode with repetitive, involuntary yet coordinated movements such as lip smacking, walking, chewing or fidgeting. 5) Partial with Secondary Generalization – this begins with a partial seizure in which the person is conscious but then turns into a Grand Mal seizure with loss of consciousness and convulsions.

Although seizures seem to last a long time, they usually don't last more than 60-90 seconds. A seizure can be terrifying to watch if you've never seen one before. Seizures can be mild or severe and they affect people differently. Even though you may feel helpless and find it difficult to watch, there are things you can do to help. #1 is to stay calm. Make sure the scene is safe and protect them by moving furniture and objects out of the way. If it's easy to do so, place a small towel under their head. Do not put anything into their mouth including your fingers as this may cause injury such as chipped teeth or a fractured jaw. You could also get bitten. Do not try to hold them down or move them as this could also cause injury such as a dislocated shoulder. Loosen tight clothing from around the neck and waist. When the seizure is over, turn the person on their side to allow fluids to run from their mouth. Most people will be sleepy or confused after a seizure. Provide a safe area for them to rest. Do not offer anything to eat or drink until they are fully alert and awake. Stay with the person until they are fully awake and familiar with their surroundings.

Things to watch for during a seizure as you will need to document in Therap under seizures and may need to relay the information to the medical provider are: what was happening before the onset of the seizure, if known; did they experience an aura or yell out; how did their body move; how long did the seizure last; how did they act once the seizure ended; did they lose consciousness; did they stop breathing; what was their skin color; did they have any injuries etc.

Complications from having a seizure can include head injuries or broken bones from a fall; drowning (a person with a seizure disorder is 13 to 19 times more likely to drown while

swimming or bathing than the rest of the population because of the risk of having a seizure in the water; car accidents due to loss of awareness/consciousness while driving or operating equipment (many states have driving restrictions on persons with a seizure disorder). Pregnancy complications can pose a danger to both mother and baby and some anti-epileptic medications can cause birth defects. Emotional health issues such as depression, anxiety and suicidal thoughts and behaviors due to difficulty dealing with the condition as well as medication side effects.

Diagnostic tests can include a neurological exam, blood tests, EEG, CT, MRI, PET scan and neuropsychological testing.

Treatment usually begins with medication which there are many different ones to be used. Some side effects of anti-seizure medication are fatigue, stomach upset or discomfort, dizziness, blurred vision, weight gain, loss of bone density, skin rashes, speech problems, memory/thinking problems and loss of coordination. Different seizure medications cause differing side effects. Some of the side effects may not occur or are tolerable if the medication is started at a low dose and increased slowly and will often go away over several weeks or months. Surgery is an option also where they remove the area of the brain causing seizures if it doesn't interfere with vital functions such as speech, language, motor function, vision or hearing. MRI guided stereotactic laser ablation may be used when more invasive surgery is too risky. Vagus nerve stimulator where a device is implanted underneath your skin in the chest that sends electrical impulses through the vagus nerve to your brain to stop the seizure activity is another option.

Life threatening complications of epilepsy, although rare, are status epilepticus also called seizure clusters. This is when a seizure lasts longer than 5 minutes or having frequent recurring seizures without regaining full consciousness between them. It is important to have a rescue medication on hand during a seizure cluster emergency and to use it as soon as possible. The name of one of these medications is Nayzilam. If needing to administer Nayzilam the nozzle is placed in one nostril and sprayed. If the seizure cluster is continuing 10 minutes after the first dose, a second dose may be used but only if you have been told to do so by the healthcare provider. If needing to give the second dose, you will administer into the opposite nostril. If the seizures do not stop after Nayzilam is used get emergency medical help right away. The most common side effects of Nayzilam are sleepiness, headache, runny nose, nasal discomfort and throat irritation.

Sudden unexpected death in epilepsy, although a small risk, may be caused by heart or respiratory conditions and is most common in those with severe epilepsy that don't respond to treatment.

Treatment includes taking medications as ordered and not switching to generics or taking other medications or OTC or herbal remedies or stop taking your medication without consulting with the physician, get plenty of rest, eat a healthy diet, prevent accidents by working in a safe manner, manage stress, exercise, wear a medical alert bracelet, limit alcohol consumption, avoid smoking, inform physician of any changes in mood, and have an annual exam and go to follow up appointments as scheduled.

Seizures do not always require urgent care but do call for help in the following situations:

- 1) If they stop breathing for longer than 30 seconds, begin rescue breathing.
- 2) The seizure lasts longer than 3 minutes unless indicated otherwise by medical provider
- 3) It is the persons first seizure
- 4) More than one seizure occurs within 24 hours
- 5) Has a seizure with a high fever
- 6) Has several seizures in succession
- 7) Has a seizure after complaining of a sudden severe headache
- 8) Has a head injury followed by a seizure
- 9) Has diabetes
- 10) A seizure occurs with a sign of stroke – trouble speaking, loss of vision, or inability to move part or all of one side of the body

INSERVICE : SUMMER ALERTS

PRESENTED BY: HENRIETTA LINDER RN

TO: ALL STAFF

Heat and humidity put all people at risk for heat exhaustion and heat stroke. Persons receiving services for mental health, developmental disabilities and emotional disturbances are at added risk for these conditions because they often take medications or drugs that inhibit perspiration or increase fluid loss such as diuretics and blood pressure medications as they cause you to urinate more frequently, antihistamines such as Cetirizine or Claritin, beta-blockers such as propranolol or metoprolol, benzodiazepines such as Alprazolam or Lorazepam, anticholinergics such as Oxybutynin used for bladder spasms, or Paroxetine used for depression and alcohol and also because they may be reluctant or unable to drink adequate amounts of non-caffeinated liquids. The elderly and those working or completing activities in very hot environments are at a higher risk.

It is important to keep the environment cool, provide extra water or other non-caffeinated and non-alcoholic fluids. If needing to be outdoors keep well hydrated and take frequent breaks. The body's response to excessive loss of water and salt is usually through sweating.

**Heat exhaustion** symptoms may include fatigue, heavy sweating, headache, muscle cramps, dizziness, weakness, confusion, nausea, clammy moist skin, pale or flushed complexion, slightly elevated body temperature and fast shallow breathing.

Treatment would include getting the person to a cool shaded or preferably an air-conditioned area, sit in front of a fan, rest on their back with legs raised above heart level, drink cool water or sports drinks, loosen any unnecessary clothing, take a cool shower, soak in a cool bath or put towels soaked in cool water on your skin. It might be a good idea to take the person's temperature to rule out heat stroke. If condition doesn't improve after an hour seek medical attention.

Heat exhaustion can lead to **Heat Stroke** which can become a life threatening emergency that can cause death or permanent disability. At this point the body is unable to regulate its temperature. The body's temperature rises quickly, the sweating mechanism fails and the body is unable to cool down with temperatures reaching 103 degrees and higher within 10 to 15 minutes. If you see any of the following symptoms have someone call 911 and begin cooling the affected person. Warning signs are an extremely high temperature, red, hot and dry skin with no sweating, rapid, weak pulse, throbbing headache, rapid shallow breathing,

dizziness or confusion, nausea, unconsciousness and seizures. Get the person to a shaded cool area and get medical assistance ASAP. Do not give the person fluids to drink as it may lead to pulmonary edema.

**Heat Cramps** can affect a person who perspires a lot during strenuous activity which can deplete the body of salt and water levels. Low salt levels in muscles will cause painful cramps and muscle pain or spasms usually in the abdomen, arms or legs. Treatment includes having the person stop all activity, get into a cool environment and drink water or a sports beverage. They should not return to strenuous activity for several hours after the cramps subside. Seek medical attention if the person has heart problems, is on a low salt diet or the cramps don't subside after an hour.

**Heat Rash** is a skin irritation caused by excessive sweating during hot, humid weather. The rash looks like a red cluster of small pimples or blisters and will usually appear on upper chest, groin area, under breasts or in elbow creases. Treatment would include cooling the person, may apply cool packs and keeping the affected area dry. You may apply a calamine lotion or a low strength hydrocortisone cream and take an anti-histamine such as Benadryl.

**Heat Syncope** is fainting, dizziness or light-headedness that can occur with prolonged standing or sudden rising from a sitting or lying position. Factors that may contribute are a hot environment, dehydration and being unacclimated to the heat (the body is not used to the hot environment). These symptoms occur when there is not adequate blood flow to the brain. Treatment includes having the person lie down or sit in a cool area, elevate legs to promote blood return to the heart and to hydrate them with water or a sports beverage.

**Sunburn** happens when your skin gets too much sun without proper protection from sunscreen and clothing. Many medications such as anti-psychotics and antibiotics can increase a person's risk of sunburn. Reduce exposure to the sun with umbrellas, hats, or long-sleeved, light weight clothing. Protect the eyes with sunglasses labeled to block out 99 to 100% of both UVA (aging rays) and UVB radiation. UVB rays (burning rays) are the primary cause of sunburn. Consider limiting or avoiding time in the sun between the hours of 10AM and 2PM when the rays are most intense. If going outdoors apply sunscreen at least 15 minutes before with an SPF of 15 or higher. The American Academy of Dermatology recommends using a broad-spectrum sunscreen with an SPF of 30 or higher. FDA recommends not using a sunscreen after the expiration date or if it has no expiration date consider it expired 3 years after purchase. Avoid leaving sunscreen containers in direct sunlight or in hot environments as inside the car as this will accelerate the degradation of the sunscreen. Keep in a cooler or under blankets. Fair-skinned people are likely to absorb more solar energy than dark-skinned persons and they may need a

sunscreen with a higher SPF of 30 to 50. Use enough sunscreen to cover your entire face and exposed body (avoiding the eyes and mouth). Easily forgotten spots are ears, nose, lips (apply lip balm with a sunscreen), back of neck, hands, tops of feet, along hairline and areas of the head exposed by balding or thinning hair. Everyone needs sunscreen from 6 months and older. Sunscreens are not recommended for infants under the age of 6 months as they are at greater risk than adults of sunscreen side effects such as a rash. The best protection is to keep them out of the sun entirely. Once outdoors reapply sunscreen every 2 hours, even on cloudy days and more often if sweating or jumping in and out of the water. There is no safe way to tan. Every time you tan, you damage your skin and as this builds up, you speed up the aging process and increase the risk for all types of skin cancer. Anyone can get skin cancer regardless of age, gender or skin tone. It is estimated that 1 in 5 will develop some form of skin cancer in their lifetime. The WHO has declared artificial sources like tanning beds and sun lamps to be known carcinogen substances. How to treat a sunburn: Begin treating sunburn as soon as you notice it. The first thing to do is get out of the sun and avoid the sun while your skin heals being sure to cover the sunburn every time you go outdoors; take frequent cool baths or showers to relieve the pain- when getting out pat the skin dry leaving a little water on the skin and apply a moisturizer containing aloe vera or soy to help trap water in your skin; if an area is especially uncomfortable, apply an OTC hydrocortisone but do not treat with "caine" products such as benzocaine as these may irritate the skin; consider taking ibuprofen to help reduce any swelling, redness and discomfort; if your skin blisters, allow them to heal – this means you have a second degree burn-do not pop the blisters as they form to help the skin heal and protect you from getting an infection; and lastly protect sunburned skin while it heals – wear clothing that covers the skin when outdoors.

**Insect stings or bites:** Apply insect repellent before going outdoors. Wear long sleeved shirts, long pants tucked into socks, and closed-toe shoes when in woods or grassy areas to help prevent tick bites. Check for ticks after being outdoors and shower as soon as possible after coming indoors. Ticks take several hours to attach themselves to the skin; in the meantime, they can be washed away. Wear shoes when walking through low-lying flowers. Close fitting clothes can prevent insects from getting under your clothes and getting trapped. Light colored and flowered clothing, perfumes or cologne may attract stinging insects. Soda and sweetened beverages may attract stinging insects so if outdoors keep them covered. Also keep garbage cans covered.

Most common mild reactions are local redness, swelling, pain and itching. Remove any stinger using a credit card or the like to flick it away. Wash the area with soap and water. May apply a cool pack for 10 to 20 minutes to reduce swelling and redness. Apply Calamine lotion, baking soda paste or 0.5% to 1% Hydrocortisone cream several times a

day till resolved. Can take anti-histamines orally such as Cetirizine, Claritin or Allegra to decrease itching. May take non-prescription pain reliever to reduce pain. If continues to feel ill or swelling worsens seek medical help. When a person gets bit monitor closely for at least 30 minutes for a severe reaction.

Bees, yellow jackets, wasps, hornets and fire ants may cause a severe allergic reaction (anaphylaxis). This is a medical emergency and you need to call 911 immediately. If a person is exhibiting even 1 or 2 of the following symptoms call 911: trouble breathing; wheezing; swelling of lips, face, eyelids or throat; dizziness, fainting or being unconscious; weak rapid pulse; hives; nausea, vomiting or diarrhea call 911. Do not offer them anything to drink, loosen tight clothing, cover them with a blanket and if needed position them to prevent choking or vomiting. If they have an epinephrine auto-injector use it immediately. They still need to go to the emergency room ASAP.

**Fire safety:** Always make sure your grill is in good working order. Always open the grill lid before lighting and do not add lighter fluid to an already lit fire. Keep a 3 foot safety zone around the grill. Use long handled utensils to keep your hands and arms away from the heat. Keep an eye on your grill and never leave it unattended. If using coals, place them in a metal can with a lid on it after they have cooled.

## April 2025 CEDAR SOUTH SCHEDULE

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
SK home need 2 staff	1.	6a-4p-Rachel 4p-8p-(RL)Angela 4p-8p-Helen 6p-8p-(AW)Jenn 8p-8a-(AW) Jenn	2. CS Pickup warren 3p Staff Mtg (3)	3. CS Pickup warren 3p	4. Carol on call	5. Carol on call Admin Kristal
Helen Tuesday 4p-8p	Patsy works 2nd weekend. 8a-8p-saturday 9a-9p-sunday	6a-4p-Rachel 4p-8p-(RL)Angela 4p-8p-Helen 6p-8p-(AW)Jenn 8p-8a-(AW) Jenn	6a-2p-Rachel 1p-8p-Patsy 2p-8p-Amy 8p-8a-Amy	6a-6p-Rachel 1p-8p-Amy 6p-8p-(AW)Jenn 8p-8a-(AW)Jenn	7a-8p-Amy 8a-9p-Sara 9p-9a-Laura SK-Home	Amy to come help if need 8a-4p 9a-7p-Laura 4p-9p-Amy 9p-9a-Amy SK-Home
SK goes home every other weekend	Marilyn 3p-7p-Thurs. April Can't do 3rd	6p-8p-(AW)Jenn 8p-8a-(AW) Jenn	8p-8a-Amy	8p-8a-(AW)Jenn	SK-Home	SK-Home
6. Carol on call Admin Kristal	7. CS Pickup warren 3p	8.	9. CS Pickup warren 3p CPR @ 5pm	10. CS Pickup warren 3p CPR @ 5pm	11. Bible study CS Kim on call	12. Kim on call Admin Sabrina
8a-2p-Sara 2p-9p-Amy 4p-8p-Rachel 9p-8a-Amy SK- Returns CS	6a-6p-Sara 3p-7p-Patsy 6p-8p-Angela 8p-8a-Angela	6a-6p-Rachel 4p-8p-Helen 6p-8p-Angela 8p-8a-Angela	6a-6p-Rachel 1p-8p-Patsy 6p-8p-Amy 8p-8a-Amy	6a-6p-Rachel 3p-7p-Marilyn 6p-8p-Angela 8p-8a-Angela	7a-8p-Amy 8a-9p-Sara 9p-9a-Amy	9a-3p Rachel 3p-9p Angela 8a-8p-(PW)Amy SK home? 9p-9a-Amy
13. Kim on call Admin Sabrina	14. CS Pickup warren 3p CPR @ 5pm	15. DS/CP Outing	16. CS Pickup warren 3p	17. CS Pickup warren 3p	18. Rachel on call	19. Rachel on call Admin Kristal
9a-9p-(PW)Amy 8a-3p-SK home ? 3p-8p Angela 9p-8a-(LA)Amy	6a-6p-Sara 3p-7p-Patsy 6p-7p-(AW)Jenn 8p-8a-Angela	6a-6p-Rachel 8a-1p-Amy (outing) 4p-8p-Helen 6p-8p-Angela 8p-8a-Angela	6a-6p-Rachel 1p-8p-Laura 6p-8p-Amy 8p-8a-Amy SK-Home	6a-6p-Rachel 3p-7p-Marilyn 6p-8p-Angela 8p-8a-Angela SK-Home	7a-8p-(ASW)(RL) Angela 4p-9p- 9p-9a-Laura SK no school SK-Home	9a-7-Laura 8a-8p-Rachel 9p-9a-Angela SK-Home
20. Rachel on call Admin Kristal	21. CS Pickup warren 3p	22.	23. CS Pickup warren 3p	24. CS Pickup warren 3p	25. Amy on call Bible study CN	26. Amy on call Admin Sabrina
8a-2p-Rachel 8a-2p-Angela 2p-8p-Helen 2p-8p-Patsy 8p-8a-Liz Easter Sunday SK- Returns CS	6a-6p-(AW)Rachel 1p-8p-Laura 6p-8p-Angela 8p-8a-Angela SK no school	6a-6p-Rachel 4p-8p-Helen 6p-8p-Angela 8p-8a-Angela	6a-6p-Rachel 1p-8p-Patsy 6p-8p-Amy 8p-8a-Amy	6a-6p-Rachel 3p-7p-Marilyn 6p-8p-Angela 8p-8a-Angela	7a-8p-Amy 8a-9p-Sara 9p-9a-(RL)Angela	8a-8p-Patsy 9a-8p-Amy 8p-9a-Amy
27. Amy on call Admin Sabrina	28. CS Pickup warren 3p	29. Fergus Falls CP/DS DCC & DCA	30. CS Pickup warren 3p			
9a-9p-Patsy 8a-8p-Amy 9p-8a-Liz	6a-6p-Amy 3p-7p-Patsy 6p-8p-Angela 8p-8a-Angela	6a-6p-Rachel 8a-4p-Amy 1p-6p-Patsy 4p-8p-Helen 6p-8p-Angela 8p-8a-Angela	6a-6p-Rachel 1p-8p-Patsy 6p-8p-Amy 8p-8a-Amy			Rachel on call 3rd wkend works 8a-8p saturday
					Amy on call 4th wkend works 8a-4p-saturday and 8a-4p 1st & 4th sunday	

## CEDAR NORTH 2025 APRIL

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Only SO home 8-130p	Only SO home 8-130p	Only SO home 8-130p	Only SO home 8-130p	All Clients Home	
	1	1	2 <b>Staff Meeting</b>	3	4 <b>Carol on call</b> DN Meals/Coupons	5 <b>Carol on call</b> Admin-Kristal
	6a-4p-Margaret 11a-8p-Carol <b>(SO appt/outing)</b>	6a-4p-Margaret 11a-8p-Carol <b>(SO appt/outing)</b>	6a-3p-Carol 12p-5p Kim 5-8 (KK) Jenn	6a-3p Carol 1p-8p-Kim	6a-4p-Margaret 8a-9p-Kim 3p-8p-Carol outing w/ SO	9a-9p-Carol 9a-6p-Janelle
	7	8	8p-8a-Jenn	8p-8a-Joy	9p-9a- Carol	9p-9a-Kim
6 <b>Carol on call</b> Admin-Kristal			9	10	11 <b>Kim on call</b> DN Meals/Coupons	12 <b>Kim on call</b> Admin-Sabrina
9a-11a-Kim 11a-4p-Lori 4p-8p-Jenn	6a-2p-Margaret 12p-8p-Kim	6a-4p-Margaret 11a-8p-Carol <b>(SO appt/outing)</b>	6a-3p-Carol 12p-8p-Kim	6a-3p-Carol 1p-8p-Kim	6a-3p-Carol 8a-9p-Kim 3p-8p-Marilyn <b>Bible Study 2p</b>	9a-9p-Sara 9a-6p-Kim
9p-8a-Jenn	8p-8a-Joy	8p-8a-Joy	8p-8a-Jenn	8p-8a-Joy	9p-9a-Sara	9p-9a-Sara
13 <b>Kim on call</b> Admin-Sabrina	14	15	16	17	18 <b>Rachel on call</b> DN Meals/Coupons <b>GOOD FRIDAY</b>	19 <b>Rachel on call</b> Admin -Kristal
9a-4p-Sara 4p-8p-Jenn	6a-2p-Margaret 12p-8p-Kim	6a-4p-Margaret 4p-6p-(CU) Margaret <b>(SO appt/outing)</b> 6p-8p-(CU) Joy 8p-8a-Joy	6a-3p-(CU)-Margaret 12p-8p-Kim	6a-3p(CU)-Margaret 1p-8p-Kim	6a-3p-(CU)-Margaret 8a-9p-Kim 3p-8p-Marilyn 9p-9a-Jenn	9a-9p- 9a-6p
8p-8a-Jenn	8p-8a-Joy	8p-8a-Joy	9p-8a-Jenn	8p-8a-Joy	9p-9a-Sara	9p-9a-Sara
20 <b>Rachel on call</b> Admin -Kristal <b>EASTER</b>	21	22	23	24	25 <b>Amy on call</b> DN Meals/Coupons	26 <b>Amy on call</b> Admin-Sabrina
8a-4p-Sara 4p-8p-Jenn	6a-2p-Margaret 12p-6p-(KK)Sara 6p-8p-(KK)	6a-4p-Margaret 11a-8p-Carol <b>(SO appt/outing)</b>	6a-3p-Carol 12p-8p-Kim	6a-3p-Carol 1p-3p (KK) Marilyn 3p-8p Kim	6a-3p-Carol 8a-9p-Kim 3p-8p-Janelle <b>Bible Study 2p</b>	9a-9p-Sara 9a-6p-Janelle
8p-8a-Jenn	8p-8a-Joy	8p-8a-Joy	9p-8a-Jenn	8p-8a-Joy	9p-9a-Sara	9p-9a-Sara
27 <b>Amy on call</b> Admin-Sabrina	28	29	30			
9a-4p-Sara 4p-8p-Jenn	6a-2p-Margaret 12p-8p-Kim	6a-4p-Margaret 11a-8p-Carol <b>(SO appt/outing)</b>	6a-3p-Carol 12p-8p-Kim	6a-3p-Carol 12p-8p-Kim	6a-3p-Carol 12p-8p-Kim	
8p-8a-Jenn	8p-8a-Joy	8p-8a-Joy	9p-8a-Jenn	9p-8a-Joy	9p-8a-Joy	