

"To promote the health and well-being of all Californians with developmental disabilities."

Volume 2, Number 1

CALIFORNIA DEPARTMENT OF DEVELOPMENTAL SERVICES

## INFECTION PREVENTION & CONTROL

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Every day the body is exposed to millions of microorganisms (germs) that can cause illness and infection if they manage to penetrate the body's natural defenses. Our focus for this issue of the Wellness Digest is infection prevention and control. We will look at some causes of infection, prevention activities, and medications used to fight infection.

The body has a number of sophisticated physical and chemical defenses it uses against invading germs. For example, the skin forms an effective mechanical barrier against germs. In addition, body functions, including urination, defecation, salivation, sneezing, tears, and shedding of skin cells all help to destroy or repel germs.

When germs do manage to penetrate the body's natural barriers, internal immune responses are triggered. The body mobilizes antibodies and white blood cells to search out and destroy the invading germs.

Only when the body's natural defenses are overwhelmed will infection and illness occur.

### TYPES OF INFECTIONS

There are a number of different organisms that can cause infection. Two of the more common kinds are bacteria and viruses. Although the symptoms for both kinds of infection may be similar, treatment is not necessarily the same. One major difference is that bacterial infections respond to antibiotic medications while viral infections do not.

### COMMON BACTERIAL INFECTIONS:

- **Staphylococcus** or "staph" infections  
boils, toxic shock
- **Streptococcus** infections  
"strep" throat, impetigo,  
pneumococcal pneumonia,  
scarlet fever,  
rheumatic fever
- **Food poisoning**  
Escherichia coli (E. coli), salmonella
- **Meningitis**
- **Venereal diseases**  
gonorrhea, syphilis
- **Typhoid fever**
- **Dysentery**
- **Cholera**

### COMMON VIRAL INFECTIONS:

- **Influenza**  
"flu", viral pneumonia
- **Common Cold**
- **Herpes**  
cold sores, genital warts
- **Infectious Mononucleosis**
- **Chicken Pox**
- **Measles**  
both "regular" & German
- **Hepatitis**  
all types; A, B, C, D, E
- **Human Immunodeficiency Virus (HIV)**  
AIDS



## FROM THE DIRECTOR

### Wellness - A Way of Living

Cliff Allenby, Director

Providing health and medical services can present hurdles for parents, care providers and persons with developmental disabilities living in California's diverse communities.

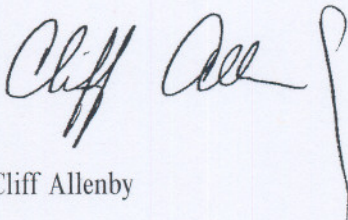


*Cliff Allenby, Director*

With the many exciting and innovative Wellness projects that regional centers have been involved with this past year, it is evident that we are making progress in overcoming these hurdles. Current projects include practice guidelines for physicians, telemedicine sites, medication protocols and nursing care guidelines. Priorities for projects in the coming year include mental health, dental health and the replication of successful local projects.

In this issue of the Wellness Digest, we have gathered together the latest information on infection prevention and control. Inside you will find information on different types of infections and their treatments, as well as tips for recognizing symptoms of infection.

We hope you find this information useful, and we look forward to seeing the progress of this year's Wellness projects.



Cliff Allenby

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Letters and inquiries are welcome.

Please address letters to the Editor, DDS Wellness Digest, and send to the above address. Inquiries and comments can also be directed to the Editor through the toll free number above.

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*The DDS Wellness Digest provides tips, guidance and information on a variety of health issues. This newsletter is not intended to provide medical advice on personal health matters. Medical advice should be obtained from a licensed physician.*

**December 1998**



## **AVOIDING INFECTION**

\* Hand washing removes bacteria and is generally considered the single most important procedure to preventing the spread of infections.

### *HAND WASHING TECHNIQUE*

- \* *Wet hands under running water.*
- \* *Keep hands lower than elbows and apply soap.*
- \* *Wash vigorously for at least 15 seconds. Use friction to cover all surfaces of the hands with particular attention to fingertips and nails.*
- \* *Rinse under running water.*
- \* *Use a paper towel, single use cloth towel, or warm air dryer to dry hands.*
- \* *Avoid recontamination of hands on sink or sink components after washing.*

\* Keep rooms in the home clean and well-ventilated. Air conditioners and humidifiers need to be cleaned regularly and kept in good repair so they do not harbor germs.

\* Use disposable tissues to cover the mouth and nose when coughing or sneezing and be sure to wash hands before touching objects or other persons.

\* Caregivers or others who are in the contagious stage of an infection should not work closely with people, especially with those who are more susceptible to infection.

\* Get vaccinated! Vaccines are available for prevention of influenza and pneumococcal pneumonia. Influenza vaccines, or "flu shots" are needed annually to be effective. Re-vaccination for pneumonia is needed only every 6 years. Vaccinations should be obtained early in the fall season before these illnesses become widespread.

## **WHO SHOULD BE VACCINATED FOR:**

### **INFLUENZA**

Adults and children with long-term heart or lung problems.

Residents and staff of care facilities that house individuals of any age with long-term health problems.

Healthy people age 60 and over.

Anyone regularly seeing a doctor for kidney disease, cystic fibrosis, diabetes, anemia or severe asthma.

Anyone who has a type of cancer or immunological disorder, such as AIDS, which lowers the body's normal resistance to infections.

Children and teenagers, 6 months to 18 years of age, who are on long-term treatment with aspirin. If they get the flu, they may be at risk of getting Reyes Syndrome, a disease that can cause coma, liver damage and death.

Anyone wishing to reduce their chances of getting the flu.

### **PNEUMONIA**

Healthy people over 65 years of age.

Residents and staff of care facilities that house high-risk persons.

Adults or children with cerebrospinal fluid leaks.

Adults and children (over 2 years of age) with splenic absence or dysfunction, nephrotic disease or HIV.

Adults with Hodgkin's disease, lymphoma, multiple myeloma or chronic renal failure.

Adults with chronic illness such as cardiovascular or pulmonary disease, diabetes, alcoholism or cirrhosis.

Children with sickle cell disease.

Anyone wishing to reduce their chances of getting pneumonia.



## **SIGNS OF INFECTION**

**T**hese examples are only a sample of symptoms commonly seen when infection exists. It is important to remember that many persons will exhibit only subtle signs of infection or illness. Changes in appetite or activity level may be the only indicators of infection in early stages. Caregivers need to be attentive to subtle changes to assure illness/infection is reported to the doctor and treated early. It is especially important to look for and recognize the signs of infection for persons who are nonverbal or might otherwise not report symptoms.

<b>LOCATION</b>	<b>What to Watch For/ When to Call The Doctor</b>
<b>WOUND</b>	Increased pain, swelling, tenderness, redness, red streaks from the wound and/or pus. There may or may not be an elevated temperature.
<b>EYES</b>	Redness of eyes, swelling of an eyelid, discharges from the eye (may be yellowish or greenish), eyes burning or painful. These symptoms may also occur when a person has a cold or sore throat. The person may complain of blurred vision.
<b>EARS</b>	Complaints of pain. Persons may pull at the ear, notice redness of an ear, fever, complain of diminished hearing. There may be drainage from the ear.
<b>THROAT</b>	Complaints of pain with swallowing. Persons may refuse to eat. When examined, the throat appears red, there may be whitish patches at the back of the throat, the person's voice may sound hoarse. There may be a fever and/or a skin rash.
<b>TEETH</b>	Complaints of pain when chewing or may refuse to eat, pain may become continuous, facial or gum swelling, gum bleeding, fever.
<b>RESPIRATORY SYSTEM</b>	Person has a cough with fever or coughing brings up bloody, brown, or greenish-yellow phlegm. May have a chronic cough which becomes more frequent. Any shortness of breath or wheezing. Fever.  Any fever that develops toward the end of a cold (may indicate pneumonia).  Fever with rash, stiff neck, severe headache, irritability or confusion (may indicate meningitis).  Difficulty swallowing, breathing, or fully opening the mouth.



## LOCATION

## What to Watch For/ When to Call The Doctor

### RESPIRATORY SYSTEM *(continued)*

Any sore throat that lasts longer than a week.

Nasal congestion that lasts longer than a week or causes pain or hearing loss.

Nasal congestion with a severe headache and pain in the nose, cheeks, or upper teeth (may indicate sinus infection).

Any cold with fever more than 102 degrees or a cough that produces sputum (mucus and saliva), chest pain, or shortness of breath.

Any cough that lasts longer than two weeks.

### DIGESTIVE SYSTEM

Abdominal pain that keeps getting worse and is accompanied by vomiting and/or loose stools. Fever.

### URINARY TRACT

Complaints of difficult urination, pain with urination, urine changes color, fever. May also have vomiting and/or loose stools.

Complaints of pain on one or both sides of the mid-back, fever, chills, nausea, and vomiting may indicate kidney infection.

### TOXIC SHOCK SYNDROME

Women who develop fever, vomiting, diarrhea, rash, especially during menstruation.

### VAGINAL INFECTION

Vaginal discharge, itching, burning.

## HOW INFECTIONS ARE TRANSMITTED

Germs are transmitted through three types of contact.

### \* DIRECT CONTACT

Direct contact occurs when an infected person comes in contact with a susceptible host. For example, direct contact occurs when one person with a cold covers their mouth while coughing or sneezing and then touches another person without washing their hands.

### \* INDIRECT CONTACT

This happens when a germ contaminates an object. For example, a person with Hepatitis B nicks his face while shaving and leaves the infected blood on the razor. If another person uses the razor and then nicks himself, he may become infected with the Hepatitis B virus.

Disease or infection can also be spread when a substance serves as a vehicle for transmission. The most common substance is food or water. For example, it was *E. coli* bacteria in ground meat that caused several outbreaks of food poisoning.

### \* DROPLET SPREAD

This happens when the germs are spread through the air. Germs are carried over short distances when they become airborne when an infected person talks, coughs, or sneezes. Germs can remain suspended in the air for long periods (dust, droplet nuclei). Airborne infections include chicken pox and tuberculosis.

Disease can also be spread by insects such as flies or mosquitoes.



## ANTIBIOTIC TREATMENT OF BACTERIAL INFECTION

**B**acteria are both good and bad. Our bodies need certain bacteria to stay healthy. However, even these "good" bacteria can turn "bad." Infection is caused when the body's natural defenses break down, and normally harmless bacteria invade and grow in tissue where they don't belong.

Antibiotic medications are effective in the treatment of infections because of their ability to kill bacteria without harming the body. There are many types of bacteria that can cause infection and a particular antibiotic may or may not be the right one to kill the bacteria causing the current infection. If the prescribed antibiotic doesn't start to work within 2 days, call the doctor. The doctor may try a different antibiotic or order a lab test to identify the type of bacteria and the antibiotic that will work best. Be sure to tell the doctor about all of the medications you are taking, especially if the medications have been prescribed by another doctor.

### SELECTION OF AN ANTIBIOTIC DEPENDS ON SEVERAL FACTORS:

#### IDENTITY OF THE BACTERIA.

Bacteria do not react the same to all antibiotics so the identity of the bacteria and its sensitivity to the antibiotic medication is important. Acutely ill persons may receive immediate treatment after laboratory tests are performed.

#### SITE OF THE INFECTION.

Effective levels of the antibiotic must reach the infection site to be effective. Any change that reduces the access of the antibiotic to the infection site may alter effectiveness of the antibiotic treatment.

#### SAFETY OF THE ANTIBIOTIC MEDICATION.

Penicillin is among the least toxic of the antibiotics. Other antibiotics such as aminoglycosides may be reserved for life threatening infections due to the potential for serious toxicity.

#### SPECIFIC PATIENT FACTORS.

**Immune system.** Antibiotic medications can stop or decrease bacterial growth, but the body's immune system must ultimately eliminate the invading bacteria. Persons with any immune system disorder that lowers the body's normal resistance to infection, such as AIDS, may require higher than usual doses of antibiotic medication.

**Kidney dysfunction.** Poor kidney function can cause accumulation of antibiotics that are ordinarily eliminated by this route. This may lead to serious adverse effects that can be controlled by adjusting the dose or dosage schedule of the antibiotic. The filtering and excreting functions of the kidneys decrease with age making elderly patients more vulnerable.

**Liver dysfunction.** Antibiotics that concentrate in the liver and may not be eliminated due to decreased liver function are not advised for patients with liver disease. For example: Erythromycin and

Tetracycline should be used with caution in patients with liver disease.

**Pregnancy.** All antibiotics cross the placenta. Adverse effects to the fetus are rare, except for Tetracycline which may cause tooth dysplasia and inhibition of bone growth. If pregnant, always tell the doctor before the prescription is written, and always tell the pharmacist when the prescription is filled.

**Lactation.** A nursing infant can receive antibiotics (as well as other medications) administered to the mother via the breast milk. The dose is usually low but the total dose may be enough to cause problems. If nursing, always tell the doctor before any prescription is written, and always tell the pharmacist when the prescription is filled.

### ANTIBIOTICS AND YEAST INFECTION

Antibiotic therapy is often associated with yeast infections of the mouth, intestine and reproductive tract. Bacteria and yeasts normally exist in the body. The bacteria prevent overgrowth of yeasts and vice versa. Since antibiotic therapy kills many of the bacteria, an overgrowth of yeast and a resulting yeast infection may occur. Watch for symptoms after antibiotic therapy and consult with the doctor if a yeast infection occurs. Symptoms of yeast infection vary widely depending on the site of the infection. Look for whitish growths and sores in the mouth, white or yellowish vaginal discharge, diaper rash, or diaper rash type symptoms on the body.



## ANTIBIOTIC RESISTANT BACTERIA

**A**t one time, bacterial infections were treated with large doses of penicillin or ampicillin. Now, many types of bacteria are resistant to treatment partly because of overuse of antibiotics. As new antibiotics are introduced, bacteria can also become resistant to them for the same reason. The medical profession has long tried to combat misuse of antibiotics but it still happens. Infection prevention and control rests not only with medical professionals, but also with each person, caregivers, families, consumers and everyone else that takes or dispenses antibiotics.

Bacteria are said to be resistant if their growth is not halted by the maximum dose of an antibiotic. In some cases bacteria actually flourish in the presence of antibiotics to which they have become resistant. Bacterial species that are normally responsive to a particular antibiotic may develop strains that are resistant to that antibiotic.

It can be easy to help bacteria on their path to becoming more resistant. Keep the following guidelines in mind any time you are dispensing or taking antibiotics.

**\* TAKE THE ANTIBIOTIC UNTIL IT IS COMPLETELY GONE EVEN IF YOU FEEL BETTER.**

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You may start to feel better after just a couple of days of the antibiotic. But, not all bacteria have been killed. Those that survive change their cellular structure to protect themselves and may

become resistant so the antibiotic may not work or work as well the next time. Also, if the infection is passed on to someone else, they may now have bacteria that is becoming resistant to the antibiotic.

**\* FOLLOW THE DIRECTIONS AND SCHEDULE EXACTLY WHEN USING AN ANTIBIOTIC. DON'T SKIP DOSES BECAUSE IT IS INCONVENIENT TO FOLLOW THE SCHEDULE.**

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Each dose kills some of the bacteria, but every time the schedule is missed, it has a chance to regroup and try to protect itself from the next attack of antibiotics. If the medication is not taken on schedule, it does not stay at a consistent level in the blood and will not work as well.

**\* IF THERE IS ANY ANTIBIOTIC LEFT OVER DON'T USE IT LATER FOR THE SAME PERSON OR ANOTHER PERSON WITH THE SAME SYMPTOMS.**

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Stop! Maybe the bacteria causing the current infection is different from the one that caused the last infection. The antibiotic may not work or only partially work on the current infection. There is a chance of helping the bacteria become resistant to that antibiotic. And, remember, some antibiotics may encourage the growth of bacteria if it's not the right medication for that infection. Besides, since this isn't a full prescription, there is not enough medication for the full course of treatment.

**\* DON'T USE LEFT OVER ANTIBIOTIC TO PREVENT ILLNESS IF SOMEONE BEGINS TO FEEL SICK.**

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Maybe it's not even a bacteria that is causing the illness this time - or it may be a different bacteria. Don't use antibiotics as a preventive measure unless prescribed by the doctor for that reason.

**\* DON'T ASK THE DOCTOR TO PRESCRIBE AN ANTIBIOTIC.**

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Most doctors won't prescribe an antibiotic unless sure that is what is needed because they know the problems that are caused by antibiotic resistive bacteria. Some serious infections are becoming resistant to almost all antibiotics because of misuse or overuse in the past.

**\* ALWAYS WASH YOUR HANDS BEFORE AND AFTER GIVING CARE TO YOURSELF OR SOMEONE ELSE.**

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Here we are back to hand washing again! When it's not done, harmful and possibly antibiotic resistant bacteria is passed from person to person. Even when wearing gloves, it's standard practice to wash your hands after removal of the gloves.



## ANTIBIOTIC INFORMATION

The following information includes the most common cautions about the use of the antibiotics listed. This is general information and does not cover all possible medical situations. If you have questions about medications, check with the doctor, pharmacist, or other appropriate health care professional. The drug information sheet that should come with the prescription also contains more specific information related to that medication. Each Antibiotic Class listed may contain one or more types of antibiotics.

ANTIBIOTIC CLASS/ GENERIC NAME	INFORMATION
<b>Penicillin</b> Amoxicillin Dicloxacillin Ampicillin Carbenicillin	<ul style="list-style-type: none"> <li>* Complete the full course of therapy.</li> <li>* Absorption of most penicillin are affected by food. These are best taken 1 hour before meals or 2 hours after meals. Amoxicillin may be given with meals.</li> <li>* Take each oral dose with a full glass of water, not fruit juice or carbonated beverages.</li> <li>* Take at even intervals, preferably around the clock.</li> <li>* Notify the doctor if skin rash, itching, hives, diarrhea, shortness of breath, wheezing, black tongue, sore throat, nausea, vomiting, swollen joints, bruising, or unusual bleeding occurs.</li> <li>* Discard any liquid forms of penicillin after 7 days if stored at room temperature or 14 days if refrigerated.</li> </ul>
<b>Cephalosporins</b>	<ul style="list-style-type: none"> <li>* Complete the full course of therapy.</li> <li>* May cause gastrointestinal upset; may take with food or milk.</li> </ul>
<b>Fluoroquinolone</b> Cipro Ofloxacin Lomefloxacin Noroxin	<ul style="list-style-type: none"> <li>* Complete the full course of therapy.</li> <li>* Drink fluids liberally.</li> <li>* Do not take antacids containing magnesium, or aluminum or products containing iron or zinc, at the same time as the antibiotic. Take antacids containing magnesium, or aluminum or products containing iron or zinc at least 4 hours before or 2 hours after the antibiotic.</li> </ul>
<b>TB medications:</b> Rifampin Isoniazid Pyrazinamide Ethambutol	<ul style="list-style-type: none"> <li>* Observe for rash or allergic reactions. If suspected call the doctor.</li> <li>* Avoid excessive exposure to sunlight.</li> <li>* Milk and yogurt reduce the absorption of Cipro.</li> <li>* Enteral (intestinal) feeding decreases the absorption of Cipro.</li> </ul>
<b>Tetracycline</b>	<ul style="list-style-type: none"> <li>* Complete the full course of therapy.</li> <li>* Take on an empty stomach 1 hour before or 2 hours after a meal.</li> <li>* Do not take with milk, cheese, antacids, laxatives or iron containing products. If an antacid must be taken, take it 2 hours before or after Tetracycline.</li> <li>* Avoid prolonged exposure to sunlight.</li> </ul>
<b>Macrolides</b> Clarithromycin Dynabac Erythromycin Zithromax	<ul style="list-style-type: none"> <li>* Complete the full course of therapy.</li> <li>* Clarithromycin may be taken without regard to meals.</li> <li>* Zithromax should not be taken with food. Take it at least 1 hour before or 2 hours after meals.</li> <li>* Do not take at the same time as antacids containing aluminum or magnesium.</li> <li>* Take Dynabac with food or within 1 hour of eating a meal. Do not take with a meal.</li> <li>* Take Erythromycin on an empty stomach 1 hour before or 2 hours after a meal. Take each dose with 6 to 8 ounces of water.</li> <li>* Take at evenly spaced intervals throughout the day.</li> <li>* Notify the doctor if there is nausea, vomiting, diarrhea, stomach cramps, severe abdominal pain, yellow skin, darkened urine or fatigue.</li> </ul>
<b>Flagyl</b>	<ul style="list-style-type: none"> <li>* Complete the full course of therapy.</li> <li>* May cause stomach upset. Take with food.</li> <li>* Avoid alcohol.</li> <li>* Metallic taste may occur.</li> </ul>
<b>Sulfamethoxazole,                      Trimethoprim,                      Bactrim                      (Sulfamethoxazole /                      Trimethoprim)</b>	<ul style="list-style-type: none"> <li>* Complete the full course of therapy.</li> <li>* Take each oral dose with a full glass of water.</li> <li>* Maintain fluid intake.</li> <li>* Notify the doctor immediately if there is a sore throat, fever, chills, pale skin, yellowing of skin or eyes, or unusual bleeding or bruising occurs.</li> </ul>



## **CARE GUIDELINES FOR PERSONS WITH INFECTION**

Here are some general guidelines when caring for someone who is receiving antibiotics or other treatments for infection.

- \* Provide adequate rest periods. The person may need to stay home from school or work, especially while contagious but also during recuperation.
- \* Wash your hands often to avoid spreading the infection.
- \* Dehydration is always a risk when infection and/or fever are present. The person needs to drink at least eight glasses of liquids daily (regular drinking glasses, not juice glasses). Diet colas and caffeinated beverages do not count since they often act as diuretics and may cause dehydration when other beverages are not given. If the person refuses to eat or drink, notify the doctor.
- \* Check the person's temperature at least once a day while they are receiving antibiotics. If the fever continues more than 48 hours after treatment is started or if the fever returns, notify the physician.
- \* If the person has an infected wound, make sure any dressings or materials used to clean the wound are placed immediately in a plastic bag and disposed of properly.
- \* If the condition for which the person is being treated does not start to improve after two days of treatment, or if the symptoms get worse, notify the doctor.

### **FEVER IS NOT A DISEASE— IT IS A SYMPTOM.**

Fever is the body's normal response to infection. There is evidence that a rise in body temperature increases the production of antibodies that help fight off germs. This rise in temperature really means that the body is just doing its job to fight off infection.

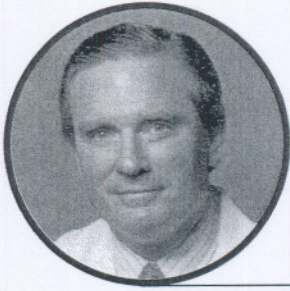
When a person is being treated for illness or infection, ALWAYS ask the doctor for guidelines for managing fever.

This is especially important for a person with a seizure disorder. Fever can lower the seizure threshold and cause an increase in seizure activity.

### **FEVER QUICK CHECK-CALL THE DOCTOR IF**

- \* A child's temperature goes above 102 degrees.
- \* An adult's temperature goes over 101 degrees.
- \* The fever lasts more than 24 hours without an obvious reason.
- \* The fever lasts for more than 72 hours even when there is an obvious reason.
- \* There is any fever in an infant under three months old.
- \* The person has a serious disease.
- \* If the person refuses to eat or drink.
- \* If the fever continues more than 48 hours after treatment is started or if the fever returns.
- \* If the condition for which the person is being treated does not start to improve after two days of treatment, or if the symptoms get worse.





*Stuart Linné, MD  
Consulting Editor*

## **OUR THANKS TO**

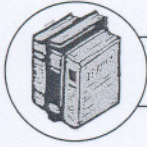
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Stuart Linné, MD, our consulting editor for this issue. He is currently in practice at the Woodland Healthcare Clinic specializing in internal medicine and infectious disease and is an Assistant Clinical Professor of Medicine at the University of California, Davis. He completed his medical education at UC Davis and his fellowship in infectious disease at UCLA Medical Center.

Ed Anamizu, PharmD, for his immense help and for allowing use of materials developed by him in this issue. He is currently Clinical Pharmacist at Lodi Memorial Hospital Transitional Care Unit, Pharmacy Consultant to Regional Center East Bay Multidisciplinary Team, and the Therapeutic Medication Review Consultant to the Delta Regional Project. He was the Clinical Pharmacist at Stockton Developmental Center for nine years.

Mary Jann, RN, for the use of materials developed by her in this issue. Department of Health Services Health Facility Evaluator, Long Term Care Policy Unit ICF/MR Specialist; Health Service Specialist, Stockton Developmental Center; over 10 years experience as a Nurse Reviewer for California State Licensing.

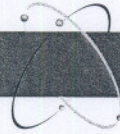




## RESOURCES

Staff guide to Control of Infectious Disease For the Special Needs Population in Residential Sites and Day Programs. Rev. 1992. Developmental Disabilities Community Nurses Coalition, Boston, MA. Published by The Arc. Order from: The Arc of the United States, 500 E. Border Street, Suite 300, Arlington, TX 76011. 817-261-6003 or TDD 817-277-0553. Price: \$8.75, includes postage/printing costs. Please send a check or money order payable to The Arc with your order. This book is for anyone who is responsible for the well-being of persons with developmental disabilities. It lists a variety of diseases and infections with their symptoms, period of contagion, treatment, possible complications, prevention, and special considerations for persons with developmental disabilities.

Guidelines/Information on Psychotropic and Antiepileptic Drugs for Individuals with Developmental Disabilities. Rev. 1997. Tsiouris, MD, John A., and Adelman, MD, Seth A. Issued by the New York State Institute for Basic Research in Developmental Disabilities. Order from: Dr. John A. Tsiouris, George A. Jervis Clinic, NYS-IBR, 1050 Forest Hill Road, Staten Island, NY 10314. Price: \$6.50, includes postage/printing costs. Check or money order payable to: Research Foundation for Mental Hygiene, Inc.



## OFF THE NET

This section of the Wellness Digest is devoted to health and wellness information found on the Internet. Off the Net lists sites that feature information on prevention, treatment, resources and other topics of interest related to health.

Remember that the Internet is not regulated. Articles may reflect anything from authentic research, to the opinions and findings of a single person, special interest group, or commercial group. As with any research, it may be necessary to validate the information through other resources. Always check with your doctor before trying any new medicine or approach for a medical condition. Listing of an Internet site in this publication should not be considered an endorsement by the DDS.

Department of Developmental Services (DDS)  
<http://www.dds.ca.gov>

Our home page contains information about the department, service delivery through regional centers, eligibility, services and programs and more. There is also an extensive list of links to other developmental disability sites.

Infectious Disease Web Link  
<http://pages.prodigy.net/pdeziel>

This site contains links to almost any kind of information on the topic of infectious diseases.

Centers for Disease Control (CDC) <http://www.cdc.gov>  
This site contains information about infectious disease and links to fact sheets and health information.

National Foundation for Infectious Diseases (NFID)  
<http://www.medscape.com/Affiliates/NFID/library/general.html>

See the Virtual Library of Diseases.

National Institutes of Health, National Institute of Allergy and Infectious Diseases <http://www.niaid.nih.gov>  
The "Publications" link contains information about infectious diseases.



# ANNOUNCEMENTS

## CONTACT THE WELLNESS DIGEST

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Use our new toll-free number, 1-877-DDS-HEAL<sup>(th)</sup> (1-877-337-4325), to request subscriptions, change mailing information or to provide your comments about the Digest. Individuals using a TDD can contact us at (916) 654-2054.

## DIRECT SUPPORT PROFESSIONAL TRAINING PROGRAM

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The Department of Developmental Services (DDS) has been mandated to implement a standardized, statewide, competency-based training program for direct support professionals and administrators who provide direct care in Level 2, 3 and 4 vendored community care facilities. This mandate arises out of the conviction that consumers residing in these facilities are entitled to the highest standard of service, and direct support professionals deserve training and recognition as professionals. DDS has an interagency agreement with the California Department of Education on behalf of the Regional Occupational Centers and Programs

to develop and administer a challenge test and a training program that will be held in a variety of community settings. Additional information is available on the DDS website at <http://www.dds.ca.gov>, or by calling (916) 653-3425, or through e-mail addressed to [CCFDSP@dds.ca.gov](mailto:CCFDSP@dds.ca.gov).

## SPEECH-TO-SPEECH

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A free telephone assistance service is now available 24 hours a day for Californians who have difficulty being understood by the public on the telephone. Dial 1-800-854-7784 to reach a patient, trained operator who is familiar with many speech patterns and has acute hearing. This operator makes telephone calls for you and repeats your words exactly. For more information contact Bob Segalman, Ph.D. or Shelley Friedson-Williams at 916-927-3787 V/TT; 916-649-1655 FAX; or toll free at 1-888-3SPEECH. E-Mail [Bob.Segalman@worldnet.att.net](mailto:Bob.Segalman@worldnet.att.net).



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