

# Week 7: Physical Disabilities and Health Problems

## Chapter 7

### I. Highlights

- A. When teachers remain calm and quietly in charge, young children do not panic. Our attitude has a big impact on children's feelings about their disabilities.
- B. There are lots of kinds of physical disabilities — neurological problems, muscular problems, joint problems, immune system problems, etc. Obesity can lead to lots of other health problems and disabilities.
- C. Adaptive equipment, mobility devices, self-help devices can help.
- D. Treat every bodily fluid as if you and the child both have HIV or Hepatitis or another disease, because you never know who does and who doesn't.
- E. Make sure everything in the classroom is accessible, on eye level, free from tripping hazards, etc. and promotes independence as much as possible.
- F. Maintain confidentiality at all times!
- G. Store medication in sealed container with the child's name on it, away from where kids can reach it. Send it home daily or weekly.

### II. Homework

- A. Checklist handout is to help with our program observation assignment. The checklist is meant for parents, but it's useful for us to make sure we're addressing every topic. Turn it in with your rough notes with the paper.
- B. Read Chapters 8 & 9
- C. Chapter 7 & 8 review questions due next week
- D. Program observation due in two weeks (March 25)

### III. Discussion/Intro

- A. This lecture will be on the final exam, not the midterm.
- B. When teachers remain calm and quietly in charge, young children do not panic.
  - 1. How children feel about their own disabilities, and how they interact in a group setting, depends a lot on the interactions and reactions the teachers show. (Teacher sets the tone of how the child is supposed to feel and be treated.)
  - 2. Will start to doubt themselves, or get nervous about their inability to do something, if we react negatively.
  - 3. Ex: teachers often make stuttering worse by overreacting to it
- C. What does it take to help you stay calm?
  - 1. Deep breathing
  - 2. Step back and observe, keep perspective
  - 3. Consciously being aware of my own body reactions
  - 4. If you know you can't calm down, take a break, switch with another teacher for a little while. Go for a walk. If you can't be calm, don't be there at all. Come back when you're back in control. (If you're the director, offer the teacher that break if he/she doesn't ask.)
- D. The child having a problem, and the other children observing the problem, look to you for cues.

### IV. Physical disabilities

- A. Disabilities
  - 1. Cerebral palsy (CP) — weak/inconsistent muscle control
  - 2. Spinal cord injuries — central nervous system passes through the spine, so injuries to the spinal cord cause huge problems

3. Muscular dystrophy — a different muscle problem (totally different from MS, which is multiple sclerosis, that she keeps talking about in class)
4. Hip dysplasia — hips don't stay in place, easily dislocate, makes it hard to learn to crawl or walk properly
5. Juvenile rheumatoid arthritis — immune system disorder, extremely painful, are therapies and medications to control it
6. Seizures — electrical storm in the brain. Neurological problem, can be controlled by medication.
  - a) Sometimes stay still & space out.
  - b) Sometimes just move/twitch a little.
  - c) Sometimes very jerky and falling over, eyes roll up, foaming from the mouth.
  - d) Often are genetic, but many cultures think it's the devil in the person, try to beat it out of them.
  - e) Can happen in any child if fever goes over 104 degrees.
  - f) Don't put anything in the mouth, but make sure to turn them sideways so they don't suffocate on the fluids coming out of their mouths. Make sure they're in a safe place where they won't hit their head.
  - g) If the child is known to have seizures, get information from the parents, check that they're taking meds regularly. If the first seizure, or if lasting over 10 minutes, call 911.
7. Ataxia — lack of motor coordination: poor balance, lurching walk, often poor fine motor too

## B. Ways to help

1. Adaptive equipment, material — leg braces, special chairs, etc.

2. Mobility devices — anything that helps you move from one place to another: wheelchairs, walkers, scooter boards, canes, crutches, all taught to use these by the physical therapist
  3. Self-help devices — makes it easier to be independent, such as long-handled grabber for someone in a wheelchair to reach something on a high shelf, or long sticks to put shoes and socks on, special silverware to feed themselves, stools to sit on in the shower, etc.
- C. Immune system problems — when the body can't fight off the germs that enter the body like usual, so the person gets sick a lot and has a hard time getting well
- D. Antibody — things in the immune system that fight germs that come in (immune system problems happen when you can't make enough antibodies to fight the germs)
- E. Obesity — causes a lot of other health issues (Type II diabetes, high blood pressure, heart problems, vascular problems, kidney problems, eyesight problems, etc.), can't move/exercise as easily, still getting worse nationwide, especially among low-income because fast food is cheap
- F. Range of motion — how far/freely you can move each body part (move freely, or limited? one side more used than the other?)
- G. Health conditions related to limited strength
1. Heart conditions — can't get enough oxygen when the heart rate goes up, so needs limited exercise/activity, look for blue lips or blue (instead of pink) nail beds
  2. Epilepsy — seizure disorder
  3. Asthma — inflammation/tightening of the airway, makes it hard to breathe, treated with inhaler, have to know their triggers (can be caused by exercise)

4. Leukemia — blood cancer, can be born with it (short life expectancy then), has to be treated by specialists, can develop anytime during life, can be treated with chemo and bone marrow transplants and survive
5. Diabetes — can be Type I or Type II, can be born with Type I, can get really bad (hospitalized, lots of medications, amputations, organ damage, etc.)
6. Sickle-cell anemia — usually African-Americans, very painful
7. HIV/AIDS — important to know these are two different things (HIV causes AIDS), how is it transmitted, how to take precautions to keep everyone safe, cannot get it just by playing together, parents don't have to tell us their child has it so we must BE CAREFUL! Treat every child's bodily fluids as if they have HIV or every other disease in the world. Assume you have them too, and you don't want to give them to the child.

## **V. Adaptations in the classroom**

- A. Wheelchair accommodations — everything must be accessible
- B. Railings — in bathrooms and everywhere the children are using them
- C. Floor covering — smooth or wall-to-wall carpeting, no area rugs at all (catches on their feet or wheelchairs, makes them fall)
- D. Eye level materials — realize the eye level of a child in a wheelchair is very low, eye level of an infant is near the floor, so post things at their level
- E. Promoting independence — set up the space so they can do as much as possible for themselves. Let them get toys out by themselves, clean up their own dishes, put on their own Pull-Ups, put their nap mat away, etc. Everything they need is reachable and manageable at their level. If the hook to hang the jacket is up too high, lower it. Let them serve their own food at lunch.

## VI. Health problems and classroom practices

### A. Health records

1. Immunizations and pediatrician's clearance
2. Notes about allergies, chronic health conditions, special diets, etc.
3. Most of this has to be confidential, but allergies are ok to post in the kitchen or classroom where food happens. Good to put the child's picture next to their name and allergies so everyone (including subs) knows. Also have allergy information in the emergency evacuation kit.

### B. Administering medication

1. Schools can make their own rules. Sometimes teachers do it, sometimes only administrators, sometimes parents have to do it. Should be the primary caregiver and/or someone with health & safety training.
2. Parents and teachers have to sign the permission slip daily.
3. Even Tylenol has to be in a bottle specific for the child. Never use one child's medication for another child, even siblings, even if they have the same medication.
4. Send refrigerated medication home daily or weekly. Let them bring it back if needed.
5. Keep all medicine in its original bottle, inside a second sealed bottle. (Note: this is not required by licensing, but was part of the lecture.)

### C. Confidentiality is a top priority

1. Do not share medical information with anyone except the child's parent, the director, and the teachers who work directly with the child. Don't blab it to other parents or teachers in other rooms.
2. Even if it's visible/obvious, you still can't give details when people ask questions. It's okay to say, "I'm sorry, but that's confidential. I can't talk about other children's medical conditions."

#### D. Administering

1. Medication (should not be accessible to the child, such as in the lunchbox, because other children can get it from there too)
2. Inhalers
3. Insulin injections
4. Adaptive equipment (may be left at school or brought daily, must have space for it to be stored at school if needed, must do everything we can to keep it safe)
5. Mobility device (same rule)
6. Healthy food habits

#### E. Emergency considerations

1. Conferring with parents (try the parents before calling 911, because 911 is very expensive)
2. Remind parents to update their contact information regularly
3. Understanding the cause of the crisis (nose bleed can become life threatening in certain circumstances, or can be no big deal other times, so evaluate each situation)
4. Learning how the child might behave (how they act before / during an episode of being sick)
5. Knowing what to do during and after crisis (know whom to contact, keep a teacher with the child, keep the child and the other kids safe, write the report afterward, evaluate together afterward to see if you handled it as well as possible to learn for next time)

Short lecture due to midterm exam.