

Safe at Home

Sponsored by The Finger Lakes Geriatric Education Center
The Ithaca College Gerontology Institute,
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Introduction

Welcome to the interactive learning module Safe at Home. Throughout this session, we will be identifying ways in which you can help older persons “age-in-place”, avoid accidents, maintain health and enjoy participating in meaningful activities.

An AARP survey of 2000 indicated that more than 83% of adults 45 years old and older want to stay in their homes as they grow older. They hope to use community services such as parks, libraries and transportation services. They wish to enjoy the autonomy and comfort of their own homes.

Course objectives

- Enhance autonomy and safety of clients in their own homes
- Recommend practical solutions to situations that limit meaningful activity
- Implement routine or habit changes that will enhance safe function
- Enable clients to maintain control of their daily functioning in their own homes

Chapters

- "Aging-in-place"
- Maslow's hierarchy of needs
- Environmental competence
- Fear of falling and fall prevention
- *The Creative Age*
- How to observe for potential problems
- Interventions to reduce risk of harm
- Resources for product information
- References

True or False?

1. "Aging-in-place" is the idea that persons can stay living in their current community and home in a safe manner as they become progressively more needful of supports for health, safety and for maintaining a satisfactory quality of life?
True False
2. Older persons **primarily** need and want to have assistance with personal hygiene and nutrition?
True False
3. Removal of all potential environmental hazards will ensure the comfort and safety of the client?
True False
4. Removal of all throw rugs is the **most important** thing to do to prevent falls in the home?
True False
5. Older persons are happy just to be alive and no longer have the ability or the need to express their creativity.
True False
6. The best way to discover potential problems in the home is to use a check list of physical structures and objects.
True False
7. The best way to reduce the possibility of older persons having accidents in the home is to limit their areas of independent function to the bed and the chair, and ensure that they only perform less safe activities when there is a helper present.
True False

Chapter 1: “Aging-in-place”

True or False: “Aging-in-place” is the idea that persons can stay living in their current community and home in a safe manner as they become progressively more needful of supports for health, safety and for maintaining a satisfactory quality of life. (True)

Definition: Being able to remain living in one’s current residence and maintaining a satisfactory quality of life as one ages. Underlying reasons may be a desire to maintain autonomy and to continue to engage in the activities that make life satisfying.

Requirements:

- coordination of community support services
- changing physical supports to accommodate functional changes
- changing type of autonomy to accommodate functional changes

Chapter 2: Maslow’s Heirarchy of Need

True or False: Older persons **primarily** need and want to have assistance with personal hygiene and nutrition. (False)

Abraham Maslow, a psychologist who studied human development over the life span, developed this concept of need fulfillment. He hypothesized that needs near the top could not be attained until lower level needs were satisfied. If persons spend all their energy and time fulfilling low level needs, they are deprived of the opportunity to fulfill the higher level needs. Although performing self care (a lower level need) keeps people strong and agile, if it consumes all their energy they cannot work on the aspects that give meaning to their lives. There must be a balance in order for persons to achieve full psychological development.

See web module and CD slide 9 for Maslow’s Hierarchy of Need graph.

Chapter 3: Environmental Competence

True or False: Removal of all potential environmental hazards will ensure the comfort and safety of the client. (False)

Lawton and Nahemow studied the relationship of older persons to their environment and developed the theory of environmental competence. This theory expresses the idea that elements of a vital environment must present an adequate but not overwhelming challenge to the skills of the person. In an under challenging environment persons become bored. In an environment that is highly challenging persons are at risk of injury. In terms of safety, the environmental demands must be adjusted to the person’s ability.

See web module and CD slide 11 Environmental Competence graph

Chapter 4: Fear of Falling and Fall Prevention

True or False: Removal of all throw rugs is the **most important** thing to do to prevent falls in the home. (False)

A review of literature done by Lod, Sherrington & Mentz (2001) regarding falls of the elderly reveals that 56% of falls occur outside the home. The other large category, 26% are on level surfaces in the home (without throw rugs).

See web module and CD slide 13 for Fall Prevention graph

Indoor falls

Of inside falls, the most occur on level surfaces. It is more important to know what was happening when the person fell. Literature indicates that hurrying, not having enough light, or a glaring light, and having clutter about are causes of falling. Encouraging new habits in clients is important. New habits include: use of a portable phone that is always at hand, getting rid of papers and clutter, planning ahead so that hurrying is not required.

See web module and CD slide 14 Indoor Falls graph

Risk factors for falls

- Advanced age
- History of falls
- **ADL limitations**
- Impaired gait and mobility
- Impaired ability to stand up
- Visual contrast sensitivity
- Muscle weakness
- Poor reaction time
- Impaired cognition
- Use of more than four medications

Note that ADL limitations and muscle weakness are causes of falling. For this reason it is important to enable clients to continue to perform their own self and home care. Adaptive equipment and modified routines will enable clients to continue to do ADLs safely and thus maintain strength. So to reduce falls, maintenance activity is imperative! Doing for clients is counter productive, but fixing the situation so that they can do it safely will help them stay strong.

Relationship of activity and muscle strength to fall risk

- ADL performance done with safe technique can enhance and maintain balance and muscle strength.
- Loss of balance and reduction in muscle strength are causes of falling that may be prevented by continuing performance of usual daily activities.
- Fear of falling may limit participation in activity.

If clients limit their activity due to fear of falling, it will become a self-fulfilling prophecy. Their limited activity will reduce their strength and increase their risk of falling. Helpers should collaborate with the client to determine the cause of the fear, and help remove the cause, or teach safer techniques, such as sitting on a firm chair to dress, have a stool in the bathroom for sink activity, having grab bars and a bath bench in the tub. Having good glare free high level lighting.

Environmental hazards-a cause?

- **Notice** that the causes indicated in the literature did not include environmental hazards!
- **But** if only environmental conditions are considered, the important ones are: **poor footwear** and **inappropriate spectacles!** (Lord, Sherrington & Menz, 2001, p. 111)

Safe foot wear

Footwear is critical. Old shoes with worn down heels can cause loss of balance. Slippers that may flop off the feet are dangerous. If the client cannot reach to don shoes and socks, long reachers, long show horns and Velcro closures are helpful. Encourage your your client to avoid wearing worn down floppy shoes in the house and/or outside!

See web module and CD slide 18 for Safe Foot Wear.

Spectacles

- Glasses should be clean, well fitting, and appropriately prescribed.
- Glasses with bifocal and/or trifocal lenses should be removed when the client walks down or upstairs or on uneven ground.

The Falls Behavioral (FaB) Scale for the Older Person can be accessed at <http://www.ot.fhs.usyd.edu.au/publications.html>.

Chapter 5: The Creative Age.

True or False: Older persons are happy just to be alive and no longer have the ability or the need to express their creativity. (False)

What About Creativity?

- Relationship between autonomy, self-actualization, quality of life, competence and creativity.
- “The great enemy of truth is very often not the lies--deliberate, contrived, and dishonest, but the myth—persistent, persuasive and unrealistic” (John F. Kennedy).
- Do we believe that old persons are content to just eat, sleep and be clean?

Why does the client want to stay alive at all costs? Our clients have things they want to do, self-development goals that are not yet achieved, and things they want to make and/or share with others. Eugene Cohen (2000) lists the many contributions made to society by persons over the age of 65. He characterizes the years past retirement as the Creative Age. If self-maintenance takes all of the client’s energy and time, there will not be energy left to do the important creative sharing. Simplifying ADL allows energy to be diverted to creativity. The helper’s role is to enable the client to continue to do self-care, but to do it more efficiently and safely.

Chapter 6: How to Observe for Potential Problems.

True or False: The best way to discover potential problems in the home is to use a check List of physical structures and objects. (False)

- **What is the problem?**

Observe the client in his/her daily routine and note **which** activities are difficult for him/her to perform.

- Determine **why** the client needs help. Is it due to the client's inability to reach, to balance, to grasp and hold, to sit or stand, or to carry?
- Determine **when** the client needs help. Is it only when he/she is tired, hungry, and/or anxious, or always?
- Ask the client if it is important to do the difficult activity.
- Ask the client why it is hard.
- Agree with the client on a list of activities that are important for him/her to do and that are hard.

Each environment and each client is unique. How the client interacts with his/her particular environment is more important than just the physical structure. For instance a bath bench may not be important, the client may prefer to wash up at the sink.

Your observation of how the client performs is very important.

What about the task or the environment makes it difficult for the client to perform?

As you are asked to help, try to figure out, by watching, exactly why the client needs help

Some clients may think that certain tasks are not worth the energy to do independently. If they wish to save their energy for other activities and in fact do perform other activities, then there is nothing wrong with giving them the care that will enable other pursuits.

Remember that people need to move and change positions, so do not give the kind of care that allows them to be totally sedentary for long periods of time. A manageable challenge is stimulating

Observation of behavior

- The ways that persons interact with their environment can protect from falls or increase the likelihood of a fall.
- **Protective behaviors** include: cognitive adaptations, protective mobility, avoidance, awareness, pace, and being observant.
- **Risk behaviors** include: reduced awareness of the environment, hurrying, performing habitual actions despite changes in circumstances and not engaging in the protective behaviors.
- Use of the *Falls Behavioral Scale for Older People* (Clemson, Cumming & Heard, 2003). The Falls Behavioral (FaB) Scale for the Older Person can be accessed at <http://www.ot.fhs.usyd.edu.au/publications.html>

Protective behaviors include planning and thinking about how to do things. This means allowing more time for transitions, allowing the answering machine to pick up the phone call, storing need items in the bathroom to eliminate carrying and so on.

Protective mobility is using handrails and assistive devices such as canes and walkers.

Avoidance means to avoid risk situations like ladders and uneven pavements

Awareness means to notice the clutter in the path, the wet floor, the open cabinet door, the electric cord in the path etc. Pace means to not hurry

Risk behaviors are the negative side of protective behaviors and also the unawareness of changes in the body. Some clients may think that they can still jump over obstacles, can still see well in the dark at night, can still reach for heavy things stored high or low. We tend to remember how our bodies have worked and become surprised when they do not do what we thought they could. The Falls Behavioral Scale for Older People is a useful self report tool that helps clients develop awareness of their behaviors and make modifications to allow them to continue to be active.

Ask questions that anticipate usual occurrences

- How will you answer the phone when you are in bed?
- How will you let a helper in the door if you are ill?
- Who will you call for help?
- Where will you keep your medications?
- Where do you put your dirty clothes?
- When do you usually bathe, how?
- When, where, and what do you eat?
- How do you spend your awake hours?
- When do you wear your spectacles?
- When was your last eye examination?
- Is the battery in your hearing aide working?
- What shoes do you wear, what is their condition?

Help your client think in advance about how he/she will do things. Play "what if" with him/her. Organizing, planning and simplifying daily occurrences frees up energies to be directed at fun and creative tasks and reduces anxiety

Hearing aide batteries are a constant problem. The client needs to develop ways to replace the batteries or to remember to get help with this. Opening the battery compartment at night might prolong the battery life, but might also cause loss of the battery. Battery replacement is a difficult task and one that probably should not be worried about. The helper should routinely test the battery and replace it.

To test a hearing aid battery, hold your hand in front of the hearing aid, it should make a high pitched noise if the battery is OK. No noise (feed back) means a bad battery.

Problem solving

- Client creativity is unleashed when the client becomes part of the problem solution.
- The role of the helper is to **enable** the client to maintain and/or regain competence in problem solving.
- When the client experiences that there are solutions he/she welcomes new opportunities to develop solutions.

- The focus of helping must be on maintaining and/or developing the **autonomy** of the client.

It tempts us, as helpers, to solve the client's problems. But in doing so, we rob the client of autonomy and the joy of autonomy. The helper role should be to convey that the problem is fixable, not just something to tolerate. When the client directs the solution, he/she will feel empowered to solve more problems. Allow the client to own his/her problems. Give support and suggestions, but let the choice of solutions be owned by the client.

Chapter 7: Interventions to Reduce Risk of Harm.

True or False: The best way to reduce the possibility of older persons having accidents in the home is to limit their areas of independent function to the bed and the chair, and ensure that they only perform less safe activities when there is a helper present. (False)

What can you do today to enable your client?

Observe your client's behavior while doing normal daily activities

Ask questions that anticipate occurrences

Collaborate with your client regarding priorities and goals

Write a plan of action listing environmental modifications, assistive devices or changes in routine that are needed.

Agree with your client on a time line for implementing changes

Make the changes and look and listen for your client's acceptance or resistance to the changes.

Do not make many changes all at once, remember this is your client's **home**

Preventing an accident should not be the main life priority of the client. Why does he/she want to stay well? What does he/she want to do? Sometimes people become so focused on staying well and safe that they lose focus of what they want to do while healthy. Helping your client resume focus on his/her goals and plans will restore some of the joy of living.

The client autonomy is to be supported, encouraged, protected and respected always. If the client is not autonomous she/he might as well be in assisted living situation. He/she wants to age in place because the place is comfortable, personal and belongs to him/her. Don't overwhelm those aspects of HOME.

Practical ideas for common problems

Urinals (Sammons-Preston)

Use of a urinal at night might help people take adequate hydration. Frequently people living alone fear getting up at night so they limit fluids after lunch. This leads to dehydration, which leads to confusion, which is actually a cause of injury. Finding a way to safely urinate at night can break a vicious cycle.

Use of a bedside commode requires that the bowl be emptied in the morning. This is difficult if the person has a walking problem.

Toilet rails (Guardian)

Toilet rails must be placed so that the user can lean forward and pushup and back. Also so that he/she can get support in leaning forward for hygiene. A rail behind the toilet is not helpful.

Effective use of toilet rails

A pole can be easily installed to enable leaning forward for a transfer. This is usual near the bed also.

Medication management (Sammons-Preston)

Various ways are available for medication management. Some older persons are so focused on remembering their meds that they cannot do anything more important. Determine the best method and buy a simple device at a drug store, so they can go forward. For instance a small nitroglycerine vial can be worn around the neck, so that it is always available

Hand held shower nozzle (Guardian)

A bath bench must be accompanied with a hand held nozzle. Otherwise the shower hits the bather on the head. These are available at drug stores and building supply stores and easily attached. Be sure to get one with an on/off control at the hand.

Bath Bench (Guardian)

Many different models. Look for stability and a good fit in the tub. Height is adjustable and should allow for good solid foot support

Wheeled table to transport food, laundry, craft materials and/or books (Sammons-Preston)

When walking is difficult, having to carry items compounds the situation. Sometimes people quit doing certain activities because they cannot carry the necessary items to the work area. Wheeled carts are inexpensive. Look for good push handles that allow for an upright posture while walking.

Emergency preparation

- Portable telephone carried in a belt holster
- Personal Emergency Response System (PERS)
- Emergency contact numbers listed and programmed in phone
- An emergency plan rehearsed
- Smoke detectors and accessible/usable fire extinguishers
- Adequate lighting in all areas and at night

Preparation and rehearsal can relieve anxiety about emergencies.

Help your client think about what he/she would do if..

Be sure that the fire extinguishers are accessible, useable and charged. These are inexpensive items that can save much grief!

Can the client hear a smoke detector at night when his/her hearing aid is not in place?

Should there be a light signal rather than a sound signal?

Lighting is essential. For safety and for being able to do important tasks. Some people quit reading because the light is bad! Lighting should not produce glare or shadows.

There should not be a great change in intensity between areas such as at the front door.

Older eyes do not adjust to light intensity changes quickly and there is a short period of blindness. Touch lights are helpful for quick use.

Elevation changes

- For manual wheel chair propulsion each inch of height change, requires 20 inches of slope!
- Each step is usually 8 inches high, this would require about 13 feet of ramp!
- Elevators/porch lifts are better solutions.

Elevators and porch lifts are a good solution for elevations changes. These devices are sometimes as inexpensive as a ramp and frequently more useable. Ramps are difficult for people who use walkers and canes.

Interior lift (Concord)
Exterior Lift (Concord)

Portable and/or modular ramps

Small height changes at doorsill and between rooms can be insurmountable obstacles for wheel chair use. These items are inexpensive and can be used in multiple locations.

Staying Connected

- Email ability: Microsoft accessibility www.Microsoft.com/enable. Information about how to access the computer for persons with low vision and/or mobility impairments.
- Use of internet shopping, banking, managing money

Computer access is a great bridge for persons who have difficulty getting out of the home, or who cannot hear well on the phone.

In some communities grocery shopping can be done on the web!

Most other shopping is available everywhere.

Banking can be self-managed on the web.

Various adaptations are available to make the computer useable. Web access should always be considered for all persons aging in place.

Various community agencies can provide tutoring and/or classes in computer use.

Ability to engage in meaningful pursuits

- Writing aids: computer, tape recorder, magnifiers
pencil grip devices and easy scissors

Aides to enhance manual activities are abundant at craft, fabric, office supply and discount stores, on the web, and the Solutions catalog. See the resource list in the workbook.

- TV magnifier (Sears)

Aides for persons with low vision are various. Radio Shack, Sears, and web sites have all sorts of devices to enlarge print materials. Area Agencies on the Aging are good sources to get information about community agencies that provide evaluation and assistance in getting equipment. Many activities can be safely continued in the presence of low vision.

Home security with access

- Remote door locks
- Push button locks
- Lock boxes

- Intercom from door to bedroom
(all available from a locksmith and/or a building supply store)

This is an area that is very important. If the older person has people coming in to help or anticipates that emergency entrance may be needed, there must be a way for the door to be locked and still allow appropriate entry by others. Number pads are easily installed by a locksmith for approximately \$100.00. This can be done by anyone who can use a power drill and other hand tools. For a small investment the client can sleep well at night and feel energized in the morning to pursue the activities that make life worth living!

Bed rails for improved access

Bed rails must provide security and help in getting out of bed but not impede entrance and exit. There are various ones available. Medical suppliers have them and there are web sites that sell them. See the resource list in your workbook for some sites.

Meaning in life

- The joy of engaging in meaningful activity each day can be realized by our clients when we enable them to decide how their time and energy will be used.
- The choice between doing **for** and **enabling** the client to do must be constantly re-examined.

Chinese proverb

- *“Give a man a fish and you feed him today, teach him to fish and you feed him for the rest of his life.”*
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We value your comments and suggestions

You can contact us at the Finger Lakes Geriatric Education Center
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Resources

AARP Universal Home fact sheets at www.aarp.org/universalhome/doors/home.html
(door locks, remote openers etc.)

The Alzheimer's Store www.alzstore.com or call 1-800-752-3238 (devices to help with memory and safety)

Baldrice, N.(Ed.) (2003). *The accessible home*. Chanhassen, MN.: Creative Publishing.
www.creativepub.com (good how-to instructions for making simple modifications).

Best Buy appliances with appropriate safety features

Clark Medical Products, Inc. www.clarkmedical.com (toilet rails, tub benches, toilet lift)

Concord Elevators and Lifts 107 Alfred Kuehne Blvd., Brampton, ON, Canada L6T 4K3
or call 1-800-661-5112 ext. 3386. Porch lifts and stair rails

Guardian division of Sunrise Medical. www.sunrisemedical.com (hand held shower nozzles, tub benches & toilet rails)

Liftvest: call 1-800-300-5671 or email liftvest@aol.com (a wearable device to assist in lifting a person with muscle weakness or poor balance)

Microsoft accessibility www.Microsoft.com/enable. (information about how to access the computer for persons with low vision and/or mobility impairments)

Perfect opener: www.PurrFectOpener.com (a device that will open almost every type of food container)

Sammons Preston Inc. P.O. Box 5071, Bolingbrook, IL 60440-5071 or call 1-800-323-5547 (assistive and safety equipment)

SEARS Home Health Care Catalog 1-800-326-1750 call anytime for catalog of assistive devices and home safety equipment

Solutions catalog www.SolutionsCatalog.com (various small helpful devices such as touch lamps)

USA-Rehab www.usa-rehab.com or call 1-888-727-3422 (modular plastic ramps)

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Web sites

- www.agenet.com/Fall_Prevention.html
- www.americangeriatrics.org/products/positionpapers/Falls.pdf
- www.bu.edu/roybal
- www.nlm.nih.gov/medlineplus/falls.html
- www.microsoft.com/enable
- www.van.umn.edu
- www.ot.fhs.usyd.edu.au/publications.html