Goal:
You will learn how to prevent accidents by being aware of common causes and being on the lookout for them. You will also learn how you can deal with an accident if it should happen, make it less serious in the long run, and prevent it from reoccurring.

Objectives:
At the end of this training session, you will be able to:
1. Describe risks to the safety of older adults.
2. State ways to reduce risk of accidents for older adults.
3. Describe ways to prevent the most common accidents, including:
   - Falls
   - Burns
   - Poisoning and other hazards
4. Describe ways to protect yourself in the long-term care environment.
5. Discuss your organization’s policies and procedures for reporting accidents involving residents/visitors/staff.
6. Describe what to do if a resident leaves the organization without the knowledge of staff (Elopement policies and procedures for the organization.)

Take note: You should also review your organization’s policies and procedures specific to accident prevention.

Learning Strategies:
To complete this lesson, follow these steps:
1. Read the materials provided in each unit of this lesson.
2. Complete the practice exercises or questions for each unit.
3. Complete each activity unless instructed otherwise.
4. Read the lesson review.
5. Complete the final content assessment.

After completing all of these steps, print two copies of the completed activity form, one to give to your education coordinator and one for yourself.
Introduction:
Accidents are the sixth leading cause of death in the elderly. They can happen any place and to anyone. Residents and workers in the long-term care organization are at risk of being the victims of accidents that could seriously injure or even kill them. You can work to prevent accidents by being aware of common causes and by being on the lookout for them. And if an accident does happen, how you deal with that accident can make it less serious in the long run and prevent future occurrences.

Older adults face the same hazards as any adult, but their risks are increased due to age-related factors that decrease their ability to protect themselves.

Unit 1:
Goal:
Learn about the eight major safety risk factors and some practices that can be used to reduce these risks.

Safety Risk Factors of the Older Adult

There are changes that take place within the older adult that can lead to greater risks for accidents and injury. Many of these changes are described in the programs, Sensitizing Staff to Growing Old and Prevention of Falls. Other safety risk factors are mentioned here. They are:

Age-related changes. The older adult has slower response time, slower movements, decreased coordination, decreased sense of balance, a shift in the center of gravity, and a general decline in body systems due to the “wear and tear” on the body for years lived.

Health Problems. Older adults often have multiple chronic illnesses and take medications that can cause dehydration, dizziness, and low blood pressure when they change positions. Their immune system is not as efficient anymore, making them more susceptible to illness. A fall may be the first symptom that the person is ill.
Altered mood or poor memory. Depression is common in older adults for many reasons. Depression can lead to poor habits in self-care, nutrition, and care of their environment. Poor memory brings with it all kinds of hazards to safety. For further information on this topic, see the program entitled Care of the Resident with Dementia.

Sensory deficits. All sensory systems decline generally with age. Older adults have poorer vision and hearing and a poorer sense of taste and smell—all of which present potential problems. Touch is also very affected by age, and sense of temperature is greatly diminished which can lead to burns. At the same time, older adults can quickly develop below normal body temperatures (hypothermia) in cold weather.

Weakness or mobility problems. Older adults are more likely to misjudge what they can do because they want to be independent. For example, they may try to climb up on a chair to get something out of a high cupboard.

Improperly fitted mobility aides. Older adults may use someone else’s can, walker, or wheelchair without getting the device adjusted for them. This may be an attempt to save money. This can lead to loss of balance and skin problems. These devices must always be fitted to the person.

Unsafe environment. Any environment with clutter or with inadequate space for mobility aids can be a problem. Poor fitting shoes or slippers with slick soles, and throw rugs can also cause problems.

Unsafe use of medications. Older adults may forget whether they took their medication and may skip or take too many doses.

Healthy Daily Practices to Reduce Risk for Accidents in the Older Adult

Many risk factors can be decreased through healthy daily practices. Strategies to consider in this area are:

Sufficient fluid intake. Because the sense of thirst decrease with age the older adults is less aware of his/her fluid needs. Some take medications to get rid of extra fluids that accumulate in their lower legs or lungs. Others may limit their fluid intake to decrease their trips to the bathroom. Dehydration is a common result. The older adult should consume at least six to seven glasses of fluids per day. Keep fresh water handy for the resident to drink. Before leaving the resident’s room, offer to give them a drink of water or the fluid of their choice. Get them fluids to drink that they like.
Adequate nutrition. Poor oral health, stomach problems, poor memory, depression, and dependency on others for food intake can lead to poor nutrition. Poor nutrition leads to symptoms of tiredness, weakness, dizziness, and weight loss or gain. This can greatly increase the likelihood of falls and injury.

Vision aids. Most people over 40 years of age require glasses. Decreased ability to see and eye diseases occurs more commonly in the older adult. Rooms need brighter lighting and make sure burned-out light bulbs are replaced. Place glasses on the resident that usually wears them. Make sure the glasses are clean. Also, note the date of the most recent eye examination.

Hearing aids. The ability to hear directions and warning sounds is basic to safety. Hearing impairment is common with aging. It is, therefore, important that routine hearing evaluations occur and that appropriate hearing devices be used. It is important that batteries are changed whenever necessary in hearing aids. Has the resident had a hearing evaluation recently and have the hearing aids been checked?

Stable body temperature. The older adult’s body temperature is often lower than that of a younger person. For example, 97 degrees F can be a normal finding for the older adult. Because of this factor, a temperature of 99 degrees F may be missed as a temperature elevation (fever) when in fact it is two degrees above normal for that person. Likewise, low body temperatures (hypothermia) develop very easily in older adults when they are in a cool environment. This, too, can cause serious problems and even death. Provide clothing that is suitable for the environment. Dress warmly to go out in cold temperature during the winter for a doctor’s appointment, for example. Make sure the resident is wearing a head covering and/or scarf. During the summer, protect from the sun by wearing a hat or using an umbrella.

Sensible clothing. Avoid dressing the resident in clothing such as:
  o Shoes that are too large or small
  o Shoes without adequate grip on the soles or without adequate support
  o High-heeled shoes
  o Loose hosiery
  o Skirts, robes, or slacks that are too long
  o Hats and scarves that block vision or interfere with hearing.

Infection Prevention. Age-related changes, chronic illnesses, and immune system decline make the older adult much more susceptible to infections. Therefore, flu shots and vaccinations are more important. Avoiding crowds of people and persons who are ill are important to decreasing the chance of the spread of infections. So, too, is good hand washing.

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**Wise medication use.** Because of many chronic illnesses, elderly people often take many medications. Medications need to be carefully monitored by all staff. Possible problems need to be reported. Medications can cause dizziness and falls.

**Safe environment.** It is extremely important and the responsibility of all employees to maintain a safe and clutter-free environment. Keep room temperatures as close to 75 degrees F as possible, never lower than 70 degrees F. Encourage residents to use handrails/bars. Position the resident in the bed or chair so he/she can see out the window or into the hallway. Encourage the confused resident to sit in a rocking chair to work off some of the energy that can lead to wandering. Caregivers should monitor their break times so that the number leaving the unit at anyone time is limited. Environmental factors as they relate to falls, burns, and other accidents for the older adult will be considered in the next unit.

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**Unit 1: Practice Activity**
**Which of the following is NOT a safety risk factor of the older adult?**

- a) Sufficient fluid intake
- b) Age-related changes
- c) Health problems
- d) Altered mood or poor memory

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**Unit 2:**

**Goal:**
You will learn about the most common accidents that occur in long-term care communities, why these accidents happen, and what practices you can use to help prevent them.

**Methods to Prevent the Most Common Accidents**

**Falls**

Falls are the most common accidents in long-term care communities. Almost 70% of accidents among residents involve falling.

Sick and elderly people often have problems with their balance, so you must pay special attention when helping a resident perform such things as getting out of bed or sitting down. These simple movements can cause residents to lose their balance and fall down.

Because the bones of the elderly are often brittle, even short-distance falls can cause broken bones.

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Any time a resident falls, you should report the fall to your supervisor BEFORE moving the person. The resident could have internal damage that you can’t see. Falls in long-term care communities happen most often at peak activity times, such as:

- Mealtime
- Bedtime
- Changes of shift

Because there is a lot of activity, workers and residents can be easily distracted. Both residents and workers may be tired. At times like this, you need to pay close attention to being careful.

**Ways to Prevent Falls**

How many of the following are you especially good at doing?

- **Answer call lights promptly.** If you don’t, residents may try to get out of bed by themselves when they shouldn’t.

- **Check residents’ footwear to make sure it is appropriate and fits well.** If lack of adequate footwear is a cause of falls, gripper socks can be tried.

- **Make sure residents are positioned properly and repositioned in beds at least every two hours and in chairs/wheelchairs every hour.** Cushions or pillows may be needed. This prevents skin breakdown.

- **Use movement sensor alarms on beds or chairs.** Make sure the alarms are connected. Check on residents as soon as you hear the alarms. Chair and bed alarms are mentioned in the Federal regulations. However, there is this caveat included in the guidance, “While alarms can help to monitor a resident’s activities, staff must be vigilant in order to respond to them in a timely manner. Alarms do not replace supervision.” Development of a comprehensive fall reduction program with accurate assessment of residents at risk for falls, resident specific care plan interventions and comprehensive education of staff has been shown to be effective.

- **Lock the brakes on beds, wheelchairs, and stretchers when you are helping residents in and out of them. Also lock brakes on commodes when helping residents use them.** If not done, the devices may move, causing a fall.

- **Keep frequently needed items and call lights within reach of residents.** If residents have to stretch, or even get out of bed, to get things such as the call signal, a drink of water, the TV remote control, it is more likely that they will fall.

- **Make sure bed adjustment handles are positioned “in” so no one trips over them.**

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- **Keep beds in lowest position when residents are unattended.** If a resident should fall, there is less chance of injury because he or she is closer to the floor.

- **Clean up spills immediately.** Residents and workers can easily slip and fall if they walk through puddles of water, urine, or any other liquid.

- **Tell your supervisor if a resident is unsteady, dizzy, or prone to falling down.** Let the supervisor know if a resident insists on getting out of bed even though he or she is weak and dizzy.

- **Report hazards.** If you notice dangerous situations such as loose floor tiles or carpet, broken handrails, or leaks in the bathroom, report them to your supervisor immediately.

- **Monitor residents’ response to medications, such as antidepressants, antianxiety agents and cardiovascular drugs.** These drugs can cause dizziness and can lower blood pressure increasing the risk for falls.

- **Follow directions.** Practice careful and correct uses of equipment such as wheelchairs. If you do not know how to use the equipment, get someone who does. You must learn how to use equipment correctly.

- **Develop a good exercise/rehabilitation/restorative program to help residents maintain strength, flexibility, and balance.** Educate residents on how to use assistive equipment (walkers, canes, wheelchairs) correctly.

- **Check residents’ blood pressure if they experience lightheadedness or dizziness when changing positions.** If blood pressure drops more than 20 millimeters of mercury when the resident stands, notify your supervisor.

### Burns

The second most common accident in long-term care communities are burns.

Many residents can’t feel pain and heat as well as they could when they were younger. So, for example, if a warm, moist pack is not wrapped well, they may not realize it until they have already been burned. Or, if a burning cigarette drops onto their lap, they may not notice until they are badly burned.

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Kansas Association of Homes and Services for the Aging
Ways to Prevent Burns

- **Monitor water temperature.** With your hand, check how hot the water is before placing a resident in the bath or shower. Adjust if needed.

- **Become an expert in fire safety.** The *Fire Safety Learner’s Guide* teaches you about what to do if there is a fire in your organization. The most important thing you can do is get the residents away from the fire and smoke.

- **Monitor any smoking that goes on in the building.** If smoking is allowed anywhere, keep an eye on residents, visitors, and even co-workers who are smoking. Lighted cigarettes and hot ashes are common causes of burns. If someone is smoking where they shouldn’t be, report it to your supervisor immediately.

- **Be careful with hot liquids.** Hot soup, coffee, and tea can cause burns if they are spilled on residents’ skin. Take special care when helping residents with hot liquids, and don’t fill the cup too full. Do not offer hot liquids with a drinking straw.

- **Do not use electrical heating pads or space heaters.** If you find such devices in use, turn them off, remove from the room, and report to your supervisor immediately.

Other Accidents

Many things that are common in long-term care communities can cause accidents—such as swinging doors, food carts, and cleaning fluids.

Ways to Prevent Other Accidents

- **Be careful with harmful substances.** Residents could accidentally drink things such as cleaning fluids, fingernail polish remover, insect sprays, and medicines. Be sure not to leave these or similar items where residents can get to them. These substances must be kept under lock and key. Your organization has information about what to do if a harmful substance is used in the wrong way. Learn where your Material Safety Data Sheets (MSDS) are. Also, know where the Poison Control Center’s numbers are located in your work area.

- **Move wheelchairs, food carts, and other equipment slowly and carefully around corners and through hallways.** If you get in a hurry when moving things on wheels, they can quickly get out of control. You must walk slowly, and use care so you don’t hit residents or your co-workers.

- **Open doors slowly and carefully.** Always remember that someone could be standing on the other side of a door that you are opening inward. Knock on the door first, and then open it slowly to make sure the path is clear.

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Watch that residents’ feet don’t drag when transporting residents in wheelchairs. When moving residents in wheelchairs, be sure to put their feet on the foot rests.

Keep an eye on residents who might wander. Because of their illnesses, some residents become easily confused. They’re more likely than others to wander away. This is called elopement. (This especially includes residents who have Alzheimer’s disease.) Keep a close eye on these residents, and tell your supervisor right away if they are not where they should be. When a wandering alarm or door alarm sounds, check it immediately. There can be serious consequences when a resident wanders. Accidents such as falls, being hit by a car, exposure due to weather, and other injuries—and even death—have been known to occur. There are also serious penalties to organizations if this type of event occurs. Know your organization’s policies and procedures on resident elopement, so that you know how to respond should this happen.

Coping with Wandering:

- Take photo of potential wanderer for ease in identification.
- ID bracelet worn at all times.
- Reorient resident frequently to where they are and why.
- Determine what triggers the wandering (time of day or night, preceding events, frequency, and route taken).
- Identify possible clues to impending wandering: laying out suitcase, clothing, coat, or other possessions.
- Distract the wanderer: offer drink, snack, or enjoyable activity.
- Evaluate comfort status: hungry, need to urinate, other symptoms to indicate illness such as abdominal pain, cough, or headache.

Follow your supervisor’s instructions. Each resident has special needs—and the nurse keeps track of these needs. Sometimes there are special orders from the doctor which must be followed, or the resident will be hurt. For example, one resident might need to have his head elevated at all times so he can breathe properly. If there is any part of the instructions that you don’t understand—even one word—ask your supervisor or the charge nurse to explain it to you.
If an accident occurs

If a resident or visitor does have an accident, it is important that you do not move the person until a nurse can complete an assessment for injury. Therefore, all accidents need to be reported immediately to your supervisor. Following your organization’s policies and procedures is very important! Once the immediate crisis is taken care of, it is very important to identify future ways to keep similar accidents from happening. Many accident reports ask you to define preventive measures.

Unit 2: Practice Activity
Select the best answer to the following question.
You should tell your supervisor if:
a) You discover a resident with memory loss in an unusual area.
b) Someone is smoking where he/she should not be.
c) A resident falls down.
d) All of the above

Unit 3:
Goal:
You will learn about the importance of your own health and practices you can use to protect yourself in the long-term care environment.

How to Protect Yourself in the Long-Term Care Environment

Healthy employees are vital to any organization’s survival. This is very clear in the long-term care environment where it is often difficult to get enough good workers. We all know how hard it is to work without one person on our team. It is important to prevent accidents and time off work.

Therefore, it is important to follow your organization’s policies and procedures. Know the environmental hazards for your work area and what equipment/precautions are required for your work. Upon hire, you were taught how to protect yourself from hepatitis, AIDS, TB, and chemicals. You also learned back care and how to use the equipment in your area. Review this information. Refer to the Related Topics listed at the beginning of this Learner’s Guide. Discuss any questions with your supervisor. As an employee, it is your responsibility to protect yourself and to follow your organization’s requirements.
Did you know these facts?

- Nursing homes are the third most hazardous U.S. industry.

- Abuse of employees by residents is the most common injury—not the most costly. The most common injuries are being hit, kicked, bit, or verbally abused by residents.

- Back injury is the second most common injury and is the most costly injury.

Body mechanics is the coordinated effort of the muscles, bones, and nervous systems to maintain balance, posture, and body alignment during lifting, bending, moving, and performing ADL. The use of correct body mechanics reduces the risk of injury to you, the caregiver, and the resident. Correct body mechanics helps the body move to allow for physical mobility without muscle strain and excessive use of muscle energy.

- Do you participate in pre-shift back exercises?
- Do you use a gait belt (preferably a transfer belt which is a gait belt with handles) with every transfer or assist with ambulation?
- Are there instructions posted clearly in each resident’s room describing how the resident is to be transferred?
- Do you know how to use equipment for transferring the resident?
- Do you use the appropriate equipment with each transfer?
- Does your organization promote a no-lift, or safe-lift environment?

If you have not been taught how to transfer or position residents or if you are not sure of the correct procedure, you must immediately contact your supervisor.

In addition to assisting residents, you move many items in your work. Here are some points to remember that apply in all situations:

- Roll, do not lift.
- Do not use your back muscles to lift.
- Bend at the knees, not at the waist.
- Use a wide base to support yourself, position yourself with feet wide apart.
- Get as close to the object to be moved as you can.
- Use the longest and strongest muscles (thigh muscles) whenever you can.
- Get help—do not risk injury to yourself or the resident.

If an injury does occur at work, it is very important to report it immediately to your supervisor and to complete the proper paper work. By working together, we can create a safe environment for ourselves and for our residents. Review your organization’s policies and procedures.

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Unit 3: Practice Activity
Is the following statement true or false?
It is the employee’s responsibility to understand and follow policies and procedures to protect himself or herself in the work environment.
True
False

Lesson Summary
Your most important job at work is to make sure residents are kept safe. To prevent accidents, you must be alert and aware of how accidents happen. It is also important to protect yourself and your co-workers from injury and to ensure compliance with your organization’s requirements.

To continue with this lesson, please complete the following individual or group activities.

Accident Prevention
Individual/Group Activity

Activity 1
Discuss your organization’s policies and procedures regarding reporting accidents involving residents/visitors/staff.

Directions: Individually or in small groups with other staff members, read and discuss the following (if you are working alone, write out your answers and hand it to your education coordinator):

1. Identify an area in the long-term care community where accidents might be more likely to occur than other areas. Discuss what can be done to ensure that accidents don’t happen there.

2. Identify a resident who has had several falls. Identify three additional approaches not on that resident’s plan of care that can be used to prevent another fall. (Nursing Staff Only)

3. Describe the procedure used in your long-term care community when a resident is injured in an accident. To whom should you report it—and how?

4. Describe the procedure used in your long-term care community when a worker is injured in an accident. To whom should you report it—and how?

5. Describe the procedure used in your long-term care community when a visitor is injured in an accident. To whom should you report it—and how?

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Activity 2:

**Directions:** Individually or in a small group, go through your organization’s approved pre-shift back exercises. Discuss the importance of pre-shift exercises. Compare the various exercises and the muscles involved. Check with your supervisor if you have questions.
Activity 3:
Describe what to do if a resident leaves without the knowledge of staff. (See your organization's policies and procedures.)

Directions: Individually or in a small group, read and discuss the following regarding residents who are likely to leave your building.

1. What policies, procedures, and devices do you have in place to prevent residents who wander from leaving your organization?

2. Describe what you would do if you discovered that a resident is missing.

3. In your organization, whose responsibility is it to know where each resident is? How often are you to check the whereabouts of all residents? Whose responsibility is it to know which residents may have potential to wander?
Activity 4:

**Directions:** Two persons are needed for this activity—one should be the caregiver and the other the “resident.” The caregiver should demonstrate to the education coordinator the correct use of body mechanics in the following situations:

1. Transfer a resident from the bed to a chair.

2. Use a gait (transfer) belt to ambulate the resident in the hall.

3. Assist the resident to get up out of a wheelchair or recliner.
   a) Reposition the resident from a back-lying position (supine) to a side-lying position in bed.
Lesson Assessment

Directions: Circle the best answer.

1. Regarding the rate of accidents in the older population, which is a true statement? (unit 1)
   a) Older men have a higher rate if injuries than old women.
   b) The elderly have a higher rate of accidents than any age group.
   c) Accidents rank as the 6th leading cause of death in the elderly.
   d) The elderly have the highest death rate from accidents of all age groups.

2. Most older adults need daily fluids in the amount of: (unit 1)
   a) 2-3 glasses/day
   b) 5-6 glasses/day
   c) 6-7 glasses/day
   d) 9-10 glasses/day

3. What are the most common accidents in long-term care communities? (unit 2)
   a) Falls
   b) Sunburns
   c) Poisonings
   d) Car accidents

4. The ideal room temperature for an older adult would be: (unit 1)
   a) 70 degrees
   b) 75 degrees
   c) 80 degrees
   d) 98.6 degrees

5. Sensory changes in the older adult that contribute to accidents are: (unit 1)
   a) Touch
   b) Vision
   c) Hearing
   d) Temperature
   e) All of the above

6. According to current research, the most common time for falls to occur are: (unit 2)
   a) When family or friends visit
   b) Naptime, mealtime, activity time
   c) Change of shift, bath time, toileting time

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7. To help the resident see, the caregiver should: (unit 2)
   a) Clean the resident’s eye glasses
   b) Make sure the rooms are brightly lighted
   c) Make sure the resident is wearing their eye glasses
   d) Any of the above

8. Methods to prevent accidents include all EXCEPT: (unit 2)
   a) Open doors slowly
   b) Keep bed in a low position
   c) Answer call lights promptly
   d) Giving hot fluids with a drinking straw

9. The resident is known to wander. The caregiver should be alert to clues such as: (unit 2)
   a) Putting on a coat
   b) Looking for daughter
   c) Complaints of being hungry
   d) Times of previous attempts to leave
   e) Any of the above

10. Ways that you, the caregiver, can protect yourself from injury are to: (unit 3)
    a) Use correct body mechanics
    b) Get help to transfer a resident
    c) Learn how to use equipment correctly
    d) Use standard precautions and transmission-based precautions
    e) All of the above
Purpose:
Residents and workers in the long-term care community are at risk for being the victims of accidents that could seriously injure or even kill them. Many accidents can be prevented if workers are aware of common causes and are on the lookout for them. If an accident does happen, how workers deal with it can make that accident much less serious in the long run.

Goal:
You will learn how to prevent accidents by being aware of common causes and being on the lookout for them. You will also learn how you can deal with an accident if it should happen, make it less serious in the long run, and prevent it from reoccurring.

Objectives:
At the end of the training session, the participant will be able to:
1. Describe risks to the safety of older adults.
2. State ways to reduce risk of accidents for older adults.
3. Describe ways to prevent the most common accidents, including:
   - Falls
   - Burns
   - Poisoning and other hazards
4. Describe ways to protect yourself in the long-term care community.
5. Discuss your organization’s policies and procedures for reporting accidents involving residents/visitors/staff.
6. Describe what to do if a resident leaves the building without the knowledge of staff (Elopement policies and procedures for the organization.)

Related Topics:  
- Prevention of Falls
- Sensitizing Staff to Growing Old
- Infection Control
- Fire Safety and Prevention
- Body Mechanic
- Disaster Preparedness
- The Employee's Right to Know
Learning Activities:
To complete this lesson, the participant should:
1. Attend a lecture/discussion about accident prevention (given by a designated staff member or guest speaker) and/or read the Accident Prevention Learner’s Guide.
2. View a videotape about accident prevention. (optional)
3. Complete the quiz.
4. Complete all activities. Hand in certificate of completion and activities to education coordinator.
5. Review your organization’s policies and procedures related to this topic.

Overheads:
1. Safety Risk Factors
2. Strategies to Reduce Risks
3. Ways to Prevent Falls
4. Ways To Prevent Burns
5. Ways to Prevent Other Accidents
6. Elopement Clues
7. (a)Facts on Employee Injuries
   (b)OSHA asks:

Answers to Quiz:
1. Answer: c
   Rationale: Studies have indicated that accidents of all types rank as the 6th leading cause of death in the elderly.

2. Answer: c
   Rationale: 6-7 glasses of fluids per day are the recommended amount.

3. Answer: a
   Rationale: Falls are the most common accident in LTC communities.

4. Answer: b
   Rationale: This is the temperature that is most comfortable for the elderly. The “normal” body temperature for an elderly person is 97 degrees.

5. Answer: e
   Rationale: All options are sensory changes that can contribute to accidents occurring.

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6. Answer: c  
Rationale: According to research this is the most common problem times.

7. Answer: d  
Rationale: All of the options are actions that can help the resident see better.

8. Answer: d  
Rationale: The straw will bring fluid from the bottom of the container that has not reached a cooler temperature and the resident may scald his tongue and mouth. The chances for getting a larger amount of hot fluid are more likely also than sipping from the cup.

9. Answer: e  
Rationale: All options are important actions to prevent the resident from elopement.

10. Answer: d  
Rationale: All options are important actions to prevent the caregiver from being injured.

**More Information:**
The following are resources your staff can read for more information about accidents, or these materials can be used as resources if staff members are presenting an inservice.

**Articles**


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Books


Videotapes

A Commitment to Safety (1996) 25 minutes $129 Geriatric Video Productions 1-800-621-9181 or www.geriatricvideo.com

Directly guides staff to recognize safety as an important job requirement, identify safety practices that help to prevent accidents, learn to detect accident waiting to happen, and how to respond when an accident occurs. The perfect introduction to safety during orientation or sued as a safety-training refresher.

(September 2007)

Kansas Association of Homes and Services for the Aging
Dr. Joy Carson, R.N.

**Combative residents: Mirror their reality.** (1997) Available from Coastal Health Training Technologies Corp., 1-800-729-4325 $250 with 10 handbooks Free preview

**Occurrence Reporting.** (2001) 26 minutes $259 1-800-233-9910 or www.insight-media.com
Healthcare workers must bear the unfortunate and weighty responsibility of realizing that even minor error can lead to injury in the healthcare environment. This program emphasizes the importance of proper and timely reporting and investigation in the occurrence of an adverse incident. It explores the purpose of occurrence reporting, and details the elements that should be included in such documentation.

**Resident Safety.** (1996) 34 minutes $179 1-800-233-9910 Insight Media, 2162 Broadway, New York, NY 10024-0621
Designed for nursing assistants, this program demonstrates procedures for protecting resident safety. It illustrates how to use a fire extinguisher and fire blanket properly, how to protect residents’ property, and how to help a resident who is falling, and how to perform the Heimlich maneuver.

**Preventing and caring for skin tears.** (2002) 16 minutes $259 1-800-233-9910 or www.insight-media.com
This video examines the structure and function of normal skin anatomy, discussing how aging changes the skin and increases the risk for skin tears. It details three risk factors for skin tears and three interventions to prevent tears.

**Prevention and managing work place violence.** Available from ElderCare Communications 1-800-505-3232

**Preventing Falls: Keeping Residents Safe.** 13 minutes $195 1-800-877-1443 or Medcom, 6060 Phyllis Drive, Cypress, CA 90630
More than half of all residents fall every year. But many falls can be prevented. This new program will provide nurses with an understanding of who is at risk for trips and falls in a long-term care community, how to prevent them and what to do if a fall occurs.

(September 2007)
Kansas Association of Homes and Services for the Aging
Preventing Unsafe Wandering and Elopement. (2004) 26 minutes $349
1-800-233-9910 or www.insight-media.com
This program gives caregivers in long-term care communities an overview of the skills necessary to prevent residents from wandering. It shows how to assess residents accurately and intervene when necessary, and explains what to do when a resident wanders.

Restorative Care: It's Mandated. 1-800-328-7450 or www.videopress.org
4-tape series, 20 minutes each, %150 purchase, $75 rental for each, series price $500
  - Restorative Care: Everyone Can Do It. It’s essential to provide care that promotes functional independence for older adults. This suggested restorative approach can be implemented in any setting—even by staff without advance training.
  - Restorative Care: An Informal Functional Assessment. Dr. Resnick shows staff how they can perform an informal functional assessment. Includes testing joint mobility and muscle strength.
  - Restorative Care: Doing it. Staff can implement the guidelines for this restorative care approach in residential or daycare settings. It can be used when there is no formal restorative care program or as a complement to an existing program.
  - Restorative Care: Being a Motivator. Sometimes it's not easy to get older adults motivated to do things for themselves, due to ambivalence, physical pain or fear. Dr. Resnick shows nursing assistants how to get older people to want to participate in nurturing their own independence.

Restraining Devices. (2002) 30 minutes $129 1-800-233-9910 or www.insight-media.com
Restraints are devices used to protect, limit the movement of, and help position clients. This video highlights various restraint devices and explains their application. It details safety precautions and emphasizes the importance of respecting the client's right to freedom of movement.

Restraint Reduction and Fall Prevention. 615-321-5066, Fax: 615-321-5119
Envision, 1111 16th Avenue South, Nashville, TN 37212 or www.EnvisionInc.net
This video training program, complete with self-learning packet, complies with the HCFA/CMS Rule, through its focus on individualized strategies in reducing the risk of falls and treatment without the use of restraints. After viewing this program staff will learn: why restraints have typically been used, to carefully assess the resident and the environment, to analyze the causes of the behavior, and to develop individualized interventions based on the assessment. The staff will also be able to apply fall prevention techniques by: identifying the at-risk resident, discovering the underlying factors, and determining appropriate interventions. 20 minutes $250 FREE with the purchase of this program “Assessment of the Fallen Resident” 10 minutes Explains the most common injuries resulting from falls, demonstrates the initial evaluation and physical exam of a resident who has fallen, and identifies treatment interventions. (September 2007)
Kansas Association of Homes and Services for the Aging
Web Sites

Merck Manual of Geriatrics, Falls
Http://www.merck.com/pubs/mm_geriatrics

OSHA Bulletin
www.oshabulletin.com

www.worstpills.org/public/page.cfm?op_pandr.htm

www.cdc.gov/nasd/docs/d000101-d000200/d000139/d000139.html

www.dti.gov.uk/homesafetynetwork/cf_pandr.htm


Tinetti Balance and Gait Tools

Wheelchair Skills Program
www.wheelchairskillsprogram.com/eng/overview.htm

Note: Instructor should review F Tags 323 in Guidance to Surveyors in State Operations Manual before presenting this in-service.


(September 2007)
Kansas Association of Homes and Services for the Aging
SAFETY RISK FACTORS

- Age-related changes
- Health problems
- Altered mood or poor memory
- Sensory deficits
- Weakness or mobility problems
- Improperly fitted mobility aides
- Unsafe environment
- Unsafe use of medications
STRATEGIES TO REDUCE RISK

➤ Sufficient fluid intake

➤ Adequate nutrition

➤ Vision aids

➤ Hearing aids

➤ Stable body temperature

➤ Infection prevention

➤ Sensible clothing

➤ Wise medication use

➤ Safe environment
WAYS TO PREVENT FALLS

- Answer call lights promptly
- Proper positioning
- Use sensor alarms
- Lock the brakes on beds, wheelchairs, and stretchers
- Keep frequently needed items within reach
- Make sure bed adjustment handles are positioned “in”
- Keep beds in lowest position
- Clean up spills immediately
➢ Report if a resident is unsteady, dizzy, or is prone to falling down

➢ Report hazards

➢ Follow directions

➢ Develop exercise/rehabilitation and restorative programs

➢ Check residents’ footwear

➢ Check residents’ blood pressure if lightheadedness or dizziness when changing positions
WAYS TO PREVENT BURNS

- Monitor water temperature
- Become an expert in fire safety
- Monitor any smoking that goes on in your organization
- Be careful with hot liquids.
- Turn off, report, remove any electrical heaters or space heaters
WAYS TO PREVENT OTHER ACCIDENTS

- Lock up harmful substances
- Move equipment slowly and carefully around corners and through hallways
- Open doors slowly and carefully
- Place resident’s feet on footrest when transporting in wheelchairs
- Keep an eye on residents who might wander
- Check on alarms/door alarms promptly
- Ask questions if you don’t understand something
ELOPEMENT PRECAUTIONS

PHOTO

ID BRACELET

REORIENT RESIDENT FREQUENTLY

DETERMINE TRIGGERS

IDENTIFY CLUES

DISTRACT

EVALUATE COMFORT STATUS
FACTS ON EMPLOYEE INJURIES

✓ Nursing homes are the third most hazardous U. S. industry.

✓ Abuse of employees by residents is the most common injury—not the most costly.

✓ Back injury is the second most common injury and is the most costly injury.

✓ Nursing homes are the only heavy industry that do not routinely do pre-shift exercises.
**OSHA asks:**

- Are there clear directions how residents are to be transferred?

- Is a transfer belt used on all transfers?

- Are teams always used to transfer a resident?

- Are mechanical lifts (mandatory) used on all persons weighing 150 pounds or more?

- Are pre-shift back exercises being done?