

Providing Independent Living Support: Training for Senior Corps Volunteers

Module 7

Home Safety

*Providing Independent
Living Support:*

Home Safety



Trainer: _____

Date: _____

PROVIDING INDEPENDENT LIVING SUPPORT: TRAINING FOR SENIOR CORPS VOLUNTEERS

Module 7: Home Safety

Introduction

A critical issue for helping many seniors to continue to live independently is ensuring that their living environments minimize the risk of injury. This 60-75-minute session will provide information about household hazards and basic steps volunteers can take to help their clients make their homes safer, and discuss how volunteers can help clients be better prepared for disasters and emergency situations. The workshop includes a brief warm-up activity, a more extensive group exercise, and a short activity on disaster preparedness.

Objectives

By the end of the session participants will:

- Further their awareness of the common household hazards to which elderly people are most vulnerable.
- Learn tips for helping clients reduce risks at home and be better prepared for disasters.

Visual Aids (PowerPoint) and Facilitator's Notes

If you are using the PowerPoint slides included with this curriculum, Facilitator's Notes are provided under each slide (to see them, select "View...Notes Page" from PowerPoint's main menu). These notes provide the same information as the Facilitator's Notes included in this document, however, they are not as detailed; the PowerPoint Facilitator's Notes are primarily main points for the presenter.

If you do *not* use the PowerPoint slides, we suggest you create other visual aids such as handouts or transparencies, or copy the information on easel paper and post it for participants. Duplicating the information on slide 7 (instructions for the exercise) and slide 10 (instructions for the reflection activity) will be the most helpful.



Handouts

The handouts for this session follow the facilitator's notes and instructions. Handouts 1-3 should be distributed during the session; this symbol in the Facilitator's Notes will cue you as to when: 📄. Handouts 4-7 can be given out at the end of the session, or left on a table where participants can choose to take them if they are interested.

1. This Home Needs Your Help!
2. Problem-Solving Exercise: Help This Client Reduce Risks and Feel Safer
3. How will I know Mom and Dad are Okay? (Staying "IN TOUCH" in Crisis Situations)
4. Home Fall Prevention Checklist
5. Tips for Improving Residential Fire Safety
6. Additional Resources: Home Safety
7. Training Feedback Survey

Session Outline

Discussion Topic	Estimated Time	Method/Activity	Slide Numbers
I. Welcome and Introduction	10 min.		1
A. Learning Objectives	1	Lecture	2
B. Startling Statistics	1	Lecture	3
C. Warm up: Spot the Hazards 📄 <i>This Home Needs Your Help!</i>	8	Pair activity Large group discussion	4
II. Home Safety Basics	45 min.		
A. Primary Safety Risks	10	Lecture	5
B. Variables	5		6
C. Exercise: Problem-solving 📄 <i>Problem-Solving Exercise: Help This Client Reduce Risks and Feel Safer</i>	30	Small groups Debrief, large group discussion	7-8
III. Disaster Preparedness	15 min.		
A. Disaster Preparation also begins at Home	5	Lecture	9
B. Helping Seniors be Prepared 📄 <i>How will I know Mom and Dad are Okay? (Staying "IN TOUCH" in Crisis Situations)</i>	10	Individual/Pair Reflection	10
IV. Closing	5 min.	Lecture and Feedback	
Last Thoughts 📄 <i>Home Fall Prevention Checklist</i> 📄 <i>Tips for Improving Residential Fire Safety</i> 📄 <i>Additional Resources: Home Safety</i> 📄 <i>Training Feedback Survey</i>		Feedback	11

Facilitator's Notes and Instructions



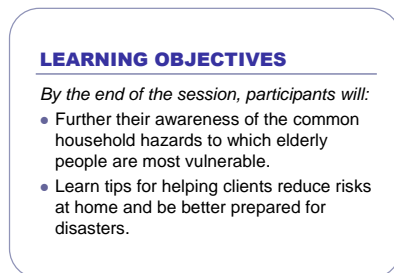
I. Welcome and Introduction

Show slide 1 – the title slide.

Explain the purpose of this training session: This session will provide information about household hazards and basic steps volunteers can take to help their clients make their homes safer. This session will also discuss how volunteers can help clients be better prepared to respond to natural disasters and emergency situations.

A. Learning Objectives

Show slide 2.



Read the learning objectives to the group. By the end of the session participants will:

- Further their awareness of the common household hazards to which elderly people are most vulnerable.
- Learn tips for helping clients' reduce risks at home and be better prepared for disasters.

Tell participants you will be distributing additional information and resources on the material you are covering at the end of the session.



TIPS: ADDRESS TRAINING EXPECTATIONS. To get a feel for the kinds of questions participants have around home safety, and the expectations they have for this workshop, leave "Post-it" pads around the room and encourage them to take a minute to write down one or two questions on the paper. Post the notes on an easel pad and try to answer them during the lecture or at the end of the session.

SELECT THE MOST APPROPRIATE HANDOUTS AND SAVE TREES. There is a wealth of good information on home safety and disaster preparedness out there, and you may have noticed that the number of handouts included in this module reflect that abundance! You may not want to use *all* the handouts provided; choose the handouts you feel are most helpful to your participants and distribute those, or leave several copies on a back table and let participants pick up the ones they are interested in as they leave the workshop. See the Facilitator's Guide for additional tips on preparing for a workshop.

PRIMARY SAFETY RISKS

- Falling
- Residential Fires
- Other Household Hazards
- Poor Security



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Other Household Hazards (e.g. expired or poor labeled medicines, expired or undated food, chemicals)

Large group callout: “What simple precautions could be taken around the house to minimize household hazards?”

(Below is a list of precautions. **Select those you feel are most important** and note them to the group if participants do not mention them.)

- Label and date food containers when you store leftovers.
- Make sure medication labels are legible.
- Check expiration dates and dispose of expired food and medicine (doctor’s offices will usually take your expired medicines; don’t flush them).
- Be conscientious about practicing food safety: hand washing, cooking food at recommended temperatures, refrigerating leftovers promptly, washing hands and cooking implements after handling raw meat, poultry and seafood to avoid cross-contamination of harmful bacteria from one food to another through utensils, cutting boards, etc.
- Secure large items in your home (water heaters, large appliances, tall or heavy furniture) and anything that could fall off a wall (clocks, pictures). Brace overhead light fixtures and fans.
- Limit chemicals used in the home and be sure they are out of reach of children.
- Separate reactive chemicals like bleach and ammonia. Never mix hazardous chemicals or waste with other products.
- Dispose of hazardous materials by taking them to a local collection program.
- Install a carbon monoxide alarm (deadly exposure is often caused by improper use of gas generators, camp stoves, and charcoal grills in confined spaces; do not use these indoors, even with open windows).



TIP: DISCOURAGE FRANTIC NOTE-TAKING. Remind participants that you will be distributing handouts with the information you are covering at the end of the session, along with a list of additional resources they can research on their own. You might also want to jot down the precautions you think are most important for these participants to remember (or have a participant do it) on a sheet of easel paper. Don’t try to jot down everything.

PRIMARY SAFETY RISKS

- Falling
- Residential Fires
- Other Household Hazards
- Poor Security



TIP: TALK TO YOUR VOLUNTEERS ABOUT ELDER ABUSE. If you haven't already, consider conducting a workshop on elder abuse and scams that target the elderly, or distribute an information sheet with facts and phone numbers. Raising awareness among your volunteers will have a ripple effect; not only will they be less likely to become victims, but they can alert clients, friends, and police if needed. For more information, visit the website for the National Center on Elder Abuse at www.ncea.aoa.gov.

Poor Security (i.e. vulnerability to thefts and break-ins)

Large group callout: "What simple precautions could be taken around the house to minimize this risk?"

(Below is a list of precautions. **Select those you feel are most important** and note them to the group if participants do not mention them.)

- Proper lighting should be installed outside of the home or apartment building. Common areas of apartment buildings should be lit at night (hallways, garages, doorways).
- Trim shrubbery around a house so a burglar can't hide near windows and doors. A burglar should also not be able to see into your garage.
- Secure all doors and windows when not in use.
- Pin or secure sliding glass doors and windows with secondary locks.
- Install deadbolt locks with a minimum of one-inch throw on exterior doors.
- Don't let passersby know that you are away from home by letting mail or newspapers pile up. If you are away from home for a while, stop mail/newspaper delivery temporarily or ask a trusted neighbor to hold your deliveries.
- The answering machine should say, "I cannot come to the phone right now" rather than "I am not home now." (In fact, seniors living alone might want to ask a younger male relative to record the message for them.)
- Do not leave a garage door opener in a car in the driveway, or a house key under a mat.

Note that if someone does not feel safe (e.g. he/she has been a victim of crime and/or fears being a victim), this can also lead to social isolation and diminished quality of life.

Sources: Centers for Disease Control and Prevention (2008), Samaritan Health Services (2007), U.S. Department of Agriculture (2008), Salt Lake Valley Health Department (2008), City of Golden Valley (MN) Public Safety (2008).

VARIABLES

- Health
- History
- Behavior and habits
- Financial resources
(ability to maintain home)



B. Variables

Show slide 6.

Tell participants that they should keep the following variables in mind when they consider their client's home situation. Whether they are assessing risks of falling, residential fires, other household hazards, or poor security, these general variables can affect the risk of injury:

- **Personal health situation:** For example, decreased vision, equilibrium, sensory perception, reaction time, strength, mobility, and medication side effects.
- **Personal history:** Is there a history of falls, particularly at home? A previous fall with a soft tissue injury (bruising) is a strong predictor of a future major fall.
- **Behavior and habits:** For example, does the client walk carefully; are medications always taken properly; is the telephone easy to reach; does the client use space heaters; if a smoker, where are cigarettes placed?
- **Financial resources:** Many elders living in their own homes on fixed incomes cannot afford home repairs, placing them at risk. Look for working smoke detectors, fire extinguishers, uneven floors or rickety steps, lack of and need for hand railings, bars in the shower, etc.

Sources: National Senior Corps Association, American Journal Public Health (1992), Journal of Epidemiological Community Health (2000), and Journal of Gerontology (2001).



TIP: NOTE THE HOME MODIFICATION SERVICES IN YOUR AREA. Put a short flyer together with the names of agencies that provide free or low-cost home modification services to seniors. In the flyer, include contact information, eligibility requirements, and the steps involved in requesting assistance. Ask if any of the participants know of someone who has received no/low-cost home modification services in the past. What kind of experience did they have?

C. EXERCISE: Problem Solving

The following exercise will reinforce what participants already know through experience, and allow them to share and learn problem-solving strategies from each other. During the debriefing, the facilitator can add information that the participants may not have mentioned. The whole exercise, including debriefing, should take about 30 minutes.


YOU WILL NEED: Copies of the handout *Problem-Solving Exercise: Help This Client Reduce Risks and Feel Safer*, 3 sheets of easel paper (each titled “Cecilia”, “Salvador,” or “Lester”), and a marker. You may want to ask one of the participants to help you write down main points.

Show slide 7.

EXERCISE: PROBLEM SOLVING

1. Individually, read about your assigned client. Imagine his/her living situation and state of mind.
2. In your group, discuss and answer the questions on page 2.
 - *What are the client's issues/risks?*
 - *What would you look for in the client's home?*
 - *What precautions would you suggest? How would you assist?*

INSTRUCTIONS

1.  Distribute the handout *Problem-Solving Exercise: Help This Client Reduce Risks and Feel Safer*.
2. Ask the participants to get into small groups (3 or 4). Assign each group a client profile from the handouts.
3. Ask the participants to take a minute to individually read about their client, and visualize his/her living situation and mental state. After that, they will have 6-10 minutes to discuss the situation and answer the questions on page 2. (In the meantime, review the “Facilitator’s Debrief Notes” included on the last page of these Facilitator’s Notes).
4. After the 6-10 minutes, call time and start the debrief discussion.



TIP: DEVELOP YOUR OWN CLIENT SITUATIONS. The exercise worksheet contains three “clients” and a description of their situations. You may prefer to make up your own clients for this exercise, and develop descriptions of situations that you know your volunteers find especially challenging - problems that could benefit from a guided group discussion.



DEBRIEF

Ask the participants to refer to the handout with the client profiles. Then, for each “client,” go around the room to each small group assigned to that client and ask “What did you check off as the potential risks for this client?” (Question 1)

Then ask “With that in mind, what specifically would you look for in the client’s home? What would you suggest your client do to lessen the risks, or how might you assist your client?” (Questions 2 and 3)

Jot down the main responses to questions 2 and 3 on the easel paper under the client’s name. If more than one group was assigned the same client, ask the second group to add to what the first group noted. Add the answers from the “Facilitator’s Debrief Notes” if the group doesn’t mention them, and your own suggestions.

After asking each group assigned to the client to respond to question 4 – “How would you approach your client if you’re concerned they might be sensitive about the topic? What would you say, or who might you go to for support?”— ask the group as a whole to contribute their ideas. After they have had a chance to respond, show slide 8 and mention any suggestions they did not come up with:

HOW TO BROACH THE SUBJECT

- Take it slowly.
- Offer information in a non-judgmental way.
- Recount stories of other seniors.
- Share with clients what you have learned at trainings
- Offer to contact services that can help.

For support, contact client’s family and your supervisor.

- **Take it slowly** and begin by suggesting small manageable changes.
- **Offer information in a non-judgmental, helpful manner.** Expressing these concerns in a caring, genuine manner helps the client receive the information better, without feeling pressured or defensive.
- **Recount stories of other seniors** who have had accidents happen or health problems due to an unsanitary or cluttered household; these might be incidents that you know of personally or have read about in the newspaper. If elderly relatives and friends visit, or young grandchildren, the client may be motivated to take precautions to protect those guests as well.
- **Share with clients what you have learned at in-service trainings** on safety issues; bring them written information to look at together. Help the client review a home safety checklist for their own home. One of the best ways is to say that you recently learned some really good tips that you plan to put into practice at your home.
- **Offer to contact services that can help**, if appropriate, such as fire and police departments, local area agencies on aging, personal health system alarms (e.g. Lifeline) that may be paid for by Medicare.

For support:

- Sometimes family members can be helpful in assisting with touchy subjects.
- As always, talk to your supervisor if you are concerned about your client.

Source: National Senior Corps Association

III. Disaster Preparation

A. Disaster Preparation also begins at Home

In addition to keeping homes safe, planning for emergencies such as floods or tornadoes is also important. For the elderly, getting out of a bad situation quickly is more difficult and requires advanced planning. The planning will depend on the disasters likely to occur in the area, including whether evacuation or “shelter in place” is more practical, what supplies will be needed in a disaster kit, what emergency services and transportation are available, how to prepare for extreme hot or cold weather conditions if this occurs in your region, etc.

Remind participants of the kinds of emergencies likely to occur in your area.

Large group callout: “What kinds of things should be considered when preparing a frail senior for disaster or emergency situations?”

Give participants a chance to respond and then show slide 9. Add any considerations not mentioned by the group. Each individual’s situation may differ, including:

- **Availability of family in the area**
- **Reaction time, ability to see or hear, and ability to drive**
- **Mobility impairments** may require special transportation
- **Mental impairments** that may require assistance; the person might become quickly disoriented and further delay response time
- **Health conditions that require attention:** ongoing medications or assistive technology (e.g. an oxygen tank)
- **Language differences** that may hinder communication with emergency personnel or understanding instructions
- **Limited financial resources** may impact person’s ability to maintain a safe environment or take precautions (e.g. a working automobile, cell phone, etc.)

DISASTER PREPARATION: CONSIDERATIONS FOR SENIORS

- Availability of family in the area
- Reaction time, ability to see or hear, ability to drive
- Mobility impairments
- Mental impairments
- Health conditions that require attention
- Language differences
- Limited financial resources



Tell participants that they might be able to help an elderly person prepare for an emergency, including planning an evacuation escape route, preparing a disaster kit, storing food, water and medicine in case they are stuck inside, maintaining a list of emergency contacts, or registering with an organization (e.g. neighborhood associations, churches, police or fire departments, local Red Cross or Salvation Army). They would need to keep in mind the elder's particular circumstances when developing a plan.

B. Helping Seniors Be Prepared

Show slide 10.

CREATE A PLAN: STAYING "IN TOUCH"

1. Think about a client or another elderly person in your life. How would you help them plan for an emergency?
2. Complete I, N, and T of the form to the best of your ability.


Identify potential emergency situations

Note community resources.

Talk about individual circumstances.

3. If you like, share with a partner.

10

 Distribute the handout *How will I know Mom and Dad are Okay? (Staying "IN TOUCH" in Crisis Situations)*.

Ask participants to think of an elder in their lives (client, friend, or relative) and jot down some notes to the first three sections (*Identify potential emergency situations*, *Note community resources*, and *Talk about individual circumstances*), keeping in mind the likely disasters in the community, the elder's special needs and living situation. Under *Talk about individual circumstances*, they should jot down some notes about what they would need to talk about. Ask them to share their ideas with a partner.



TIP: USE LIKELY SCENARIOS. Customize the disaster preparation portion of the lecture to emphasize those emergencies most likely to occur in your community. You may prefer to use handouts, such as safety checklists or disaster kit materials, from local agencies rather than those included with this module. Or, consider conducting another workshop where you partner with a local agency to provide disaster preparedness information (e.g. helping participants put together kits for themselves and/or their clients).

LAST BUT NOT LEAST...

"Safety doesn't happen by accident."

~unknown






11


IV. Closing

Show slide 11.

Tell participants that it is time to end the session, and ask if they have any further questions. After responding to questions, leave them with this common sense quote from an unknown author: "Safety doesn't happen by accident." If you have a story about how a volunteer helped one of his/her clients improve home safety, share it with the group for inspiration.

   Distribute the three informational handouts, or mention to participants where they can pick up copies if they like:

- *Home Fall Prevention Checklist*
- *Tips for Improving Residential Fire Safety*
- *Additional Resources: Home Safety*

 Distribute the *Training Feedback Survey*. Tell participants that the session is over, and you would very much appreciate hearing their thoughts via the *Training Feedback Survey*. Let them know their responses are anonymous (no names are required on the surveys), and that the surveys are collected to help improve future training sessions. Make sure to indicate where you would like the completed surveys to be placed.

Thank everyone for coming.



TIP: ENCOURAGE PARTICIPANTS TO KEEP EMERGENCY INFORMATION AT HAND. Distribute an emergency preparedness card that volunteers can give their clients and/or use themselves with spaces for personal information, such as: family/primary contacts, doctors' names and numbers, pharmacy, bank, and insurance information. The card could be carried in a wallet or placed in an emergency kit. Additionally, you may want to offer a colorful one-page flyer or magnet for the refrigerator with a list of numbers in your community for police and fire, utilities, area agency on aging, and other services that might be needed in an emergency.

Facilitator's Debrief Notes for Exercise: Help This Client Reduce Risks and Feel Safer

Facilitator: Below are some answers to questions 1-3 from the exercise. **This is not a complete list;** you and the workshop participants may come up with additional, equally relevant responses. This is an opportunity for participants to learn from each other's experience.

Client #1: Cecilia

Cecilia is an elderly woman (84 years old) who has been living in the same apartment for 20 years. She is friendly with her neighbors, but not her landlord, whom she fears is looking for an excuse to have her evicted so he can rent to a higher-paying tenant. When problems with her apartment occur (as they frequently do), she is reluctant to call the landlord. For example, this past winter there was a lot of rain, and she discovered her windows leaked, leading to indoor mold problems. Several times, Cecilia accidentally burned herself with the tap water but she doesn't know how or if she can lower the temperature. She also suspects the gas heating system isn't working properly (a bad smell comes out of the vent) so she uses a portable heater instead. She leaves it on full blast and often forgets to turn it off.

1. What are the potential risks to your client?

- Falling
- Residential fire (*due to heater*)
- Other household hazards: mold, burning water, bad smell from vent
- Poor security (vulnerability to crime)
- Other: Cecilia's landlord and/or her impression that she will be evicted (NOTE: think of this one as "extra credit" since it isn't directly a home safety issue.)

2. What specifically would you look for in this client's home as potential dangers?

3. What would you suggest your client do to lessen the risks? What might you do to assist?

RESIDENTIAL FIRE:

Portable Heater: How can we remind Cecilia to turn off the heater? (Suggestion: post a reminder note on the inside of the front door and her bedroom door so she sees it on her way out and before she goes to bed.)

OTHER HOUSEHOLD HAZARDS:

Leaking Windows and Mold: Are the windows closing properly? Can something be rigged temporarily until they are fixed? Are there safe cleaning products that can be used to clean/prevent mold?

Heating System: Is there something stuck inside or clogging the vent? Is the "bad smell" gas? Does a technician need to be called?

Water Temperature: Can the temperature be lowered manually? Can we check with the neighbors to see if this is okay and if they know how to do it?

OTHER (EXTRA CREDIT):

Cecilia's fear of eviction: Can we check into county/city rental laws to see if Cecilia really is at risk of eviction? Can we make a call to the landlord for her (with her permission) and explain the problems in her apartment?

FACILITATOR'S DEBRIEF NOTES (continued)

Client #2: Salvador

Salvador is 74 years old and lives in an old, poorly-designed two-story house with a small gray cat. He sleeps upstairs but the bathroom, to which he must make frequent visits during the night, is downstairs. At the end of the day, even though his eyesight is failing, he likes to watch television in bed while enjoying a glass of wine and a smoke. Recently his doctor proscribed new medication which, Salvador tells you, has side effects that include occasional dizziness.

1. What are the potential risks to your client?

- Falling
- Residential fire
- Other household hazards
- Poor security (vulnerability to crime)
- Other: possible medication issues

2. What specifically would you look for in this client's home as potential dangers?

3. What would you suggest your client do to lessen the risks? What might you do to assist?

FALLING:

Due to poor vision and occasional dizziness: Is there adequate lighting, especially in hallways and stairs that he must navigate at night? If not, suggest night lights.

Is there clutter or throw rugs Salvador could trip over? These could be moved out of his pathway, or discarded all together.

Are there sturdy railings on the stairway? Are the edges of the stairs easy to see? If no, suggest bright-colored tape to mark the edges.

Can Salvador's cat wear a bright-colored collar with a bell so she is easier to spot?

RESIDENTIAL FIRE:

Smoking in bed: What kind of ashtray does he have and where does he put it (e.g. on table next to the bed or next to him on the bed)? Can he get a safety ashtray? Can he be convinced to smoke first, and then get into bed?

Old, poorly-designed house: In case it has been a long time since Salvador has had his home inspected, keep an eye out for telltale signs of electrical problems such as dimming of lights, frequent circuit breaker trips or blown fuses. Many house fires have been caused by defective or improperly installed electrical wiring. Are there enough circuits? Are any of the circuits overloaded?

OTHER:

Possible medication issues: Should Salvador be drinking alcohol when the medication is already making him dizzy? Is it really a side effect of this medication or is it an indication of another health problem, or a side effect of combining this medication with others he is taking? Did he tell his doctor about this side effect?

FACILITATOR'S DEBRIEF NOTES (continued)

Client #3: Lester

Lester is in pretty good physical shape at age 78 and has been living in the same small house since he was married back in 1956. Since his wife died, however, he has been depressed and has not had the heart to get rid of her things, which are everywhere (she was an avid collector of Beanie Babies and old Life magazines). The neighborhood has also changed quite a bit. Lester remembers when he and his wife took evening strolls after dinner to look at the moon. Now, there have been several muggings and break-ins in the area, and Lester hears screeching tires outside at all hours. He doesn't drive and feels terribly vulnerable walking home from the grocery store saddled with packages.

1. What are the potential risks to your client?

- Falling
- Residential fire (due to clutter)
- Other household hazards:
- Poor security (vulnerability to crime)
- Other: Possible depression, at risk of isolation

2. What specifically would you look for in this client's home as potential dangers?

3. What would you suggest your client do to lessen the risks? What might you do to assist?

FALLING:

Due to clutter: Lester needs encouragement, and possibly help, to pack/give away his wife's things. (Possible question for group: How would you talk to him about it? What could you suggest that might make it easier for him?)

RESIDENTIAL FIRE:

Due to clutter (see above): Are his wife's magazines away from heating sources, pathways and exits?

POOR SECURITY (VULNERABILITY TO CRIME):

Inside the house: Check the locks and see about adding new ones if needed. Does he want/need window bars or an alarm system?

Outside the house: Is there adequate lighting outside the house (porch, garage)? Motion-sensor lighting might make him feel more at ease.

Neighbors: Is there a "neighborhood watch" organization he might meet with? What advice do they have for elderly people in the area?

OTHER:

Depression, risk of isolation: Can you take Lester to the store and/or arrange to have groceries delivered? Can you take him on outings, including safe outdoor areas where he can relax in the fresh air?

Lester may need to be evaluated for depression. Tell your supervisor if you are worried; see if more visiting hours can be arranged.

References for Module 7: Home Safety

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Handouts

The following handouts are included in this module:

1. **This Home Needs Your Help!**
2. **Problem-Solving Exercise: Help This Client Reduce Risks and Feel Safer**
3. **How will I know Mom and Dad are Okay? (Staying “IN TOUCH” in Crisis Situations)**
4. **Home Fall Prevention Checklist**
5. **Tips for Improving Residential Fire Safety**
6. **Additional Resources: Home Safety**
7. **Training Feedback Survey**

*Providing Independent
Living Support:*

Home Safety



Trainer: _____

Date: _____

This Home Needs Your Help!

Your Mission: Today, you and your partner have volunteered to help your favorite neighbor, 83-year old Mrs. Beasley, clean her house. She has been meaning to straighten up for some time, but her health is poor, her eyesight is failing, and things got away from her. Now she is completely overwhelmed and her home is unsafe!

Take 3 minutes to look at the picture and list everything you can spot that might need your attention.



List all potential health and safety problems you suspect may be a hazard to Mrs. Beasley:

1. _____
2. _____
3. _____
4. _____
5. _____

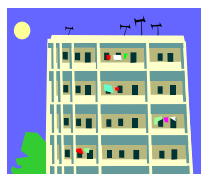
6. _____
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10. _____

Problem-Solving Exercise: Help This Client Reduce Risks and Feel Safer

Instructions: The facilitator will assign your group one of the clients below. All of the clients are on a fixed (low) income and live alone.

Read your client's description, and take a minute to visualize his/her living situation and state of mind. Brainstorm with your group, and answer the questions on the next page. Be ready to discuss!

Client #1: Cecilia



Cecilia is an elderly woman (84 years old) who has been living in the same apartment for 20 years. She is friendly with her neighbors, but not her landlord, whom she fears is looking for an excuse to have her evicted so he can rent to a higher-paying tenant. When problems with her apartment occur (as they frequently do), she is reluctant to call the landlord. For example, this past winter there was a lot of rain, and she discovered her windows leaked, leading to indoor mold problems. Several times, Cecilia accidentally burned herself with the tap water but she doesn't know how or if she can lower the temperature. She also suspects the gas heating system isn't working properly (a bad smell comes out of the vent) so she uses a portable heater instead. She leaves it on full blast and often forgets to turn it off.

Client #2: Salvador

Salvador is 74 years old and lives in an old, poorly-designed two-story house with a small gray cat. He sleeps upstairs but the bathroom, to which he must make frequent visits during the night, is downstairs. At the end of the day, even though his eyesight is failing, he likes to watch television in bed while enjoying a glass of wine and a smoke. Recently his doctor proscribed new medication which, Salvador tells you, has side effects that include occasional dizziness.



Client #3: Lester

Lester is in pretty good physical shape at age 78 and has been living in the same small house since he was married back in 1956. Since his wife died, however, he has been depressed and has not had the heart to get rid of her things, which are everywhere (she was an avid collector of Beanie Babies and old Life magazines). The neighborhood has also changed quite a bit. Lester remembers when he and his wife took evening strolls after dinner to look at the moon. Now, there have been several muggings and break-ins in the area, and Lester hears screeching tires outside at all hours. He doesn't drive and feels terribly vulnerable walking home from the grocery store saddled with packages.



How Will I Know Mom and Dad are Okay?



Staying “IN TOUCH” In Crisis Situations

- I** dentify potential emergency situations
- N** ote community resources
- T** alk about individual circumstances
- O** utline your plan in writing
- U** pdate as situations change
- C** ommunicate regularly and test
- H** ave peace of mind

In the event of an emergency or disaster, how will you know that your older loved one is okay?

Whether it's Mom or Dad or Aunt Jane and Uncle Bob, these days it seems like you never know when a crisis may hit home. A hurricane in Florida, wildfire in Arizona, flood in Tennessee or a blizzard in Minnesota – it seems as if most of the nation has faced a natural disaster of some proportion in the past few years. Beyond natural disasters, however, older adults may face a more personal and immediate crisis that requires an emergency response. How would you know Mom or Dad was okay if disaster struck? Family gatherings are good opportunities for families to discuss how to handle critical events with their older family members. By establishing a plan, families can stay **I-N T-O-U-C-H** with older loved ones and be prepared when a crisis situation occurs.



The **Eldercare Locator**, a nationwide service funded by the U.S. Administration on Aging to link older adults and their families to local aging services, provides the following suggestions.

Keep in mind...

- Though among the most vulnerable members of our society, many older adults today are living healthy, independent lives. Yet, sometimes they might need some assistance.
- Age-related characteristics, such as delayed response time, reduced ability to see or hear, and difficulty reading print too small, can affect an older person's perception and reaction.
- Physical or mental impairments can limit a person's ability to respond quickly or seek help in an emergency.
- Chronic health conditions, such as arthritis or diabetes, can make access to transportation or the availability of proper nutrition and medications particularly critical.
- Limited financial resources may impact a person's ability to maintain a safe environment or adequately prepare for natural disasters or other emergency situations.
- Language and cultural differences may limit some older adults' ability to understand and communicate effectively in a crisis situation.

- Take note of any physical or medical needs of your older loved one that might require a change in your plan. For instance, if your older loved one stops driving and requires transportation, then consider how this service can fit into your plan. Taking advantage of community services now could help in the event of an emergency situation later.
- Reassess your ability and that of your contacts to be available when needed. Personal or professional situations can change at anytime.

C Communicate regularly and test your “IN TOUCH” plan.

- Check with your “IN TOUCH” team regularly. Even an occasional surprise call might help determine strengths or weakness in your plan. For example, there could be a problem if you can only get an answering machine when you call one of your contacts, or there is a long delay in receiving a return call.
- Use family gatherings as an opportunity to review your plan, and even share it with other family members for their information. You might inspire someone else to follow your lead.
- Test elements of your plan occasionally. You can check that electrical and mobile communications tools are operating properly or walk through an evacuation drill with your loved one.

H Have peace of mind knowing that you have an “IN TOUCH” plan.

- Stay calm. If an emergency situation arises, follow your plan.
- Don’t panic should the plan not work exactly as anticipated. If one contact cannot be reached at the time needed, be confident that you have included other resources.
- Take an opportunity following an emergency situation to evaluate your plan. Be honest about what worked and what did not. Seek input from your loved one and your team. Change what needs to be changed. Then update and redistribute your “IN TOUCH” plan.



My “IN TOUCH” Plan

Identify potential emergency situations

(home, neighborhood, natural disasters)

1. _____
2. _____
3. _____
4. _____

Note community resources

(Area Agency on Aging, informal networks, doctors, pets)

1. _____
2. _____
3. _____
4. _____

Talk about individual circumstances

(Concerns, special needs, medical equipment, communications)

1. _____
2. _____
3. _____
4. _____

Outline plan in writing

(Key contacts, pertinent information, things to remember, distribute copies)

1. _____
2. _____
3. _____
4. _____



U pdate as situations change

(List review date and changes)

1. _____
2. _____
3. _____
4. _____

C ommunicate regularly and test

(Check with team, share with family)

1. _____
2. _____
3. _____
4. _____

H ave peace of mind.

Contact the Eldercare Locator at 800.677.1116 Monday-Friday, 9 a.m. to 8:00 p.m. (ET)

Visit www.eldercare.gov



Connecting You to Community Services

The Eldercare Locator is a public service of the Administration on Aging, U.S. Department of Health and Human Services, and is administered by the National Association of Area Agencies on Aging (n4a).



Here Are Some Services that can Assist Your Family Members

- Adult Day Care
- Caregiver Programs
- Case Management
- Elder Abuse Prevention Programs
- Emergency Response Systems
- Employment Services
- Financial Assistance
- Home Health Services
- Home Repair
- Home Modification
- Information and Referral/Assistance
- Legal Assistance
- Nutrition Services
- Personal Care
- Respite Care
- Senior Housing Options
- Senior Center Programs
- Telephone Reassurance
- Transportation
- Volunteer Services

Aging and Disability Resource Centers

A partnership between the U.S. Administration on Aging and the Centers for Medicare & Medicaid Services to support state efforts to assist older adults and persons with disabilities in accessing community-based and other long-term care services.



State and Area Agencies on Aging are uniquely positioned to help older adults and their caregivers find local resources and supportive services. Contact:



Connecting You to Community Services

800.677.1116

www.eldercare.gov

A public service of the Administration on Aging, U.S. Department of Health and Human Services



Home Fall Prevention Checklist

This checklist was adapted from “Check for Safety” by the Centers for Disease Control and Prevention (CDC) Foundation/MetLife Foundation to help seniors lessen falling risks in their homes. For more information from the CDC on preventing injuries, go to www.cdc.gov/injury or call 770-488-1506.



FLOORS: Look at the floor in each room and answer the following questions.	YES	NO	If you checked “YES” ...
When you walk through a room, do you have to walk around furniture?			Ask someone to move the furniture so your path is clear.
Do you have throw rugs on the floor?			Remove the rugs or use double-sided tape or a non-slip backing so the rugs won't slip.
Are there papers, books, towels, shoes, magazines, boxes, blankets, or other objects on the floor?			Pick up things that are on the floor. Always keep objects off the floor.
Do you have to walk over or around wires or cords (like lamp, telephone, or extension cords)?			Coil or tape cords and wires next to the wall so you can't trip over them. If needed, have an electrician put in another outlet.
STAIRS AND STEPS: Look at the stairs you use both inside and outside your home and answer the following questions.	YES	NO	If you checked “YES” ...
Are there papers, shoes, books, or other objects on the stairs?			Pick up things on the stairs. Always keep objects off stairs.
Are some steps broken or uneven?			Fix loose or uneven steps.
Are you missing a light over the stairway?			Have an electrician put in an overhead light at the top and bottom of the stairs.
Do you have only one light switch for your stairs (i.e. only at the top or only at the bottom of the stairs)?			Have an electrician put in a light switch at the top and bottom of the stairs. You can get light switches that glow.
Has the stairway light bulb burned out?			Have a friend or family member change the light bulb.
Is the carpet on the steps loose or torn?			Make sure the carpet is firmly attached to every step, or remove the carpet and attach non-slip rubber treads to the stairs.
Are the handrails loose or broken?			Fix loose handrails or put in new ones.
Is there a handrail on only one side of the stairs?			Make sure handrails are on both sides of the stairs and are as long as the stairs.

KITCHEN: Look at your kitchen and eating area and answer the following questions.	YES	NO	If you checked “YES” ...
Are the things you use often on high shelves?			Move items to lower cabinets. Keep things you use often on the lower shelves (about waist level).
Is your step stool unsteady?			If you must use a step stool, get one with a bar to hold on to. Never use a chair as a step stool.
BATHROOMS: Look at all your bathrooms and answer the following questions.	YES	NO	If you checked “YES” ...
Is the tub or shower floor slippery?			Put a non-slip rubber mat or self-stick strips on the floor of the tub or shower.
Do you need some support when you get in and out of the tub or up from the toilet?			Have a carpenter put grab bars inside the tub and next to the toilet.
BEDROOMS: Look at all your bedrooms and answer the following questions.	YES	NO	If you checked “YES” ...
Is the light near the bed hard to reach?			Place a lamp close to the bed where it's easy to reach.
Is the path from your bed to the bathroom dark?			Put in a night-light so you can see where you're walking. Some night-lights go on by themselves after dark.

Other Things You Can Do to Prevent Falls

- Exercise regularly. Exercise makes you stronger and improves your balance and coordination.
- Have your doctor or pharmacist look at all the medicines you take, even over-the-counter medicines. Some medicines can make you sleepy or dizzy.
- Have your vision checked at least once a year by an eye doctor. Poor vision can increase your risk of falling.
- Get up slowly after you sit or lie down to prevent dizziness.
- Wear shoes both inside and outside the house. Avoid going barefoot or wearing slippers.
- Improve the lighting in your home. Put in brighter light bulbs. Florescent bulbs are bright and cost less to use.
- It's safest to have uniform lighting in a room. Add lighting to dark areas. Hang lightweight curtains or shades to reduce glare.
- Paint a contrasting color on the top edge of all steps so you can see the stairs better. For example, use light-colored paint on dark wood.

Other Safety Tips

- Keep emergency numbers in large print near each phone.
- Put a phone near the floor in case you fall and can't get up.
- Think about wearing an alarm device that will bring help in case you fall and can't get up.

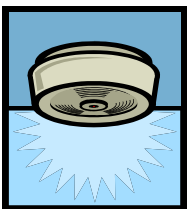
Adapted from: "Check for Safety", Centers for Disease Control and Prevention (CDC) Foundation/MetLife Foundation (2005).

Tips for Improving Residential Fire Safety

Below are important safety tips for preventing and responding to residential fires; the tips were written with seniors in mind. The information was adapted from public awareness materials developed by the U.S. Fire Administration and the American Red Cross.

Install and Maintain Alarms.

Install working smoke alarms on every level of your home, especially near sleeping areas. Test and dust each alarm monthly, and change the batteries at least once a year.



Smoke alarms have significantly reduced the risk of death or injury from fire. Smoke alarms give people an early warning that allows for early escape. If possible, install smoke alarms away from kitchens and bathrooms to reduce nuisance alarms. To control nuisance alarms, install alarms with a temporary silencing feature. If you are hearing-impaired, install an alarm that alerts using a visual signal. If necessary, get someone (a relative, neighbor, or fire department official) to help you test and clean each alarm monthly and change the batteries at least once a year.

Install a CO detector/alarm in the hallway near every separate sleeping area of the home. Make sure the detector/alarm cannot be covered up by furniture or draperies, and avoid corners (where air does not circulate).

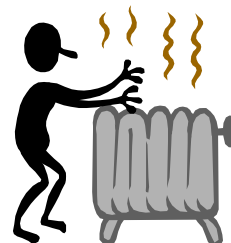
Carbon Monoxide can have different affects on people based on its concentration in the air that people breathe, but exposure can cause respiratory damage and death. Because you can't smell, taste, or see it, you can not tell that CO gas is present. The initial symptoms of CO poisoning are similar to the flu (but without fever), including: headache, fatigue, shortness of breath, nausea, and dizziness. There are many ways in which carbon monoxide can be released into your home: fireplaces, heaters (including hot water and kerosene heaters), gas stoves or ovens, automobiles (through attached garages or nearby traffic), grills (propane, gas or charcoal), and dryers with clogged ductwork. If the alarm sounds, evacuate your home and call 911 for assistance. Leave it to the professionals to determine the source of the CO.

Heat Your Home Safely.

Have a professional service all heating equipment annually. Keep combustibles and anything that can burn or melt away from all heaters, furnaces, fireplaces, and water heaters. Never use a range or oven to heat your home.

Hundreds of fires start each year when things that burn, such as curtains, clothing, bedding, gasoline, or paint solvents, are placed too close to heaters, furnaces, wood stoves, fireplaces, or water heaters. Store flammable liquids like cleaning solvents and gasoline outside of your home. Have at least three feet of clearance in all directions around portable/space heaters. Use the proper fuel for all heating equipment. Change filters in furnaces monthly. Keep chimneys clean. To prevent scalds, set the temperature of your water heater no higher than 120°F. All heating devices should be checked and serviced every year by a professional.

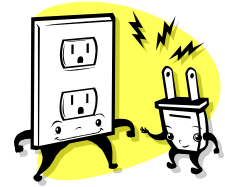
Purchase only appliances, electrical devices, and heaters that bear the label of an independent testing laboratory; these have gone through rigorous testing and are approved for use in the home and are less likely to cause fire.



Practice Electrical Safety.

Have a professional electrician inspect your home's electrical wiring system at least every 10 years, and make recommended repairs. Never overload the electrical system. Plug each appliance directly into its own outlet, and avoid using extension cords. Have an electrician install ground fault circuit interrupters in rooms where water may be present. Install and maintain electrical appliances according to the manufacturers' instructions.

Homes more than 40 years old are three times more likely to catch on fire from electrical causes than homes 11 to 20 years old. That's because older wiring may not have the capacity to safely handle newer appliances and equipment and may not incorporate updated safety features. Ground fault circuit interrupters (GFCIs) are important electrical safety devices that offer superior protection against dangerous electric shock and also may prevent some electrical fires. Have GFCIs installed in bathroom and kitchen circuits, and in other locations where water and dampness may be present. Call a professional electrician to make sure you have the proper fuses, find reasons for blown fuses and tripped circuit breakers, replace old or damaged outlets and install more outlets if needed. You are less likely to overload electrical outlets if you use no more than one high-wattage appliance on a circuit at a time. Extension cords are meant for temporary use only, and should be unplugged when not in use. If you see frayed cords on older appliances, have the cord repaired; better yet, replace the appliance altogether. Make sure wiring is not under rugs, attached by nails, or in high traffic areas. Make sure electrical outlets have cover plates and no exposed wiring.



Use Smoking Materials Safely.

Never smoke in bed, while drowsy, or while under the influence of medication or alcohol. Use large, deep ashtrays for smoking debris, and let the contents cool before you dispose of them. Douse ashes with water and place ashtrays in the sink.



Careless smoking accounts for nearly one-third of the fire deaths in adults over age 70. It is also a leading cause of fire injuries among older people. If you smoke, never smoke in bed, while drowsy, or while under the influence of medication or alcohol. Use large, deep ashtrays so smoking materials don't fall out. Warm ashes dumped in wastebaskets can smolder, then ignite surrounding trash. At the end of the day, put the ashtray in the sink, fill it with water, and let it sit overnight before you dispose of the contents. Or, dispose of cigarettes and matches in a metal container, such as a coffee can with a lid, and let it cool overnight. Check furniture for smoldering cigarette butts and ashes before going to bed.

Pay Attention to Your Cooking.

Keep pot handles turned inward, and keep cooking surfaces and surrounding areas free from clutter and grease build-up. Use pot holders and oven mitts. Never lean over a hot burner and avoid wearing loose clothing with flowing sleeves while cooking. Take a reminder with you (or set a timer) if you must leave the kitchen with food cooking on the range top.

Cooking fires are a leading cause of burn injuries among older people. Prevent fires and burns by being watchful and alert when you cook, keeping pot handles turned inward, not overheating food (especially fats and oils) and keeping cooking surfaces clean. Always use pot holders and oven mitts when opening the oven and handling hot pots and pans to prevent burns. While cooking, never lean over a lit burner and avoid wearing loose clothing with flowing sleeves, such as nightgowns or bathrobes. These can catch on fire from a burner. If you must leave the kitchen when you are cooking, set a timer and take a pot holder or wooden spoon with you to remind you that food is cooking.

If you are cooking and a fire starts in a pan, slide a lid over the burning pan and turn off the burner. Leave the lid in place until the pan is completely cool. Using a lid to contain and smother the fire is your safest action. Getting the fire extinguisher or baking soda to extinguish the fire delays action. Flour and other cooking products can react explosively to flame and should never be sprinkled over fire. Moving the pan can cause serious injury or spread the fire. Never pour water on grease fires.

Keep Matches and Lighters Away from Children.

Store matches and lighters in a locked drawer or a high cabinet away from the reach of grandchildren or other youngsters. Make sure lighters are child-resistant.



Young children are often attracted to products that can produce flames. Be sure to lock away any matches and lighters when you have young visitors in your home. Using lighters that are child-resistant can prevent deaths and injuries. If you light candles in your home, keep them out of the reach of children. Make sure candles are placed on a wide flat base where they could be hard to tip.

If you use Security Bars...

Use quick-release devices on barred windows and doors. Security bars without release devices can trap you in a deadly fire. If you have security bars on your windows, be sure one window in each sleeping room has a release device. If smoke or fire is blocking the primary exit, you must be able to use your secondary routes quickly. Fire deaths have occurred when people were trapped by security bars and were unable to get out and firefighters were unable to get in.

Know What to Do in Case of Fire.

Practice two ways out of every room in your home. Get out as soon as you discover a fire; do not try to fight the fire or gather possessions. Once out of the house, stay out; do not attempt to enter a burning home to gather possessions left behind. Immediately dial 9-1-1 or your local emergency number for help, preferably from a neighbor's phone.

If you are behind a closed door, feel it with your hand before opening it. If the door is hot, look for another possible exit out of the room. Make sure windows can be unlocked and opened, and security bars released. If you are passing through a smoky area, stoop low so that your head is beneath the smoke. If your clothes catch on fire, stop, gently drop to the ground, cover your face and roll to smother the flames. Do not try to fight the fire; that will only delay your escape. Leave your possessions behind, and never go back into a burning building for any reason.



Planning what to do in case of fire can make the difference between life and death. You should practice two ways out of every room in your home. If you use a wheelchair or walker, or otherwise might have a problem escaping from a fire, discuss your escape plans ahead of time with your fire department, your family, the building manager, and neighbors. Let them know about your special circumstances and ask them to help plan the best escape routes for you.

Facts and Fiction about Residential Fires

Fiction: Water can be used to put out any fire.

Facts: Some fires, like those caused by grease, can be spread by throwing water on the fire. If a fire starts in a pot on the stove, you should slide a lid on the pot and turn off the burner.

Fiction: If a fire starts in my home, I can put it out with my fire extinguisher and not trouble the fire department.

Facts: While home fire extinguishers can put out some small fires, many fires start out small and grow quickly. Each year, more than 100 civilians are fatally injured while trying to put out fires. Much more damage to homes is caused by delaying a call to the fire department while trying to put out a fire. If you use a fire extinguisher on a small fire and the fire does not die down immediately, get out and call the fire department from outside.



Fiction: It's easy—anyone can use a fire extinguisher.

Facts: Only people who have been properly trained should attempt to put out a fire with a fire extinguisher.

Fiction: I'm a light sleeper and would smell a fire, even if I were asleep.

Facts: Smoke contains toxic substances/poisons that can put you into a deeper sleep. That's why for new homes, interconnected smoke alarms are required on every level of the home, outside each sleeping area, and inside each bedroom. Although this approach is ideal for all homes, as a minimum, existing homes should have smoke alarms on every level and outside each sleeping area.

Fiction: If one fire sprinkler goes off, they all will go off.

Facts: Fire sprinkler heads operate independently and are triggered individually by the heat of a fire.

Adapted from:

Department of Homeland Security, U.S. Fire Administration, *Fire Safety Checklist for Older Adults*: www.usfa.fema.gov.
American Red Cross *Talking About Disaster: Guide for Standard Messages, Fires, Residential* (2007), and *Carbon Monoxide Poisoning Prevention Fact Sheet* (2001): <http://www.redcross.org/>

Additional Resources: Home Safety

Are you interested in learning more about the topics covered in this workshop? You may find the following online resources helpful. References consulted for this module are also included in this handout.

The **Alzheimer's Association** is a leading voluntary health organization in Alzheimer care, support and research. <http://www.alz.org/index.asp>. **Home Safety** from the Alzheimer's Association includes tips on how to create a safe and supportive home environment for the Alzheimer's patient: http://www.alz.org/living_with_alzheimers_home_safety.asp.

American Red Cross: Enter your zip code to find your local Red Cross chapter with free information on disaster preparedness, services, training, and volunteer opportunities in your community: www.redcross.org. **What we can do to Save our Lives** from American Red Cross is practical information for seniors and written by seniors on how to be prepared for different emergencies, and what to do in the event of one: <http://www.prepare.org/seniors/srsforsrs.htm>.

Centers for Disease Control and Prevention publishes information on preparing for natural disasters like hurricanes, floods, earthquakes, as well as staying safe (re: illnesses, food and water, insects), evacuating, protecting pets, power outages and other disaster and prevention-related topics: <http://emergency.cdc.gov/disasters/>.

Salt Lake Valley Health Department Family Preparedness Emergency Guide: This free guide provides a wealth of information on preparing a family disaster plan and supplies kit; home safety, sheltering in place, preparing for and coping with disasters such as gas leaks, fires, storms, etc. The guide takes into consideration the special needs of all family members, including elders, children, and pets: http://www.slvhealth.org/cs/media/pdf/Family_Emergency_Preparedness.pdf.

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American Red Cross:

2007. Talking About Disaster: Guide for Standard Messages. http://www.redcross.org/images/pdfs/code/Fires_Residential.pdf.

2006. What we can do to Save our Lives. <http://www.prepare.org/seniors/srsforsrs.htm>.

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Training Feedback Survey

Please help us improve our training sessions by providing feedback on the training you attended. Thank you!

Training/Session Name: _____ Date: _____

Lead Facilitator: _____

Program you serve with: SCP RSVP Other: _____

Please rate this session using the following scale:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	1	2	3	4	5
1. The subject matter was presented effectively.					
2. The facilitator was knowledgeable.					
3. The facilitator responded to questions.					
4. There were enough opportunities for discussion.					
5. The written materials are useful.					
6. The session met my expectations.					
7. As a result of this training, I gained new knowledge applicable to my volunteer assignment.					
8. I plan to apply what I learned at this session.					

9. What did you like best about this session?

10. What would have improved this session?

Thank You! Your feedback will help us to improve our training!