



Here's How You Can Safe Guard Your Independence At Home

A Home Health and Safety Report
Guides You To *Iron Out* The Risk To Independence

Home Health and Safety Report

Loosing your independence can happen, probably quicker than you think.....

....Maggie was frozen in fear, paralysed by her deep concern that she couldn't do it, that she would fall. This upset her greatly. You see, it was the most mundane and necessary task she had done all her life. Yet for all the tea in China, she couldn't do it.

Ever since her husband of over 50 years had passed away some 10 years ago, to all concerned, she seemed to have found a *resilient* self. One that kept her moving.

Now, in her 80th plus years she found her self at the side of her bed. She could not get up to go to the toilet.

What she had done all her life bar those first years now seemed like an Everest task. She felt embarrassed. Her pride had taken a sting from the fact the toilet was now a marathon effort away.

In fact, the toilet was only 10m from her bedside. The problem was, she had "slid" off the side of her bed several times over the last six months and found it breathlessly difficult to get off from the floor during these times.

She knew she had an alarm service, but she did not want to bother the children. She didn't mention these experiences to them either for not wanting to get them worried.

You could say the warning signs were there, but no one knew about them.

What she had not told her children was that she had hurt her shoulder after closing the fridge only to collide in the wall next to it a few days before this moment.

So here she was.....

At 4am she felt alone, sore and terrified. She hurt herself in the effort to get to the toilet and fell to the floor in tears, unable to get up. She sat there for a few hours before hitting her personal alarm.

A fractured arm, her personal confidence in tatters and a grey perspective in life sat around her like a shroud until the end of her days.

The essence of this story may resonate with you. You may have in fact nodded your head at a few points, perhaps it felt like gazing at your future self or loved one?

I know this story as it happened to my Grandmother.

Is a fall preventable?

The resource we have compiled here is our commitment to prevent falls because in most cases they can be prevented.

By staying healthy and active, maintaining strength and balance, identifying falls risk factors and addressing them are actions which can help maintain independence at home, so let's get started.

YOUR INDEPENDENCE MATTERS

What do you have to lose?

A Home Health and Safety Booklet for carers and people affected by chronic disease

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Disclaimer

The information contained in this article is from published sources including web reports, news articles, empirical research and government publications.

No representation is made that (1) you will achieve a substantial change to your situation; (2) that the information set out above contains all of the essential facts. If you have a question you should submit them to OT@gethealthcaredirect.com.au.

To ascertain a diagnosis and formulate a recommended management plan, a full history, examination and certain investigations will be required. Therefore clinical questions cannot be answered nor clarified within this booklet without appropriate referral and subsequent consultation and examination.

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References

A copy of the references materials reviewed to compile this material is available upon request. Email OT@gethealthcaredirect.com.au to request the reference list.

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The Facts Of The Matter

Hey, We Have In All Likelihood Had A Fall, Right?

No doubt dusted our selves off and got on our feet and kept going.

But, what appears to be the big factor here is how attentive are we to the risk of why we have fallen..

“ Oh I tripped up it was nothing... It wasn’t nothing at all” How often do we end up face down on the floor to our surprise?

“ It was the concrete path.....”

Ok, if this is all true, what has been done about it? If it happened once do you think it can happen again?

The falls data indicates that having one fall increases the risk of another fall in the near and short term future. That is why it is common to have “previous falls” as a question in a home safety and falls check.

Interestingly, most falls occur from heights less than a meter from the ground standing sitting or the first rung of a step for example.

The Facts Of the Matter:

Falls are the leading cause of accidental injury for Queenslanders aged 65 years and over and represent a very large costs to both the person’s independence and their carers .

- **One in every four older people will fall every year.**
- Over 40 % have multiple falls and over 30 % of those who fall require medical attention as a result
- **The chance of being admitted to an aged care facility after being hospitalised with a hip fracture increases to 1 in 9 for those people who do not already reside in an aged care facility.**
- The number of older Australians hospitalised after a fall continues to rise, with older women accounting for more fall cases than men

What Are Falls Risk Factors?

A fall can occur as a result of many factors. Those commonly associated with older people falling are listed below. They are commonly characterised as personal (internal) and environmental or external.

Are Risk Factors Important?

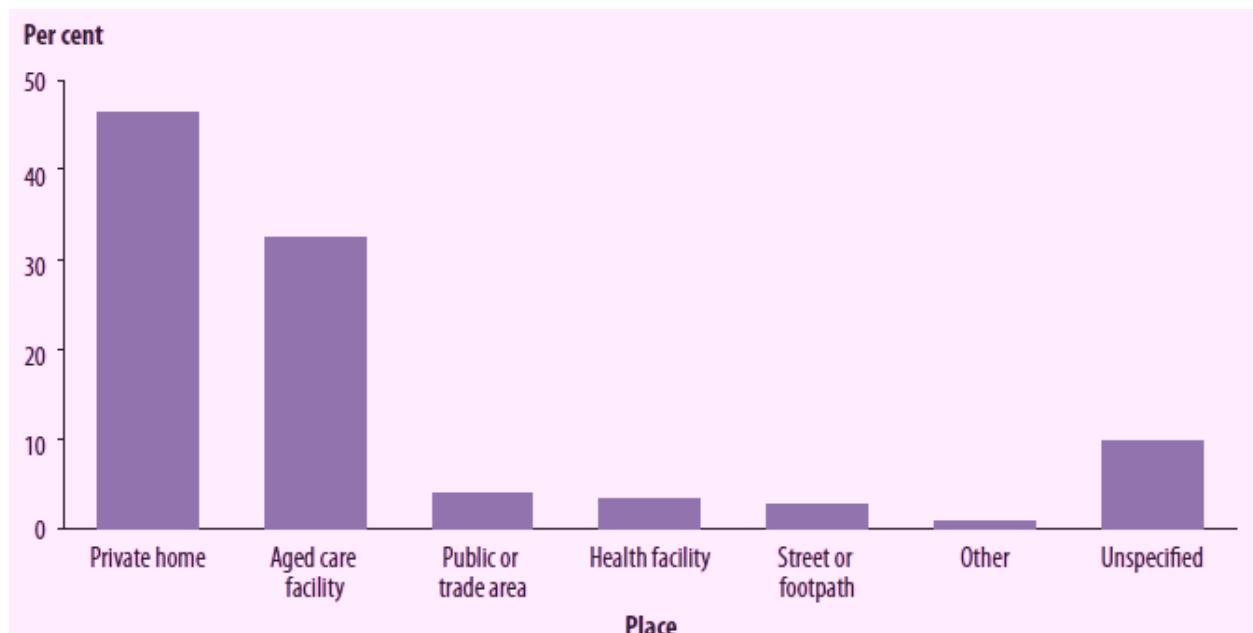
Falls by in large are caused by a combined number of risk factors. So you can appreciate the need to identify and modify risk factors at any one time so you can effectively reduce the risk of falls.

It is worth pointing out that not all risk factors can be modified where as, others can, such as strength, balance and your personal environment. That is why the checklist has been put together, so that you can take action against the changeable risk factor.

Where Does It Happen? Place People Break Their Hips

It's clear, most falls happen in the places we live, our homes.

Source: AIHW Bulletin 76 March 2010: Sourced from the web



About Us

In-Home Occupational Therapy Service - Brisbane

Philosophy of Strength

At Occupational Therapy Brisbane we believe people are strong. Individuals deserve the best life possible regardless of past and current medical conditions.

So, Occupational Therapy Brisbane was formed to work with the body, encourage the spirit, and respect the person. All in a place that matters most, either at work or at home.

Unwavering commitment to help our patients live better lives. You deserve no less. Why settle for “some improvement” when you might regain more of the life you love.

Our goal is to help you move and do the tasks which are important for you either at work or at home. We want to put quality back into your everyday living.

Occupational Therapists or OTs for short, help people remember what it is to function optimally and regain what they once thought impossible. To recapture a better quality of life. They do it with inspiration, compassion, encouragement and skill.

As an occupational therapist we use activity analysis to assess tasks that have become difficult for people. Essentially this is a way of looking into and understanding the challenges that people have in their day to day life.

We, will analyse a person’s physical, psychological, social, cognitive and environmental needs, and provide rehabilitation, or develop new strategies to enable people to continue to do the activities they need or want to do.

What You Can Expect If You Choose Us To Work With You

Great therapists working in a great system to achieve great things. When we founded OT Brisbane we didn’t copy the old way. We just did what seemed right. Right for our company and importantly right for our future clients’ need.

But, most of all, **Right for You.**

In-home care. We always visit patients in the comfort of their homes. It’s easier on them and their families without the worry about transport. It also helps our patients relearn in the perfect environment – their home. They can relearn how to bend down to their refrigerator, reach up to their cabinets, or walk up their stairs. And remember, our patients do not have to be homebound or have a skilled nursing need. Why at home, well we just think it’s better that way for the client.

One-on-one relationships. The same therapist every visit means the opportunity to develop caring relationships that have proven to maximise what therapists can achieve. Patients come to trust their therapist, and therapists learn the abilities and limitations of their patients.

No “set” number of treatments. To have lasting wellness, one must heal completely. GHD Occupational Therapy is operates to provide the correct level and length of care, as dictated by each person’s unique need and never going longer than is necessary.

Turn to next page to get started.....

Proactive approach. Staying well and strong is much easier than rehabilitating from illness or injury. Why wait until after a fall? Why wait until physical limitations require assistance from a caregiver? Why wait for knee arthritis to result in a disability? Why wait until after a car accident to address driving concerns? Get the help needed to stay strong now.

1. Doing a home safety checklist is of no value if you do nothing with the information you have about the risks you have noted.
2. This is not an exhaustive list and you may find some areas are not relevant or applicable to you and your situation.
3. This does not substitute professional advice provided by a registered health professional.
4. No one home health and safety checklist is recommended for use in all home situations.
5. This home health and safety checklist covers some falls risk factors as well as personal safety and general home considerations

Evidence-based programs and treatments. We base everything we do on what works best, not on what's covered or what's traditionally done. We can hone in on effective treatment because our clinicians have a special interest in prevention and rehabilitation of Australians in the second half of life. We do in-residence evaluations, home safety assessments, and offer treatments in a patient's own environment.

We assign a well-trained professional therapist to come to your home to observe, create a plan of care, and set goals specific to your individual environment.

We cover the greater Brisbane Area and offer Tele-health services across the state of QLD.

To Help Out We Have Put Together a Home Safety and Wellbeing Checklist.....>

Home Safety Evaluation Checklist

A quick pointer about the use of checklists:

How to Use The Checklist

Step 1: Go to each room/area of your home with this checklist; look for the hazards/items that are listed below. Some items may not relate to your home.

Step 2: If the problem is present in your room/area, check off in the appropriate box. After checking all the problems make a note of the action needed to address your concern.

Step 3: Write down what action you are planning to take and have already taken to prevent falls in the Personal Action Plan for your records. Place this somewhere in your home where it gets your attention, a prompt for action.

Step 4: It may be a good idea for you to ask your family and friends a home safety modification and assistive device for your birthday present or Christmas present. Also talk with your friends about home safety. It can be a great gift for them to prevent future falls.

***** The outcome here is to make a list, prioritise actions and complete the ones you feel comfortable and competent to do so. For areas that you need further information talk with a registered occupational therapist or your GP. *****

PERSONAL RISK FACTORS

Personal Risk Factors <i>Are any of the following present in the person?</i>	No	Yes
• The person has a fear of falling		
• limitations in mobility and undertaking the activities of daily living		
• impaired walking patterns (gait)		
• impaired balance		
• visual impairment		
• reduced muscle strength		
• poor reaction times		

Personal Risk Factors <i>Are any of the following present in the person?</i>	No	Yes
<ul style="list-style-type: none"> use of multiple medications specifically benzodiazepines, antidepressants, anti-psychotics and psychoactive medications. 		
<ul style="list-style-type: none"> Had a recent fall 		
Actions:		

*****If a person is considered at high risk for falls after screening, a health professional should conduct a falls risk assessment to obtain a more detailed analysis of the individual's risk of falling. Talk to an occupational therapist or your GP to help you determine the right course of action for your situation.

NOTE: We offer a **FREE 15minute consultation** to help determine if we are the right service to help you with your situation. If we are not able to assist you directly, we will likely know where you may be able to access the right service and information.

EXTERNAL OR HOME RISK FACTORS: ABOUT THE HOME

External or Home Risk Factors	No	Yes
About The Home and Pet Care		
Stairs inside home are safe		
End of stairs is clearly marked (top and bottom)		
Handrails on both sides of stairs		
Hallways and doorways obstruction free		
Fire extinguisher available		
Smoke detectors present		
Adequate lighting		
Throw rugs absent		
Area rugs secure and safe		
Adequate heat		
Adequate cooling		
Hazardous materials stored safely		

External or Home Risk Factors	No	Yes
Adequate plumbing especially in the wet areas		
Absence of rodents/insects		
Adequate trash pickup		
Space free of clutter/debris		
Electrical cords safe		
Safe use of electrical circuits/extension cords		
Pets safe underfoot		
Able to feed pets		
Able to let pet outside		
Able to change litter box		
Able to provide pet adequate exercise		
Actions:		

BEDROOM

External or Home Risk Factors	No	Yes
Bedroom		
Able to get in and out of bed		
Room for hospital bed, if needed		
Light accessible		
Phone accessible from bed		
Emergency alert system accessible from bed		
Adequate heat		
Bedside commode		
Flashlight available		
Night light, if needed		

External or Home Risk Factors	No	Yes
Actions:		

BATHROOM

External or Home Risk Factors	No	Yes
Bathroom		
Able to get into bathroom		
Able to turn on light		
Able to get on/off commode		
Able to safely transfer in/out of tub or shower		
Able to use faucets		
Soap available		
Safe use of transfer bench		
Night light, if needed		
Grab bars available and secure		
Raised toilet seat, if needed		
Non-slip mat or strips in tub or shower		
Proper disposal of soiled incontinence pads		
Adequate cleaning/sanitizing		
Action:		

FOOD MANAGEMENT

External or Home Risk Factors	No	Yes
Food Management and Hygiene		
Adequate food storage		
Able to recognize if stove/oven is on		
Able to feel heat		

External or Home Risk Factors	No	Yes
Fire extinguisher available		
Able to use electric equipment such as toasters and kettles		
Smoke detectors present		
Able to prepare meal		
Able to operate microwave		
Able to get groceries		
Action:		

PERSONAL SAFETY AND COMMUNICATION

External or Home Risk Factors	No	Yes
Personal Safety and Communication		
Safe clothing for ambulation and circulation		
Wears shoes or non-skid socks inside		
Able to self-manage medications		
Safe storage of medications		
Able to manage thermostat		
Able to verbalize and enact emergency plan		
Able to prepare meal		
Able to operate microwave		
Able to get groceries		
Able to utilize telephone		
Emergency response system available		
Able to use system		
Can call for help in emergency		
Able to exit in emergency		
Able to clearly communicate needs		
Able to hear alarms		

External or Home Risk Factors	No	Yes
Action:		

ACTION PLAN

ACTIONS TAKEN TO PREVENT FALLS AND IMPROVE INDEPENDENCE AT HOME

The Problem/Hazard:	I will do:	I have done: (mm/dd/yyyy)	Resources used/Cost
EG. Reduced mobility and fear of falling	Talk to my GP and consult and Occupational Therapist	02-7-2013	GP arranged a subsidised visit by an OT. Other services also include Podiatry and home care services

Tracking what you have done can be a helpful tool when talking with your GP, other health professionals as well as in home support services and family members.

How To Get In Touch

Contact Us Today

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