

Risk

Spring
2014

Vol. 15
issue 1

Reporter

for Senior Living Communities

A quarterly publication by Church Mutual Insurance Company



Improve resident mobility with appropriate scooter use

Scooters can be a great way to improve residents' quality of life. They can help maintain independence and minimize falls — and they may even contribute to improved mental health as research suggests that reduced physical ability and mobility may be linked to depressive symptoms.¹ That said, they're not the right choice for every resident.

Two categories of scooter users

"Some residents may be able to walk but use a scooter in limited situations," said Mark E. Smith, public relations and market outreach manager for Quantum/Pride Mobility Products. "They might be going on a trip and want to keep up with everyone or in a situation where their stability might be compromised — say, a crowded venue where they're likely to get bumped."

Other residents may require a scooter to perform activities of daily living. "Two strong triggers are cardiovascular or pulmonary compromise or limited leg function," said Alice Bell, PT, DPT, GCS, a spokesperson for the American Physical Therapy Association. "In the first case, walking may place too much of a workload on their heart or lungs. In the second, residents may be limited in their ability to use their legs because of a spinal cord injury, a neurological or neuromuscular disease or an amputation with an inability to use a prosthesis. Pain or the inability to maintain an upright position may also be contributing factors."

"Regardless of why residents use scooters, the common denominator is independence," Smith said. "Scooters allow them to get out of their rooms. There are huge physical, psychological and emotional benefits."

Don't transition to a scooter too quickly

"Meaningful physical activity is extremely important," Bell said. "A scooter means individuals stop bearing weight, and that can impact bone density. Becoming more sedentary can lead to greater muscle weakness and cardiovascular and pulmonary compromise. Educate your residents. Help them understand their options and come up with the best solution for the individual."

(See Appropriate scooter use, Page 2)

Inside

Seasonal Spotlight
Improving sharps safety

Managing Your Risks
Documenting near misses and injuries

Q I A
Risk Reporter talks with Shelley Feist, the executive director of the Partnership for Food Safety Education

¹<http://www.ncbi.nlm.nih.gov/pubmed/14582683>

(Appropriate scooter use)

Is a scooter a good fit?

"Many residents don't understand the complexity of using a scooter. They purchase one without assistance and find they can't use it once it arrives," Bell said. "Involve a physical and/or occupational therapist (PT or OT) in the assessment process. It's important to understand an individual's cognitive and physical abilities in order to work with the scooter vendor to find the best option."

Before a resident orders a scooter, facility staff should determine the following:

Cognitive abilities

- Is the resident capable of safe driving?
- Do they understand your facility's safe driving rules?

Physical abilities

The resident must be able to:

- Get on/off a scooter
- Maintain balance while on the scooter
- React quickly to a changing environment
- Operate the scooter, including the ability to start/stop, steer, adjust speed controls, navigate obstacles, manage directional controls and drive at the appropriate speed; arm and neck mobility are vital
- Use the scooter to get to all needed destinations
- Operate in both open and confined spaces and get on/off an elevator

Vision and hearing are also critical to safe operation. Residents who suffer from sleep apnea or seizure disorders are probably not good scooter candidates. Analyze residents' medications and their side effects.

"Work with a trained, experienced salesperson who takes the time to evaluate a resident's needs before ordering and provides thorough training upon delivery," Smith said. "There are several certifying bodies that deliver technology and medical training — ask for proof of certification."

Picking a scooter

Travel mobility scooters come in a wide range of price points (many are in the \$700 to \$3,000 price range) and with a mind-boggling array of features.

Features that every scooter should have:

- Accessible and safe on/off switch — Operated by a key and located in a place that's difficult to hit by accident
- Automatic braking — When the user lets up on the throttle, the scooter should automatically come to a slow stop.
- Adjustable features — Including a tiller bar and seat
- Horn — To alert others and to let staff know if help is needed

- Battery range — Most can go from 7 to 25 miles on a charge.
- Four wheels — Four wheels are more stable and can typically be used for a longer period of time.
- Mirrors — Including rear view and side

The driver's test

Before residents take to "the road," determine whether they can handle their scooters safely.

"Have a PT or OT use a standardized test, like the Power-mobility Indoor Driving Assessment or the Power-mobility Community Driving Assessment, to evaluate an individual's status and determine whether training is needed," Bell said. "A PT or OT may set up a simulated environment where the resident can practice."

Residents should pass a test that shows their ability to do a number of things, including starting/stopping the scooter; making a three-point turn; parking; doing a figure eight; operating directional signals; negotiating around turns, people and furniture; and responding to changing conditions. They should also show that they know how to check battery life and maintain their scooter.

Ongoing assessments

"Resident abilities can change quickly. Reassess whether a scooter is still appropriate any time there's a change in health status — including changes with medication or a fall — and at regular intervals, at least annually," Bell said. "Check the scooter for damage at these times too."

Changes in environment should also trigger a reassessment. "We sometimes underestimate the impact of a move, especially if the new area seems very similar to the old," Bell said. "Walk through a checklist to ensure the resident can use the scooter safely in this new area."

Rules of the road

To minimize accidents, establish rules about right of way and speed — Bell recommended a speed limit of 3 mph. Group furniture with scooter use in mind and don't block hallways or sidewalks with things that are hard to see and easy to run into — low tables, plants, etc. Specify where scooters can be used and parked.

If residents take scooters outside, instruct them to stay on hard, level surfaces and arrange outdoor seating and plants, so it's easy to operate the scooters.

"If residents travel alone with their scooters outside, set limits on where they are allowed to go," Smith said.

Scooter maintenance

"Maintain a 'charging station' where residents can bring their scooters," Smith said. "Establish a routine in which residents leave their scooters to be charged at this station every night; set up an area where everything is properly wired and spaced. This also avoids problems with scooters becoming a tripping hazard in a resident room or public area."





Managing Your Risks

Documenting near misses and injuries

Accident and incident reports involving residents, guests and employees are valuable documents that should be treated as such. These forms can provide important information about conditions or unusual events leading up to injuries or near-miss situations at your facility.

It's critical to investigate and record the details of an incident as soon as possible — after appropriate steps are taken to prevent further injury — while the details are still fresh in the minds of those who witnessed or were involved in the incident. Capturing the information in writing — rather than relying on memory — helps ensure the report will be as accurate as possible. Taking photographs is also a helpful method of documenting physical conditions.

Proper documentation is a critical element of a proactive safety program. It provides a starting point for investigating incidents and analyzing potential solutions. In addition, an accident report may prove to be valuable when dealing with a liability claim that surfaces weeks or months later.

Other benefits of properly documenting incidents include:

- Identifying strengths and weaknesses in your safety program
- Discovering areas where employee training may be needed
- Creating interest among management and staff in safety and accident prevention matters
- Identifying high-risk or frequent accident situations
- Potentially helping your facility comply with state and federal regulations
- Assisting your insurance company with the smooth handling of claims

For more information on safety resources for senior living communities, visit www.churchmutual.com/SLsafety.

Edward A. Steele
Risk Control Manager



Seasonal Spotlight

Improving sharps safety

With the wealth of information about proper device use and disposal, it seems as if needlesticks should be a thing of the past. Unfortunately, statistics prove otherwise — each year in the U.S., 5.6 million health care workers are at risk for a needlestick¹ and 600,000 incur one.² And these numbers don't include needlesticks with nonhealth care professionals.

Why does the problem continue? "People of varying abilities administer injections by needle in a host of settings using a range of devices," said Mary Foley, PhD, RN, chairperson of Safe in Common, a movement of health care personnel and other advocates created to help eliminate needlestick injuries. "Even if a product has a safety mechanism, its true value depends on the person using it. If the user hasn't been properly trained or can't operate the product correctly, safety is compromised."

Here are some steps that can help minimize needlesticks at your facility:

Require passive safety devices. Passive devices are typically defined as those that don't require a user to take additional steps to activate a safety mechanism.

"Passive devices are more expensive, but prices have dropped in recent years, and the cost difference is nothing compared to the price of an injury," Foley said.

If residents self-administer medication, require new admissions to use your recommended sharps and educate current residents on the value of making the switch.

Involve staff and residents in device selection. Passive safety devices can only minimize needlesticks if they're adopted and properly used. Research conducted by a variety of sources shows that everything from resistance to change to the belief that a safety feature hurts a resident could impact proper use.³

To improve adoption, invite multiple suppliers to your facility and involve staff and residents in evaluating devices. They'll offer valuable insights and be more likely to use the sharps correctly.

The "Top Ten Golden Rules of Safety" — developed by Safe in Common — provide guidelines that can help you, your staff and your residents select safe sharps devices. The list can be found at <http://www.safeincommon.org/blog/golden-rules-safety>.

Train staff and residents on proper use. Don't assume that all safety devices — even if they claim passive protection — will address all your problems. Provide thorough training and take the time to address any lingering concerns.

For more information about needlestick prevention, visit www.churchmutual.com/SLsafety, click *Risk Alerts for Senior Living Communities*, then "Needlesticks."

¹<http://www.osha.gov/SLTC/etools/hospital/hazards/sharps/sharps.html>

²<http://nursingworld.org/MainMenuCategories/ANAMarketplace/Factsheets-and-Toolkits/Fact-Sheet.pdf>

³<http://ohsonline.com/blogs/the-ohs-wire/2012/03/a-call-to-safety.aspx>

Q | A

A Perspective

The Centers for Disease Control and Prevention estimate that roughly 48 million people suffer from a foodborne illness each year. Of these, about 128,000 are hospitalized and 3,000 die. The U.S. Food and Drug Administration (FDA) reports that the elderly population is particularly at risk for serious consequences from foodborne illness. Risk Reporter recently spoke with Shelley Feist, the executive director of the Partnership for Food Safety Education. The organization's mission is to end foodborne illnesses and deaths in the U.S.



Risk Reporter: Why are the elderly more vulnerable to foodborne illness?

Shelley Feist: It's a combination of the changes to the immune system that naturally occur with aging and the fact that many elderly also suffer from chronic conditions that put additional stress on their immune systems' ability to fight pathogens.

Risk Reporter: How can you help employees understand the role they play in food safety?

Shelley Feist: Share how seemingly small things can make a big difference — for instance, explain what could happen if they don't wash their hands thoroughly or leave food on the counter for too long. Educate them on best practices in a way that doesn't feel too technical or overwhelming. It's valuable to get people thinking about how they would want food prepared for their own family or for an elderly loved one. Encourage employees to bring your facility's safety practices home with them — consistency is critical, and that's what you'll see if best practices become second nature in every setting.

Risk Reporter: Can you give us a quick rundown on the four core food handling practices — clean, separate, cook and chill — from the Partnership for Food Safety Education's Fight BAC!® campaign?

Shelley Feist: The four core food handling practices boil down to:

Clean — Wash your hands thoroughly for at least 20 seconds with soap and water before and after handling food. Rinse all fresh fruits and vegetables under running tap water — you don't need any special rinses — and pat dry with a clean cloth. With fragile foods, like berries, wash immediately before eating. Thoroughly clean your cutting board between all food types.

Separate — Separate all foods — especially raw meat, seafood, poultry and eggs — and use different cutting boards for each food type. Put cooked items on a clean platter — don't use the one that previously held raw food.

Cook — Cook your food thoroughly and use a thermometer. Don't rely on a visual judgment — it's inaccurate, and it can also cause you to overcook or undercook your food. A food thermometer will tell you when food is cooked for safety and quality.

Chill — When it comes to chilling, the U.S. Department of Agriculture and FDA say the biggest problem is that people keep their refrigerators too warm. Your refrigerator should be at 40 F or below. If it doesn't have a built-in thermometer, buy one. Divide big batches of hot food into small, shallow containers, so they cool more quickly, and don't feel you need to cool hot food before it goes into the refrigerator. Perishable foods should never be left out for more than two hours — and less in warm conditions.

- For more information about food safety, visit the Fight BAC! website at <http://www.fightbac.org>.