

Risk

Summer
2013

Vol. 14
issue 2

Reporter

for Senior Living Communities

A quarterly publication by Church Mutual Insurance Company



Managing difficult or aggressive residents

No one wanted to be around George. He scowled constantly, yelled at other residents for the slightest thing and had recently taken a swing at that nice new CNA.

But what could appear to be willful behavior on George's part might be anything but. Understanding the physical and emotional problems that can drive unpleasant or threatening conduct is critical to meeting the needs of a troubled resident and can help protect other residents and staff from harm.

Investigate underlying health issues

"If there's been a sudden change in personality, there's almost always an underlying clinical problem," said Suzanne Alford, director of operations management for CRSA®, in Memphis, Tenn. CRSA is an LCS Company®, which currently manages over 115 senior living communities nationwide.

Bladder infections, which can cause confusion and delusional behaviors, are often the culprit. Other potential causes can include a stroke, a change in medication or changing health that drives a new reaction to an established medication.

"A comprehensive physical should be your first step to determine what's happening and to rule out nondementia issues," Alford said.

Gain a better understanding of dementia

All staff should have basic training in what dementia is — the types and how individuals are likely to respond. CRSA requires all staff working with residents with dementia to go through Alzheimer's Association training.

"The progression of the disease is usually slow, and Alzheimer's doesn't tend to change the basic personality of the person," Alford said. "Frontotemporal dementia is another matter — people lose their social and decision-making skills, and the strategies that work with other dementia types likely won't work with this."

Put yourself in the resident's shoes

If a resident is habitually cranky or argumentative, try to understand life from their perspective. "The resident might be acting out due to boredom because they're struggling to deal with their loss of function or because they feel that staff is invading their personal space," Alford said. "It's very common for residents to react to staff behavior."

Carol Bradley Bursack, who has more than 20 years of experience caring for the elderly and is the founder of Minding Our Elders®, a resource for

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Risk Reporter talks with Harold Beck, public transportation program supervisor for The Braun Corporation

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caregivers and elders, agreed. “The resident could be crabby due to boredom or fear — often they can’t make sense of their surroundings. They could also be in pain — especially pain that’s hard to pinpoint and describe.”

To help her better understand what the elderly experience, Bradley Bursack attended a “dementia boot camp” that simulated the dementia experience. “They put popcorn in our shoes, so they were uncomfortable and hard to walk in, we wore glasses that blurred our vision and someone fed us — we had no control over what we ate. This experience helped me see that these people aren’t being stubborn; they’re confused, scared and overwhelmed.”

Treat resident behavior like a puzzle

“If you’re going to keep a resident whose needs are changing, you and your staff must be willing and able to learn what triggers unwanted behaviors and act to prevent or minimize them,” Alford said.

Alford recommended that staff learn how to observe and track behaviors — when and where they occur, what’s going on when the behavior happens and who’s there at the time. “Most behaviors are caused by something outside the resident’s control, and taking the time to understand the resident and proactively address the issues that are likely to upset them can go a long way toward controlling unwanted behavior,” Alford said.

Engage the resident

Learn who this person was before they started to deal with health changes and try to find opportunities to re-engage in activities that were meaningful to them in the past. This knowledge is very helpful in redirecting residents. “Say the resident doesn’t like to eat meals but does like to draw,” Alford said. “You can start them with a drawing activity, then slowly introduce food. This knowledge is also helpful if you need to divert an agitated resident.”

Recognize that being bathed by another person is often very stressful. “People of this age, especially women, are often quite modest,” Alford said. “Take steps to ease their anxiety like bathing them in a gown.”

“Sometimes something as simple as asking them, ‘Are you cold?’ or ‘What would you like to drink with breakfast?’ can make a world of difference,” Bradley Bursack stressed. “Treat them like the human beings they are. They’ve already lost so much and are very aware of their losses. Allow them to make as many choices as practical.”

Don’t assume that the person is just grumpy. “Sometimes staff gets busy, and it’s easy to jump to a conclusion,” Bradley Bursack said. “Investigate — maybe they’re upset because they’ve got a pin in their clothing that’s sticking into them and they can’t explain it.”

When possible, assign preferred staff to work with the resident. “Bonding is critical, and residents will benefit from working with people they like,” Alford said.

Recognize that employees are under stress

Dealing with aggressive or challenging residents day after day can be quite draining for employees. “We sometimes offer staff the chance to have a ‘vacation’ where they work in another part of the facility for a week or two,” Alford said. “It provides a respite and lowers their stress level.”

Reach out to volunteer resources

Staff seldom has time just to sit with a resident and engage. Enlist volunteers. “Just having someone who can come in, listen, do something pampering, like painting their nails or sitting quietly with a resident for a half hour, can make a huge difference,” Bradley Bursack said.

Good resources to investigate include local churches and RSVP, a group of senior volunteers.

Check out technology options

Newer technologies can make it easier for residents to enjoy favorite activities. For instance, an e-reader is lightweight and allows for a variety of font sizes, so someone who retains cognitive function might still be able to enjoy a book. For those who can no longer read, an MP3 player can be set up to shuffle through their favorite music without having to change a disc.

Dealing with aggressive residents

Force is never a good way to deal with unwanted behaviors. “Your goal is to help the resident calm down,” Alford said. “If you have a situation where they’re extremely aggressive, back up, bring the noise level down and bring the lighting down. When they’re quiet, ease them into an activity they enjoy.”

“Don’t argue with them,” Bradley Bursack stressed. “Try to agree with them and ask them what they’re upset about — although they might not be able to tell you. Redirect their attention in some way.”

That said, staff should know how to protect themselves. “Knowing how to block a punch without hurting the person who’s doing the hitting is a critical skill to learn,” Alford said.

Good resources for this training include the local police department and martial arts instructors for basic self-defense skill training.

Be realistic about whether your facility is a good fit

As needs change, your facility might no longer be the right place for a resident. “Some residents eventually need a dedicated dementia community in order to have quality of life or a higher level of medical care,” Alford said. “The resident’s welfare always needs to be the top priority.”

- **Resources:** For additional information on frontotemporal dementia: <http://memory.ucsf.edu/ftd/>

Dementia boot camp:
<http://www.healthcentral.com/alzheimers/c/62/9383/boot-camp-part-1>



Managing Your Risks

Staying hydrated in the heat

Proper hydration should not be overlooked as we enter the warm season. Without it, a person's physical and mental performance can be adversely influenced by the heat.

Residents and staff who experience signs of dehydration can become less alert and fatigued and have difficulty concentrating. In severe cases of dehydration, medical attention may be required.

Air conditioning is one factor that plays an important role in a person's ability to maintain proper hydration. An air conditioning unit cools the air by removing the moisture from it, which contributes to dehydration. The same effect occurs with humans - the air conditioning extracts moisture by drying out the body's systems, such as drawing moisture from the skin or lungs.

On top of that, certain medicines and caffeinated drinks can also contribute to dehydration.

Here are some tips that residents and staff can follow to help stay hydrated this summer:

- Drink a lot of nonalcoholic, noncaffeinated liquids. Have a hydration program in place and a recreational calendar full of activities that feature refreshing beverages for residents.
- On long drives, even in air-conditioned cars, vans or buses, water loss can be high. Make sure to pack bottled water for the trip.
- Maintain appropriately air-conditioned environments with backup procedures in place in the event of a power outage.
- Train staff to recognize the symptoms of dehydration and heat illness. Signs might include dry or sticky mouth, fatigue, thirst, decreased urine output, headache and dizziness.
- Dress in loose-fitting clothes made of light fabrics, such as cotton.
- Offer food programs that meet the nutritional and hydration needs of seniors.

One of the best and simplest ways to avoid dehydration is to encourage residents and staff to drink a lot of water.

Edward A. Steele
Risk Control Manager



Seasonal Spotlight

Protect expensive, critical systems from lightning strikes

Summer brings long days, warm nights and, for many, the threat of lightning. Given the many critical systems that could be damaged by a lightning strike, it's crucial to verify you've taken the right steps to protect your building. The following can lessen the risk of damage.

Have an experienced electrical engineer inspect your system

Choose an engineer with expertise in grounding and lightning protection to inspect your existing structure and systems and issue guidelines and specifications for improvements. These should spell out the exact steps to take and materials and equipment to be used — all should be Underwriters Laboratories-approved. "Involving an engineer establishes a chain of command and responsibility," said David Brender, PE, a member of the National Fire Protection Association (NFPA).

When bidding out the job, the specification document ensures all contractors are meeting the same standards and eliminates worries about cheaper components or shortcuts. "Tell all contractors the job will be inspected, and they won't be paid unless it meets specified standards," Brender stressed.

Have the specified engineer inspect the job periodically while work is in progress and/or when it is complete to ensure all standards are met.

Look for Lightning Protection Institute (LPI) membership

LPI is a not-for-profit organization whose mandate is to ensure high-quality lightning protection systems. "I'd have more confidence in a contractor or engineer who belongs to LPI, but there may be other, well-qualified designers who are not members," Brender said.

Brender also recommended choosing resources with health care experience and calling their references.

Meet NFPA 780 standards — at minimum

Developed by the NFPA, 780 is the Standard for the Installation of Lightning Protection Systems. "This is a good starting point, but I would highly recommend exceeding it — especially in a situation where you're dealing with the elderly and infirm," Brender said.

Use surge protection

These devices should be installed on every critical circuit and the panels serving them. Examples are your standby generator, transfer switches and electric service coming into the building. You should also plug your computer equipment into a surge protector. Nurse call systems typically run on a low voltage and are located in the interior of the building. If you've done a good job of bonding and grounding your overall system, your nurse call system should also be protected in the event of a lightning strike.

Q | A

A Perspective

As residents age, many rely on facility vehicles for transportation. The right van features, plus careful staff training, are vital to the safety and comfort of your residents and staff. Harold Beck, public transportation program supervisor for The Braun Corporation, a leading provider of commercial mobility products in Winamac, Ind., shared his thoughts on van safety.



Risk Reporter: What features give you the most flexibility to meet a variety of resident needs?

Harold Beck: Wide doors, low entry steps and marked thresholds are all important as are padded stanchions at the entryway. Seats should be high-backed with a wide, padded cushion made out of durable material. Install grab handles and armrests on all passenger seats and handrails on the ceiling. Make sure seat belts are easy to use. Space seats at least 9 inches apart. Step wells, floors and ceilings must be well lighted and your emergency exits clearly marked. Cover the floor with a nonslip material and have front and rear air circulation. Include a storage area for walkers, wheelchairs, oxygen tanks and resident belongings.

Risk Reporter: What should a facility look for in a wheelchair lift?

Harold Beck: Balance safety and reliability with ease of use and durability. The platform should have a nonslippery surface and high guard panels. Always have a safety sensor — most have an audiovisual alarm that alerts you to an obstruction — and edge sensors that tell you if the wheelchair is too close to the end of the platform. Choose a lift platform with front and rear access and either an emergency battery or manual lift in case of power failure. Safety arms or rails with grab handles provide extra convenience and stability. Try the lift out to make sure it starts and stops smoothly.

Risk Reporter: What steps are necessary to safely secure a wheelchair?

Harold Beck: This is absolutely critical — do it wrong and injury or death could occur. Have the occupant facing the front of the vehicle, then center the wheelchair between the floor tracks and apply the wheel locks. Next, attach the four straps. They should form a 45-degree angle between the floor tracks and where they attach to the wheelchair. Install the four track fitting ends into a slot in the floor track. Pull on the straps to ensure they're engaged and locked into the slots. If using an S-hook system, attach all four S-hooks to the wheelchair's structural frame. Once the straps are attached, release the brakes and check for movement. A secured wheelchair should not move more than 2 inches, front to back or side to side. Reapply the brakes.

Risk Reporter: What are some tips for using mirrors?

Harold Beck: Each vehicle should have left and right side mirrors, curved rear fish eye mirrors and bus boy mirrors, which let you see a wide angle in front of the vehicle — an area that's hard to see when you're up high. Put your drivers through training activities where they have to maneuver a driving course using mirrors only.