

“KAIGO”

Basics of Long-Term Care

Keishin-Gakuen Educational Group
Japan Welfare Education College
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Culture, Sports, Science and Technology in Japan)

INTRODUCTION

MESSAGE FOR THOSE OF YOU ABOUT TO STUDY LONG-TERM/AGED CARE

“You have loved even the dirt in my wrinkles and removed them carefully”

This is part of a note an elderly person in France wrote to a home-helper. The helpers read this note, which was found after the death of the person, and felt pride in their work as care workers for the elderly.

A person’s life is sometimes compared to a painting. Sketches are made, then colors are chosen, and finished, all according to the will of the person.

However, what happens if the person develops difficulty seeing, raising the arm, or moving fingers before the painting is completed?

In such cases, the painting will be completed with help from another person.

As shown here, long-term/aged care includes the physical care that involves direct physical contact, as well as mental care in which the care worker/giver considers the feelings of the care recipient and thinks about how to fulfil the wishes of the person.

How would you feel if you were unable to live your life without help from other people?

“Sadness” “Loneliness” “Isolated”

I am sure you have experienced these feelings before.

“That is why you are able to ease these feelings”

Please read the text while looking back upon these words at times.

You should be able to feel that the care worker/giver’s work is to eliminate isolation and loneliness.

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1. VALUE OF LONG-TERM/AGED CARE

NO. 1-1 UNDERSTANDING OF HUMAN DIGNITY AND INDEPENDENCE

[Value of Long-term/Aged Care] Key Learning Points include the following:

- ◇ 1. Consider how to support 'care recipient' with an understanding of human dignity and independence.
- ◇ 2. Understand attitudes and respect diverse cultures and values.
- ◇ 3. Understand the importance of confidentiality as a care worker/giver.

<Understanding of Human Dignity and Independence> Key Learning Points include the following:

- ◇ 1. Understand the need for independence and respect human dignity and rights.
- ◇ 2. Learn what support to provide and how to support clients depending on the degree of independence.

* 'Care recipient' refers to people in need of long-term/aged care.

1) What is Dignity?

This is a legitimate right of everyone and must be protected.

★ Dignity means that people should be respected and able to live in a society without abuse or discrimination, even if they are elderly people or have disabilities.

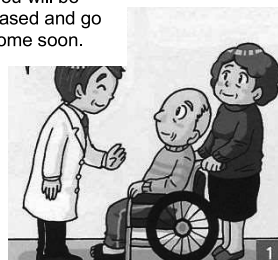
2) What is support that protects the dignity and helps the independence of older adults?

This may be support that ensures that 'the care recipient' thinks "I should still be alive." Elderly people may need to rely on others, such as care workers/givers, particularly when they are ill or frail. At such a time, will they think, "I should still be alive"?

3) Look at the following pictures and discuss the questions.

(1) Consider how the man in the wheelchair feels.

You will be released and go home soon.



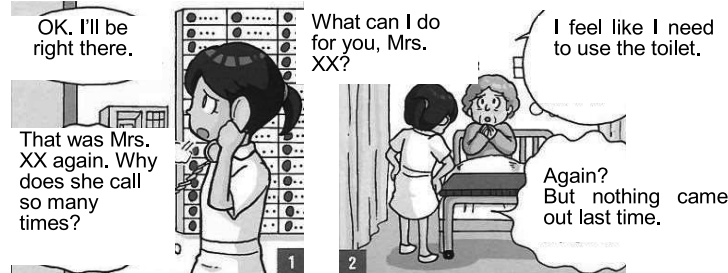
Right?
I don't know if I'll be all right. I'm worried about whether I can take care of you at home.



**1. VALUE OF
LONG-TERM/AGED
CARE**

**NO. 1-1 UNDERSTANDING OF HUMAN DIGNITY
AND INDEPENDENCE**

(2) Consider how the woman in the bed feels.



- As described above, dignity is defined as follows:
 - ★ People should be respected and able to live in a society without abuse or discrimination, even if they are elderly people or have disabilities.

(3) Support that protects the dignity and independence of older adults include the following:

- (i) Treat clients with warm consideration and respect as individuals.
- (ii) Communicate with clients so that they are encouraged to willingly talk.
- (iii) Be aware of the client's desires.
- (iv) Offer a place where clients feel free to indicate their intentions.
- (v) Treat clients as individuals who may be partly independent but not as vulnerable persons.
- (vi) Bring out the potential positive strengths of clients.
- (vii) Share the positive power with other clients, caregivers, and others.
- (viii) Provide information so clients can make choices.
- (ix) Support clients to select and make decisions by themselves.
- (x) Support clients in making good decisions.

<http://www.nurse.or.jp/rinri/basis/manga/one.html>



公益社団法人 日本看護協会
Japanese Nursing Association

1. VALUE OF

LONG-TERM/AGED CARE

NO. 1-2 UNDERSTANDING OF DIVERSE VALUES AND DIFFERENT CULTURES

<Understanding of Diverse Values and Different Cultures>

- ◇1. To know the diversity of individuals and their own cultures and values.
- ◇2. To have attitudes that respect individuals' cultures and values.

1) Diversity exists in the same country, region, and even at home.

Personal attitudes and beliefs may vary between men and women. There can be diversity among families, although the family is often referred to as the smallest unit of society. You may sometimes be annoyed by or in conflict with family members; however, you still aim to build relationships by respecting each member of the family.

2) What would happen if you were unaware of another country's cultures and values?

- Battles or armed conflicts may occur.



You may hurt others if you do not know the meaning of, are unaware of, or do not accept diversity. Because culture, history, customs, and religions in the countries where individuals grew up have a significant impact on individual attitudes and living habits.



You must respect each other in order to learn from each other, understand each other, and live together.

<Obligation of Confidentiality>

- ◇1. To understand the importance of confidentiality
- ◇2. To know the scope of confidentiality.

(1) Long-term/aged care is provided by a team that involves several professionals

In order to take care of the person while protecting the daily lives of the user ...

It is important to have information regarding the daily life of the user generally.



Sharing of information

What happens if there is a lack of information, or if information is insufficient?

(2) Long-term/aged care includes deep involvement in the private life of the person to be taken care.

You will acquire information about their private lives.

How will you handle such information?

(3) There are many situations where long-term/aged care involves the dignity of the person.

You may learn very personal information about the person.

You must not talk about personal information or events that occurred in long-term/aged care even in private when you are not engaged in long-term/aged care.

For example, talking about the person to be taken care while having a meal after work or talking about the person at home with family is not acceptable.

Why?

How would you feel if other people talked about what is important to you?

(4) “My privacy is important”

“Do not reveal my secrets”

“I would like you to keep my secret”



2 • MECHANISMS OF THE MIND AND NO. 2-1 UNDERSTANDING OF AGING BODY

[Mechanisms of the mind and body] Key learning points include the following:

- ◇1. Understand age-related changes in the mind.
- ◇2. Understand age-related changes in the body.
- ◇3. Be aware of the difficulties with daily life due to aging.

<Understanding of aging>

- ◇1. Understand daily life with age-related changes in the mind and body.
- ◇2. Learn the reality of acceptance of aging and disability with an understanding of adaptive behavior.
- ◇3. Understand the inhibitory factors for adaptive behavior to accept aging and disability.
- ◇4. Understand the self-perception and ikigai (meaningfulness of life) of the elderly.

1) Is aging a negative phenomenon? Is aging unhealthy?

What do you think?

We tend to focus on the disadvantages, such as the decrease in physical strength, however ...

There are aspects that improve with aging.

2 • MECHANISMS OF THE MIND AND NO. 2-1 UNDERSTANDING OF AGING BODY

2) What improves with aging?

- (i) Foreseeability
- (ii) Communication skills
- (iii) Negotiation skills
- (iv) Leadership and human skills
- (v) Problem-solving skills
- (vi) Operation that requires a sixth sense and a knack
- (vii) Operation that requires precision and attention

3) Consider how the body changes with age.



4) Age-related changes in the body include the following:

- (1) Changes in appearance
Greying and thinning hair, wrinkles, bad teeth, and stooped posture.
- (2) Deterioration of sensory function
The five senses (vision, hearing, and senses of taste, smell, and touch) decrease with age.
Deterioration of vision and hearing, decreased senses of touch and pain, and diminished senses of taste and smell.
- (3) Decreases in motor function
Increased slowing of movements, longer reaction times, decreased muscle strength, and fragile bones.
- (4) Decreases in visceral function
Increased susceptibility to infections, arteriosclerosis, decreased digestive function, and possible difficulties with urination and incontinence.
- (5) Increased susceptibility to and slower recovery from various diseases
owing to decreased physical function and immunity.
- (6) Increased risk of concomitant diseases and complications.

5) What is the acceptance of aging?

Inability to do what they have done in the past.

Loss of someone close.

Loss of physical function.

Loss of the value of one's existence.

★ Elderly people may experience many losses such as the above.

6) Types of losses

(1) Loss of confidence

Physical strength, motor function, the five senses (including vision and hearing), certain intellectual functions (including short-term memory), and appearance deteriorate with age. These changes can make the elderly lose confidence.

(2) Loss of human relations

Loss of persons of similar age, such as spouse and friends, not only means the loss of persons who understand and are accepting but also makes one aware of one's own death.

(3) Loss of identity

Loss of one's roles at work and home makes one lose an appreciation of the value of existence.

2 • MECHANISMS OF THE MIND AND NO. 2-1 UNDERSTANDING OF AGING BODY

7) Why do we have difficulty accepting aging and disabilities?

- (1) Under circumstances where elderly individuals require care as a consequence of illness or injury owing to decreased physical strength or aging, they may be not able to do as they want. These circumstances may cause stress, and anxiety.



- (2) **The profound sense of loss can cause anxiety** and may contribute to the loss of energy for living.
- (3) Decreasing motor function and energy to go outside result in decreased social interactions, leading to **social withdrawal**.
- (4) Movements become slower and **being rushed may increase stress** for the elderly.

Some things can be achieved if time were allowed.
How would you deal with such a situation?

2 • MECHANISMS OF THE MIND AND BODY

NO. 2-1 UNDERSTANDING OF AGING

- (5) The five senses (vision, hearing, taste, smell, and touch) deteriorate with aging there may be difficulties with communication.



Tastes good!



Does it taste bad?

Misunderstandings due to impaired functions may cause a feeling of isolation from surroundings. Older people may become reluctant to participate socially, **leading to isolation.**

- (6) As with motor activities, older people usually take more time to perform intellectual activities.



They are sometimes judged incapable or they think that they cannot do it, although they could if they had more time.

- (7) The belief that all older people are the same and that an older person will have similar negative behaviors is known as 'ageism'. These beliefs by the general community can cause stress and anxiety for older people. Older people may also begin to believe this negative opinion themselves and become disheartened and disengaged.

Think about the situations where you may have made the judgment "because they are elderly."

2. MECHANISMS OF THE MIND AND NO. 2-1 UNDERSTANDING OF AGING BODY

- 8) Occasions that make people feel old, which is a factor impeding acceptance.

A questionnaire survey
in Japan

From the results of a questionnaire survey of the daily life of older adults in 2014 by the Cabinet Office.

Elderly people were asked when you consider yourself old. The answer “when I noticed a change in my physical strength” was selected by the highest number of respondents (58.0%), followed by “When I noticed a change in my memory” (18.6%), “When I noticed a change in my appearance” (6.5%), “When I was treated as an old person by others” (5.8%), “When I noticed a change in my thinking ability” (3.3%), and then “When I noticed a change in my connection to society or my role in society” (2.4%).

Self-concept and *ikigai* of the elderly

Self-concept is the broad notion of “who I am.”

- 1) Self-concept and self-fulfillment of elderly people

Self-concept will be established upon the accumulation of experience and maturity, personality becomes harmonized while physical and mental functions decrease, and the experience of loss increases with aging. **Self-fulfillment** may be achieved by reviewing the meaning and value of one’s past life and by finding a new direction in life. Even older people long for self-actualization and to live in ways they like while being respected as a human throughout their lifetimes.

- 2) *Ikigai* of the elderly

From the results of a questionnaire survey of the daily life of older adults in 2014 by the Cabinet Office.

2. MECHANISMS OF THE MIND AND NO. 2-1 UNDERSTANDING OF AGING BODY

(1) How ikigai do they feel?

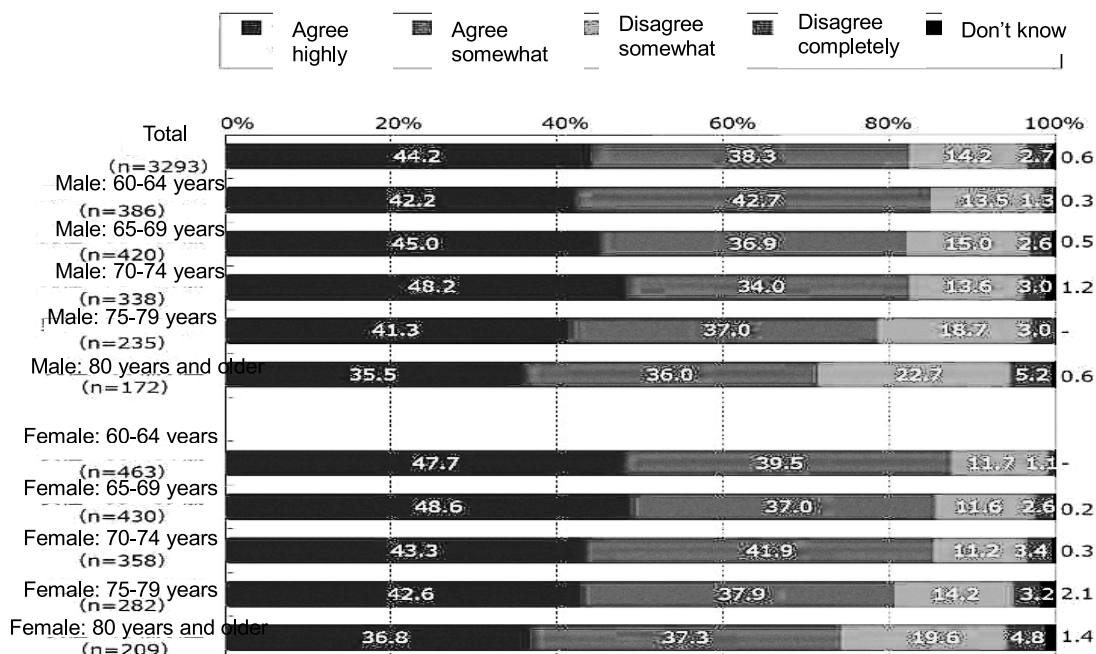
A questionnaire survey in Japan

According to a questionnaire about how ikigai they feel (happy or joyful), overall 65.5% of the respondents felt Ikigai (15.7% felt Ikigai “very much” and 49.8% “felt Ikigai moderately”), while overall 26.9% of the respondents “do not feel Ikigai” (23.2% “felt Ikigai only slightly” and 3.7% “do not feel Ikigai at all”).

(2) When do they feel Ikigai?

The answer “When I am absorbed by my hobby or sports” was selected by the highest number of respondents (47.3%), followed by “When I am having a meal or chatting with my friends and acquaintances” (42.3%), “When I am chatting with family” (39.4%), “When I am on a trip” (33.5%), “When I am engaged in work” (24.5%), “When I am taking care of my grandchild” (24.0%), and then “When I was thanked by others” (23.3%).

<By sex and age>



Cabinet Office of Japan, “Survey on the attitude regarding the participation of elderly people in local community” 80% or more agree that they live their life with purpose

2. MECHANISMS OF THE MIND AND NO. 2-1 UNDERSTANDING OF AGING BODY

(3) The key phrase is *social interaction with others*.

As shown in the figure above, the proportion of respondents who do not feel ikigai decreased with increasing social interaction with neighbors. Social interaction with others, such as conversations with others and interaction with neighbors, appears to greatly contribute to ikigai.

3) How do elderly people live?

As for how to use their 24 hours in the day, older adults may have significantly more free time. This has changed as they may no longer be working or looking after younger family members. If they become unwell, they may not be able to do the same amount of activity as they once did. As a result, this may increase the chance of loneliness in the day.



2. MECHANISMS OF THE MIND AND NO. 2-1 UNDERSTANDING OF AGING BODY

One in five elderly people “have no one other than family members on whom they can rely.

This indicates that older people are **apt to be isolated**.

4) Support for living a life with Ikigai

The awareness of the contribution to society has been increasing among the elderly. Activities by older adults that contribute to society include community-based activities, such as those of the neighborhood association, activities for social welfare, and activities for nature and environmental protection.

Elderly people hope to participate in activities rooted in their local community.

Reasons for participating activities rooted in their local community include the following:

“Ikigai for themselves”,

“Having social interactions with many different people”

“Good opportunities to use their knowledge and experience”

However, some elderly people who want to take part in social contribution activities have only limited opportunities. The major reason is health or family problems. The other main reasons include the following:

“I don’t know what activities I can take part in.”

“There are few or no activities that I easily and comfortably can take part in.”

“There are no like-minded friends or companions.”

It is very important that the local community and workplace encourage the elderly to take part in activities. This requires a coordinated approach to build a successful network of activities.

3. ENHANCE THE QUALITY OF LIFE FOR THOSE YOU SUPPORT

NO. 3-1 UNDERSTAND THE ELDERLY IN NEED OF LONG-TERM/AGED CARE

[Enhance the quality of life for those you support] Learning points

- ◇ 1. Understand the importance of finding the lifestyle, preferences, desires, or ability of the elderly in need of long-term/aged care.
- ◇ 2. Learn that, for those in need of it, long-term/aged care improves the quality of life.
- ◇ 3. Understand the principles of self-selection and independent decision-making.

<Understand the needs of the INDIVIDUAL older person when providing long-term/aged care>

- ☆ When was the person born and raised?
- ☆ What are the music preferences of the person?
- ☆ What foods does the person like?
- ☆ Can older adults do anything independently?
- ☆ Basically, is it reasonable to place older adults into one category?



When providing long-term/aged care for older adults, it is very important to understand that everyone is different, such as the era in which they lived, daily life, and preferences. In this training session, let's think about why it is important to understand this.

3. ENHANCE THE QUALITY OF LIFE FOR THOSE YOU SUPPORT

NO. 3-1 UNDERSTAND THE ELDERLY IN NEED OF LONG-TERM/AGED CARE

First, think about yourself. Please try to answer the following questions (1) through (10). (Personal work)



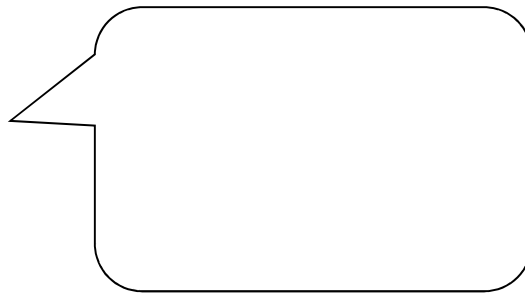
	Question	Your answer
1	What prefecture were you born in? What region did you grow up in?	
2	What news (event) left an impression on you in your life?	
3	Are you sociable or introverted?	
4	What genre of music do you like?	
5	Do you eat breakfast every day? If you do, which do you prefer rice or bread?	
6	At mealtime, do you eat your favorite food first or last?	
7	Which part of the body do you wash first when bathing? (Face, neck, arms, chest...)	
8	Please tell me about how you spend your days off. (Sports, shopping, reading books, playing games etc.)	
9	Which do you like, long hair or short hair?	
10	Do you tuck the pajama top (including T-shirt) into the trousers when sleeping?	



3. ENHANCE THE QUALITY OF LIFE FOR THOSE YOU SUPPORT

NO. 3-1 UNDERSTAND THE ELDERLY IN NEED OF LONG-TERM/AGED CARE

What was the result of your personal questionnaire?
Let's discuss each response and the differences between members of your group.



With this in mind, how about older adults in need of long-term/aged care?
Let's talk about the followings in your group:

- ☆ Do older adults always like Japanese food because they are old?
- ☆ Does each elderly person have food preferences, including the order of eating food?
- ☆ Does each elderly person have different bathing styles or daily routines?
- ☆ Do older adults have preferences in hairstyles or fashions, even though they are old?



Each person has a different background, personality, and lifestyle, which developed throughout life. Everyone has daily routines as well.

3. ENHANCE THE QUALITY OF LIFE FOR THOSE YOU SUPPORT

NO. 3-2 ETHICS OF LONG-TERM/AGED CARE

<Ethics of long-term/aged care>

Let's think about the following:

Are elderly people in need of long-term/aged care unable to do everything? What are the activities they are capable of despite the physical impairment?

Let's discuss the following case in your group.



Does long-term/aged care mean doing everything for the person?

(Case 1)

Here is a person with paralysis of the right side of the body. Because the right hand is dominant, the person experiences limitations in many aspects of daily life and needs help bathing and eating meals. What do people in need of long-term/aged care for the condition described previously have difficulty with? Also, is there anything these people are capable of doing themselves? Give specific examples.

	Dependent	Independent
Face washing/tooth brushing		
Changing clothes		
Bathing		
Meals		
Excretion		

3. ENHANCE THE QUALITY OF LIFE FOR THOSE YOU SUPPORT

NO. 3-2 ETHICS OF LONG-TERM/AGED CARE

Consider another example shown below.

As a care worker/giver, what kind of long-term/aged care do you think is appropriate?

Let's consider long-term/aged care in the following case in your group.

(Case 2)

There is a person in need of long-term/aged care with paralysis on the right side of the body. Two care workers are currently in charge of assisting with bathing. Care worker A is providing total assistance in washing the hair and the body, while care worker B performs assistance in washing the hair and body by uses the strength of the left hand of the 'care recipient'. Comparing the method of care for these two care workers, what difference will occur in the muscle strength and physical movement of the 'care recipient'?



* 'care recipient' refers to people in need of long-term care.

What did you discuss in the group?

In long-term/aged care, it is very important to understand that the older person is capable of doing some things independently. This requires an assessment of the individual to determine the ability of the person and encourage and support independence.

Why is this?

This is because the physical function of humans decline if not used, which increases the likelihood of dementia and confinement to bed. Also, having even one or more activity that the 'care recipient' is capable of doing independently until the end of the life leads to improving the **QOL (quality of life)** for that person.

Long-term/aged care should not only focus on what the person to be taken care is unable to do but also for what they are able to do, while enhancing these activities that they are able to carry out.

<Selection of long-term/aged care service>

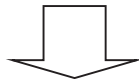
Case in Japan

If someone close to you is in need of long-term/aged care, what procedure should be used for long-term/aged care insurance? This section will explain the general flow for using the long-term/aged care insurance services.

Application



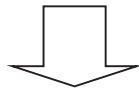
An applicant or the family visits the municipal long-term/aged care insurance division or community general support center to apply for long-term/aged care services. An insurance card is required for the application.



Door-to-door investigation



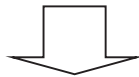
The investigator will visit the home or other location and perform a survey to determine the level of long-term/aged care required.



**Certification Committee of Needed
Long-Term/Aged Care**



A review board will be held to determine level of long-term/aged care required with specialists in medical care, health, and welfare.



Create a care plan



The long-term/aged service care to be used will be discussed with the care manager according to the person's request and the level of long-term/aged care, and the care service plan will be prepared.



Contracts will be signed with the long-term/aged care provider, and the use of the long-term/aged service will commence.



3. ENHANCE THE QUALITY OF LIFE FOR THOSE YOU SUPPORT

NO. 3-3. SERVICE SELECTION

- ☆ What types of long-term/aged care services are covered by long-term/aged care insurance?
- ☆ Can users select the long-term/aged care services?



Long-term/aged care services under long-term/aged care insurance are determined by the user with respect to the types, frequency, and provider of those services, according to the level of need. This is called **the principle of self-selection/self-decision**. (However, this would not include cases of dementia or those who are bedridden and unable to indicate their intentions or make decisions.)

Types of services covered by long-term/aged care insurance

◆ Services available at home

-Home visit long-term/aged care (home help service), -Home visit bathing, -Visiting care, -Home visit rehabilitation, -Guidance for management of in-home medical long-term/aged care, -Outpatient day long-term/aged care (daycare service), -Outpatient rehabilitation (day care service), -Short-term admission for daily life long-term/aged care (short stay), -Short-term admission for recuperation, -Daily life long-term/aged care with admission to a specified facility, -Rental service of equipment for long-term/aged care, - Sale of specified equipment for long term/aged care. -Home renovation

◆ Services available in the local community

- Home-visit at night for long-term/aged care, -Outpatient long-term/aged care for a dementia patient, -Multifunctional long-term/aged care in a small group home, - Communal daily long-term/aged care for a dementia patient (group home), - Daily life long-term/aged care for a person admitted to a community-based specified facility, -Admission to a community-based facility for preventive daily long-term/aged care of the elderly, -Small-scale and multifunctional in-home care services for long-term/aged care, -Regular home visitation, -As-needed home visitation services, -Community-based outpatient day long-term/aged care

◆ Services for admission to facilities

-Long-term/aged care facilities for elderly people, -Long-term/aged care health facilities, - Medical long-term/aged care sanatorium

4. UNDERSTANDING THE ROLE OF LONG-TERM/AGED CARE

NO. 4-1 ROLE OF THE CARE WORKERS/GIVERS

[Understanding the Role of Long-Term/Aged Care] Key points in learning

- ◇1. Understand the responsibilities, scope, and role of long-term/aged care
- ◇2. Understand the significance and purpose of team care
- ◇3. Understand the important of goal-oriented long-term/aged care along the procedures

<Role of long-term/aged care>

- ☆ Is there anything that should be avoided in long-term/aged care?
- ☆ What is the role of long-term/aged care?
- ☆ What is the role of the care worker/giver to the 'care recipient'?

In this training session, we will first discuss the relationship between the 'care recipient' and the care worker/giver, as well as the role of long-term/aged care.

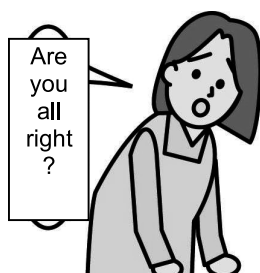
* 'Care recipient' refers to people in need of long-term/aged care.

Consider the following example on whether the care worker/giver has taken the appropriate action.

(Example)

The person to be taken care asked, "I seem to have a headache today, would you be able to buy some over-the-counter medicines for headache at the pharmacy?" The person to be taken care has multiple disorders and is currently taking medications prescribed at the hospital.

Is it appropriate for the care worker/giver to purchase the medicine as requested by the person to be taken care under such circumstances?
Discuss this amongst the group.



4. UNDERSTANDING THE ROLE OF LONG-TERM/AGED CARE

NO. 4-1 ROLE OF THE CARE WORKERS/GIVERS

What is the conclusion you reached as a group?

The correct answer is that the action taken is not appropriate for a care worker/giver.

Why is this?



The person has asked for something and would love to fulfil this wish ...
Why is buying the medicine inappropriate?

It is natural to feel the urge to fulfil the requests made by the person in need of long-term/aged care. Because the relationship of trust builds between the care recipient and the care worker/giver, an attachment also grows, which makes the care worker/giver want to do this, that, and everything for the care recipient.

However, it is important to stop and think about this for a while. Is it truly beneficial to do everything for the person with this feeling of wanting to serve?

What if action made by feeling of wanting to do this, that, and everything leads to fatal consequences or accidents?

The care worker/giver will not only be able to take responsible for such consequences, but the relationship of trust built over the time with the person to be cared will be affected.

It is important to understand that as care workers/givers we have areas of responsibility.

4. UNDERSTANDING THE ROLE OF LONG-TERM/AGED CARE

NO. 4-1 ROLE OF THE CARE WORKERS/GIVERS

What exactly is the mentality required to establish a relationship of trust with the person taken care? Also, what are we care workers to the elderly people who require long-term/aged care?

Discuss these topics in the group from the standing of the person taken care.



What is the role of care workers to the person needing long-term /aged care?

What were the topics discussed?

Care workers/givers are present and know about private matters for the person to be taken care, as well as various emotions including concerns for future, pain, sadness, and joy.

For elderly people who require long-term/aged care and who are gradually losing the capacity to be independent, **the way the care worker/giver interacts with them and behavior of the care worker/giver may have a major impact on their will to live.** It is important of care workers/givers to understand this.

In addition, one must maintain equal standing as human beings rather than the relationship of a person taking care and a person being taken care, and interact with respect for elders to lead to the establishment of a trusting relationship.

Therefore, **long-term/aged care starts from the establishment of a relationship of trust between the person being cared for and the care worker/giver.**

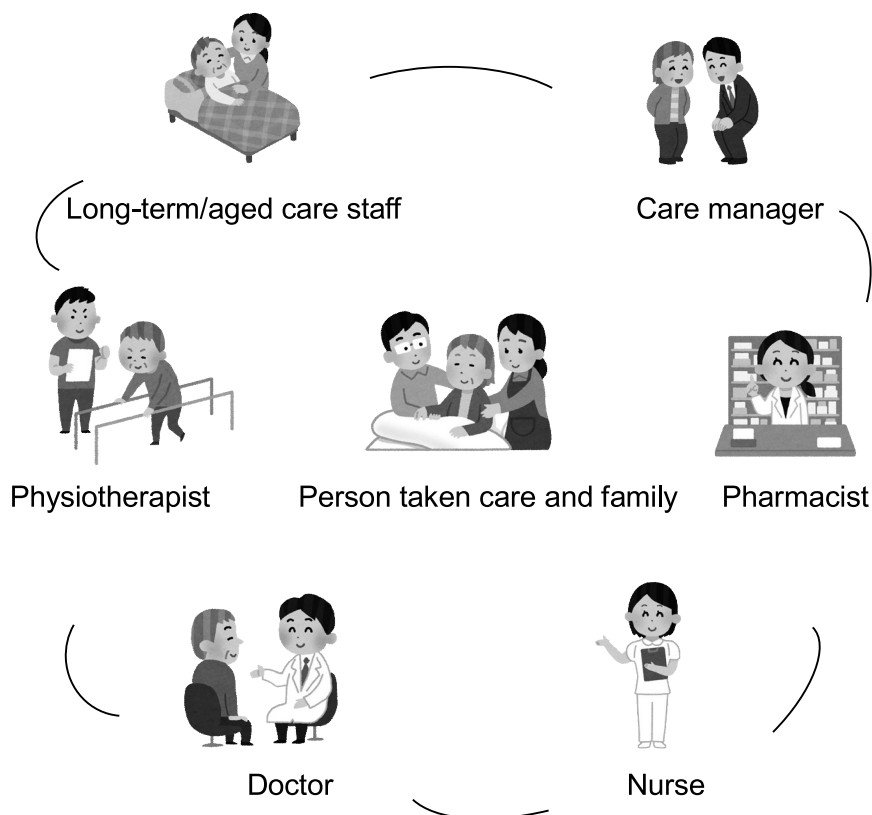


4. UNDERSTANDING THE ROLE OF LONG-TERM/AGED CARE

N0. 4-2 SIGNIFICANCE AND PURPOSE OF TEAM CARE

<Significance and Purpose of Team Care>

- ☆ What is the idea of team care?
- ☆ What are the specialist professions of medical care, health, and welfare?
- ☆ What services are available when long-term/aged care is needed?



If someone close to you requires long-term/aged care, where should we go to seek advice, and what services are available?

Many professions provide medical care, health, and welfare. In this training session, we will learn the roles of the various specialist professions, and the importance of supporting people in need of long-term/aged care through collaboration and the cooperation of specialists, family members, volunteers, and other people.

4. UNDERSTANDING THE ROLE OF LONG-TERM/AGED CARE

N0. 4-2 SIGNIFICANCE AND PURPOSE OF TEAM CARE

In the following example, what type of assistance is necessary to support Ms. A who requires long-term/aged care? Consideration should be given for the specialist required in order to resolve Ms. A's concerns as well as her husband's concerns.

(Example)

Ms. A is 73 years old and lives with her husband (75 years old). After her husband retired, they traveled and enjoyed spending time on hobbies. However, Ms. A collapsed from a stroke a month ago and was left with paralysis on the right side as a sequela to the stroke. She is currently hospitalized, and the decision was made that she would be discharged from the hospital in a few days. Her husband is seriously concerned about daily life after Ms. A (his wife) returns home.

Ms. A and her husband have a son; however, he lives far away for work, and they are unable to consult him because they are reluctant to cause worry. Ms. A's treating physician instructed Ms. A with management of condition (1) including attending the hospital once a month (2) and rehabilitation of right hand and foot twice a week (3). Also, instruction has been given for care in medication management (4) and diet (5) in order to prevent recurrence of stroke.

Ms. A's husband has recently developed lower back pain and is concerned about house chores previously carried out by Ms. A, including shopping and cleaning (6), assisting Ms. A in having a bath (7), and various other matters.

What type of assistance is required in order to support Ms. A and her husband under these circumstances? Let us discuss the specific professions who are able to provide assistance and address their concerns.



4. UNDERSTANDING THE ROLE OF LONG-TERM/AGED CARE

N0. 4-2 SIGNIFICANCE AND PURPOSE OF TEAM CARE

Ms. A's husband does not know who or what to ask specifically in regards to support on items (1) to (7) in the example. First, let us discuss the professions who are able to resolve each of these items amongst the group.

Needs and concern	Professionals to provide support
(1) How should the condition be managed?	
(2) What should be done to accompany her for the monthly visit?	
(3) What should be done for physical rehabilitation twice a week?	
(4) How should the medication be managed?	
(5) Are dietary advices available?	
(6) What should be done about house chores such as shopping and cleaning?	
(7) What should be done about assistance in bathing?	



*Areas of medical care, health, and welfare include many experts in professions in addition to those listed above. Try to research these amongst the group.

In situations where long-term/aged care is required, various specialists provide knowledge and expertise according to the concerns of the individual person and provide support as a single team.

In other words, support for the daily lives of elderly people who require long-term/aged care is provided by the involvement of a team of professionals, as well as family members, volunteers, and other people related to the person requiring long-term/aged care.

In team care, it is important to share information on the mental and physical conditions of the person being cared for, which changes every day, and other information required for long-term/aged care, and interact with mutual respect and cooperation for the team members.

4. UNDERSTANDING THE ROLE OF LONG-TERM/AGED CARE

N0. 4-2 SIGNIFICANCE AND PURPOSE OF TEAM CARE

Another important point in team care is to provide support for what the person to be taken care is unable to do or is concerned about and to provide support with a goal in mind so that the person taken care is able to carry out daily life as they wish.

What if I needed long-term/aged care?

Imagine and consider this situation.



Do I have anything that I want to do myself even if I needed long-term care? What do I want?

Even those who require long-term/aged care have a life that they wish to live. They have activities they want to do when they recover, places they wish to go, and people they wish to see. In some cases, these wishes may be difficult to fulfil. However, it is important to establish the stance of having the wish of the person being cared for as the goal of support, and make efforts towards this goal as a team. This is where the joy and satisfaction of long-term/aged care and team care may be found.

If you have any concerns regarding long-term/aged care:

In addition to the municipal elderly welfare section, **Community General Support Center** is available in each municipality as an immediate point of contact. This center is in charge of general consultation regarding long-term/aged care, information on various systems, assistance in procedures for service use, consultation on abuse, and other consultations and property management. In case long-term/aged care is required, it is important to not keep the concern to yourself and instead handle the situation with advice from various specialists, including consultation at the facilities shown here.

[Positive communication]

<Communication in long-term/aged care>

Learning points

- 1. To understand the factors that hinder communication for 'care recipient'.**
- 2. To understand verbal and nonverbal communication.**
- 3. To understand how to communicate with 'care recipient'.**

* 'Care recipient' refers to people in need of long-term/aged care.

(1) Purpose of communication

The purposes of communication are as follows:

- To transfer information**
- To be understood**
- To acknowledge each other**
- Establishing a relationship of trust**



(2) Communication method

Think about how to communicate with each other.

What method of communication will you use ?

Let's look back on your daily life.

You may communicate with each other most frequently **by talking**.

However, talking to someone without listening is insufficient to communicate information and cannot be regarded as communication. The purpose of communication is information exchange and listening is required. Active listening involves looking at the body language of the speaker, the tone they use and listens closely to the words that are used. It also involves the listener speaking back the main messages to the speaker, to check that he/she has been understood.

(3) Factors causing communication barriers

In this section, think about the causes of communication barriers for 'care recipient'.

General characteristics of elderly people

What physical changes naturally occur as we age?

- Our hearing deteriorates
- Our vision deteriorates



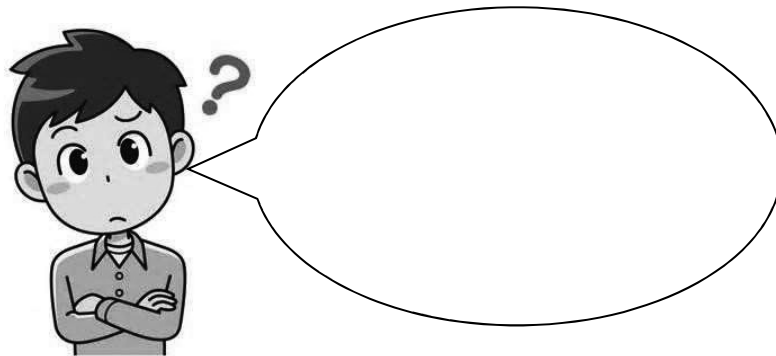
Elderly people experience a deterioration in hearing and vision.

Elderly people taken care have the double difficulties of deterioration of hearing and vision as well as being in need of long-term/aged care.

Exercise [1]

Communication with 'care recipient' with difficulty in hearing

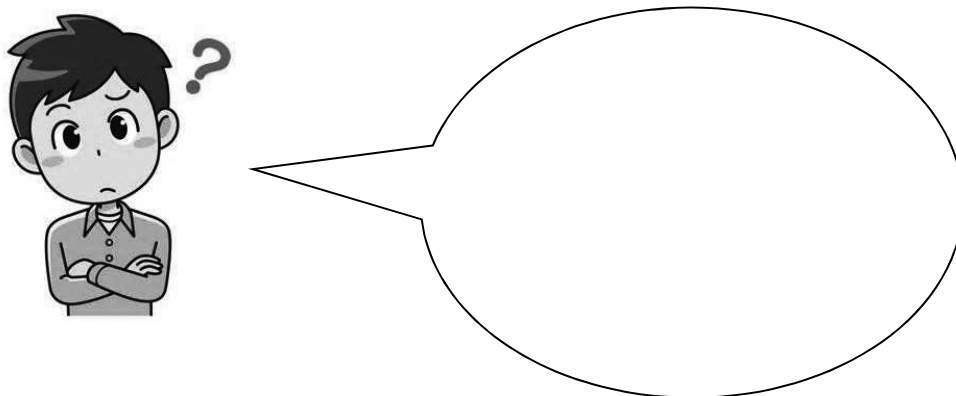
What effort do you need to communicate with them?



Exercise [2]

Communication with 'care recipient' with visual difficulty

What effort do you need to communicate with them?

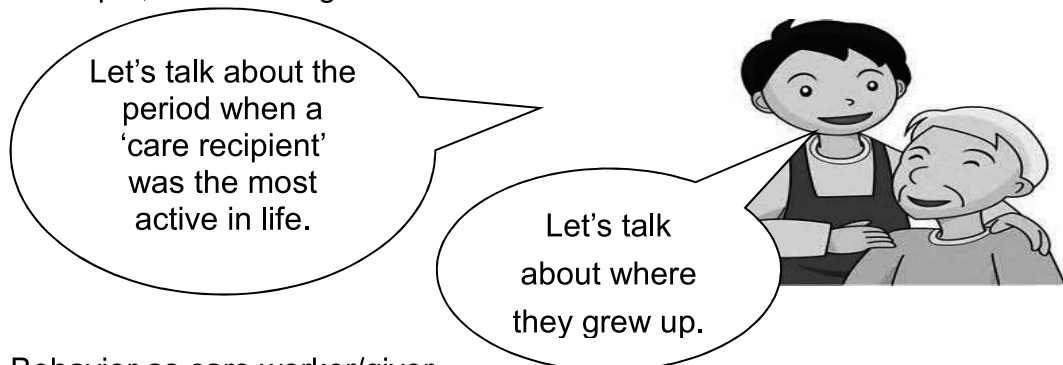


(4) Communication when providing long-term/aged care

You go to an elderly facility offering welfare services to take part in volunteer work. What will you talk about to start the conversation?



For example, the following conversation is effective:



(5) Behavior as care worker/giver

Exercise [3] Let's do the following exercise in pairs.

Player as the 'care recipient'

Talk to the player as care worker/giver while sitting in a chair.

Player as care worker/giver

Talk to the player as the 'care recipient' while standing.

When talking, please deny what the 'care recipient' says.

Let's discuss your thoughts about or what you found through exercise.

<Viewpoint for discussion>

- Did you get to eye level?
- Did you talk at an appropriate volume?
- How was your attitude?
- How were your expressions?

Behavior as long-term/aged care worker/giver for communication

- Do not cross your legs or arms.
- Get to eye level down with the 'care recipient' when talking to them.
- Maintain eye contact appropriately.
- Do not reject what 'care recipient' say but accept what they think or feel.

(6) Communication with elderly people with dementia

Have you ever seen the following?



Saying or asking the same thing repeatedly



Losing or leaving valuables somewhere



Forgetting to put out the fire or close the gas tap



Easily lost even in familiar surroundings



Makes more mistakes in simple calculation



Less interested in activities they once liked.

Points for communication with elderly people with dementia

Accept

Understand the reasons for their words and actions.

(Example)



Why do elderly people with dementia suddenly get angry?

What is the reason for their asking repeatedly?

Do not deny

Do not reject what people with dementia say, even if it is factually inaccurate. Rejecting their stories may make them more confused, causing the relationship to care worker/giver to deteriorate.

Do not scold

They may have bad memories of being scolded or rebuked, even if they forget what they were scolded for.



Speak slowly

People with dementia may have difficulty understanding what a person says when spoken fast, which could confuse them further.

Speak in a simple and familiar language

Use expressions easy for people with dementia to understand.

In some cases, their dialects or local specific languages may be of help in understanding.

Efficacy of physical contact

Have you ever had such an experience that your back or hands were gently touched by your friends or family when you had a cold?

If you have, how did you feel about it?

Let's discuss this topic.



Physical contact with elderly people with dementia

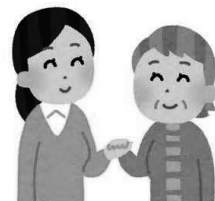
It is very important to speak to people with dementia when they feel unsafe, confused, or uncomfortable.

Physical contact may be effective in making people with dementia feel more comfortable.

Communication with each other through physical contact is called non-verbal communication, while contact through words is verbal communication.

Using 'props' to help communicate

Sometimes you can use physical items that a person with dementia is familiar with, to help communicate. For example, you could use a towel and soap to show a person with dementia that it is time to have a bath.



<Record type and method>

Learning points

1. To understand the purpose of long-term/aged care records.
2. To understand the rules for records as a method of communication for long-term/aged care.

(1) Purpose of records in long-term/aged care

Exercise: Playing Chinese whispers within the group

Reason for sharing the information

The interesting point about Chinese whispers is that the message communicated changes completely from the original by the time the message reaches the last person.

Why does this change occur?

When a person communicates the message verbally, there is a risk that people who communicate and receive the information have a subjective view of interpreting the details.

For example, the message, "Mr. A has eaten quite a bit today."

In order to prevent this, it is important to communicate the information so that detailed facts are transmitted objectively and as they are.

Records are a means to achieve this.

Advantages in communicating detailed facts objectively and as they are.

Purpose of record in long-term/aged care

- To ensure the safety of 'care recipient'
- To keep 'care recipient' healthy
- To protect the lives of 'care recipient'

<Examples to be recorded in long-term/aged care>

Records of blood pressure, water/food intake, excretion, medication, information exchange between families and service providers

* 'Care recipient' refers to people in need of long-term/aged care.

(2) Rules in making records

Make records with awareness for **5W1H**.

- **When**
- **What**
- **How**
- **Why**
- **Where**
- **Who**

(3) Handling of records in long-term/aged care

Records related to long-term/aged care include personal information and therefore **must not be taken outside the area of use**.

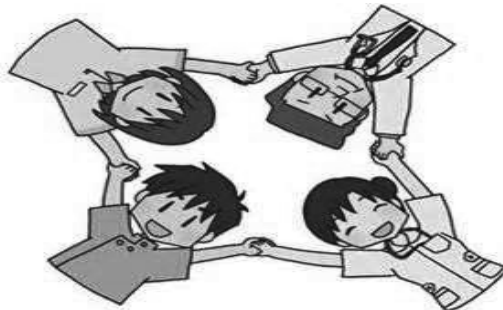
It is also important to **store these records where they cannot be seen**.

(4) Communication between long-term/aged care worker/giver

Practical setting of long-term/aged care involves not only the care workers/givers but also other professionals, and they collaborate with each other to provide support for those in need of long-term/aged care. This is called **cooperative working**.

What is important to work cooperatively with each other are **records, reports, contact, and consultation**.

Offering good care service is based on sharing information by everyone involved in long-term/aged care not limited to only one care worker/giver.



[Dementia Care] Learning Points

- ◇1. Understand the concept and status of dementia care.
- ◇2. Understand the causes of dementia and the pathogenesis, care points, prevention, treatment, and health maintenance.

<Understanding of dementia and dementia care strategy>

- ◇1. Learn about the concept of dementia care.
- ◇2. Learn about the status of dementia care.
- ◇3. Learn about the types of diseases that may cause dementia and the understand care provided.

1) Concept of dementia care

“Care rather than cure”

The principle of care is to empathize with the people to be taken care, become familiar with the disease, and try to provide realistic care without hurting their pride by trying to convince them to seek extensive help.

2. What is dementia?

(1) Problems (i)



(1) “I can’t find my valuable purse and keys ...”

(2) “XX must have stolen them!?”

Problem (ii)



- (1) "That's strange, I should be on the right path ..."
- (2) "I should hurry, I will be late for work."

(2) How is dementia different from forgetfulness?

Table 1-1 Difference between forgetfulness in dementia and in a healthy person

Dementia		Healthy person
Unaware Unable to recall	Awareness about forgetfulness	Aware Able to recall
Yes	Loss of experience	No
Progressive	Level of forgetfulness	Not progressive
Affected	Ability understanding and making decision	Unaffected
Affected	Negative effect on life	Unaffected

Kazuo Hasegawa "For the correct understanding of dementia" My Life Co., Ltd.

☆People shown in problems (i) and (ii) had symptoms of dementia.

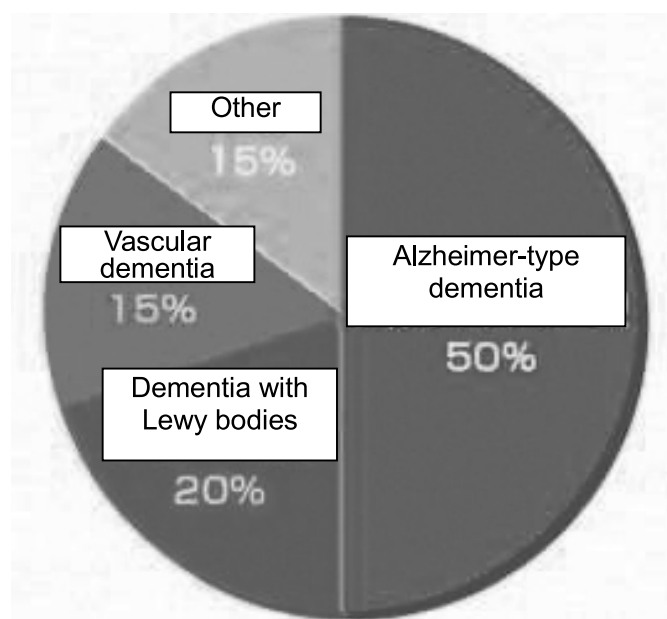
(3) Elderly patients with dementia are increasing in Japan

At present, one in four individuals aged 65 years and older have dementia or are at risk of acquiring dementia.

By 2025,

One in three individuals aged 65 years and older have dementia or are at risk of acquiring dementia.

4) Major causative diseases of dementia (Japan)



3. Support for people with dementia

★How should support be provided?

1) At the supermarket checkout

An elderly person took out a wallet.

The person is trying to pay with a 10,000-yen note.

The person only bought one 200 mL can of juice.

The wallet is filled with coins and looks like it is about to break.

The cashier thought it strange but accepted the 10,000-yen note.

After making payment, the person left the supermarket only to return.

The person bought the same juice and tries to pay with a 10,000-yen note.

(1) If you were the cashier

(2) If you were in a line for checkout and saw this

(2) “On the bullet train” ***or on a train**

There is an elderly person walking hurriedly on a train that is almost full, looking for something.

The passengers wonder if she is looking for the toilet.

The elderly lady is going back and forth in the car.

The passengers wonder if she does not remember where her seat is.

She is sweating, probably from walking back and forth so many times.

A middle-aged lady came to find the elderly lady, looking as though she is about to cry.

She says as she finds the elderly lady, “Mother!”

(1) If you were a passenger

(2) If you are the middle-aged lady (elderly person's daughter)

(3) "Arriving home in a police car"

Ms. XX lives with her husband who has symptoms of dementia.

She took her husband to the nearby barber in the morning and waited at home thinking that he would come home by himself since it was so close.

Her husband had not returned home by noon, so she went to pick him up.

The barber said that he finished long ago and he had gone home. "Gone home long ago!?"

She hurriedly looked for possible places that he might be and went to a police box.

Late at night, a police car stopped in front of her home.

Her husband got out of the car, smiling.

He had dirt on his clothes and a flower in his hand.

He said to his wife Ms. XX,

"How beautiful is the flower? This is a souvenir for you."

(1) If you were Ms. XX (his wife)

(2) If you were the barber staff

●Topics currently, local governments in Japan is implementing

"Going Home" – watching over people with dementia as a community- program.

When a person with dementia is discovered to be missing, the local residents registered as cooperative supporters will receive an email. The information on this email will be used to search the areas by the supporter and to cooperate in reporting.

6. DEMENTIA CARE

NO. 6-1 UNDERSTANDING OF DEMENTIA AND DEMENTIA CARE STRATEGY

(1) Examples of approaches to prevention of dementia

1. Dietary habit	Eating sufficient amounts of vegetables and fruits (vitamin C, vitamin E, and beta-carotene).
	Eating sufficient amounts of fish (DHA, EPA).
	Drinking red wine (polyphenol).
2. Exercise habit	Performing aerobic exercise at least three times a week.
3. Personal contact	Interacting frequently with others.
4. Habit of intellectual behaviors	Writing/reading/playing games, going to a museum, etc.
5. Sleeping habit	Having a nap of less than 30 minutes.
	Soaking in the sun within two hours after awakening.

(2) Strengthening impairing functions

Strengthening brain function intensively at the pre-dementia stage is effective for slowing down the onset of disease.

Function	Content	Method of strengthening
Episodic memory	Remembering experiences as memories.	Keeping a diary two or three days behind.
		Keeping a household account book without looking at the receipts.
Attention division function	A function to allow appropriate division of attention when two or more tasks are performed at a time.	Cooking several meals at one time.
		Talking with others while paying attention to facial expressions or emotions.
		Performing tasks or calculations in a brisk pace.
Planning ability	An ability to make arrangements for performing any anything new.	Making a plan for efficient shopping.
		Making a plan for travel.
		Playing intellectual games (such as go, Japanese chess, and mah-jongg).
		Doing something new rather than something familiar.

(3) Ten tips to help prevent dementia

1. Have a well-balanced diet low in salt and animal fat.
2. Do moderate exercise to build the physique.
3. Stop heavy drinking and smoking to live a regular life.
4. Prevention, early detection, and treatment of lifestyle-related diseases (e.g., hypertension, obesity).
5. Avoid falls; head concussions can cause dementia.
6. Be interested and curious.
7. Make a habit of organizing your thoughts.
8. Relate well to others with sensitivity.
9. Be always youthful and smartly dressed.
10. Stop feeling nervous and live a cheerful life.

(4) Ten tips for care of dementia

1. Communication: Let patients speak, smile, and let them feel familiar.
2. Diet: Do everything slowly when eating to enjoy a feeling of satisfaction.
3. Toileting: Call early to facilitate toileting.
4. Bathing: Encourage patients to take a bath to feel refreshed without offending them.
5. Grooming: Care about patients' appearance to improve motivation.
6. Activity: Find something patients can do and use their talents to make their' lives fulfilling.
7. Sleep: Have a good time in the daytime and have a good sleep at night.
8. Psychiatric symptoms: Keep in step with delusions to bring a sense of calm.
9. BPSD: Avoid scolding and take preventive measures by looking for triggers for behavior, once determined, eliminate trigger where possible.
10. Self-esteem: Live a full life through care that supports self-esteem.

(5) Ten tips to help family members interact with dementia patients

1. Familiar relationship: Familiar faces provide equanimity and bring a sense of ease.
2. Acceptance of mind: Get into alignment and accept the mind of patients hospitably.
3. Breadth of mind: Avoid scolding and keep in step with patients.
4. Convince rather than persuade: Convince patients through sympathy with them rather than persuading them.
5. Activation of motivation: Good stimulation to make patients more active and alive.
6. Avoidance of isolation: Take care not to make patients bedridden or isolated.
7. Respect of personality: Respect the pride or privacy of patients.
8. Previous experiences as a home: Think a great deal of previous experiences of patients.
9. Avoidance of acute changes: Avoid acute environmental changes to bring a sense of security.
10. Prevention of accidents: Take care to prevent accidents.

Foundation for Prevention of Dementia

<http://www.mainichi.co.jp/ninchishou/>

[Assistance with ADLs] You must understand ...

- ◇ 1. Importance of ADLs
- ◇ 2. Kinds of activities included in ADLs
- ◇ 3. Keys to assisting each activity included in ADLs
- ◇ 4. Association between ADLs and living

Q. First, try to remember a typical day in your life.

6:30 Get up, go to the toilet, and change

7:00 Eat breakfast

7:30 Leave home to go to school, and walk to the station

9:00 Arrive at the school and go to classes

12:10 During lunch break, eat lunch, brush your teeth, and go to the toilet

•
•
•

16:00 Go shopping with friends

18:00 Go to part-time work

21:00 Arrive at home and eat dinner

22:00 Have a bath and change into pajamas

23:00 Brush teeth, lie on the bed and sleep, etc.

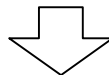
Details reflection of the daily life shows the wide variety of activities involved. Also, the activities necessary to continue daily life, including grooming, changing clothes, eating meals, bathing, excretion, sleep, and moving to another place are referred to as *activities of daily living*.

Activities of Daily Living ADL

Activities of Daily Living ↓

These ADL are not independent of each other but occur in combination. In particular, activity of moving to another place is an important factor in daily life. For example, moving to the toilet is required for excretion, and moving to cafeteria is necessary to eat meals.

These ADL may also relate to the improvement of quality of life for elderly people.



This is called QOL.

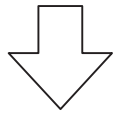
- The state of ALD is different for individual person.
- * As for transferring, for example, some can walk by themselves while others can walk with a stick or move around in a wheelchair.

Also in case of elderly people, assistance is provided if they have difficulty attending a hobby circle. This is a means of support for moving.

In order to help 'care recipient' lead lives as they used to, it is important to consider using the assistive devices and assistance methods tailored to each care recipient's needs.

* 'care recipient' refers to people in need of long-term/aged care.

Q. Under what circumstances does a person have difficulty walking by themselves?



- Painful knees
- Decreased muscle strength in the legs
- Having dizziness upon standing up
- Sequelae from traffic accidents

People have different reasons for demonstrating difficulty in walking by themselves. It is necessary to consider these causes and reasons carefully.

Q. Ms. A occasionally wobbles when walking. What kind of assistance can she use?

Stick?



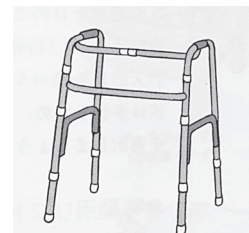
**Walking
assistance
cart?**



?



Walker?

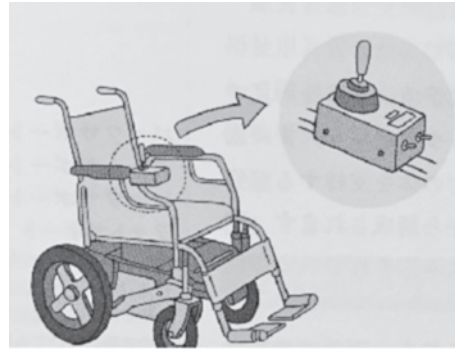


Q. Mr. B cannot walk but has strong arms. What kind of assistance can he use?

Wheelchair?



Powered wheelchair?



There are various assistive devices that assist transferring. However, unless carefully chosen according to each care recipient's status, they may cause deterioration of care recipient's functions.

For example, if a care recipient who can stand up and walk by holding onto something is given a wheelchair and uses it, the leg muscles may weaken, and he/she may not be able to stand up without assistance. If a care worker/giver constantly pushes the wheelchair of a care recipient who can operate a wheelchair and move around independently, the arm muscles may weaken, and he/she may not be able to operate a wheelchair without assistance.

*** 'care recipient' refers to people in need of long-term/aged care.**

Key points for safely providing support in moving

In order to move to another place, the person must first stand up from the chair or transfer to a wheelchair. The support here should not be performed by force, but instead effort must be made to carry this out safely. Forcibly attempting support may lead to back or knee injuries in the care worker/giver, or the care worker/giver may fall over with the person being cared for.

For appropriate method of support, the basic principle of body mechanics should be utilized.



Basic principles of body mechanics

- (1) Maintain a large area for the base of support
- (2) Make the center of gravity low
- (3) Stay close to the target
- (4) Toes should be facing the direction of movement
- (5) Make the target small and collected
- (6) Use large muscle groups
- (7) Move horizontally
- (8) Utilize a lever



7. ASSISTANCE WITH ADL

NO. 7-1 ASSISTANCE WITH TRANSFERRING

Points to remember when assisting care recipient in transferring (from bed to wheelchair)

- **Ask a care recipient how he/she feels before transferring**
- **Bring the wheelchair close to a bed** ←
- **Flip the footrests of the wheelchair**
- **Check the locks of the bed castors**
- **Keep feet apart for balance when supporting** ←
the care recipient
- **Tell the care recipient when he/she is transferred**
- **Check the care recipient's posture after he/she is seated in the wheelchair**



Depending on the difference in physical build between the care worker/giver and the care recipient, sometimes it is preferable for the care recipient to be assisted by two care workers/givers in transferring, not one care worker/giver. If a care worker/giver overreaches and tries to assist the care recipient alone, it may lead to accidents such as falling and back pain. Thus, it is important for care workers/givers to evaluate their own abilities accurately.

That helps protect not only the care recipient s' safety but also the care worker/givers' safety.

It is also important for care workers/givers to let care recipient do what they can and try not to assist them in everything. Provision of the right amount of care helps support care recipient s' independence.

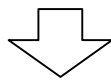
Q. What are activities included in maintaining personal cleanliness?

- Washing face
- Hair dressing
- Makeup
- Nail care
- Care for facial hair

These activities are referred generally as grooming.



Since it can affect the people to be taken cares' motivation for living, it is important for care workers/givers to understand the usual behavior and pay attention to the changes every day.



For example ...

When a care recipient who used to groom the hair every morning stops doing so one day, the care worker/giver can notice the change thinking that “maybe he/she feels ill,” “maybe his/her grip strength has weakened and he/she can’t hold a brush,” and “maybe he/she has pain in his/her elbow or shoulder and can’t raise his/her arm.”

Points to remember about grooming

Face washing...

People to be taken care should wash their faces in a bathroom. If they have difficulty washing the face while standing, care workers/givers should prepare a steady chair and let them sit in the chair and wash the face. If it is difficult to transfer care recipient to the bathroom, they should wash the face on the bed. In that case, care workers/givers must prepare towels and waterproof sheets so that clothes and bedding do not get wet from splashing water.

Makeup ...

Makeup is not only about appearance but also good for a change.

Shaving and trimming the beard ...

Since the beard grows approx. 0.4 mm a day, shaving the beard is a common daily routine for men. However, some may want to grow a beard. So, care workers/givers must understand each care recipient's habits and preferences and provide assistance. It is desirable to shave or trim the beard after softening it with a hot towel.

[Reminder]

* Since care workers/givers are not allowed to shave care recipients' faces with a razor (including disposable blade razors,) electric shavers must be used.

Hair grooming ...

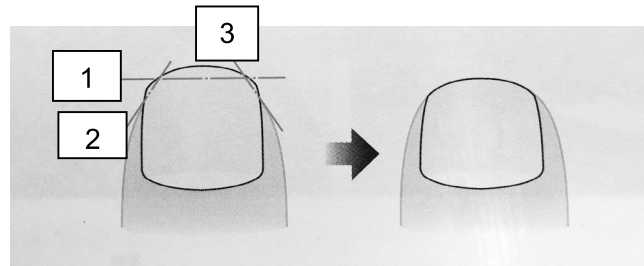
Even if care workers/givers do not wash care recipients' hair, brushing increases blood circulation to the scalp and removes dirt from the hair. Since people tend to pay less attention to hair grooming as they age, it is necessary to encourage care recipients to pay attention.

Nail trimming ...

If left untrimmed, nails may damage the skin and become ingrown nails. So it is important to trim them. Nails can be trimmed safely when the nails are soft after taking a bath.

[How to trim the nails]

Trim the nail along the cutting lines shown below in the order of 1 to 3 and round the corners using a nail file.



[Reminder]

- * Since care workers/givers are not allowed to trim the nails when there are nail or skin abnormalities, care workers/givers must report to medical personnel.

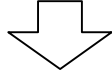
Purpose of dressing

- Control body temperature
- Protect skin
- Maintain a comfortable life
- Participate in social life

Points to remember when assisting a care recipient in dressing

- Pay attention to privacy protection
- Let care recipient do what they can
- Assist care recipient in dressing with the affected side first and undressing the unaffected side first in mind

Q. What are meals to you?

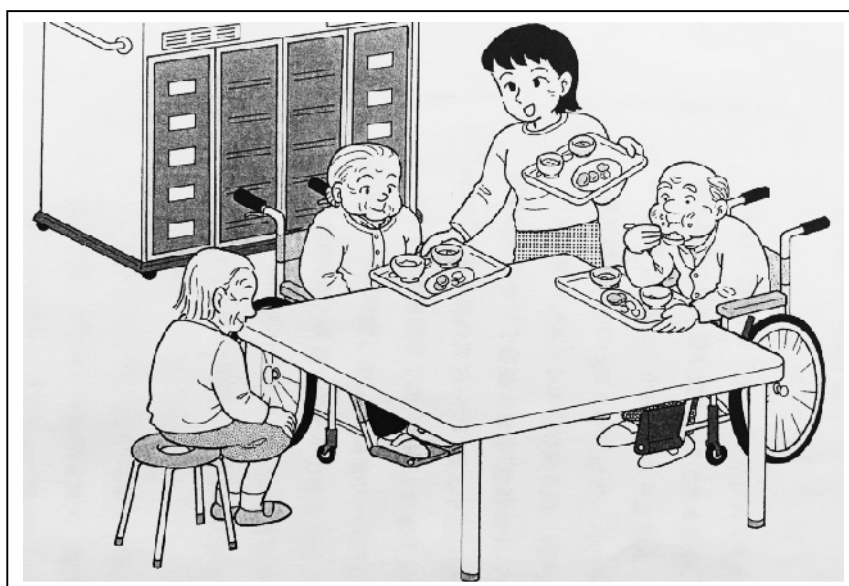


- Food to eat when hungry.
- We enjoy the taste of the food.
- We enjoy the appearance of the food, such as the way it is served
- Food is a sharing of the local culture
- A place to have conversations with others

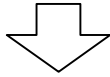


Meals are not only for maintaining health, but also a source of enjoyment. This applies to elderly people. Sharing a table during a meal with other people may help carry the conversation along, which leads to better communication.

Q. Meals involve enjoyment, but there are risks associated with eating. The following illustration shows a scene in a facility for elderly people. What risks can you find in this illustration?



Accidents that may happen during a meal

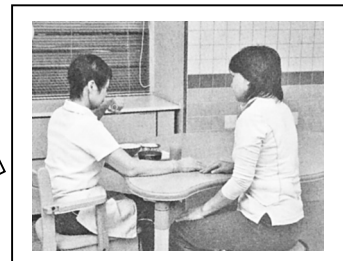


- The care recipient may choke on food
- The care recipient may slip off a chair
- The care recipient may bump into a food tray
- The care recipient may spill hot tea and burn himself/herself
- The care recipient may lay a hand on a serving cart and the cart moves



How to assist care recipients to eat

- Ask the care recipient about how he/she feels and whether he/she has defecated before mealtime
- Make the care recipient wash the hands before mealtime
- Check whether the care recipient is seated firmly in the chair before the meal
- Explain the menu to the care recipient when the meal is served
- Let the care recipient take fluids (such as tea and soup) first
- Pay attention to whether the care recipient is eating at the proper speed
- Make sure the care recipient is chewing food well and swallowing it completely
- Ask the care recipient how he/she feels after the meal
- Make the care recipient brush their teeth after the meal

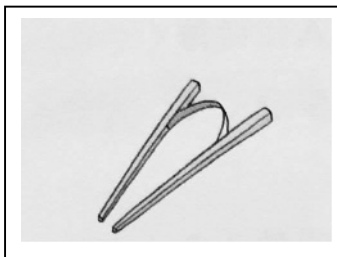


Meal types suited to care recipients' conditions

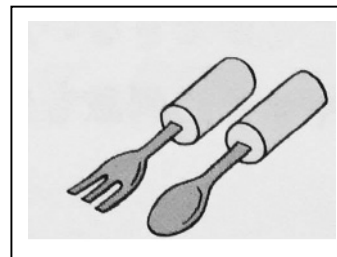
Regular food menu	Rice gruel menu	Soft food menu
		

Inventive eating utensils

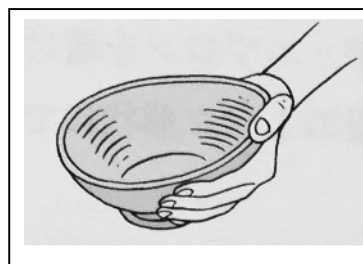
Chopsticks with a spring



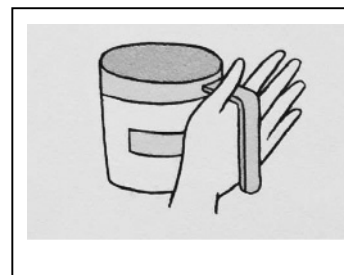
Easy to hold fork and spoon



Easy to hold bowl



Cup with a handle

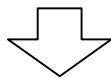


Q. First, try to think about your bathing habits.

The method of bathing varies greatly between individuals. Many people have a bath every day; however, some people may only take a bathtub during winter periods, and people have different preferred temperatures for the bath water. Also, some people may only feel clean when the body is cleaned using a nylon towel. Also, you may sometimes have a bath for just 10 minutes, or spend about an hour in the bath reading or stretching, depending on the mood and circumstance of the time. Therefore, it is also important when providing support to respect and think about the preferences and liking rather than your values.



Q. What kind of potential risks are there in the bathroom?

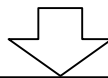


- The care recipient may slip on a wet floor
- The care recipient may burn himself/herself with hot water
- The care recipient may drown in the bathtub
- The care recipient may hold the handrail with soap suds on the hand and have the hand slip off the rail
- The care recipient may feel dizzy, stagger, and fall
- The care recipient may get dehydrated due to sweating



Preparation for safe bathing

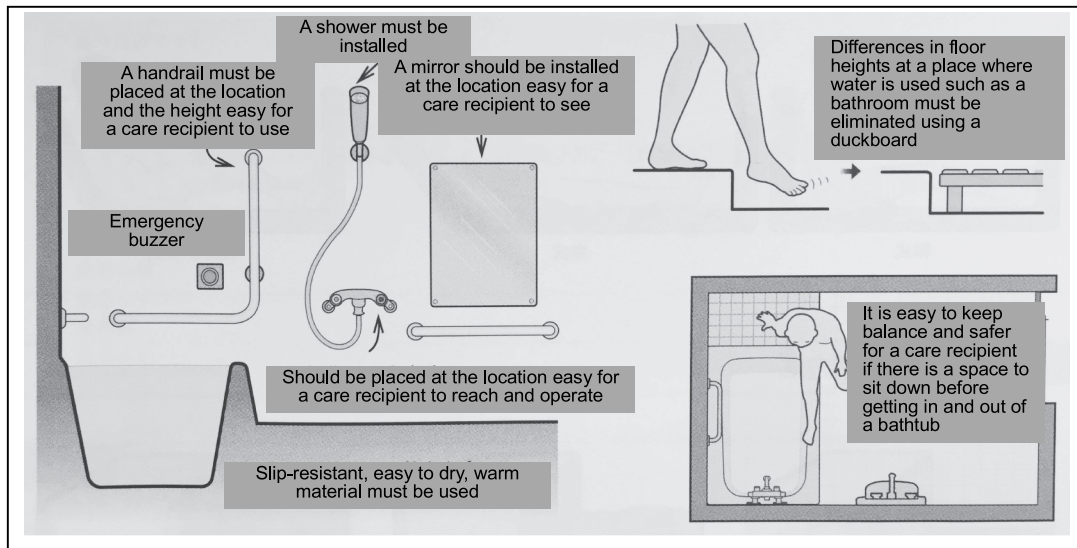
- Ask the care recipient how he/she feels
- Make sure the care recipient drinks fluids
- Make sure there is little difference in temperature between the undressing room and the bathroom
- Check the water temperature
- Prepare necessary items such as towels and clothes



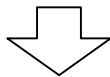
How to assist care recipients in bathing

- If the floor is wet, pay attention so that the care recipient does not slip
- The care worker/giver must check the temperature of shower water first and then let the care recipient check it again
- Shower the parts (hands and feet) distant from the heart first
- When washing the care recipient's body with soap, make sure there is no soap suds left on the body
- The ideal length of time for the care recipient to spend in a hot tub is about 5 minutes
- When the care recipient is back to the undressing room, dry the body with a towel immediately
- When using a hair dryer, make sure to keep it approx. 20 cm away from a care recipient
- Make sure a care recipient drinks fluids
- Ask the care recipient how he/she feels

Bathroom environment

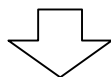


Q. What is wiping? (sponging or washing not in a bath or shower)



A. To clean the care recipient' body with a moist flannel and then dry with a towel

Q. Under what circumstances is wiping needed to maintain care recipient' personal hygiene?



- When the care recipient should not take a bath due to a high fever
- When the care recipient cannot take a bath due to decreased physical strength
- When a bathroom is not available

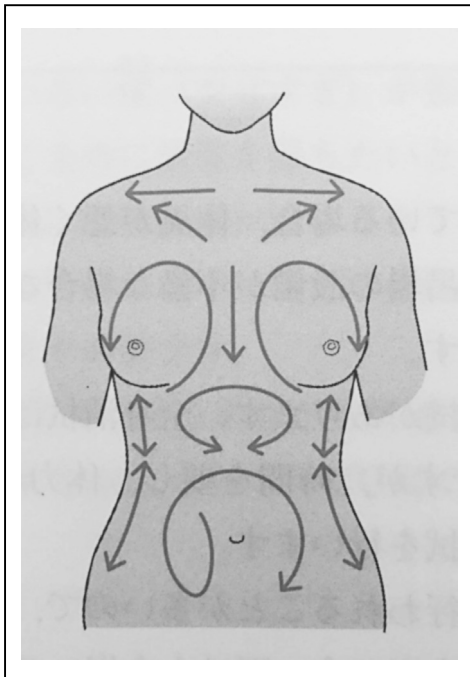
How to assist care recipients in whole body wiping

- In principle, wipe the face first, and then the arms, body, legs, private parts, and hips
- Wipe the care recipient's body with different sections of the towel
- Avoid unnecessary body exposure when wiping the care recipient's whole body

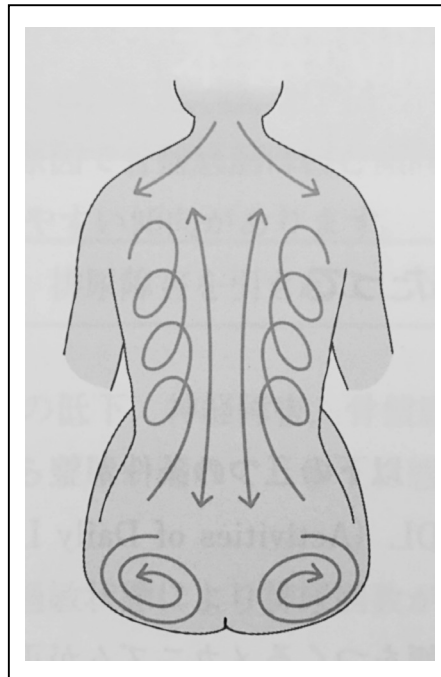


- Ask the care recipient how he/she feels after wiping
- Make sure the care recipient drinks fluids

Wiping of chest and abdomen



Wiping of back and hips



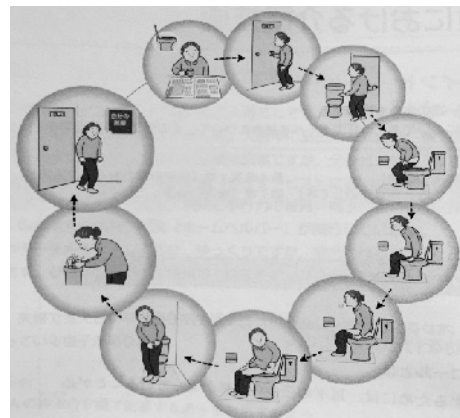
We go to the toilet (to excrete) a number of times each day.

Q. Think about what toileting is like for you.



Q. Think about the flow of events involved in toileting.

- 1) Have an urge to urinate/defecate**
- 2) Go to the restroom**
- 3) Close the door and approach the toilet**
- 4) Open the toilet lid and pull the pants down**
- 5) Sit on the toilet**
- 6) Urinate/defecate**
- 7) Wipe with toilet paper**
- 8) Stand up and pull the pants up**
- 9) Wash hands**
- 10) Leave the restroom**



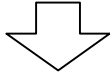
The series of events related to toileting includes many actions, and all of these actions are necessary for toileting independently. For example, even if a person is able to walk and go to the toilet but unable to bend over due to pain in the lower back and cannot pull the pants down or up, that person will require assistance from another person. It is essential to observe and think carefully of the nature of support the person requires.



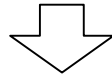
Q. Think about how you would feel about taking care for toileting and what you would like to have considered.



What is toileting?



Humans take food and fluids and absorb nutrients to live. Excretion of unnecessary waste produced in the process is called toileting (urination and defecation). If a person fails when toileting, he/she experiences substantial psychological stress.



- * As a result, such a person may feel anxious about going out and will tend to shut himself/herself in at home.**

When assisting care recipients in toileting, bear in mind that toileting is deeply associated with pride and a sense of shame.

Types of toileting (assistance) methods

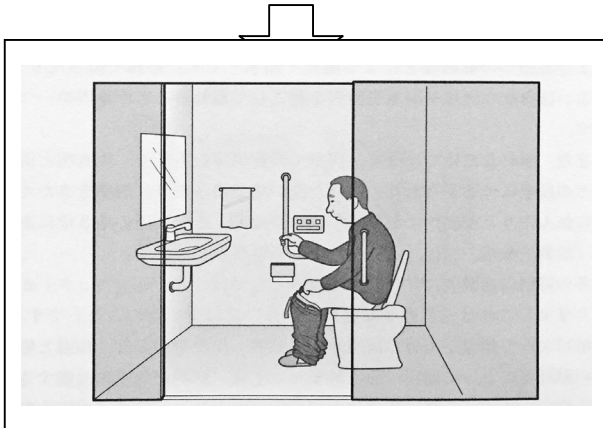
- **Assistance in the restroom**
 - * Pull-up diapers and incontinence pads may be used.**
- **Assistance with a portable toilet**
 - * Pull-up diapers and incontinence pads may be used.**
- **Assistance on the bed**
 - * Paper diapers with fastening tapes are used.**
 - Urinals and bedpans may also be used.**

7. ASSISTANCE WITH ADL

NO. 7-5 ASSISTANCE WITH TOILETING

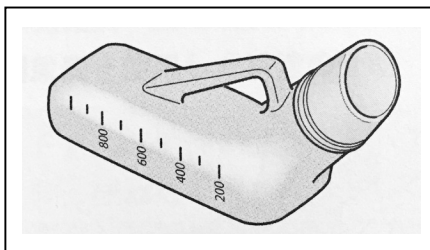
Points to remember in assisting care recipients with toileting

- Assist the care recipient in what he/she cannot do in the toileting process
- Protect the care recipient's privacy
- Maintain the care recipient's personal hygiene after toileting
- Make sure the toileting environment is clean and comfortable

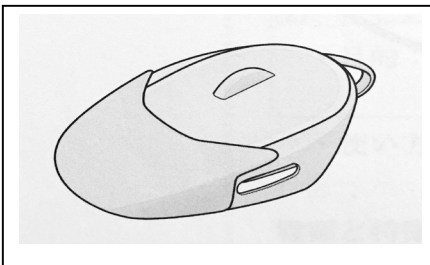


Assistive devices for toileting

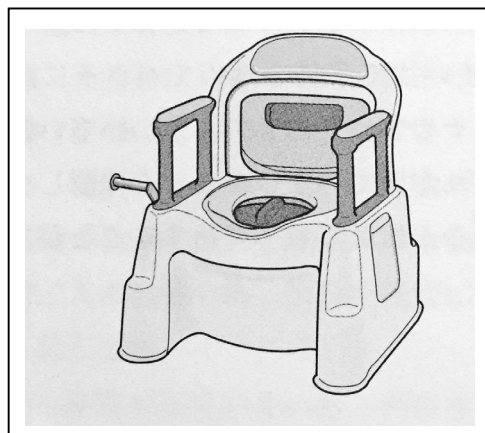
Urinal



Bedpan



Portable toilet

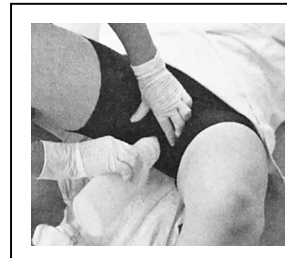
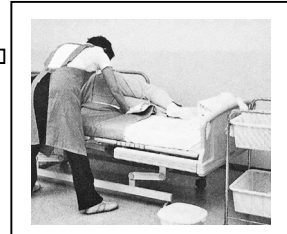


7. ASSISTANCE WITH ADL

NO. 7-5 ASSISTANCE WITH TOILETING

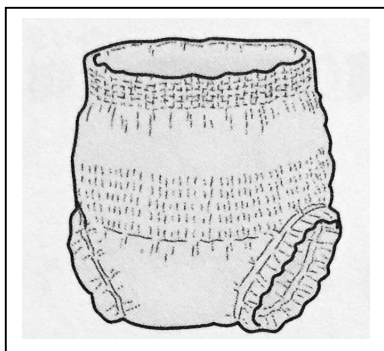
How to assist care recipients in toileting (changing tape-type disposable diapers)

- Prepare the necessary items
- Secure privacy
- Adjust the bed height
- Place a waterproof sheet
- Pull down the care recipient's pants and remove the tapes of the diaper
- Check the bodily waste and private parts
- Clean the private parts (always wipe from front to back)
- Ask a care recipient to lie on his/her side and check the skin
- Remove the dirty diaper and replace with a new one
- Remove the waterproof sheet
- Pull the pants up and smooth out the wrinkles of the clothes
- Adjust the bed height back to the original height and ventilate the room
- A care worker/giver must wash the hands

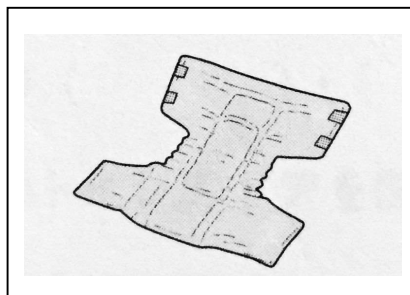


Types of diapers

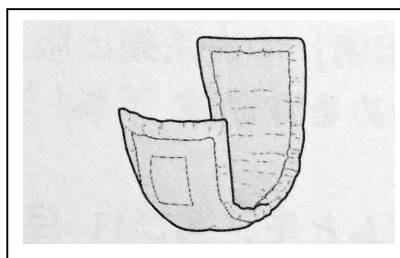
Disposable underpants



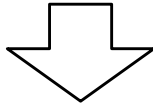
Diaper (with side fastening)



Incontinence pad



Q. What is the environment that enables good rest (sleep)?



- Proper temperature (Around 25°C in summer/ around 15°C in winter)
- Proper humidity (50% to 60%)
- Use of proper bedclothes
(Bedclothes must be kept clean. Mattresses should not be too hard. Pillows should not be too thick or too thin.)

Etc.

Each person feels comfortable in a different environment. For example, some people sleep in complete darkness, while other people feel more comfortable with a little light in their rooms. Also, some people prefer slightly harder pillows, while other people like their pillows soft.

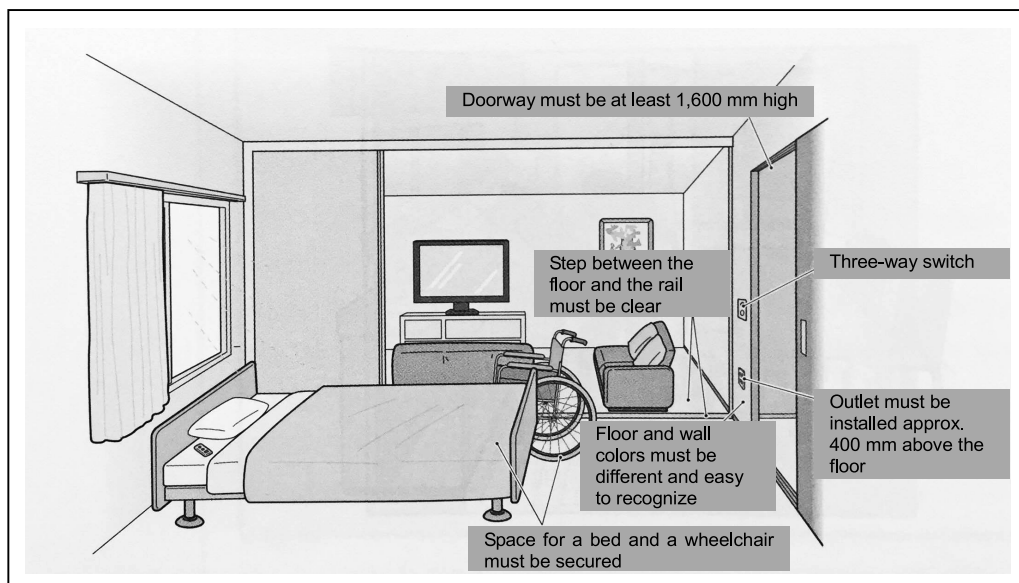
In order to provide support for a comfortable sleep, it is important to not make judgment from your own values but to create a comfortable environment for the person receiving care.



Advantages and disadvantages of beds and futons

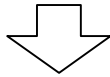
	Bed	Futon
Advantage	<ul style="list-style-type: none"> ▪ Easy to get up ▪ Easy to lie down ▪ Mattress is less likely to absorb moisture 	<ul style="list-style-type: none"> ▪ There is no risk of falling ▪ Can be moved anywhere
Disadvantage	<ul style="list-style-type: none"> ▪ There is a risk of falling ▪ Hard to change the location 	<ul style="list-style-type: none"> ▪ Hard to get up ▪ Hard to lie down ▪ Futon mattress is more likely to absorb moisture

Bedroom environment development



Need for changing sheets

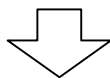
Sheets get dirty with night sweats and sebum. So, it is desirable to change the sheets every three or four days.



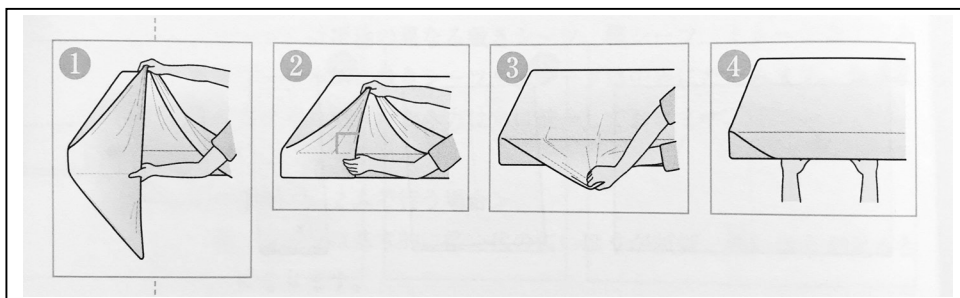
We produce 300 cc of sweat without noticing, which is called insensible perspiration. So, mattresses and comforters absorb sweat and contain moisture. Care workers/givers maintain care recipients' personal hygiene by drying the bedding in the sun or using a futon dryer.

Points to remember when making the bed

- Do not kneel on the floor while making the bed
- Try not to stir up dust when removing a dirty sheet
- Try to keep the sheet unwrinkled

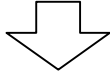


To that end, make a triangular fold on each corner of the mattress.



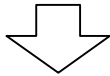
Types of sleep

▪ REM sleep



It is called light sleep that mainly rests the body

▪ Non-REM sleep



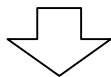
It is called deep sleep that mainly rests the brain

A cycle of these two types of sleep repeats itself while we are sleeping.

[Assistance with IADLs] You must understand...

- ◇1. Importance of IADLs
- ◇2. Kinds of activities included in IADLs
- ◇3. Keys to assisting each activity included in IADLs

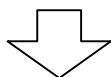
Q. What does IADL mean?



A. Instrumental Activities of Daily Living

- The collective term for the activities of housework, going on an outing, managing finances, using the telephone, and managing medication.

*** IADL mainly consists of housework and is a complicated activity based on ADL.**



Preparing meals, cleaning, taking out the garbage, laundry, sorting clothes, etc.

Assistance in preparing meals

- Menu should not be decided by the care worker/giver alone. It should be decided with an elderly person.
- Check the necessary ingredients and cooking utensils based on the menu.
- When making preparations, proceed in accordance with the conditions of an elderly person.
- Bear in mind that cooking methods and seasoning differ from region to region.
- Clean up after a meal and make sure there is no food waste left in the sink.

Assistance in cleaning and taking out garbage

- After moving items when cleaning the house of an elderly person, put them back where they were.
- Garbage separation plan differs from region to region.

Assistance in laundry

- Check the laundry care recipient symbols on the labels of clothes and sort the clothes appropriately as those that can be washed with water and those that must be dry-cleaned before washing
- When drying laundry, check the laundry care recipient symbols again to see the drying instructions such as dry in shade and dry flat.

Assistance in sorting clothes

- Suit the care recipient's preferences because people fold their clothes in different ways.
- When putting away clothes, sort them by type and place each type in separate drawers.

**9.
UNDERSTANDING
AND PROVIDING
SUPPORT FOR
RISKS IN DAILY
LIFE**

**NO. 9-1 CHARACTERISTICS OF PERSONS IN NEED OF
LONG-TERM/AGED CARE**

[Understanding and Providing Support for Risks in Daily Life]

Key points

- ◇1. Understand the importance of risk management
- ◇2. Learn the actions to take in an emergency and safety precautions
- ◇3. Learn the method for health management of care workers/givers themselves.

<Characteristics of persons in need of long-term/aged care>

There are various risks in the daily lives of elderly people in need of long-term/aged care.

Why do these risks exist?

Let us think about the characteristics of people in need of care.



Read the following example and think about the measures to take as a care worker/giver.

(Example)

Ms. K (83 years old), who has dementia, lives alone in an apartment. She is starting to show symptoms of dementia, such as forgetting events that happened shortly before and talking about the same thing repeatedly.

Every day at dinnertime, she goes to the kitchen opening the refrigerator and turning on the gas stove and moving restlessly about in attempt to make a meal for her deceased husband. Ms. K forgot to turn off the stove a number of times, in some instances nearly causing a fire.

What should you do as a care worker/giver for these behaviors of Ms. K.? Discuss amongst the group.



9.
UNDERSTANDING
AND PROVIDING
SUPPORT FOR
RISKS IN DAILY
LIFE

NO. 9-1 CHARACTERISTICS OF PERSONS IN NEED OF
LONG-TERM/AGED CARE

What suggestions were made?

Should Ms. K be prevented from going to the kitchen?

Or, are there other solutions to this?

From the perspective of the care workers/givers, it may be safe or comfortable if the people being cared for remain still. Also, the burden of care may increase when the person to be cared moves about freely. However, are we providing satisfactory care when we restrict the behaviors of the person to be taken care based on our viewpoint? Think about this matter for a little while.



Is it better for them not to
move to avoid danger?
What is the satisfactory
manner of care?

The following situation occurs frequently in the long-term/aged care setting. The person taken care, who is in a wheelchair, slides off the wheelchair as they shift their position. Why does this happen?

Even when a person is in a wheelchair, they are not completely stationary. Just as we feel pain in the back, lower back, and legs from sitting in the same position for prolonged periods, the people being cared for also feel the burden of fatigue. This leads to unconscious shifting of the body, causing them to slide off the wheelchair.

As this example shows, all people, even if they are confined to bed or have dementia, live with intentions and emotions.

Although risks are associated with long-term/aged care, it is important to first understand that **elderly people who require long-term/aged care have their own intentions** in considering ways to prevent these risks.



**9.
UNDERSTANDING
AND PROVIDING
SUPPORT FOR
RISKS IN DAILY
LIFE**

NO. 9-2 RISK MANAGEMENT

<Risk Management>

In this training session, we will learn about the factors leading to risks in long-term/aged care and ways to avoid these risks.

Discuss the following examples of risks amongst your group, with consideration for the physical changes in elderly people, which we studied in regards to understanding aging.

Example (i) Risk from decrease in physical functions

Mr. F has decreased visual acuity, as well as decreased strength in the lower half of the body. He is normally assisted by a care worker/giver when going to the toilet. However, Mr. F goes to the toilet late at night and tries to return to the bed in his room.



●What are the possible risks?

●What measures should be taken by the care worker/giver to avoid risks?

9.
UNDERSTANDING
AND PROVIDING
SUPPORT FOR
RISKS IN DAILY
LIFE

NO. 9-2 RISK MANAGEMENT

Example (ii) Risks due to decrease in cognitive ability

Mr. H has dementia, and a care worker/giver provides assistance for medication after breakfast. However, the phone rings during this process, and the care worker/giver is about to leave Mr. H's side. There are dentures and external drugs on the table, in addition to the medication being taken.



●What are the possible risks?

●What measures should be taken by the care worker/giver to avoid risks?

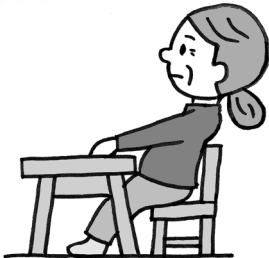
**9.
UNDERSTANDING
AND PROVIDING
SUPPORT FOR
RISKS IN DAILY
LIFE**

NO. 9-2 RISK MANAGEMENT

Example (iii) Risks during a meal

G has come to the dining room from her room in order to eat. If she sits in the chair in the following positions, what can happen?

The upper body leans backward.



Her back is arched.



The upper body is inclined to one side.



●What are the possible risks?

A large, empty rectangular box with a dotted border, intended for writing the possible risks.

●What measures should be taken by the care worker/giver to avoid risks?

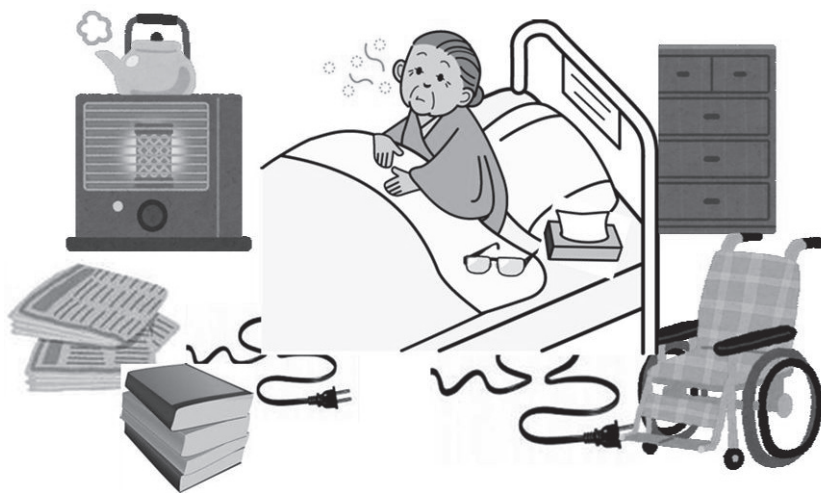
A large, empty rectangular box with a dotted border, intended for writing the measures to avoid risks.

**9.
UNDERSTANDING
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SUPPORT FOR
RISKS IN DAILY
LIFE**

NO. 9-2 RISK MANAGEMENT

Example (iv) Risks in the surrounding environment

H is receiving long-term/aged care at home. However, her room is untidy and closed at all times, and she spends her time in bed, except when going to the toilet. She moves to the toilet in a wheelchair; however, it appears that periodic inspections has not been made of the wheelchair. Discuss the possible risks from various perspectives.



●What are the possible risks?

●What measures should be taken by the care worker/giver to avoid risks?

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NO. 9-2 RISK MANAGEMENT

What suggestions were made in the discussion?

It can be said that examples (i) to (iv) show risks that arise due to physical changes in the elderly people, characteristics of disorders they have, and their surrounding environment. However, all of these are preventable risks. Let us think about the measures that should be taken to prevent these risks.

In addition to examples (i) to (iv) above, the following are listed as risks that occur frequently in the daily life of people receiving long-term/aged care.

- Nearly falling off the bed while attempting to turn over
- Slipping and falling in bathroom
- Sliding off the bed when trying to transfer to a wheelchair
- Taking the wrong medication
- Abdominal pain or diarrhea from eating food past the expiry date
- Developing symptoms of dehydration
- Developing decubitus ulcers from prolonged periods of confinement in bed
- Choking on food or drink (such as aspiration pneumonia)



Risk management refers to the preventive activities performed beforehand (estimation, prediction, anticipation, prevention) for accidents or disasters that may happen in the future. It not only includes prior preventive activities but measures taken after the event.

**9.
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AND PROVIDING
SUPPORT FOR
RISKS IN DAILY
LIFE**

NO. 9-2 RISK MANAGEMENT

There are two important points in handling the risks in the daily life of persons who need to be taken care:

● **Prior preventive measures to avoid risks**

- (1) Be aware of risk avoidance and take note of risks.
- (2) Any near misses, however minor, should be recorded, and the information should be shared with all people engaging with the person to be taken care.

● **Accident precautions after a risk**

- (1) Precautions for accidents should be taken immediately.
- (2) In order to prevent similar accidents, the cause of the accident and future handling must be discussed, and the information must be shared.



In addition, the following precautions should be taken as routine to prevent risks.

Specific precautions for avoiding risks

- (1) Knowing the physical changes in elderly people and making predictions based on these
- (2) Understanding the characteristics of the disorder and making predictions based on these
- (3) Performing periodic inspections of equipment as routine
- (4) Safely moving and storing belongings around the person taken care
- (5) Disposing of any articles that could harm the health of the person taken care with their approval
- (6) Taking care in managing health to prevent the care worker/giver from losing concentration



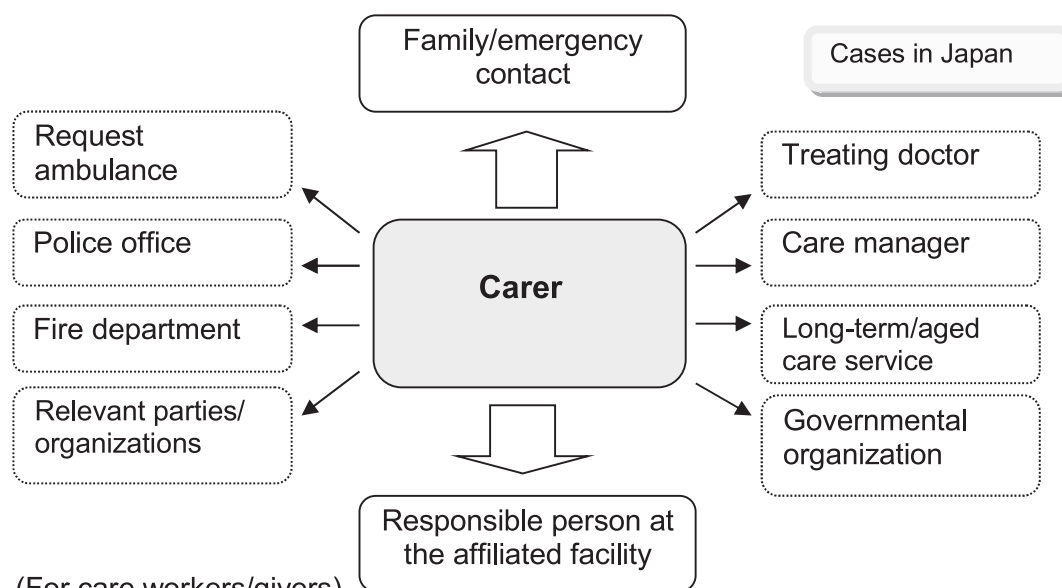
9. UNDERSTANDING AND PROVIDING SUPPORT FOR RISKS IN DAILY LIFE

NO. 9-2 RISK MANAGEMENT

The existence of risks is inevitable in the daily lives of people who require long-term/aged care. This is because even as elderly people in need of long-term/aged care, they are living of their own volition and emotions, as we have learned. It is important to consider this and take preventive measures where risks are predictable, as well as acting immediately about the risks that already occurred.

What if accidents occur in long-term/aged care?

In order to prevent similar accidents, the information should be reported and shared with the persons and organizations who are involved with the care recipient. Also, if there are changes to the physical or mental condition of the care recipient, they should attend the medical institutions as necessary.



The incidence should first be reported to the supervisor of the workplace.
Precautions will be taken not as an individual but as affiliated organization.

The incident will be reported to the family and relevant organizations with liability for reporting (municipality, etc.) according to the instruction of the supervisor (measures will be taken according to the manual at the employer).

It is important to act with awareness for the role responsible for people's lives.

9.
**UNDERSTANDING
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LIFE**

NO.9-3 EMERGENCY RESPONSE

<Emergency Response>

In the daily life of elderly people who require long-term/aged care, it is difficult to predict what emergencies may arise. However, calm and appropriate responses to the situation will lead to early treatment, which may result in improving the condition of the care recipient. This section will provide the responses in an emergency.



How should the care worker/givers respond in an emergency?

- Sudden change in the condition of the person to be taken care
- Sudden onset of illness
- In case of accidents or disasters

Care workers/givers must respond immediately under these circumstances according to the situation.

In addition, it is important for the care worker/giver to carefully observe the condition of the care recipient on a daily basis with focus on anything different than usual or on any changes in order to note any new disorder or to prevent exacerbation of the current condition.

For example, the following key points should be noted as routine:

- Eye movement, movements of hands and feet, complexion, presence or absence of swelling in the body
- Manner of talking, expression, loudness or softness of voice
- Amount of meal or water taken, state of the excreted matter

The care worker/giver should always be aware of the role to protect the life of the care recipient and interact with the person accordingly.

9.
**UNDERSTANDING
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SUPPORT FOR
RISKS IN DAILY
LIFE**

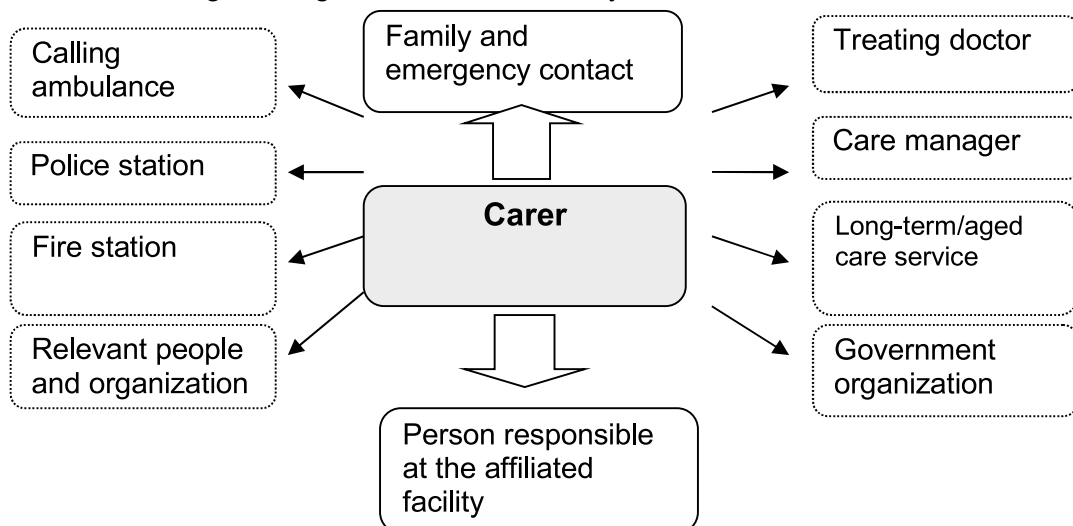
NO.9-3 EMERGENCY RESPONSE

It is also important to record the basic information on the care recipient on a daily basis so that the care worker/giver is able to act quickly, without panicking, in an emergency. For example, it may be necessary to prepare note of personal information as shown below and post the note where it is easily visible.

1. Name
2. Address
3. Phone number.
4. Age
5. Blood type
6. Emergency contact address (Family members, relatives, neighbors, or friends)
7. Information on the family physician (Name of the medical institution, contact address, name of the doctor)
8. Care manager (Name of the business, contact address, name of the person in charge)
9. Contact address of the long-term/aged care business (Name of the business, contact address, name of the person in charge)
10. Name of disease
11. Medical history (name of disorders previously had)
12. Name of medication being taken

Emergency contact network

In an emergency, notification should be made to the necessary organizations depending on the state of the person being cared for, whether the person uses medical or long-term/aged care service, family structure, or environment.



If you are working in a long-term/aged care facility or provide long-term/aged care services, an emergency response manual should be available, and the response should be made according to this manual.

<Methods of First Aid>

What injuries and accidents may occur frequently in the daily lives of the person to be taken care?

Because of the characteristics of elderly people, choking on food or drink, bone fractures, and burns may occur frequently. The care worker/giver's response to such situations may have an impact on whether the life of the person can be saved or not. The faster and more appropriate the response, the more likely the exacerbation of the condition can be prevented. In this section, we will learn the method of first aid for the three most frequently observed injuries and accidents.

● If food becomes caught in someone's throat:

The most effective method of removing foreign matter is to cough it out. If the care recipient is conscious, encourage the person to cough hard. If the person cannot cough, try the following method. However, this method must not be used for unconscious people, infants, and pregnant women.

(Blows to the back)



With the person standing up or sitting in a chair, lean the person forward and lower the head. Hit between the shoulder blades sharply a few times using the stiff part on the root of the hand of the care worker/giver, from slightly behind the care recipient. After hitting, look inside the mouth and remove any foreign matter.

(Abdominal thrusts)



Wrap both arms around the body and under the armpits from behind the care recipient. Make a fist with one hand, and place the thumb side of the fist above the navel and below the pit of the stomach of the victim. Put your other hand on top of your fist, then thrust both hands quickly upward and backward (toward you) into the stomach of the choking victim. * However, this technique may cause internal injuries, so always have the victim checked by a physician after clearing the blockage.

●In case of bone fracture ...

As people become older, the bones become frail, and they become more likely to lose their balance when tripping on a step or bumping into people, leading to falling and bone fractures. Parts of the body that are especially susceptible to bone fractures include the wrist, shoulder, vertebrae, and hip. The types of bone fractures include bone fracture without skin injury (closed fracture) and bone fracture with the end of the broken bone penetrating the skin (open fracture).



Make the injured person as comfortable as possible. Immobilize the injured area by applying a splint after swathing it in a soft cloth such as a towel. Padding a splint can help prevent bleeding, alleviate pain, and minimize damage. For a splint, a hard material with a length appropriate for the fractured area is necessary. After padding the splint, elevate the area to prevent swelling. At the same time, check the complexion, make sure the victim is conscious, and keep the person warm when the person complains of coldness.

●In case of burns ...

Burns occur frequently in daily life, however they may become dangerous if incorrect measures are taken. Also, since elderly people have paralysis or numbed senses in the toes, they may develop burns from hot water bottles and disposable heat packs without realizing. It is important for the care worker/giver to take note of these changes as well.



First, cool the injured area immediately with cool running water. Do not pour tap water directly over the burn, which may cause skin damage from the water pressure. In general, cool the burn for 30 minutes or over until the injured person feels no pain or heat. Do not forcefully remove any clothing worn by the victim; cool the injured area using water with the clothes on. Do not apply ointments, oils, or disinfectants to any burn injury because the wound may become unclean and infection may occur.

After applying first-aid measures to the injuries and accidents involving the care recipient, it is also important to call ambulance or notify the treating doctor immediately.

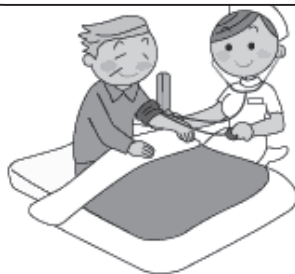
Also, apart from the situations of choking on food and drink, bone fractures, and burns, there may be circumstances where you have to deal with a heart attack or epilepsy. In such cases, responses should be made according to your training so try not to handle the situation alone.

In long-term/aged care, it is necessary to differentiate the measures the care worker/giver is allowed to perform and the measures that are prohibited for a care worker/giver (medical procedure).

The following are medical procedures.

- Treatment of pressure ulcers (including change of dressings)
- Tube feeding (gastric fistula, nasal duct, etc.)
- Oxygen inhalation (including switching the equipment on/off)
- Dietary advice
- Removal of an intravenous needle
- Insulin administration
- Disimpaction
- Scraping something out of the mouth
- Urethral catheterization
- Bladder washout
- Care for expectoration
- Change of a tracheostomy tube
- Guidance for persons who have a tracheotomy

* However, since the partial amendment of the Certified Social Workers and Certified Care Workers Act in April 2012, care workers/givers and care personnel who have completed training have been allowed to perform some procedures, such as suction of phlegm, under certain conditions, including security assurance in cooperation with healthcare and nursing systems.



*Medical procedures refer to measures that may be harmful to the human body unless performed with the medical determination and technique of a doctor.

(References)

Cases in Japan

◆ Procedures recognized as non-medical treatment by the Ministry of Health, Labour and Welfare

Non-medical practice	Thermometry	Thermometry limited to those using mercury/electronic thermometers
	Blood-pressure checks	Blood-pressure checks limited to those using an automatic pressure measurement apparatus
	Measurement of arterial oxygen saturation	Placing a pulse oximeter on a person other than a newborn who needs no hospital treatment in order to measure arterial oxygen saturation
	Treatment of burns / cuts	Treatment of minor cuts, scratches, and burns, and other injuries for which professional diagnosis and skills are not required (including the changing of dirty dressings)
	Clipping nails	Clipping of nails with a clipper or filing the nails with clipper when there are no abnormalities in the nail and no purulence or inflammation in the skin around the nail
	Tooth brushing	Removing plaque, food particles, and foreign matter adhering to the teeth, oral mucosae, and tongue for good hygiene using toothbrushes, cotton swabs, or floss
	Cleaning ears	Removing earwax (excluding the treatment of cerumen embolism)
	Treatment of artificial anus (stoma)	Disposing of waste from an ostomy pouch system (excluding the change of the pouch attached to a body)
	Catheter care	Preparing catheters and maintaining the body position for self-catheterization
	Enema	Administering an enema using a disposable glycerin enema commercially available (detailed conditions are specified)
★ With conditions	Application of ointment	(Excluding pressure ulcer care)
	Application of compresses	
	Application of eye drops	
	Administration of oral medicines	(Including the use of one-dose packaged medicines including sublingual tablets)
	Rectal suppository insertion	
	Nebulization of drugs to mucous membrane of the nasal cavity	

★ Conditions

- (1) The patient need not be hospitalized for treatment and must be in stable condition.
- (2) There is no need to have the patient continuously monitored by a physician or nurse to prevent the risk of side effects or to adjust the amount of medication administered.
- (3) There is no need for professional monitoring of the method of use of the medicine itself, such as the possibility of choking on oral medicines or the possibility of bleeding from the anus when administered rectal suppositories.

***The procedures above should be performed according to the training of the care worker/giver.**

< Measures to Prevent Infections >

A wide variety of invisible microbes (bacteria, viruses, fungi, etc.) live everywhere around us. All of them procreate and therefore proliferate. Such proliferation in food may cause food poisoning and putrefaction, and proliferation in humans and animals may cause diseases to the host human or animal. These are called infections.

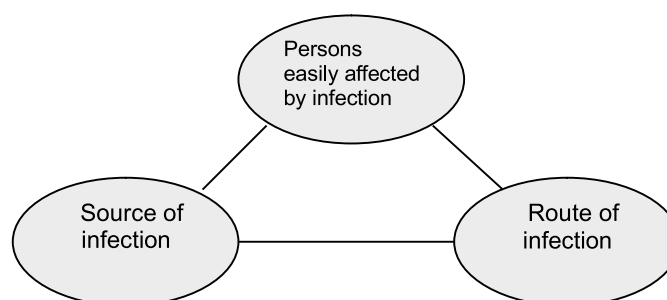


First, understand that three factors are necessary for an infection.

Three factors of infection

1. Sources of infection (Microbes that cause infection)
2. Routes of infection (Routes through which pathogens cause new infection)
3. Those who are easily affected by an infection (Older adults, infants, and others who are less resistant to illness.)

*Coexistence of these three factors results in an infection.



●Where are the sources of infection?

→ The sources of infection are found in people, objects, food, excreted matter, vomited matter, and blood that contains a virus or bacteria lives.

●What are the routes of infection?

→ The main routes of infection are as follows:

(1) Droplet infection

Droplets spread by coughing, sneezing, or conversation adhere to the mucous membrane, which may cause an infection.

(Cold, Influenza, Diphtheria, Typhoid, etc.)

(2) Aerial infection

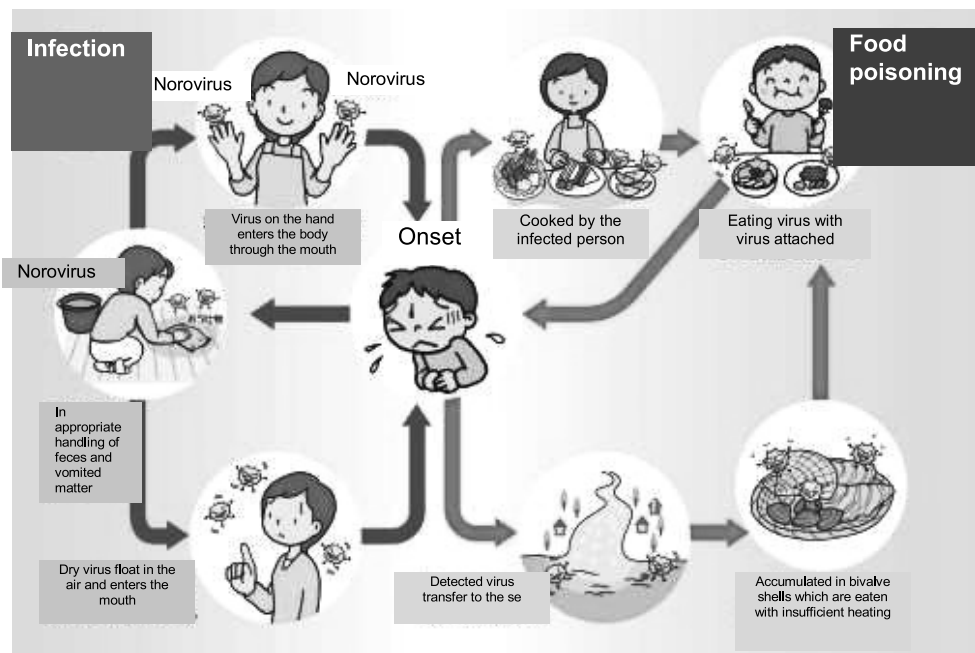
Droplets spread by coughing and sneezing are suspended in the air and breathed in, which may cause an infection.

(Tuberculosis, Measles, Varicella, etc.)

(3) Contagion

Infections can be transmitted via the hands, fingers, food, and tools.

(Food poisoning, Norovirus, MRSA, Scabies, O-157, etc.)

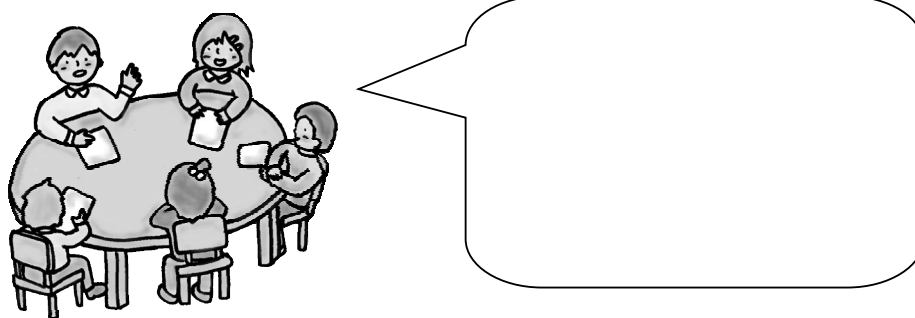


(Shinjuku Ward website "Preventing Norovirus Poisoning")

- Infections that may easily occur in elderly facilities

- Influenza
- Tuberculosis
- Infectious gastroenteritis (Norovirus)
- Norwegian scabies
- MRSA infection
- *Pseudomonas aeruginosa* infection
- Enterohemorrhagic *Escherichia coli* infection (O-157 and others)

What specific measures are available to prevent infections? Discuss within the group.



What suggestions were made?

It is extremely important for care workers/givers to prevent infections in ourselves and not transmit the infection to other people.

“Do not (i) bring in, (ii) take out, or (iii) spread pathogens.”

Infection prevention should be performed with this slogan as a part of our routine.

Difference between the carrying state and onset

Those who acquire infections can have symptoms of coughing, sneezing, fever, and/or diarrhea (**onset**). There is an **incubation period** for some time before the symptoms appear. However, some people show no symptoms despite being infected. They are called **carriers**. Carriers are not aware of being infected, they may become the source of infection and spread pathogens to others, or they may develop the disorder when immunity is weakened. Therefore, it is important to manage health on a daily basis to prevent weakening of immunity.

In order to prevent infection...

Make a habit of hand washing and gargling correctly.

Learn the best way to wash the hands.



(Handwashing Procedure by the Ministry of Health, Labour and Welfare)

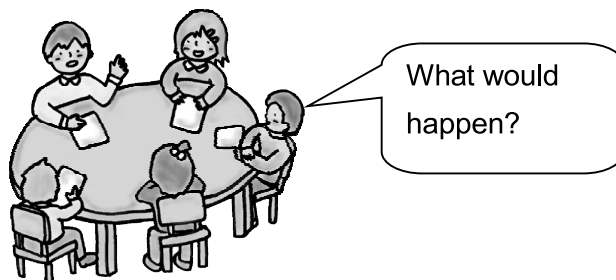
<Safety Management in the Environment of Daily Life>

It is important to maintain a safe environment where elderly people in need of long-term/aged care live. Why is this the case? What are the points to consider in order to maintain a safe environment in daily life? In this section, we will discuss ways that the care worker/giver can create a safe, comfortable place for the person in need of care.



What happens if the following occurs in a home where an elderly person in need of long-term/aged care is living? Discuss within the group what can be predicted not only from the physical perspective of the person in need of care, but also to include the mental perspective.

- What if furniture falls over in the living room where the person spends most of the time?
- What if the bed normally used for sleeping is faulty?
- What if the room is not clean or is untidy?
- What if food and drink past their use-by date is stored in the refrigerator?
- What if disasters such as fire and earthquake occur?



What suggestions were made in the group?

It is feasible to expect the examples in the previous section to occur in the daily life of the person taken care. If such situations occur, healthy elderly people will be able to handle these themselves. However, for elderly people who require long-term/aged care, there are difficulties in moving and evacuating. As care workers/givers, it is important for us to manage safety as routine with a focus on the following key points so that the people taken care are able to live safely and comfortably.

This specifically includes the following items:

Checking buildings and facilities

Preventing falling of furniture

Preventing scattering of glass doors in cupboards

Organizing the environment surrounding the person in need of care

Checking the equipment every day

Measures for fire and earthquake

Checking the evacuation route and destination

Learning how to use fire extinguishers

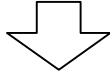
Preparing items to take out during an emergency (*Medications being taken is important)

Checking the food and drink in the refrigerator

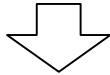


Also, in the daily lives of people in need of long-term/aged care who have dementia and other diseases, consider salespeople and canvassing workers. It may be useful to have an understanding of the *cooling off system* and other matters depending on the case.

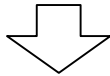
Q. In what situations would you hurt your lower back in daily life?



A. Cleaning, pulling up weeds, pulling up my pants in a bathroom, etc.



What is common to the above?



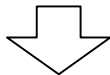
A bent-forward posture



Q. Why does a bent-forward posture cause lower back pain?

Hurting the lower back→ What is lower back pain?

• Straining the lower back (lumbar vertebrae) or the muscles around the spine result in lower back pain. The strain is mainly caused by an improper posture, heavy exercise, or working; however, strain is also placed on the lower back by standing or sitting.

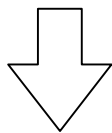


**When you assume a bent-forward posture,
the strain is around 1.4 times as great as when standing.**

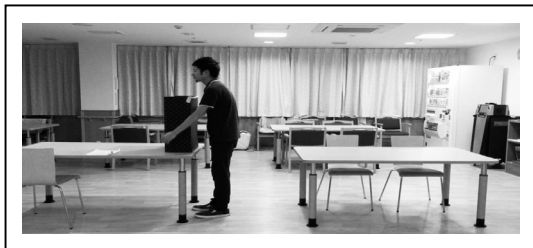
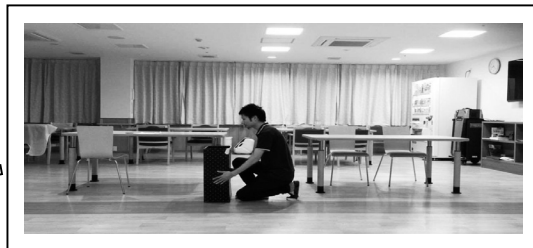
In caregiving, lower back pain may be often caused by the situations shown below:



The basic principle of body mechanics

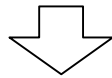


- 1) Widen the base of support.
- 2) Lower the center of gravity.
- 3) Get near the object you want to lift.
- 4) Point your toes in the direction of movement.
- 5) Make the object more compact.
- 6) Use a large muscle group.
- 7) Move horizontally.
- 8) Use leverage.



*Republished from No. 7-1 “Support in Moving”

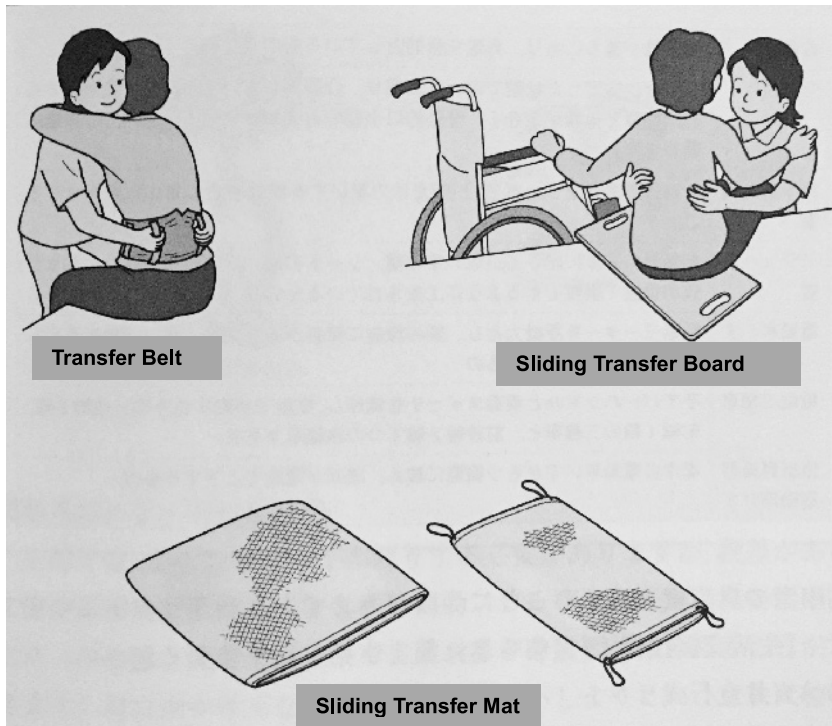
Q. What will you do in this situation to prevent lower back injury?



A. Raise the bed (the tool) height. → Use an assistive device.



Other Assistive Devices



**10. RECOGNITION
OF AND
RESPONSE TO
ABUSE AND
NEGLECT**

NO. 10-1 TYPES AND SIGNS OF ABUSE

[Recognition and response to abuse and neglect] You must...

- ◇1. Understanding the types and vocabulary of abuse
- ◇2. Recognizing the signs and indications of abuse
- ◇3. Learning ways to handle abuse

<Types and signs of abuse>

Have you heard of the terms *abuse* and *neglect*?

- ☆ What is considered abuse?
- ☆ Why does abuse occur?
- ☆ What should be done if I find cases of abuse?



In the long-term/aged care of elderly people, have you ever seen the person taken care looking frightened or anxious?



In this training session, we will discuss the behaviors that are considered abuse and neglect.

**10. RECOGNITION
OF AND
RESPONSE TO
ABUSE AND
NEGLECT**

NO. 10-1 TYPES AND SIGNS OF ABUSE

Do you consider the following actions abuse?

Yes ☐ No ☒

- i Since a care recipient does not eat much, a care worker/giver forces him/her to eat. ()



- ii When a care recipient is talking to a care worker/giver, saying "Please come here," the care worker/giver ignores the request pretending to be busy. ()



- iii When a care worker/giver assists a patient in toileting, there is stool in the diaper. Then the care worker/giver respond with disgust, saying "you just had one!" ()



- iv Being mad at the care recipient for the toileting failure, a care worker/giver leaves the person bottomless for a while as punishment. ()



- v A child uses the parent's savings or pension. ()



- vi Leaves a care recipient dirty by letting the hair grow and not bathing (wiping) the person. ()



**10. RECOGNITION
OF AND
RESPONSE TO
ABUSE AND
NEGLECT**

NO. 10-1 TYPES AND SIGNS OF ABUSE

There are five types of abuse.

- (1) **Physical abuse**
- (2) **Psychological abuse**
- (3) **Financial abuse**
- (4) **Sexual abuse**
- (5) Abandonment/neglect of long-term/aged care or attention→ **Neglect**

How would you categorize abuse cases i-vi in the previous section?

- i
- ii
- iii
- iv
- v
- vi

In the setting of long-term/aged care for elderly people, the person taken care for may lose the will to live, leading to such behaviors as not eating, refusing medical and long-term/aged care services, or living in unhygienic or unsanitary conditions. This behavior is called **self-neglect**.

Therefore, it is important for the care worker/giver to understand that people taken care may engage in such behavior at times and continue to observe these people with compassion so that they will not be isolated from families and local communities.

Human beings feel hope and the motivation to live when they feel that somebody cares about them, are concerned about them, and speaks compassionately to them.



**10. RECOGNITION
OF AND
RESPONSE TO
ABUSE AND
NEGLECT**

NO. 10-1 TYPES AND SIGNS OF ABUSE

Types of abuse in detail

(1) Physical abuse

(Punching, kicking, pinching, burning, tying down, restraining movement through excessive administration of drugs, etc.)

(2) Psychological abuse

(Yelling, ignoring, threatening, insulting, causing psychological pain or stress by words or attitudes, etc.)

(3) Financial abuse

(Not giving the money a care recipient needs, misusing care recipient's savings or pension without consent, disposing of care recipient's property without permission, etc.)

(4) Sexual abuse

(Touching the care recipient's genitals, forcing sexual activity, leaving a care recipient bottomless, etc.)

(5) Neglect

(Not changing diapers, not giving meals, not bathing a care recipient, leaving a care recipient in a filthy environment, restricting access to the necessary medical/nursing care services, etc.)

What is important for us as care workers/givers?

Do not overlook the signs of abuse.

Why is this?

This leads to the protection of both the person taken care, who is being abused, as well as the care worker/giver who is abusive for some reason.

If you discover abuse, it is extremely important to respond from the perspective of protecting the life of the person taken care and providing support for the care worker/giver who had no choice but to be abusive.



**10. RECOGNITION
OF AND
RESPONSE TO
ABUSE AND
NEGLECT**

NO. 10-1 TYPES AND SIGNS OF ABUSE

The following are examples of signs of abuse.

[Signs of physical abuse]

- ☐ Wounds or bruises
- ☐ Burns or burn scars on the hips, palms, or back
- ☐ Easily frightened or scared
- ☐ Explanations of the reason for wounds or bruises are inconsistent
- ☐ Hesitate to receive medical /nursing care services

[Signs of psychological abuse]

- ☐ Show behaviors such as scratching, biting, and rocking
- ☐ Complain of irregular sleep patterns (nightmares, fear of sleeping, etc.)
- ☐ Show symptoms of being frightened, yelling, crying, and screaming
- ☐ Show a drastic change in appetite and symptoms of eating disorders (overeating/anorexia)
- ☐ Show feelings of powerlessness, resignation, or abandonment

[Signs of sexual abuse]

- ☐ Walk in an unusual way or have difficulty sitting still
- ☐ Have anal or genital bleeding or abrasions
- ☐ Complain of pain or itching of the genitals
- ☐ Easily frightened or scared
- ☐ Avoid attention

[Signs of financial abuse]

- ☐ Complain of a lack of money despite receiving a pension or having earnings from property
- ☐ Complain of having no money to spend freely
- ☐ Reluctant to receive medical/nursing care services
- ☐ Unable to pay service charges or living expenses
- ☐ Have poor living conditions (such as clothing, food, and housing) in comparison to assets

[Signs of neglect]

- ☐ Live in unsanitary living conditions in a house with foul odors
- ☐ Clothes and diapers scattered in a room
- ☐ Wear dirty underwear or clothes
- ☐ Have developed severe bedsores
- ☐ Suffer from malnutrition

**NO. 10
RECOGNITION OF
AND RESPONSE
TO ABUSE AND
NEGLECT**

NO. 10-2 RESPONSE TO ABUSE AND NEGLECT

[Handling of abuse and neglect]

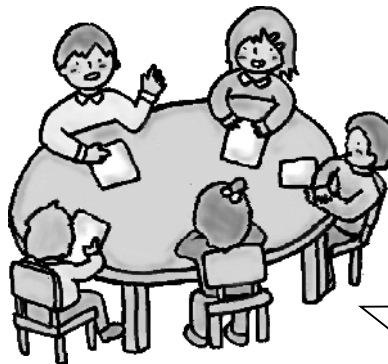
If abuse or neglect occurs, how should we handle the situation? Before studying the methods involved, let us actually experience a part of what abuse is.



Abuse

What were the physical changes and psychological changes you felt after the experience of abuse? Discuss the negative impact of abuse within the group. Also, think about the feelings of care workers/givers who could not help but engage in abusive behavior from the perspective of a care worker/giver.

How did you feel when you experienced abuse?



What are the feelings of carers who cannot help engaging in abusive behavior?

**NO. 10
RECOGNITION OF
AND RESPONSE
TO ABUSE AND
NEGLECT**

NO. 10-2 RESPONSE TO ABUSE AND NEGLECT

Abuse brings not only physical pain but also other pain. Also, for elderly people in need of long-term/aged care, abuse is not only life threatening, but also makes them lose their will to live. In order to protect them, it is of utmost importance to report abuse to the institutions concerned immediately.



Those of us who provide long-term/aged care are likely to discover abuse. Even if you are unsure or feel that it might not be abuse, it is important to report any suspicion because the facts will be confirmed by the municipal government after information and reporting by the person discovering abuse.

In Japan, there is an obligation as citizens and as care workers/givers to inform or report to the office in charge at the municipal government if there is a suspected case of abuse involving elderly people according to the Act on the Prevention of Elder Abuse. This law stipulates the following:

- (1) Reporting is mandatory if there are risks to the life or physical health of the elderly person who are or who may have been abused.
- (2) Reporting is not mandatory if there are no risks to the life or physical health of the elderly person; however, best efforts must be made to report this.
- (3) In case the suspected abuse is discovered by a worker from the long-term/aged care service, and abuse is suspected to have been committed by the worker at this service, mandatory reporting applies even if there are no risks to the life or physical health of the elderly person.

**NO. 10
RECOGNITION OF
AND RESPONSE
TO ABUSE AND
NEGLECT**

NO. 10-2 RESPONSE TO ABUSE AND NEGLECT

Cases in Japan

The following precautions must be taken if you notice possible abuse or neglect or if you are consulted about abuse:

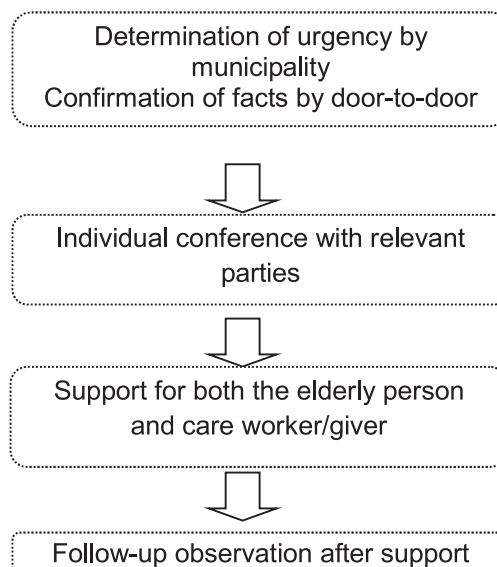
- When abuse by a care worker/giver has been discovered in the home long-term/aged care setting

Report to the municipal elder abuse consultation bureau or a community general support center.

- When abuse by a staff member has been discovered in long-term/aged care facilities/establishments

First, report to the supervisor (administrator) of the facility immediately.
Then the administrator reports to the municipality.

The municipal government who received information or the report will handle the case according to the following flow chart:



One of the causes of abuse is the mental and physical fatigue of the care worker/giver due to long-term/aged care and feeling trapped in the situation. The Act on the Prevention of Elder Abuse also covers the care worker/giver committing abuse as the target of support.

**11. GROWTH AS A
CARE
WORKER/GIVER**

NO. 11-1 UNDERSTANDING OF CONTINUED LEARNING

[Growth as a care worker/giver]
<Understanding of continued learning>

You must...

- 1. Learn how to keep learning while working**
- 2. Understand the purpose of learning skills and knowledge**
- 3. Understand how to get work-related advice**

(1) Importance of continuing education while working in long-term/aged care

Care workers/givers serve people of different ages with various beliefs and needs. Some have diseases or disabilities. Thus, there are various ways to take care of them.

Individualized long-term/aged care is needed to provide long-term/aged care that suits each person in need.

What is an individualized long-term/aged care?

**(Past long-term/aged care experience + knowledge + skills) x challenges
= Individualized long-term/aged care**

Care workers/givers develop individualized long-term/aged care by selecting their own experiences, knowledge, and skills. To that end, care workers/givers need to have various kinds of knowledge and skills to be more creative in developing their own individualized long-term/aged care.

That's why professional development through continuing education is required while working.

In order to achieve this,

It is important to participate in various workshops and engage in self-reflection.

Methods for self-reflection

Advice received from other is effective in reflecting on your manner of care.



Why am I unable to get the client (person receiving care) to open up to me?

How about asking about when they are active, rather than formal conversation?



That's it! It was client-oriented conversation that I needed! I will make conversations with focus on the client in the future!

Consider not “why they are not able to”, but “what would help them do”.

(2) Continuing to learn while engaging in long-term/aged care

Being involved in long-term/aged care in familiar settings

- Enroll in volunteer centers, such as social welfare councils and engage in their activities
- Become a dementia supporter and engage in related activities.
- Engage in volunteer activities, such as a conversation partner in the facilities for elderly people.
- Neighborhood watch activities

Lastly



An important role of long-term/aged care is to support the person's life, daily life, and human life. Also, it provides the care worker/giver with the opportunity to learn about human life, leading to growth as a person. Long-term/aged care is a profound and fascinating area. Let us continue to learn long-term/aged care in the future.

<Health Management of the care worker/giver>

This section deals with the methods to manage stress.

(1) Stress management methods

Since the work of the care worker/giver deals with people and has no set hours, it is necessary for care workers/givers to have their own methods of controlling physical and mental stress.



Key points in controlling stress

- (i) **Know your warning signs**
- (ii) **Know your coping methods**

(i) Know your warning signs

- ☐ **Not being able to laugh at other people's lighthearted jokes**
- ☐ **Feeling irritable**
- ☐ **Skin condition has deteriorated**
- ☐ **Unable to sleep well**
- ☐ **Feeling tired after waking up**
- ☐ **Unable to concentrate**
- ☐ **Feeling low and gloomy**
- ☐ **Feeling restless**
- ☐ **Feeling dizzy**
- ☐ **Feeling extremely tired**
- ☐ **Frequently making mistakes**

(Prepared with reference to "Self-assessment checklist for accumulation of fatigue in workers" by the Ministry of Health, Labour, and Welfare)

(2) Develop your own way of coping with stress

- Try to maintain balanced living patterns.
(Diet, sleep, rest, etc.)
- Forget about work for a day
- Receive services such as a massage
- Belong to communities not related to long-term/aged care (such as hobby clubs)



Coping method for prevention of burnout syndrome

Because the care worker/giver works hard in long-term/aged care with attitude of perfection and precision, the stress levels of the care worker/giver increase. Mental fatigue accumulates gradually, which may lead to a state of listlessness or becoming tired of everything.

Coping methods to prevent burnout

- Develop a frank attitude about worries
- Verbalizing realizations

Places to verbalize worries and realizations

- Long-Term and Welfare Worker's Association where other care workers/givers are present
- Family Associations where people with similar concerns are present
- Helpline run by the government organizations

COLUMN) CONCEPT OF HUMANITUDE

Humanitude is a comprehensive caregiving method based on sensory, emotional, and verbal communication developed by Yves Gineste and Rosette Marescotti.

The term “humanitude” was named after “negritude,” the movement launched by black people in colonies to recapture their black identity, and developed as a method for humans have humanity.

The caregiving methodology of humanitude consists of the philosophy that questions what it is to be human and what it is to be a care worker/giver with more than 150 techniques based on the philosophy.

The philosophy of humanitude is to send the message, “I care about you,” to tell care recipient that they will remain human for the rest of their lives and continue to respect their humanity.

Humanitude emphasizes the following **four pillars**.

1. Eye contact Message that tells care recipient “I recognize you”

Look straight or up into their eyes to make eye contact with care recipient

2. Talk Message that tells care recipient “You are here”

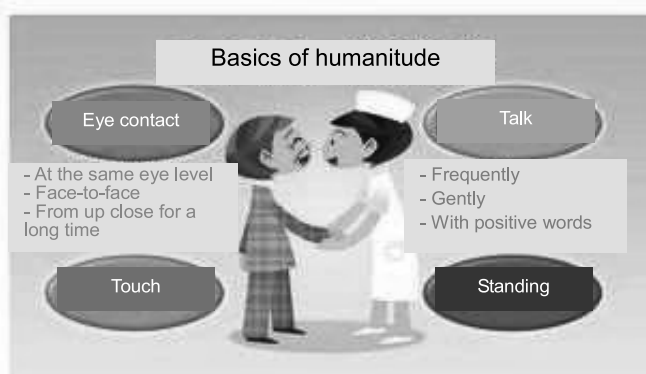
Create an energetic atmosphere by notifying them in advance of what kind of care you are going to give them and telling them the kind of care you are giving even if they are unresponsive.

3. Touch Message that tell care recipient “I care about you”

Touch slowly, and gently (use the strength of a child 5 years old)

4. Standing Let care recipient restore self-confidence and pride

Use techniques that let them stand up for as long as possible (for at least 20 minutes per day)



出典 yumanityu-do222.blog.so-net.ne.jp

Source

This care method is sometimes called magical or a miracle because it brings good results, such as care recipient being calmer, positive changes in their facial expressions and behavior, and reduced burden on care workers/givers. However, humanitude is just a method that provides caring techniques that anyone can use, developed from simple manners of recognition and respect in interacting with people.

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The Module type development project of education and training programme for
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