
First Aid training for older people

Trainer guide

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Preface

Longer life expectancy will give rise to a considerable increase of older people in Europe's population. In 2060 more than a quarter (30%) of the population of the EU member states will be more than 65 years old. This ageing of the population will lead to an increase of dependent older people by comparison to the rest of the population. According to Eurostat findings, the rate of dependence of older people in the EU that is to say the population aged 65 years old or more divided by the population still working would jump from 25% in 2008 to 53% in 2060.

Several countries have already started to seriously study how to tackle ageing in a global health policy. Following the example of the World Health Organisation (WHO), the question of ageing is approached positively. Since the end of the 1990's WHO has launched the concept of "*active ageing*". The purpose of this campaign is to encourage the nations to promote a better quality of life for the elderly people regarding their social and health conditions.

The European training of the National Societies of the Red Cross and Red Crescent "*First aid training for older people*" also endorsed the concept of "active ageing". In this goal of primary prevention, the elderly have the power to be more responsible and to learn what is appropriate for them to do at home for their wellbeing and safety.

Domestic accidents of the elderly at home is a huge problem and can be considered as being the major cause in the decline of their physical abilities, numerous hospitalizations, early entry into residential homes, isolation and premature deaths. Most of these accidents could be easily avoided. Being aware, knowing how to react, practicing simple first aid, using common sense or making little renovations at home can help diminish a significant number of accidents.

By developing this *First aid training for older people*, the primary prevention objective of the European National Societies of the Red Cross and Red Crescent is to encourage elderly people who are in good health to stay independent at home for the longest time possible.

This course is directed at the elderly in particular those over 65 years old or more:

- who are living at home
- who can exchange ideas and communicate (not suffering aphasia)
- who are mobile
- who do not need medical aid or help

The training is aimed with priority to those people in good health, without chronic illnesses and who are autonomous.

The objective of the training is:

- to prevent domestic accidents at home
- to teach first aid

To adapt this training to this specific age group requires from the trainer a basic knowledge of older people and in particular their specific needs in their daily life.

This pedagogical guide aims to help you to:

- be aware about the negative attitudes and behaviour you could have towards this group.
- have a better understanding of the particularities of growing old.
- communicate in an efficient and relevant way.

This guide is only to make one aware of the particularities at stake in growing older. We advise you as soon as you can to follow up a specific training given, for example by your National Society by furthering your knowledge and putting them into practice.

It is composed of four individual parts. The first part concerns preconceived ideas on ageing, the second part focuses on the biological modifications linked to ageing, the third part deals with the particularities of ageing from a psychological and social aspect, the last part will present several strategies of communication aimed at a public of 65 years old or more.

This pedagogical guide can evolve or be completed over time with the evaluations of the training. If you have any questions or remarks do not hesitate to make them known to the authors.

1. Older people, growing older.

1.1. Ageing, preconceived ideas.

Nowadays the representations associated with growing old are essentially negative.

These negative images have bad repercussions on the way we react and approach the older persons.

In order to have a better understanding of people of 65 or over our objective in this first part is to:

- state society's preconceived ideas on growing old.
- suggest the best ways to approach older people

Here are some of the general opinions associated with older people in our society

- An older person is « isolated, lonely and inactive”

However, some European studies show that solitude and social isolation are not a social phenomenon solely observed with older people. Today, the most affected people are single parent families and the unemployed. In addition, our public of 65 or over is generally in good health without chronic illnesses, mobile, still active and integrated in a social network (family, friends, or involved in charity work).

Nevertheless, studies show that older people who are the most exposed to social isolation are those who have difficulty making ends meet at the end of the month. Lastly, factors determining the risk of social exclusion for the elderly at home are widowhood or succumbing to chronic illnesses.



In the training it is important to ask the participants about their social network. They can be an extremely helpful source of help for them. Who can they call in case of danger? Who can the person count on?

- The older person is very preoccupied by his own life, sadness, anxiety, depression, uselessness, rigid ideas, headstrong ways, confronted by death and mourning. These descriptions associated with old age give a bad opinion and show a psychological rigidity.

The older person is often represented as a being bent over and depressive. Well, this is not a true picture because the older person is in the same position as anybody else with the same personal resources. Whereas in reality the older person as time goes by shows a great deal of adaptability. Indeed an older person who for example has difficulties in moving will put into place strategies to continue his activities as before, or make a call for help to carry out what they want to do, so they can focus on what they can already do by themselves.

In order to bring about change the trainer must avoid imposing their point of view or be authoritative. It is better to be attentive and see the positive aspects of a person's habits even if at first they may seem bad for their health.

In this way the trainer will give the best help possible to the older person. It is important to give them the necessary tools and the strategies that corresponds to their individual daily needs, so that they will be able to make their own proper choices, and consequently their well-being, self-confidence, and abilities will be reinforced



Avoid imposing your view without understanding the point of view of the older person and do not come up with a «miraculous solution» by suggesting for example the purchase of a Zimmer frame to reduce any worries about accidental falls.

- The older person is «*dependent, slow, has difficulties walking, handicapped*». *These descriptions are references relating to biological ageing.*
The older person is described by their physical disabilities.

This representation of older people is incorrect. Firstly when an older person shows signs of needing help this does not mean that they are not able to be independent in their daily life. This is another way of saying that a person cannot be defined by disabilities.

Lastly our public corresponds to those «young seniors», even if age is not a determining element. These «young seniors» usually are in good health and can easily get around both at home or outdoors.

Nonetheless, physiological ageing is a normal phenomenon for everybody; movement, vision, hearing, and the sense of odour, evolve as time goes by. In addition, each person, depending on their lifestyles, their habits, their standard of living, and their genetic disposition grows older differently. Therefore, it is possible in the same group of participants that the trainer will observe different levels of dependency.

Given that certain people have mobility problems, the environment or the place where the training takes place will take into account their disabilities. A lift should be available if the training is going to be held on an upper floor, handicap toilets, wide corridors and wide spaces will be required.

The trainer will take into account the knowledge, and know-how of each participant as well as show respect and watch out for their disabilities and capabilities. The trainer will ensure the person should not be in a position where they cannot do something but at the same time the person should not be limited by their inability even though the person is disabled (visual, hearing or motor impairment)



- Remember to write clearly in large letters and talk directly facing the person;
- Avoid leaving people too long in the same place or at ground level or in the same position sitting or standing.

- Avoid talking down to an older person as if they were a child: do not talk to them in an affected preaching way, or too loudly, and do not scold. The trainer will not use such statements: “you should”, “it would be clever to do this or that”

- The older person *«repeats themselves, becomes confused, does not learn new things easily, has difficulty picking things out and doubts everything»*. Here, the older person is perceived from the angle of their cognitive and intellectual disabilities.

A popular belief is that older people are confused which is not true. Dementia is an illness which affects brain cells regardless of age. This kind of representation of the older person can easily denigrate and under estimate their intellectual capacities.

Small lapses of memory, a smaller concentration span, slower pace of learning, are phenomena of growing older which are perfectly natural. The trainer has to watch over and respect the pace of each of the participants and offer exercises which are easy to do but not too many. Care must be taken to praise the person after each exercise. The pedagogical aids are varied (visual, auditory, and motor) in order to develop the participants’ concentration. The concepts will be better assimilated if they start from the persons experience, so do not hesitate to ask people to talk about their own individual experience.



- Avoid forcing the person to finish an exercise
- Avoid long sequences
- Avoid making any person feel a failure
- Avoid underrating either the work or the remarks of any member of the group or the group as a whole
- Avoid putting people into a situation where they are in competition with each other
- Avoid a scholarly approach: making them repeat an instruction, imposing your point of view, « to do things for them » to go too quickly, to be too theoretical, talking in a language that is too technical and complicated
- Avoid being too personal with anyone with terms of endearment

1.2. Working towards a definition of the older person and growing older

When do we become old? What does it mean to be an older person? To attempt to reply to these questions, it is possible to distinguish four types of different ages: chronological age, biological, psychological and social.

Chronological age is calculated by the date of birth. It is not necessarily linked to biological age: have you never seen somebody who looks younger than his/her recorded age?

Biological age is related to the body. Reaching our fifties we notice that our reactions and movements are not as rapid as before, that our eyesight declines.

Psychological age is linked to the way we accept changes in our bodies how we see growing older (denial, acceptance, adaptation).

Social age is linked to the way we are affected by the social environment, how the person reacts in relation to themselves by the way they adapt to their social network. How did that person organize their social life after their retirement? Do they complain about not having regular social contact? Do they have people they can trust? How are they viewed by their family? Who can they call in case of an accident?

According to the United Nations, an older person is defined as someone who has reached 60, which can still seem young especially when life expectancy is quite high in Europe. However, no matter what age number is used it is important to be conscious that the chronological age is not always the best indicator of changes in growing older. There are indeed enormous differences in the state of health, level of activity and the degree of independence in persons of the same age.



Older people are not a homogeneous group made up of identical characteristics.

If we have stereotype representations of older people from our experiences or preconceived information that does not mean to say that these representations correspond to reality. On the other hand, our representations can have positive or negative consequences on our way of dealing with an older person or the group of older people facing us. Talking more loudly, simplifying the words, giving advice, lecturing, treating people as babies, ... are signs of lack of respect that stop us from treating the older person as a responsible adult who has a lifetime's worth of unique experiences.

2. Biological changes

2.1. Normal bodily changes when growing older.

Several normal changes take place in the course of ageing.

- Lack of taste and the ability to recognize odours, diminution of saliva production and lack of appetite.
- Deterioration of teeth
- Diminution of the sensation of feeling thirsty
- Failing eyesight
- Loss of hearing of high pitched sounds (in speech, these sounds correspond to consonants)
- Changes in how pain is felt.

These changes can be emphasized by certain illnesses such as short sightedness, cataracts in the eye or secondary effects caused by certain medicines.

This diminution of physical abilities can have important repercussions on physical and mental health in older people.

- **Lack of taste, diminution of saliva production, and appetite.**

When growing older some people are less hungry or eat their meals slower.

When we do not taste our food, we are less interested in eating; we cook less and less, which can have serious consequences on our health. The older person who does not eat correctly risks having deficiencies in vitamins and calcium, etc.. This also has consequences on their social life: the older person reaches a point where they no longer invite their family or friends to share a meal as they no longer feel like cooking and the shopping becomes too big a burden.

Contrary to popular views an older person needs a variety of foods after 70 years old even more than before. «The older I become, the better I need to eat».

- **Deterioration of teeth.**

Mastication, biting and chewing food can become difficult if we do not have good teeth. Certain people put off going to a dentist because they think they cannot afford it.

A person may change their eating habits due to their teeth problem and expose themselves to the risk of malnutrition (lack of protein because the person will probably give up eating any meat or raw carrots ...).

- **Diminution of the sensation of feeling thirsty**

The person forgets to drink because they do not feel thirsty. This results in dehydration, which can put the person at risk of serious problems such as temporary disorientation.

These consequences can be catastrophic especially in heat waves.

- **Failing eyesight**

Certain older people will not want to admit that their eyesight is failing and will refuse to wear glasses, which will aggravate their physical problem. They will also run the risk of less participation in their social life and lose interest in taking part in certain recreational activities (such as sewing, DIY, crosswords, reading a new cooking recipe).

- **Loss of hearing**

Total loss is rare but it causes problems with communication. Wearing a hearing aid is often a problem, because the person needs to get used to it as the sound does not have the same quality.

Certain older people refuse to admit they have a hearing problem and they refuse to wear a hearing aid which means that they isolate themselves from the world.



In the training if a person wears a hearing aid (or if they tell you that they do not hear too well), pay attention not to:

- talk with your back to the public when you write on the board but talk facing the person.
- Offer a written support when you make verbal explanations
- Regularly go over the information in different ways.
- Speak a little louder and clearly but not too much because the sound can become insufferable or even painful for the person.

▪ Pain

This is a very frequent problem in older people. Unfortunately, older people suffer from physical and psychological pain, which is often taken lightly (by a good number of doctors). This negligence is linked to the widely held belief that it is “normal to have pains when one gets older”.

Pain manifests itself differently with the older person compared to younger people. Indeed, elderly people have a great difficulty expressing and describing their pains.

▪ Memory

From 65 on, many people can no longer concentrate for long periods of time, simply because they get tired more easily. This means that they remember less information and recall it less easily.

Small lapses of memory is a phenomenon of growing older (which is perfectly normal) that you can avoid by regularly stimulating your memory (computer games for the memory, cross words ...) and taking part in sporting activities . In people over 75, problems with memory and anxiety due to fear of mental deterioration are the highest. Older people are the most troubled by remembering new information, and learning new things, basically everything what is called “short term memory”, whereas, what we call “long term memory” that deals with the past (often sometimes very small details), seems to generally stay intact.



It is advisable to:

- plan half-day training sessions (taking into account concentration spans and memorization abilities).
- take short breaks of 10 to 20 minutes every two hours maximum.
- give essential information only (avoid submerging people with too much information)
- encourage participants to repeat the most basic information.
- allow time for recapitulation and rephrasing the information at the end of the session.
- avoid making any person feel a failure and make sure they understand that they do not have to remember everything.

2.2. Chronic illnesses

At the great old age of 85 or more the risk of getting chronic illnesses increases. The “multi-morbidity”, that is to say the combination of several illnesses is indeed more frequent with elderly people. Nevertheless among the 65 years old or more, the most vulnerable can also be at risk earlier to the following illnesses.

The most common chronic illnesses are:

- heart problems
- heart failure
- strokes
- diabetes
- poor vision and blindness
- arthritis

- chronic bronchopneumopathy (lung illness)
- cognitive problems and dementia (affecting intellectual functions such as memory, reasoning, emotions, and language)
- depression in older people can manifest itself in physical problems (pains all over) and cognitive problems (difficulty in concentrating, disorientation, memory problems, etc.).

3. Particularities on psychological and social orders

3.1. Growing older as seen by older people

The needs and expectations of older people are varied, different and depend on numerous parameters like standard of living, individual values, habits, their perception of health and the quality of life. It is absolutely necessary to treat each person as an individual.

Everyone will have different motivations for participating in this training. Understanding these motivations right at the beginning is even more important because those are linked to their life experiences. Knowing how to share and confront them with other people will make them feel good about themselves.

Our target “young seniors” make up the first generation of older people, they are generally considered in our western society as “active seniors”. These retired people have an active social life, most of them are healthy, take care of their grandchildren maybe even taking care of their own parents (85 years old or more which are the 3rd generation of older people). In this age group the social family stereotypes follow the same evolutions as the other age groups: divorcees, reconstituted families are common. Lastly, the majority of 65 year olds or more have such a positive outlook on their state of health that they cannot imagine living somewhere else in the future but home.

Growing old in their own homes is something very positive for the majority of older people. Living at home means having independence, freedom, autonomy, privacy, your own identity, habits, and memories, etc. Most of all you are in charge at home and in control of your life.

Furthermore, the importance of life at home for the older person is not negligible. Their house is the symbol of their past life: it may be the place where the children have grown up and left, and often where the spouse has died. The trainer must be sensitive to the sentimental value that an older person has for their home. Suggesting to an older person to re-organise their home can be seen as an intrusion in their private life. Changing their habits and behavior are inconceivable, especially if these changes are foisted on them by a third party. All changes will be better accepted if they are in the best interest of each person.

In addition it is rare to find autonomous and active people of 65 years old who consider themselves as older people. The effects of age on these people are not felt. Growing older brings with it physical, social and mental changes but do not prevent them from going about their daily life and activities. Generally for people in this age category there is a gap between their chronological age and their psychological age.

On the other hand according to their perceptions growing older begins as soon as they are faced with the loss of physical autonomy. In other words when they are no longer able to do certain things in their daily life without relying on the help of someone else, that is to say when they become more and more dependent.



In the course of the training, it is important to avoid sending out hurtful or alarming messages like « Attention, as you grow older you are going to be less stable on your feet. » Such messages may be rejected or deformed given that the targeted public will not feel concerned. To identify with potentially dependent people or guess what the future will bring is indeed a perilous exercise.

Best to stay focused on their abilities and on what they can still do will help them adopt more willingly the appropriate disposition and behaviour.

However, growing older with good health is not always possible. For example: a 60 year old person may have difficulties moving and some problems with stability while another person in their 80's will think themselves in good health.

As a trainer it is vital to take into account the range of physical abilities of each person.

The participants perceptions regarding their ageing will be as varied as their motivations to attend this training. Certain people will come with a view of preparing for their old age, to be as serene as possible. For them it is important to be prepared: better to take precautions than to pay later. They imagine perhaps that one day they will be more dependent and they hope by the time that happens they will be thankful for this training, and in a better position to know what to do for the best. To be on guard against domestic accidents and to know simple «first aid» which saves lives «at the right moment» can be considered for the most far sighted a sufficient guarantee.

The most anxious people manifest their motivations to come to the training because of worry about the future (fear of not knowing what to do or how to react). Quieting their fears and privileging the sharing of experiences is the best strategy.

The most vulnerable or dependent people may have been faced with a situation which put them at risk without being able to control it.

Lastly, more and more 65 year olds are also helpers for their close family members, which means they are also responsible for a loved one (essentially their parents, in laws, or spouse) who is experiencing a loss of autonomy. Assistance may range from a few hours a week to a daily presence. In this case the motivation to attend a training will be more altruistic, in the service of others. The risk is that the person themselves will not feel directly implicated.



The trainer will be confronted by people with no major health problems, mainly looking for preventative measures, or to very vulnerable people with a past who are expecting more. In this case their experiences will be useful examples for the trainer.

3.2. Social network.

The social environment (family, friends, acquaintances) of older people also undergoes major transformations as time goes by in the ageing process. These modifications can have repercussions on the mental state of health of the person.

Taken separately, age, precariousness, celibacy or widowhood is not systematically factors of isolation. On the other hand the combination of these factors has a particularly profound effect on social exclusion of older people. In other words if the person is old and also has difficulties making ends meet, there is more likelihood that they will suffer from solitude. If they live alone or have lost their spouse less than a year ago the risks will multiply as well. Other types of mourning for the loss of parents and friends reduce the number of social contacts with the advancement of old age. A handicap or loss of physical autonomy are other factors leading to social exclusion. Lastly, older people who are less able to get about and who do not have any means of transport are often the loneliest.

The feeling of solitude, which may be the consequence of a lack of social contacts in quantity (few contacts) and/or quality (few trustworthy people), often manifests itself in health problems, physical as well as psychological.

Older people who are isolated have more problems with their physical health, they take more medicines, are less active and rarely bother to take care of their health. There exists also a link between the feeling of solitude and the frequency of accidental falls. Among the older people who fell in previous years most of them were more often alone. Fear or real risk of an accidental fall makes people more inclined to stay at home. This is how social contacts diminish.

Safety prevention for accidental falls at home is not just about preventing accidents but also warning about the dangers of isolation and solitude. A person will be less afraid of falling down and they will have the necessary reflexes in case of danger.

Older people who are isolated have the tendency in their psychological health to be more anxious, have difficulties sleeping, to be self-centred and show signs of anxiety and depression.

3.3. Level of dependence

Old age and dependence are both factors defining signs of ageing.

Dependence or the fact of depending on someone else, a loved one, a friend, or a neighbour is experienced differently from one person to the other. We do not choose to be dependent! Dependence can be experienced as an obligation which deprives someone of their free will.

How the people cope with their dependency depends on several criteria. Has the person been dependent for several years? Has that person taken care of an older person who is very dependent before? Do they have regular visitors? Can they leave their home to go out? Do they have a house cleaner or help from a family member on a daily basis?

Psychological and social consequences are different due to the level of dependence of the person but also and above all according to their perception of their handicap. For example: one person can become severely depressed after a stroke whereas another person can decide to throw themselves whole heartedly into his leisure pursuits after a heart attack.

It is important to respect and listen to the persons' experiences and their strategies that they have put into place to overcome their dependence. What may seem to be of little importance to your eyes as the level of dependence (according to your ideas of dependency) can appear insurmountable for the person (according to their own ideas). In addition what may seem to you as being a dangerous way of doing things, like leaving the bedroom without turning on the light, maybe a calculated strategy on how not to wake a spouse.



It is vitally important that the trainer questions the behaviour of the participants and weighs up the benefits and the costs for the person. The exchanges between participants can incite them to make necessary changes whilst preserving the same advantages and above all their autonomy.

3.4. Accidental falls

In Europe, it is estimated that a third of older people over 65 years old or more living at home have accidental falls every year (Dargent-Molina et Bréart, 1995). The proportion of people having fallen down increase with age, and women are twice as likely to fall as men. Women despite their age, tackle more housework and it is known that with an advancement in age more than 90% of accidental falls are domestically related, hence the importance of good focused safety prevention.

However, after 80 years old the ratio between the sexes becomes even, and after 85 years old the frequency of falls is the same between men and women (Dargent-Molina et Bréart, 1995).

The causes can be due to problems of balance and less rapid reactions. Certain medicines also have side effects that create problems with balance. In their old age bones become fragile and are consequently more prone to fractures which heal slowly after falls and consequently, often reduce mobility. It is often the case for example that the older people never get back their autonomy after such a fracture and are forced into moving into a residential home after a period of hospitalization.

As the majority of falls take place at home making people aware of the dangers in their environment (slippery floors, badly lit rooms..) and their behaviour (consumption of alcohol, medicines, or tiredness...) will enable the person to prevent or effect changes more efficiently after a fall. Learning the techniques on how to fall safely and get back up help people prevent traumas and also dedramatise accidents.

In the safety prevention manual of accidental falls at home edited by INEPS (France, 2011), it is unwise to talk about falls at home without taking into account the actual state of health of the elderly people and the risks they already take. In order to instruct safety prevention at home and lifesaving First Aid comprehensively, a multifactor approach where all the different factors are taken into consideration is also advisable. This approach takes into account intrinsic factors directly related to the person - their level of dependence, their socialization – some of their behaviours and the safety prevention strategies they already put in place.

The fear of falling even though the person has not yet had a fall is a frequent worry with the advancement of age. Others fear so much being put in a residential home in case they have a fall that they prefer to hide the truth. The trainer will have to be very careful about this last point: older people are very reluctant to admit that they have already had a fall or that they are afraid of falling down. Dedramatising and encouraging older people to take charge of their well-being by being responsible and autonomous must be emphasized.

For older people in good health, who are active and have a good social network in place, accidental falls at home are the least of their worries, the same goes for safety prevention measures at home. The trainer has to be aware of resistance to changing their ways. Group exchanges about experiences are essential. These exchanges will help notably making the subject of falls less scary, in knowing what to do in practical terms depending on the individual, but also what to do to prevent and reduce the fear about falling.

3.5. Mental health

Mental health is often synonymous with learning how to adapt well, and for the older person happiness in old age. According to the authors Wilson & Kneisl (1982), mental health in old age is based on "the dexterity of adopting relevant roles, to take on new challenges, and to adapt to changes and losses linked to old age".

Certain major elements are important for mental health in the elderly: the absence of serious illnesses or chronic handicaps (for example: Alzheimer) to be able to pay for their health costs, home, food, leisure activities (autonomy) to keep one's identity and to have a positive image of oneself (self-esteem) the possibility of leading an active and satisfactory life (autonomy) to have a significant social network (positive relations with others) the possibility of being in charge of one's life (master of one's environment)



The training *Safety Prevention and lifesaving First Aid* offers the elderly :

- to stay in control of their lives : to be able to continue to make their own choices and choose what is best for them.
- to adapt themselves to their environment and to make modifications if necessary
- to reinforce their self-esteem
- to share their experiences with others

At different periods in time no matter what their age is, the mental well-being of a person can be disturbed. Nonetheless for an older person current specific events and problems can be troubling for their psychological stability. Entering into retirement, going through several periods of mourning, social isolation, loss of practical autonomy or succumbing to chronic illnesses can indeed disturb this balance.

- **Reaching retirement age**

Retirement can be a difficult step to take even if it means having a chance to relax and being more available. These difficulties may have many origins: the abrupt departure from professional work to retirement, in particular absence of ceremonies to mark this change, brutal loss of identity and social network, and fear of being seen negatively by society. Making preparations for one's retirement helps make a smooth transition from a professional working life to a serene retirement.

- **Mourning**

Growing older often means being confronted with irreparable changes like the loss of one's role as husband or wife, the loss of certain physical or intellectual abilities, the loss of certain friends, losing one's home and often the brutally abrupt placement in a residential home. A person can live through these situations with difficulty and have the impression of losing control of one's life. Then the feeling of being useless may arise: "I'm not good for anything....Why am I still alive? For who?" This feeling is all the more strongly felt by this generation, who defined themselves by their roles, social positions and most importantly their work.

- **Social isolation**

Reaching retirement, loss of a loved one, loss of friends, loss of physical freedom, illness, taking responsibility for an ill or handicapped relative.... are many factors which can contribute in reducing a person's social network both in quantity (number of different acquaintances) and quality (number of people you can trust). Social isolation can lead the person to live some painful periods of loneliness and can also lead to a state of depression.

- **Functional autonomy**

Functional autonomy means that the person has the ability of being in sole charge of themselves in their daily life. The objective of the *Safety Prevention and lifesaving First Aid* training is to help people of 65 years old or more adapt their behaviours so that they can have their functional autonomy for the longest time possible and have the greatest control over their environment.

- **Chronic illnesses**

Succumbing to chronic illnesses also brings psychological imbalances of which the most current is depression and psychosomatic illnesses in older people and in particular those who are very old.

- **Depression**

Depression is the most widespread psychological problem in older people. Unfortunately it goes undiagnosed and untreated in 60 to 70% of the cases. However, it can be successfully treated with medication or therapy, or even a combination of the two.

The absence of a diagnosis of depression in older people can be linked to a lack of expression or disconcertedness. Indeed the signs of depression evolve with age.

Depression in an older person can be confused with the signs of dementia: behaviour and memory problems or certain kinds of confusion. In consequence a number of older people are labeled “demented” when in fact they are depressed.

4. Communication strategies

Communication directed at older people, especially when talking about their health must follow certain rules.

- **Promote positive communication**

The training should focus on older people’s abilities rather than their disabilities. Using the opposite approach would only multiply the messages about risks and dangers. The training would lead the older people to become more afraid of growing older. Alarming messages more often push people to reject ideas and refrain from implementing what they have learnt. This is especially so in the category of older people 65 years older or more, who are generally autonomous and who tend not to see themselves as old persons.

- **Privilege self determination**

Elderly people need to feel masters of their destiny. The training has to suggest techniques which emphasize autonomy and independence of the older person. To do the opposite would be to treat people as children and to lecture them: “You have to do this or that” and to make people feel guilty, having to conform to a norm. In addition it is an illusion to hope for a change in their habits/behavior by such an approach especially if above all their actual way of doing things is more beneficial than disadvantageous. On the other hand several studies show that praising their efficiency makes them more open to think about trying out new ways of improving their health and well-being. The feeling of doing things well gives them the belief as individuals they are capable of taking on particular tasks (Bandura 2003) These beliefs lead everyone to make a choice and take the risk to try out certain ways of behaviour.



In the course of training it is recommended to tell a person how in control and efficient they are in their environment. Praise their abilities and use them in your exercises, the new lessons will be more easily accepted.

“If one day you fall over, you can be sure to rely on yourself to make necessary changes in how you do things. We are going to learn how to get up without taking any risks”

- **Show techniques adapted to individual situations already experienced by the person.**

To improve the feeling of being efficient and therefore capable, the older person must deal with their environment, it is important to start from their experiences and build the training from what has happened to them.

For example: last week I fell down for the first time and ever since I am afraid of falling down again, so I avoid going out. I am expecting from this training to learn how to feel secure again. The opposite approach would be to offer a "ready-made" training which does not take into account the problems expressed.

- **Promote the multifactor approach**

In relation to safety prevention for accidental falls, it is for example essential to broach the subject of "falls" as a multifactor phenomenon and to work with the participants on all these factors:

- intrinsic factors to the person (level of dependence, socialization, illness)
- behavioural factors (strategies of prevention put into place by the person)
- factors linked to the ageing process (loss of eyesight, hearing and balance)
- environmental factors: immediate and exterior environment of the person

Conclusion

The older person is a responsible adult, with a past (experiences and habits sometimes difficult to alter) a present (their interests, their worries may affect their present) and a future, notably with a willingness to stay autonomous for the longest time possible and to be able to adapt to their environment while being their own judge and having the power to make their own decisions.

Depending upon the view we have of an older person we can build their self-esteem, praise their know-how and their way of living or denigrate them and reduce their abilities.

We have sometimes seen in wanting to do good in giving advice to an older person that we can treat them as children or take away their responsibilities. This risk is all too real when representation of older people is negative and essentially associated to physical handicaps, social and cognitive.

Let's hope that this work will help us look at older people differently and better understand the particularities of ageing to avoid manhandling older people.

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Prevention in daily life

Prevention in daily life

Red Cross Red Crescent National Societies have been committed to first aid for a very long time providing basic first aid training. To further reduce the damage, pain and suffering caused by accidents, the Red Cross Red Crescent National Societies have developed training and information programs on the theme of prevention, that is to say eliminating or reducing the risk in order to prevent an accident from occurring in the first place. The objective is to make people aware of their vulnerability in the face of daily life accidents and to introduce them to prevention using the Prevention Plan.

Special Note: It is really difficult to get people interested in daily life accidents. They generally take place at home where people usually feel that they are in a safe haven and not in a potentially dangerous environment. Home is not only seen as a functional place but also as a family setting with a strong emotional impact. In the case of older people, the necessity to adapt their home environment often makes them more aware of their or a relative's own mortality. In order to make them change their way of living it is therefore crucial to take into account the psychological factor.

An experience based trust

A French study underlines that older people ignore the risk of everyday accidents. They think that there is a greater danger outside (58%) than at home (31%). However for people over 65, three out of every four falls occur at home or in the immediate surroundings. This underestimated perception of risk is mainly due to the fact that 93% of people over 70 think they are well informed on dangers and what precautions to take.

People over 70 have quite a paradoxical attitude towards their home environment: although they are aware of the risks and they know what they should do to avoid them, only 25% of them have made some adjustments in their homes, only recently and on a small scale. Indeed they start adapting their home when they are 71 years of age on average.

Most of the interviewed people who have not made any improvement work to adapt their home (73%) think they are in good health and that is too early to adapt their home environment. 80% think their home is safely adapted. For 38% financial cost is the reason and 25% are afraid of the disruption that these adjustments would cause in their homes.

As stressed by the French Institute for Public Health Surveillance: “prevention of daily life accidents should be maintained and reinforced so that nobody would die because of an accident that could have been avoided”.

Vocabulary definitions:

Daily life accident: non-intentional trauma which is neither a car accident nor a work accident.

Prevention: principle / measure aimed at preventing an accident from happening or limiting its consequences. Example: safety gates prevent children from accessing stairs and thus prevent the risk of a fall. When falling from a bicycle, wearing a helmet reduces the impact to the head and helps to reduce any risk of head trauma.

Hazard: Any agent that may cause injuries or damage – actually a “body damage” definition used by the insurance companies. In everyday language it refers to cuts, injuries, any harmful effect on one's health. In a very familiar way we can say that a hazard is something (or someone) that may cause some trauma (injuries) or any harmful effects to a person's health (disease).

Here: extension lead, stairs, corrosive product, oven hob, and scissors.

Dangerous situation: person facing a hazard

Here: person that steps over the extension lead going across the room; person going down the stairs, person using a corrosive product, putting the hand close to the oven hob, person using a scissors to unscrew a screw.

Damage

Lesion or any harmful effect to health. Insurance companies refer to body damage. There are some brutal, apparent damages (injuries): open lesions, wounds and some indirect lesions: painful joints, infections caused by some bites, tetanus. But there are also damages (lesions) that emerge in the long term: death by contamination, inhalation of toxic substances (ex: fertilizer)

Here: trauma, burn, wound.

Explanation of the words “risk” and “danger”

- The words risk and danger may be confused in everyday language.

These words may have positive connotations (to have risk appetite) or negative connotations (be careful, danger!)

There is a risk of, or there is a danger of

- The definition of each makes a clear difference between these two words

Danger: capacity of an element or a substance to have a harmful effect or to cause some damage

Risk: probability that the potential damage occurs. Combination between the probability that the damage appears and the severity of the damage.

- Legal definition:

Risk at work: some situations or some events at work may cause damage to one's health.

The prevention steps

For many years and particularly since 1989 in Europe and since 1991 and 2001 in France, the work institutions and advertising agencies have been leaders in prevention of risks at work. It is useful to use their example concerning daily life accidents.

There are 9 principles of prevention in the work area; six steps seem to be sufficient in the daily life environment.

That does not mean that the process cannot go further. Moreover, if there are many “recommendations”, there is no prevention methodology intended for members of the public.

How does an accident occur and how to link the definitions seen earlier?

The risk prevention is based on a hierarchical approach consisting of 6 steps:

1. Identification of hazards
2. Removal of hazards
3. Fighting the hazard “at its source” if it cannot be avoided
4. Individual prevention / protection = to establish individual or family instructions
5. Individual information: “Pay attention to...”
6. Reduce the damage by providing first aid treatments

Prevention steps	Pictured stories
To identify the hazard	Electrical cable
To remove the hazard	To remove the cable
To fight the hazard at its source	To install safety gates at the top of the stairs, to fix non slip strips
Individual prevention / protection	To wear gloves when using a corrosive agent
Individual information	“Be careful, the hob is hot !”
Relief action	For the citizen, basic first aid training

Statistics on daily life accidents – the effects on health (ex: France)

Take data in your own country

Daily life accidents may have many diverse consequences:

- physical and moral effect on families
- social and financial cost to be paid by everyone (health care, hospital expenditure)

Domestic accidents (inside and immediate surroundings of the house) represent almost 50% of daily life accidents. Almost one quarter of domestic accidents take place in the kitchen.

In France domestic accidents happen to more than 11 million people every year. Regardless of the cause and all age categories:

- 4.5 million seek help from emergency services and many hundreds of thousands need to go to the hospital
- 19 000 deaths every year (third highest cause of mortality in France). Main reasons: falls and choking (71% of the deaths). Most effected people: children (under 15) and older people. Among children aged from 1 to 14, daily life accidents are the primary cause of death.

Major risks affecting children (in decreasing order)

Falls, blows, accidental poisoning, choking, burns.

Among daily life accidents choking is the primary cause of death in children under 1 year of age.

Major risks affecting older people

Falls, choking, poisoning (mainly due to medicines: overdose or accidental ingestion).

Some interesting websites :

- <http://www.cchst.ca>
- http://www.minefe.gouv.fr/directions_services/dgccrf/securite/accidents_vie_courante/chiffres.htm
- <http://www.sante.gouv.fr/accidents-domestiques>
- <http://www.inrs.fr>
- <http://www.inpes.sante.fr>
- <http://www.prevention-maison.fr/>
- <http://ipad.asso.fr/>
- [http://www.invs.sante.fr/surveillance/acvc/Enquetes/EPAC/Resultats/TR08D265\(RAPPORT\).pdf](http://www.invs.sante.fr/surveillance/acvc/Enquetes/EPAC/Resultats/TR08D265(RAPPORT).pdf)

Education lead for “ Prevention of daily life accidents”

Main objective: To make the participants aware of their own vulnerability facing the risks of daily life accidents and to introduce them to prevention using the Prevention plan in order to act before an accident occurs.

Transversal objective: To identify the Red Cross Red Crescent as a leading organization in risk prevention.

Specific objectives: **1.** To express the representations of the words HAZARD, DANGEROUS SITUATION, DAMAGE, and compare them with the definitions given by prevention experts. **2.** To determine, from the 6 steps of the PREVENTION PLAN, how to develop a responsible behavior by considering concrete actions to get prepared for prevention. **3.** To be taught proper first aid techniques.

Length	Unit	Objective	Pedagogical technique	Activity	Leading
5 min	Introduction of the training	To become aware of the objective of the risk prevention training, to identify the other persons attending the training and recognize the training organization.	Presentation – discussion US 1	Discovery	Trainer
10 min	From hazard to physical damage	To express the participant’s representations of the words HAZARD, DANGEROUS SITUATION, DAMAGE. Synthesis : official definitions	Photolanguage + individual brainstorming and exchange US 2	Discovery - Learning	In group guided by the trainer
				Synthesis	
25 min	The 6-step Prevention plan	To determine from the pictures, the 6 steps of prevention: how to develop a responsible behavior by considering concrete actions to implement in order to act before an accident occurs and what emergency measures to take in case of accident.	Questioning, around the table approach US 3	Learning – implementation	In group guided by the trainer
5 min	Synthesis and conclusion	To express the key points learnt through this first aid techniques.	US 4		

Prevention of daily life accidents

Objectives

- ➔ **Main objective:** to make the participants aware of their own vulnerability when they are facing the risks of daily life accidents and to introduce them to prevention using the Prevention plan in order to act before an accident occurs.
- ➔ **Transversal objective:** to identify the Red Cross Red Crescent as a leading organization in risk prevention.
- ➔ **Specific objectives :**
 - 1) To express the representations of the words HAZARD, DANGEROUS SITUATION, DAMAGE and compare them with the definitions given by prevention experts.
 - 2) To determine, from the 6 steps of the prevention plan, how to develop a responsible behavior by considering concrete preventive actions.
 - 3) To be taught proper first aid techniques.

Length

45 min

Teaching material

Your NS logo

Chairs

Table

Set of photographs

Leaflet "Prevention in daily life", 6-step prevention plan

Posters:

HAZARD – DANGEROUS SITUATION – DAMAGE – FIRST AID – THE STEPS OF PREVENTION -
TO IDENTIFY THE HAZARD – TO REMOVE THE HAZARD – TO FIGHT THE HAZARD AT ITS
ORIGIN – INDIVIDUAL PREVENTION / PROTECTION – INDIVIDUAL INFORMATION: "PAY
ATTENTION" – COMBINATION OF PREVENTIVE MEASURES: to remove the hazard / to fight
the hazard at its origin / Prevention / Individual Protection / Individual Information

Table chart prepared with four columns HAZARD – DANGEROUS SITUATION – DAMAGE – FIRST AID RESPONSE

Written definition of the words Hazard – Dangerous situation – Damage – Objective of the training – TO WATER / TO ALERT (2 copies) – DO NOT MOVE / TO ALERT (2 copies) – DIRECT PRESSURE / TO ALERT (2 copies).

Unit sheet 1: Introduction and presentation of the training

Specific objective

→ Purpose: To be introduced with the objective of the risk prevention training, to identify the other persons attending the training (participants and trainers) and to recognize the training organization.

→ Method: Presentation – discussion

Length : 5 min

Sequences in the unit

Pedagogical technique	Material	Recommendations	Length
Presentation-discussion	Poster describing the objective of the training	<p>Set up the classroom or the training environment. Make sure your NS logo (poster, flag, etc..) can be seen by everyone.</p> <p>Welcome the participants Introduce yourself by referring to the organization you belong to. Thank the participants for their willingness and thank them in advance for their involvement.</p> <p>Start the training by announcing : - the subject of the training: prevention - the general objective : <i>To become aware of one's own vulnerability when facing a hazard by using a risk prevention plan in order to act before an accident occurs</i> - The length - The teaching method that will be used.</p> <p>The trainer will pay close attention to the training environment and he/she will particularly give the necessary information regarding safety and emergency instructions of the building where the training takes place.</p> <p>The trainer asks primarily all the participants the following question: have you already identified potential sources of accidents at home or are you afraid of something in particular? He adds that he will not provide any answer so far but the answers will be discussed at the end of the training.</p>	5 min

Unit sheet 2: From hazard to physical injury





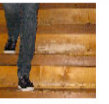










Specific objective

- Purpose : To express the participant's representations of the words hazard, dangerous situation, damage.
- Method : In group guided by the trainer

Length: 10 min

Sequences in the unit

Pedagogical technique	Material	Recommendations	Length
Exercise of photographic representation (photolanguage) using the technique of individual brainstorming followed by exchange	<p>Table</p> <p>Set of photographs with adhesive</p> <p>Table chart prepared with the three columns Hazard / Dangerous situation / Damage</p> <p>Written definition of the words Hazard – Dangerous situation – damage</p>	<p>Place the photographs on a support. Leave some free space in between.</p> <p>Ask every participant to choose, silently, maximum three photographs, which allow them to rebuild the story leading to an accident.</p> <p>The trainer asks them to place the photographs in the order HAZARD, DANGEROUS SITUATION, DAMAGE to health. The participants sort them out.</p> <p>Make the participants think of the definition of the words HAZARD, DANGEROUS SITUATION and DAMAGE.</p> <p>They will be able to compare their own representation of a hazard, dangerous situation and damage with the definitions given by the experts and to grasp this definition.</p> <p>The meaning of the word « hazard » may be ambiguous. Dictionaries often do not give a clear definition of the word or associate it with the word</p>	10 min

HAZARD	DANGEROUS SITUATION	DAMAGE
		
		
		
		
		

“risk”. For example, many dictionaries propose “risk” as a synonym of “hazard”, that is the reason why so many people use these words indifferently.

Give the « expert » definition of the words HAZARD / DANGEROUS SITUATION / DAMAGE and post them at the top of the columns Hazard, dangerous situation and damage.

There are many definitions of « hazard » but the one most commonly used in the field of health and safety is the following :

A hazard may cause a damage

We can simply say :

A hazard is something that may hurt an individual.

A dangerous situation is the conjunction between a person and a hazard, what is commonly described as “a risk of accident”

A physical damage is a harmful effect on health which may be sudden (accident) or in the long run (disease).

For each definition give an example out of the pictured story. Examples:

- Hazard: mower, iron
- Dangerous situation: to ride a bicycle, to have a barbecue

These definitions should remain visible until the end of the training.

Regarding the definitions, validate with the participants the order of the pictures and correct, if needed, the

		<p>pictures that would not be at the correct place.</p> <p>Define the relevant content of the training that is solely related to situations in the domestic or daily life environment.</p> <p>The trainer will emphasize that risk prevention consists in adopting appropriate behaviors to identify any hazards, to spot any dangerous situations and to choose preventive measures.</p> <p>Hazards may be classified depending on their origin:</p> <ul style="list-style-type: none"> - Mechanical. Height is a mechanical hazard. The taller the height is, the more serious the injuries will be. Possible injuries: wounds, trauma, death. - Electrical. Electricity is an electrical hazard. Possible injuries: internal and external burns, cardiac arrest, death. - Chemical. Gas is a chemical hazard. Possible injuries: poisoning, asphyxia, death. - Thermal. Fire is a thermal hazard. Possible injuries: burns, infection, death. <p>BUT a hazard alone is not enough to cause an injury or damage to health.</p> <p>Move to the next unit</p>	
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Unit sheet 3: The 6-step prevention plan

Specific objective

- Purpose: to identify the 6 basic steps of prevention from the pictures: how to develop a responsible behavior by considering concrete actions to implement in order to act before an accident occurs and what emergency measures to take in case of an accident.
- Method: in group guided by the trainer

Length : 25 min

Sequences in the unit

Pedagogical technique	Material	Recommendations	Length
Questionning	Leaflet: "prevention in daily life" Posters: the steps of prevention	The trainer hands out the leaflet "Prevention in daily life" Different options: <ul style="list-style-type: none">- The trainer may hand out the leaflet at the beginning of Unit 3. In this case he/she can use it, (if needed), as a backup when exchanging with the participants.- He/she can hand it out before he/she talks about relief actions. In this case he can use it, if needed, as a backup when exchanging with the participants.- He/she can hand it out at the end of the training. He/she will then describe it as a backup for participants when they are back home. Whatever the moment the trainer chooses to handout the leaflet, he/she will specify at the end of the training that the prevention steps in the document are the ones recommended by the experts. He/she will also indicate that the document	15 min

<p><i>1. According to you, what preventive measures should have been implemented to prevent these accidents?</i></p>		<p>includes statistics on daily life accidents as well as some information websites.</p> <p>The trainer asks Question 1 and makes the link between the participants 'answers based on the pictures and the steps of global prevention.</p> <p>For example:</p> <ul style="list-style-type: none"> - The participant: "we should remove the extension lead and fix the cable along the wall". - The trainer: "Very good, that's what we call "to remove the hazard". <p>The trainer places the answers in the order recommended by the prevention experts:</p> <ol style="list-style-type: none"> 1. To identify the hazard 2. To remove the hazard 3. To fight the danger at its origin 4. Individual prevention / protection 5. Individual information: "Pay attention to.." <p>The trainer specifies that these measures can add to each other: addition of preventive measures.</p> <p>He/she indicates that the participants have just discovered 5 out of 6 steps of prevention.</p>	
<p><i>2. According to you, why did I put the prevention steps in this order?</i></p>		<p>The trainer encourages the participants to think about the reasons of this order (Question 2). This allows them talk about the efficiency and feasibility criteria. The order in which the prevention measures have been placed shows an example of efficiency: from the most efficient solution (to remove the hazard) to the less efficient (individual information: "pay attention:")</p>	<p>5 min</p>

		<p>The objective is to make the participant aware that there are several ways to prevent an accident.</p> <p>Then he places the prevention steps to the left of the column "Hazard".</p>	
<p><i>3. According to you what would be the techniques to accomplish if you were in one of these situations?</i></p>		<p>Then the trainer refers to his/her NS to complete the chart with the column "Relief Actions": first aid training is one of the most important missions of the NS. If you are trained in first aid and you know what to do before the rescue services arrive, you can also prevent the situation from worsening. That is the 6th step of prevention.</p> <p>Taking over the stories made up from the pictures, the trainer asks the participants to identify the relief actions they should do to respond to the damage (question 3) by placing the posters to the right of each story:</p> <ul style="list-style-type: none"> - Electrical cable: not to move / to alert - Stairs: not to move / to alert - Corrosive product: to water / to alert - Oven: to water/ to alert - Scissors: direct pressure / to alert 	5 min

Unit sheet 4

Synthesis and conclusion

Specific objective

- Purpose :To express the key points learnt through this introduction and what actions the participants intend to implement
- Method : In group with the trainer

Length : 5 min

Sequences in the unit

Pedagogical technique	Material	Recommendations	Length
Discussion – around the table		<p>The trainer repeats the sources of accidents / fears mentioned by the participants at the beginning of the training to know if they feel more confident now to find a prevention measure.</p> <p>In the case of the training towards older people, he continues with the next unit: “Now that we have identified the steps of prevention, let’s come back to the first step “identify the hazards” so you will be able to make your Prevention assessment. That is the subject of the next unit “My prevention assessment”</p>	5 min

Objective of the training

To become aware of our own vulnerability facing a daily life accident by using the prevention plan in order to act before an accident occurs.

Hazard

A hazard may cause a
damage.

A hazard is something that
may hurt.

Dangerous situation

It is the conjunction between a person and a hazard, what is commonly described as “a risk of accident”.

Damage

A physical damage is a harmful effect on health which may be sudden (accident) or in the long run (disease).

▣

Hazard

□

Dangerous situation

□

First Aid

□

→ Do not move

→ To alert

□

→ Do not move

→ To alert

□

→ To water

→ To alert

□

→ To water

→ To alert

□

→ Direct pressure

→ To alert

□

Individual
information :
«Pay attention to !»

Combination of preventive measures:

To remove the hazard

To fight the hazard at its source

Individual prevention / protection

Individual information :

«Pay attention to!»

□

To remove the
hazard

Individual Prevention / Protection

□

To identify the hazard

▫

To fight the hazard
at its origin

The steps of prevention

□

Damage

THE PREVENTION STEPS

①

I IDENTIFY THE HAZARDS

Ex. : electrical cable, stairs, corrosive product, cooking plate, sharp objects.

②

I REMOVE THE HAZARD

Ex. I take the cable out of the way.

③

I FIGHT THE HAZARD AT ITS SOURCE IF IT CAN NOT BE REMOVED

Ex. I install safety gates at the top and the bottom of the stairs.

④

I TAKE INDIVIDUAL PREVENTION / PROTECTION MEASURES

Ex. I wear gloves when I use a corrosive product.

⑤

I GIVE AN INDIVIDUAL INFORMATION

Ex. I say: "Be careful, the cooking plate is hot !"

⑥

I PROVIDE THE FIRST RELIEF ACTIONS

Traumas: Do not move, to alert ;
Thermal and chemical burns: to water, to alert ;
Bleeding: to apply direct pressure, to give alert

EXAMPLES

STATISTICS




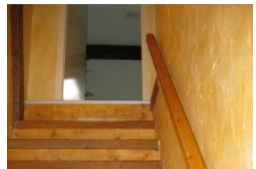
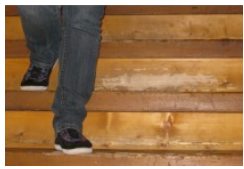




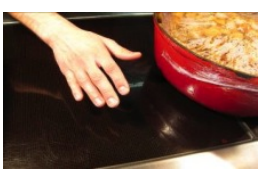
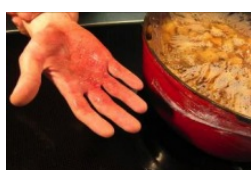

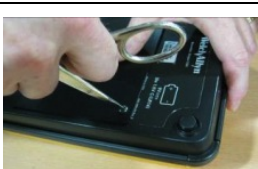

Each National Society will be encouraged to mention here some national figures regarding daily life accidents particularly those involving old people.

Prevention of daily life accidents

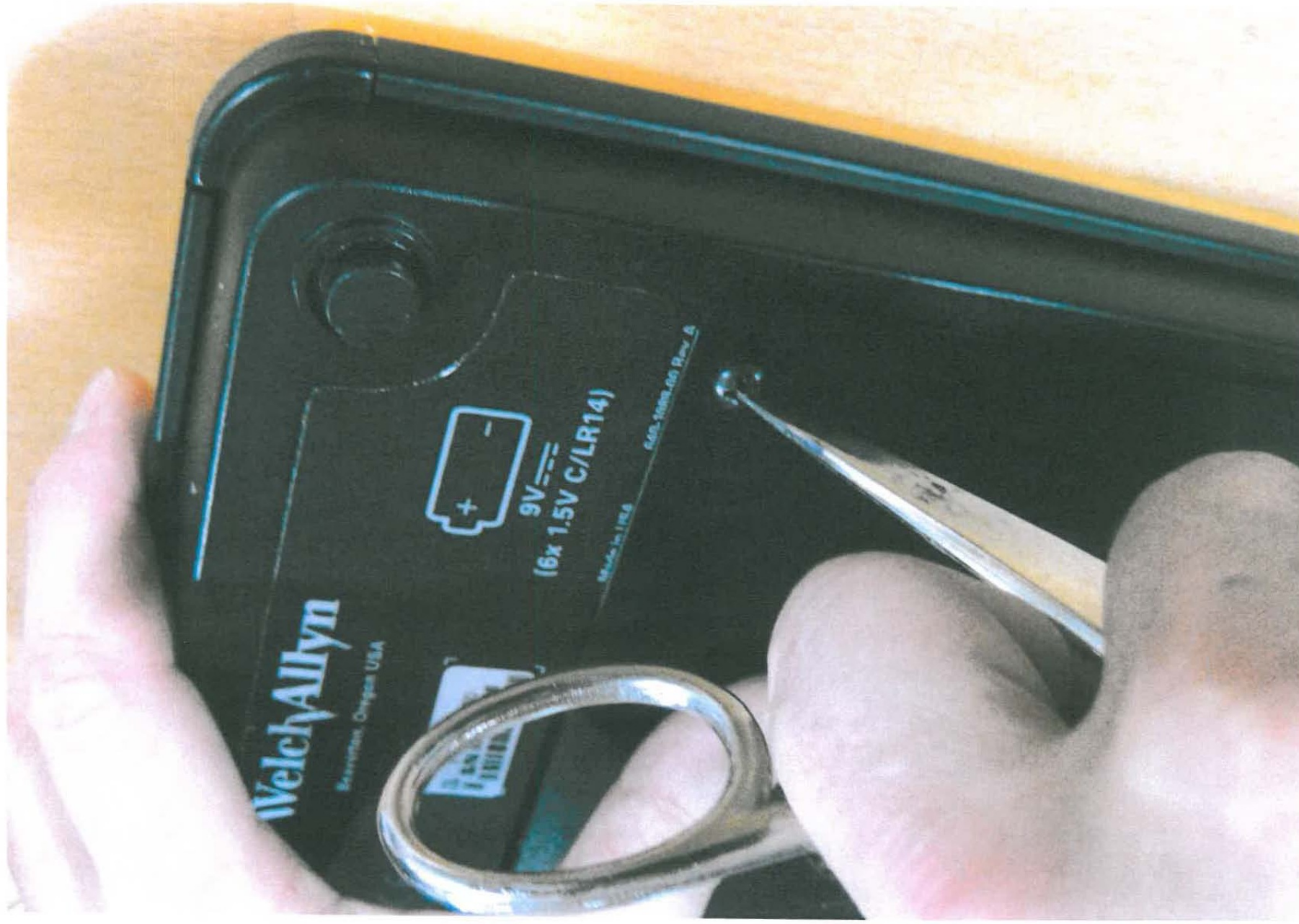
MORE INFORMATION

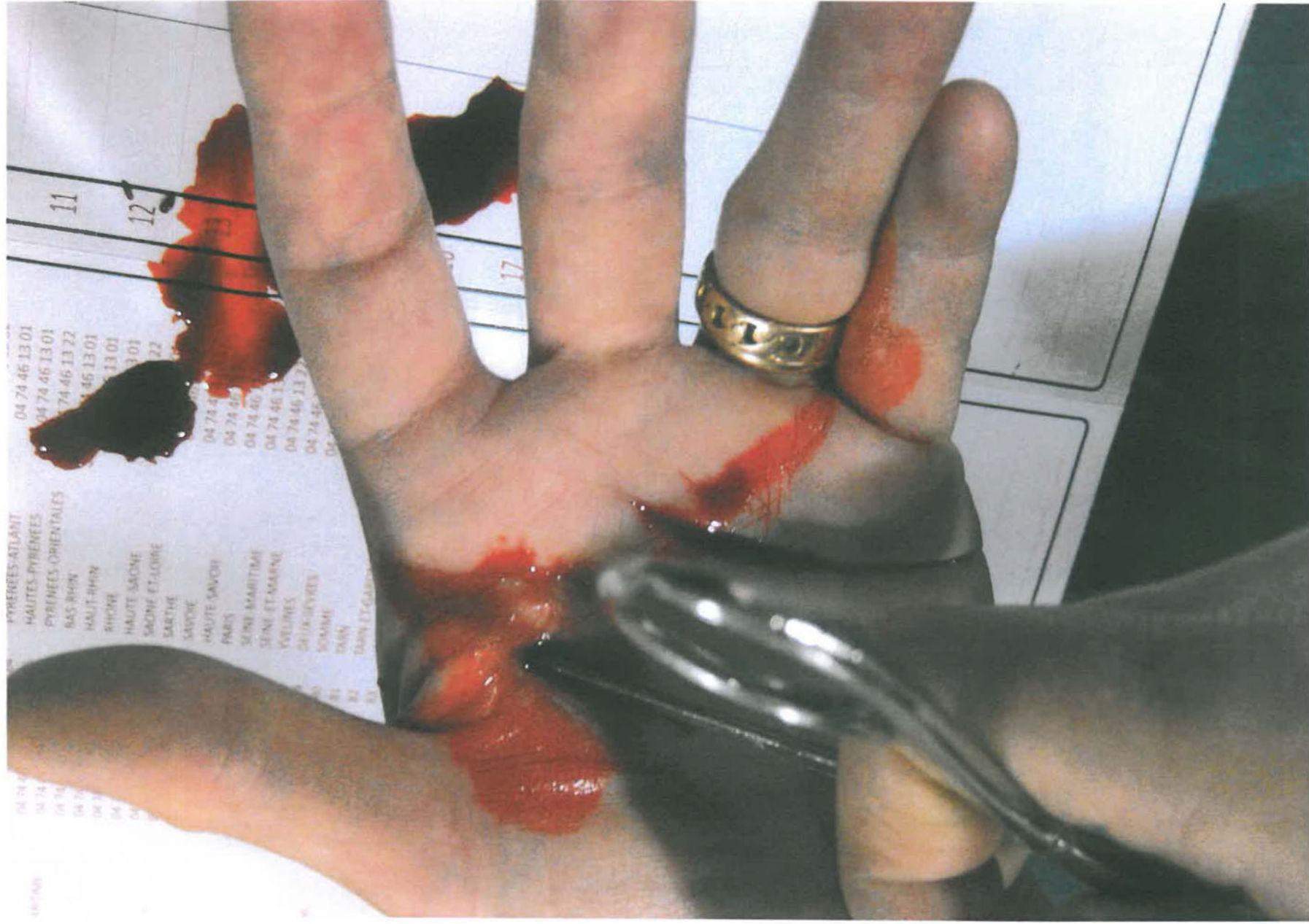
Each National Society will be encouraged to mention here some useful websites that may be useful for older people to get more information on prevention.

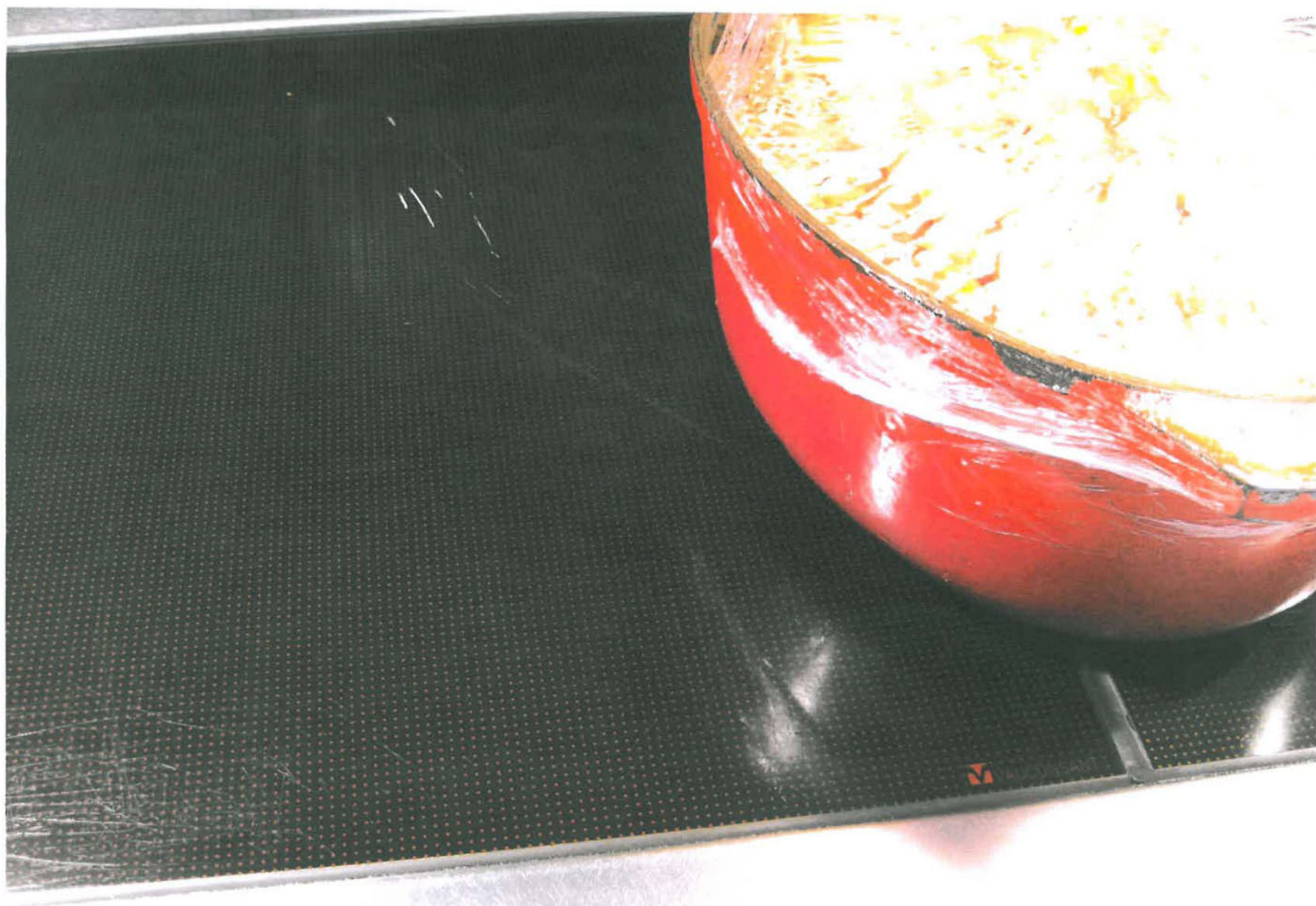
Each National Society will be encouraged to mention here their national emergency numbers and the European emergency number

The steps of prevention	HAZARD	DANGEROUS SITUATION	DAMAGE	6. FIRST AID
1. To identify the danger				Do not move To alert
2. To remove the danger (Ex. : to remove the cable and fix it along the wall)				Do not move To alert
3. To fight the danger at its source (Ex. : to install safety gates)				To water To alert
4. To take individual prevention / protection measures (Ex. : to wear gloves when using a corrosive product)				To water To alert
5. Individual instruction / information: « Pay attention! » (Ex.: Be careful, the cooking plate is hot! »)				Direct pressure To alert
These preventive measures can add to each other				

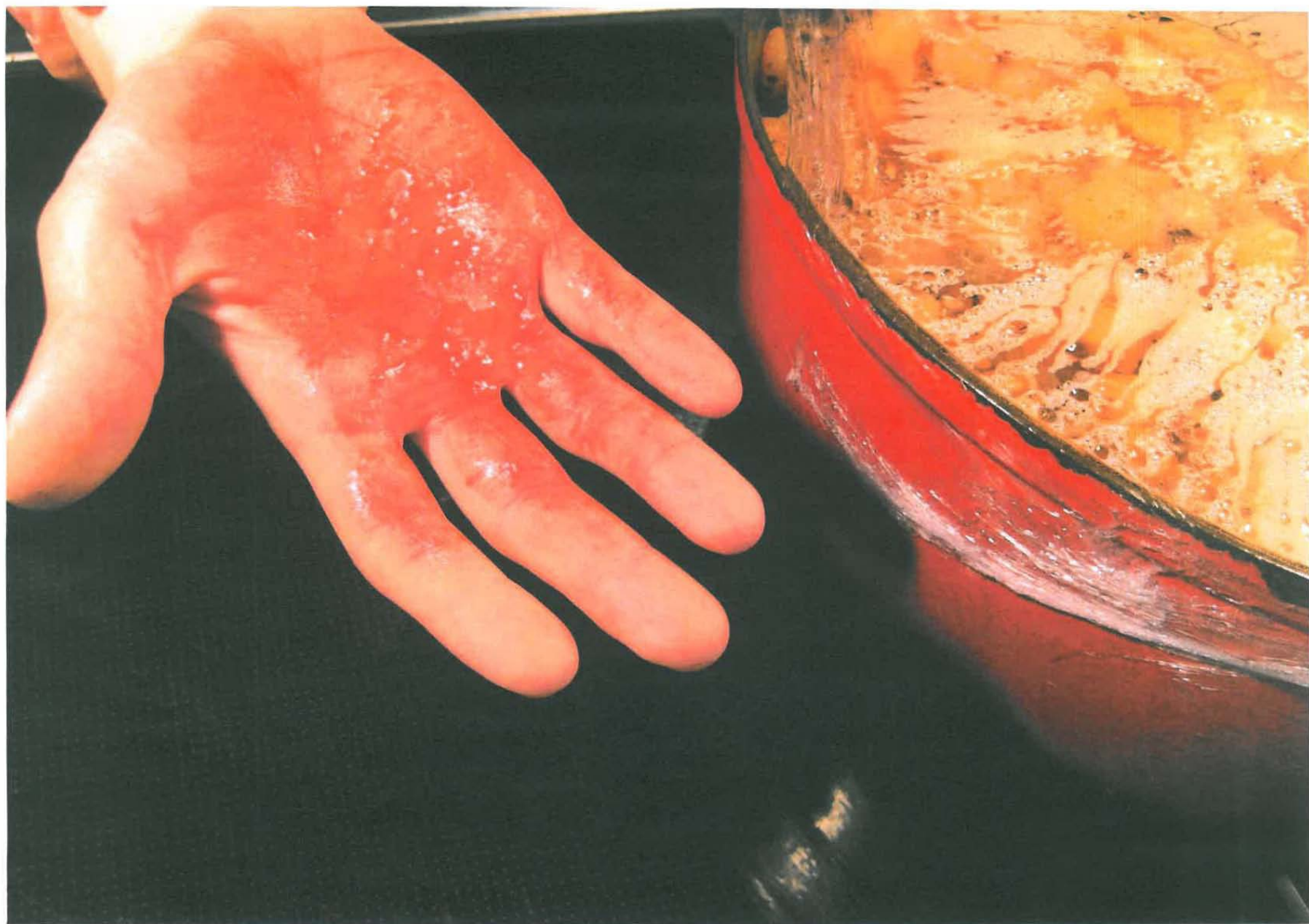


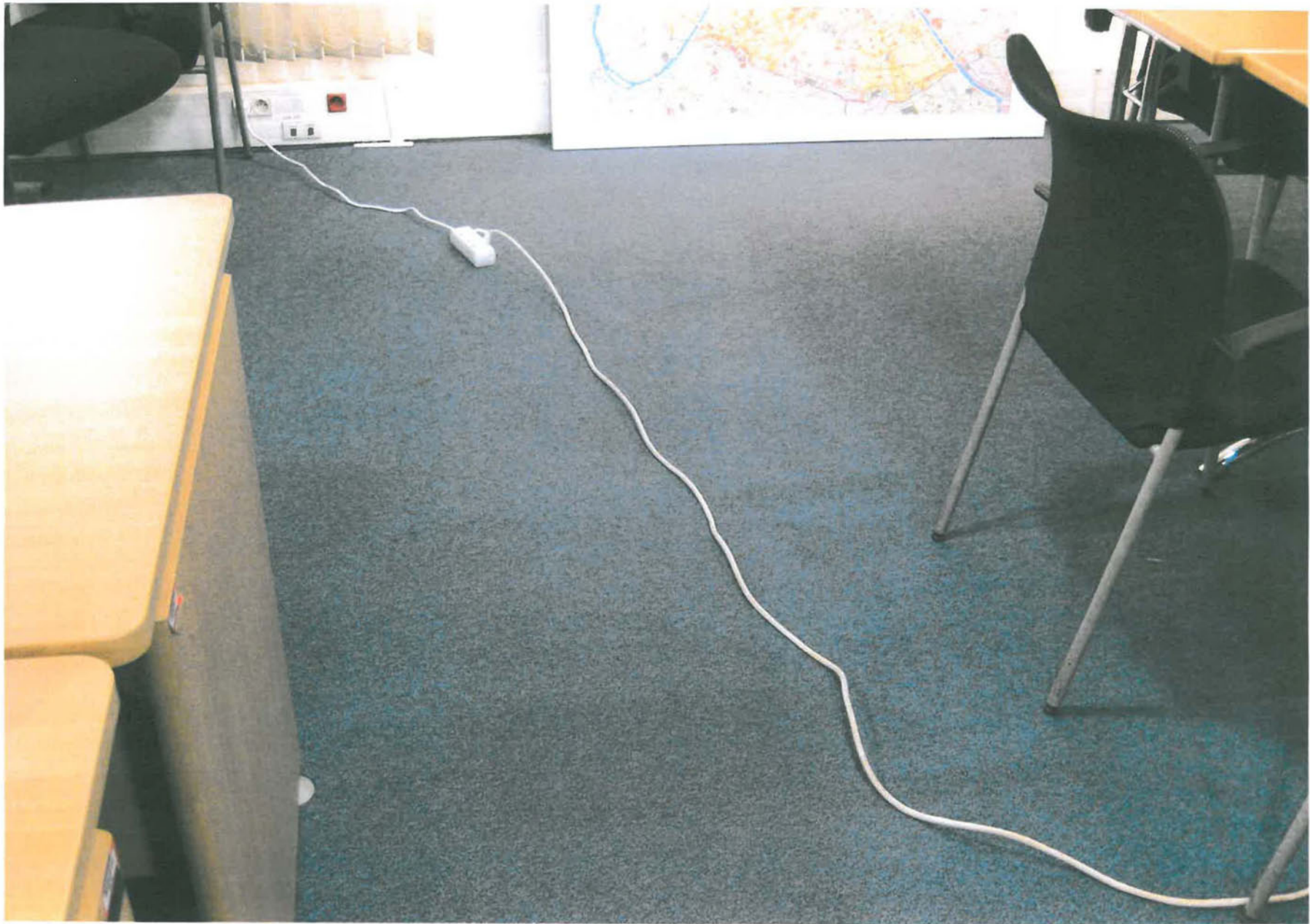




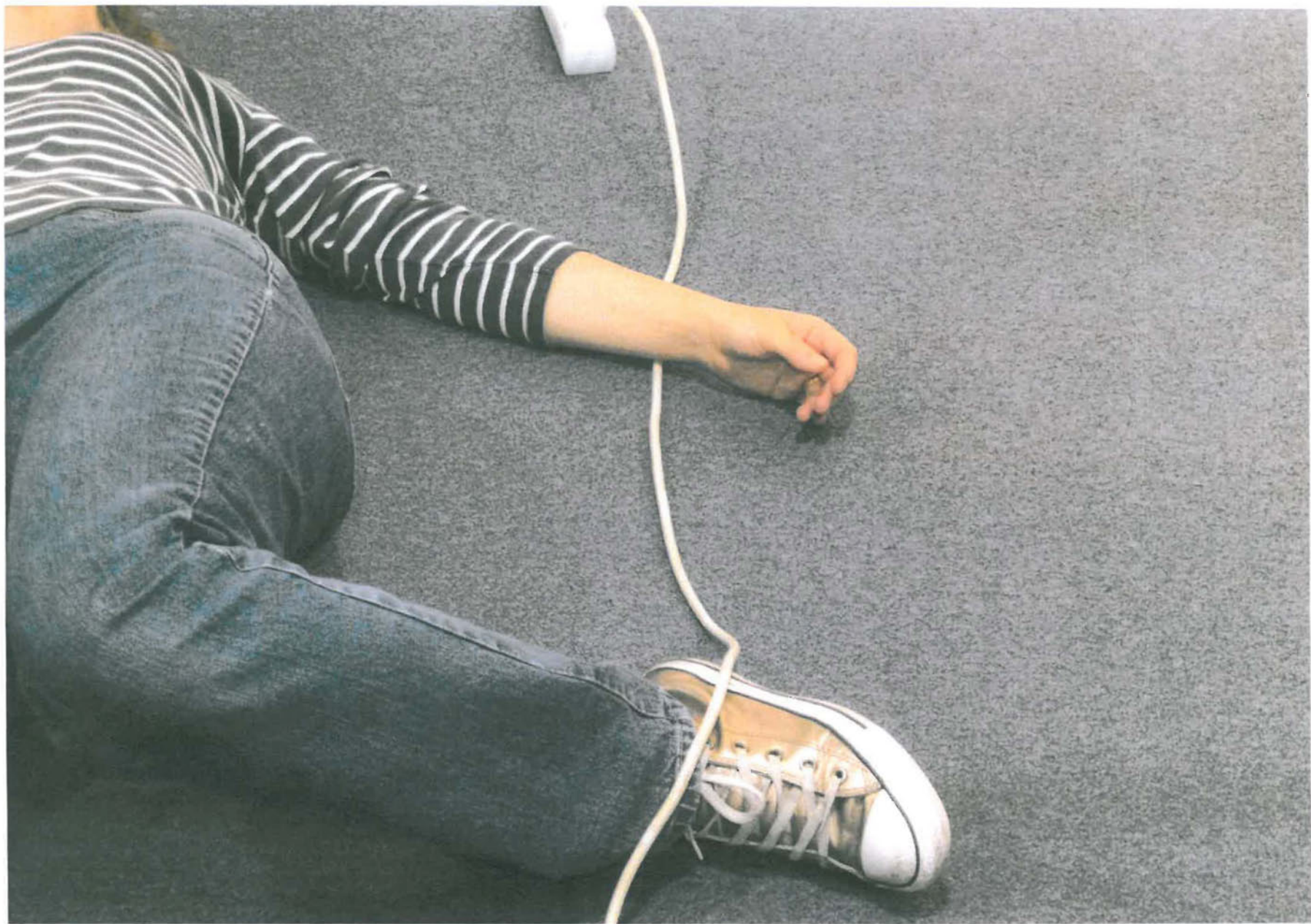












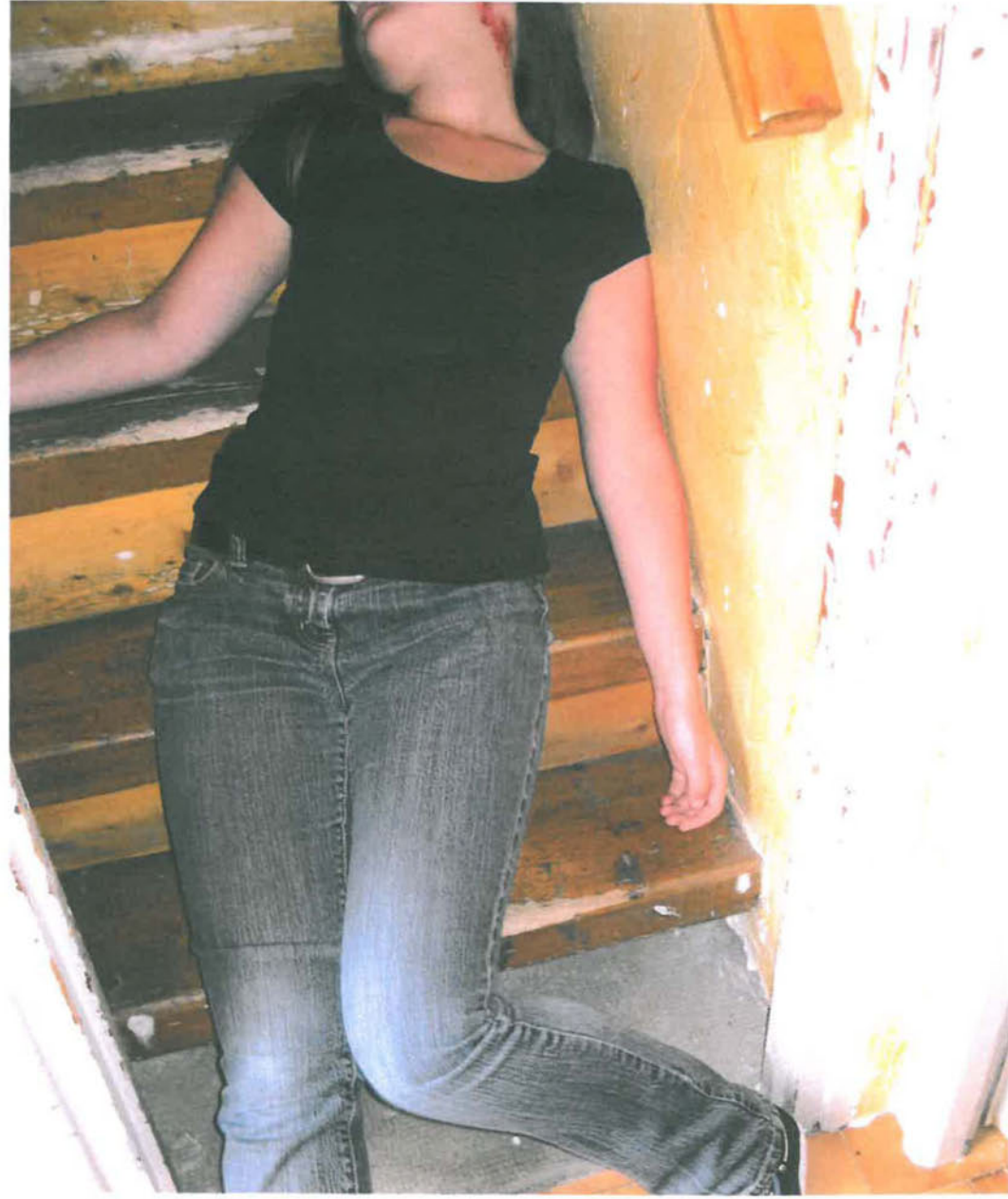












Education lead «My Prevention Assessment »					
Objective: to identify the potential causes of domestic accidents, whether they relate to your home environment or to your health condition.					
Length	Unit	Objective	Pedagogical technique	Activity	Leading
5 min	Launch of the sequence	To announce the objective of the training	Presentation US 1	Discovering	Trainer
10 min	Towards prevention	To realize that removing hazards is a prevention step	Crossword US 2 AS 1	Learning	All together
				Synthesis	
15 min	Self-assessment home environment - health	1. To list the key points of a “self-assessment health / home environment”	Work in group US 3 AS 2	Learning – implementation	Work in group
10 min		2. To get familiar with the questionnaire « My Prevention Assessment » and to define what actions participants intend to do		Synthesis	
10 min	Synthesis and conclusion	To make a last memory refreshment, in a dynamic and entertaining way	Individual questioning US 4 AS 3	Implementation	Individual
10 min			« Bingo » game US 5 AS 4		
OPENING OF THE SECOND HALF-DAY (prior to the unit “Prevention of Falls”)					
30 min	Analysis of the questionnaire « My Prevention Assessment »	To analyze the answers and to describe one’s own prevention assessment	Discussion – round the table questioning US 6		

My prevention assessment

Objective

To identify the potential causes of domestic accidents, whether they relate to your home environment or to your health condition.

Length

45 min

Teaching material

Chairs

Tables

Picture-wall set up in the unit "Prevention of daily life accidents"

Word search grid

Bingo game grids

Markers

Pencils

A3 paper

Scotch tape

Unit sheet 1: Introduction and presentation of the training

Specific objective

- Purpose : To be introduced with the objective of the training
- Method : In group with the trainer

Length : 5 min

Sequences in the unit

Pedagogical technique	Material	Recommendations	Length
Presentation		<p>Set up the class room and the useful material before the participants arrive</p> <p>Express the objective of the training loudly to all: "To identify the potential causes of domestic accidents, whether they relate to your home environment or to your health condition".</p> <p>Make the link with the prevention steps of the "picture wall": we are going to see the first step of the prevention plan: "to identify the hazard"</p> <p>Specify</p> <ul style="list-style-type: none">- the length of the unit : 45 min- the pedagogical methods used: games, work in group and discussion. <p>Inform : there is no evaluation in this training</p> <p>Thank the participants for their active involvement.</p>	5 min

Unit sheet 2 : Towards prevention

Specific objective

- Purpose : to realize that removing hazards is a prevention step
- Method : individually

Length : 10 min

Sequences in the unit

Pedagogical technique	Material	Recommendations	Length
Crosswords Discussion	Word search grids Markers	Hand out a word search grid and a marker to all participants. Give the instructions: cross the words indicated in the list below the grid and discover the mystery word (AS 1)	1 min
		After 4 minutes, ask the participants to compare their grid with the one from their left neighbor to move along in the game.	4 min
		After the next three minutes, ask the participants to complete their grid by collecting answers from their right neighbor.	3 min
		Stop the exercise as soon as the participants realize that one of the words in the list cannot actually be found: it is “prevention”. It is the mystery word.	2 min
		Encourage the participants to put forward the common features between all the words to cross. Answer: they all belong to the category “hazard” or “dangerous situation”.	
		Make the synthesis (2 minutes) by emphasizing the symbolic value of the game. By crossing the words, thus by removing the hazards and the dangerous situations, we are engaged in a prevention step.	

Activity Sheet 1

Cross words

Work to be done

- Individually, during 8 minutes

You must find and cross the words from the list below the grid. These words can appear horizontally, vertically or diagonally. Some of them can be read forwards (from the left to the right) but also backwards (from the right to the left or from the bottom to the top).

At the end of the game the mystery word should appear.

- All together, during 2 minutes

The trainer makes the synthesis.

Towards prevention

S L T I U X X B A W J S F R Y
 R A L H S T U A S E M D E D S
 I E F G G O M T O H R L E A W
 A W X D G I L H O M H H N S I
 T N M T A N E A E H Y J H J M
 S E E M E U I W T D P L B A M
 U N D E R N U T R I T I O N I
 L Y I Z G O S A A E O D A N N
 Z N C B B Q T I Y E V N W Q G
 B I I Z V I L R O S H O M X P
 E U N T O Z S S E N K R A D O
 T U E N X L T A T Y L G T V O
 D E F E C T I V E O Z E W B L
 Y C N E I C I F E D O X A D R
 X **C A R P E T** U Q Y E L A D B

BATH

EXTENSION-LEAD

STAIRS

~~CARPET~~

HEATING

STOOL

DARKNESS

ISOLATION

SWIMMING-POOL

DEFECTIVE

MEDICINE

UNDERNUTRITION

DEFICIENCY

OVERWEIGHT

DEHYDRATION

PREVENTION

Unit sheet 3

Self-assessment home environment - health

Specific objective

- Purpose : to draw up a questionnaire to be able to make one's own "Self-assessment Health / Home environment"
- Method: Work in group

Length: 15 min

Sequences in the unit

Pedagogical technique	Material	Recommendations	Length
Work in group	A3 paper Markers	Split the participants in groups of two persons. Each group will work on a theme chosen among the following: living room/bedroom – kitchen - bathroom/toilets – outdoor – health Give the instruction (AS 2) : Each group is in charge of a theme. Each group must identify all causes of domestic accidents in relation with the theme it had been assigned. For example: Group "bedroom": - Is there a slippery carpet? Group "living room": - Are there any poorly lit areas? Group " bathroom" : - Is the tub equipped with grab bars? Group "health" : - Has your sight been recently checked by a doctor? You have 10 minutes to list the key words on the A3 paper sheets you had been given.	10 min
		When the 10 minutes are elapsed, the trainer posts the papers on the wall. Each group presents his questions to the rest of the participants	5 min

Activity Sheet 2

Self-assessment home environment - health

Work to be done

- In group, during 10 minutes

There are five themes: Living room/bedroom – bathroom/toilets – kitchen – outdoor – health.

For the theme you have been assigned, identify the causes of accidents via key words. Write them on the A3 paper sheets you received.

- All together during 5 minutes

Post your list of key words and present it to the group.

Unit sheet 4

My prevention assessment

Specific objective

- Purpose: To get familiar with the questionnaire “My Prevention Assessment” and to define what actions you intend to implement.
- Method : Individually

Length : 10 min

Sequences in the unit

Pedagogical technique	Material	Recommendations	Length
Individual reading	Questionnaires « My prevention Assessment »	<p>Hand out the questionnaire « My prevention assessment ».</p> <p>This document lists for each theme previously discussed in group (health, kitchen, bathroom..) the questions one’s has to ask to prevent everyday life accidents.</p> <p>Ask the participants to compare the questionnaire that they just got with the potential causes of accidents that have been identified and posted on the wall by the groups.</p> <p>Inform the participants that some free space is available on the questionnaire to write down all questions that may be missing or any other personal remark they would like to add.</p> <p><u>Leave enough time to the participants to read the document and fill it in.</u></p> <p>Ask them to identify by any particular sign of their choice (color, highlighting..) which theme they will start with to fill in the questionnaire “My Prevention Assessment” when they will be back home.</p>	10 min

Activity Sheet 3

The questionnaire « My Prevention Assessment »

Work to be done

- Individually, during 10 minutes

Distribute the document entitled « My Prevention Assessment ». This document identifies the 35 major questions one's should ask when trying to make one's own prevention assessment: "Where am I in terms of prevention of domestic accidents at home regarding my living and my health condition?"

The questions can be answered with either "Yes" or "No" being the correct answer. The answer marked by a red square implies a potential risk of accident. Example: "Theme bathroom, question 2: do you use any electric appliance in this room? ». The answer "Yes" is marked by a red square because the use of any electric appliance in a bathroom implies a risk of electrocution.

Compare the questions of the document with the key words listed by the groups and posted on the wall.

Use the free space in the document to add any missing questions or personal remarks.

Identify somehow the theme or the room with which you will start your prevention assessment at home.

Unit sheet 5: Synthesis and conclusion

Specific objective

- Purpose: To express the main points learnt through this introduction and what action the participants intend to implement.
- Method : in group with the trainer

Length : 5 min

Sequences in the unit

Pedagogical technique	Material	Recommendations	Length
In group (Bingo game)	Game grids Markers	<p>Hand out the grids of words to the participants. Give the instructions: you will read out some words. If the word appears in the participant's grid, he will check the corresponding box. The first person to achieve a full horizontal or vertical line will shout "Bingo".</p> <p>Put in an envelope the ten words that will allow all participants to get a full line: Vigilance, Prevention, Protection, Information, Self-assessment, Actor, Awareness, Autonomy, Solidarity, Change. Read out "Autonomy » last. That is the word that allows all the grids to form a Bingo line. It must be then read out last.</p> <p>As the game is « rigged » all participants win at the same moment.</p> <p>Make the participants observe that the game refers to words that have been used throughout this unit and that they are all related to the concept of "Prevention".</p> <p>After this unit they all are winners as prevention actors.</p> <p>Invite the participants to fill in the questionnaire at home and to bring it back for the second half-day of training in order to have a global discussion on the questionnaire.</p> <p>End the training by thanking the participants for their active collaboration.</p>	5 min

Activity sheet 4

Bingo Game

Work to be done

- Individually, during 5 minutes

The trainer handed out to you some grids of words, they are all different. The trainer will read out some words loudly. If the word appears on your grid, you must check the corresponding box. The goal is to complete a line vertically or horizontally.

When you have checked all the boxes of a vertical or horizontal line, you must shout "Bingo".

The participant who finished first is the winner.

BINGO

Prevention challenge !				
Vigilance	Company	Bleeding	Fall	Change
Prevention	Information	Actor	Autonomy	Solidarity
Protection	Alert	<i>Your NS logo</i>	Help	Collective
Mutual assistance	Home	Awareness	Balance	Water
Monitoring	Self-assessment	Attention	Children	Leisure

BINGO

Prevention Challenge !				
Prevention	Risk	Awareness	Diet	Change
Mutual assistance	Information	Training	Monitoring	Statistics
Company	Safety	<i>Your NS logo</i>	Leisure	Irrigate
Protection	Self-assessment	Actor	Autonomy	Solidarity
Vigilance	Balance	Health	Family	Instructions

BINGO

Prevention challenge !				
Prevention	Information	Awareness	Autonomy	Change
Statistics	Safety	Actor	Press	Balance
Injury	Instructions	<i>Your NS logo</i>	Immobilize	Solidarity
Protection	Burn	Bleeding	Help	Diet
Vigilance	Self-assessment	Irrigate	Health	Water

BINGO

Prevention Challenge !				
Prevention	Alert	Awareness	Accident	Leisure
Training	Information	Hazard	Disease	Children
Protection	Monitoring	<i>Your NS logo</i>	Fall	Solidarity
Attention	Collective	Risk	Home	Family
Vigilance	Self-assessment	Actor	Autonomy	Change

Unit sheet 6

Self-assessment home - health

Specific objective

- Purpose : To analyze the questionnaires « My prevention assessment » of the participants so that they can evaluate where they are on the prevention scale.
- Method :in group with the trainer

Length: 15 min

Sequences in the unit

Pedagogical technique	Material	Recommendations	Length
Discussion – round the table	Questionnaire « My Prevention Assessment»	<p>Set up the class room and the useful material before the participants arrive</p> <p>Welcome the participants and start the unit</p> <p>Ask the participants if they have completed their ‘Prevention Assessment’:</p> <ul style="list-style-type: none">- Did you answer the questions?- Was it easy? Difficult? <p>Answer any questions the participants may have regarding the choice of questions.</p> <p>Specify that these questions have been selected as important by doctors and specialists in prevention but this questionnaire is not exhaustive however.</p> <p>Ask the participants if they have implemented preventive measures at home.</p> <p>Focus on the group animation, do not seek to respond to all questions, but advise the participants to contact any specialist regarding all technical questions: doctor on questions related to health, insurance company.</p>	15 min

The table below provides some explanations to be given in case of questions from the participants.

My Prevention Assessment			
Health			
Questions	Possible reasons	Possible risks	Prevention measure recommended
- Have you had a hearing and eyesight checkup over the last 12 months?		Poor hearing / sight : - little, no or bad communication with others. Risk of misunderstanding. In the long term can lead to isolation. Little, no or bad perception of one's environment (capacity to hear a car or a bicycle arriving to avoid being startled, capacity to see the objects on the floor, what is written on bottles, medicine boxes...)	Hearing checkup - adapted hearing aid Visual checkup – sight glasses
- Have you lost some weight without being on a diet over the last months	Ageing may be accompanied by loss of taste, loss of appetite.	Weakening, malaise	Examination by your doctor
- Do you do sport or exercises regularly?		Muscular weakness, stiffness, weight gain, fewer activities, isolation	30 min walking every day, playing with grandchildren,

			walking the dog, housekeeping, gardening, shopping..
- Do you sometimes feel faint or dizzy?	Early signs of an illness, or bodily ailment	Worsening of symptoms: This may lead to unconsciousness, heart problems	Visit to your doctor
- Are you suffering from sleep disturbances?	Early signs of an illness, bodily ailment, anxiety, depression	Night awakening, fatigue, walking in darkness to get a glass of water, or to use the toilet, risk of falling.	Visit to your doctor
- Are you undergoing any medical treatment?		Confusion in taking the medicines with risk of unexpected adverse effects, (dizziness, malaise...)	Treatment list , pill box
- Do you live by yourself?		Isolation, depression, impossible to alert anyone in case of illness or accident	To be registered with a volunteer association, to install a remote monitoring system.
Outdoor			
Questions	Possible reasons	Possible risks	Prevention measure recommended
Does your swimming pool have a security system?		Accidental fall, drowning	Security system. Adult supervision as soon as a child is involved

Can you easily go to your cellar? Are there any obstacles?		Fall	Lighting that can be switched on/off from top or bottom of the stairs. Solid handrail from top to bottom. Anti-slip strips on steps Storage of bulky objects
Are there any creeping plants, hoses or any other objects (gardening tools, toys..) that may block the ways in your garden?		Fall	Weeding Tidying up
Does the ladder you use have a hand support?		Fall	For all works requiring climbing up a ladder, do not hesitate to ask someone to do it for you or do it with someone present.
Are the slabs of your terrace or any other areas slippery?	Humidity, moss, slippery surface	Fall	Weeding Gravelled paths
Is your barbecue		Burn	Repairing brick-

stable?			built barbecue Place the barbecue on a stable floor
Do you have a mobile or wireless phone with you when you do some gardening or odd jobs outside the house		Unable to alert anyone in case of accident or illness	Wireless phone that can be used outside the house
Living room / Bedroom			
Questions	Possible reasons	Possible risks	Prevention measure recommended
Do you have to climb up on a chair, a stool...to reach everyday objects (kitchen utensils, dishes, papers...) ?		Fall	Keep the everyday utensils within easy reach. Place heavy items at the bottom of your cupboards or at worktop height. Ask someone to help you in particular for some tasks like cleaning the windows
Are there items (domestic appliance), plant, or furniture which		Fall	Keep the walkways clear Furniture and objects should be

may obstruct your way, in the corridor?			lit (indirect light on a plant or put a lamp on a piece of furniture) Place the mobile electrical appliance (eg : heater) against the wall
Are your carpets (doormat, rug, bedside rug..) equipped with an anti-slip system or band?		Fall	Make sure that rugs, mats, bedside rugs are equipped with anti-slip bands on the back.
Are there extension-leads on the floor?	Badly located sockets Additional appliances connected	Fall	Fix extension cables along the wall Put all wires together in a channel Install some more sockets
Are your electrical sockets and switches correctly fixed to the wall?	Age of the house, updated equipment	Electrocution	Ask a professional to bring your electrical system into compliance with safety standards
Have your heating appliances been tested in the last twelve months?		Emission of carbon monoxide	Yearly service visit by a qualified professional

When lying in bed can you easily reach a telephone?		Unable to alert anyone in case of accident or illness	Choose phones with several wireless handsets.
Kitchen			
Questions	Possible reasons	Possible risks	Prevention measure recommended
Is the kitchen floor slippery because of the floor-covering or any grease on the floor?		Fall, burn	Choose a non-slippery surface, stuck to the ground or fixed with anti-slip strips. Change your cleaning product to eliminate grease
Are the toxic products well identified and put far from the food and beverage area	Refill products, home-made mixtures (eg : fertilizer..)	Poisoning	Do not store toxic products in recycled packaging (bottles of water..) without CLEAR identification of the contents on the label
Have you ever forgotten to turn off the gas on your stove?		Asphyxiation	Stick a label on the wall to use as a memory aid. Check that everything is

			switched off before going to bed or going out.
Do you know the meaning of the pictograms on the packages and bottles of cleaning products?		Poisoning	Display a chart explaining the pictograms and their meaning
Is your oven equipped with a secured cold door?		Burn	
Do you know the expiry date of the flexible hose of your gas cooker?		Gas leak, poisoning	Write in a calendar the date when it is changed, when identity papers need to be renewed or when medical exams need to be done.
Has the annual maintenance visit for your electrical water heater been done?			Arrange to have your Electrical Water Heater serviced by a professional
Bathroom / Toilets			
Questions	Possible reasons	Possible risks	Prevention measure

			recommended
Do you have a non-skid mat in your bath or shower?		Fall	Non-slip rug or discs Grap bars non-slip mat on the way out of the bathroom
Do you use electric appliance in this room?		Electrocution	Check that electrical sockets are distant enough from water sources. Install a carpet to stand on with wet feet
Do you have a night light?		Fall in case of moving around at night	Illuminated path (lights up when passing by) Have a flashlight on your bedside table to light dark areas between the different switches.
Is the temperature of your water-heater adjusted to prevent any burning with hot water?		Burn	Call a professional to adjust water temperature correctly
Is your bathroom		Fall	Carpet with anti-

equipped with a rug to stand on when you are wet?			slip strip
Are these rooms equipped with grab bars?		Fall	Install grab bars.
Has the annual maintenance visit of your ventilation system been done in the last twelve months?		Humidity, mold, poor air quality that may damage your health (especially in case of breathing problems)	Annual check of the system by a certified professional

Outdoor

- Does your swimming pool have a security stem? Yes ☐ No ☐
- Can you easily go to your cellar, are there any obstacles? Yes ☐ No ☐
- Are there any creeping plants, hose or any other objects (gardening tools, toys..) that may block the ways in your garden? Yes ☐ No ☐
- Does the ladder you use have a hand support? Yes ☐ No ☐
- Are the slabs of your terrace or any other areas slippery? Yes ☐ No ☐
- Is your barbecue stable? Yes ☐ No ☐
- Do you have a mobile or wireless phone with you when you do some gardening or odd jobs outside the house? Yes ☐ No ☐

Any other ideas

Health

- Have you done a hearing and visual checkup last 12 months? Yes ☐ No ☐
- Have you lost some weight without being on a diet over the last months? Yes ☐ No ☐
- Do you do sport or exercises regularly? Yes ☐ No ☐
- Do you sometimes feel faint or dizzy? Yes ☐ No ☐
- Are you suffering from sleep disturbances? Yes ☐ No ☐
- Are you undergoing any medical treatment? Yes ☐ No ☐
- Do you live by yourself? Yes ☐ No ☐

Any other ideas

My Prevention Assessment

Emergency numbers

□

Living room / Bedroom

› Do you have to climb up a chair, a stool...to reach everyday objects (kitchen utensils, dish...)?
Yes ☐ No ☐

› Are there items (domestic appliance), plant, or furniture which obstruct the way, the corridor? Yes
No ☐

› Are your carpets (doormat, rug, bedside rug..) equipped with an anti-slip system or band?
Yes ☐ No ☐

› Are there extension-leads on the floor?
Yes ☐ No ☐

› Are your electrical plugs and switch correctly fixed on the wall?
Yes ☐ No ☐

› Have your heating appliances been tested in the last twelve months?
Yes ☐ No ☐

› When lying in bed can you easily reach a telephone?
Yes ☐ No ☐

Any other ideas

□

Kitchen

› Is the floor slippery because of the floor-covering or remaining grease Yes ☐ No ☐

› Are the toxic products well identified and put far from the food and beverage Yes ☐ No ☐

› Have you already forgotten to stop gas on your stove? Yes ☐ No ☐

› Do you know the meaning of the pictograms on the packages and bottles of cleaning products? Yes ☐ No ☐

› Is your oven equipped with a secured cold door? Yes ☐ No ☐

› Do you know the expiry date of the flexible hose of your gas cooker? Yes ☐ No ☐

› Has the annual maintenance visit of your electrical water heater been done?
Yes ☐ No ☐

Any other ideas

□

Bathroom / Toilets

› Do you have in your bath or shower a non-slip mat? Yes ☐ No ☐

› Do you use electric appliance in this room? Yes
No ☐

› Do you have a night light? Yes ☐ No ☐

› Is the temperature of your water-heater adjustable to prevent any burning with hot water?
Yes ☐ No ☐

› Is your bathroom equipped with a rug to stand on when you are wet? Yes ☐ No ☐

› Are these rooms equipped with grab bars? Yes ☐ No ☐

› Has the annual maintenance visit of your ventilation system been done in the last twelve months? Yes ☐ No ☐

Any other ideas

Prevention of falls

Pre

Education lead « Prevention of falls »					
Objective: at the end of this training unit the participant will be able to identify the preventive actions required to prevent falls.					
Length	Unit	Objective	Pedagogical technique	Activity	Leading
10 min	Launch of the sequence	To announce the objective of the training	Presentation US 1	Discovery	Trainer
15 min	Prevention measures	To give relevant answers to questions on fall prevention.	Picture association Synthesis US 2 AS 1	Learning	All together
				Synthesis	
20 min	The foot, the key organ to prevent falls	To understand how the foot works and how to take care of it.	Small balancing exercise Synthesis / Presentation Group working (chiropodist and shoe-repairer) Synthesis US 3 AS 2 + AS 3	Learning	Individually Trainer Group working
10 min	Walking aids	To alleviate participant fears about walking aids	Interactive presentation with demonstration of walking sticks, etc. US 4	Learning	In group with the trainer
15 min	Promotion of fall prevention	To make the participants identify the key messages of the training unit	Work in pair (to feature a key message through a slogan, a drawing, a song or a small play) US 5 / AS 4 /US6	Learning– Implementation	Group work Individually

Prevention of falls

Objective

At the end of this unit, the participant will be able to identify the preventive actions that need to be taken in order to avoid falls.

Length

1 h 10 mins

Teaching material

- Video projector
- Flip charts and markers
- Tape, tack..
- Game « The prevention steps » (pictures)
- Self-assessment sheet « Balance »
- Anatomical chart / foot illustration
- Illustrated boards / PowerPoint presentation on “Walking aids”

Unit sheet 1

Introduction and presentation of the training

Specific objective

→ Purpose :

- To be introduced to the objective of the training « Prevention of falls »
- To identify how the training will be organized

→ Method : All together with the trainer

Length : 10 min

Sequences in the unit

Pedagogical technique		Material	Recommendations	Length
Discovery	Presentation – discussion	Tables, chairs	<p>Set up the training room and all useful material before the participants arrive.</p> <p>Start the training by making the main objective clear: “you will be able to identify the actions that need to be taken to avoid falls.”</p> <p>Specify:</p> <ul style="list-style-type: none">- the length of the training (1h10)- The pedagogical techniques that will be used: games, discussions, exercises... <p>Ask the participants: "Did one of you fall over the last year? If yes, how many times?"</p>	10 min

Unit sheet 2

The prevention steps

Specific objective

- Purpose: to provide appropriate answers to the questions related to fall prevention.
- Method : All together with the trainer

Length : 15 min

Sequences in the unit

Pedagogical technique		Material	Recommendations	Length
Discovery Learning	Game	Set of pictures (causes of fall and prevention measures)	<p>Display the pictures showing the major risk factors for falls.</p> <p>Hand out the pictures of prevention measures to the participants and ask them to associate a safety measure with a picture showing a risk of fall. There can be only one preventive measure per risk factor.</p> <p>Once all the pairs have been made up the trainer should look back on the results and make sure the participants understand correctly the correlation between the risk and the preventative measure. The trainer should encourage the exchange of experience between the participants and provide them with a short amount of knowledge.</p> <p>End up with the pair “Imbalance – foot” and specify that this issue will be the topic of the next unit. Why this particular point? It is a key factor, which is quite easy to play upon and which is a good example of a preventive approach.</p>	15 min

Activity sheet 1

Pairs making :

Which preventive measure corresponds to which cause of fall?

Work to be done

- Together, during the next 15 minutes

“The trainer posted some visual displays illustrating the factors that are likely to cause a fall.

He also just handed out to you some visual documents illustrating prevention measures that can be taken.

You must associate with each potential cause of a fall the preventive measure that seems to you the most suitable to reduce the risk of a fall. There can be only one prevention measure per cause of fall.

Once the pairs have been matched, we will discuss together to share our experience in relation to the issues highlighted and to answer any questions you may have.”

Unit sheet 3

The foot, the key organ to prevent falls

Specific objective

→ Purpose

- To understand how the foot works
- To identify ways to take proper care of your feet

→ Method : All together with the trainer

Length : 20 min

Sequences in the unit

Pedagogical technique		Material	Recommendations	Length
Discovery Learning	Balancing exercise Presentation – discussion Work in groups	Tables, chairs Balance self-assessment sheet Anatomical chart/ foot illustration Activity Sheet 2 Activity Sheet 3	Invite the participants to self-evaluate their level of balance (AS 2) Distribute to all participants a document of self-assessment and give them the following instructions: "For one minute you will assess your own level of balance by answering the questions on the self-assessment sheet". Ask someone to read the questions one by one and show the gesture(s) to be carried out by the participant. Specify that there is no good or bad answer. The goal is to review the problems related to the feet that may have an effect on their balance: <ul style="list-style-type: none">- If you have no difficulty, you have a good balance that you should try to maintain- If you have some difficulty,	5 min

			<p>nothing to be worried about, you just need to take some precautions.</p> <p>From the anatomical chart / foot illustration:</p> <p>Announce: the foot is a part of the lower limb. Its function is to help in standing up and walking. It plays a role in balance, it is a shock absorber and a propellant. It is linked up with the leg by the ankle. Show the different parts of foot:</p> <ul style="list-style-type: none"> - the heel : static, it becomes larger with age. - the toes: dynamic part. By walking the skin is stretched. <p>When getting older there is a loss in sensitivity: obstacles are more difficult to judge, the risk of falling becomes greater. Some diseases (eg: diabetes; changes in blood circulation; neurological problems) may also cause loss of sensitivity to pain and temperature which can lead to serious and irreversible injuries.</p> <p>Feet support the whole weight of the balancing body, it is thus crucial to take care of them and to wear appropriate footwear to ensure that you can remain mobile and independent.</p> <p>Split the participants into two groups. Allocate a role to each group:</p> <ul style="list-style-type: none"> - The chiropodists - The shoe-repairers <p>Give the following instruction: “if</p>	<p>5 min</p> <p>2 min</p> <p>8 min</p>
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			<p>you were a chiropodist / shoe-repairer what advice would you give to your customer? You have 8 minutes to prepare and then each group will present their work.” (AS 3)</p> <p>Summarize the group works paying particular attention to :</p> <ul style="list-style-type: none"> - How important it is to take care of our feet to keep their sensitivity and thus reduce the risk of fall. - How important it is to choose a good pair of shoes: they have to be adapted to people’s feet and not the other way round. <p>Conclude by reminding the group that walking is an excellent way to keep feet in good shape. Some studies reveal that people that do not take regular exercise are most inclined to fall.</p>	
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Activity Sheet 2

Are you well balanced?

Work to be done

- Individually lasting 1 min

You have been given a document to self-assess your level of balance.

Please read it and then evaluate your balance by answering the following three questions:

- Can you get up from a chair without leaning on something?
- Can you keep one foot up off the ground for more than ten seconds without feeling unstable or imbalanced?
- Can you walk 10 steps (heel / toe) on a line, looking right in front of you, without swaying or swinging and having your foot veer out of the line..?

Balance is the capacity to adapt our movements and our position in various situations in order to remain in a stable position when standing or moving. The inner ear, vision and foot sensitivity play a role in the balance mechanism.

Concerning sensitivity, our whole body is full of sensors that allow our brain to create a picture of our body. The foot is full of these sensors. However when getting older the plantar (bottom of the foot) sensitivity decreases, and the risk of having a fall becomes bigger.

Regarding this test:

If you answered yes to all 3 questions, your balance is good, just continue to look after it.

If you found this test difficult, this training will help you identify the preventive actions that you may need to implement in order to help prevent a fall.

Important. This is a self-evaluation. You can perform the exercises, or if you wish, you can answer the questions after thinking about them. This does not affect the quality of your answer. Feel free to do as you wish. Please do not take any risk or perform any activity that you are not comfortable with

Activity sheet 3

Care

Work to be done

- In group lasting 5 min

You have been allocated a theme: the Chiropodists or the Shoe-repairers.

According to your theme, what advice would you give to someone to keep their feet in good health (chiropodist) or to wear appropriate footwear (shoe-repairer).

Please write down your answers on the paper that you received.

- All together lasting 3 min

Display your « tip sheet » and present it to the rest of the participants.

Unit sheet 4

Walking aids

Specific objective

- Purpose : to alleviate participant's fears about walking aids
- Method : all together with the trainer

Length : 10 min

Sequences in the unit

Pedagogical technique		Material	Recommendations	Length
Discovery Learning	Participative presentation	Tables, chairs, Video projector PowerPoint presentation / illustrated boards on walking aids	<p>The trainer announces: "Sometimes when somebody's balance is impaired it may be wiser to accept the use of a walking aid device as a preventive measure rather to have to use one permanently after a fall.</p> <p>Ask the participants if they have ever considered this solution: <i>Have you ever thought of using this type of solution?</i></p> <p>Present the different walking aids and safety devices. Explain how they can be used.</p>	10 min

Unit sheet 5

Promotion of fall prevention measures

Specific objective

- Purpose : to make the participants identify the key messages of the training unit
- Method : all together with the trainer

Length : 10 min

Sequences in the unit

Pedagogical technique		Material	Recommendations	Length
Implementation	Group work	Tables, chairs, markers, flip charts Activity sheet 4	To conclude the training unit, invite the participants to express freely in groups of two or three their thoughts on the following : “Feature a key message on the training you just attended through a slogan, a drawing, a song or a small play. You have 10 minutes to prepare and present your work to the other members of the group.”	10 min

Activity sheet 4

Free expression

Work to be done

- In group lasting 10 min

You have just attended the training « Prevention of falls »

Create through a slogan, a drawing, a song a small play a key message on the training

You will present your work to the other members of the group.

Unit sheet 6

End of the training

Specific objective

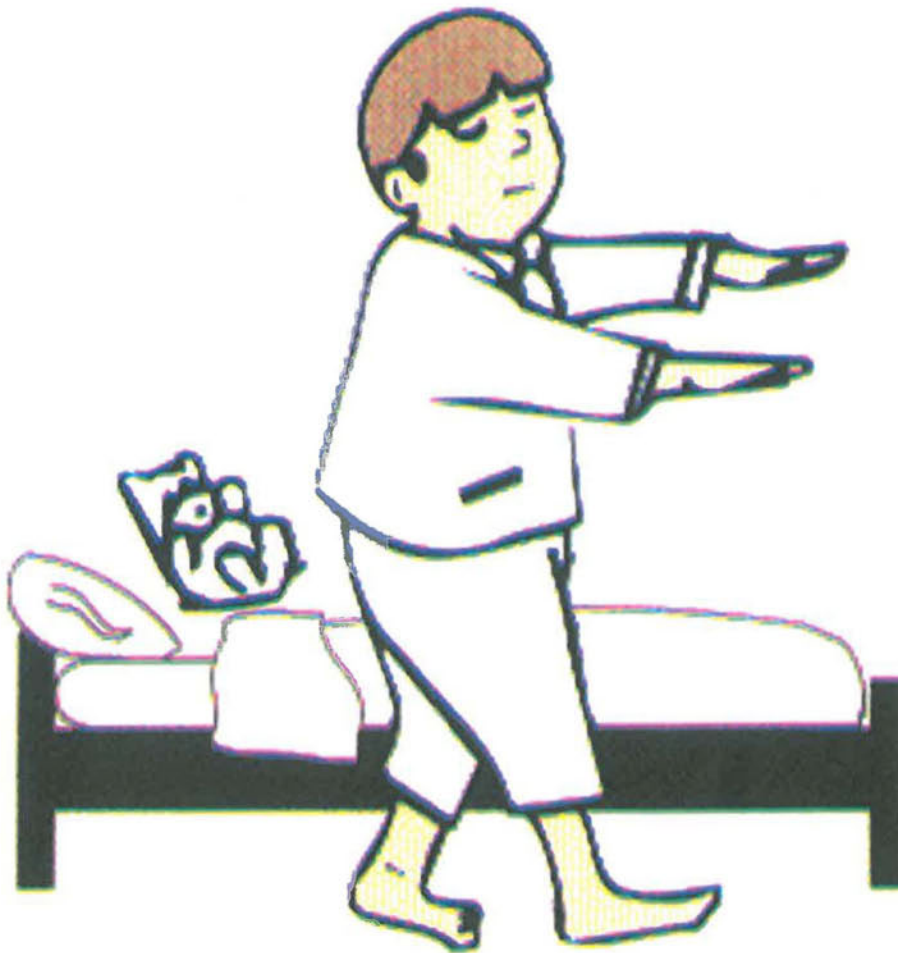
- Purpose : to end up the training
- Method : all together with the trainer

Length : 5 min

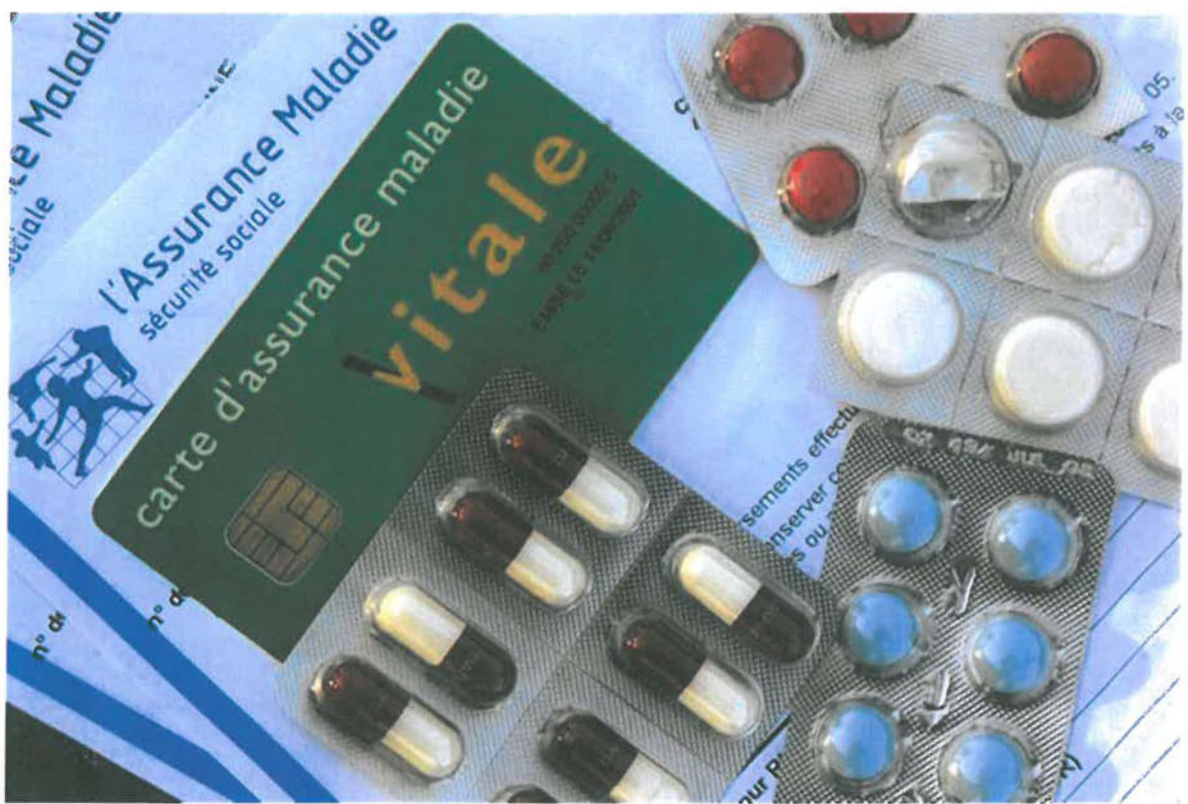
Sequences in the unit

Pedagogical technique	Material	Recommendations	Length
Discussion	Tables, chairs	End up the training and thank the participants. Tidy up the material and the training room before moving to the next unit.	5 min

It's in the middle of the night,
and I have to go to the toilet

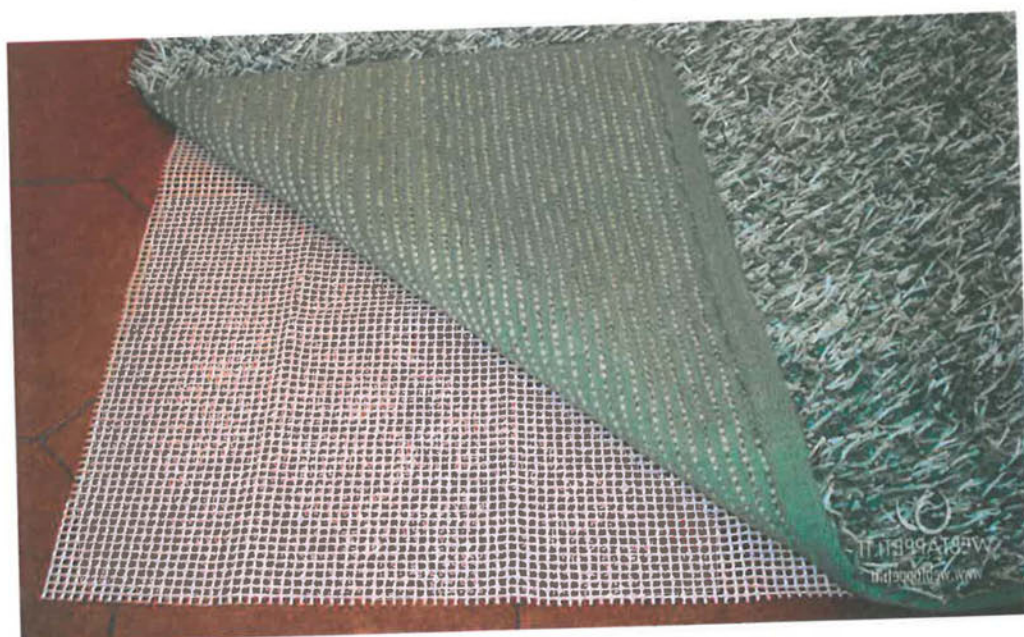




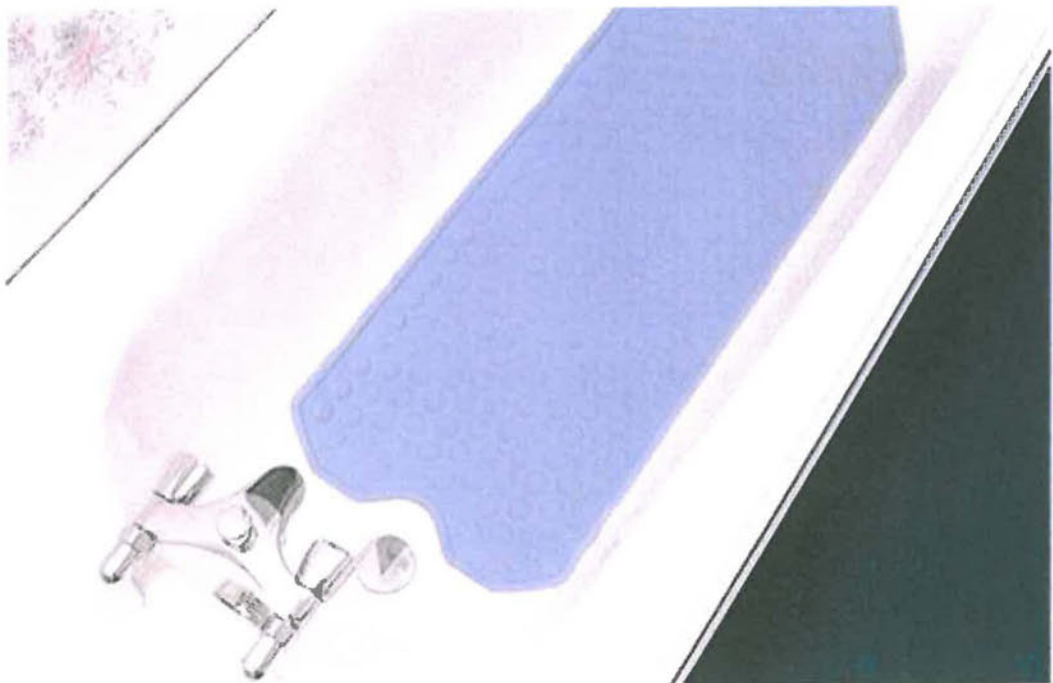






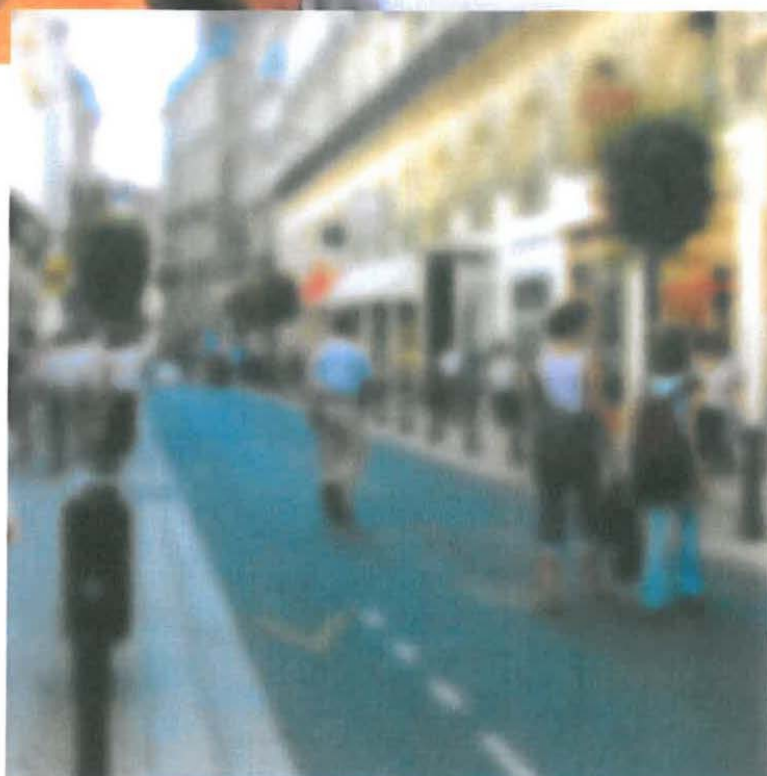


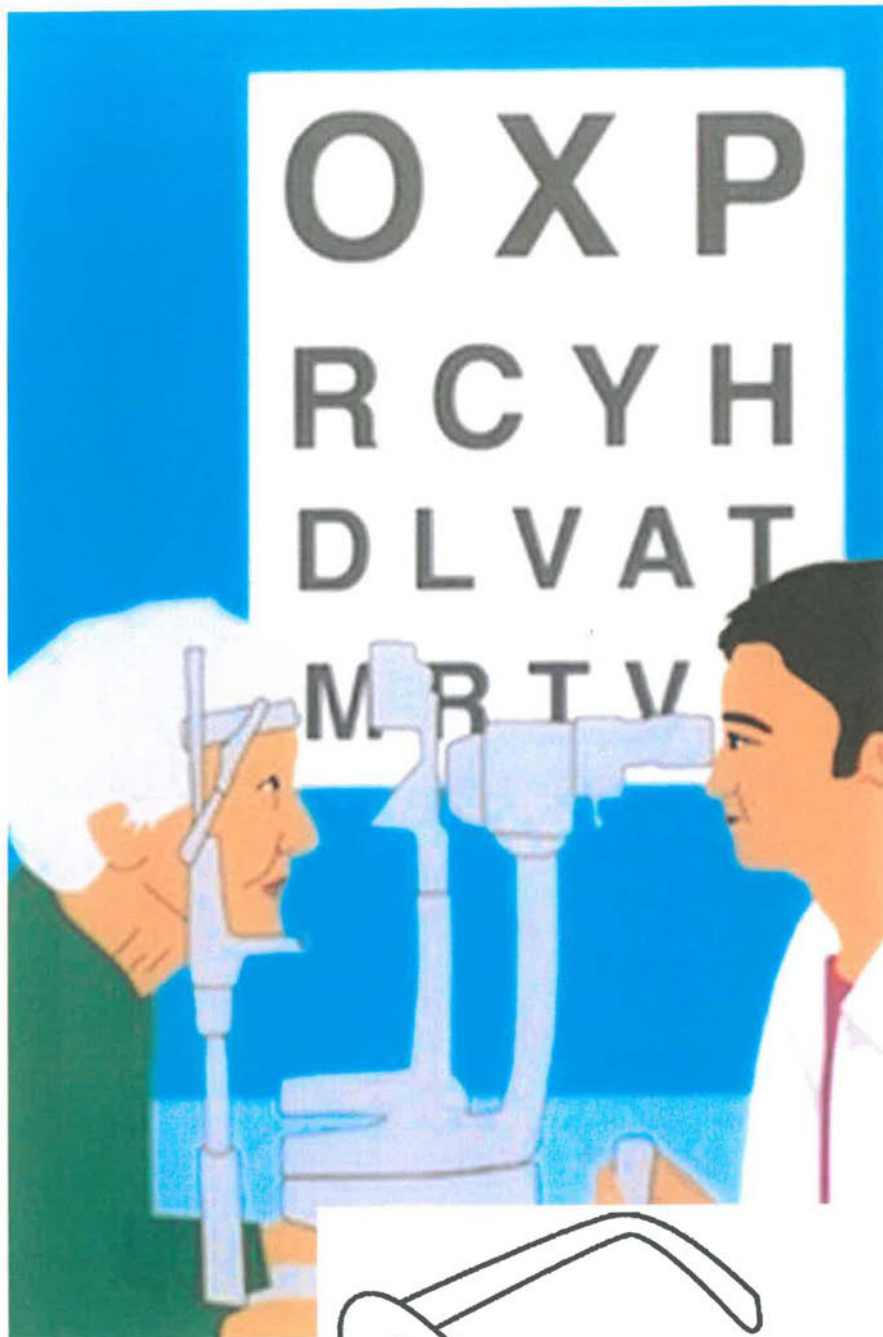








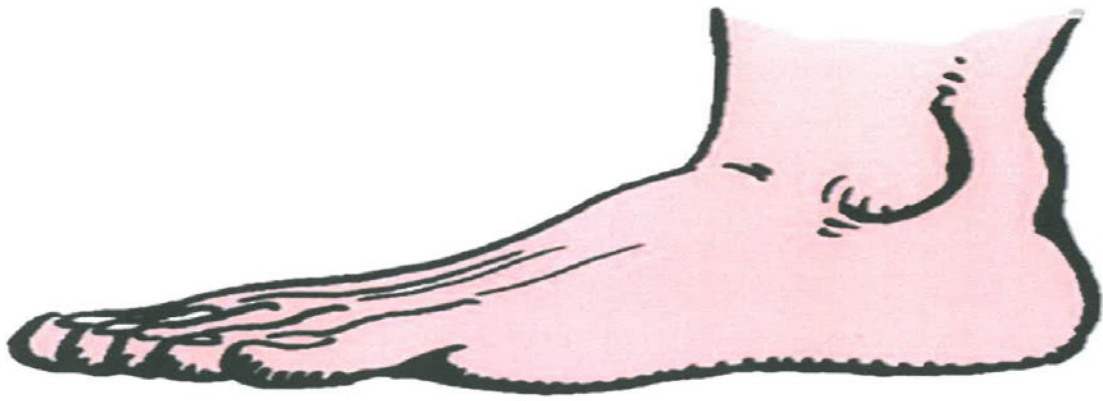


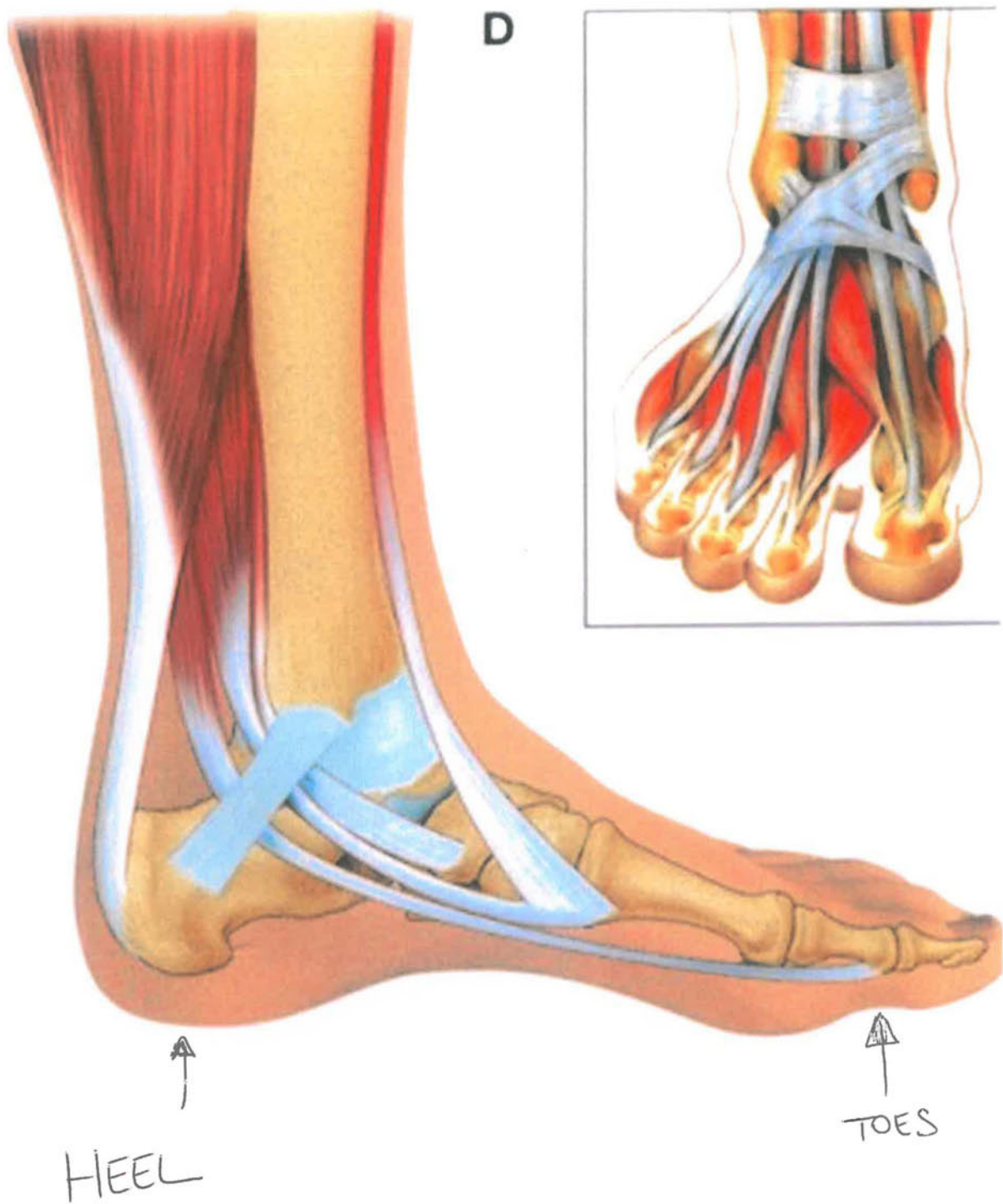












Trips and Falls

Education lead – Trips and falls					
<p>➔ Main Objective: to administer basic first aid in case of injury after trips and falls</p> <p>➔ Specific objectives:</p> <ul style="list-style-type: none"> ○ The participant is able to give “basic first aid” after falling injuries ○ The participant is able to put an injured arm into an arm sling ○ The participants is able to immobilize injured legs with a blanket ○ The participant is able to use special technique to get up alone ○ The participants theoretically know the difference between fracture, sprain and dislocation 					
Length	Unit	Objective	Pedagogical technique	Activity	Leading
2 min	Overview, story	Show, that it could be you!	Storytelling	Telling a story, allowing participants to imagine the scenario	Trainer
2 min	Question : what to do?	To think about the topic, what’s happening in case of emergency – step by step	Questioning	Write down correct answers on a flipchart	Trainer/participant
4 min	Emergency numbers Basic FA measures	Repetition of emergency numbers and questions	Puzzle	Put laminated cards into correct order (numbers, questions and words in emergency call)	Trainer/participants
6 min	Leg injury	Show correct measures	Demonstration	Demonstration – role play	Trainer
8 min	Dialogue – participants experiences and knowledge about the topic	Experiences, relating to reality/real life	Dialogue	Talk together about experiences	Trainer/participants
8 min	Statistics, theoretical input about topic	Information	Presentation	Presentation via ppt or flipchart	Trainer

15 min	Arm injury	Training	4 step approach	Roleplay in 4 steps	Trainer/participants
10 min	Leg injury	Training	Learning by doing	Roleplay in groups (2 persons)	Participants
15 min	Get up after falling alone	Training	Learning by doing	Demonstration and try out	Trainer/participants
5 min	Repetition, summary	Training	Presentation	Presentation via ppt or flipchart	Trainer

Trips and Falls

Objectives

➔ **Main objective:** to administer basic first aid in case of injury after trips and falls

➔ **Specific objectives :**

- 1) The participant is able to perform “basic first aid” - measures
- 2) The participant is able to put an injured arm into an arm sling
- 3) The participant is able to immobilize injured legs with a blanket
- 4) The participant is able to use special technique to get up alone
- 5) The participant theoretically knows the difference between fracture, sprain and dislocation and knows that first aid measures are not different!

Length:

75 minutes

Teaching material:

- Emblem
- Set of photographs/pictures (print or digital via video beamer)
- Chairs
- Flipchart + markers
- Prepared flipchart/ppt (arm injury)
- Prepared flipchart/ppt (leg injury)
- Prepared flipchart/ppt (sprains)
- Big question mark (cartoon)
- Emergency numbers (laminated)
- Basic first aid measures (laminated)
- Triangular bandages, blankets, towels

Unit sheet 1

Specific objective

→ Purpose : overview about the injuries, one example, emotional « it could be you »

→ Method : storytelling, role play, powerpoint/flipchart, dialogue, presentation

Length : 30 min

Sequences in the unit

Pedagogical technique	Material	Recommendations	Length
Tell a Story, try to bring « pictures and emotions » to the participants	Pictures fitting to the story	The trainer tells a realistic story with regional context (for example: Mrs Huber walks toward to “Jakes-Grocery”, wet weather, grandchild is ill and cannot help her, so she is stressed, wants to come home as soon as possible, slipping in the shop.....cannot move anymore → and now you (the participant) are/is over there - HELP!	2 min
Ask and collect correct answers on flipchart	Flipchart Big Question Mark (cartoon)	Question: What do you do now?	2 min
Trainer shows (similar to a roleplay) correct measures	Emergency numbers printed on A4 laminated papers	Repetition of the emergency call? Repetition of basic first aid measures (good position, fresh air, keep victim warm, psychosocial support)	4 min
Dialogue	Basic first aid measures – laminated pictures or digital (video beamer) blanket, ice, towel	The trainer should show all first aid measures in case of leg fracture – (one participant sitting on the floor as injured person, in the middle of the classroom)	6 min
Dialogue	Flipchart to write down different types of injuries	Trainer asks participants about their knowledge about the topic and about true stories already happened and how to prevent	8 min
Presentation	PPT or flipchart	Statistic about trips and falls (dependence to age and injury) Difference between fracture, dislocation, sprain – short form Hand out a triangular bandage to every participant	8 min

Unit sheet 2

Specific objective

- Purpose : training of measures, questions
- Method : 4-step approach, learning by doing

Length: 45 min

Sequences in the unit

Pedagogical technique	Material	Recommendations	Length
4 Step approach	Arm Sling via Triangular bandage for every 2 nd participant Participants manual	Show how to put an arm into sling 1) show 2) show slowly, tell what you do in easy understandable words 3) participants tell what to do step by step, trainer follows the instructions 4) participants perform themselves for at least 2 times	15 min
Learning by doing	Blanket and towel,etc. for every 2 nd participant Participants manual	Participant should immobilize a leg with a rolled blanket and administer basic first aid measures Participant should perform correct first aid in case of a sprain (for example elevation and cooling of a sprained ankle) Participants can use their manual for help	10 min

Learning by doing	Blankets chairs, tables	<p>Participant should lie down on the blanket in supine position!</p> <p>2 exercises:</p> <ol style="list-style-type: none"> 1) Try to get up with help of a colleague (everybody tries) <p>Now the trainer shows the special technique (go to an abdominal position, prop on forearm and raise up from knees, using a chair or table for help, sit down, stay calm) trainer emphasizes the importance of taking enough time for that!</p> <ol style="list-style-type: none"> 2) Every participant tries to get up alone using the techniques <p>Possibility to repeat, how to call EMS!</p>	15 min
Presentation	Video beamer/ Flipchart	Trainer talks in short form about other fractures/injuries which are mentioned in the manual and summarizes the correct first aid measures for all of those injuries	5 min

Sudden Illnesses in the older age group

Education lead for « Sudden illnesses in the older age group»

Main Objective: at the end of the session, the participant will be aware of risks and consequences of sudden illnesses such as strokes, angina, heart attacks, seizures

Specific objectives: to understand and know the symptoms of the indicated sudden illnesses and be able to initiate and provide adequate first aid measures

Length	Unit	Objective	Pedagogical technique	Activity	Leading
5 min	Introduction	Inform about the objectives and contents of the learning unit	Presentation with OHP / PPP chart	Presentation	Trainer
10 min	Strokes	To inform about symptoms, pathophysiology, consequences of a stroke and first aid measures	OHP/PPP presentation and dialogue with participants, possibly use of a film example and photo charts	Presentation plus questions and answers	Trainer
				First aid demonstration	
10 min	Angina	To inform about symptoms, pathophysiology, consequences of angina and first aid measures	OHP/PPP presentation and dialogue with participants, possibly use of a film example and photo charts	Presentation plus questions and answers, FA demonstration	Trainer
20 min	Heart attacks	To inform about symptoms, pathophysiology, consequences of heart attacks and first aid measures	OHP/PPP presentation and dialogue with participants, possibly use of a film example and photo charts, role play if adequate	Presentation plus questions and answers, FA demonstration, role play with instructions for patient, bystander and helper	Trainer
10 min	Seizures	To inform about symptoms, pathophysiology, consequences of seizures and first aid measures	OHP/PPP presentation and dialogue with participants, possibly use of a film example and photo charts	Presentation plus questions and answers, FA demonstration	Trainer

5 min	Conclusion	To give a whole picture of the topics	Summary	Ask to the participants to summarize	Trainer
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Sudden illnesses in the older age group

Objectives

➔ **Main objective:** at the end of the session, the participant will be aware of risks and consequences of sudden illnesses such as strokes, angina, heart attacks and seizures.

➔ **Specific objectives:**

- 1) To understand and know the symptoms of the indicated sudden illnesses
- 2) To be able to initiate and provide adequate first aid measures
- 3) To know the preventive behaviour

Length: 60 min

Teaching material:

- Chart and markers
- Multimedia Projector
- Laptop
- Projection Screen
- Electrical Extension
- Floor protection

Unit sheet 1: Introduction

Specific objective

- Purpose: to know the objective to be achieved at the end of the topic
- Method: presentation

Length : 5 min

Sequences in the unit

Pedagogical technique	Material	Recommendations	Length
Presentation	Flipchart	Present the objectives of the unit on a good visible chart and announce that you will refer to participants experiences and knowledge about sudden illnesses	5 min

Unit sheet 2: strokes

Specific objective

→ Purpose: To inform about symptoms, pathophysiology, consequences of a stroke and first aid measures

→ Method: presentation, questions and answers

Length: 10 min

Sequences in the unit

Pedagogical technique	Material	Recommendations	Length
Presentation plus questions and answers	Flipchart, laptop, LCD projector or OHP plus FA videos and charts Photo of the face of a stroke patient	Ask participants about their knowledge about strokes, the risk factors, symptoms and consequences Describe the symptoms, which can be suspicious for a stroke: <ul style="list-style-type: none"> - Feeling that one side of the face is paralyzed and/or inability to smile or show the teeth evenly - Inability to move one or more limbs, often on one side - Problems with speech - Headache - Feelings of confusion and upset - Problem with swallowing - Sudden or gradual loss of consciousness 	5 min
First aid demonstration		Explain the FAST memo Describe and demonstrate the appropriate first aid measures: <ul style="list-style-type: none"> ▪ positioning of the patient in comfortable flat position (semi-sitting or semi-prone) ▪ ask the victim to refrain from physical activity ▪ monitor level of consciousness and response breathing, regularly until help arrives. In case of altered consciousness place the person in recovery position 	5 min

Unit sheet 3: angina

Specific objective

- Purpose: To inform about symptoms, pathophysiology, consequences of angina and first aid measures
- Method: presentation, questions and answers

Length: 10 min

Sequences in the unit

Pedagogical technique	Material	Recommendations	Length
Presentation plus questions and answers First aid demonstration		<p>Ask participants about their knowledge about angina, the risk factors, symptoms to suspect angina and consequences:</p> <ul style="list-style-type: none">- Chest pain- Pain that comes on with exercise or emotion- Pain that is relieved by rest- Pain that sometimes spreads into one or both arms, or even in the upper abdomen- Anxiety and shortness of breath. <p>Describe and demonstrate the appropriate first aid measures:</p> <ul style="list-style-type: none">- ensure a comfortable positioning- suspect a heart attack, if the person is not relieved by rest- monitor breathing and level of response- ensure urgent emergency call	10 min

Unit sheet 4: heart attacks

Specific objective

- Purpose: To inform about symptoms, pathophysiology, consequences of heart attacks and first aid measures
- Method: presentation, questions and answers, FA demonstration, role play.

Length: 20 min

Sequences in the unit

Pedagogical technique	Material	Recommendations	Length
Presentation plus questions and answers	Flipchart, laptop, LCD projector or OHP plus FA videos and charts	Ask participants about their knowledge about heart attacks, the risk factors, symptoms and possible consequences	20 min
First aid demonstration	Short movie on heart attack	Initiate possibly a short role play with instruction cards for patient, bystander and helper	
Role play		Describe and demonstrate the appropriate first aid measures, allow participants to practise the positioning of a heart attack patient.	

Unit sheet 5: seizures

Specific objective

- Purpose: To inform about symptoms, pathophysiology, consequences of seizures and first aid measures
- Method: presentation, questions and answers

Length: 10 min

Sequences in the unit

Pedagogical technique	Material	Recommendations	Length
Presentation plus questions and answers First aid demonstration	PPP/OHP chart on seizures or photo of a patient with seizures or short film	<p>Ask participants about their knowledge about seizures, the risk factors, symptoms and consequences</p> <p>Describe the appropriate first aid measures, especially self-injury protection, calming down the patient and bystander, in case of unconsciousness side positioning and close monitoring</p> <p>Describe and demonstrate First Aid measures:</p> <ul style="list-style-type: none">- comfortable positioning- monitor breathing and responsiveness- if the person takes any special medicine, encourage him or her to take it- urgent emergency call- in case of unconsciousness - apply side positioning- in case of cardiac arrest and stop of breathing, start CPR and use AED <p>Summarize the contents of the session and refer to relevant chapters on FA brochure and repeat the elements and national phone numbers for an emergency call</p>	10 min

Unit sheet 6: conclusion

Specific objective

- Purpose: to give a whole picture of the topics
- Method: summary

Length: 5 min

Sequences in the unit

Pedagogical technique	Material	Recommendations	Length
Summary		Summarize the contents of the session and refer to relevant chapters on FA brochure and repeat the elements and national phone numbers for an emergency call	5 min

Medicines

Medicines

Advances in the development of medications have played a major part in improving the quality and extending the life of many people in our society. Many older people rely on tablets and other medication to maintain their well-being.

Taking medicines must follow precise rules, described in the prescription given by the doctor. Taking medicine is not a trivial matter. Carelessness or a lack of caution may have a negative impact on one's health and therefore on quality of life.

A short story

"This is the story of Christophe Martin, 84. He has been a widower for 12 years. He lives alone in his house in the city center of Brest. He has got two children, they live in the Paris area, and they speak to their father on the phone every day. A home helper visits him twice a week and a nurse comes every morning to give him his insulin injection.

He walks with a cane (he suffers from arthritis in the right knee). He does the shopping, cooks the meals and takes medicines by himself: treatment for a heart rhythm disorder, eye lotion (glaucoma), analgesic (arthritis) and a vasodilator for memory trouble. In November he goes to the dentist. He feels discomfort because of the new tooth filling and he eats less than usual. At the beginning of December he also suffers a painful flare-up of arthrosis. He speaks with his chemist who advises him to take paracetamol. The nurse notices a lowering of his Blood Sugar level. As he feels tired M. Martin asks his home helper to do the shopping for him. He keeps on saying to his children that everything is fine. A week later, in mid-December, he falls when getting up. Unable to get back on his feet he has to go the hospital".

This story underlines the risk factors associated with taking medicines: lack of communication between the different health professionals (the dentist should have informed the doctor about the new filling and about any loss of appetite so that the doctor could adjust the dosage in the current treatment), lack of attention given to early symptoms, such as loss of appetite, fatigue.. (the home helper as well as the nurse should have alerted the doctor), self-medication (M. Martin asks his chemist for advice, who should have checked the compatibility between Paracetamol and the other current medications that Mr. Martin was taking) and also his willingness to hide how he really feels ("I feel well, don't worry" keeps on saying Mr. Martin).

Fortunately for Mr. Martin, this is just a story and fortunately most of the professionals act wisely. Sensible people refrain from self-medication and inform their relatives about their health condition in an honest way.

Risks associated with the taking of medicines

▪ Drug poisoning

If an older person does not comply with the doctor's prescription it may lead to drug poisoning or intoxication. This non-compliance may be voluntary or accidental. The person may have:

- Taken medicines in too large quantity (overdose)
- Mistaken his medicines with those of his spouse
- Involuntarily mixed up medicines with interfering products (e.g. alcohol)

- Taken a medicine in an unusual way (mistake on how to take the medicine)

The poisoning will be more or less severe depending on the properties of the medicine(s), the dosage, the mixings and the health condition of the person taking them.

Eg: An overdose of Paracetamol can lead to liver problems; high doses of medicines prescribed against gout may cause heart rhythm disorders, overdose of sleeping pills may lead to drowsiness and even to coma.

What are the signs of drug poisoning?

Vomiting, nausea, breathing difficulties, changes in the level of consciousness.

What to do when you suspect a drug poisoning?

Call for medical help immediately.

▪ **Adverse effects of medicines**

Taking medicines may induce a risk of adverse effects. The older people may be taking a number of medicines for chronic conditions such as heart disease or diabetes and so are more exposed to adverse effects of medicines.

The symptoms of adverse effects of medicines are very diverse and may be difficult to identify. “Falls, cognitive disorders, lowered alert levels or memory loss in an older person may be due to the adverse effect of medicine”, emphasize health specialists. Medicines responsible for these symptoms are mainly cardiovascular, psychotropic, anti-coagulant and non-steroidal anti-inflammatory drugs.

If an older person is disturbed by side effects of a medicine or if she suffers from side effects that are harmful to her life, encourage the person to call her doctor to let him know and to ask his advice.

Remind the person how important it is when consulting a doctor, a chemist or any other health professional to inform them about all other prescribed treatments or any over-the-counter medicines that they are taking, such as Paracetamol.

What are the risk factors?

- Number of medicines

> 4 medicines: risks of adverse effects multiplied by three

> 65 years old, on average: 4,5 medicines / day for people at home

- Self-medication (stocks in medicine cabinets)
- Knowledge of the prescribed treatment: 1 out of 2 persons do not truly understand the treatment
- Lack of information: 1 out of 2 older persons do not know what the medicines are used for.
- Fragile older person: visual deficiency, troubles with memory loss.
- Change in the older person's situation (acute pathology, eg: fever), bereavement, weather conditions
- Change in the prescription (dosage, presentation, stopping / introducing a medicine.

What are the symptoms related to adverse effects?

- Skin disorders, such as rash
- Neuropsychic disorders (mental confusion, drowsiness)
- Cardiovascular effects (higher or lower blood pressure or slower or faster heart rate)

▪ **Self-medication**

Self-medication refers to buying medicines over-the-counter at the pharmacy without prescription (eg: Paracetamol) as well as taking medicines that have been taken by someone else or from a previous treatment: ‘I have heartburn. Last time this medicine was good to relieve the pain. There are some pills left, I should take some’.

What are the risks of self-medication?

Wrong diagnosis: you feel the same symptoms as a previous time but despite appearances the cause may be completely different. The previously taken medicine will thus have at best no effect, at worse it may aggravate your condition for example by interfering with other drugs you take.

- Risk of interaction with other treatments that may lead to severe poisoning.
- Risk of adverse side effects.

Tips for managing medicines

What you should do:

- Follow the prescription by reading the enclosed package leaflet.
- Leave medicines in their original packaging.
- Keep your medicines in a safe place and out of the reach of children.
- Use a pill box in which you can keep the medicines in their original packaging so you always see the name.
- Regularly check the expiry date of medicines, especially those you do not use regularly.
- Bring back to your chemist expired or partly used boxes of medicines.

What you should not do:

- Do not leave any medicines lying around.
- Do not prepare your medicines in advance in a plate or in a glass.
- Do not keep too large a quantity of medicines.
- Do not change your prescription.
- If you see several doctors, inform them about which medicines you take.

Tips for taking medicines

Make sure the person has all the information necessary for the correct use of the medicine. Whenever possible, capsules and tablets should be taken standing up or in an upright sitting position. Capsules and tablets should be taken with water.

Diabetes

Diabetes

Definition

Diabetes is characterized by too much glucose (sugar) in the blood, which is called hyperglycemia. Around XXX people (*insert national statistics*) have been diagnosed with diabetes in YYYY.

Causes

Glucose, provided by food, is an essential energy source for our cells, in particular for brain and muscles. It is the insulin, a hormone produced by the pancreas, which helps glucose enter the cells where it can be stored or used to give the body energy. Without insulin, glucose remains in the blood stream and cannot be used. Over time, having too much glucose in the blood can cause many health problems.

In the case of people with diabetes, the pancreas does not produce enough insulin, or does not produce at all; or the insulin produced is not effective in removing glucose from blood.

Diabetes is classified in categories: type 1, type 2, gestational diabetes on other specific types.

Type 1 diabetes -also called insulin-dependent diabetes

- Cause: destruction of the insulin-producing cells in the pancreas.
- Onset: generally at the early stage (children/teenagers) of life with sudden development, it can occur until the age of 40.
- Symptoms: excessive thirst, frequent urination, weight loss, fatigue.
- Treatment: daily injections of insulin - according to the glucose blood levels - will help glucose move from the bloodstream into cells and thus keep the blood sugar level normal, allowing the storage or production of energy from cells.
- Represents 5 to 15% of diabetes cases

Type 2 diabetes-also called noninsulin-dependent diabetes

- Cause: genetic cause + wrong diet and failure to exercise (overweight). The pancreas does not make enough insulin to keep blood glucose levels normal and also because the body does not respond well to insulin. It usually begins as insulin resistance, a disorder in which the cells do not use insulin properly. Permanent high glucose blood levels lead to an increase in insulin needs which leads to the gradual loss of pancreas insulin production.
- Onset: over 40 years generally
- Treatment: a healthy lifestyle should always be the first step and then if necessary medication.. The use of medicine that helps reduce sugar level in blood is often necessary and may be sufficient at the beginning of the disease.

There are three types of medicine (pills); each of them aiming for different results:

- o Stimulating the production of insulin by pancreas
- o Helping tissues use insulin to absorb glucose

- Slowing down the absorption of sugar by intestine

These different medicines may be used alone or in combination for more efficiency. According as the illness progresses, this medication may be completed or replaced by insulin injections.

- Rate: It is the most common type of diabetes and it accounts for around 90% of all cases of diabetes.

Consequences of diabetes

There are many consequences of diabetes for health. It is initially asymptomatic but if not monitored and controlled can quickly evolve to complications in various parts of the body.

Long term complications

- Small blood vessels:
 - In the eyes: Retinopathy, which manifests itself in visual impairment and may lead to complete blindness. Diabetes is the most common cause of blindness in adults;
 - In kidneys: Nephropathy (can lead to Chronic Renal Failure): the kidneys do not function normally anymore and cannot filter the blood correctly, the body becomes poisoned. Long term treatment may lead to dialysis or even kidney transplantation.
- Large arteries: diabetes is a major risk in cardiovascular diseases such as heart attack, stroke or arteritis (blocking of arteries supplying blood to the lower limbs)
- Nerves and feet: Diabetic Neuropathy: this is responsible for pain in the legs, quite difficult to relieve. Its frequency increases depending on how long the person has been diabetic and their age. If you have damaged nerves in your legs and feet, you might not feel heat, cold, or pain. If you do not feel a cut or sore on your foot because of neuropathy, the cut could get worse and become infected, and this may in turn lead to amputation.
An older person suffering from diabetes should be very careful with the health of their feet and should consult a professional foot care specialist.

Short term complications

Hypoglycemia (low blood sugar level) and hyperglycemia (high blood sugar level) are the two most common, yet threatening, diabetes-related emergencies experienced by the elderly.

Treatment of diabetes

To measure the efficiency of the treatment and of other helpful measures (diet, healthy lifestyle), people with diabetes will have to control and measure their blood sugar (glycaemia) levels several times a week (if they only take oral drugs and if the disease is in an early stage and under control) or several times every day if they are insulin-dependent (to adapt their insulin dose). They will be able to adjust their medication (depending on food, physical activity, stress..) and keep their level of blood sugar as close to the normal level as possible. The control of glycaemia is extremely important as it prevents diabetic complications. The capillary blood sampling is done using a lancing device: after getting a drop of blood, you just put it on test strip and await the result.

The person with diabetes is usually familiar with this procedure and has his own testing kit.

Diabetic attacks

Hypoglycemia (low blood sugar level) and hyperglycemia (high blood sugar level) are the two most common, yet threatening, diabetes-related emergencies experienced by the old people having diabetes.

- Hyperglycemia

Hyperglycemia, or high blood sugar levels, occurs when the body lacks insulin or cannot use insulin properly. It may be caused by too much food, eating/drinking some food/drink (eg: alcohol) lack of exercise, physical or psychological stress, and certain medications.

Hyperglycemia may develop slowly and may be asymptomatic (no obvious symptoms) over a long period (several days)

Signs and symptoms of hyperglycemia

- Frequent urination
- Excessive thirst
- Nausea
- Dehydration symptoms: loss of weight, tightening of the skin, drying of mucous membranes, accelerated heart rate, low blood pressure, confusion,
- Drowsiness and gradual loss of consciousness in later stages

What to do?

If possible, make a quick measurement of the glucose level with the blood glucose test device. Call your doctor or call for Emergency Services. They will be able to confirm the diagnosis if necessary. The symptoms of hyperglycemia may often be confused with the symptoms of a heat stroke.

- Hypoglycemia

Hypoglycemia occurs when blood sugar levels drop below normal levels. Hypoglycemia is typically the result of too much insulin/diabetes medication or a missed meal. It can also be caused by meals with an insufficient amount of carbohydrates, a strenuous activity, drinking too much alcohol. It might be caused by fever and diarrhea.

Hypoglycemia can occur in diabetics:

- who have not eaten enough or who have vomited causing there to be less sugar in their blood
- who have endured an intense physical activity or stress: their body has used up more sugar
- who have taken too much medication

If no treatment is given the person may collapse and have a seizure. The person with diabetes is usually aware of this risk and should always have sugar sweets or some other source of quick sugar. But the attack may be re-occurring or severe: the help of a third person may be required and tell your friends and relatives what the alarm signs are and what to do.

Signs and symptoms of hypoglycemia

Hypoglycemia is a sudden event with typical symptoms:

- hunger, headache
- fatigue

- tachycardia, fast pulse or palpitations
- nervousness, anxiety, shakiness
- sweating
- paling skin
- blurred vision,
- tingling the lips,
- behavior that may be similar to the signs of intoxication: agitation, aggressiveness, uncoordinated movements, confusion.

What to do?

In people with diabetes the risk of developing a cardiovascular disease is three times higher than in people who do not have diabetes.

Ask the person with diabetes to check their sugar level. They normally carry their own blood sugar testing kit.

Encourage the person to eat or drink a sugar product (sugar lumps to take with a glass of water or sugar containing meal). The amount varies from a person to another, it is important to avoid food and drink containing fat. The effect will be rapid, the glucose entering the blood as soon as it is ingested by the mouth. However the effect will not last long: once the sugar has been “burnt” the victim may collapse again due to hypoglycemia. It is important to prevent that blood levels drop again so a snack may be necessary. The person will have to absorb slow sugars such as bread, pasta, starch. If the person is unconscious or unable to swallow, nothing should be given by mouth.

Seek medical advice.

Conclusion

The best prevention is to follow your doctor’s advice regarding your treatment and to lead a lifestyle that is beneficial to your condition.

Do not ever hesitate to check your blood sugar levels or to mention any change in your health condition to your doctor. This will help to avoid any deterioration in your condition that might have more severe consequences.

Hearing and visual impairments

Hearing and visual impairments

Visual and hearing impairments are common amongst older people and tend to increase with advancing age. Consequences of this can be both physical and psychological: poor sight and hearing can impact on a person's ability to communicate and there can be a sense of isolation and being ignored especially in a group setting.

On a practical level, there can be an increased risk of injuries such as burns, cuts and broken bones. Due to the loss of sight the older person is at a disadvantage and can have difficulty seeing an object lying on the floor or the pavement. The lack of clear vision, shadowed areas and/or blurred vision can create anxiety among the older person. The same consequences will be noticeable due to a lack of hearing: "I did not hear the bicycle arriving behind me. I was surprised, I was startled and almost fell".

The loss of hearing and visual capabilities can add together, increasing the discomfort, the communication difficulties and the risks of accident. Nowadays there are solutions that can improve the lives of people affected by hearing and visual impairments. Encourage the participants to ask their doctor, insurance company and other health professionals to find the best suited solution to their needs.

Remind them that in case of a health problem they should not hesitate to ask people to repeat what they said or to explain what they will do. Rescuers, first aiders and health professionals are aware of the problems that older people may suffer from and they will be particularly patient and understanding.

Advise the participants to go to an otolaryngologist or an ophthalmologist to make a diagnosis and treat at the early stage of the troubles.

1. Hearing impairments

Deafness is a common problem in later life. Most older people have a gradual and progressive loss of hearing that impairs understanding of speech and affects both ears. If the loss of hearing is not compensated for, it will rapidly lead to communication problems. The presence of ear wax is frequent so it should be advised to start by this.

"I could not properly hear what the person said; I do not know what to answer. I doubt myself and my answer. Feeling uneasy I try to shorten the conversation".

"When surrounded by several people, I have some difficulty in identifying the voice of the speaker. I can just catch some words; everything is confused in the general hubbub. I am reluctant to take part in this kind of social interaction anymore."

1.1 Levels of hearing loss

- **Mild hearing loss**

The person is unable to hear sounds below 30 decibels: whispering, forest or rain noises, They experience difficulty in following conversations if people are not close or if there is background noise.

- **Moderate hearing loss**

Moderate hearing loss is the next level of hearing loss. The person is unable to hear sounds below 50 decibels (noise of a washing machine). The person may need to wear hearing aids to hear normal conversation clearly.

- **Severe hearing loss**

Severe hearing loss is experienced by people who have difficulty with noise levels below 80 decibels (noise of a Hoover). Hearing aids may be useful in some cases but insufficient in others.

- **Profound hearing loss**

Profound hearing loss is generally indicated by persons who are unable to hear sounds below 95 decibels but also who cannot hear any sound at all.

1.2 Organisational recommendations for a trainer teaching older participants that may suffer from hearing problems

- Choose a training room with as little echo as possible, in a calm environment. Set up the training group away from all sources of background noise: coffee machine, open space
- Speak out slowly, clearly and loudly.
- Use a board to write down the key words/messages.
- During group discussions, set up the chairs in a circle, ask the participants to speak in turn and to avoid parallel discussions.
- In case of multiple questions, emphasize which point you are answering.
- When you answer a question, first repeat the question facing the audience. The questions asked by a participant may not be clearly heard by others and the answer may thus not make sense to them.
- All visual aids will greatly help hearing-impaired people. Try as much as possible to illustrate your words with photographs, drawing or diagrams.

1.3 Interpersonal recommendations

- Do not speak to an adult with impaired hearing as you would do to a child.
- Be patient
- When you speak to an older person with hearing difficulty, speak a little bit louder but do not shout. Sounds can rapidly become unbearable for the person, even painful. It will also cause upset for the other participants.
- If the person has trouble understanding a word or phrase, do not repeat it endlessly but try to choose alternative words or write it down.

1.4 Technical recommendations to teach first aid programmes

- **Protection**

Pay particular attention to people fitted with hearing aids when teaching the emergency rescue in the case study, particularly when grasping their wrists.

- **Alert**

Collect information on existing procedures in your country for deaf or hearing-impaired people.

Encourage the participants to record an emergency message on their mobile phone (eg: "My name is Thomas Dupont, I have hearing difficulty. My address is 33, Rue des Fleurs Paris. I am victim / witness of a heart attack / accident. I need help").

Eg. In France: 114 is the free national emergency number for deaf or hearing-impaired people to give the alert via SMS or telecopy.

- **AED use**

Encourage the participants to observe the text instructions on the machine, on the dial, or the flashing buttons.

2. Visual impairment

With progressing age, visual difficulties may appear. The visual problems come gradually due to common diseases that emerge becoming older (e.g. cataracts). If the loss of sight is sudden or severe, it can be a great shock to the person or to his immediate family. It will affect the person's mobility and personal relationships. Yet if the change in eyesight is slow, it may be neglected or underestimated by the affected person.

The loss of visual ability may rapidly shrink the person's environment: "I prefer using routes that I am familiar with. I'm afraid of unknown places, I fear getting lost."

It may also engender communication difficulties: "I met someone today in the street. The person waved to me but I could not recognize her. I did not wave back. What must she think of me?"

The loss or partial loss of eyesight may be partly corrected by learning to adapt or by using functional adjustments but with advancing age, it becomes more and more difficult to learn these new ways because they require us to change our habits or they involve other sensitive parts of the body.

2.1 Most common visual impairments related to age

- **Age-related macular degeneration (AMD):**

AMD is characterized by degeneration of the macula, the area of the retina responsible for central vision. While peripheral or side vision remains unaffected, macular degeneration causes changes in central vision. People suffering from AMD have trouble reading, driving, watching TV and recognizing faces. Generally, AMD begins around 55 years old and progresses step by step. Its progression leads to the "blindness of reading". Some of the risks factors are: the age, smoking, hypertension, vitamin deficiencies and UV exposure.

- **Glaucoma:**

This is a group of eye diseases characterized by damage to the optic nerve - caused by the high intraocular pressure - resulting in vision loss. People suffering from glaucoma experience loss in their field of vision and may be affected in their daily activities and moving about. If not treated early, glaucoma can cause vision loss and blindness.

- **Cataracts:**

This is a common cause of vision impairment in the old people and the most common cause of blindness worldwide. It refers to cloudy areas in the eye's lens causing blurred or hazy vision. The most common cause is ageing but also chronic or systemic diseases such as diabetes

- **Diabetic Retinopathy:**

As the name suggests, this is an eye problem linked to diabetes. It occurs when diabetes damages the small vessels of retina. It can cause "blind spots," blurring, and vision loss. Vision may change from day to day or

even from morning to evening. This "changeable vision" can interfere with many, if not most, everyday activities. A diabetic person should make eyes check-up regularly in order to detect changes at the early stage.

2.2 Organisational recommendations for a trainer teaching older participants that may suffer from visual problems

- When setting up the training room, bear in mind that the vision of elderly people may be hindered with poor or direct lighting.
- Allow participants to familiarize themselves with the class room before the training starts. It will make them feel more confident and will contribute to greater participation and help them in learning. During the course of the training you will then have to be careful not to move the furniture or equipment so that participants do not become confused.
- If you use written visual aids (posters), make sure that any visual-impaired participants can read them. Read out everything you write down on the board.
- Make sure that the documents you hand out can be read by everyone. When teaching with visual impaired persons, we recommend using a 12 point Arial font with good spacing between paragraphs (25 points).

2.3 Interpersonal recommendations

When you speak to a person with visual impairment, use a rich and varied vocabulary with lots of synonyms and metaphors so that the person will be able to "visualize" your words.

When a person with visual impairment asks you for help, give her your arm. Never push her forwards, always walk in front of her. Pre-warn her about any obstacles that she will encounter: stairs, furniture etc..

2.4 Technical recommendations to teach first aid programmes

▪ **Protection**

The safety of the older person with visual impairment trying to administer first aid to a victim (husband, wife..) is a crucial issue. A second accident must be avoided ("I tried to come closer to the person lying on the ground, I missed the pavement step") or making the situation worse ("I did not see the knife that hurt my husband and I cut myself too").

▪ **General recommendations that may apply for any topic**

Visual loss may be compensated by the help of a third person. Encourage the older person to obtain from other participants all the information she may need to know in order to perform the task. Likewise she can indicate to the other participants what to do if she is unable to perform the gestures herself.

Environmental effects

Education lead for “Environmental effects”

Main objective: at the end of the topic, the learner must be able to take preventive measures to avoid over-exposure to hot or cold environments, as well as identify and assist victims or him/herself of over-exposure to these environments.

Transversal objective: identify hazards, reference preventive measures and first aid actions to be taken.

Specific objectives: 1. Identify thermal environmental health hazardous conditions. 2. Describe preventive measures in hot environments 3. Describe preventive measures in cold environments 4. Identify clinical situations due to over-exposure to hot environments 5. Identify clinical situations due to over-exposure to cold environments 6. Demonstrate the assistance required for victims of hot environment exposure

7. Demonstrate the assistance required for victims of cold environment exposure

Length	Unit	Objective	Pedagogical technique	Activity	Leading
5 min	Introduction	To know the objective to be achieved at the end of the topic	Lecture US 1	Discovery	Trainer
10 min	Dangerous hot environments and preventive measures	Identify hot environmental conditions potentially hazardous to health and describe preventive measures to be taken.	Questioning US 2	Discovery - Learning	In group guided by the trainer
				Synthesis	
35 min	Hot environment problems	Identify a victim of over exposure to hot environment and provide necessary first aid	Simulation exercise Interactive lecture Discussion US 3	Discovery - Learning	In group guided by the trainer
				Synthesis	
10 min	Dangerous cold environments and preventive measures	Identify cold environmental conditions potentially hazardous to health and describe the necessary preventive measures.	Questioning US 4	Discovery - Learning	In group guided by the trainer
				Synthesis	
25 min	Cold environment problems	Identify a victim of over exposure to cold environment and provide necessary first aid	Interactive lecture Discussion US 5	Discovery - Learning	In group guided by the trainer
				Synthesis	
5 min	Summary and conclusion conclusion	knowledge consolidation	Interactive lecture US 6		In group guided by the trainer

Environmental effects

Objectives

- ➔ **Main objective:** at the end of the topic, the learner must be able to take preventive measures to avoid over-exposure to hot or cold environments, as well as identify and assist victims or him/herself of over-exposure to these environments.
- ➔ **Transversal objective:** identify hazards, reference preventive measures and first aid actions to be taken
- ➔ **Specific objectives:**
 - 1) Identify thermal environmental health hazardous conditions.
 - 2) Describe preventive measures in hot environments
 - 3) Describe preventive measures in cold environments
 - 4) Identify clinical situations due to over-exposure to hot environments
 - 5) Identify clinical situations due to over-exposure to cold environments
 - 6) Demonstrate the assistance required for victims of hot environment exposure
 - 7) Demonstrate the assistance required for victims of cold environment exposure

Length: 90 min

Teaching material:

- Chart and markers
- Multimedia Projector
- Computer
- Projection Screen
- Electrical Extension
- Floor protection
- Towels
- Water Bottle

Unit sheet 1: Introduction

Specific objective

- Purpose: to know the objective to be achieved at the end of the topic
- Method: lecture

Length : 5 min

Sequences in the unit

Pedagogical technique	Material	Recommendations	Length
Lecture		Announcing the theme and the main objective: "At the end of the topic the learner must be able to take preventive measures against over-exposure to hot or cold environments, as well as identify and deliver first aid to victims suffering from over-exposure to hot or cold environments."	5 min

Unit sheet 2: Dangerous hot environments and preventive measures

Specific objective

- Purpose: identify hot environmental conditions potentially hazardous to health and describe preventive measures to be taken.
- Method: questioning, brainstorming.

Length: 10 min

Sequences in the unit

Pedagogical technique	Material	Recommendations	Length
Questioning	Chart and markers	<p>The trainer encourages learners to participate to obtain examples of hot environments with risk to health, using the technique of brainstorming.</p> <p>The trainer notes some key points. A few of these are:</p> <ul style="list-style-type: none">- Exposure to sun,- Sauna,- Places with higher temperatures than what people are used to (Eg. Tourists)- Heat wave: example, when maximum temperature is higher than 30° C for 3 consecutive days (to be adapted to the country)- Mention that excessive physical activity in this environment carries a higher risk. <p>The trainer encourages learners to participate in order to obtain examples of preventive measures to be taken in relation to hot environments.</p> <p>Trainer notes some examples, among which are:</p> <ul style="list-style-type: none">- Avoid / reduce / control over-exposure to the sun, hot environments and physical activities.- Wear a hat and appropriate clothing to protect from the sun and allow air circulation.- Drink fluids regularly throughout the day. Do not consume alcoholic drinks.- Pay attention to weather reports.- Ask for advice from Doctors or other healthcare professionals.	10 min

Unit sheet 3: Hot environment problems

Specific objective

- Purpose: identify a victim of over-exposure to a hot environment and provide the necessary first aid.
- Method: simulation exercise, interactive lecture, questioning and discussion.

Length: 35 min

Sequences in the unit

Pedagogical technique	Material	Recommendations	Length
Simulation exercise	<ul style="list-style-type: none">▪ Floor protection▪ Towels▪ Water Bottle▪ Mobile phone	<p>Ask a student to participate in a role-play as a heat stroke victim, and ask 2 others to be first aid helpers</p> <p>After the role play and the debriefing, develop with the learners the ideal way to approach this type of situation</p> <ul style="list-style-type: none">- Safety- Victim psychological support- Victim exam- Alert (emergency services)- Delivery of first aid : remove the victims from the hot environment if possible and cool the victim with water spray	20 min
Interactive presentation	<ul style="list-style-type: none">▪ Multimedia Projector▪ Computer▪ Projection Screen▪ Electrical Extension	<p>The trainer delivers an interactive presentation and initiate a questions and answers session about heat stroke.</p> <p>Define as this is where the body becomes rapidly overheated losing the ability to regulate temperature. It could be accompanied with physical and neurological symptoms.</p> <p>The victim may show:</p> <ul style="list-style-type: none">- Strange behavior, headache, dizziness, hallucinations, confusion, agitation, disorientation, coma- High body temperature- The absence of sweating, with hot red or flushed dry skin- Difficulty breathing- Nausea, vomiting, fatigue, weakness	5 min

Interactive presentation	<ul style="list-style-type: none"> ▪ Multimedia Projector ▪ Computer ▪ Projection Screen ▪ Electrical Extension 	<p>The trainer delivers an interactive presentation and initiates a questions and answers session about first aid actions</p> <ul style="list-style-type: none"> - If possible provide a cool and airy environment for the victim. - The victim should be doused with copious amounts of cold water, sprayed with water, fanned, covered with ice towels or have ice bags placed in the armpits and groin area. Be careful not to over-cool - If there is no improvement, call for emergency services. 	5 min
Interactive presentation	<ul style="list-style-type: none"> ▪ Multimedia Projector ▪ Computer ▪ Projection Screen ▪ Electrical Extension 	<p>The trainer delivers an interactive presentation and initiates a questions and answers session about heat syncope.</p> <p>Define as a milder form of heat-related illness that can develop after exposure to high temperatures, resulting in excessive loss of salt and water from the body through sweating.</p> <p>The victim may show:</p> <ul style="list-style-type: none"> - Heavy sweating - Paleness - Muscle cramps - Tiredness, weakness - Dizziness - Headache - Nausea or vomiting - Fainting - Cool, moist skin <p>As first aid measures:</p> <ul style="list-style-type: none"> - Remove the victims from the hot environment if possible and/or cool the victim with a fan, ice bags, or water spray. Lie the victim down. - Oral rehydration with a salt-containing beverage. - If required, call for emergency services. <p>The trainer compares keywords noted after brainstorming preventive measures with the issues addressed during the presentation and fill in if necessary.</p>	5 min

Unit sheet 4: Dangerous cold environments and preventive measures

Specific objective

- Purpose: identify cold environmental conditions potentially hazardous to health and describe preventive measures to be taken to avoid over-exposure to these conditions.
- Method: questioning

Length: 10 min

Sequences in the unit

Pedagogical technique	Material	Recommendations	Length
Questioning	▪ Chart and markers	<p>The trainer encourages learners to participate to obtain examples of cold environments with risk to health, using the technique of brainstorming.</p> <p>The trainer notes some key points, a few of which are:</p> <ul style="list-style-type: none">- Cold environment exposure,- Exposure to cold environments aggravated by wind and / or wet clothes.- Cold Wave: example when the minimum temperature is less than +4 ° C for 2 consecutive days in Portugal (to be adapted to the country) <p>The trainer encourages learners to participate in order to obtain examples of preventive measures to be taken in relation to cold environments.</p> <p>Trainer notes some examples, among which are:</p> <ul style="list-style-type: none">- Avoid / reduce over-exposure to these cold environments- Stay dry- Wear several clothes layers- Protect the extremities (hands, feet, nose, ears)- Do not consume alcoholic drinks- Pay attention to weather reports- Request advice from Doctors or other Healthcare professionals.	10 min

Unit sheet 5: Cold environments problems

Specific objective

→ Purpose: identify a victim of over-exposure to a cold environment and provide the necessary first aid treatment.

→ Method: interactive lecture and questioning

Length: 25 min

Sequences in the unit

Pedagogical technique	Material	Recommendations	Length
Interactive presentation	<ul style="list-style-type: none">▪ Multimedia▪ Projector▪ Computer▪ Projection Screen▪ Electrical Extension	<p>The trainer delivers an interactive presentation about frostbite and initiates a questions and answers session.</p> <p>Define localized damage caused to skin and other tissues due to extreme cold.</p> <p>The victim may show:</p> <ul style="list-style-type: none">- The affected areas become numb and red, then pale, then white and blue- Decrease in ability to move the affected body part- Initially, the area will be quite painful, but the area becomes gradually numb and the pain disappears as the frostbite progresses- Progressive stiffness and loss of sensation and feeling in the frostbitten area.	5 min

Interactive presentation	<ul style="list-style-type: none"> ▪ Multimedia Projector ▪ Computer ▪ Projection Screen ▪ Electrical Extension 	<p>The trainer delivers an interactive presentation about first aid actions and starts a questions and answers session</p> <ul style="list-style-type: none"> - The warming of the affected part of the body should only be done if there is no new risk of frostbite. - Reheating should be done by immersing the affected part of the body in water, between 37 ° C (ie, body temperature) and 40 ° C (98.6 ° F and 104 ° F) for 20-30 minutes. - Generators of chemical heat should not be placed directly on the affected tissue, because these can reach temperatures that can exceed the desired temperatures and cause burns. - Call emergency service as soon as possible. 	5 min
Interactive presentation	<ul style="list-style-type: none"> ▪ Multimedia Projector ▪ Computer ▪ Projection Screen ▪ Electrical Extension 	<p>The trainer delivers an interactive presentation and initiates a questions and answers session about hypothermia</p> <p>Define as a condition in which core body temperature drops below that required for normal metabolism and body functions, i.e., 35°C (95°F)</p> <p>The victim may show:</p> <ul style="list-style-type: none"> - Tremors, fast and superficial breathing - Mental confusion and lack of coordination - the movements become slow and difficult, with slow reactions - Pale skin, lips, ears, fingers and toes, possibly turning bluish in color - Amnesia - Inability to use your hands - Exposed skin becomes blue and puffy, muscle coordination becomes very poor, walking becomes almost impossible and the victim behaves in a confused manner - Unconsciousness 	5 min

Interactive presentation	<ul style="list-style-type: none"> ▪ Multimedia Projector ▪ Computer ▪ Projection Screen ▪ Electrical Extension 	<p>The trainer encourages learners to participate and provide examples about first aid actions</p> <ul style="list-style-type: none"> - In all cases, victims should be handled gently, removed from the cold environment and have their wet clothes removed; - Victims of hypothermia who are responsive and shivering vigorously should be re-warmed passively with a polyester-filled blanket, or any dry blanket, warm dry clothing or reflective/metallic foil blanket. - For victims of hypothermia who are not shivering, active warming should be started, with a heating blanket if available or a hot water bottle, heating pads or warm stones. Do not apply directly to the skin to prevent burning the person. - In all cases, if the patient has moderate or severe hypothermia clothing must be cut to minimize movement. - Call emergency service as soon as possible. 	10
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Unit sheet 6: Summary and conclusion

Specific objective

→ Purpose: knowledge consolidation

→ Method: interactive lecture

Length: 5 min

Sequences in the unit

Pedagogical technique	Material	Recommendations	Length
Interactive lecture	<ul style="list-style-type: none">▪ Multimedia Projector▪ Computer▪ Projection Screen▪ Electrical Extension	<p>The trainer gives a summary of the topic, emphasizing the need for:</p> <ul style="list-style-type: none">- Attention to weather reports- Clothing suitable for the environment- Regular intake of liquid- Get doctor's advice	5 min

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