



## **COPN: Proudly Celebrating our 10<sup>th</sup> Anniversary**

# **Elder Proofing to Reduce Preventable Crisis: Build a Safety Net**

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*This is a revised and updated version of an article published in the April 27, 2012 issue of COPING.*

*A fall is a very common but potentially serious emergency for seniors. One-third of seniors over 65 and one-half of those over 80 will fall in any given year. Falls are the leading cause of injury-related hospitalization for seniors in Canada and a leading cause of fracture. Nine-tenths of hip fractures in seniors are caused by falls. For those with osteoporosis, falls are of particular concern because of the likelihood of breaking a bone. Even if an injury does not occur, many seniors cannot get up once they have fallen. The following is an excerpt from the book *Doris Inc.*, by Shirley Roberts. The information and technology recommended in the excerpt will be of interest to many seniors as well as their loved ones and caregivers who are concerned about falls.*

### **Elder Proofing to Reduce Preventable Crisis: BUILD A SAFETY NET**

What would happen if your aging parent fell down a flight of stairs and was knocked unconscious, or had a stroke when they were alone in their house? How would your mother or father get emergency help? How would you feel if you couldn't reach your parent several times on a day when you expected them to be home? Where would you turn for help to determine if they were in danger?

Having a safety net in place for seniors before a life-threatening emergency occurs ensures that they have immediate access to medical attention, which can prevent catastrophes, such as a person not being found for days. A safety net reduces complications by getting them the help they need quickly, while at the same time providing peace of mind to all family members.

Seniors also need ready access to assistance when they have questions or concerns, or are unable to handle a problem on their own. Finding a neighbour to do odd jobs around the house, such as replacing a light bulb in a ceiling light fixture, can prevent a fall and injury, which is especially important when a senior lives alone.

For Christmas one year, I bought my parents a phone specially designed for declining vision and hearing abilities; it had big numbers, a memory of the most important phone numbers, a loud ringer, a volume amplifier that would make a caller's voice louder, and a light that would flash when the phone rang. I entered the phone numbers of key people who would be part of my parents' safety net into the phone memory including me, my brother, their neighbour across the street, and Mom's friend Sue, who would come if either

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of them didn't feel well. My parents could then just press a button rather than dial a phone number to reach one of us. Mom and Dad also had a cordless phone that they could take outside while they were gardening so they wouldn't feel they had to run for the phone in the house for fear of missing an important call.

I also compiled a phone directory with large type on my computer that I printed and put in a bright green binder so my parents had easy access to all the important people and organizations in their lives, arranged under the following headings: emergencies, medical specialists, relatives, friends and neighbours, and businesses. David and I had a copy of the phone directory too, so we had access to neighbours whom we could call if we couldn't reach Mom and Dad.

My parents had already given David and me keys to their house many years earlier, but in their 70s they decided to give copies to a few trusted neighbours as well. That way, in an emergency a neighbour could easily get into the house.

A MedicAlert bracelet is another good safety-net initiative that can save lives, if a senior has allergies or a medical condition that puts them at risk in an emergency. For a small annual fee, people can wear a MedicAlert bracelet bearing an identification number that emergency medical personnel use when they call the organization's 24-hour emergency hotline, to find out the person's pre-existing medical problems.

After my father died, I encouraged my mother to let me install a 24-hour-a-day personal emergency-response system in her home. I searched "personal medical alert" on the Internet and found several well-established companies. Mom and I chose one that would install the equipment free of charge in the Cobourg area. The company charged a small monthly fee and the service could be cancelled at any time.

The medical alert system works this way: A help button is embedded in a waterproof bracelet, pendant, or belt clip that is worn by a person around their home at all times. If he or she needs medical assistance, they push the button and it connects wirelessly to a two-way voice communicator unit, which is installed beside a phone in a central location of the home. A medical alert signal is sent to the monitoring centre of the emergency response company. Using the two-way communicator, an operator immediately tries to speak to the person and ask him or her if they are all right. If the person needs medical assistance or if they can't speak, the operator dispatches an ambulance and notifies a designated neighbour, friend, or family member so they can open the door for the ambulance drivers.

One night, Mom unintentionally tested her new personal emergency-response system. She was sleeping very soundly, when suddenly she felt a hand gently nudging her shoulder. In total shock and disbelief, she saw her neighbour standing over her and two young ambulance drivers at the foot of her bed staring down at her. She had accidentally knocked the pendant off her night table, and when it hit the hardwood floor the help button was activated. She always removed her two hearing aids when she slept so she couldn't hear the operator's voice from the living room phone. If nothing else, we certainly found out just how valuable and reliable this type of service can be in a real emergency, and we had a few laughs when we recounted the story.

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## FUNNY BONE:

A positive attitude may not solve all your problems, but it will annoy enough people to make it worth the effort. - *Herm Albright*



## A Recipe from our Sponsor

### Crustless Spinach and Feta Quiche

Course: *Main Dishes*

Preparation Time: *5 mins*

Cooking Time: *40-45 mins*

Yields: *4 servings*

*3/4 milk product serving(s)*  
*per person*

**For more information  
about this recipe:**

[http://www.dairygoodness.ca/  
getenough/recipes/crustless-  
spinach-and-feta-quiche](http://www.dairygoodness.ca/getenough/recipes/crustless-spinach-and-feta-quiche)

### Ingredients

1 tsp (5 mL) <b>butter</b>	4 eggs
7 cups (1.75 L) fresh baby spinach	2 cup (500 mL) <b>milk</b>
1/2 cup (125 mL) crumbled <b>Canadian Feta cheese</b>	1/2 tsp (2 mL) pepper

### Preparation

Preheat oven to 375°F (190°C).

In a large skillet, melt butter over medium-high heat; add spinach and sauté for 3 to 4 minutes or until wilted.

Spread spinach in a 9-inch (23 cm) ceramic or glass quiche dish or pie plate. Sprinkle with cheese.

In a bowl, whisk eggs until blended; whisk in milk and pepper until frothy. Pour over the spinach mixture. Using a spoon, stir gently, just enough to make sure the egg mixture covers most of the spinach mixture.

Bake for 35 to 40 minutes or until knife inserted into centre comes out clean. Let stand for 5 minutes before serving.

**Tips:** You can replace the fresh spinach with 1 cup (250 mL) thawed, well-drained frozen spinach. Omit the butter and sautéing step; spread the spinach in the dish and proceed with the recipe.

Add 1 tsp (5 mL) finely chopped fresh rosemary or 1/4 cup (60 mL) chopped fresh basil with the eggs.

### This issue of COPING is sponsored by Dairy Farmers of Canada

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