

ActiveWellness

Learning and good health for carers!

Strength for Caring Works!

Launched last year, our 15 minute exercise programme to build strength and improve wellbeing has helped many individual carers, and groups like instructor Kath Scahill's (see her story, below). You can request our programme and a beginner exercise band by phoning 0800 777 797, or email sara@carers.net.nz We ask for a \$3.50 koha to cover the cost of the band.

Dear ActiveWellness,

Each week I travel around South Auckland to take six classes of seniors for gentle exercises to music.

Thank you for sending us the *Strength for Caring* programme, which we now use in our classes.

I have seen some amazing results with people who gently work with these bands! They have told me they feel stronger in their arms, and their range of motion is improving. I am sure that working with my band each day has also helped my arthritis.

Group effort

I give your magazines to my cardiac groups after we discuss the very valuable information found in them.

I started my first class in 1998 and have worked with many of the people in my groups for 11 years. We have grown old together!

They have seen me through a back operation and given me the confidence to start the class again, and many have battled their own health problems.

We all agree that exercising to music each week has kept us moving, improved our balance

and, by using exercise bands and light weights in class, maintained our strength.

One of my gentleman was a cabinetmaker. Initially he had trouble lifting his arms while using the bands. By doing as many repetitions as he could without pain, he has slowly improved his shoulder and arm strength.

*The regular use of these bands, taken through different ranges of motion and combined with a good breathing technique (as *Strength for Caring* recommends), does help to strengthen the chest, abdominal, shoulder and neck areas.*



In conjunction with a physiotherapist's advice, the bands also help to regain mobility and strength after an injury.

Lightweight bands

Those who attend my classes all have different health issues, from diabetes, arthritis and pulmonary disease to cardiac problems. They use the bands at their own pace, while carers supporting others find that exercise gives them strength and protects against lifting injuries.

Many of my class members now have their own exercise bands, which they take with them on holidays. The bands fold away in their suitcase, ready for an instant workout while they are away!

Encouraging each other

Ideally one should do these exercises twice a week.

We do enjoy exercising together; it is a time for us to forget our aches and pains and be with others who want to improve their wellbeing.

Sometimes an illness or operation takes a member out of the class for a month or so, or their partner is sick and they are busy with medical appointments. Motivation is kept going by supporting each other with phone calls and visits.

Once people come back to classes they soon regain their confidence and fitness.

I think that a variety of exercise is the key to keeping motivated, not forgetting that gardening, raking the leaves, and vacuuming are also types of exercise!

Emergency First Aid Series Learn with St John!

Senior Paramedic and Clinical Education Tutor Jared Stevenson answers carers' questions about cardiopulmonary resuscitation (CPR). In our last issue St John showed readers how to perform CPR. This time, Jared suggests what carers should do if the person they support needs CPR ... at home, at the beach, or out and about. By **Sara Rogers**



If you suspect that someone is having a cardiac arrest, it's important to get them onto a hard, flat surface (the ground) so you can assess their situation and, if needed, begin CPR.

Why is a hard, flat surface best for CPR?

Lying on the ground will ensure the person stays in position while you perform CPR, and that chest compressions are effective.

If you attempt CPR while the person is laying on a bed or other soft surface, their body weight will sink into that surface,

There was speculation this happened while CPR was attempted on superstar Michael Jackson after his cardiac arrest. Publicity suggested that he received CPR while lying in bed, reducing the effectiveness of the treatment.

The focus of chest compressions is to narrow the diameter of the chest wall. Ideally you want to push into the chest 40-50mm (a third of the chest height, depending on the age of the person). This happens best on a hard surface.

What if I can't move the person to a hard surface?

Something is always better than nothing, so if it's not possible to move the person, you should still perform CPR.

If it will take a bit of extra time to shift the patient from a soft surface (from their bed onto the floor, for example), take the time to do this, as CPR compressions will be more effective.

If the patient has stopped breathing and you suspect they might have spinal or other injuries, you must still perform CPR.

In a 'worst case' situation like this, if the patient's heart has stopped, moving them to an adequate surface to perform CPR will probably not cause any extra problems ... getting their heart beating again takes priority over treating any other injuries they may have sustained.

St John recommends that you give CPR to anyone who has no signs of life, regardless of any other injuries you think the patient might have.

What if the person is slumped over in a chair and I can't easily transfer them to the floor?

If the person is unresponsive in a seated position, most likely their head will be hanging forward with their jaw resting on their chest, restricting their breathing.

Your priority here is to tilt the person's head back and to make sure their airway is open.

This can be done simply by tilting the person's head back.

If the person is unconscious but breathing, it's preferable to move the person into the recovery position.

If the person is unresponsive and not breathing, CPR will be required, and you will need to transfer them to the floor.

How should I transfer someone from a bed, couch or chair to the floor for CPR?

This depends on the situation. If you are alone with the person, follow these steps:

- Get behind the person and put your arms under their arms;
- Clasp your hands together OR grab the patient's wrists;

- If it is safe and practical to do so, try to lower the person's torso to the ground first, then follow with the lower body.

If two people are available for transferring, one should be positioned behind the patient to support their upper body as above; the second person should support the patient's legs; then both of you should lower the person to the ground to begin CPR.

What if we are in a car?

In this situation safety is paramount, as you have the added risk of other vehicles.

Stop the car as safely as you can on the side of the road, then transfer the person to the ground to commence CPR. Put your hazard lights on if you can to warn other traffic, and so an ambulance can easily find you.

What if the person is in the sea or a swimming pool?

The priority is to get the patient to the beach or the side of the pool, and out of the water, as quickly as possible. Then, begin CPR. You cannot provide effective CPR if someone is in the water.

Don't be afraid to start CPR!

If you believe that someone is having a cardiac arrest, begin CPR immediately. If you aren't sure whether someone is having a cardiac arrest, DO commence CPR.

You can do very little harm by giving compressions to someone who is not having a cardiac arrest. Compressions are vital when performing CPR. If you feel uneasy about mouth-to-mouth resuscitation, don't provide it ... but DO begin chest compressions. Don't be afraid of hurting the patient by moving them to a hard surface; it's more important to take action.

Don't be scared of pushing too hard when doing chest compressions. Ribs can break, but don't worry if you hear a 'pop' ... it's vital to carry on with CPR. Administer CPR even if you suspect chest or spinal injuries. Call 111 for assistance. Keep up the CPR until help arrives.

Look, Listen, Feel!

If you come across an unconscious person, ensure you are both safe from hazards. Then check whether the person's airway is clear.

Place your ear near the person's mouth and **Look** at the chest to see if it is rising and falling. **Listen** for the sound of air coming into or out of the mouth and, with your hand on their stomach, **Feel** if it is moving.

If the patient is only giving the occasional gasp or breath every 15-20 seconds, DO commence CPR.

Call 111 for help or ask a bystander to do so. Take the time to do this even if you are on your own!

If the patient is actively breathing, then DON'T commence chest compressions. Instead, place them in the recovery position, which helps to keep their airway open (and protect them from choking if they vomit).

Opening Airways

'Head tilt, chin lift' is what you are aiming to do.

If the patient is lying on their back, tilt their head backwards and lift their jaw slightly forward.

Imagine the position of your head as you try to sniff something: your head and nose move forward at the same time, and this movement is also usually enough to open someone's airway.

Check to ensure nothing is lodged in the person's throat, then place them in the recovery position. Make sure their head stays tilted upwards (the airway can't stay open if their head slumps).

Recovery Position

Helping someone into this position is easy. You should use the recovery position when you come across anyone who is deeply unconscious or unresponsive.

If the patient is lying flat on their back, kneel to one side of the person and lift one of their legs (ideally the one furthest away from you) into a bent position. Then, place one hand on their shoulder and one on the bent leg. Gently pull the person towards you.

The leverage on the bent leg is all it takes to get the person from their back onto their side.

Keep their knee bent ... this will stop them rolling over onto their stomach.

Tilt the head back slightly so the airway remains open.

ActiveWellness is an initiative developed with ACC and other partners as an outcome of the Government's Carers' Strategy. We hope our information series helps you achieve a sense of wellbeing, and to learn basic skills to support your caring role. ActiveWellness articles from past issues of Family Care are now available at www.carers.net.nz ... and you can hear our Safety At Home with ACC 'listen and learn' series at www.familycareradio.net.nz

Bathrooms + Wet Areas

Slips and falls can happen in bathrooms and areas where there is water or a slippery surface.

Stay safe in wet areas, with advice from ACC!

ACC says bathrooms can be made safer by using non-slip surfaces, mats, and grab rails, and by reducing hot tap water temperature.

It is very important to keep floors in wet areas, especially the bathroom and laundry, dry to prevent slips and falls.

Keep bathrooms well ventilated to avoid build-up of steam on surfaces.

Other safety issues in wet areas:

Electrical appliances and switches

Water conducts electricity. To avoid an electric shock, keep cords and appliances dry and away from water or damp areas. In bathrooms, use an alternative appliance, such as a battery operated razor, instead of an electric one. Install a wall mounted bathroom heater and have it hard wired into your wall by a registered electrician.

Residual current devices

These should be installed in damp or wet areas where there are electrical fittings, such as bathrooms, laundries, kitchens, garages and pools. An RCD is an electrical safety device that provides protection by rapidly disconnecting the electricity supply in situations where you might otherwise receive a fatal electric shock.

Non-slip mats

In the bathroom, use a bath mat on the floor and a rubber mat in the bath or shower. A non-slip bath mat is textured to help prevent slips. It should stick securely to the bath, shower or floor. You can buy these from many retail outlets.

Rails

To prevent falls, fit a safety handrail next to the toilet, in the shower box, and over the bath. Rails help people to steady themselves, give support when transferring from one position to another, and help with balancing when standing, stepping or dressing. Rails need to be within easy reach; be fixed firmly to the wall; take the full weight of the person; provide a secure grip; be durable and free from corrosion; have a non-slip grip if used in wet areas; and be visible against their background. Install handrails with a clear space of 50mm between the rail and the wall. The position of the rail will depend on what type of handrail you are installing and where you are installing it.



Soap dishes

Keep soap and other items off the bath or shower floor, and install a caddy (hanging or suction pad) in your bath or shower.

St John Caring Caller

Everybody needs someone to talk to.

St John Caring Caller is a Free long-term friendship service. We have a number of clients in this region who urgently need a call from a volunteer Caring Caller.



A Caring Caller makes a daily friendship phone call to those living alone to check everything is OK.

To find out more about St John Caring Caller please phone **0800 ST JOHN (0800 785 646)** or visit our website www.stjohn.org.nz



St John

first to care