

The Home Security Risks and Prevention of Community Elderly

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Keywords: Community, Elderly, Home security, Danger, Prevention.

Abstract: The community is entering an age of aging, and improving the home security and quality of life of the elderly is the focus of the whole society and every family. In view of the characteristics of the elderly at home, this paper discusses the safety issues of falls, diet, medication, going out and psychological, and puts forward specific preventive measures and precautions.

1. Introduction

The community is a large country with a large population. The number of elderly people in the community will increase further since the beginning of the 21st century. The health of this large group of people has become one of the focuses of our society. When people enter old age, most of them will have a series of changes in physical, psychological and social relations, and their cognitive ability to external things will also decline [1]. For example, Abstract thinking ability, comprehension, judgment, and recent memory will decrease. These have caused the elderly to be more prone to safety problems in the process of home, and in the event of security problems, the elderly are more likely to be seriously injured. Therefore, we must consider the safety hazards of the elderly at home and prevent and deal with them.

2. Analysis of the causes of safety hazards in the community

Safety is the life and psychological needs of the elderly. As the body grows and ages with age, the functions of the facial features, trunk and limbs are reduced, and the functions of various organs are gradually reduced, such as the occurrence of deafness, waist-bowback, language, Slow movements, osteoporosis, poor digestion and poor resistance can often affect the safety of the elderly. The safety problem mentioned here is not the danger caused by the disease itself, but some accidents caused by the decline of the physiological function of the elderly. If we can do some preventive measures in advance, many accidents can be prevented [1].

There are many reasons for the safety hazards of the elderly, and there are often suicides, falls, traffic accidents, etc. Suicide deaths in the elderly generally begin in the early 60s, reaching the peak at 80 years old. After 85 years old, the trend is gradually decreasing. The probability of female suicide is significantly higher than that of men. The main reason for suicide is hope of loss of life, and partly because of depression. Caused by diseases such as diseases. The incidence of falls is accompanied by an increase in the age of the elderly. The underlying cause of this safety hazard is closely related to the decline in physical functioning of the elderly, the decline in activity, inconvenience, and lack of care [2]. Relevant data show that the total number of deaths caused by falls is more than 60% of all elderly safety hazards. Foreign research data also confirmed that older people over 70 years old had the highest chance of being fatal due to falls. After falling, the bone tissue, brain tissue and internal organs of the elderly may be damaged. Especially the serious injuries such as brain trauma and femoral neck fracture will directly affect the normal life and work of the elderly. Older women are more likely to fall than men, so fractures and death rates are generally higher than men. On the whole, the risk of death of older men in traffic accidents is significantly higher than that of women. Previous data showed that the multiple of this part was around 2.76. Some traffic accidents were caused by the elderly's own diseases such as visual disability, and a few it is related to factors such as inconvenience

[3].

The following are only the common safety issues and nursing analysis for the elderly:

2.1 Physiological factors.

With the increase of age and the decline of body organs, the safety insurance factors of the elderly are declining, physiological functions, metabolic dysfunction, thinking disorder, memory loss, slow movement, feeling slow, decreased vision and other physiological functions. The degenerative changes have increased the risk factors for the safety of the elderly [2].

2.2 Disease factors.

The elderly are characterized by large age, multiple diseases, complex conditions, slow recovery, and many complications. Such as: Parkinson's syndrome, degenerative arthritis, hip fracture, diabetes, hypertension, stroke, cardiovascular disease, pneumonia, malnutrition and other reasons, easy to cause the elderly to fall, aggravating the safety of the elderly [1].

2.3 Drug factors.

Drugs that act on the central nervous system of the elderly, especially sedative-hypnotics, antipsychotics, and anesthetic sedatives, are recognized as significant risk factors for the fall of the elderly. Simultaneous use of multiple drugs, although not proven to be a significant factor, has also been cited as a common cause of increased falls in older adults [2].

2.4 Other factors.

Orthostatic hypotension and postprandial hypotension are one of the characteristics of hypertension in the elderly. About 20% of elderly patients, when the patient changes from supine to erect, causes hypotension, prone to transient brain deficiency blood faints and causes a fall.

3. Community elderly safety features

The social circle is smaller than before, and it is easy to have loneliness. Moreover, the occurrence of various chronic diseases makes it easy for the elderly to develop anxiety, fear and depression without knowing the occurrence and development of the disease. Retirement, family or neighbourhood relationship, changes in life situations such as the relationship between relatives and friends, economic property status, disease insurance, and other basic economic and life safety guarantees have more or less affected the safety status of the elderly. There is a sense of loneliness and depression in safety, and the situation is exacerbated and it is easy to cause senile mental disorders.

3.1 Men are safer than women.

The level of emotional and cognitive elders in males is higher than in women [4]. The safety symptoms and somatization of female elderly people are worse than men. Women's emotions are more delicate, and they may need to adapt to peace and recovery in the face of environmental changes and disease.

3.2 Safety is related to age.

As we age, the level of safety also increases. The safety level of the elderly in the 90-year-old age group reached 88.46%. The safety status of the elderly over 70 years old is better than that of the older age [5]. It is possible that the elderly need a process to deal with various bad stimuli. With the development of time, the mood of the elderly gradually becomes calmer, the security fluctuations tend to be gentle, and gradually accept various physical and mental, environmental changes and the lives of the elderly. Maintaining a healthy and safe state is also an important condition for longevity.

3.3 Living conditions are related to safety and health.

Studies have shown that urban elderly are better at rural adaptation than rural elderly. Whether the

economic income of the elderly is guaranteed is related to whether the elderly can maintain a normal life and whether they have confidence to overcome difficulties in the face of diseases and other conditions [3]. Therefore, with good material and economic security, the elderly can better spend their old age. Urban elderly have a better health care environment, and their lifestyles are diverse. The range and access to a variety of information is also extensive, enabling them to adapt.

3.4 The level of culture is related to safety and health.

The level of education affects the safety and health of the elderly. The survey shows that those with higher academic qualifications are better than those with low education. Subjects with higher education, personality, cognition, etc. all contribute to improving their ability to adapt to safety [4].

3.5 Physical exercise helps to enhance safety and health.

Life lies in exercise. For the elderly who have participated in physical fitness activities for a long time, their safety aging index is significantly lower than that of the control elderly. Exercise helps strengthen physical fitness, fight disease and delay aging [3].

3.6 Social support contributes to safety and health.

The safety and health of the elderly is closely related to social support. And the higher the level of social support, the higher the level of safety and health, and the fewer safety symptoms. The family is a harbor where people depend on safety. There are more and more cases of separation of children and the elderly [3]. Older people, especially those who have lost their spouses, are more likely to feel the impact of loneliness and death, and need family and social care. Old people can communicate with their children often, and enjoy the happiness of the family, which can improve the safety and health of the elderly.

4. Safety risks for the elderly in the community

4.1 Eating safe.

Old people should pay attention when eating, and do not speak when eating. Old people who can take care of themselves should encourage patients to eat on their own. For those who have poor self-care ability and serious illness, they should assist in eating. Family members should feed food from the lips and do not go straight from the center to avoid coughing [4]. The amount of food per scoop should not be too much, the eating speed should not be too fast, can not be reprimanded, can not be urged, have patience, let the elderly sit for more than 30 minutes after eating, and help the elderly to gargle, keep the mouth clean, prevent food residue left behind In the mouth. Older people in bed should not immediately turn over, squat, etc. after eating to prevent aspiration caused by food reflux.

4.2 Prevent falls.

A fall is a sudden, involuntary, unintentional change in position, falling to the ground or a plane lower than the initial position. According to relevant statistics, 30% of the elderly over 65 years old have experienced falls, and 50% of them are elderly people over 80 years old. Falling is one of the common accidents among the elderly, and it is the most common problem for the elderly [4]. Therefore, the furniture of the elderly should be placed reasonably, the position is fixed, the ground is flat, dry and free of obstacles. The light in the home should be sufficient. It is best to have a floor lamp at night to ensure the safety of the elderly at night [5]. When the elderly walk around the house, it is recommended to wear non-slip shoes, and the underwear should not be too long. Commonly used items should be placed in an easy-to-access place to prevent them from falling out of balance and falling. There are also old people who want to prevent falling bed from falling. The bed used by the elderly is no more than 60 cm. Special attention should be paid to prevent accidents at night.

4.3 Medication safety.

Due to the lack of knowledge of the culture level and age, the elderly have a lack of knowledge about drugs, and there are problems of self-medication, drug abuse, and irrational use of drugs, which

leads to an increase in unsafe factors in taking drugs. It is very important to strengthen the guidance of safe medication for the elderly in the community. Studies have shown that 56.93% of the elderly have a low level of understanding of the drugs they use, and most lack the self-protection ability of the drug [5]. Therefore, the elderly should not use the medicine before the diagnosis of the disease. Before using the medicine, first consult the medical staff to ensure the safety and effectiveness of the medication. There is also an education to strengthen the knowledge of family members, reminding the families with the elderly, and the children should properly treat the drugs. Keep and guide the elderly to use the medicine correctly. If necessary, pack the daily oral medications according to the number of times, and write the time for taking the medicine to ensure the safe use of the elderly. In addition, the community can engage in a variety of popular science knowledge publications, newspapers, medication lectures, seminars and other forms of drug knowledge.

4.4 Going out safely.

Due to low resistance, the elderly have weak resistance to various diseases. They should pay attention to prevent infection, avoid cold, and avoid public places where people are crowded, especially to avoid contact with people with respiratory tract infections. When the elderly go out to work, try to have someone to accompany them, or go hand in hand. Due to the decline in hearing vision, the elderly should be more careful when travelling by means of vehicles and walking through the road. At the same time, they should raise the awareness of the whole society to serve the elderly, so that everyone who meets the elderly can become their eyes and ears. It is the fundamental method to solve the safety of the elderly [6]. In addition, due to the phenomenon of fraud and robbery of the elderly in the society, it is necessary to give guidance to the elderly in this regard, such as: telling them about some common deceptions for the elderly in the near future, so that the elderly can be vigilant and do not carry too much cash when going out. Valuable jewelry, try not to take a handbag, do not go to a remote location. Older people should also be taught to deal with emergencies, such as how to call for help in the event of a robbery, how to save themselves and call for help when a sudden illness occurs, and how to deal with it urgently in the event of a traffic accident.

4.5 Safety features and care for the elderly.

Physical function declines to the elderly, and the body functions further decline; the retired syndrome elderly people reach a certain age, and after retreating from the job, they will be depressed due to the sudden changes in their environment and living habits. Such an unsuitable experience [6]. As children grow up, employment and marriage are separated from each other, the family in this period is called the "empty nest period", which is an inevitable law of family development. Therefore, it is necessary to encourage the elderly to face the reality and exert the heat. The aging of the body is a natural law. The change of social roles is the inevitable result. The elderly must face this reality. Rational use of the brain, active activities, appropriate mental work and physical activity can delay the decline of brain function and physical function [7]. After retirement, re-establish interpersonal relationships, create a happy state of mind, minimize negative pessimism, and maintain an optimistic mood.

5. Community elderly people safety hazard prevention measures

The community is the basic place for the normal life and activities of the elderly. Therefore, the development and implementation of safety hazard prevention measures should be carried out in conjunction with specific actual conditions. My community health service center serves 14 neighborhood committees in two streets. The total number of management is 42,249, and 5,092 people are over 60 years old. Every year, there are several cases of suicides, falls, and traffic accidents among the elderly [7]. Therefore, our center has built 6 branches. The "health care combination" consisting of doctors and nurses, in charge of different neighborhood committees, formulate and implement safety hazard prevention measures for outpatients or home-to-doors in combination with specific actual conditions, such as psychological counseling, health education and rectification opinions on living environment, etc.

5.1 Suicide prevention measures.

Because of the older age, the elderly are degraded, which can easily lead to various mental and mental diseases, such as common depression, anxiety, high-rise residential syndrome, empty nest syndrome, brain weakness syndrome, retired syndrome, etc. Moreover, some elderly people live alone, providing a broad space for the emergence of safety hazards such as suicide in a negative emotional state [7]. Community workers “health care combination” can be combined with street and neighborhood committee staff to organize various activities, such as chess, singing, painting competitions, etc., so that the elderly can communicate in the activities; Sexual counseling lectures to guide the elderly to establish a healthy mentality and develop good living habits; in the end, they should also continue to enhance the economic security of the elderly in conjunction with other relevant institutions, actively create a good living atmosphere, and enrich the spiritual and cultural life of the elderly [8].

5.2 Fall injury prevention measures.

Do the fall injury prevention work firstly from the living environment of the elderly. Due to the inconvenience of the elderly, the elderly should try to live on the lower floors. Avoid walking the stairs as much as possible. If the above conditions are not required, the stair rails should be stable enough. The floor and bathroom floor of the room. Can not be too smooth [5], visit the site to help them organize the aisle, room debris, put forward the wire, threshold and other rectification opinions. The elderly should develop a good work schedule, quit smoking and alcohol, people with Parkinson's disease, high blood pressure, chronic diseases, or poor physical fitness, can not have normal family members to take care of [8]. Secondly, senile osteoporosis is also an important factor in the safety of falls. Family members should encourage older people to participate in sports regularly and regularly change their forms of exercise to enhance their immunity and resistance.

5.3 Traffic accident prevention measures.

Reducing the incidence of traffic accidents can start from improving the community traffic environment and continuously strengthen the safety traffic education for the elderly. Residents are required to have disabilities, including hearing, intelligence, vision, mental, physical and other aspects. The elderly should try to reduce the number of outings by themselves. When going out, family members should follow and must follow all traffic rules. In addition, software obtuse devices should be used to cover sharp areas in some vehicles to avoid collisions. When the elderly go out, they should try to avoid some crowded areas and enhance their awareness of prevention [8].

6. Summary

There are many factors that affect the safety of the elderly, and the possible accidents are also diverse. Improving the quality of life of the elderly and achieving a better life in the later years has become the focus of social attention. Among them, 15% of the elderly need care to maintain their lives, and most people over the age of 75 need care. Changes in family structure and social structure make the family unable to take responsibility for caring for the elderly. Therefore, it is a basic duty and a nursing job for the nursing staff engaged in the elderly care business to do a good job in the safety of the elderly and to strengthen the management of safety care.

Acknowledgement

In this paper, the research was sponsored by the Foundation for Philosophy and Social Sciences Research Projects of Heilongjiang Province. The project number is 18GLD302.

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