



Each issue of *Assisted Living Consult* presents learning opportunities for assisted living facility staff. We urge practitioners and facility leaders to have their staff read the articles and challenge their knowledge using this Q&A section as a training test. By copying this page for each of your key staff, you can assess their knowledge on these critical issues by having them answer these questions. Please note that each article topic appears in color with specific related questions.

Bioterrorism

1. In considering bioterrorism preparedness, AL communities need to focus on several key areas. Which is not considered one of these areas?
 - a. Special needs of elders exposed to biological, chemical, or other agents
 - b. Controlling media reports about the impact of the bioterrorism attack on the facility
 - c. Leadership during a bioterrorism emergency
 - d. Community linkages and backup strategies
2. There is growing evidence that:
 - a. Elderly are less susceptible to biological and chemical agents commonly used in terrorist attacks
 - b. Elderly respond the same to biological or chemical agents commonly used in terrorist attacks as their younger counterparts
 - c. Elderly may be more susceptible and respond differently to biological or chemical agents commonly used in terrorist attacks
 - d. None of the above
3. Which of the following should be addressed in a bioterrorism preparedness plan?
 - a. Dietary and nutritional

issues, chronic health problems, medication use, communication difficulties

- b. Dietary and nutritional issues, chronic health problems, medication use, media relations
- c. Dietary and nutritional issues, chronic health problems, medication use, facility clean-up
- d. Dietary and nutritional issues, chronic health problems, medication use, access to laundry facilities

Managing Influenza

4. Influenza is:
 - a. A sudden onset of fever and chills
 - b. A respiratory infection that lasts a minimum of seven days
 - c. An acute, febrile, respiratory infection
 - d. An acute respiratory infection accompanied by cough and sore throat
5. Outbreaks of influenza occur most frequently:
 - a. From early fall through late spring
 - b. From early fall through late winter
 - c. From early winter through late spring
 - d. All year long
6. While influenza vaccinations don't always prevent elderly individuals from getting the flu, studies have shown that vaccines prevent:
 - a. Severe illness, high fever, and sore throat
 - b. Severe illness, secondary complications, and sore throat
 - c. Severe illness, secondary complications, and death
 - d. High fever, prolonged illness, and death

Wide Awake in AL

7. The most prevalent sleep disorder in older adults is:
 - a. Sleep apnea
 - b. Sleep walking
 - c. Insomnia
 - d. Night terrors
8. Traditional pharmaceutical treatments for insomnia have several common side effects including:
 - a. Residual daytime sleepiness
 - b. Problems with motor control
 - c. Irritability
 - d. a and b
 - e. a, b, and c
9. What agents have been introduced to treat insomnia that have more optimal pharmacokinetic properties such as shorter half-lives?
 - a. Newer benzodiazepine agonists
 - b. SSRI antidepressants
 - c. All of the above
 - d. None of the above

Plugging into Alzheimer's Disease

10. PubMed is the:
 - a. Interface for the AMA medical literature database
 - b. Interface for the National Library of Medicine's Medline database
 - c. Subscription-only medical literature resource
 - d. None of the above
11. The National Guideline Clearinghouse is offered by:
 - a. National Institutes of Health
 - b. Centers for Medicare and Medicaid Services
 - c. Agency on Aging
 - d. Agency for Healthcare Research and Quality
12. ADEAR provides:
 - a. Comprehensive Alzheimer's

- disease information and resources from the National Institute on Aging
- b. Comprehensive database for Alzheimer's disease, Parkinson's disease, and dementia research clinical trials
- c. Comprehensive list of physicians who specialize in treating Alzheimer's disease
- d. Comprehensive list of AD special care units nationwide

- a. Acceptable safety measures
- b. Necessary for residents with a history of wandering
- c. A significant threat to elderly and confused individuals
- d. Necessary for use with agitated patients

- a. Rusty hinges
- b. Mattress compression
- c. Electrical shorts
- d. All of the above **ALC**

Please see Answer Key below.

13. c	14. d	15. b
9. a	10. b	11. d
5. a	6. c	7. c
8. d	3. a	4. d
1. b	2. c	

Answer Key

14. The Hospital Bed Safety Workgroup identified how many entrapment zones?

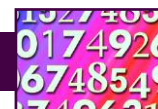
- a. Four
- b. Five
- c. Six
- d. Seven

15. What is a leading culprit in why beds become entrapment-prone?

Falls Prevention

13. Bed rails are considered to be:

Facts and Quick Stats



Seniors and Driving

Many ALF residents have cars and continue to drive. It is important for older people to remain as independent as possible. At the same time, facilities should ensure that residents only drive as long as it is safe to do so. This may involve working with the physicians to identify residents who have glaucoma, cataracts, or other diseases that cause vision impairment and to make sure that residents receive regular vision exams and hearing tests. The facility also may want to work with pharmacists to identify residents who are taking medications that may contribute to sedation or dizziness.

Because losing the ability to drive can be a great loss, facilities should offer shuttles, ride shares, and other alternatives to help residents retain their independence. Here are a few statistics about seniors and driving that emphasize the importance of addressing this issue in ALFs:

15%

or more drivers will be older than 65 years old by 2020. As a group, people older than age 65 have fewer accidents than any other age group, mostly because they drive fewer miles. However, those over age 75 are twice as likely as the average driver to crash their cars. Those over 85 are 2.5 times more likely to crash. At the same time, elderly drivers are more likely to suffer injuries or death as a result of a car accident. *(NHTSA, 1998)*

10%

of serious injuries and 16% of fatalities from traffic accidents involve seniors. Older drivers currently represent 13% of all license holders. When involved in accidents, older drivers are more susceptible to serious injury than younger drivers, mostly because of their increased frailty. *(VicRoads, 1998-2002)*

28%

of seniors' driving travels are nighttime trips. However, these account for 62% of all pedestrian fatalities. *(e-Medicine, 2005)*

75%

of drivers in one community sample had stopped driving by age 75-84; and 100% by 85. In general, older people seem to hold on to their driver's licenses as long as possible, although up to 44% have a disability limiting personal care. *(e-Medicine, 2005)*

75%

of older driver fatalities are caused by multiple vehicle accidents, 38% of these at intersections. *(VicRoads, 1998-2002)*