

Caregiver's

HOME COMPANION

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H E L P I N G T H O S E W H O H E L P O T H E R S

Tips for Helping Families with Children

When Kids Are Caught in Caregiving's Shuffle

By **Melissa A. Goodwin**

When her mother was diagnosed with Alzheimer's disease, Jen Desmond immediately began looking for an assisted living facility for her mom to live in. There was a six-month wait, so Jen temporarily moved her mother into her own home in Andover, Massachusetts, where she lived with her husband Jack and their young daughters, Bess, age 7, and Lily, age 5.

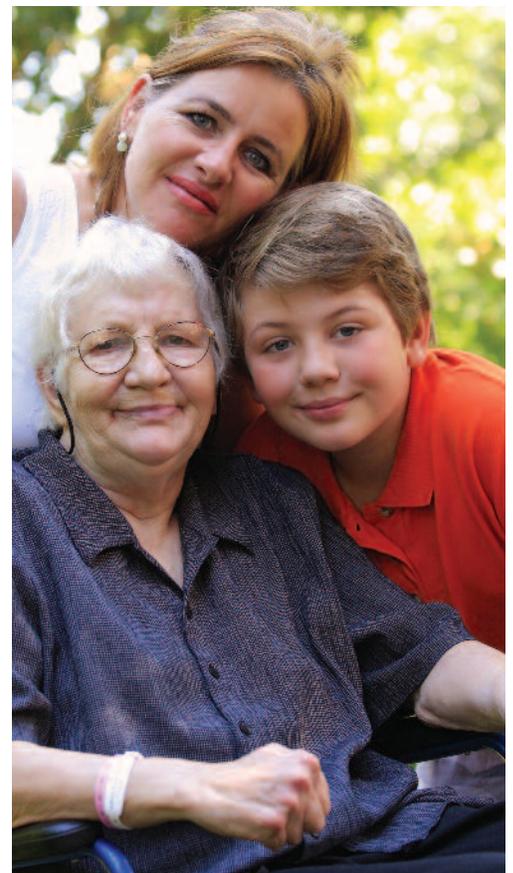
Immediately, Jen felt the strain that many caregivers in the so-called "Sandwich Generation" feel—wondering how to be both a good daughter to her mother and a good mother to her young daughters. "It was like having another child in the house, except that Mom actually required more help and supervision than the girls. My girls would be asking for my attention, but I felt like I couldn't give it to them. It felt as though I was constantly being tugged in different directions and not giving my best to anyone."

Even worse, though, was dealing with an unexpected and unhealthy

dynamic that developed between Grandma and young Lily. Grandma's illness manifested itself in child-like behavior that was often inappropriate. Bess, now 10, explained, "I saw Grandma make faces at Lily and stick her tongue out at her. Sometimes she whispered things in Lily's ear and made her cry. I always went and told Mom right away."

Jen elaborated: "I knew that it was the disease and that Mom couldn't help it. But I was trying to teach my kids good manners and then they see a grown-up behaving like a naughty child! I did my best to explain to them that Grandma was sick and didn't understand what she was doing, but it was pretty tough. And I felt so bad for Lily, who felt as though her safe and secure home had been invaded."

Now Jen worries that Grandma's brief stay has had lingering effects. "Bess has become so protective of Lily, and Lily is still wary of overnight visitors. Even when her favorite cousins visit, Lily always asks me how soon they are going to leave!" ▶



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Webmaster
NOW Interactive Solutions
webmaster@caregivershome.com

Mail
Caregiver's Home Companion
P.O. Box 693
Southport, CT 06890-0693

Phones
Subscriptions & Customer Service:
(877) 259-1977
Advertising & Sales: (203) 254-3538

Administration & Editorial:
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e-mail Inquiries:
editor@caregivershome.com

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Caregiver's Home Companion is produced by caregivers and professional healthcare workers. While this publication is not intended as a substitute for professionally administered medical advice, the practical suggestions, advice and tips made in this newsletter have been tested or reviewed by an individual or organization involved in caring for elderly other loved ones. *Caregiver's Home Companion* also strives to obtain the input of educators and researchers in all branches of medical and scientific research. We welcome your comments and suggestions at editor@caregivershome.com.

"It's great for kids to see the family values that accompany caring for a loved one, to see that this is what family does for each other and to be part of that. But we don't want the experience to rob them of just being kids."

—*Diane Cameron, who runs a volunteer caregiving program.*

When Kids Are Caught in Caregiving's Shuffle
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Kids Aren't Meant to be Caregivers

Diane Cameron is the director of Community Caregivers in Altamont, New York, a volunteer caregiving program that has tackled some of the issues that "sandwiched" caregivers like Jen face.

"We started our Caregivers, Kids & Families program because we saw how many families were being affected," Diane said. "On the one hand, it's great for kids to see the family values that accompany caring for a loved one, to see that this is what family does for each other and to be part of that. But we don't want the experience to rob them of just being kids."

Diane says she's actually learned a lot about what constitutes appropriate involvement for children in the caregiving environment by learning what not to do. "I think the biggest counsel I would give to Mom and Dad caregivers out there is that kids should be involved only as helpers to the caregiver, and not as caregivers themselves."

Diane's concern is affirmed by the results of a 2005 study by the National Alliance for Caregiving, which showed that kids who are thrust into caregiving roles are likely to feel sad and unable to express their feelings about the situation.

Tips for Involving and Protecting Kids

In spite of the challenges, family caregiving can be a positive experience. Diane recommends trying these suggestions to make it a good one for you and your children:

- **Develop strategies to free up your time.** Finding time for yourself and time with your kids will be a challenge, but there are ways to find relief. Possibilities include finding an adult day facility for your loved one, paying for home health care or utilizing volunteer caregiving programs like Community Caregivers. Call the Area Agency Eldercare Hotline at (800) 677-1116 for a list of caregiving service providers in your area.
- **Conduct family meetings.** Encourage your spouse and children to talk about everything that is going on in their lives, including what

**NEED HELP TALKING
CAREGIVING TO YOUR KIDS?**

Becoming a caregiver brings many changes and challenges that children of elder-caregivers may find hard to understand.

Fortunately, a number of national organizations that deal with issues of illness and aging have developed resources that can help you talk to your kids about what is going on. Check out these resources for help with having those difficult conversations:

HospiceNet: www.hospicenet.org/html/child.html, provides guidance for talking with children about tough issues such as illness, death and grieving.

National Multiple Sclerosis Society: www.nationalmssociety.org, (800) 344-4867, has developed some excellent literature designed to help children deal with illness. While geared specifically to MS, these documents provide good models for talking with kids about any kind of illness. Check out their booklets for families at www.nationalmssociety.org/living-with-multiple-sclerosis/relationships/caregivers/index.aspx

Alzheimer's Association: www.alz.org, (800) 272-3900, has developed a booklet to help you talk with kids about illness and related issues and provides a list of helpful books appropriate for various age groups. Visit: www.alz.org/living_with_alzheimers_just_for_kids_and_teens.asp

it's like now that Mom and Dad are caring for another family member.

- **Acknowledge your children's fears and reassure them.** Children will be afraid that because Grandma got sick, you will too. If you need help talking with your kids about these issues, the Alzheimer's Association at (800) 272-3900 or the National Multiple Sclerosis Society at (800) 344-4867 have helpful booklets that can guide you.
- **Find appropriate ways for kids to help.** When asking kids to help, apply this standard: If the loved one wasn't ill, would you let the child perform the task? A Grandpa with dementia

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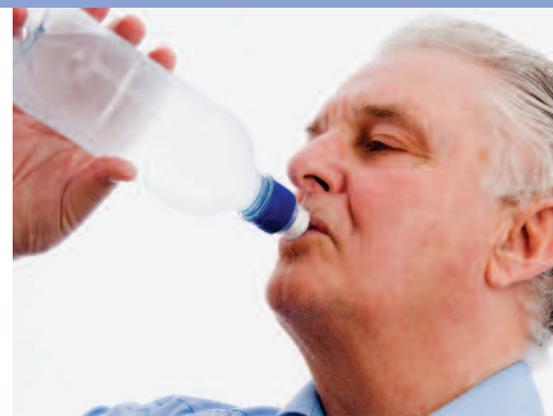
How Elderly Can Beat the Heat

Preventing Dehydration and Other Heat-Related Illnesses

By Kelly D. Morris

Nearly everyone loves summer, and the Wisemans are no exception. Betty and Frank Wiseman of Shelby, Ohio, look forward to summer every year so they can get out in their garden. Last summer they had a scare, though. Betty, age 72, had been picking strawberries all afternoon in the sun when she began feeling poorly. She felt weak, as if she was going to faint. She barely made it back into the house.

Frank was alarmed at his wife's condition and drove her to the local hospital emergency room. There, the doctor said Betty was suffering from heat exhaustion and mild dehydration. He gave her some



IV fluids and sent her home with a warning: no more working in the sun all day. She needed to take breaks inside where it was cool, and make sure to drink more water.

Heat-related illnesses are serious business. Five years ago, in August of 2003, 14,802 people died during a heave wave in France. Several of the worst heat waves of the 20th Century occurred in the US, however. In 1955, 946 people died during eight blistering days in Los Angeles. In 1972, nearly 900 people died during a two-week heat wave in New York City. In 1995, an extreme heat wave in Chicago killed more than 700 people in a just a few days.

And with all of these crises, there was a common thread: the elderly were most often the most vulnerable victims of the heat's grip.

In fact, overall the elderly and the ill are particularly vulnerable to summer's heat. Under normal circumstances, our body temperature is 98.6 degrees. When exposed to extreme heat, our body tries to regulate our temperature by changing our circulation and by perspiring. In many elderly, circulation is not great to begin with. This may be especially true in people with conditions such as diabetes and heart problems. People with heart problems and other health conditions also may not sweat normally. These problems are made worse in high humidity.

There are a number of heat-related conditions to watch out for this summer while you and your loved ones are enjoying the sunny summer weather. You should note, though, that these illnesses don't only occur from being out in the sun; they can occur from being inside an overly-warm home as well.

Dehydration

Dehydration is a common problem that occurs during extreme heat. It happens

when a person loses more water than they take in. In hot weather, this water is generally lost through sweating.

One sign of dehydration is if someone stops sweating altogether. (It can also be a sign of heat stroke. We'll talk about that in a minute). A person can still be sweating somewhat and be dehydrated, however. Thirst, dry mouth, weakness, and fatigue are other signs of dehydration.

As a caregiver, you can also check for dehydration by doing the "pinch test." Gently pinch the skin on the arm of your loved one. If the pinched skin stays in place and doesn't go back to normal right away, that is a sign of dehydration.

If your loved one shows signs of dehydration, they should get medical attention. While there are things you can do to try and prevent dehydration, once it occurs, home remedies are usually not enough. Intravenous fluids are often required to re-hydrate a dehydrated person.

Heat Exhaustion

Heat exhaustion is another common problem that can occur in hot summer weather. It occurs when someone's body temperature begins to get too high. Heat exhaustion occurs when their internal temperature is usually over 100 degrees, but less than 105.

Signs of heat exhaustion include profuse sweating, muscle cramps, weakness, dizziness, nausea, and thirst. A person may also feel as if they are going to faint.

Heat exhaustion can usually be treated at home. If your loved one shows signs of heat exhaustion, get them into a cool place and give them something cool to drink. Avoid drinks with caffeine. Try applying cool compresses to the skin. If symptoms don't improve with home treatment, you'll need to seek medical care.

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Keeping Loved Ones Independent Assuring Safety and Ease in Mom's Kitchen

By Melissa A. Goodwin

Editor's Note: Safety and mobility go hand in hand in determining whether an elderly person can continue to live independently—the goal of almost every senior. But dangers lurk, and caregivers need to be alert to ways to protect loved ones along the way. In this feature series, Solutions for Keeping Loved Ones Independent, we outline what caregivers need to know to help keep their loved ones safe and independent.

The kitchen is often called the heart of the home, but for the elderly it can turn into a room of heartache. Just put yourself in your loved one's shoes for a minute and look around their kitchen, with its dangers and sources of frustration.

Even small tasks such as chopping, pouring or holding pans steady, can be challenging to the elderly. A tightly sealed bottle or jar can be difficult for anyone to open, but for a person with shaky hands and stiff fingers it can be nearly impossible. Reaching for appliances or dishes stored in hard-to-reach cabinets can be dangerous. Wet floors near the sink and fires on the stove are dangers that become more pronounced when balance is unsteady or reaction time is slow.

Fortunately, there are ways to help our elderly loved ones continue preparing their own meals while also keeping them safe. In addition to simple changes that you can make to the kitchen set-up, there are a number of handy gadgets available that make tasks easier. Here we'll suggest steps that you and your loved ones can take to help them operate independently and safely in the kitchen.

Do an Assessment

Experiencing your loved one's kitchen the way they do can be eye-opening. Watch Mom and Dad as they go about meal preparation and clean-up, taking note of

any obstacles they encounter. Are small appliances like blenders or mixers tucked away in low, hard-to-access cabinets? Are often-used dishes stored on high shelves? Can Mom reach the knobs at the back of the stove—and can she read them? Are the sink faucets difficult for her to turn?

Even as their caregiver with close ties to Mom and Dad, you'll probably be surprised by how many seemingly small obstacles prevent your loved one from maneuvering in the kitchen. Once you have a list of those obstacles, you'll be able to help them make changes that can make life much easier for them.

Accessibility

One of the biggest obstacles in the kitchen is also the easiest to solve. You might be horrified to discover that Mom teeters dangerously on a rickety chair every time she gets down her favorite serving dish, or that she struggles to bend over and lift the mixer from its storage place in a low cabinet.

Making everyday items readily accessible is an easy step that can prevent injuries from lifting or falling. Simply move those heavier small appliances to the counter and leave them there. Keep the often-used dishes, pans and serving pieces in the easiest to reach cabinets.

Make sure there is a very sturdy step-stool handy so Mom and Dad don't climb on anything unsafe. Check your hardware store for stools with safety handles, like the Little Jumbo Safety Step (sells for about \$150).

Stove Safety

It's no surprise that the stove area is potentially the most dangerous part of the kitchen. Make sure there is a working fire extinguisher and a fire blanket within easy reach, and show Mom and Dad how to use them properly. Make sure there are working smoke detectors, and change the batteries every six months.



Avoid scalding accidents by switching to saucepans with glass lids that allow you to see inside without lifting the cover. If Mom likes to cook vegetables on the stove, get a pot with a steamer basket that can be lifted out so she doesn't have to lift a heavy pot of hot water and carry it to the sink for draining. Have a heat resistant surface on either side of the stove so pans can be put down immediately when removed from the oven. Keep the stove clean and the area around it free of clutter.

If your loved one's vision is impaired, it can be helpful to mark the oven OFF position with a sign in large bright print. If stove safety becomes a serious concern, you may want to help your loved one shop for healthy microwavable meals and show them how to use the microwave safely.

There are many inexpensive adaptive tools and gadgets available to help with safety and accessibility around the stove. Stove knob turners help people who have difficulty grasping and turning knobs, and extended handle stove knob turners allow your loved one to reach knobs at the back of the stove. These sell for between \$14 and \$20. An oven rack push-pull stick (\$12) can prevent burns from reaching into the oven to remove pans. You can shop online for adaptive kitchen tools at www.seniorsuperstores.com, www.thewright-stuff.com, www.arthritisupplies.com and elsewhere.

Sink Safety

We don't really think of the kitchen sink as dangerous, but it can present

TOOLS FOR A SAFER KITCHEN

Aging hands and diminishing eyesight contribute to a legion of dangers in the kitchen for our loved ones. Here are some adaptive tools (and representative prices) that can make their kitchen tasks easier—and safer:

Kitchen finger protector (\$6)	Extended handle stove knob turner (\$14)
Adjustable knife (\$20)	Oven rack push-pull stick (\$12)
Multi-opener (\$12)	Adaptive cutting board for one-hand use (\$20 – \$40)
Jar opener and closer (\$6)	Dishes with lips and non-skid bottoms (\$10)
Under cabinet jar openers (\$20)	Mixing bowls with non-skid surfaces (\$10)
Faucet turner (\$20)	Bladeless can opener (\$30)
Stove knob turner (\$22)	Pot and pan stabilizers (\$15 - \$25)
	Safety step stool with handle (\$150)

You can find these and other adaptive tools at a growing number of websites, including www.seniorstores.com, www.thewright-stuff.com, and www.arthritissupplies.com.

hazards. Faucets that are hard to turn can lead to sudden scalding, as can hot water temperatures that are set too high. Leaks and tight work spaces around the sink can lead to slippery floors that cause falls.

These simple changes will make your loved one's kitchen sink area much safer:

- Place a non-slip mat on the floor in front of the sink so the floor doesn't get slippery.
- Use a non-slip wax on linoleum floors.
- Make sure faucets are easy to turn and that the water temperature is not scalding.
- Purchase faucet turners that make turning faucets effortless (available for about \$20).

Help with Everyday Tasks

Adaptive tools are available now to help with just about any kitchen task imaginable, and more come on the market every week. These clever devices can relieve your loved one's frustrations and prevent accidents.

Tools that makes cutting and chopping easier and safer include adjustable knives with slicing guides (\$20), finger protectors (\$6), and cutting boards made for one-hand operation (\$20 - \$40).

Multi-openers and gripping pads make opening jars, bottle screw-tops and fly-top containers much easier and can be purchased for between \$5 and \$20. A bladeless can opener (\$30) blunts the sharp edges on cans that can lead to cuts.

Give some of these suggestions a try and you may not only make your loved ones' lives easier, you may gain some much-needed peace of mind while keeping them safer and prolonging their independence. ■

Melissa A. Goodwin is a freelance writer and photographer living in Santa Fe, New Mexico. She has years of experience working with volunteer caregiving programs that help seniors and family caregivers. She can be reached at meesarj@msn.com.

COMING UP IN AUGUST

- What can you do to help your loved one protect their belongings from theft and themselves from abuse in while in the care of professional caregivers, whether through in-home care, assisted living, or nursing homes? We offer guidance.
- What is a mobility consultant and when is the right time to seek their advice on behalf of Mom or Dad? A primer.

■ Diabetes among the senior population is a big problem. We'll tell you how to find resources to help your loved one deal with the condition and for you to better help them help themselves.

■ Our latest look at innovative eldercare products highlights improvements in bedding and technology aimed at making your life and that of your loved one just a bit easier. Watch for *Caregiving Gadgets and Gizmos*.

When Kids Are Caught in Caregiving's Shuffle

Continued from page 2

may act like a child. But if he wasn't ill, you wouldn't let your child help you bathe him, so don't do it now. Stick to having kids help with the kind of chores that you might have them do whether Grandpa was ill or not – things like cleaning up, helping with meals or keeping company with Grandpa.

- **Watch your own words and signals.** Are you stressed, angry or moody? How do you speak to your elderly loved one? How do you speak to your husband and kids? Children will pick up on both verbal and non-verbal cues, so try to be aware of yours.

Spotting Signs of Trouble

Signs that children are not coping well with the situation typically manifest themselves in behavioral changes. Here are some of the common ones to watch for:

- Changes in eating or sleeping habits
- Moodiness
- Sudden bursts of anger
- Changes in grades
- Clinginess
- New fears
- No desire to socialize

If your child exhibits any of these signs or shows other changes in behavior, immediately talk to them about what is going on or find professional counselors to talk with them, if needed.

Family life will change when you become someone's caregiver, but those changes don't have to be detrimental to you or your children. Taking steps to manage your own time, coupled with involving and communicating appropriately with the children, can make the situation better for everyone. ■

Melissa A. Goodwin is a freelance writer and photographer living in Santa Fe, New Mexico. She has years of experience working with volunteer caregiving programs that help seniors and family caregivers. She can be reached at meesarj@msn.com.



When Mom or Dad Moves In

A Checklist for Parent-Proofing Your Home

By Molly Shomer, MSSW, LMSW

Whether it's for a short-term stay after an illness or surgery or a long-term living arrangement, bringing a disabled or frail elderly loved one into your home requires some advance preparation.

Before you start, it's important to take a walk through your home as if you were seeing it for the first time. Try to identify places and objects that could present a problem for an elderly person who may not see as clearly as you do, be unsteady walking, or use a bulky walker or wheelchair to get around.

I realize that about 90% of preparing your home for an elderly person will be common sense, but I'll give you a heads-up about the other 10% here. In general, you can use this heads-up as a safety and comfort checklist by focusing on the most important sections of your home for Mom or Dad.

Most importantly, your parent will need a bedroom on the ground floor. Unless your home has an elevator or an electric stair lift, going up and down the stairs is not something a frail older person needs to be doing. A bathroom near your parent's room is also very important.

Ask yourself these questions:

For Your Parent's Room

- Can the bedroom be illuminated by a switch at the door? Most bedrooms have at least one outlet that can be controlled from a wall switch if there is no overhead light.
- Is there a stable, easy-to-reach light by the bed that is easy to turn on and off? If switches will be difficult to use because of arthritis or other disability, consider a touch light.
- Is there an easy-to-reach and use telephone by the bed? If your senior has poor vision or is confused, consider a picture phone with important numbers pre-programmed.
- Is there a night light that will illuminate the path from the bed to the bathroom? Place the nightlight so it will not shine directly into the eyes of someone sleeping.
- Is the path from the bed to the bathroom completely clear of all obstructions, including furniture that may partially obstruct paths? Remove all throw rugs, chairs, stools, wastebaskets, floor lamps and other items that stand between bed and door or bed and closet.
- Is there a wireless intercom, baby monitor, or some other system so you can hear your elder if a problem arises?
- Is the bed too low, making standing up difficult? Place sturdy risers under the bed to elevate it. Consider a hospital bed if your parent will need care while in bed. (If your elder's doctor believes they are medically necessary, standard Medicare will cover 80% of the cost of a hospital bed and a bedside commode [see below], as well as a wheelchair and walker. Supplemental insurance, if available, will cover the remaining 20%.)
- If reaching the bathroom in the middle of the night may be difficult, consider a bedside commode for those midnight needs. Place the commode so it does not block the walking path to the door.
- Is the bathroom itself wide enough to accommodate any necessary mobility devices, such as a walker or a wheelchair? Could a wheelchair turn around if necessary? If not, and if your parent will be living in your home permanently, you may want to consider remodeling a bathroom for handicapped accessibility.
- Have you removed decorative items that could be bumped or cause a tripping hazard? Hampers, baskets, shelf units and throw rugs can all be tripping hazards.
- Are grab bars installed in the tub or shower so there is something sturdy to grip while entering and exiting?
- Do you have a shower chair or stool so your parent can bathe sitting down? Bathing while sitting on the floor of the tub can be dangerous because getting out can be difficult.
- If your parent is of at least average height, installing a raised toilet seat and either a grab bar on the wall or arms on the toilet will increase safety and comfort.
- Is the bottom surface of the tub or shower non-skid? If not, install non-skid strips.
- Is there a night light in the bathroom so no one will be stumbling around in the dark?



For Your Parent's Bathroom

- Is the door wide enough to pass through while using a walker or a wheelchair? If not, consider using offset hinges to add an extra inch or more to the door width. If mobility devices are necessary and the door is too narrow, using the bathroom



to a personal alarm system so help can be called even if the phone is out of reach?

While this inventory of your home may seem overwhelming at first, most of these

For Common or Shared Areas

- Are paths through and between rooms extra wide and completely free of furniture, wires and cords, or other items that could be bumped or tripped over?
- Is there at least one firm but comfortable chair or seat, preferably with arms, where your older loved one will be comfortable sitting?
- Are rooms brightly lit, but without glare, both during the day and at night?
- Are doors and windows easy to open, yet easily locked and secured?
- Do all chairs and seats stand firmly on the floor, without rollers or slides that could make them move unexpectedly?
- Have you either removed or firmly taped down ALL throw rugs and the corners of area rugs, including the mat by the front door?

General Senior Safety at Home

- Do you have working smoke detectors and carbon monoxide detectors, if your home uses gas for any appliance?
- If your senior will be home alone, have you considered subscribing

suggestions merely require that you re-arrange and de-clutter. Your bathroom will probably need the most work, particularly if you need to install grab bars or widen doorways.

Just keep in mind that one fractured hip will cost far more in physical and emotional pain and suffering, as well as financially, than making these safety improvements before your parent moves in or as soon thereafter as you can.

Also, as outlined above, remember that Medicare and supplemental insurance can help offset costs in some cases. Before you purchase, check with the hospital social worker or your elder's doctor regarding necessity and possible coverage. If your parent has a Medicare Advantage or other "special" Medicare insurance, check with the insurance company before you buy. ■

Molly Shomer is a family caregiving specialist and licensed geriatric care manager. She is a nationally recognized expert on eldercare issues and the author of *The Insider's Guide to Assisted Living*. Her website is www.eldercareteam.com, and she can be reached at molly@eldercareteam.com.



Preventing Dehydration and Other Heat-Related Illnesses *Continued from page 3*

Heat Stroke

Heat stroke is another thing altogether. It occurs when someone's body temperature gets dangerously high, 105 degrees or higher. It can be deadly.

Signs of heat stroke include unconsciousness or a very confused mental state (possibly including hallucinations) and hot, dry skin. The skin becomes dry because the person stops sweating.

Heat stroke cannot be treated at home. If your loved one shows signs of heat stroke, you need to call 911 right away. While you are waiting for help to arrive, you should get your loved one into a cool place and apply cool compresses to the skin.

Staying Safe

Remember what Betty's doctor said—if you're going to be out in the sun, take breaks and cool off indoors. And make sure to drink plenty of water. Try to drink a glass of water every hour while outdoors in the sun.

If your loved ones don't have air conditioning, make sure they have fans. On particularly hot and humid days, help them find cool places to go. Shopping malls, public libraries, and movie theatres are all places I used to hang out when I lived in an apartment without air conditioning.

Don't exercise outdoors—even long walks—in hot weather. This raises your body temperature too high and puts you at risk for heat exhaustion and heat stroke. Exercise indoors where it is cool, or exercise outdoors early in the morning or in the evening when it is not so hot.

Beware of swimming pools. You feel cool because the water's cool, and you probably won't get heat exhaustion or heat stroke because the cool water will keep your body temperature down. But you'll still need to drink plenty of water to prevent dehydration.

While we're speaking of exercising outdoors, that applies to working outdoors as well, even household chores. If possible, do outdoor work in the morning or evening when it's cooler. Betty could pick her strawberries in the morning instead of in the afternoon to reduce her risk of heat-related illness.

Finally, check on your elderly loved ones frequently during especially hot, humid weather. Also educate them about heat-related illness and how to stay safe. Don't hesitate to seek medical attention if in doubt. It's better to be safe than sorry. ■

Kelly Morris is a former social worker and home health and hospice worker whose writing has appeared in a number of health-related journals. She lives in Mansfield, Ohio, and can be reached at multi-hearts@hotmail.com.

No Substitute for Vigilance

Why Are Hired Caregivers Bonded?

We hear it all the time: “Caregivers should be licensed, insured, and bonded.”

“Licensed” is easy to understand. “Insured” is a little more complicated because there are so many different kinds of insurance, but still it’s a concept we understand. But what is “bonding,” and why do we want it?

Caregivers seek to be bonded as a way of reassuring their clients that if the caregiver steals from them, the clients will be compensated.

Most caregiver agencies “bond” their caregivers. They purchase a bond that covers their employees. Should one of their employees steal from a client, after all the requirements have been met the bond will compensate or re-pay the client up to the amount of the bond. A typical employee bond appears to be \$5,000.

Caregivers who do not work as employees of an agency can bond themselves. It is less common for an individual caregiver to be bonded, but many are.

At first glance it looks like requiring your caregiver to be bonded would protect you against loss if he or she steals from you. Unfortunately, the process is a little more complicated than that.

Generally, before the bonding company will reimburse you for theft by a bonded individual, that person must be arrested, charged and convicted of the theft in court. If all of those things happen, then the bond reimburses you for your loss up to the limit of the bond. But realize this process can take from several months to several years—even if there is good evidence.

If there is no conviction—even if you “know” the bonded individual stole—there is no reimbursement by the bond.

Unless you happen to catch your caregiver walking out with your mother’s jewelry or in the act of pawing it, it is very difficult to prove theft. In many cases, we don’t realize something is missing for an unknown amount of time. We may be quite certain that something has “walked out of the house,” but if some time passes before the loss is noticed and reported it is next to impossible to prove. Without very strong legal evidence, authorities won’t pursue a criminal case.

So, in the end, a bonded caregiver is a nice thing, but bonding won’t replace your need to keep a sharp eye and remove temptations. For the sake of both the caregiver and yourself, lock up the valuables, credit cards and checkbooks. ■

By Molly Shomer, MSSW, LMSW. Molly can be reached at molly@eldercareteam.com.

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